

**SENATE JUDICIARY COMMITTEE**  
**Senator Thomas Umberg, Chair**  
**2025-2026 Regular Session**

SB 989 (Blakespear)  
Version: April 16, 2026  
Hearing Date: April 21, 2026  
Fiscal: Yes  
Urgency: No  
AWM

**SUBJECT**

Community Assistance, Recovery, and Empowerment (CARE) Court Program

**DIGEST**

This bill requires a county behavioral health agency (CBHA) to create a system through which a first responder authorized to bring a CARE petition can, in lieu of filing a petition, request that the CBHA investigate the individual, and establishes requirements and timelines for a CBHA that receives such a request.

**EXECUTIVE SUMMARY**

In 2022, the Legislature enacted the CARE Act. The CARE Act is intended to provide essential mental health and substance use disorder services to severely mentally ill Californians – many of whom are homeless or incarcerated – while also preserving these individuals’ self-determination to the greatest extent possible. The first counties implemented the CARE Act in October 2023; all counties in the state were required to begin accepting CARE petitions as of December 1, 2024, unless they received an implementation extension from the Department of Health Care Services (DHCS). As the CARE Act has been implemented across the state, stakeholders have figured out what works well and what needs improvement; according to the author and sponsor, one ongoing concern is that first responders, who are permitted to file a CARE petition under certain circumstances, often do not have the information necessary to file a legally sufficient petition.

This bill requires counties to create a system through which a first responder can, instead of filing a petition directly, request that the CBHA file a petition to commence the CARE process. When the CBHA receives such a request, the CBHA must complete a review of the request within 30 business days and determine whether to file a CARE petition. Upon completion of the review, the CBHA must inform the first responder who filed the request: (1) of the outcome of their review, including whether or not a CARE petition was filed, and (2) whether the proposed subject of the petition met the

criteria to qualify for the CARE process. The bill requires the DHCS to develop a form for first responders to use for their requests and to include data relating to such requests in their annual CARE Act report.

This bill is sponsored by the California Professional Firefighters. This bill is opposed by Cal Voices, California Peer Watch, the California State Association of Counties, the County Behavioral Health Directors Association, Mental Health America of California, Rural County Representatives of California, and Urban Counties of California. The Senate Health Committee passed this bill with a vote of 9-0.

### **PROPOSED CHANGES TO THE LAW**

Existing law:

- 1) Establishes the Lanterman-Petris-Short (LPS) Act, which provides for the involuntary detention for treatment and evaluation of people who are gravely disabled, as defined, or a danger to self or others. (Welf. & Inst. Code, div. 5, pt. 1, §§ 5000 et seq.)
- 2) Establishes the Assisted Outpatient Treatment Demonstration Project of 2002, which provides for court-ordered assisted outpatient treatment (AOT) under specified circumstances. (Welf. & Inst. Code, div. 5, pt. 1, ch. 2, art. 9.)
- 3) Establishes the CARE Act. (Welf. & Inst. Code, div. 5, pt. 8, §§ 5970 et seq.)
- 4) Defines the following relevant terms:
  - a) "CARE agreement" is a voluntary settlement agreement entered into by the parties, and includes the same elements as a CARE plan to support the respondent in accessing community-based services and supports.
  - b) "CARE plan" is 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) "CARE process" is the court and related proceedings to implement the CARE Act.
  - d) "Court-ordered evaluation" means an evaluation ordered by the court in connection with a CARE Act petition, as specified.
  - e) "Department" is the DHCS.
  - f) "Petitioner" is the entity who files a CARE Act petition with the court; if the petitioner is a person other than the director of a county behavioral health agency (CBHA), or their designee, the court shall substitute the director or their designee for the county in which the proceedings are filed as the petitioner at the first hearing.

- g) “Respondent” is the person who is subject to the petition for the CARE process. (Welf. & Inst. Code, § 5971.)
- 5) Establishes criteria for a person to qualify for the CARE process, including that the person is 18 years of age or older; the person is experiencing a serious mental disorder, as defined, and has a diagnosis in the disorder class of schizophrenia spectrum and other psychotic disorders, or bipolar I disorder, as specified; the person is not clinically stabilized in ongoing voluntary treatment; and participation in a CARE plan or agreement would be the least restrictive alternative necessary to ensure the person’s recovery and stability. (Welf. & Inst. Code, § 5972.)
- 6) Establishes which adult persons may file a petition to commence the CARE Act process for another person, including a person with whom the potential respondent resides; specified relatives of the potential respondent; first responders, including a peace officer, firefighter, paramedic, emergency medical technician, mobile crisis response worker, or homeless outreach worker, who has had multiple interactions with the respondent, as specified; and specified medical and public health professionals. (Welf. & Inst. Code, § 5974.)
- 7) Establishes the following process as the CARE process:
  - a) Upon receipt of a CARE petition, the court must promptly review the petition.
  - b) If the petitioner is the CBHA, and the court determines that the petition establishes a prima facie case of CARE eligibility, the court must set the matter for an initial hearing within 14 days.
  - c) If the petitioner is not the CBHA, and the petition establishes a prima facie case of CARE eligibility, the court must order the CBHA to investigate whether the respondent satisfies the CARE Act criteria and file a report to that effect within 14 court days. If the evidence in the report supports the prima facie showing of the respondent’s CARE eligibility, the court must set the matter for an initial hearing within 14 court days.
  - d) The court must appoint counsel for the respondent when it determines that the petition makes a prima facie showing of CARE eligibility.
  - e) At the initial hearing, the court must determine whether there is reason to believe that the facts of the petition are true; if the court so determines, the court must order the CBHA to work with the respondent, the respondent’s counsel, and the respondent’s CARE supporter to engage in behavioral health treatment. If the court does not dismiss the petition, the court must set a hearing on the merits of the petition; this may be conducted simultaneously with the initial hearing if the parties so stipulate.
  - f) At the hearing on the merits, the court must determine whether the CBHA has established, by clear and convincing evidence, that the petitioner meets the CARE criteria. If the criteria are met, the court must order the CBHA to work with the respondent, respondent’s counsel, and the respondent’s

- supporter to engage the respondent in behavioral health treatment and attempt to enter into a CARE agreement; the court must also set a case management hearing within 14 days.
- g) At the case management hearing, the court shall hear evidence as to whether the parties have entered, or are likely to enter, a CARE agreement. If the parties have entered a CARE agreement, the court can approve or modify the CARE agreement and set the matter for a progress hearing. Otherwise, the court can continue the matter for another 14 days of discussions, or order the CBHA to conduct a clinical evaluation of the respondent that addresses the respondent's diagnosis and condition. The court shall set a clinical evaluation hearing to review the evaluation within 21 days.
  - h) At the clinical evaluation hearing the court shall review the evaluation and other evidence to determine whether the respondent, by clear and convincing evidence, meets the CARE criteria. If the court so finds, the court must order the CBHA, the respondent, respondent's counsel, and respondent's supporter to jointly develop a CARE plan within 14 days, and set a CARE plan hearing within 14 days.
  - i) At the CARE plan hearing, the court may consider the plan or plans submitted by the parties and adopt elements of a CARE plan that support the recovery and stability of the respondent. The issuance of an order approving a CARE plan begins the one-year CARE plan timeline.
  - j) After the adoption of a CARE plan, the court shall hold status review hearings at least every 60 days; prior to each hearing, the CBHA must file and serve a report on the respondent's status and progress on the CARE plan.
  - k) At the end of one year, the respondent may elect to be graduated from the program or remain in the program for one additional year. The court may also involuntarily reappoint the respondent to the program if certain conditions are met. In no event may a respondent remain in the program for longer than two years total. (Welf. & Inst. Code, §§ 5977-5977.3)
- 8) Requires the Department of Health Care Services (DHCS) to provide training and technical assistance to CBHAs to implement the CARE Act, as specified. (Welf. & Inst. Code, § 5983.)

This bill:

- 1) Permits a qualified first responder, in lieu of directly filing a petition to commence the CARE process for an individual, to contact the CBHA of the county in which the individual resides, if they believe that the individual meets or is likely to meet the criteria for the CARE process, and request that the CBHA file a petition to commence the CARE process.

- 2) Requires a request under 1) to include contact information for the potential respondent, including a telephone number and address, if available, and other information as specified by the DHCS.
- 3) Requires the CBHA, within 30 business days of receiving a request under 1), to complete a review of the request and to determine whether to file a CARE Act petition.
- 4) Provides that, upon completion of the review required under 3), the CBHA shall 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 respondent met the criteria to qualify for the CARE process.
- 5) Requires the DHCS to develop a referral form to be used by a first responder for a request under 1) and to issue guidance regarding the procedure to request that a CBHA file a petition to commence the CARE process for the respondent.
- 6) Requires the DHCS to include data regarding requests made under 1) as part of its annual CARE Act report.

### COMMENTS

1. Author's comment

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. 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 on the CARE Act and the CARE process

In 2022, the Legislature enacted the CARE Act.<sup>1</sup> The CARE Act is intended to provide essential mental health and substance use disorder services to severely mentally ill Californians – many of whom are homeless or incarcerated – while also preserving these individuals’ self-determination to the greatest extent possible. The CARE process is largely overseen by the courts, which are charged with ensuring that eligible individuals – termed “respondents” – are delivered mental health and substance use disorder services, as an alternative to involuntary conservatorship or imprisonment. The California Health and Human Services Agency describes the CARE process as “an upstream diversion to prevent more restrictive conservatorship or incarceration.”<sup>2</sup>

There are strict criteria for CARE Act eligibility, including that the respondent suffer from a serious mental disorder, as defined; not be currently clinically stabilized in ongoing voluntary treatment; and either be unlikely to survive safely in the community, or need services and supports to avoid grave disability or the risk of serious harm to themselves or others.<sup>3</sup> The CARE Act also imposes strict, and short, deadlines for the CARE process; for example, after a petition is filed, the court must set the matter for an initial appearance on the petition within 14 court days if the petition establishes a prima facie case for CARE eligibility;<sup>4</sup> and if the court orders a clinical evaluation of the respondent, the hearing to review the evaluation must be held within 21 days, and the evaluation must be provided to the respondent’s counsel no later than five days before that hearing.<sup>5</sup>

The CARE Act provides for two avenues to a court-ordered set of services. If the respondent and the CBHA are able to agree on a plan, it is known as a “CARE agreement”; the court may approve that agreement and set further hearings to monitor the respondent’s progress under the agreement.<sup>6</sup> If parties are unable to reach an agreement, one or both parties may present a proposed “CARE plan” to the court; the court may accept a proposed plan or adopt a modified plan, which becomes a court order that lasts for up to one year.<sup>7</sup> The CARE Plan may provide for behavioral health services and housing supports, as well as other services.<sup>8</sup> The court may order medication only if it finds, by clear and convincing evidence, that the respondent lacks the capacity to give informed consent to the administration of medically necessary stabilization medication; to the extent such medication is administered, the medication

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<sup>1</sup> Umberg, Ch. 319, Stats. 2022.

<sup>2</sup> See CalHHS, Community Assistance, Recovery & Empowerment Act, <https://www.chhs.ca.gov/care-act/>. All links in this analysis are current as of April 16, 2026.

<sup>3</sup> *Id.*, § 5972.

<sup>4</sup> *Id.*, § 5977.

<sup>5</sup> *Id.*, § 5977.1(b). The court may continue the evaluation hearing for a maximum of 14 days upon stipulation of the respondent and the CBHA, unless there is good cause for a longer extension.

<sup>6</sup> *Id.*, § 5977.1(a)(2).

<sup>7</sup> *Id.*, § 5977.1(d).

<sup>8</sup> *Id.*, § 5982.

may not be forcibly administered, and the respondent's failure to comply with a medication order shall not result in a penalty, such as terminating the CARE process.<sup>9</sup>

Eleven months after a CARE Plan is put in place, the court shall hold a hearing to determine whether to graduate the respondent from the CARE Plan or whether, with or without the consent of the respondent, as specified, to keep the respondent in the CARE program.<sup>10</sup> A respondent may be appointed to the CARE process only once, for up to one additional year.<sup>11</sup>

One unique feature of the CARE Act is that, unlike the LPS Act or AOT, the CARE Act process can be initiated by persons who are not medical practitioners or peace officers. Specifically, a CARE petition can be filed by a person over the age of 18 who (1) resides with the respondent, (2) is a spouse, parent, sibling, child, or grandparent of the respondent; or (3) the respondent themselves.<sup>12</sup> Additionally, the CARE Act permits a first responder – including a peace officer, firefighter, paramedic, emergency medical technician, mobile crisis response worker, or homeless outreach worker – to file a CARE petition, when the first responder has had repeated interactions with the respondent in the form of multiple arrests, detentions, attempts to engage the respondent in voluntary treatment, or other efforts to aid the respondent in obtaining professional assistance.<sup>13</sup> DHCS's first annual CARE Act report, which used data from the first nine months of CARE Act implementation in eight counties, showed that first responders had filed 34 petitions, comprising 6.9 percent of the CARE petitions filed.<sup>14</sup>

3. This bill requires a CBHA to create a system through which a first responder who believes an individual qualifies for the CARE process can request that the CBHA investigate the individual and file a CARE petition

As a practical matter, first responders – even when they have had repeated interactions with an individual – may not have all of the information about an individual necessary to file a CARE petition. In particular, a first responder might not be aware whether, or have evidence that, an individual has been detained for a minimum of two intensive treatments, including one within the prior 60 days.<sup>15</sup> According to the sponsor, some counties have developed streamlined systems to assist a first responder who wishes to file a CARE petition for a person with whom they have had repeated interactions, but most counties provide no such assistance.

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<sup>9</sup> *Id.*, § 5977.1(d)(3).

<sup>10</sup> *Id.*, § 5977.3.

<sup>11</sup> *Ibid.*

<sup>12</sup> *Welf. & Inst. Code*, § 5974.

<sup>13</sup> *Ibid.*

<sup>14</sup> See DHCS, Care Act Annual Report (Jul. 2025) p. 9, available at <https://www.dhcs.ca.gov/Documents/CARE-Act-Annual-Report-2025.pdf>.

<sup>15</sup> See *Welf. & Inst. Code*, § 5975.

This bill requires counties to create a system through which a first responder can, instead of filing a CARE petition directly, request that the CBHA file a petition to commence the CARE process. When the CBHA receives such a request, the CBHA must complete a review of the request within 30 business days and determine whether to file a CARE petition. Upon completion of the review, the CBHA must provide notice to the first responder who filed the request of: (1) the outcome of their review, including whether they filed a CARE petition, and (2) whether the proposed subject of the petition met the criteria to qualify for the CARE process. The bill requires the DHCS to develop a form for first responders to use for their requests, and to include data relating to such requests in their annual CARE Act report.

The Senate Health Committee heard this bill and passed it with a vote of 9-0. In that hearing, the author committed to amendments which would respond to certain opponents' concerns. Those amendments were taken by the author after the bill was re-referred to this Committee; given the short turnaround between the hearings, however, there was not meaningful time for opponents to formally remove opposition.

#### 4. Arguments in support

According to the California Professional Firefighters:

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.

5. Arguments in opposition

According to Mental Health America of California:

First responders are already authorized to file a petition to commence the CARE process. Additionally, Welfare and Institutions Code (WIC) Section 5977(3)(B) already requires counties to investigate when a petition is submitted by someone other than the director of the county behavioral health agency or their designee. There is no justification for first responders to directly request that the county behavioral health agency file a petition on their behalf. This bill creates an unnecessary administrative burden for counties.

The right to appeal is a right exclusively given to respondents in WIC Section 5976(i). Petitioners may refile if their petition is dismissed. First responders should not be given the power to appeal the county's decision when that decision is in favor of the respondent, particularly when the respondent is unaware of any assessment or investigation occurring. Such appeals will create further unnecessary burdens for the counties.

The primary focus of a first responder is to address the needs of someone experiencing a crisis and to respond with urgency. However, these instances are not indicative of someone's chronic behavioral health challenge or their ability to engage in long-term services. This bill would only encourage first responders to make hasty requests without a complete understanding of the respondent's medical history.

**SUPPORT**

California Professional Firefighters (sponsor)

**OPPOSITION**

Cal Voices

California Peer Watch

California State Association of Counties

County Behavioral Health Directors Association

Mental Health America of California  
Rural County Representatives of California  
Urban Counties of California

### **RELATED LEGISLATION**

Pending legislation: SB 1016 (Blakespear, 2026) authorizes a CARE Court petitioner who believes that a CARE respondent may not be willing or able to participate in the CARE process due to the severity of their mental disorder or lack of insight into their mental disorder to request that the court order an LPS Act mental health evaluation if the CARE process petition is dismissed. SB 1016 is pending before this Committee and is set to be heard on the same date as this bill.

Prior legislation:

SB 823 (Stern, 2025) would have expanded the CARE Act criteria for participation to include individuals who have a diagnosis of bipolar I disorder. SB 823 died in the Senate Appropriations Committee, but the contents of the bill were added to SB 27 (Umberg, Ch. 528, Stats. 2025).

SB 27 (Umberg, Ch. 528, Stats. 2025) made a number of changes to the CARE Act including program eligibility and how respondents are referred.

SB 42 (Umberg, Ch. 640, Stats. 2024) made various changes to the CARE Act, with an urgency clause so that the bill took effect in advance of the second cohort of counties' implementation of the CARE Act on or before December 1, 2024.

SB 35 (Umberg, Ch. 283, Stats. 2023) made various modifications to the CARE Act in advance of the first cohort's implementation of the CARE Act in 2023.

SB 1338 (Umberg, Ch. 319, Stats. 2022) enacted the CARE Act.

### **PRIOR VOTES**

Senate Health Committee (Ayes 9, Noes 0)

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