

CARE Court Legislative Update

SB 27 (effective 1/1/26)

December 2025

Jacquenette Michael

Health Program Manager

Court & Justice Involved Programs

Behavioral Health Services

Andrew Crouse

Deputy County Counsel

Senate Bill 1338, the CARE Act, was signed into law on 9/14/2022. Since then, each year the Legislature has passed additional bills, which continue to fine-tune the CARE Act:

► **SB 35**, 9/30/2023

- Clarified/improved some of the procedures
 - No filing fee shall be charged for a CARE petition
 - In addition to judges, other/subordinate judicial officers (commissioners, etc.) can oversee CARE proceedings
 - Other minor stylistic/wording changes (e.g., changed “mental illness” to “mental disorder” in a few places)

► **SB 42**, 9/27/2024

- Requires LPS conservators to investigate/consider CARE as a less restrictive possible alternative to conservatorship, prior to filing for renewal/reestablishment of the LPS conservatorship.
- Created a procedure for facilities (i.e. PHF's) to refer individuals to the county's Behavioral Health department for consideration of CARE
- Expanded the evidence that can be attached to the petition (allowing for moms/dads/etc. who want to file a CARE petition for their loved one to attach facility records/chart notes as proof, or a declaration that the petitioner has personal knowledge of the person being 5150'd, etc.)

THE COMMUNITY ASSISTANCE, RECOVERY
AND EMPOWERMENT (“CARE”) ACT

- ▶ Signed into law by Gov. Newsom 10/10/2025; becomes effective 1/1/2026
- ▶ Makes several changes:
 - 1) Expands one of the criteria for CARE Court (specifically, the diagnosis requirement)
 - Currently, under WIC § 5972(b), a person is eligible for CARE Court (assuming all other criteria are satisfied) if they have a diagnosis in the Schizophrenia Spectrum and Other Psychotic Disorders class.
 - Once SB 27 becomes effective in January, the diagnosis requirement will be expanded to: Schizophrenia Spectrum and Other Psychotic Disorders, or Bipolar I Disorder with Psychotic Features.

*** The CARE criteria, both before and after SB 27, do not include psychosis caused by current intoxication and/or a medical condition such as TBI/dementia/neurological conditions. ***

- (a) The person is 18+
- (b) The person is suffering from a serious mental illness, that falls into the Schizophrenia Spectrum and Other Psychotic Disorders class of disorders.
- (c) The person is not clinically stabilized in on-going voluntary treatment.
- (d) At least one of the following two things is true:
 - (1) The person is unlikely to survive safely in the community without supervision and the person's condition is substantially deteriorating, and/or
 - (2) The person needs CARE Court to avoid deteriorating to the point of being gravely disabled or a danger to themselves or others.
- (e) Participation in CARE Court would be the least restrictive option necessary to ensure the person's recovery and stability.
- (f) It is likely that the person will benefit from CARE Court.

- (a) The person is 18+
- (b) The person is suffering from a serious mental illness, that falls into at least one of these classes: Schizophrenia Spectrum and Other Psychotic Disorders, **and/or Bipolar I Disorder with Psychotic Features.**
- (c) The person is not clinically stabilized in on-going voluntary treatment.
- (d) At least one of the following two things is true:
 - (1) The person is unlikely to survive safely in the community without supervision and the person's condition is substantially deteriorating, and/or
 - (2) The person needs CARE Court to avoid deteriorating to the point of being gravely disabled or a danger to themselves or others.
- (e) Participation in CARE Court would be the least restrictive option necessary to ensure the person's recovery and stability.
- (f) It is likely that the person will benefit from CARE Court.

- 2) Clarifies the meaning of one of the other CARE criteria (specifically, “clinically stabilized in on-going voluntary treatment”)
 - SB 27 clarifies that “clinically stabilized in on-going voluntary treatment” means that both of the following are true:
 - a) the person's condition is stable and not deteriorating, AND
 - b) 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.
- 3) Makes clear that nurse practitioners and physician assistants are allowed to be the “licensed behavioral health professional” that completes the affidavit/declaration in support of the CARE petition. (See WIC § 5975(d)(1))
- 4) Makes clear that the Court can hold more than just 1 progress review hearing, at the 60-day mark, to see how CARE respondents are doing, once a CARE agreement has been approved. (Sacramento County was already doing this, but evidently some other counties must've felt that the law was ambiguous on this issue – hence the Legislature is providing clarification)

SB 27 changes continued

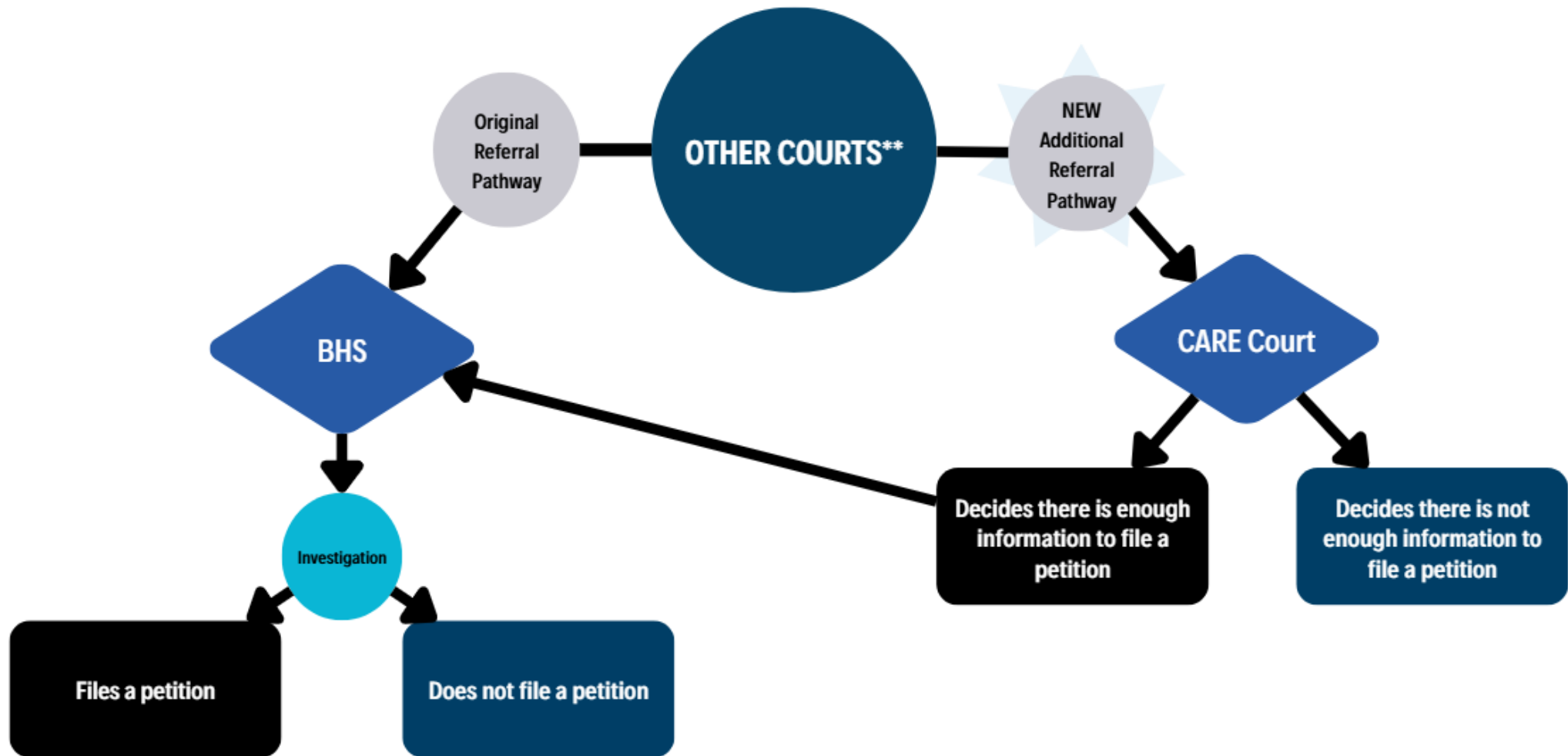
- 5) Amends Penal Code § 1370.01, the statute that governs what happens with misdemeanor cases when the defendant is found incompetent to stand trial (IST).
- Currently, the statute indicates that when a misdemeanor defendant is found IST, the Court should first and foremost look into Mental Health Diversion (MHD), and then potentially consider other options (including CARE Court, among other options)-- but only if MHD is ruled out.
 - Once SB 27 becomes effective in January, the new version of the statute directs the judge to look into MHD **and/or CARE Court** once a misdemeanor defendant is found incompetent.

SB 27 changes continued

- 6) Creates a new/different pathway for referrals into CARE Court, from other courts (Assisted Outpatient Treatment, LPS conservatorship proceedings, misdemeanor IST proceedings under PC § 1370.01, and felony IST proceedings under PC § 1370)
- Currently, under WIC § 5978, if a judge in some other court wants to make a referral to CARE Court, they would typically send to BHS a referral form with supporting documents/information. BHS would then investigate & decide whether or not it's appropriate to file a CARE petition. (Which could mean that no CARE petition would end up getting filed, if BHS investigated & determined that CARE criteria weren't met in BHS' opinion)
 - This existing procedure would still potentially be available under SB 27 – the new legislation doesn't take away this possible route/pathway. But what it does do is create a separate/second route that could possibly be utilized.
 - Under the new version of WIC § 5978 that will become effective Jan. 1st, the other court (the referring court), instead of sending the referral to BHS, could choose to send the referral directly to the CARE Court. If the CARE Court decides that sufficient information has been provided to conclude that the respondent may be a good fit for CARE Court, then the CARE Court judge could opt to consider the referral to be a CARE petition.
 - As you may recall, the procedure for when a CARE Court judge receives a CARE petition filed by anyone other than BHS is to appoint BHS to do an investigation & write a report regarding whether, in BHS' opinion, the respondent qualifies for CARE Court. So under the new procedure, BHS would still get involved & would still have an opportunity to investigate/weigh in with a recommendation – the sequence of events would just happen in a slightly different order.

SB 27 changes continued

Referral Pathways from Other Courts



***CARE referrals from LPS conservatorship court would be investigated by the Public Guardian rather than BHS. In this circumstance the Public Guardian may potentially file a CARE petition (not BHS).*

Department of Health Services > Behavioral Health Services > Community Assistance, Recovery and Empowerment

Community Assistance, Recovery and Empowerment

Goals

The Community Assistance, Recovery and Empowerment (CARE) program guides clients along their path to recovery by offering tailored support and nurturing connections within the community. Reducing barriers to essential services and minimizing the need for emergency interventions champions client self-determination and recovery in a supportive, respectful, and community-integrated framework.

Objectives

- › Promote recovery and optimize community functioning by providing support at the appropriate level of care.
- › Advance and increase timely linkages to services through collaboration and coordination with various community partners - including Medi-Cal, CalFresh, and Social Security Income.
- › Elevate and improve client-driven recovery-oriented culturally responsive, trauma-informed approaches to address mental illness and any co-occurring substance use disorders.
- › Further client self-determination in the least restrictive setting with transitions to a lower level of service intensity as appropriate.
- › Reduce emergency room visits, psychiatric hospitalizations, admissions to long-term facilities, arrests, incarcerations, and homelessness.



"Click Here"
Return to Court & JI Programs
Home Page

CARE Court Forms

- › [CARE-050-INFO \(Information for Petitioners About the CARE Act\)](#)
- › [CARE-060-INFO \(Information for Respondents About the CARE Act\)](#)
- › [How to File CARE-100](#)
- › [CARE-100 \(Petition to Commence CARE Act Proceedings\)](#)
- › [CARE-101 \(Mental Health Declaration\)](#)

Resources



CARE Act OVERVIEW

Through a new civil court process, the [CARE Act](#) provides community-based behavioral health services and supports to Californians living with untreated schizophrenia spectrum or other psychotic disorders.

The CARE process moves care and support upstream to provide earlier action, support, and accountability for both CARE clients, and the local governments responsible for providing services to these individuals.

▶ Sac County BHS Website

- ▶ CARE Court forms
- ▶ County specific CARE info
- ▶ Updates on the CARE Act

Scan the QR code to visit the BHS CARE website.



▶ CARE-Act.org

- ▶ Training and Resource library
- ▶ Upcoming Trainings
- ▶ County Directory
- ▶ Frequently Asked Questions (FAQs)

Scan the QR code to visit the CARE Act website.



CARE ACT RESOURCES

QUESTIONS?