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SB-27 Community Assistance, Recovery, and Empowerment (CARE) Court Program. (2025-2026)

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Senate Bill No. 27

CHAPTER 528

An act to amend Section 1370.01 of the Penal Code, and to amend Sections 5971, 5972, 5975, 5977, 5977.1, 5977.3, 5978, and 5985 of the Welfare and Institutions Code, relating to courts.

[Approved by Governor October 10, 2025. Filed with Secretary of State October 10, 2025.]

LEGISLATIVE COUNSEL'S DIGEST

SB 27, Umberg. Community Assistance, Recovery, and Empowerment (CARE) Court Program.

Existing law, the Community Assistance, Recovery, and Empowerment (CARE) Act, authorizes specified adult persons to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan and implement services, to be provided by county behavioral health agencies, to provide behavioral health care, including stabilization medication, housing, and other enumerated services, to adults who are currently experiencing a severe mental illness and have a diagnosis identified in the disorder class schizophrenia and other psychotic disorders, and who meet other specified criteria. Existing law authorizes a specified individual to commence the CARE process, known as the original petitioner. Existing law authorizes the court to dismiss a case without prejudice when the court finds that a petitioner has not made a prima facie showing that they qualify for the CARE process. Existing law requires the court to take prescribed actions if it finds that a prima facie showing has been made, including, but not limited to, setting the matter for an initial appearance on the petition. Existing law requires the court, if it determines the parties have entered or are likely to enter into a CARE agreement, to either approve or modify the CARE agreement and continue the matter at a progress hearing in 60 days, or continue the matter for 14 days to allow the parties additional time to enter into an agreement.

Existing law prohibits a person from being tried or adjudged to punishment while that person is mentally incompetent. Existing law requires the court to, for a person found mentally incompetent and not charged with certain offenses, among other things, determine whether restoring the person to mental competence is in the interests of justice. Existing law requires the court to, if restoring the person to mental competence is not in the interests of justice, conduct a hearing, as specified, and determine the person's eligibility for diversion. Under existing law, if the court determines, at the first hearing, that the person is ineligible for diversion, the court is required to hold a hearing to determine the person's other options, including the CARE program.

Existing law authorizes a court to refer an individual from, among other things, assisted outpatient treatment or conservatorship proceedings, as specified, to CARE Act proceedings. Existing law provides that if the individual is referred from assisted outpatient treatment, the county behavioral health director or their designee shall be the petitioner, whereas if the referral is from conservatorship proceedings, the conservator or proposed conservator is the petitioner.

This bill would allow the court to make a prima facie determination without conducting a hearing. The bill, in the first hearing to determine competence to stand trial, would authorize the court to consider the petitioner's eligibility for both diversion and the CARE program. The bill would authorize the court to refer the petitioner to the CARE Act court if the defendant or counsel for the defendant agrees to the referral and the court has reason to believe the petitioner may be eligible for the CARE program. If the

petitioner is not accepted into the CARE program or if the CARE Act court refers the petitioner back to criminal court, as specified, the bill would require the criminal court to conduct a hearing to determine whether the petitioner is eligible for a diversion program. The bill would authorize the county behavioral health agency and jail medical providers to share confidential medical records and other relevant information with the court for the purpose of determining likelihood of eligibility for behavioral health services and programs.

The bill would authorize the court to call additional progress hearings after 60 days. The bill would also include persons suffering from bipolar I disorder with psychotic features, except for psychosis related to current intoxication, in the disorder class.

The bill would additionally authorize a court to refer an individual from felony proceedings, as specified, to the CARE Act program. The bill would authorize a CARE Act court to consider a referral as a petition for participation in the CARE program if certain requirements are met. The bill would make additional technical and conforming changes.

Existing law requires the Judicial Council to develop a mandatory form for use to file a CARE process petition with the court, and requires the petition to be signed under penalty of perjury and include either an affidavit of a licensed behavioral health professional, as defined, or evidence that the respondent was detained for a minimum of 2 intensive treatments, as specified.

The bill would additionally include a nurse practitioner and physician assistant as a licensed behavioral health professional for purposes of individuals authorized to prepare an affidavit supporting a CARE process petition.

By increasing various duties on county behavioral health agencies, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: yes

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. Section 1370.01 of the Penal Code is amended to read:

1370.01. (a) If the defendant is found mentally competent, the criminal process shall resume, and the trial on the offense charged or hearing on the alleged violation shall proceed.

(b) If the defendant is found mentally incompetent, the trial, judgment, or hearing on the alleged violation shall be suspended and the court shall, after notice to the defendant, defense counsel, and the prosecution, hold a hearing to determine whether to do one or more of the following:

(1) (A) (i) Conduct a hearing, pursuant to Chapter 2.8A (commencing with Section 1001.35) of Title 6, and, if the court deems the defendant eligible and suitable, grant diversion pursuant to Section 1001.36 for a period not to exceed one year from the date the individual is accepted into diversion or the maximum term of imprisonment provided by law for the most serious offense charged in the misdemeanor complaint, whichever is shorter.

(ii) Notwithstanding any other law, including Section 23640 of the Vehicle Code, a misdemeanor offense for which a defendant may be placed in a mental health diversion program in accordance with this section includes a misdemeanor violation of Section 23152 or 23153 of the Vehicle Code. However, this section does not limit the authority of the Department of Motor Vehicles to take administrative action concerning the driving privileges of a person arrested for a violation of Section 23152 or 23153 of the Vehicle Code.

(B) Any hearing to determine eligibility and suitability for diversion shall be held no later than 30 days after the finding of incompetence. If the hearing is delayed beyond 30 days, the court shall order the defendant to be released on their own recognizance pending the hearing.

(C) If the defendant performs satisfactorily on diversion pursuant to this section, at the end of the period of diversion, the court shall dismiss the criminal charges that were the subject of the criminal proceedings at the time of the initial diversion.

(2) Refer the defendant to the CARE Act court pursuant to Section 5978 of the Welfare and Institutions Code, if the defendant or counsel for the defendant agrees to the referral and the court has reason to believe that the defendant may be eligible for the CARE program. The CARE Act court shall hold a hearing to determine eligibility for the CARE program within 30 court days after the date of the referral. If the hearing is delayed beyond 30 court days, the court shall order the defendant, if confined in a county jail, to be released on their own recognizance pending that hearing. If the defendant is accepted into the CARE

program, the CARE Act court shall notify the criminal court of the acceptance, and the charges shall be dismissed pursuant to Section 1385 six months after the date of the referral to the CARE program, unless the defendant's case has been referred back to the court prior to the expiration of that six-month time period. If the defendant is not accepted into the CARE program or if the CARE Act court refers the defendant back to criminal court before the expiration of the six-month time period, the court shall proceed as provided in paragraph (1). Except as provided in this section and Sections 5978 and 5978.2 of the Welfare and Institutions Code, this paragraph does not alter the confidential nature of CARE program proceedings.

(c) If the court finds the defendant ineligible or unsuitable for diversion based on the circumstances set forth in subdivision (b), (c), (d), or (g) of Section 1001.36, the court shall, after notice to the defendant, defense counsel, and the prosecution, hold a hearing to determine which one of the following actions the court will take:

(1) Order modification of an existing mental health diversion treatment plan in accordance with a recommendation from the treatment provider.

(2) Refer the defendant to assisted outpatient treatment pursuant to Section 5346 of the Welfare and Institutions Code. A referral to assisted outpatient treatment may only occur in a county where services are available pursuant to Section 5348 of the Welfare and Institutions Code, and the agency agrees to accept responsibility for treatment of the defendant. A hearing to determine eligibility for assisted outpatient treatment shall be held within 45 days after the finding of incompetency. If the hearing is delayed beyond 45 days, the court shall order the defendant, if confined in county jail, to be released on their own recognizance pending that hearing. If the defendant is accepted into assisted outpatient treatment, the charges shall be dismissed pursuant to Section 1385 six months after the date of the referral to assisted outpatient treatment, unless the defendant's case has been referred back to the court prior to the expiration of that time period. This section does not alter the confidential nature of assisted outpatient treatment.

(3) Refer the defendant to the county conservatorship investigator in the county of commitment for possible conservatorship proceedings for the defendant pursuant to Chapter 3 (commencing with Section 5350) of Part 1 of Division 5 of the Welfare and Institutions Code. A defendant shall only be referred to the conservatorship investigator if, based on the opinion of a qualified mental health expert, the defendant appears to be gravely disabled, as defined in subparagraph (A) of paragraph (1) of subdivision (h) of Section 5008 of the Welfare and Institutions Code. Any hearings required in the conservatorship proceedings shall be held in the superior court in the county of commitment. The court shall transmit a copy of the order directing initiation of conservatorship proceedings to the county mental health director or the director's designee and shall notify the county mental health director or their designee of the outcome of the proceedings. Before establishing a conservatorship, the public guardian shall investigate all available alternatives to conservatorship pursuant to Section 5354 of the Welfare and Institutions Code. If a petition is not filed within 30 days of the referral, the court shall order the defendant, if confined in county jail, to be released on their own recognizance pending conservatorship proceedings. If the outcome of the conservatorship proceedings results in the filing of a petition for the establishment of a temporary or permanent conservatorship, the charges shall be dismissed pursuant to Section 1385 90 days after the date of the filing of the petition, unless the defendant's case has been referred back to the court prior to the expiration of that time period. This section does not alter the confidential nature of conservatorship proceedings.

(4) Refer the defendant to the CARE Act court pursuant to Section 5978 of the Welfare and Institutions Code. The CARE Act court shall hold a hearing to determine eligibility for the CARE program within 14 court days after the date that the petition is filed. If the hearing is delayed beyond 14 court days, the court shall order the defendant, if confined in a county jail, to be released on their own recognizance pending that hearing. If the defendant is accepted into the CARE program, the CARE Act court shall notify the criminal court of the acceptance, and the charges shall be dismissed pursuant to Section 1385 six months after the date of the referral to the CARE program, unless the defendant's case has been referred back to the court prior to the expiration of that time period. Except as provided in this section and Sections 5978 and 5978.2 of the Welfare and Institutions Code, this paragraph does not alter the confidential nature of CARE program proceedings.

(5) If the defendant does not qualify for services pursuant to paragraphs (1) to (4), inclusive, dismiss the charges.

(d) It is the intent of the Legislature that a defendant subject to the terms of this section receive mental health treatment in a treatment facility and not a jail. A term of four days will be deemed to have been served for every two days spent in actual custody against the maximum period of treatment pursuant to paragraphs (2) and (4) of subdivision (c) and paragraphs (1) and (2) of subdivision (b), if applicable. A defendant not in actual custody shall otherwise receive day for day credit against the term of treatment from the date the defendant is accepted into treatment in the event that the criminal charges have not previously been dismissed. "Actual custody" has the same meaning as in Section 4019.

(e) The county behavioral health agency and jail medical providers may share confidential medical records and other relevant information with the court, including, but not limited to, prior interactions with and treatment of the defendant, for the purpose of determining likelihood of eligibility for behavioral health services and programs pursuant to this section. The disclosure of information pursuant to this subdivision is subject to applicable state and federal privacy laws.

(f) This section shall apply only as provided in subdivision (b) of Section 1367.

(g) It is the intent of the Legislature that the court shall consider all treatment options as provided in this section prior to dismissing criminal charges. However, nothing in this section limits a court's discretion pursuant to Section 1385.

SEC. 2. Section 5971 of the Welfare and Institutions Code is amended to read:

5971. Unless the context otherwise requires, the following definitions shall govern the construction of this part.

(a) "CARE agreement" means a voluntary settlement agreement entered into by the parties. A CARE agreement includes the same elements as a CARE plan to support the respondent in accessing community-based services and supports.

(b) "CARE plan" means an individualized, appropriate range of community-based services and supports, as set forth in this part, which include clinically appropriate behavioral health care and stabilization medications, housing, and other supportive services, as appropriate, pursuant to Section 5982.

(c) "CARE process" means the court and related proceedings to implement the CARE Act.

(d) "Clinically stabilized in ongoing voluntary treatment" means both of the following:

(1) The person's condition is stable and not deteriorating.

(2) The person is currently engaged in treatment and managing symptoms through medication or other therapeutic interventions. Enrollment in treatment alone shall not be considered clinically stabilized in ongoing voluntary treatment.

(e) "Counsel" means the attorney representing the respondent, appointed pursuant to Section 5977, or chosen by the respondent, in CARE Act proceedings and matters related to CARE agreements and CARE plans. Representation of a respondent in these matters does not alter counsel's obligations under the State Bar Act and the Rules of Professional Conduct, including subdivision (e) of Section 6068 of the Business and Professions Code and rule 1.6 of the Rules of Professional Conduct.

(f) "County behavioral health agency" means the local director of mental health services described in Section 5607, the local behavioral health director, or both as applicable, or their designee.

(g) "Court-ordered evaluation" means an evaluation ordered by a superior court pursuant to Section 5977.1.

(h) "Department" means the State Department of Health Care Services.

(i) "Graduation plan" means a voluntary agreement entered into by the parties at the end of the CARE program that includes a strategy to support a successful transition out of court jurisdiction and that may include a psychiatric advance directive. A graduation plan includes the same elements as a CARE plan to support the respondent in accessing community-based services and supports. The graduation plan shall not place additional requirements on the local government entities and is not enforceable by the court.

(j) "Homeless outreach worker" means a person who engages people experiencing homelessness to assess for unmet needs, offer information, services, or other assistance, or provide care coordination.

(k) "Indian health care provider" means a health care program operated by the Indian Health Service, an Indian tribe, a tribal organization, or urban Indian organization (I/T/U) as those terms are defined in Section 4 of the Indian Health Care Improvement Act (25 U.S.C. Sec. 1603).

(l) "Legal proceeding" means any administrative, civil, or criminal proceeding, including, but not limited to, juvenile court proceedings and family court proceedings and services, and any form of alternative dispute resolution, including arbitration and mediation, except for the following:

(1) A proceeding under this part.

(2) A proceeding under the Lanterman-Petris-Short Act described in paragraph (2) or (3) of subdivision (a) of Section 5979.

(3) A proceeding from which the respondent was referred to CARE Act proceedings as described in Section 5978.

(4) A disciplinary proceeding under Chapter 4 (commencing with Section 6000) of Division 3 of the Business and Professions Code.

(5) An appeal from any of the proceedings identified in paragraphs (1) to (4), inclusive.

(m) "Licensed behavioral health professional" means either of the following:

(1) A licensed mental health professional, as defined in subdivision (j) of Section 4096.

(2) A person who has been granted a waiver of licensure requirements by the department pursuant to Section 5751.2.

(n) "Parties" means the petitioner, the respondent, the county behavioral health agency in the county where proceedings under this part are pending, and any local governmental entity added by the court pursuant to paragraph (4) of subdivision (d) of Section 5977.1.

(o) "Petitioner" means the person who files the CARE Act petition with the court. Additionally, if the petitioner is a person listed in Section 5974 other than the director of a county behavioral health agency, or their designee, the petitioner shall have the right to file a petition with the court, but at the initial hearing the court shall substitute the director of a county behavioral health agency, or their designee, of the county in which the proceedings are filed as petitioner. The original petitioner may, at the court's discretion and in furtherance of the interests of the respondent, retain rights as described in subparagraph (A) of paragraph (6) of subdivision (b) of Section 5977.

(p) "Psychiatric advance directive" means a legal document, executed on a voluntary basis in accordance with the requirements for advance health care directives in Division 4.7 (commencing with Section 4600) of the Probate Code, by a person who has the capacity to make medical decisions, that allows a person with mental illness to protect their autonomy and ability to direct their own care by documenting their preferences for treatment in advance of a mental health crisis.

(q) "Respondent" means the person who is the subject of the petition for the CARE process.

(r) "Stabilization medications" means medications included in the CARE plan that primarily consist of antipsychotic medications to reduce symptoms of hallucinations, delusions, and disorganized thinking. Stabilization medications may be administered as long-acting injections if clinically indicated. Stabilization medications shall not be forcibly administered.

(s) "Supporter" means an adult designated by the respondent who assists the person who is the subject of the petition, which assistance may include supporting the person to understand, make, communicate, implement, or act on their own life decisions during the CARE process, including a CARE agreement, a CARE plan, and developing a graduation plan. A supporter shall not act independently.

SEC. 3. Section 5972 of the Welfare and Institutions Code is amended to read:

5972. An individual shall qualify for the CARE process only if all of the following criteria are met:

(a) The person is 18 years of age or older.

(b) The person is currently experiencing a serious mental disorder, as defined in paragraph (2) of subdivision (b) of Section 5600.3 and has a diagnosis identified in the disorder class: schizophrenia spectrum and other psychotic disorders, or bipolar I disorder with psychotic features, except psychosis related to current intoxication, as defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders. This section does not establish respondent eligibility based upon a psychotic disorder that is due to a medical condition or is not primarily psychiatric in nature, including, but not limited to, physical health conditions such as traumatic brain injury, autism, dementia, or neurologic conditions. A person who has a current diagnosis of substance use disorder as defined in paragraph (2) of subdivision (a) of Section 1374.72 of the Health and Safety Code but who does not also meet the required criteria in this section shall not qualify for the CARE process.

(c) The person is not clinically stabilized in ongoing voluntary treatment.

(d) At least one of the following is true:

(1) The person is unlikely to survive safely in the community without supervision and the person's condition is substantially deteriorating.

(2) The person is in need of services and supports in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or others, as used in Section 5150.

(e) Participation in a CARE plan or CARE agreement would be the least restrictive alternative necessary to ensure the person's recovery and stability.

(f) It is likely that the person will benefit from participation in a CARE plan or CARE agreement.

SEC. 4. Section 5975 of the Welfare and Institutions Code is amended to read:

5975. The Judicial Council shall develop a mandatory form for use to file a CARE process petition with the court and any other forms necessary for the CARE process. The petition shall be signed under the penalty of perjury and contain all of the following:

- (a) The name of the respondent and, if known, the respondent's address.
- (b) The petitioner's relationship to the respondent.
- (c) Facts that support the petitioner's assertion that the respondent meets the CARE criteria in Section 5972.
- (d) Either of the following:

(1) An affidavit of a licensed behavioral health professional, including, for purposes of this section only, nurse practitioners as defined in Section 2835 of the Business and Professions Code and physician assistants as defined in subdivision (d) of Section 3501 of the Business and Professions Code, stating that the licensed behavioral health professional or their designee has examined the respondent within 60 days of the submission of the petition, or has made multiple attempts to examine, but has not been successful in eliciting the cooperation of the respondent to submit to an examination, within 60 days of the petition, and that the licensed behavioral health professional had determined that the respondent meets, or has reason to believe, explained with specificity in the affidavit, that the respondent meets the diagnostic criteria for CARE proceedings.

(2) Evidence that the respondent was detained for a minimum of two intensive treatments pursuant to Article 4 (commencing with Section 5250) of Chapter 2 of Part 1, the most recent one within the previous 60 days. Evidence may include, but is not limited to, documentary evidence from the facility where the respondent was detained, or a signed declaration from the petitioner if the petitioner had personal knowledge of the detentions.

SEC. 5. Section 5977 of the Welfare and Institutions Code is amended to read:

5977. (a) (1) The court shall promptly review the petition to determine if the petitioner has made a prima facie showing that the respondent is, or may be, a person described in Section 5972. The court may make a prima facie determination without conducting a hearing.

(2) If the court finds that the petitioner has not made a prima facie showing that the respondent is, or may be, a person described in Section 5972, the court may dismiss the case and, if the court does so, it shall order that the dismissal is without prejudice, unless Section 5975.1 applies. Nothing other than Section 5975.1 prevents a petitioner whose petition was dismissed without prejudice from refiling the petition with amended information.

(3) If the court finds that the petitioner has made a prima facie showing that the respondent is, or may be, a person described in Section 5972, the court shall do one of the following:

(A) If the petitioner is the director of a county behavioral health agency, or their designee, the court shall do the following:

(i) Set the matter for an initial appearance on the petition within 14 court days.

(ii) Appoint a qualified legal services project, as defined in Sections 6213 to 6214.5, inclusive, of the Business and Professions Code, to represent the respondent. If no legal services project has agreed to accept these appointments, a public defender or other counsel working in that capacity shall be appointed to represent the respondent.

(iii) Determine whether the petition includes all of the following information and, if it does not, order the county behavioral health agency to submit a written report with the court within 14 court days that includes all of the following:

(I) A determination as to whether the respondent meets, or is likely to meet, the criteria for the CARE process.

(II) The outcome of efforts made to voluntarily engage the respondent prior to the filing of the petition.

(III) Conclusions and recommendations about the respondent's ability to voluntarily engage in services.

(iv) Order the county behavioral health agency to provide notice to the respondent, the appointed counsel, and the county behavioral health agency in the county where the respondent resides, if different from the county where the CARE process has commenced.

(B) If the petitioner is a person other than the director of a county behavioral health agency, or their designee, the court shall order a county agency, or their designee, as determined by the court, to investigate, as necessary, file a written report with the court as soon as practicable, but within 30 court days, and provide notice to the respondent and petitioner that a report has been ordered. Parties shall complete the investigation with appropriate urgency. The written report shall include all of the following:

(i) A determination as to whether the respondent meets, or is likely to meet, the criteria for the CARE process.

(ii) The outcome of efforts made to voluntarily engage the respondent during the report period.

(iii) Conclusions and recommendations about the respondent's ability to voluntarily engage in services.

(iv) The information, including protected health information, necessary to support the determinations, conclusions, and recommendations in the report.

(4) If, upon a request by the county agency ordered to investigate and file a report under subparagraph (B) of paragraph (3), the court finds that the county agency is making progress to engage the respondent, the court may, in its discretion, grant the county agency no more than 30 additional days to continue to work with, engage, and enroll the individual in voluntary treatment and services. The county agency shall provide notice to the respondent and petitioner that an extension for filing a report has been granted.

(5) Upon receipt of the report described in subparagraph (B) of paragraph (3), the court shall, within five days, take one of the following actions:

(A) If the court determines that voluntary engagement with the respondent is effective, and that the individual has enrolled or is likely to enroll in voluntary behavioral health treatment, the court shall dismiss the matter.

(B) If the court determines, based on the county agency's report, that the evidence does not support a prima facie showing that the respondent is, or may be, a person described in Section 5972, the court shall dismiss the matter. This section shall not prevent a county behavioral health agency from continuing to voluntarily engage with a person not described in Section 5972 but who is in need of services and supports.

(C) If the court determines, based on the county agency's report, that the evidence does support a prima facie showing that the respondent is, or may be, a person described in Section 5972, and engagement with the county agency was not effective, the court shall do all of the following:

(i) Set an initial appearance on the petition within 14 court days.

(ii) Appoint a qualified legal services project, as defined in Sections 6213 to 6214.5, inclusive, of the Business and Professions Code or, if no legal services project has agreed to accept these appointments, a public defender or other counsel working in that capacity to represent the respondent.

(iii) Order the county agency to provide notice of the initial appearance to the petitioner, the respondent, the appointed counsel, the county behavioral health agency in the county where the respondent resides, and, if different, the county where the CARE court proceedings have commenced.

(b) At the initial appearance on the petition, all of the following shall apply:

(1) The court shall permit the respondent to substitute their own counsel.

(2) Petitioner shall be present. If the petitioner is not present, the matter may be dismissed.

(3) Respondent may waive personal appearance and appear through counsel. If the respondent does not waive personal appearance and does not appear at the hearing, and the court makes a finding in open court that reasonable attempts to elicit the attendance of the respondent have failed, the court may conduct the hearing in the respondent's absence if the court makes a finding in open court that conducting the hearing without the participation or presence of the respondent would be in the respondent's best interest.

(4) A representative from the county behavioral health agency shall be present.

(5) If the respondent asserts that they are enrolled in a federally recognized Indian tribe or are receiving services from an Indian health care provider, a tribal court, or a tribal organization, a representative from the program, the tribe, or the tribal court shall be allowed to be present, subject to the consent of the respondent. The tribal representative shall be entitled to notice by the county of the initial appearance.

(6) (A) If the petitioner is a person other than the director of a county behavioral health agency, or their designee, the court shall issue an order relieving the original petitioner and appointing the director of the county behavioral health agency or their designee as the successor petitioner.

(B) If the original petitioner is described in subdivision (a) or (b) of Section 5974, all of the following apply:

(i) The original petitioner shall have the right to be present and make a statement at the initial hearing on the merits of the petition held pursuant to paragraph (7).

(ii) (I) Until July 1, 2025, the court may, in its discretion, assign ongoing rights of notice to the original petitioner.

(II) Commencing July 1, 2025, unless the court determines, either upon its own motion or upon the motion of the respondent, at any point in the proceedings, that it likely would be detrimental to the treatment or well-being of the respondent, the court shall provide ongoing notice of proceedings to the original petitioner throughout the CARE proceedings, including notice of when a continuance is granted or when a case is dismissed. If a continuance is granted, the notice shall provide a general reason for the continuance, including the absence of the respondent or one of the grounds pursuant to Rule 3.1332 of the California Rules of Court. If a case is dismissed, the notice shall specify the statutory basis for the dismissal. A notice pursuant to this clause shall not disclose any patient information that is protected under the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191), the Confidentiality of Medical Information Act (Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code), or this act, without the respondent's consent.

(iii) To the extent that the respondent consents, the court may allow the original petitioner to participate in the respondent's CARE proceedings.

(iv) The original petitioner may file a new petition with the court, pursuant to Section 5974, if the matter is dismissed and there is a change in circumstances.

(C) If the original petitioner is not described in subdivision (a) or (b) of Section 5974, the court shall not assign ongoing rights to the original petitioner, other than the right to be present and make a statement at the hearing on the merits of the petition held pursuant to paragraph (7).

(7) (A) The court shall set a hearing on the merits of the petition within 10 days, at which time the court shall determine whether, by clear and convincing evidence, the respondent meets the CARE criteria in Section 5972. In making this determination, the court shall consider all evidence properly before it, including any report from the county behavioral health agency ordered pursuant to paragraph (3) of subdivision (a) and any additional admissible evidence presented by the parties, including the petition submitted and any statement given by the original petitioner. A licensed behavioral health professional may testify as an expert concerning whether the respondent meets the CARE criteria in Section 5972 provided that the court finds that the professional has special knowledge, skill, experience, training, or education sufficient to qualify as an expert under Section 720 of the Evidence Code.

(B) The hearing on the merits of the petition may be conducted concurrently with the initial appearance upon stipulation of the successor petitioner and the respondent, subject to the approval by the court.

(c) (1) If, at the hearing on the merits of the petition, the court finds there is not clear and convincing evidence that the respondent meets the CARE criteria in Section 5972, the court shall dismiss the case without prejudice, unless the court makes a finding, in open court, that the original petitioner's filing was not in good faith, in which case the dismissal shall be with prejudice.

(2) If, at the hearing on the merits of the petition, the court finds by clear and convincing evidence that the respondent meets the CARE criteria in Section 5972, the court shall order the county behavioral health agency to work with the respondent, the respondent's counsel, and the supporter to engage the respondent in behavioral health treatment and attempt to enter into a CARE agreement. The court shall set a case management hearing within 14 days.

(3) If the respondent is enrolled in a federally recognized Indian tribe, the county shall provide notice of the case management hearing to the tribe, subject to the consent of the respondent.

(d) The following shall apply to any written report submitted by a county behavioral health agency to the court pursuant to this section:

(1) The report is confidential and not subject to disclosure or inspection under the California Public Records Act (Division 10 (commencing with Section 7920.000) of Title 1 of the Government Code).

(2) The report is inadmissible in any subsequent legal proceeding, except upon motion of the respondent in that subsequent legal proceeding.

(3) The report shall be confidential pursuant to subdivision (e) of Section 5976.5.

(4) This subdivision shall not affect the applicability of paragraph (2) of subdivision (c) of Section 5977.1, make admissible any evidence that is not otherwise admissible, or permit a witness to base an opinion on any matter that is not a proper basis for such an opinion. The admission or exclusion of evidence shall be pursuant to the rules of evidence established by the Evidence Code, including, but not limited to, Section 352 of the Evidence Code, and by judicial decision.

SEC. 6. Section 5977.1 of the Welfare and Institutions Code is amended to read:

5977.1. (a) (1) At the case management hearing, the court shall hear evidence as to whether the parties have entered, or are likely to enter, into a CARE agreement.

(2) If the court finds that the parties have entered, or are likely to enter, into a CARE agreement, the court shall do one of the following:

(A) Approve the terms of the CARE agreement or modify the terms of the CARE agreement and approve the agreement as modified by the court, and continue the matter and set a progress hearing for 60 days.

(B) Continue the matter for 14 days to allow the parties additional time to enter into a CARE agreement, upon stipulation of the parties.

(3) Nothing in this subdivision shall prohibit the parties from agreeing to, and the court from approving, amendments to the CARE agreement.

(4) The court may, in its discretion, call additional progress hearings beyond the hearing set at 60 days, for the duration of the CARE agreement.

(b) If the court finds that the parties have not entered into a CARE agreement, and are not likely to enter into a CARE agreement, the court shall order the county behavioral health agency, through a licensed behavioral health professional, to conduct a clinical evaluation of the respondent, unless there is an existing clinical evaluation of the respondent completed within the last 30 days and the parties stipulate to the use of that evaluation. The evaluation shall address, at a minimum, the following:

(1) A clinical diagnosis of the respondent.

(2) Whether the respondent has the legal capacity to give informed consent regarding psychotropic medication.

(3) Any other information as ordered by the court or that the licensed behavioral health professional conducting the evaluation determines would help the court make future informed decisions about the appropriate care and services the respondent should receive.

(4) An analysis of recommended services, programs, housing, medications, and interventions that support the recovery and stability of the respondent.

(c) (1) The court shall set a clinical evaluation hearing to review the evaluation within 21 days. The court shall order the county to file the evaluation with the court and provide the evaluation to the respondent's counsel no later than five days prior to the scheduled clinical evaluation hearing. The clinical evaluation hearing may be continued for a maximum of 14 days upon stipulation of the respondent and the county behavioral health agency, unless there is good cause for a longer extension.

(2) At the clinical evaluation review hearing, the court shall review the evaluation and other evidence from the county behavioral health agency and the respondent. The county behavioral health agency and the respondent may present evidence and call witnesses, including the person who conducted the evaluation. Only relevant and admissible evidence that fully complies with the rules of evidence may be considered by the court.

(3) At the conclusion of the hearing, the court shall determine whether the respondent, by clear and convincing evidence, meets the CARE criteria in Section 5972 and make orders as follows:

(A) If the court finds that the respondent meets the CARE criteria, the court shall order the county behavioral health agency, the respondent, and the respondent's counsel and supporter to jointly develop a CARE plan within 14 days.

(B) If the court does not find that clear and convincing evidence establishes that the respondent meets the CARE criteria, the court shall dismiss the petition.

(4) If the respondent is a self-identified American Indian or Alaska Native individual, as defined in Sections 1603(13), 1603(28), and 1679(a) of Title 25 of the United States Code, has been determined eligible as an Indian under Section 136.12 of Title 42 of the Code of Federal Regulations, or is currently receiving services from an Indian health care provider or tribal court, the county behavioral health agency shall use its best efforts to meaningfully consult with and incorporate the Indian health care provider or tribal court available to the respondent to develop the CARE plan.

(5) The evaluation and all reports, documents, and filings submitted to the court shall be confidential.

(6) The date for the hearing to review and consider approval of the proposed CARE plan shall be set not more than 14 days from the date of the order to develop a CARE plan, unless the court finds good cause for an extension. The party requesting an extension of time for the CARE plan review hearing shall provide notice to the opposing party and their counsel of the request for extension of time, and the court's order if the request is granted.

(d) (1) At the CARE plan review hearing, the parties shall present their plan or plans to the court. The county behavioral health agency or the respondent, or both, may present a proposed CARE plan.

(2) After consideration of the plans proposed by the parties, the court shall adopt the elements of a CARE plan that support the recovery and stability of the respondent. The court may issue any orders necessary to support the respondent in accessing appropriate services and supports, including prioritization for those services and supports, subject to applicable laws and available funding pursuant to Section 5982. These orders shall constitute the CARE plan and may be amended.

(3) A court may order medication if it finds, upon review of the court-ordered evaluation and hearing from the parties, that, by clear and convincing evidence, the respondent lacks the capacity to give informed consent to the administration of medically necessary stabilization medication. To the extent the court orders medically necessary stabilization medication, the medication shall not be forcibly administered and the respondent's failure to comply with a medication order shall not result in a penalty, including, but not limited to, contempt or termination of the CARE plan pursuant to Section 5979.

(4) If the proposed CARE plan includes services and supports, such as housing, provided directly or indirectly through another local governmental entity, that local entity may agree to provide the service or support, or the court may consider a motion by either of the parties to add the local entity as a party to the CARE proceeding. If the local entity agrees to provide the service or support, it may request to be added as a party by the court.

(5) If, after presentation of the CARE plan or plans, the court determines that additional information is needed, including from a licensed behavioral health professional, the court shall order a supplemental report to be filed by the county behavioral health agency for which the court may grant a continuance of no more than 14 days, unless there is good cause for a longer extension.

(6) If there is no CARE plan because the parties have not had sufficient time to complete it, the court may grant a continuance of no more than 14 days, unless there is good cause for a longer extension.

(7) This subdivision does not prohibit the parties from agreeing to, and the court from approving, amendments to the CARE plan. The court may also approve amendments to the CARE plan upon the finding that those amendments are necessary to support the respondent in accessing appropriate services and supports, following a hearing on the issue.

(e) The issuance of an order approving a CARE plan pursuant to paragraph (2) of subdivision (d) begins the CARE process timeline, which shall not exceed one year.

SEC. 7. Section 5977.3 of the Welfare and Institutions Code is amended to read:

5977.3. (a) (1) In the 11th month of the process timeline, the court shall hold a one-year status hearing. Not fewer than five court days prior to the one-year status hearing, the county behavioral health agency shall file a report with the court and shall serve the report on the respondent and the respondent's counsel and supporter. The report shall include the following information:

(A) The progress that the respondent has made on the CARE plan, including a final assessment of the respondent's stability.

(B) What services and supports in the CARE plan were provided, and what services and supports were not provided, over the life of the program.

(C) Any issues the respondent expressed or exhibited in adhering to the CARE plan.

(D) Recommendations for next steps, including what ongoing and additional services would benefit the respondent that the county behavioral health agency can facilitate or provide.

(2) At an evidentiary hearing, the respondent shall be permitted to respond to the report submitted by the county behavioral health agency and to the county behavioral health agency's testimony. The respondent shall be permitted to introduce their own information and recommendations. The respondent shall have the right at the hearing to call witnesses and to present evidence as to whether the respondent agrees with the report. The respondent may request either to be graduated from the program or to remain in the program.

(3) The court shall issue an order as follows:

(A) If the respondent requests to be graduated from the program, and the respondent has successfully completed the CARE process, the court shall order the county behavioral health agency and the respondent to work jointly on a voluntary graduation plan and the court shall schedule a hearing in the 12th month after adoption of the CARE plan for presentation of the graduation plan. The court shall review the graduation plan and recite the terms in open court. The graduation plan shall not place additional requirements on local governmental entities and is not enforceable by the court, except that the

graduation plan may, at the respondent's election, include a psychiatric advance directive, which shall have the force of law. Upon completion of the hearing, the respondent shall be officially graduated from the program.

(B) If the respondent requests to remain in the CARE process, the respondent may request any amount of time, up to and including one additional year. The court may approve the request and thereby permit the ongoing voluntary participation of the respondent if the court finds both of the following:

- (i) The respondent did not successfully complete the CARE plan.
- (ii) The respondent would benefit from continuation of the CARE plan.

(C) The court shall issue an order permitting the respondent to continue in the CARE plan or denying the respondent's request to remain in the CARE plan, and state its reasons in open court.

(b) The respondent may be involuntarily reappointed to the program only if the court finds, by clear and convincing evidence, that all of the following conditions apply:

- (1) The respondent did not successfully complete the CARE process.
- (2) All services and supports required through the CARE process were provided to the respondent.
- (3) The respondent would benefit from continuation in the CARE process.
- (4) The respondent currently meets the requirements in Section 5972.

(c) A respondent may only be reappointed to the CARE process once, for up to one additional year.

SEC. 8. Section 5978 of the Welfare and Institutions Code is amended to read:

5978. (a) A court may refer an individual from assisted outpatient treatment, from conservatorship proceedings pursuant to Chapter 3 (commencing with Section 5350) of Part 1 of Division 5 (LPS conservatorship), from misdemeanor proceedings pursuant to Section 1370.01 of the Penal Code, or from felony proceedings pursuant to Section 1370 of the Penal Code to the CARE Act court.

(b) The CARE Act court may consider a referral made pursuant to this section to be a petition satisfying the requirements of paragraph (3) of subdivision (a) of Section 5977 if both of the following conditions are met:

- (1) The referral contains all of the information required to be included in a CARE process petition pursuant to Section 5975.
- (2) The information included in the referral makes a prima facie showing that the respondent is, or may be, a person described in Section 5972.

(c) If the CARE Act court elects to consider a referral to be a petition pursuant to subdivision (b), the CARE Act court shall notify the referring court that the referral has been accepted as a petition for CARE Act proceedings.

(d) If the CARE Act court does not elect to consider a referral to be a petition pursuant to subdivision (b), the CARE Act court shall order the appropriate petitioner candidate to do the following within 14 court days:

- (1) Complete an investigation to determine whether to file a petition on behalf of the referred individual.
- (2) Notify the referring court whether it intends to file a CARE Act petition on behalf of the referred individual.

(e) If the appropriate petitioner candidate notifies the CARE Act court that it requires additional time to complete its investigation pursuant to paragraph (1) of subdivision (d), the CARE Act court may grant an extension of up to 30 court days.

(f) For purposes of this section, "appropriate petitioner candidate" means:

- (1) For referrals from assisted outpatient treatment or from misdemeanor or felony proceedings, the county behavioral health director or their designee.
- (2) For referrals from conservatorship proceedings, the conservator or proposed conservator.

SEC. 9. Section 5985 of the Welfare and Institutions Code is amended to read:

5985. (a) (1) The department shall develop, in consultation with county behavioral health agencies, other relevant state or local government entities, disability rights groups, individuals with lived experience, families, counsel, racial justice experts, and other appropriate stakeholders, an annual CARE Act report. The department shall post the annual report on its internet website.

(2) The department, in consultation with county behavioral health agencies and courts, shall specify the length of time that data on former participants shall be reported pursuant to subdivision (e), which shall be a minimum of 12 months after completion of and a maximum of 36 months following engagement in CARE Act elective services, a CARE agreement, or CARE plan.

(3) For the purposes of this section, the following definitions shall apply:

(A) "Former participant" means an individual who enters into CARE Act elective services, a CARE agreement, or a CARE plan, but who has either graduated from CARE, or for whom CARE Act proceedings were dismissed or terminated. Counties shall not be responsible for reporting on any individual who is privately insured or who no longer resides in California.

(B) "Active participants" means an individual who is an elective client, or who has a CARE plan or CARE agreement.

(b) County behavioral health agencies and any other state or local governmental entity, as identified by the department, shall provide data related to the CARE Act participants, services, and supports to the department. The department shall determine the data measures and specifications, and shall publish them via guidance issues pursuant to subdivision (b) of Section 5984.

(c) Each county behavioral health department and any other state and local governmental entity, as identified by the department, shall provide the required data to the department, in a format and frequency as directed by the department.

(d) (1) In consultation with the Judicial Council, the department shall develop an annual reporting schedule for the submission of CARE Act data from the trial courts.

(2) Data from the trial courts shall be submitted to the Judicial Council, which shall aggregate the data and submit it to the department consistent with the reporting schedule developed pursuant to paragraph (1).

(3) On an annual basis to be determined by the Judicial Council and consistent with the annual reporting schedule developed pursuant to paragraph (1), the trial courts shall report to the Judicial Council the following data related to CARE Act petitions:

(A) The number of petitions submitted pursuant to Section 5975.

(B) The number of initial appearance hearings on the petition held pursuant to paragraph (3) of subdivision (a) of Section 5977.

(C) The total number of hearings held pursuant to this part.

(D) The total number of CARE plans ordered and CARE agreements approved.

(E) The total number of court petitions dismissed, as reported by the Judicial Council.

(e) The annual report shall include process measures to examine the scope of impact and monitor the performance of CARE Act model implementation. The measures and reporting requirements shall be developed by the department in consultation with county behavioral health agencies. The report shall include trial court petition data pursuant to paragraph (3) of subdivision (d) and, to the extent administrative data is available, all of the following information compiled from county behavioral health departments and courts:

(1) The demographics of all participants, including, but not limited to, the age, sex, race, ethnicity, disability, languages spoken, sexual orientation, gender identity, housing status, veteran status, immigration status, health coverage status, including Medi-Cal enrollment status, information related to CARE criteria outlined in Section 5972, and county of residence.

(2) The petitioner's relationship to the CARE Act respondent as defined in Section 5974.

(3) The services and supports ordered, the services and supports provided, and the services and supports ordered but not provided to all active and former participants.

(4) The housing placements of all active and former participants. Placements include, but are not limited to, transition to a higher level of care, independent living in the person's own house or apartment, community-based housing, community-based housing with services, shelter, and no housing.

(5) Treatments continued and terminated of all active and former participants.

(6) Substance use disorder rates and rates of treatment among all active and former participants.

(7) Detentions and other Lanterman-Petris-Short Act involvement for all active and former participants.

(8) Criminal justice involvement of all active and former participants.

(9) Deaths among all active and former participants, along with the cause of death.

(10) Type, format, and frequency of outreach and engagement activities provided by a county behavioral health agency to engage an individual who is the subject of a referral or petition, including interactions about the individuals eligible or likely to be eligible and outcomes of these efforts.

(11) In consultation with the department and county behavioral health departments, the number, rates, and trends of contacts made to the county behavioral health agency about individuals eligible or likely to be eligible for the CARE process, including outcomes of those contacts.

(12) The number, rates, and source of referrals to county behavioral health departments, including, but not limited to, referrals resulting in a petition or reason for not filing a petition, length of time from referral to outcome, and services provided for those engaged voluntarily without a petition.

(13) The number, rates, and trends of petitions resulting in dismissal and hearings.

(14) Information on petition dispositions, including, but not limited to, disposition recommendations and the number of days from petition to disposition.

(15) The number, rates, and trends of supporters.

(16) The number, rates, and trends of approved CARE agreements.

(17) The number, rates, and trends of ordered and completed CARE plans.

(18) Statistics on the services and supports, including court orders for stabilizing medications.

(19) The rates of adherence to medication.

(20) The number, rates, and trends of psychiatric advance directives created for active participants.

(21) The number, rates, and trends of developed graduation plans.

(22) Outcome measures to assess the effectiveness of the CARE Act model, such as improvement in housing status, including gaining and maintaining housing, reductions in emergency department visits and inpatient hospitalizations, reductions in law enforcement encounters and incarceration, reductions in involuntary treatment and conservatorship, and reductions in substance use.

(23) A health equity assessment of the CARE Act to identify demographic disparities based on demographic data in paragraph (1), and to inform disparity reduction efforts.

(24) Data regarding referrals made pursuant to Section 5978.1, as part of the CARE Act.

(f) (1) The report shall include, at a minimum, information on the effectiveness of the CARE Act model in improving outcomes and reducing disparities, homelessness, criminal justice involvement, conservatorships, and hospitalization of participants. The annual report shall include process measures to examine the scope of impact and monitor the performance of CARE Act model implementation, such as the number and source of petitions filed for CARE Court; the number, rates, and trends of petitions resulting in dismissal and hearings; the number, rates, and trends of supporters; the number, rates, and trends of voluntary CARE agreements; the number, rates, and trends of ordered and completed CARE plans; the services and supports included in CARE plans, including court orders for stabilizing medications; the rates of adherence to medication; the number, rates, and trends of psychiatric advance directives; and the number, rates, and trends of developed graduation plans. The report shall include outcome measures to assess the effectiveness of the CARE Act model, such as improvement in housing status, including gaining and maintaining housing; reductions in emergency department visits and inpatient hospitalizations; reductions in law enforcement encounters and incarceration; reductions in involuntary treatment and conservatorship; and reductions in substance use. The annual report shall examine these data through the lens of health equity to identify racial, ethnic, and other demographic disparities and inform disparity reduction efforts.

(2) Data shall be stratified by age, sex, race, ethnicity, languages spoken, disability, sexual orientation, gender identity, housing status, veteran status, immigration status, health coverage source, and county, to the extent statistically relevant data is available.

(g) The outcomes shall be presented to relevant state oversight bodies, including, but not limited to, the California Interagency Council on Homelessness.

(h) (1) Beginning in 2026, the department shall include in its annual CARE Act report quantitative, deidentified information concerning the operation of this part.

(2) Based on information provided to the department in a form and manner specified by the department, in consultation with the Judicial Council and county behavioral health departments, in accordance with subdivision (b) of Section 5984, the report shall include all of the following information, aggregated by county, compiled from county behavioral health departments, courts, and the department, depending on the source:

(A) The number of contacts to the county behavioral health department about individuals eligible or likely to be eligible for the CARE process, including outcome of contacts.

(B) The number of CARE petitions filed with the superior court.

(C) The petitioner type for each petition filed with the superior court.

(D) Disposition of each petition filed with the superior court.

(E) The number of days between filing each petition and the petition's disposition.

(F) Demographic information of each CARE Act participant or potentially eligible CARE Act participant, including, but not limited to, age, sex, race, ethnicity, disability, languages spoken, sexual orientation, gender identity, housing status, veteran status, immigration status, health coverage status, including Medi-Cal enrollment status, information related to CARE criteria outlined in Section 5972, and county of residence, to the extent administrative data is available and statistically relevant.

(G) The number of referrals of individuals in conservatorship proceedings made pursuant to subdivision (a) of Section 5978, including the disposition of each referral.

(H) The number of referrals made pursuant to Section 5978.1, including the disposition of each referral.

(i) Information publicly released or published pursuant to this part shall not contain data that may lead to the identification of participants or petitioners or information that would otherwise allow an individual to link the published information to a specific person. Data published by the department shall be deidentified in compliance with Section 164.514(a) and (b) of Title 45 of the Code of Federal Regulations.

SEC. 10. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.