

Date of Hearing: June 23, 2026

ASSEMBLY COMMITTEE ON JUDICIARY
Ash Kalra, Chair
SB 989 (Blakespear) – As Amended June 18, 2026

SENATE VOTE: 38-0

SUBJECT: COMMUNITY ASSISTANCE, RECOVERY, AND EMPOWERMENT (CARE)
COURT PROGRAM

SYNOPSIS

Senate Bill 1338 (Umberg), Chap. 319, Stats. 2022, established the Community Assistance, Recovery, and Empowerment (CARE) Act, which provides community-based behavioral health services and supports, by means of a civil court process, to Californians living with untreated schizophrenia spectrum or other psychotic disorders that meet specified criteria. Existing law allows various adult individuals, including first responders, to file petitions to commence the CARE process for individuals they believe meet the CARE Act eligibility criteria. However, according to the author and sponsor, first responders are facing barriers when attempting to connect individuals with the program.

To streamline the process for these essential workers, this bill allows first responders to request that the county behavioral health agency file a petition to commence the CARE process for an individual they believe meets or likely meets the CARE criteria. Within 30 days of receiving a request, the county would be required to complete a review of the request and determine whether to file a petition. The county would also be required to notify the first responder of the outcome of the review, and whether the individual met the CARE eligibility criteria.

This bill is sponsored by California Professional Firefighters. It also enjoys the support of the California Hospital Association, the City of Oceanside, the Mayor of the city of San Diego, and the district attorney's office for San Diego County. They believe this bill will create a more workable pathway for first responders to refer eligible individuals to the CARE process. This bill is also opposed by a broad coalition of disability rights organizations, civil rights organizations, and mental health advocacy organizations. They argue that, among other things, individuals participating in CARE court currently are not being connected to behavioral health services, and the program itself punishes individuals for failures of system. This bill was approved by the Assembly Health Committee, where it passed 14-0.

SUMMARY: Authorizes a first responder to request that a county behavioral health agency file a petition to commence the CARE process for an individual they believe meets or is like to meet the CARE criteria. Specifically, **this bill:**

- 1) Specifies that, in addition to directly filing a petition to commence the CARE process, a first responder, as defined, may contact the county behavioral health agency of the county in which the individual resides, or is found, if they believe that the individual meets or is likely to meet criteria to qualify for the CARE process, and request the county behavioral health agency file petition to commence the CARE process.

- 2) Requires the request to include the name and contact information for the individual, including a telephone number and address, if available, and other information as specified by the Department of Health Care Services.
- 3) Requires the county behavioral health agency to, within 30 business days of the request, complete a review of the request and determine whether to file a petition in accordance with the CARE process.
- 4) Requires the county behavioral health agency to, upon completion of the review, to notify the first responder who made the referral of both of the following:
 - a) The outcome of their review, including whether or not a petition to commence the CARE process was filed.
 - b) Whether or not the individual met the criteria to qualify for the CARE process.
- 5) Requires the Department of Health Care Services to develop a referral form to be used by the first responder and to issue guidance regarding the procedure to request that a behavioral health agency file a petition to commence the CARE process for the individual.
- 6) Requires the Department of Health Care Service to include data regarding these requests as part of the annual CARE Act report.

EXISTING LAW:

- 1) Establishes the Community Assistance, Recovery, and Empowerment (CARE) Act, which provides community-based behavioral health services and supports, by means of a civil court process, to Californians living with untreated schizophrenia spectrum or other psychotic disorders that meet specified criteria. (Welfare and Institutions Code Section 5970 *et seq.* All further statutory references are to this code, unless otherwise indicated.)
- 2) Defines the following terms:
 - a) “CARE agreement” means a voluntary settlement agreement entered into by the parties. A CARE agreement includes the same elements as a CARE plan to support the respondent in accessing community-based services and supports.
 - b) “CARE plan” means an individualized, appropriate range of community-based services and supports, which include clinically appropriate behavioral health care and stabilization medications, housing, and other supportive services, as appropriate.
 - c) “Petitioner” means the person who files the CARE Act petition with the court.
 - d) “Respondent” means the person who is the subject of the petition for the CARE process.
 - e) “Supporter” means an adult designated by the respondent who assists the person who is the subject of the petition for the CARE process, which assistance may include supporting the person to understand, make, communicate, implement, or act on their own life decisions during the CARE process, including a CARE agreement, a CARE plan, and developing a graduation plan. (Section 5971.)

- 3) Specifies that an individual will qualify for the CARE process only if all of the following criteria are met:
 - a) The person is 18 years or older.
 - b) The person is currently experiencing a serious mental health disorder and has a diagnosis identified in the disorder class: schizophrenia spectrum and other psychotic disorders, or bipolar I disorder with psychotic features, except psychosis related to current intoxication, as defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders. Specifies that the statute does not establish respondent eligibility based upon a psychotic disorder that is due to a medical condition or is not primarily psychiatric in nature, including, but not limited to, physical health conditions such as traumatic brain injury, autism, dementia, or neurologic conditions. Specifies that a person who has a current diagnosis of substance use disorder, as defined, but who does not also meet the required criteria will not qualify for the CARE process.
 - c) The person is not clinically stabilized in ongoing voluntary treatment.
 - d) At least one of the following is true:
 - i. The person is unlikely to survive safely in the community without supervision and the person's condition is substantially deteriorating.
 - ii. The person is in need of services and supports in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or others, as defined.
 - e) Participation in a CARE plan or CARE agreement would be the least restrictive alternative necessary to ensure the person's recovery and stability.
 - f) It is likely that the person will benefit from participation in a CARE plan or CARE agreement. (Section 5972.)
- 4) Allows the following adult persons to file a petition to commence the CARE process:
 - a) A person with whom the respondent resides.
 - b) A spouse, parent, sibling, child, or grandparent or an individual who stands in loco parentis to the respondent.
 - c) The director of a hospital or director's designee in which the respondent is hospitalized.
 - d) The director of a public charitable organization, agency, or home, or their designee, who has within the previous 30 days, provided or who is currently providing behavioral health services to the respondent or in whose institution the respondent resides.
 - e) A licensed behavioral health professional, or their designee, who is, or has been within the previous 30 days, either supervising the treatment of, or treating the respondent for a mental health illness.

- f) A first responder, including a peace officer, firefighter, paramedic, emergency medical technician, mobile crisis response worker, or homeless outreach worker, who has had repeated interactions with the respondent in the form of multiple arrests, multiple “5150” detentions and transportation pursuant, multiple attempts to engage the respondent in voluntary treatment, or other repeated efforts to aid the respondent in obtaining professional assistance.
 - g) The public guardian or public conservator, or their designee, of the county in which the respondent resides or is found.
 - h) The director of county behavioral health agency, or their designee, of the county in which the respondent resides or is found.
 - i) The director of county adult protective services, or their designee, of the county in which the respondent resides or is found.
 - j) The director of California Indian health services program, California tribal behavioral health department, who has, within the previous 30 days, provided or who is currently providing behavioral health services to the respondent, or the director’s designee.
 - k) The judge of a tribal court located in California before which the respondent has appeared within the previous 30 days, or the judge’s designee.
 - l) The respondent. (Section 5974.)
- 5) Requires the Judicial Council to develop a mandatory form for use to file a CARE process petition with the court and any other forms necessary for the CARE process. Requires the petition to be signed under penalty of perjury and contain all of the following:
- a) The name of the respondent and, if known, the respondent’s address.
 - b) The petitioner’s relationship to the respondent.
 - c) Facts supporting the petitioner’s assertion that the respondent meets the CARE criteria.
 - d) Either of the following:
 - i. An affidavit of a licensed behavioral professional, including, nurse practitioners and physician assistants, stating that the licensed behavioral health professional or their designee has examined the respondent within 60 days of the submission of the petition, or has made multiple attempts to examine, but has not been successful in eliciting the cooperation of the respondent, or has reason to believe, explained with specificity in the affidavit, that the respondent meets the diagnostic criteria for CARE proceedings.
 - ii. Evidence that the respondent was detained for a minimum of two intensive treatments, as defined, the most recent one within the previous 60 days. Evidence may include, but is not limited to, documentary evidence from the facility where the respondent was detained, or a signed declaration from the petitioner if the petitioner had personal knowledge of the detentions. (Section 5975.)

- 6) Requires the court to promptly review a CARE Act petition to determine if the petitioner has made a prima facie showing that the respondent is, or may be, a person that meets the CARE Act eligibility criteria. (Section 5977 (a).)
- 7) Provides that if the court finds that the petitioner has made a prima facie showing that the respondent meets the CARE Act eligibility and the petitioner is a person other than the director of a county behavioral health agency, or their designee, the court will order a county agency to investigate, as necessary and file a written report with the court, within a specified timeframe, and notify the respondent and petitioner that a report has been ordered. Specifies that the written report must include the following:
 - a) A determination as to whether the respondent meets, or is likely to meet, the criteria for the CARE process.
 - b) The outcome of efforts made to voluntarily engage the respondent during the report period.
 - c) Conclusions and recommendations about the respondent's ability to voluntarily engage in services.
 - d) The information, including protected health information, necessary to support the determinations, conclusions, and recommendations in the report. (*Id.*)
- 8) Provides that, if the court determines, based on the county agency's report, that the evidence does support a prima facie showing that the respondent is, or may be a person that meets the CARE Act eligibility criteria and engagement with the county was not effective, the court must do all of the following:
 - a) Set an initial appearance on the petition within 14 court days.
 - b) Appoint a qualified legal services project, or if no legal services project has agreed to accept these appointments, a public defender or other counsel working in that capacity to represent the respondent.
 - c) Order the county agency to provide notice of the initial appearance to the petitioner, the respondent, the appointed counsel, the county behavioral health agency in the county where the respondent resides, and if different, the county where the CARE court proceedings have commenced. (*Id.*)
- 9) Requires all of the following to apply at the initial appearance on the CARE Act petition:
 - a) The court must permit the respondent to substitute their own counsel.
 - b) The petitioner must be present. If the petitioner is not present, the matter may be dismissed.
 - c) The respondent may waive personal appearance and appear through counsel. If the respondent does not waive personal appearance and does not appear at the hearing, and the court makes a finding in open court that reasonable attempts to elicit the attendance of the respondent have failed, the court may conduct the hearing in the respondent's absence

if the court makes a finding in open court that conducting the hearing without the participation or presence of the respondent would be in the respondent's best interest.

- d) A representative from the county behavioral health agency must be present.
- e) If the respondent asserts that they are enrolled in a federally recognized Indian tribe or are receiving services from an Indian health care provider, a tribal court, or a tribal organization, a representative from the program, the tribe, or the tribal court will be allowed to be present, subject to the consent of the respondent. The tribal representative is entitled to notice by the county of the initial appearance.
- f) If the petitioner is a person other than the director of a county behavioral health agency, or their designee, the court will issue an order relieving the original petitioner and appointing the director of the county behavioral health agency or their designee as the successor petitioner.
- g) Specifies that, if the petitioner is a spouse, parent, sibling, child, grandparent, a person who stands in loco parentis to the respondent, or a person with whom the respondent resides, all of the following apply:
 - i. The original petitioner shall have the right to be present and make a statement at the initial hearing on the merits of the petition.
 - ii. As of July 1, 2025, unless the court determines, either upon its own motion or upon the motion of the respondent, at any point in the proceedings, that it likely would be detrimental to the treatment or well-being of the respondent, the court must provide ongoing notice of the proceedings to the original petitioner throughout the CARE proceedings, including notice of when a continuance is granted or when a case is dismissed. If a continuance is granted, notice will provide a general reason for the continuance. If a case is dismissed, the notice will specify the statutory basis for dismissal.
 - iii. To the extent that the respondent consents, the court may allow the original petitioner to participate in the respondent's CARE proceedings.
 - iv. The original petitioner may file a new petition with the court, if the matter is dismissed and there is a change in circumstances.
- h) The court will set a hearing on the merits of the petition within 10 days, at which time the court shall determine whether, by clear and convincing evidence, the respondent meets the CARE criteria. In making this determination, the court must consider all evidence properly before it, including any report from the county behavioral health agency ordered and any additional admissible evidence presented by the parties, including the petition submitted and any statement given by the original petitioner. A licensed behavioral health professional may testify as an expert concerning whether the respondent meets the CARE criteria provided that the court finds that the professional has special knowledge, skill, experience, training, or education sufficient to qualify as an expert, as defined. (Section 5977 (b).)

10) Requires the Department of Health Care Services to develop, in consultation with county behavioral agencies, other relevant or local government entities, disability rights groups, individuals with lived experience, families, counsel, racial justice experts, other appropriate stakeholders, an annual CARE Act report. Requires the department to post the report on its internet website. (Section 5985 (a).)

FISCAL EFFECT: As currently in print this bill is keyed fiscal.

COMMENTS: Senate Bill 1338 (Umberg), Chapter 319, Statutes of 2022, established the Community Assistance, Recovery, and Empowerment (CARE) Act, which provides community-based behavioral health services and supports, by means of a civil court process, to Californians living with schizophrenia spectrum or other psychotic disorders who meet certain criteria. The CARE Act is intended to serve as an upstream intervention for individuals experiencing severe impairment to prevent more restrictive alternatives, including psychiatric hospitalizations, incarceration, Assisted Outpatient Therapy, and Lanterman-Petris-Short (LPS) conservatorship.

To start the CARE process, an individual must file a petition on behalf of the individual they believe meets the eligibility criteria. First responders, including peace officers and firefighters, are among the adult individuals who are allowed to file CARE petitions. According to the author and sponsors, first responders, in particular, are facing barriers when trying to file petitions. Specifically, the author states:

CARE Court was created to provide a structured, coordinated pathway to treatment for individuals with severe mental illness who are too often cycling through emergency rooms, jail, and repeated law enforcement encounters. Today, first responders are often the first point of contact for individuals in crisis, but current law makes it difficult for them to file a CARE Court petition. To do it, they must navigate a complex court filing process, obtain sensitive medical records and appear in court. SB 989 creates a more practical and effective pathway by allowing first responders to request that county behavioral health agencies review and file CARE petitions on their behalf. This bill would expand access to CARE Court and help more Californians with untreated psychotic disorders receive the care they need.

The CARE process and challenges with first responder referrals. The first step in the CARE Court process is a “referral” – that is, a petition to the court by a family member, mental health provider, or first responder, among others. Petitioners must provide specific information within the petition, including but not limited to, facts supporting the petitioner’s claim that the respondent (i.e., the subject of the petition) is eligible for the CARE Act process. (Welfare and Institutions Code Section 5977.) Once a petition is filed, the court reviews the petition and any supporting documents to determine whether the respondent meets or may meet the CARE Act eligibility criteria. (*Id.*) If the petitioner is not a county behavioral health agency, the court will either dismiss the petition, if it finds an individual does not meet the CARE Act criteria, or order the county agency to investigate and draft a written report regarding the respondent’s condition, if it finds that the petition shows that the respondent meets or may meet the CARE Act eligibility criteria. (*Id.*) If the court determines, based on the county agency’s report, that the evidence does support a finding that the respondent is, or may be, a person who meets the CARE eligibility criteria, and engagement with the county agency was not effective, the court will set an initial appearance on the petition. (*Id.*) At the initial appearance, the petitioner must be present, or the court may dismiss the petition. (*Id.*)

Under the CARE Act, first responders include peace officers, firefighters, paramedics, emergency medical technicians, mobile crisis response workers, or homeless outreach workers, who have had repeated interactions with an individual they believe may be eligible for the CARE court program. (Section 5974 (f).) Those repeated interactions can be in the form of multiple arrests; multiple detentions, and transportations for “5150” holds; multiple attempts to engage the individual in voluntary treatment; or other repeated efforts to aid the individual in obtaining professional assistance. (*Id.*)

While first responders are responding to many repeat calls for emergency services from various individuals suffering from serious mental health disorders, they report logistical challenges that are making it difficult to file CARE petitions and successfully connect individuals with the program. For example, first responders often do not have access to the detailed hospitalization records that must be submitted to the court for the petition. Additionally, it is often infeasible for first responders to appear in court as required by law for the initial appearance.

This bill allows first responders to request that a county behavioral health agency file a petition to start the CARE process for a person they believe meets or is likely to meet the CARE eligibility criteria instead. Upon receiving the request, the county would have 30 days to review the information in the request and determine whether to file a petition. Following their review, the county would be required to let the first responder know the outcome of their review and whether the individual met the CARE Act eligibility criteria. The Department of Health Care Services would be required to develop a referral form for this purpose and to include data regarding these requests in the annual CARE Act report.

Instead of first responders filing incomplete or inaccurate petitions, or foregoing filing petitions entirely, this bill contemplates a referral process that allows the counties, as the behavioral health experts, to retain the discretion to determine whether filing a petition is appropriate.

Still, stakeholders of all kinds have expressed frustration about the progress and outcomes of the program. Specifically, opponents of this bill have expressed concerns about the bill expanding the number of referrals to a program, that they believe has not yet demonstrated strong outcomes for connecting participants to behavioral health services. This bill cannot resolve the problem of the lack of available services; however, it could ensure that referrals from first responders to the program are only for those that truly meet the criteria.

ARGUMENTS IN SUPPORT: Sponsor of the bill, the California Professional Firefighters, writes the following to explain the need for the bill:

California’s firefighters are on the front lines of delivering emergency medical services throughout the state, including to patients who are experiencing a mental health crisis. CPF, and our local affiliates, have been leading in evolving the local response framework to improve patient care. For example, CPF co-sponsored AB 1544 (Gipson, 2020) which established community paramedicine and triage to alternate destination programs. These programs include the ability for a paramedic to triage a patient and take them to a mental health crisis facility or sobering center to get the services that the patient needs at the right time. Moreover, many jurisdictions have developed mobile mental health units which bring together a suite of public safety and medical professionals to improve care in the field.

Despite that increasingly robust work, more needs to be done. Firefighters in the field see patients day after day who are in desperate need of robust care, but there are existing gaps in the system that lead to patients who do not receive the right kind of care at the right time.

[...]

While firefighters are well-situated to identify individuals who may be eligible for CARE given their presence and engagement in the community, there are barriers that prevent many from fully utilizing this important and necessary program and filing petitions on their own. A general lack of information, training, and support for CARE still exists throughout California, leaving many firefighters unable to participate or even unaware that they are able to begin the petition process. Additionally, firefighters and other first responders, are responsible for hundreds of emergency calls and may lack the local resources needed to complete petitions and appear in the court process as required. Those who are able to begin the petition process may not have access to the required medical records or other documentation required by the court.

By allowing first responders to refer an individual to county behavioral health agencies who can further investigate and file a petition for CARE, SB 989 will enable firefighters to help more of our most vulnerable get help that they need.

ARGUMENTS IN OPPOSITION: A broad coalition of organizations dedicated to causes, including civil rights, disability rights, and ending homelessness. Some of these organizations, include Mental Health of America, ACLU California Action, and the National Alliance to End Homelessness. They state the following in opposition to the bill:

SB 989 would expand referrals to CARE Court and would allow first responders – including law enforcement – to use a streamlined referral form to send someone into the CARE Court process.

[...]

People enrolled in CARE Court are placed on the same waitlists for services as anyone seeking services on their own. The first CARE Court Annual Report shared that 56.4% of CARE participants did not receive at least one ordered mental health service, and 82.2% of CARE participants did not receive at least one ordered social service or support.

CARE Court is also failing to achieve its goal of preventing crises or stopping people from cycling through emergency services. Despite involvement in CARE Court, the state found that 25% of participants had criminal justice involvement (including law enforcement encounters, arrests, and jail days), 21% had visited an emergency department, 20% had inpatient hospitalizations, and 20% had experienced LPS holds.

[...]

Though CARE Court has been marketed as a means to hold counties accountable to provide housing and services, evidence to date shows that counties that fail to do so have not faced consequences. Meanwhile, individuals who have borne the brunt of this failure are being called into court to appear before a judge.

Courts are inherently frightening places, and the black robe effect is real. This is particularly so as communities across the country continually brace for ICE to show up at any time. If the goal is truly to help someone with their mental health and build trust, a court is among the last places to meet them.

REGISTERED SUPPORT / OPPOSITION:

Support

California Professional Firefighters (sponsor)
California Hospital Association
Mayor Todd Gloria, City of San Diego
City of Oceanside
San Diego County District Attorney's Office

Opposition

ACLU California Action
All People's Health Collective
Anti Police-terror Project and Justice Teams Network
Antiracist Md
Black Men Speak, INC.
Cal Voices
California Advocates for Nursing Home Reform
California Assoc. of Mental Health Peer Run Organizations (CAMHPRO)
California Association of Social Rehabilitation Agencies
California Peer Watch
Centro Legal De LA Raza
Corporation for Supportive Housing (CSH)
Disability Community Resource Center
Disability Rights California
Food Not Bombs
Gray Panthers of San Francisco
Homeless United for Friendship and Freedom
Housing Is a Human Right
Justice Teams Network
Kelechi Ubozoh Consulting
LA Street Care & Mutual Aid
Law Foundation of Silicon Valley
Los Angeles Community Action Network
Mental Health America of California
National Alliance to End Homelessness
National Coalition for Mental Health Recovery
National Mental Health Consumers' Self-help Clearinghouse
People's Budget Orange County
Racial and Ethnic Mental Health Disparities Coalition
Sacramento Homeless Union
Professor, San Diego State University
Serf City Times

Venice Justice Committee
Western Regional Advocacy Project

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