

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

SB 1016 (Blakespear)
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AWM

SUBJECT

Community Assistance, Recovery, and Empowerment (CARE) Court Program and
court-ordered evaluations

DIGEST

This bill creates a pathway for a CARE respondent to be ordered to undergo an evaluation under the Lanterman-Petris-Short (LPS) Act when certain conditions are met.

EXECUTIVE SUMMARY

The LPS Act has been in place since 1967 and provides for the involuntary detention and treatment of persons who, as a result of a mental disorder, are a danger to themselves or others or are “gravely disabled.” The LPS Act does not permit an individual in a person’s life – such as a relative or roommate – to ask a court directly for an evaluation to determine whether a person would qualify for detention and treatment under the LPS Act, but it does permit any individual to apply to a county behavioral health agency (CBHA) to investigate whether a particular person might so qualify. If the CBHA determines that the person does qualify, they must file a petition for a court-ordered evaluation. If the court orders the evaluation and the person refuses or fails to appear, they can be taken into custody for involuntary treatment.

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, the CARE Act

does not have adequate provisions in place for a respondent who does not complete the CARE process or who may need a higher level of services than is available under the CARE Act.

This is intended to provide a process through which a court can order a CARE respondent to be evaluated under the LPS Act if the court finds that the respondent meets the LPS Act criteria. As currently drafted, the bill appears to allow the court to make an LPS Act referral order at the prima facie stage of the CARE process and before the county behavioral health agency (CBHA) has conducted an investigation into the respondent's condition. Based on discussions with the author, this was not the author's intent, and the author has agreed to amendments that make clear that the court may refer a case for an LPS Act referral after the CBHA's post-investigation report. The bill also permits a petitioner to request a court-ordered evaluation in the event that the respondent's participation in the CARE process is terminated, and expands the conditions under which a CARE proceeding may be conducted through remote technology. The author has agreed to additional amendments to clarify the process and requirements for the requested evaluation.

This bill is sponsored by the California Association of Psychiatrists and is supported by the City of Riverside, Families Advocating for the Seriously Mentally Ill, Sacramento Family Advocates for Individuals with Serious Mental Illness, and the Treatment Advocacy Center. This bill is opposed by the California State Association of Counties, the County Behavioral Health Directors Association, Disability Rights California, the Disability Rights Education & Defense Fund, Mental Health America of California, Rural County Representatives of California, and Urban Counties of California.

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 or a danger to self or others. (Welf. & Inst. Code, div. 5, pt. 1, §§ 5000 et seq.)
- 2) Defines "gravely disabled" as either of the following:
 - a) A condition in which a person, as a result of a mental health disorder, a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder, is unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or necessary medical care.
 - b) A condition in which the person has been found mentally incompetent under Penal Code section 1370 and meets specified additional criteria relating to the nature of the crime charged and their ability to understand the nature and purpose of the proceedings against them. (Welf. & Inst. Code, § 5008(h).)

- 3) Permits any individual to apply to the person or agency designated by the county for a petition alleging that there is in the county a person who is, as a result of a mental disorder, a danger to others or themselves, or is gravely disabled, and requesting that an evaluation of the person's condition be made. (Welf. & Inst. Code, § 5201.)
 - a) The person or agency must screen the application to determine whether there is probable cause to believe the allegations before filing the petition, including through a reasonable investigation and, where possible through reasonable efforts, an interview of the person who is the subject of the petition. (Welf. & Inst. Code, § 5202.)
 - b) It is a misdemeanor to seek a petition under 2) knowing that the person is no, as a result of a mental disorder, a danger to themselves or others or gravely disabled. (Welf. & Inst. Code, § 5203.)
 - c) If, after reviewing the petition, the court determines that the person is, as a result of a mental disorder, a danger to themselves or others or gravely disabled, and the person has refused or failed to accept evaluation voluntarily, the judge shall issue an order notifying the person to submit to an evaluation; the order shall be served by a peace officer, counselor in mental health, or a court-appointed official. If the person refuses or fails to appear for the evaluation after being properly notified, a peace officer, counselor in mental health, or court-appointed official shall take the person into custody and place them into a facility designated by the county for treatment and evaluation; the person shall be evaluated as promptly as possible, but in no case shall be detained for longer than 72 hours under the court order, excluding weekends and holidays if treatment and evaluation services are not available on those days. (Welf. & Inst. Code, § 5206.)
 - d) The form of the order in 3)(c) is set forth in statute and must be substantially complied with. (Welf. & Inst. Code, § 5207.)
 - e) If, upon evaluation, the person is found to be in need of treatment because the person is, as a result of a mental disorder, a danger to self or others or gravely disabled, the person may be detained in a facility for 72-hour treatment and evaluation; if the person is given medication, the person must be provided specified information about their mental illness, including the nature of their mental illness and the reason for the medication, the likelihood of improving or not improving without the medication, and reasonable alternative treatments. (Welf. & Inst. Code, § 5213.)
 - f) At the time the person is taken into custody, unless a relative or other specified person is present to take possession of the person's property, the individual taking the person into custody must take reasonable precautions to preserve and safeguard the person's personal property in the possession of, or on the premises occupied by, the person; the individual must furnish to the court a report generally describing the property so protected, substantially in the form set forth in statute. (Welf. & Inst. Code, § 5210, 5211.)

- 4) Establishes the CARE Act. (Welf. & Inst. Code, div. 5, pt. 8, §§ 5970 et seq.)
- 5) 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) "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.
 - f) "Respondent" is the person who is subject to the petition for the CARE process. (Welf. & Inst. Code, § 5971.)
- 6) 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.)
- 7) Requires the Judicial Council of California to adopt a mandatory form for use to file a CARE petition, which must require that the petition be signed under penalty of perjury and include specific information about the respondent and the facts supporting the assertion that the respondent meets the CARE criteria. (Welf. & Inst. Code, § 5975.)
- 8) Provides that a CARE court proceeding is presumptively closed to the public, except as specified, and that all reports, evaluations, diagnoses, or other information related to the respondent's health are confidential; the respondent may, at any time, petition the court for an order sealing the records or any other court records in a CARE court proceeding. (Welf. & Inst. Code, § 5976.5.)
- 9) 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)
- 10) Establishes conditions under which the court may dismiss a petition or continue a hearing during the CARE process set forth in 9). (Welf. & Inst. Code, §§ 5977-5977.3)
- 11) Allows the court, at any point during CARE proceedings, if it determines, by clear and convincing evidence, that the respondent, after receiving notice, is not participating in the CARE process or is not adhering to their CARE plan, to terminate the respondent's participation. The court is then permitted to make a referral under the LPS Act, as provided. (Welf. & Inst. Code § 5979(a).)
- 12) Provides that, if a respondent was timely provided with all services and supports required by their CARE plan, the fact that the respondent failed to successfully complete the plan and reasons for that failure (a) are facts to be considered by a court in a subsequent hearing under the LPS Act, provided that the hearing occurs within six months of termination of the CARE plan; and (b) create a presumption at that hearing that the respondent needs additional interventions beyond the supports and services provided by the CARE plan. (Welf. & Inst. Code, § 5979(a)(3).)
- 13) Creates a process for penalizing counties or other local government entities that do not comply with CARE court orders. (Welf. & Inst. Code § 5979(b).)
- 14) Provides that either a respondent or a CBHA may appeal an adverse court determination. (Welf. & Inst. Code, § 5979(c).)
- 15) Provides that CARE Act hearings shall occur in person except that the judge, in their discretion, may allow a party or witness to appear through the use of remote technology. (Welf. & Inst. Code, § 5977.4)
- 16) 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.)
- 17) Requires the DHCS, in consultation with the Judicial Council, to develop an annual reporting schedule on which the trial courts will report specific information relating

to the CARE Act and proceedings to the DHCS for incorporation into the DHCS's annual CARE Act report. (Welf. & Inst. Code, § 5985(d).)

This bill:

- 1) Provides that a person may not make an application to a CBHA for a petition under the LPS Act for a person who has been diagnosed with a disorder that qualifies for the CARE process.
- 2) Provides that, whenever it appears to a judge pursuant to the process in the CARE Act that a person is, as a result of a mental disorder, a danger to themselves or others or gravely disabled, and that person has refused or failed to voluntarily accept an evaluation, the court shall order the person to submit to an evaluation, as provided for in the LPS Act.
- 3) Permits a behavioral health professional to serve a court order for an evaluation ordered pursuant to an LPS Act petition or through the CARE process.
- 4) Provides that, when a person refuses or fails to appear for a court-ordered evaluation, a peace officer, mental health counselor, or court-appointed official shall initiate an involuntary hold on the person, rather than taking them into custody, for purposes of evaluation.
- 5) Modifies the required forms for (1) a court-ordered evaluation, and (2) the report of the property of a person who was placed in an involuntary hold after refusing or failing to appear for a court-ordered evaluation.
- 6) Provides that, if a CARE petitioner believes that the respondent may not be willing or able to participate in the CARE process or a CARE plan or agreement due to the severity of their mental disorder or lack of insight into their mental disorder, the petitioner may request that the court order a mental evaluation under the LPS Act if the CARE petition is dismissed.
- 7) Provides that a CARE petition shall not be dismissed solely on the ground that a petitioner is unable to satisfy the requirement of providing either an affidavit of a licensed behavioral health professional or evidence of the respondent's history of involuntary holds under the LPS Act; in lieu of the affidavit or evidence of prior holds, the petitioner may submit one or more declarations together with any supporting records, reports, or other evidence available to the petitioner establishing probable cause that the respondent is or is at risk of becoming a person who, as a result of a mental disorder, is a danger to themselves or others or is gravely disabled.
- 8) Requires the Judicial Council to:

- a) Include on the mandatory CARE Act petition form an option for the petitioner to request a court-ordered evaluation under the LPS Act upon dismissal of the CARE petition if the respondent is not willing or able to participate in the CARE process and a CARE plan or CARE agreement due to the severity of their mental disorder or lack of insight into their mental disorder.
 - b) Amend the notice of dismissal form to indicate whether the court has ordered a mental health evaluation under the LPS Act upon the dismissal; the indication on the dismissal form shall serve as the court order for the mental health evaluation.
- 9) Provides that CARE Act reports, evaluations, diagnoses, and other information filed with the court relating to the respondent's health may, notwithstanding the requirement of confidentiality, be transferred to a covered entity, as defined, for a court-ordered evaluation; the entity receiving the documentation shall comply with all federal and state privacy protections.
- 10) Provides that, if a CARE respondent is not willing or able to participate in the CARE process and a CARE plan or CARE agreement, the court may issue an order for an evaluation under the LPS Act and direct the county to serve the order on the respondent, if both of the following conditions are met:
 - a) The petition includes a request for a mental health evaluation under the LPS Act.
 - b) The petition establishes probable cause to support the evaluation, as required under the LPS Act.
- 11) Provides that CARE parties and witnesses may appear through the use of remote technology unless otherwise ordered by the court or demanded by the respondent.
- 12) Requires the DHCS, as part of its required training and technical assistance to the counties, to include training and technical assistance regarding the court-ordered evaluation process under the LPS Act.
- 13) Requires the trial courts, as part of their reports to Judicial Council for use in the annual CARE Act report, to report (1) the total number of court-ordered mental health evaluations under the LPS Act requested in a CARE proceeding; (2) the total number of court-ordered mental health evaluations ordered upon dismissal of a CARE petition; (3) the total number of cases dismissed where a court-ordered mental health evaluation was requested but not ordered; and (4) the basis for dismissal in cases under (2) and (3).

COMMENTS

1. Author's comment

According to the author:

SB 1016 addresses a critical gap in the implementation of CARE Court. While CARE Court was designed to connect individuals with serious mental illness to treatment and housing, early data has shown that many individuals do not ultimately receive services through the program. We are presented with a clear problem: When CARE is not the right fit, there is no reliable pathway to ensure individuals are connected to a higher level of care. Individuals are often left without services or routed through short-term crisis interventions that are not designed to provide comprehensive evaluation or long-term stability. SB 1016 opens this connection, allowing individuals who cannot be served within CARE Court to be instead directed to a level of care that better matches their needs.

2. Background on the LPS Act and the process for obtaining a court-ordered evaluation

The LPS Act authorizes a series of involuntary detentions, which may culminate in the establishment of a year-long conservatorship, for the evaluation and treatment a person who is found to be a danger to themselves or others or is “gravely disabled.”¹ A person is “gravely disabled” if they are, as a result of a mental health disorder, a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder, unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or necessary medical care.²

The initial holds allowed under the LPS Act – lasting 72 hours, 14 days, and 30 days – may be certified by a health professional or reviewed by a hearing officer, but do not require judicial review unless the individual files a writ of habeas corpus.³ A county may, after 15 days of the initial 30-day involuntary treatment period, seek a court order authorizing a second 30 days for further evaluation; the individual must be appointed by counsel in such a proceeding.⁴

Because of the restriction on civil liberties involved in an LPS Act hold, the LPS Act strictly limits who may place a person on a hold; the list of approved persons is limited to peace officers (for the 72-hour hold only) and medical professionals.⁵ For a person who does not fall into one of these categories, there is no way for them to directly

¹ Welf. & Inst. Code, § 5008(h). The LPS Act also authorizes detention and involuntary treatment for persons who, as a result of a mental health disorder, are a danger to themselves or others (Welf. & Inst. Code, §§ 5150, 5250); this category is not pertinent to this analysis.

² *Id.*, § 5008(h).

³ *Conservatorship of Ben C.* (2007) 40 Cal.4th 529, 541.

⁴ Welf. & Inst. Code, § 5270.70.

⁵ *Id.*, §§ 5150, 5250, 5270.15, 5352.

petition a court for a person to be detained in an involuntary hold. The LPS Act does, however, provide an avenue for such a person to apply to the CBHA to petition for a court order requiring an individual to submit to a mental health evaluation.⁶ Upon receiving an application, the CBHA must investigate the person named in the application; if they determine that there is probable cause to believe the allegations and that the person will not agree voluntarily to receive crisis services, the CBHA must file a petition with the court.⁷ If the court determines that the person appears that the person is, as a result of a mental disorder, a danger to themselves or others or gravely disabled, the court must grant the petition and order an evaluation.⁸ The order must be served on the person and they must appear for a mental health evaluation; if they refuse or fail to appear, they must be taken into custody for involuntary evaluation and treatment.⁹

3. Background on the CARE Act and the CARE process

In 2022, the Legislature enacted the CARE Act.¹⁰ 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.”¹¹

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.¹² 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.¹³ The CARE Plan may provide for behavioral health services and housing supports, as well as other services.¹⁴ 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

⁶ *Id.*, § 5201.

⁷ *Id.*, §§ 5202, 5204.

⁸ *Id.*, § 5206.

⁹ *Ibid.*

¹⁰ Umberg, Ch. 319, Stats. 2022.

¹¹ See CalHHS, Community Assistance, Recovery & Empowerment Act, <https://www.chhs.ca.gov/care-act/>. All links in this analysis are current as of April 17, 2026.

¹² *Id.*, § 5977.1(a)(2).

¹³ *Id.*, § 5977.1(d).

¹⁴ *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.¹⁵

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.¹⁶ A respondent may be appointed to the CARE process only once, for up to one additional year.¹⁷ If, however, at any point during the CARE process the court determines, by clear and convincing evidence, that the respondent is not participating in the process, the court may terminate the CARE process.¹⁸ The court may, to ensure the respondent's safety, order an LPS Act evaluation; additionally, the respondent's failure to successfully complete their CARE plan must be considered by a court in any subsequent LPS Act hearing within six months of the termination, and creates a presumption that the respondent needs additional intervention beyond the supports and services provided by the CARE plan.¹⁹

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.²⁰ 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;²¹ and if the court finds that the respondent meets the CARE criteria after the respondent and CBHA fail to reach a CARE agreement, the respondent, their counsel, and the CBHA have 14 days to jointly reach a CARE plan.²²

DHCS's first annual CARE Act report was released in July 2025.²³ The report used data from the first nine months of CARE Act implementation in eight counties.²⁴ As of June 30, 2024, 556 CARE petitions had been received by the courts, of which 217 were dismissed, and 101 CARE agreements or CARE plans were in place.²⁵ DHCS reported that they did not yet have the data to determine the reasons for the dismissals, which

¹⁵ *Id.*, § 5977.1(d)(3).

¹⁶ *Id.*, § 5977.3.

¹⁷ *Ibid.*

¹⁸ *Id.*, § 5979.

¹⁹ *Ibid.*

²⁰ *Id.*, § 5972.

²¹ *Id.*, § 5977.

²² *Id.*, § 5977.1(c)(3)(A).

²³ See DHCS, Care Act Annual Report (Jul. 2025), available at <https://www.dhcs.ca.gov/Documents/CARE-Act-Annual-Report-2025.pdf>.

²⁴ *Id.* at p. 4.

²⁵ *Id.* at p. 6.

could include reasons such as respondents voluntarily agreeing to treatment, or a respondent who was unable to be engaged in care.²⁶

4. This bill is intended to ensure that persons who are unable or unwilling to participate in the CARE process due to the severity of their mental disorder are referred for an evaluation under the LPS Act

As currently in print, this bill permits a CARE petitioner to request that the court order an LPS Act evaluation if a respondent's participation in the CARE program is terminated, and, due to the placement of a provision, appears to allow the court to order that evaluation on the basis of the petition alone. The author and sponsor have stated that this is not the intent of the bill. Instead, they intended to allow the court to order an LPS Act involuntary evaluation only after the county CBHA investigates the respondent and reports back to the court. This structure basically mimics the existing structure for a court-ordered LPS Act evaluation, which also requires a county investigation and report to the court before the court orders the evaluation.²⁷ The author has agreed to amendments to clarify that an LPS Act evaluation can be ordered only after the county completes its investigation and files its report following a prima facie determination that the respondent meets the CARE criteria, and to more closely align the requirements of the report with the existing requirements for an LPS Act investigation.

In connection with the provisions expressly contemplating an LPS Act involuntary evaluation order after the prima facie CARE eligibility determination, the bill makes a number of conforming changes to the LPS Act. Additionally, the bill provides that a person may not seek an LPS Act involuntary evaluation order for a person who has been diagnosed with a disorder that qualifies for the CARE process. This is intended to ensure that CARE-eligible persons are given the opportunity to obtain care through the less-restrictive CARE process rather than through an involuntary evaluation.

The bill also makes changes to the sections relating to the CARE eligibility criteria and the CARE petition to grant the petitioner the right to request, as part of the petition, that the court order an LPS Act evaluation if the court dismisses the case due to the respondent's unwillingness or inability to participate in the CARE process due to the severity of their mental disorder or lack of insight into their mental disorder. The author has agreed to minor amendments to these provisions to maintain the current CARE eligibility criteria and to clarify the nature of the request and the procedure for ordering an evaluation in the event of a dismissal.

Finally, the bill makes a number of additional minor changes to the CARE Act:

- Currently, the court may dismiss a matter if the court determines that voluntary engagement with the respondent is effective and that the individual has enrolled

²⁶ *Id.* at p. 8.

²⁷ *See* Welf. & Inst. Code, §§ 5202, 5206.

or is likely to enroll in voluntary behavioral health treatment. This bill prohibits the court from dismissing a petition for such a person unless they have enrolled in and are actively participating in voluntary behavioral health treatment.

- The bill changes the presumption for appearances through remote technology in CARE proceedings: currently the CARE Act requires in-person hearings unless otherwise ordered by the court; this bill would permit remote appearances unless ordered by the court or objected to by the respondent.
- The bill requires CDPH to include, in its training and technical assistance for CBHAs, guidance regarding the LPS Act court-ordered evaluation process.
- The bill requires CDPH's annual CARE Act report to include information about the number of LPS Act evaluations ordered by CARE court judges.

5. The question of voluntariness

As notes above, the current version of the bill inadvertently appears to allow a court to order an involuntary evaluation under the LPS Act without any investigation by the county. The author has agreed to amend those provisions to clarify that a county investigation is necessary and that the court must find probable cause to order an evaluation; however.

The bill's opponents also express concern about the bill's general introduction of involuntary detention into the CARE process. For example, the County Behavioral Health Directors Association, the California State Association of Counties, the Urban Counties of California, and the Rural County Representatives write:

This bill expands authority of the court to involuntarily detain an individual subject to a petition under the CARE Act to an involuntary detention for the purposes of conducting an evaluation to determine whether there is probable cause that the individual is a danger to themselves, others, or gravely disabled. Because this assessment is not necessary to qualify an individual for CARE, it is concerning that the court could extend these orders to CARE Act respondents, and it would fundamentally alter the voluntary nature of CARE... By tying together the involuntary, court-ordered evaluation process to CARE, the result of this bill will be to compel the very same involuntary detention options available to counties under WIC Section 5150 today as a consequence for individuals who, for myriad reasons, may be unwilling to participate voluntarily in the CARE process.

The question of the right balance between voluntariness and coercion in the CARE Act dates back to the CARE Act's original passage.²⁸ The debate over the voluntariness of

²⁸ See, e.g., Assem. Com. on Judiciary, analysis of SB 1338 (2021-2022 Reg. Sess.) as amended Jun. 16, 2022, pp. 2, 17-18, 25-26, 28-30.

the program involved both concerns that involuntary treatment is less effective than voluntary treatment, as well as the concern that forcing a person who is not “gravely disabled” or otherwise lacking capacity would violate their Due Process rights. The “Accountability” provisions of the CARE Act were amended multiple times, reflecting the delicacy of the balance between consequences and coercion. When a lawsuit was filed in the California Supreme Court to prevent the CARE Act’s implementation, the Newsom administration defended the CARE process as voluntary, and the possible consequences of failing to participate “quite circumscribed.”²⁹ The California Supreme Court denied the petition without a hearing or a written opinion.

With the amendments, the bill’s provisions for a court-ordered LPS Act evaluation are virtually identical to the existing process under the LPS Act, so the bill does not relax the standards for detaining and evaluating a person against their will. To the extent that, as the opposition argues, adding the threat of an LPS Act investigation adds a coercive element to the CARE Act, the bill’s supporters argue that this addition is necessary to ensure that CARE participants who are ultimately unable to participate due to the severity of their mental health condition are promptly and efficiently connected to the appropriate services and care.

6. Amendments

As noted above, the author has agreed to a number of amendments to this bill. The amendments are set forth below, subject to any nonsubstantive changes the Office of Legislative Counsel may make.

Amendment 1

On pages 6-7, delete Section 5 of the bill.

Amendment 2

On page 8, in line 8, delete “Except as specified in paragraph (2),”

Amendment 3

On page 8, delete lines 31-39, and on page 9, delete lines 1-14, and insert:

(e) (1) If the petitioner believes that the person otherwise meets the CARE criteria but may not be willing or able to participate in the CARE process and a CARE plan or CARE agreement due to the severity of their mental disorder or lack of insight into their mental disorder, the petitioner may request that the court order a mental

²⁹ Preliminary Opposition to Petition for Writ of Mandate, *Disability Rights California v. Newsom, et al.*, California Supreme Court Case No. S278330, pp. 38-39.

health evaluation under Article 2 (commencing with Section 5200) of Chapter 2 of Part 1 if the CARE petition is dismissed.

(2) The Judicial Council shall include on the mandatory petition form an option for the petitioner to request the court to order a mental health evaluation under Article 2 (commencing with Section 5200) of Chapter 2 of Part 1 upon dismissal of the petition if the respondent is not willing or able to participate in the CARE process and a CARE plan or CARE agreement due to the severity of their mental disorder or lack of insight into their mental disorder.

(3) The Judicial Council shall amend the notice of dismissal form to include a section to indicate whether the court has ordered, pursuant to Section 5977, a mental health evaluation under Article 2 (commencing with Section 5200) of Chapter 2 of Part 1 upon the dismissal, and the indication on the dismissal form shall concurrently serve as that court order for the mental health evaluation.

Amendment 4

On page 11, between lines 23 and 24, insert:

(IV) Conclusions about whether the respondent is likely to need a higher level of care than is available under this Part and, if so, recommendations about the appropriate level of care and the necessary steps to obtain that level of care for respondent.

(V) Whether there is probable cause to believe that the respondent is, as a result of a mental disorder, a danger to themselves or others, or gravely disabled, as defined in Section 5008, and whether the respondent will agree voluntarily to receive crisis intervention services or an evaluation in their own home or in a facility designated by the county and approved by the State Department of Health Care Services.

Amendment 5

On page 11, between lines 28 and 29, insert:

(v) If the court determines that the petition, the report submitted under (III), or both establish that there is probable cause to believe that the respondent is, as a result of a mental disorder, a danger to themselves or others, or gravely disabled, as defined in Section 5008, and that the respondent will not voluntarily receive crisis intervention services or an evaluation, the court shall issue an order notifying the respondent to submit to an evaluation as specified in Section 5206.

Amendment 6

On page 12, between lines 2 and 3, insert:

(iv) Conclusions about whether the respondent is likely to need a higher level of care than is available under this Part and, if so, recommendations about the appropriate level of care and the necessary steps to obtain that level of care for respondent

(v) Conclusions about whether the respondent may need a higher level of care than is available under this Part, and whether there is probable cause to believe that the respondent is, as a result of a mental disorder, a danger to themselves or others, or gravely disabled, as defined in Section 5008, and whether the respondent will agree voluntarily to receive crisis intervention services or an evaluation in their own home or in a facility designated by the county and approved by the State Department of Health Care Services.

Amendment 7

On page 13, delete lines 4-14 and insert:

(D) If the court determines, based on both or either the county agency's report under (B) or the petition, that there is probable cause to believe that the respondent is, as a result of a mental disorder, a danger to themselves or others, or gravely disabled, as defined in Section 5008, and that the respondent will not voluntarily receive evaluation, the court shall issue an order notifying the respondent to submit to an evaluation as specified in Section 5206.

7. Arguments in support

According to the California State Association of Psychiatrists:

CARE Court can work well when respondents are able and willing to engage. However, a significant subset of people who qualify have conditions so severe that they cannot meaningfully participate in proceedings. Many have anosognosia, a neurological feature of some psychotic disorders that prevents a person from recognizing their own illness. For these patients, CARE Court's current framework provides no workable pathway to evaluation and treatment.

While the CARE Act recognizes that a court-ordered mental health evaluation should be considered when a respondent's safety is at risk, counties are not using this mechanism. The statutory authority to petition a court for a mental health evaluation has existed in since 1967, under Welfare and Institutions Code section 5200. What is lacking is a clear procedural connection between CARE Court and that evaluation process.

SB 1016 creates that connection. It establishes a pathway for CARE Court respondents who are unwilling or unable to engage to be referred for a court-ordered mental health evaluation under section 5200, allowing the court to access existing legal tools without creating new or duplicative procedures.

8. Arguments in opposition

According to Mental Health America of California:

The CARE process requires an engagement period where the respondent may participate in voluntary behavioral health supports and services and avoid involuntary treatment. However, this bill requires the petitioner's belief that the respondent may not be willing or able to participate in the CARE process to make a request for a mental health evaluation. They must indicate this request in the petition and at the beginning of the process. This bill assumes that the respondent will fail before any engagement is done and ensures involuntary treatment if the petition is dismissed. This defeats the purpose of the CARE process, unjustly stigmatizing the respondent...

Welfare and Institutions Code (WIC) Section 5972(e) states that "Participation in a CARE plan or CARE agreement would be the least restrictive alternative necessary to ensure the person's recovery and stability" as criteria for CARE Court. This bill indicates that if the respondent is not willing or able to participate in the CARE process, the court may issue an order for a mental health evaluation. A CARE plan or agreement created under threat of evaluation and forced treatment is unduly restrictive and is not conducive to a person's recovery and stability.

SUPPORT

California State Association of Psychiatrists (sponsor)
City of Riverside
Families Advocating for the Seriously Mentally Ill
Sacramento Family Advocates for Individuals with Serious Mental Illness
Treatment Advocacy Center

OPPOSITION

California State Association of Counties
County Behavioral Health Directors Association
Disability Rights California
Disability Rights Education & Defense Fund
Mental Health America of California
Rural County Representatives of California
Urban Counties of California

RELATED LEGISLATION

Pending legislation:

SB 989 (Blakespear, 2026) requires a CBHA to develop a process whereby a first responder, in lieu of filing a CARE petition, can refer a person they believe to be eligible for an investigation; if the CBHA determines that the person meets the CARE criteria, the CBHA must file a CARE petition. SB 989 is pending before this Committee and is set to be heard on the same date as this bill.

SB 883 (Umberg, 2026) extends the time for a CBHA and respondent to develop a CARE plan following a determination that the respondent meets the CARE criteria. SB 883 is pending on the Senate Floor.

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 Community Assistance, Recovery, and Empowerment (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.
