Date of Hearing: August 5, 2026

ASSEMBLY COMMITTEE ON APPROPRIATIONS
Buffy Wicks, Chair
SB 989 (Blakespear) – As Amended June 18, 2026

Policy Committee:	Health	Vote:	14 - 0
	Judiciary		11 - 0

Urgency: No State Mandated Local Program: Yes Reimbursable: Yes

SUMMARY:

This bill authorizes a first responder, as defined, to request the county behavioral health agency (CBHA) file a petition to commence the Community Assistance, Recovery, and Empowerment (CARE) Act process if the first responder believes an individual meets or is likely to meet the CARE Act criteria.

More specifically, this bill:

1) Defines, by reference, a first responder to include 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 detentions and transportation pursuant to Welfare and Institutions Code Section 5150, multiple attempts to engage the respondent in voluntary treatment, or other repeated efforts to aid the respondent in obtaining professional assistance.

2) Authorizes a first responder, as defined, to contact the CBHA of the county in which the individual resides or is found, if they believe the individual meets or is likely to meet criteria to qualify for the CARE process, and request the CBHA file a petition to commence the CARE process.

3) Requires the request by the first responder to include the name and contact information for the individual, if available, and other information as specified by the Department of Health Care Services (DHCS).

4) Requires the CBHA, 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.

5) Requires the CBHA, upon completion of the review, notify the first responder who made the referral (a) of the outcome of their review, including whether or not a petition to commence the CARE process was filed, and (b) whether the individual met the criteria to qualify for the CARE process.

6) Requires DHCS develop a referral form to be used by the first responder and to issue guidance regarding the procedure to request that a CBHA file a petition to commence the CARE process for the individual.

7) Requires DHCS include data regarding these requests as part of the annual CARE Act report.

FISCAL EFFECT:

DHCS estimates one-time costs of $500,000 in contract resources in fiscal year 2027-28 to expand the existing training and technical assistance (TTA) contract to support comprehensive revision and cataloging of statewide CARE Act training materials and curricula, including dedicated TTA to first responders and counties on DHCS referral form requirements, implementation support, and workflow development to ensure consistent statewide adoption of the new referral pathway, local workflow development, and augmentation to CARE Act data collection and reporting tools (General Fund). DHCS notes additional, absorbable state operations costs to update claiming guidance, claim forms, and rates.

DHCS states county behavioral health agencies could submit claims for reimbursement for costs associated with this bill, such as reviewing requests from first responders within 30 days. Using the 2025 Annual CARE Act Report to analyze the number of petitions submitted by first responders to county behavioral health agencies, DHCS estimates the resulting local assistance costs likely would not exceed $1 million, all of which would be reimbursable by the state. For its part, the County Behavioral Health Directors Association (CBHDA) estimates state-reimbursable costs to counties of $691,000 to $3.1 million to conduct outreach and engagement to find an individual within the bill's timeline to initiate CARE processes (General Fund).

COMMENTS:

1) **Purpose.** This bill is sponsored by California Professional Firefighters. According to the author:

> [F]irst 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.

2) **Background.** Senate Bill 1338 (Umberg), Chapter 319, Statutes of 2022, established the CARE Act, which provides community-based behavioral health services and supports by means of a civil court process. To be eligible under the CARE Act, a person must be a California adult living with schizophrenia spectrum or other psychotic disorders for which they are not clinically stabilized in ongoing voluntary treatment and be likely to benefit from participation in the CARE process, among other criteria. Some counties began to implement the CARE Act in late 2023, and all counties were required to begin accepting CARE petitions as of December 1, 2024.

   The first step in the CARE 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 (the subject of the petition) is eligible for the CARE process. 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. If the court finds the respondent meets or may meet the CARE Act eligibility criteria and the petitioner is not a CBHA, the court will order the CBHA to investigate and draft a written report regarding the respondent's condition.

While first responders respond to many repeat calls for emergency services for individuals suffering from serious mental health disorders, they report logistical challenges to filing CARE petitions and connecting 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 CBHA file a petition to start the CARE process for a person they believe meets or is likely to meet the CARE eligibility criteria.

3) **Opposition.** A coalition of organizations, including Disability Rights California, ACLU California Action, CalVoices, the Corporation for Supportive Housing, Mental Health America of California, and more oppose this bill, arguing that people enrolled in CARE Court are placed on the same waitlists for services as anyone seeking services on their own. The opponents point to the first CARE Act Annual Report, which showed 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. The coalition argues that faced with a comply-or-be-ordered-into-compliance dynamic, any CARE Act respondent who agrees to participate in the CARE process does so with the knowledge that, if they do not, they would be ordered to participate, and that such coercive treatment interferes with the therapeutic relationship and is counter to sound public health policy. The coalition also argues that CARE Court is extraordinarily expensive, citing the Assembly Judiciary Committee's analysis of SB 27 (Umberg), Chapter 528, Statutes of 2025, which asserted that CARE Act cost approximately $713,000 per participant in fiscal year 2023-24. The opponents contend this bill adds new administrative and procedural requirements, which will further increase CARE Act costs.

Analysis Prepared by: Allegra Kim / APPR. / (916) 319-2081