SENATE THIRD READING
SB 989 (Blakespear and Umberg)
As Amended June 18, 2026
Majority vote

SUMMARY

Authorizes a first responder to contact the county behavioral health agency in the county in which an individual resides to request the agency file a petition pursuant to the Community Assistance, Recovery, and Empowerment (CARE) Act to commence the CARE process. Requires the agency to review the request and determine whether to file a petition within 30 business days and, upon completion of the review, to notify the first responder that made the referral of specified information, including whether or not a petition was filed.

COMMENTS

CARE Act. In 2022, the Governor signed SB 1338 (Umberg), Chapter 319, Statutes of 2022, known as the CARE Act. The CARE Act established a new civil court process to provide clinically appropriate, community-based services and supports that are culturally and linguistically competent, to Californians with schizophrenia spectrum disorders and other psychotic disorders, while also preserving these individuals' self-determination to the greatest extent possible. To be eligible under the CARE Act, a person must meet all of the following:

1) 18 years of age or older;

2) Have a serious mental illness and a diagnosis of bipolar I with psychotic features, or a schizophrenia spectrum or other psychotic disorder;

3) They are not clinically stabilized in ongoing voluntary treatment;

4) They are unlikely to survive safely in the community without supervision and the person's condition is substantially deteriorating or they are 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;

5) CARE would be the least restrictive alternative necessary to ensure the person's recovery and stability; and,

6) It is likely that the person will benefit from participation in CARE.

The first seven pilot counties implemented the CARE Act in October 2023, Los Angeles implemented in December 2023, and all counties were required to begin accepting CARE petitions as of December 1, 2024.

Under the CARE Act, a county behavioral health agency, spouse, parent, sibling, child, or grandparent of the respondent, a treating behavioral health professional, the county public guardian or public conservator, and others, as specified, may petition to begin the CARE process. If the original petitioner is not the county behavioral health agency, the county behavioral health agency replaces the original petitioner as the CARE petition proceeds. There are two paths to court-ordered services: if the respondent and the behavioral health agency are able to agree on a

plan, it is known as a "CARE Agreement" and if they are unable to reach an agreement, one or both parties may present a proposed "CARE Plan" to the court and the court may accept a proposed plan or adopt a modified plan, which becomes a court order that lasts for up to one year. The CARE Plan or Agreement may provide for behavioral health services and housing supports, as well as other services, and counties may face financial penalties for failure to provide the required services. The court may allow the original petitioner to participate in the respondent's CARE proceedings, to the extent that the respondent consents.

CARE Act outcomes and reporting. AB 102 (Ting), Chapter 38, Statutes of 2023, required the Department of Health Care Services (DHCS) to issue an early implementation report on the CARE Act. In the first nine months of implementation (October 2023 through June 2024), 557 total petitions were filed and 217 of those were dismissed at the discretion of a judge. Preliminary data from July through September 2024 indicates an additional 231 petitions were filed. The report further indicates that dismissals will require further research, since the reasons for their dismissal are not available for the preliminary report, and could include people who are receiving care, those whose cases were dismissed for successful voluntarily engagement, people not being eligible for CARE who receive needed treatment another way, or people who are still not receiving care. The report also states that the CARE process can take time, like all mental health and substance use disorder (SUD) care, to build the trust and develop the self-directed plans needed for long-term recovery and stability.

The first CARE Act annual report was released in June 2025 and covered the same reporting period as the early implementation report. The annual report clarified that 556 petitions were filed and 101 (18%) resulted in CARE agreements or court-ordered CARE plans. 39% of petitions were dismissed and 229 were still pending at the end of the reporting period (over one year ago). Fifty-five respondents were found ineligible for CARE but received services from a county behavioral health agency, while an additional 90 found ineligible did not receive any county behavioral health services. Most respondents were male (64%) and aged 26–45 (64%), and 37% of respondents were white, 21% Hispanic, 18% Black, and 7% Asian, with 11.6% unknown. The most common petitioner type is personal contacts (such as family and household members) who filed 68% of petitions. County behavioral health agencies and public guardians are unlikely to refer because they may prefer to engage in services without court involvement, as some indicated in the early implementation report.

CARE respondents largely access mental health treatment (93%) and three-quarters of respondents accessed specialized mental health programs like Assertive Community Treatment (ACT) or Full-Service Partnership (FSP). Many respondents received stabilizing medications (72%) with 40% of those individuals receiving long-acting injectable medications. Long-acting injectable antipsychotic medications can be given as a shot in the muscle or under the skin and they usually are given every two to four weeks, according to the Mayo Clinic. 63% received all three foundational services (medication, treatment, and housing supports) though unmet needs remain.

The report notes that housing remains a challenge, though the share of respondents in permanent housing increased from 46% at time of petition to 56% in the most current reporting period. The most common unmet need for CARE participants was securing and maintaining permanent housing. Over half of CARE participants did not receive at least one ordered mental health service during their active service period (the most common was peer supports). 25% had criminal justice involvement during their service period, 21% had emergency visits, and 20%

were hospitalized or placed on psychiatric holds. The report notes that only 15 individuals became "elective clients," those who voluntarily engaged with services outside court oversight. These clients generally accessed fewer services, especially medications and housing supports, suggesting disparities in care quality.

Along with the first annual report, the California Health and Human Services Agency (CalHHS) released a companion document to provide an update on implementation. As of May 31, 2025, 2,008 petitions had been filed across California since October 2023. Since the CARE Act took effect in all counties in December 2024, 1,063 petitions were filed, which is more total petitions than had been filed in the previous 14 months. The update also states that, through 2024, counties “diverted” 1,358 individuals to other services through CARE outreach. *CalMatters* reports that as of January 2026, California courts had received 3,817 petitions on behalf of prospective CARE Court participants and approved just 893 treatment agreements. The first annual report with statewide data is due in 2026.

In addition to the early implementation report and annual reporting from DHCS, an independent, research-based entity must be retained by DHCS to develop, in consultation with county behavioral health agencies, county CARE courts, racial justice experts, and other appropriate stakeholders, including providers and CARE court participants, an independent evaluation of the effectiveness of the CARE Act. This will be conducted by the RAND Corporation. The preliminary report is expected to be received by the Legislature by December 31, 2026, and a final report is expected by December 31, 2028.

According to the Author
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. The author argues this bill 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. The author concludes this bill would expand access to CARE Court and help more Californians with untreated psychotic disorders receive the care they need.

Arguments in Support
The California Professional Firefighters (CPF) is the sponsor of this bill stating that 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 contends that 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. CPF argues that 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. CPF concludes that by allowing first responders to refer an individual to county behavioral health agencies who can further investigate and file a petition for CARE, this bill will enable firefighters to help more of our most vulnerable get help that they need.

The California Hospital Association (CHA) supports this bill stating that hospitals are on the front lines of the behavioral health crisis in California. They stabilize and treat people with a range of mental health needs in hospital emergency departments, psychiatric units of general medical hospitals, and freestanding psychiatric hospitals. They regularly see the tremendous challenges people with the most serious and disabling symptoms face in achieving independence and recovery. CHA notes that first responders repeatedly encounter the same individuals who seem to be falling through the cracks and are unable to maintain their health and safety. CHA argues this bill would give paramedics, emergency medical technicians, mobile crisis response workers, and homeless outreach workers a direct way to refer them to the county for CARE Act services, rather than pursue a time-intensive court petition.

Arguments in 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 stating that 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. The coalition argues that faced with a comply-or-be-ordered-into-compliance dynamic, any CARE Court respondent who agrees to participate in CARE Court "voluntarily" does so with the knowledge that, if they did not, they would be ordered to participate. The coalition contends that this is the very definition of coercive and that coercive treatment interferes with the therapeutic relationship and is counter to sound public health policy. The coalition also argues that, while the full scope of additional costs stemming from this bill is unclear, CARE Court is extraordinarily expensive, and the Assembly Judiciary Committee's analysis of SB 27 (Umberg), Chapter 528, Statutes of 2025, conducted last year found that CARE Court cost approximately $714,000 per participant in fiscal year 2023-2024. The new administrative and procedural requirements added under this bill would further increase these already substantial costs. The coalition concludes that the best way to move forward towards a future that works for all community members – including first responders – is to invest in the voluntary, community-based, peer-led, culturally competent, and trauma-informed interventions that extensive evidence repeatedly shows to work.

FISCAL COMMENTS

According to the Assembly Appropriations Committee:

1) 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.

2) 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).

VOTES

SENATE FLOOR: 38-0-2
YES: Allen, Alvarado-Gil, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Choi, Cortese, Durazo, Gonzalez, Grayson, Grove, Hurtado, Jones, Laird, Limón, McGuire, McNerney, Menjivar, Niello, Ochoa Bogh, Padilla, Pérez, Reyes, Richardson, Rubio, Seyarto, Smallwood-Cuevas, Stern, Strickland, Umberg, Valladares, Wahab, Wiener
ABS, ABST OR NV: Dahle, Weber Pierson

ASM HEALTH: 14-0-2
YES: Bonta, Chen, Addis, Aguiar-Curry, Ahrens, Caloza, Carrillo, Mark González, Patel, Patterson, Celeste Rodriguez, Sanchez, Schiavo, Stefani
ABS, ABST OR NV: Johnson, Sharp-Collins

ASM JUDICIARY: 11-0-1
YES: Kalra, Macedo, Bauer-Kahan, Connolly, Dixon, Harabedian, Pacheco, Papan, Sanchez, Stefani, Zbur
ABS, ABST OR NV: Bryan

ASM APPROPRIATIONS: 14-0-1
YES: Wicks, Hoover, Arambula, Calderon, Caloza, Dixon, Fong, Mark González, Krell, Pacheco, Pellerin, Solache, Ta, Tangipa
ABS, ABST OR NV: Sharp-Collins

UPDATED

VERSION: June 18, 2026

CONSULTANT: Logan Hess / HEALTH / (916) 319-2097 FN: 0003613