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

SB 331 (Menjivar)
Version: April 10, 2025
Hearing Date: April 29, 2025
Fiscal: Yes
Urgency: No
AWM

SUBJECT

Substance abuse

DIGEST

This bill defines certain terms within the Lanterman-Petris-Short (LPS) Act; requires the Department of Health Care Services (DHCS) to provide training on the electronic submission of forms for proceedings under the LPS Act and the Community Assistance, Recovery, and Empowerment (CARE) Act; and permits an original petitioner to remain the petitioner in a CARE Act case if certain conditions are met.

EXECUTIVE SUMMARY

Current law establishes the LPS Act and the CARE Act, both of which are intended to help persons with mental health disorders obtain help and treatment. The LPS Act permits an individual who is gravely disabled, as defined, to be involuntarily detained for evaluation and treatment over a series of "holds" of increasing duration, which may culminate in the establishment of a one-year conservatorship. The CARE Act provides a framework for a person who has been diagnosed with schizophrenia spectrum or other psychotic disorders and who is currently suffering a serious mental disorder to be brought to a CARE court via a petition; through the CARE process, the person will work with the county behavioral health agency (CBHA) to develop a plan for their care.

This bill is intended to improve both the LPS Act and the CARE Act by (1) defining certain terms within the LPS Act, (2) requiring the DHCS to establish and implement training guidelines for counties regarding the electronic submission of evaluation orders submitted under the LPS Act; and (3) permitting an original CARE petitioner who is not a CBHA to remain as the petitioner. The author has agreed to amend the bill to remove the provision about allowing the petitioner to remain in that role and to instead give certain petitioners additional rights to participate in the CARE process and receive documents, provided that the person who is the subject of the CARE process consents.

This bill is sponsored by the California State Association of Psychiatrists and is supported by Families Advocating for the Seriously Mentally Ill. This bill is opposed by Cal Voices, California Peer Watch, Disability Rights California, Mental Health America of California, and one individual. The Senate Health Committee passed this bill with a vote of 8-0.

PROPOSED CHANGES TO THE LAW

Existing law:

1) Establishes the 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) Defines "grave disability" as follows:
    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 medical care.
    b) A condition in which a person has been found incompetent to stand trial, as provided.
    c) A condition in which a person, as a result of impairment by chronic alcoholism, is unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or necessary medical care; except this definition does not apply in the initial 5150 hold. (Welf. & Inst. Code, § 5008(h)(1) & (2).)

3) Authorizes a county, by adoption of a resolution of its governing body, to elect to defer implementation of the definitions in 2)(a) and (c) until January 1, 2026, and instead use the definitions in place prior to the enactment of SB 43 (Eggman, Ch. 637, Stats. 2023), which are:
    a) A condition in which a person, as a result of a mental health disorder, is unable to provide for their basic personal needs for food, clothing, and shelter.
    b) A condition in which a person, as a result of impairment by chronic alcoholism, is unable to provide for their basic personal needs for food, clothing, or shelter; except this definition does not apply in the initial 5150 hold. (Welf. & Inst. Code, § 5008(h)(4).)

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) "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 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.)

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; 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) Provides that the following adult persons may file a petition to commence the CARE process:
   a) A person with whom the petitioner resides.
   b) A spouse, parent, sibling, child, or grandparent, or a person who stands in loco parentis to the respondent.
   c) The director of a hospital in which the respondent is hospitalized, or their designee.
   d) The director of a public or charitable organization, agency, or home, or their designee, who has, within the previous 30 days, provided, or who is currently providing, behavioral health services to the respondent or in whose institution the respondent resides.
   e) A licensed behavioral health professional, or their designee, who is, or has been within the previous 30 days, either supervising the treatment of, or treating, the respondent for a mental illness.
   f) A first responder, as defined, who has had repeated interactions with the respondent, as specified.

g) The public guardian or public conservator, or their designee, of the county in which the respondent resides or is found.
h) The director of a CBHA, or their designee, of the county in which the respondent resides or is found.
i) The director of county adult protective services, or their designee, of the county in which the respondent resides or is found.
j) The director of a California Indian health services or California tribal behavioral health department who has, within the previous 30 days, provided, or who is currently providing, behavioral health services to the respondent, or their designee.
k) The judge of a tribal court located in California before which the respondent has appeared within the previous 30 days, or their designee.
l) The respondent. (Welf. & Inst. Code, § 5974.)

8) Establishes the rights of the respondent, including the right to receive notice of the hearings and the court-ordered evaluation; the right to be represented by counsel at all stages of a CARE proceeding, regardless of ability to pay; the right to present evidence and call witnesses; and the right to an interpreter in all proceedings if necessary for the respondent to fully participate. (Welf. & Inst. Code, § 5976.)

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).)

This bill:

1) Adds the following definitions within the LPS Act:
    a) "Chronic alcoholism" shall be interpreted to mean "alcohol use disorder" and shall be a qualifying diagnosis for grave disability if the alcohol use disorder meets the diagnostic criteria of "severe" as defined in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders.
    b) "Mental health disorder" means a condition outlined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders.

2) Deletes the provision specifying that chronic alcoholism is not sufficient to establish grave disability for purposes of a 5150 hold.

3) Permits a CARE Act original petitioner to request to maintain their role as petitioner; the court may grant the request if the respondent and the director of the CBHA both consent to the request.

4) Provides that an original petitioner, if not substituted by the CBHA, has certain rights, including:
    a) Stipulating, or declining to stipulate, to holding the hearing on the merits of the petition with the initial appearance hearing.
    b) Participating with the CBHA, respondent, respondent's counsel, and respondent's supporter on the CARE agreement.
    c) Receiving a copy of the CBHA's clinical evaluation report of the respondent, and subsequent evaluations, if the respondent consents.
    d) Requesting an extension of time for the court to consider a proposed CARE plan.
    e) Making suggestions for the CARE plan; however, they may not propose a third CARE plan for consideration.
    f) Responding to status reports filed by the CBHA during the one-year CARE plan term; however, the original petitioner may receive a copy of those reports only if the respondent consents.
    g) Requesting an additional hearing during the one-year CARE plan to address a change of circumstances.

h) At the 11-month status hearing, responding to the CBHA's report and submitting additional information and recommendations, and introducing evidence and calling witnesses.
i) Working with the respondent and the CBHA on a graduation plan, if the respondent elects to graduate from the CARE process after one year.
j) Receiving unredacted copies of CBHA reports, with the consent of the respondent.
k) If the CBHA elects not to enroll the respondent into a full service partnership, as defined, requesting information on the reasons for this decision and any barriers to enrollment.

5) Requires the DHCS to provide training and technical assistance to CBHAs on the electronic submission of forms in the CARE process.

COMMENTS

1. Author's comment

According to the author:

> This bill is a modest measure to clarify recently enacted legislation that made profound changes to the way the state addresses the behavioral health crisis by mitigating barriers to providing much-needed services to a historically hard-to-treat population. The Community Assistance, Recovery, and Empowerment (CARE) Act, for the first time, allows people to petition a court directly when there is someone—often a family member—who has a severe mental health condition that does not allow them to reach stabilization. However, once the family submits the petition, the court is required at the initial hearing to replace the family with the county behavioral health agency or their designee to assume the role of petitioner. This bill would instead permit the family member to maintain their role as the original petitioner, ensuring that family members who are often the most versed in a person's condition can be involved in accessing treatment and providing recommendations for services that in their experience have benefitted their loved one. This bill further provides clarification to the Lanterman-Petris-Short (LPS) Act in order to ensure terms are defined and applied consistently throughout the various provisions of involuntary detention laws. Lastly, this bill requires DHCS to provide training on submitting necessary forms required by CARE and the LPS Act to ensure petitioners and others who have a role in submitting required documents have equal access and do not face unnecessary logistical barriers.

2. The LPS Act and the CARE Act

The LPS Act authorizes a series of involuntary detentions for evaluation and treatment, which may culminate in the establishment of a year-long conservatorship, for a person who is found to be "gravely disabled." [1] Currently, a county may elect to use one of two definitions of "gravely disabled": (1) a person who is unable to provide for their basic personal needs for food, clothing, and shelter as a result of a mental health disorder or, in the case of holds other than a 5150 hold, as a result of impairment by chronic alcoholism;[2] or (2) a person who, as a result of a mental health disorder, a severe substance disorder, or a co-occurring mental health disorder and a severe substance use disorder, is unable to provide for their basic needs for food, clothing, shelter, personal safety, or medical care.[3] All counties will have to use the second definition beginning January 1, 2026.[4]

The initial LPS Act holds—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.[5] A county may, after 15 days of the initial 30-day detention, seek a court order authorizing a second 30 days; the individual must be appointed by counsel in such a proceeding.[6] If a county proceeds with a petition to place a person into a conservatorship, the individual must also be represented, and the finder of fact must find that a person is gravely disabled beyond a reasonable doubt.[7]

In 2022, the Legislature enacted the CARE Act.[8] 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. Unlike the LPS Act, the CARE Act hinges on the person's voluntary participation; however, if a person fails to comply with a court-approved CARE plan, that fact may be considered in a subsequent LPS Act hearing that occurs within six months of the termination of the CARE plan, and there shall be a presumption that the person needs additional intervention beyond the supports and services provided by the CARE plan.[9]

---

[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] Former Welf. & Inst. Code, § 5008(h).
[3] *See* Welf. & Inst. Code, § 5008(h)(4);
[4] *See* Welf. & Inst. Code, § 5008(h)(4); SB 43 (Eggman, Ch. 637, Stats. 2023).
[5] *Conservatorship of Ben C.* (2007) 40 Cal.4th 529, 541.
[6] Welf. & Inst. Code, § 5270.70.
[7] *Ben C.*, *supra*, 40 Cal.4th at p. 541.
[8] Umberg, Ch. 319, Stats. 2022.
[9] Welf. & Inst. Code, § 5979.

The CARE process is unique within the state insofar as the court process can be initiated by a person who has a relationship with the potential respondent; other mental health procedures that go through the courts, such as assisted outpatient treatment (AOT),[10] require a county actor to initiate the process. Eligible petitioners include the CBHA; a spouse, parent, sibling, child, or grandparent of the respondent; a treating behavioral health professional; the county public guardian or public conservator; and other enumerated persons and entities.[11] If the petitioner is a person other than the CBHA, however, and the court determines that the petition states a prima facie case that the respondent meets the CARE court eligibility, the court must order the CBHA to file a report on the respondent and, at the next hearing, relieve the original petitioner and appoint the director of the CBHA or their designee as successor petitioner.[12] Until July 1, 2025, the court may, at its discretion, assign ongoing rights of notice to the original petitioner; beginning July 1, 2025, unless the court determines that ongoing notice would be detrimental to the treatment or well-being of the respondent, the court shall provide ongoing notice of the CARE proceedings to the original petitioner.[13]

Once the CBHA is established as the petitioner, the petitioner and the respondent—provided that the court finds that the respondent meets the CARE criteria—work together to develop a CARE agreement or CARE plan. A CARE agreement is fully voluntarily and the result of an agreement between the CBHA and respondent; a CARE plan may be proposed by one party and approved by the court.[14] A CARE plan lasts for one year, with the option of a single one-year extension.[15]

3. <u>This bill makes changes to the LPS Act and the CARE Act</u>

a. Added definitions to the LPS Act

This bill adds definitions of "chronic alcoholism" and "mental health disorder" to the LPS Act—terms which are already used in the LPS Act but are undefined. The author intends for these definitions to provide additional clarity to the LPS Act.

Opponents of the bill express concern that the definition of "mental health disorder" as "a condition outlined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders" (DSM) is overbroad. They note that many of the conditions in the DSM are not conditions that could reasonably lead to grave disability under the LPS Act, and that some of the conditions in the DSM are conditions that would be covered by conservatorships under the Probate Code, not the LPS Act. For example, Disability Rights California notes:

---

[10] *Id.*, div. 5, pt. 1, ch. 2, art. 9, §§ 5345.
[11] *Id.*, § 5974.
[12] *Id.*, § 5977(a)(3)-(5), (b).
[13] *Id.*, § 5977(b)(6)(B)(ii).
[14] *Id.*, §§ 5977, 5977.1.
[15] *Id.*, § 5977.3.

> The DSM lists a number of conditions that are more appropriate for probate or limited conservatorships. These include major neurocognitive disorders such as dementia and Alzheimer's disease, traumatic brain injury, Huntington's disease, intellectual disability, and developmental disabilities like autism spectrum disorder. Under current law, individuals with these conditions can be placed in facilities through the Probate Code, which provides a more appropriate framework. Probate Code § 2356.5. By expanding the scope of LPS conservatorships to encompass these disorders, SB 331 risks confusion in the courts and could lead to individuals being placed under conservatorships inappropriate for their needs.

There is some debate over whether an LPS Act conservatorship is appropriate for mental conditions that are not mental *health* conditions. The stated Legislative intent for the LPS Act is to end "the inappropriate, indefinite, and involuntary commitment of persons with mental health disorders, developmental disabilities, and chronic alcoholism," and to "provide prompt evaluation and treatment of persons with mental health disorders or impaired by chronic alcoholism."[16] The Legislature's recent discussions about the LPS Act have also largely, if not exclusively, focused helping persons with "mental illness,"[17] which seems to confirm that the Legislative intent for the LPS Act has not been to cover persons with other forms of mental disorders, i.e., those that cannot be improved with treatment. The Court of Appeal for the Second District, however, held in 2013 that an LPS Act conservatorship must be established for a person with dementia; the opinion relied on a case that relied on a since-repealed regulation, and a 1989 letter opinion of the Attorney General.[18] That opinion has not been formally overruled, though there has not yet been a deliberate of expansion of the LPS Act to match the Court of Appeal's interpretation.

When this bill was heard by the Senate Health Committee, the author pledged to continue working with the opposition on an alternative definition for "mental health disorder." While this Committee does not have the expertise or jurisdiction to suggest a better definition, it worth flagging that, if the definition is not narrowed, it could result in an inadvertent expansion of the LPS Act's scope to include mental conditions other than mental health conditions. Because this does not appear to be the author's intent, this analysis does not consider the legal implications of such an expansion.

---

[16] Welf. & Inst. Code, § 5001.

[17] *E.g.*, Sen. Com. on Judiciary, Analysis of Sen. Bill No. 43 (2023-2024 Reg. Sess.) as amended Apr. 17, 2023, pp. 9-10 (author's statement referring to the current LPS model that is "leaving too many people suffering with significant psychotic disorders in incredibly unsafe situations…the dated criteria in LPS no longer work for today's needs and have contributed to the mass incarceration of those with mental illness").

[18] *See County of Los Angeles v. Superior Court* (2013) 222 Cal.App.4th 434, 448-449.

b. DHCS training

This bill requires the DHCS to establish and implement training guidelines for counties regarding the electronic submission of evaluation orders submitted under the LPS Act. This is intended to make the LPS Act process more efficient.

c. Modifying the role of the original CARE Act petitioner

As discussed above, the CARE Act allows certain adult persons with whom an individual has a relationship—their parent, spouse, sibling, child, or grandparent, or a person with whom they reside—to file a CARE Act petition, along with several categories of county actors or medical professionals.[19] In the event the court finds that the CARE petition makes a prima facie showing that the individual meets the CARE criteria, the court must order the CBHA to replace the original petitioner in the CARE proceeding (unless the CBHA was the petitioner).[20]

This bill, out of concern that individuals' family members are not being adequately included in the CARE process, would permit the original petitioner to remain as petitioner throughout the proceeding, provided that the CBHA and respondent consent. The bill extends to the original petitioner several rights in connection with their preserved status, with the goal of allowing family members to provide insights that may be useful to the CBHA and respondent's counsel.

While the author's goal is understandable, as a practical matter, it does not appear that allowing a family member or cohabitant of an individual to remain on as petitioner is the best mechanism for achieving it. The role of petitioner carries with it legal obligations and duties for which an unrepresented layperson is unlikely to be prepared; moreover, many steps of the CARE process implicitly assume that the CBHA is a party to the case and would be disturbed if the CBHA is never substituted in.

In order to achieve the author's goal while still preserving the overall legal procedural framework of the CARE process, the author has agreed to amend the bill to remove the provisions that would allow an original petitioner who is a family member or roommate to remain in that role past the initial appearance phase and instead clarify that these individuals can have greater involvement in the CARE process to the extent the respondent consents. The amendments are discussed below in Comment 5.

4. Amendments

As noted above, the author has agreed to make the following amendments:

- Restore Welfare and Institutions Code section 5977(b)(6) to its current form, wherein the director of the CBHA, or their designee, replaces the original

[19] *Id.*, § 5974.
[20] *Id.*, § 5977.

petitioner at the initial appearance hearing (unless the CBHA is the original petitioner), and wherein original petitioners who are family members or roommates of the respondent can be assigned ongoing rights after being replaced as petitioners.

- Clarify, within Welfare and Institutions Code section 5977(b)(6)(B)(iii) that, to the extent the respondent consents, the original petitioner's participation in the CARE proceedings may include participating in the development of a CARE agreement, CARE plan, or voluntary graduation plan.
- Remove references to the "successor petitioner" and "nonsubstituted petitioner"
- Provide that, to the extent the respondent consents, the original petitioner may receive a copy of the clinical evaluation under subdivision (c) and the supplemental report under paragraph (5) of subdivision (d) of Welfare and Institutions Code section 5977.1; the status reports filed under Welfare and Institutions Code section 5977.2; and other documents under Welfare and Institutions Code section 5977.4.
- Provide that, if the respondent consents, the original petitioner may make suggestions for the CARE plan, but not propose a third plan, and that the court must consider those suggestions before adopting a CARE plan, under subdivision (d) of Welfare and Institutions Code section 5977.1.
- Provide that, if the respondent consents, the original petitioner shall be permitted to respond to the CBHA's report and introduce information and recommendations at the one-year status hearing under Welfare and Institutions Code section 5977.3.

5. Arguments in support

According to the bill's sponsor, the California State Association of Psychiatrists:

> The CARE Act was enacted to address the severe mental health crisis in California, and provide a new opportunity to access care through court-oversight. In the first year of implementation, data released for the first nine months of this Act shows that approximately 39% of filed petitions are dismissed and respondents transitioned over from other county programs, including conservatorship. Currently, petitioners are automatically removed from the proceedings after the first hearing and most petitioner types are not allowed to receive notices, participate in the proceedings, or collaborate on the ongoing CARE Agreement or Care Plan for the individual. This removal of the petitioner often removes the person who has the most experience with the eligible person in need. Further, some petitioners have found it difficult to file CARE Act petitions because not all counties have an option to submit a petition electronically.
>
> SB 331 will ensure consistency with recently enacted legislation by (1) clarifying that "chronic alcoholism" applies to the same provisions that "severe substance

use disorder" applies to, (2) adding a definition for "mental health disorder" that references the most recent edition of the DSM, (3) permitting families to remain involved as the petitioner and make recommendations about services for the respondent's CARE plan, and (4) requiring the Department of Health Care Services to provide further training and technical assistance to counties in implementing the CARE Act.

6. Arguments in opposition

According to Cal Voices, California Peer Watch, Disability Rights California, and Mental Health America of California:

> The organizations submitting this letter write to express our opposition to SB 331 unless amended. As currently drafted, this bill would significantly expand eligibility for involuntary commitment in a manner that raises serious legal and policy concerns.
>
> SB 331 defines "mental health disorder" as a condition outlined in the current edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM). Under current law, "mental health disorder" is not defined in statute or regulation. While a similar definition once appeared in regulation, that provision was repealed.
>
> The definition of "mental health disorder" is critical in determining eligibility for involuntary commitment, which requires a clear connection between an individual's mental health condition and harmful behaviors. The DSM, however, encompasses a broad array of conditions—many of which are inappropriate bases for involuntary confinement. The most recent edition, DSM-5-TR, includes 265 diagnoses, ranging from developmental and substance use disorders to conditions such as caffeine use disorder, restless leg syndrome, female sexual interest/arousal disorder, and erectile disorder.
>
> Moreover, the DSM reflects a history of social bias that must not be ignored. Earlier editions classified "homosexuality" as a mental disorder, and the current version includes diagnoses like "gender dysphoria." These examples highlight the risk of using the DSM as a legal standard for involuntary commitment without appropriate limitations.

SUPPORT

California State Association of Psychiatrists (sponsor)
Families Advocating for the Seriously Mentally Ill

OPPOSITION

Cal Voices
California Peer Watch
Disability Rights California
Mental Health America of California
One individual

RELATED LEGISLATION

Pending legislation:

SB 823 (Stern, 2025) expands the CARE Act diagnostic criteria to include persons with a diagnosis of bipolar I disorder. SB 823 is pending before the Senate Appropriations Committee.

SB 367 (Allen, 2025) makes a number of changes to the LPS Act relating to the recommendation for, and the treatment of, the person after the establishment of, a conservatorship. SB 367 is pending before this Committee and is set to be heard on the same date as this bill.

SB 27 (Umberg, 2025) permits a CARE court to conduct the initial appearance hearing concurrently with its determination on whether the petition makes a prima facie case of CARE eligibility, provided certain conditions are met. SB 27 is pending on the Senate Floor.

AB 416 (Krell, 2025) authorizes an emergency physician, as defined, to take, or cause to be taken, a person into custody for a 5150 hold. AB 416 is pending before the Assembly Judiciary Committee.

Prior legislation:

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 43 (Eggman, Ch. 637, Stats. 2023) among other things, expanded the definition of "gravely disabled," for purposes of involuntarily detaining an individual under the LPS Act, to include an individual with a severe substance use disorder (SUD), or a co-occurring mental health disorder and a severe SUD, or chronic alcoholism, who is unable to provide for food, clothing, shelter, personal safety or necessary medical care.

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 8, Noes 0)

****