

AMENDED IN ASSEMBLY JUNE 17, 2025

**SENATE BILL**

**No. 27**

---

---

**Introduced by Senator Umberg**

December 2, 2024

---

---

An act to amend Section ~~5977~~ 1370.01 of the Penal Code, and to amend Sections 5971, 5972, 5977, 5977.1, 5977.3, 5978, and 5985 of the Welfare and Institutions Code, relating to courts, and declaring the urgency thereof, to take effect immediately.

LEGISLATIVE COUNSEL'S DIGEST

SB 27, as amended, 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 conduct the initial appearance on the petition at the same time as the prima facie determination if specified requirements are met. 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 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 mood disorders 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.

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

Existing law defines “licensed medical professional” for purposes of the CARE Court program.

This bill would include nurse practitioners and physician assistants in that definition.

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.

This bill would declare that it is to take effect immediately as an urgency statute.

Vote:  $\frac{2}{3}$ . Appropriation: no. Fiscal committee: ~~no~~-yes.  
State-mandated local program: ~~no~~-yes.

*The people of the State of California do enact as follows:*

1     SECTION 1. Section 1370.01 of the Penal Code is amended  
2     to read:  
3     1370.01. (a) If the defendant is found mentally competent, the  
4     criminal process shall resume, and the trial on the offense charged  
5     or hearing on the alleged violation shall proceed.  
6     (b) ~~(1) (A)~~ If the defendant is found mentally incompetent, the  
7     trial, judgment, or hearing on the alleged violation shall be  
8     suspended and the court shall conduct a hearing, pursuant to  
9     Chapter 2.8A (commencing with Section 1001.35) of Title 6, and,  
10    if the court deems the defendant eligible, grant diversion pursuant  
11    to Section 1001.36 for a period not to exceed one year from the  
12    date the individual is accepted into diversion or the maximum term  
13    of imprisonment provided by law for the most serious offense  
14    charged in the misdemeanor complaint, whichever is shorter. shall,  
15    after notice to the defendant, defense counsel, and the prosecution,  
16    hold a hearing to determine whether to do one or more of the  
17    following:

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

8 ~~(B)~~

9 (ii) Notwithstanding any other law, including Section 23640 of  
10 the Vehicle Code, a misdemeanor offense for which a defendant  
11 may be placed in a mental health diversion program in accordance  
12 with this section includes a misdemeanor violation of Section  
13 23152 or 23153 of the Vehicle Code. However, this section does  
14 not limit the authority of the Department of Motor Vehicles to take  
15 administrative action concerning the driving privileges of a person  
16 arrested for a violation of Section 23152 or 23153 of the Vehicle  
17 Code.

18 ~~(2) The~~

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

24 ~~(3)~~

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

29 (2) Refer the defendant to the CARE Act court pursuant to  
30 Section 5978 of the Welfare and Institutions Code, if the court has  
31 reason to believe that the defendant may be eligible for the CARE  
32 program. The CARE Act court shall hold a hearing to determine  
33 eligibility for the CARE program within 30 court days after the  
34 date of the referral. If the hearing is delayed beyond 30 court days,  
35 the court shall order the defendant, if confined in a county jail, to  
36 be released on their own recognizance pending that hearing. If  
37 the defendant is accepted into the CARE program, the CARE Act  
38 court shall notify the criminal court of the acceptance, and the  
39 charges shall be dismissed pursuant to Section 1385 six months  
40 after the date of the referral to the CARE program, unless the

1 *defendant's case has been referred back to the court prior to the*  
2 *expiration of that six-month time period. Except as provided in*  
3 *this section and Sections 5978 and 5978.2 of the Welfare and*  
4 *Institutions Code, this paragraph does not alter the confidential*  
5 *nature of CARE program proceedings.*

6 ~~(4)~~

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

12 ~~(A)~~

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

16 ~~(B)~~

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

33 ~~(C)~~

34 (3) Refer the defendant to the county conservatorship  
35 investigator in the county of commitment for possible  
36 conservatorship proceedings for the defendant pursuant to Chapter  
37 3 (commencing with Section 5350) of Part 1 of Division 5 of the  
38 Welfare and Institutions Code. A defendant shall only be referred  
39 to the conservatorship investigator if, based on the opinion of a  
40 qualified mental health expert, the defendant appears to be gravely

1 disabled, as defined in subparagraph (A) of paragraph (1) of  
2 subdivision (h) of Section 5008 of the Welfare and Institutions  
3 Code. Any hearings required in the conservatorship proceedings  
4 shall be held in the superior court in the county of commitment.  
5 The court shall transmit a copy of the order directing initiation of  
6 conservatorship proceedings to the county mental health director  
7 or the director's designee and shall notify the county mental health  
8 director or their designee of the outcome of the proceedings. Before  
9 establishing a conservatorship, the public guardian shall investigate  
10 all available alternatives to conservatorship pursuant to Section  
11 5354 of the Welfare and Institutions Code. If a petition is not filed  
12 within 30 days of the referral, the court shall order the defendant,  
13 if confined in county jail, to be released on their own recognizance  
14 pending conservatorship proceedings. If the outcome of the  
15 conservatorship proceedings results in the filing of a petition for  
16 the establishment of a temporary or permanent conservatorship,  
17 the charges shall be dismissed pursuant to Section 1385 90 days  
18 after the date of the filing of the petition, unless the defendant's  
19 case has been referred back to the court prior to the expiration of  
20 that time period. This section does not alter the confidential nature  
21 of conservatorship proceedings.

22 (D)

23 (4) Refer the defendant to the CARE program pursuant to  
24 Section 5978 of the Welfare and Institutions Code. A hearing to  
25 determine eligibility for CARE shall be held within 14 court days  
26 after the date on which the petition for the referral is filed. If the  
27 hearing is delayed beyond 14 court days, the court shall order the  
28 defendant, if confined in county jail, to be released on their own  
29 recognizance pending that hearing. If the defendant is accepted  
30 into CARE, the charges shall be dismissed pursuant to Section  
31 1385 six months after the date of the referral to CARE, unless the  
32 defendant's case has been referred back to the court prior to the  
33 expiration of that time period. This section does not alter the  
34 confidential nature of CARE program proceedings. *Act court*  
35 *pursuant to Section 5978 of the Welfare and Institutions Code.*  
36 *The CARE Act court shall hold a hearing to determine eligibility*  
37 *for the CARE program within 14 court days after the date of the*  
38 *referral. If the hearing is delayed beyond 14 court days, the court*  
39 *shall order the defendant, if confined in a county jail, to be released*  
40 *on their own recognizance pending that hearing. If the defendant*

1 *is accepted into the CARE program, the CARE Act court shall*  
2 *notify the criminal court of the acceptance, and the charges shall*  
3 *be dismissed pursuant to Section 1385 six months after the date*  
4 *of the referral to the CARE program, unless the defendant's case*  
5 *has been referred back to the court prior to the expiration of that*  
6 *time period. Except as provided in this section and Sections 5978*  
7 *and 5978.2 of the Welfare and Institutions Code, this paragraph*  
8 *does not alter the confidential nature of CARE program*  
9 *proceedings.*

10 ~~(E)~~

11 (5) If the defendant does not qualify for services pursuant to  
12 ~~subparagraphs (A) to (D);~~ paragraphs (1) to (4), inclusive, dismiss  
13 the charges.

14 ~~(e)~~

15 (d) It is the intent of the Legislature that a defendant subject to  
16 the terms of this section receive mental health treatment in a  
17 treatment facility and not a jail. A term of four days will be deemed  
18 to have been served for every two days spent in actual custody  
19 against the maximum period of treatment pursuant to ~~subparagraphs~~  
20 ~~(B) and (D) of paragraph (4) of subdivision (b) and subparagraph~~  
21 ~~(A) of paragraph (1) of subdivision (b);~~ paragraphs (2) and (4) of  
22 subdivision (c) and paragraphs (1) and (2) of subdivision (b), if  
23 applicable. A defendant not in actual custody shall otherwise  
24 receive day for day credit against the term of treatment from the  
25 date the defendant is accepted into treatment in the event that the  
26 criminal charges have not previously been dismissed. "Actual  
27 custody" has the same meaning as in Section 4019.

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

36 ~~(f)~~

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

39 ~~(e)~~

(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 all of the following:*

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

(2) *The person is likely to survive safely in the community without supervision.*

(3) *The person is currently engaged in treatment and managing symptoms through medication or other therapeutic interventions.*

(4) *The person's mental health condition is not negatively impacting their ability to live safely within the community or current housing situation.*

~~(d)~~

(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.

~~(e)~~



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

4 ~~(f)~~

5 (g) “Court-ordered evaluation” means an evaluation ordered by  
6 a superior court pursuant to Section 5977.1.

7 ~~(g)~~

8 (h) “Department” means the State Department of Health Care  
9 Services.

10 ~~(h)~~

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

19 ~~(i)~~

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

24 ~~(j)~~

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

30 ~~(k)~~

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

36 (1) A proceeding under this part.

37 (2) A proceeding under the Lanterman-Petris-Short Act  
38 described in paragraph (2) or (3) of subdivision (a) of Section  
39 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) through (4), inclusive.

~~(t)~~

(m) “Licensed behavioral health professional” means ~~either any~~ 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.

(3) A nurse practitioner, as defined in Section 2835 of the Business and Professions Code.

(4) A physician assistant, as defined in subdivision (d) of Section 3501 of the Business and Professions Code.

~~(m)~~

(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.

~~(n)~~

(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.

~~(o)~~

(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

1 with Section 4600) of the Probate Code, by a person who has the  
2 capacity to make medical decisions, that allows a person with  
3 mental illness to protect their autonomy and ability to direct their  
4 own care by documenting their preferences for treatment in advance  
5 of a mental health crisis.

6 ~~(p)~~

7 (q) “Respondent” means the person who is the subject of the  
8 petition for the CARE process.

9 ~~(q)~~

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

16 ~~(r)~~

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

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

26 5972. An individual shall qualify for the CARE process only  
27 if all of the following criteria are met:

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

29 (b) The person is currently experiencing a serious mental  
30 disorder, as defined in paragraph (2) of subdivision (b) of Section  
31 5600.3 and has a diagnosis identified in the disorder class:  
32 schizophrenia spectrum and other psychotic disorders, *or mood*  
33 *disorders with psychotic features, except psychosis related to*  
34 *current intoxication*, as defined in the most current version of the  
35 Diagnostic and Statistical Manual of Mental Disorders. This section  
36 does not establish respondent eligibility based upon a psychotic  
37 disorder that is due to a medical condition or is not primarily  
38 psychiatric in nature, including, but not limited to, physical health  
39 conditions such as traumatic brain injury, autism, dementia, or  
40 neurologic conditions. A person who has a current diagnosis of

1 substance use disorder as defined in paragraph (2) of subdivision  
2 (a) of Section 1374.72 of the Health and Safety Code but who does  
3 not also meet the required criteria in this section shall not qualify  
4 for the CARE process.

5 (c) The person is not clinically stabilized in ~~on-going~~ *ongoing*  
6 voluntary treatment.

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

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

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

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

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

20 **SECTION 1.**

21 *SEC. 4.* Section 5977 of the Welfare and Institutions Code, as  
22 amended by Section 5 of Chapter 640 of the Statutes of 2024, is  
23 amended to read:

24 5977. (a) (1) The court shall promptly review the petition to  
25 determine if the petitioner has made a prima facie showing that  
26 the respondent is, or may be, a person described in Section 5972.

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

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

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

39 (i) Set the matter for an initial appearance on the petition within  
40 14 court ~~days~~ *days, or concurrently conduct the initial appearance*

1 *with the prima facie determination pursuant to clause (v) of this*  
2 *paragraph.*

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

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

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

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

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

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

24 (v) If the requirements *set forth in clauses (ii) to (iv), inclusive,*  
25 *of this subparagraph and all of the requirements* of subdivision (b)  
26 *are satisfied at the time of the prima facie determination, and the*  
27 *petitioner and respondent are both present and consent,* the court  
28 may conduct the initial appearance concurrently with the prima  
29 facie determination.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3 (II) Commencing July 1, 2025, unless the court determines,  
4 either upon its own motion or upon the motion of the respondent,  
5 at any point in the proceedings, that it likely would be detrimental  
6 to the treatment or well-being of the respondent, the court shall  
7 provide ongoing notice of proceedings to the original petitioner  
8 throughout the CARE proceedings, including notice of when a  
9 continuance is granted or when a case is dismissed. If a continuance  
10 is granted, the notice shall provide a general reason for the  
11 continuance, including the absence of the respondent or one of the  
12 grounds pursuant to Rule 3.1332 of the California Rules of Court.  
13 If a case is dismissed, the notice shall specify the statutory basis  
14 for the dismissal. A notice pursuant to this clause shall not disclose  
15 any patient information that is protected under the federal Health  
16 Insurance Portability and Accountability Act of 1996 (Public Law  
17 104-191), the Confidentiality of Medical Information Act (Part  
18 2.6 (commencing with Section 56) of Division 1 of the Civil Code),  
19 or this act, without the respondent's consent.

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

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

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

31 (7) (A) The court shall set a hearing on the merits of the petition  
32 within 10 days, at which time the court shall determine whether,  
33 by clear and convincing evidence, the respondent meets the CARE  
34 criteria in Section 5972. In making this determination, the court  
35 shall consider all evidence properly before it, including any report  
36 from the county behavioral health agency ordered pursuant to  
37 paragraph (3) of subdivision (a) and any additional admissible  
38 evidence presented by the parties, including the petition submitted  
39 and any statement given by the original petitioner. A licensed  
40 behavioral health professional may testify as an expert concerning



1 whether the respondent meets the CARE criteria in Section 5972  
2 provided that the court finds that the professional has special  
3 knowledge, skill, experience, training, or education sufficient to  
4 qualify as an expert under Section 720 of the Evidence Code.

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

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

15 (2) If, at the hearing on the merits of the petition, the court finds  
16 by clear and convincing evidence that the respondent meets the  
17 CARE criteria in Section 5972, the court shall order the county  
18 behavioral health agency to work with the respondent, the  
19 respondent's counsel, and the supporter to engage the respondent  
20 in behavioral health treatment and attempt to enter into a CARE  
21 agreement. The court shall set a case management hearing within  
22 14 days.

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

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

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

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

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

39 (4) This subdivision shall not affect the applicability of  
40 paragraph (2) of subdivision (c) of Section 5977.1, make admissible

1 any evidence that is not otherwise admissible, or permit a witness  
2 to base an opinion on any matter that is not a proper basis for such  
3 an opinion. The admission or exclusion of evidence shall be  
4 pursuant to the rules of evidence established by the Evidence Code,  
5 including, but not limited to, Section 352 of the Evidence Code,  
6 and by judicial decision.

7 *SEC. 5. Section 5977.1 of the Welfare and Institutions Code*  
8 *is amended to read:*

9 5977.1. (a) (1) At the case management hearing, the court  
10 shall hear evidence as to whether the parties have entered, or are  
11 likely to enter, into a CARE agreement.

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

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

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

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

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

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

37 (1) A clinical diagnosis of the respondent.

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

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

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

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

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

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

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

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

34 (4) If the respondent is a self-identified American Indian or  
35 Alaska Native individual, as defined in Sections 1603(13),  
36 1603(28), and 1679(a) of Title 25 of the United States Code, has  
37 been determined eligible as an Indian under Section 136.12 of  
38 Title 42 of the Code of Federal Regulations, or is currently  
39 receiving services from an Indian health care provider or tribal  
40 court, the county behavioral health agency shall use its best efforts

1 to meaningfully consult with and incorporate the Indian health  
2 care provider or tribal court available to the respondent to develop  
3 the CARE plan.

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

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

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

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

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

35 (4) If the proposed CARE plan includes services and supports,  
36 such as housing, provided directly or indirectly through another  
37 local governmental entity, that local entity may agree to provide  
38 the service or support, or the court may consider a motion by either  
39 of the parties to add the local entity as a party to the CARE

1 proceeding. If the local entity agrees to provide the service or  
2 support, it may request to be added as a party by the court.

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

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

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

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

22 *SEC. 6. Section 5977.3 of the Welfare and Institutions Code*  
23 *is amended to read:*

24 5977.3. (a) (1) In the 11th month of the process timeline, the  
25 court shall hold a one-year status hearing. Not fewer than five  
26 court days prior to the one-year status hearing, the county  
27 behavioral health agency shall file a report with the court and shall  
28 serve the report on the respondent and the respondent's counsel  
29 and supporter. The report shall include the following information:

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

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

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

37 (D) Recommendations for next steps, including what ongoing  
38 and additional services would benefit the respondent that the county  
39 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. 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 ~~elects~~ *requests* to be graduated from the program, ~~and the court approves this request~~, the court shall order the county behavioral health agency and the respondent to work jointly on a voluntary graduation plan. ~~The 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 ~~elects~~ *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 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. 7. Section 5978 of the Welfare and Institutions Code is amended to read:*

5978. (a) A court may refer an individual from assisted outpatient treatment, ~~as well as from conservatorship proceedings pursuant to Chapter 3 (commencing with Section 5350) of Part 1 of Division 5 (LPS conservatorship) to CARE Act proceedings.~~ If the individual is referred from assisted outpatient treatment, the county behavioral health director or their designee shall be the petitioner. If the individual is referred from LPS conservatorship proceedings, the conservator or proposed conservator shall be the petitioner pursuant to Section 5974. 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) A court may refer an individual from misdemeanor proceedings pursuant to Section 1370.01 of the Penal Code to CARE Act proceedings. The county behavioral health director or their designee shall be the petitioner.~~

(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 information sufficient to otherwise satisfy the petition requirements in 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.

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

5     (1) Complete an investigation to determine whether to file a  
6     petition on behalf of the referred individual.

7     (2) Notify the referring court whether it intends to file a CARE  
8     Act petition on behalf of the referred individual.

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

13   (f) For purposes of this section, “appropriate petitioner  
14   candidate” means:

15   (1) For referrals from assisted outpatient treatment or from  
16   misdemeanor proceedings, the county behavioral health director  
17   or their designee.

18   (2) For referrals from conservatorship proceedings, the  
19   conservator or proposed conservator.

20   SEC. 8. Section 5985 of the Welfare and Institutions Code is  
21   amended to read:

22   5985. (a) (1) The department shall develop, in consultation  
23   with county behavioral health agencies, other relevant state or  
24   local government entities, disability rights groups, individuals with  
25   lived experience, families, counsel, racial justice experts, and other  
26   appropriate stakeholders, an annual CARE Act report. The  
27   department shall post the annual report on its internet website.

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

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

36   (A) “Former participant” means an individual who enters into  
37   CARE Act elective services, a CARE agreement, or a CARE plan,  
38   but who has either graduated from CARE, or for whom CARE  
39   Act proceedings were dismissed or terminated. Counties shall not



1 be responsible for reporting on any individual who is privately  
2 insured or who no longer resides in California.

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

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

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

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

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

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

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

27 (B) The number of initial ~~appearances~~ *appearance hearings* on  
28 the petition ~~set held~~ pursuant to paragraph (3) of subdivision (a)  
29 of Section 5977.

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

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

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

35 (e) The annual report shall include process measures to examine  
36 the scope of impact and monitor the performance of CARE Act  
37 model implementation. The measures and reporting requirements  
38 shall be developed by the department in consultation with county  
39 behavioral health agencies. The report shall include trial court  
40 petition data pursuant to paragraph (3) of subdivision (d) and, to

1 the extent administrative data is available, all of the following  
2 information compiled from county behavioral health departments  
3 and courts:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

18 (19) The rates of adherence to medication.

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

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

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

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

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

34 (f) (1) The report shall include, at a minimum, information on  
35 the effectiveness of the CARE Act model in improving outcomes  
36 and reducing disparities, homelessness, criminal justice  
37 involvement, conservatorships, and hospitalization of participants.  
38 The annual report shall include process measures to examine the  
39 scope of impact and monitor the performance of CARE Act model  
40 implementation, such as the number and source of petitions filed

1 for CARE Court; the number, rates, and trends of petitions resulting  
2 in dismissal and hearings; the number, rates, and trends of  
3 supporters; the number, rates, and trends of voluntary CARE  
4 agreements; the number, rates, and trends of ordered and completed  
5 CARE plans; the services and supports included in CARE plans,  
6 including court orders for stabilizing medications; the rates of  
7 adherence to medication; the number, rates, and trends of  
8 psychiatric advance directives; and the number, rates, and trends  
9 of developed graduation plans. The report shall include outcome  
10 measures to assess the effectiveness of the CARE Act model, such  
11 as improvement in housing status, including gaining and  
12 maintaining housing; reductions in emergency department visits  
13 and inpatient hospitalizations; reductions in law enforcement  
14 encounters and incarceration; reductions in involuntary treatment  
15 and conservatorship; and reductions in substance use. The annual  
16 report shall examine these data through the lens of health equity  
17 to identify racial, ethnic, and other demographic disparities and  
18 inform disparity reduction efforts.

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

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

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

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

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

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

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

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

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

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

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

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

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

26 *SEC. 9. If the Commission on State Mandates determines that*  
27 *this act contains costs mandated by the state, reimbursement to*  
28 *local agencies and school districts for those costs shall be made*  
29 *pursuant to Part 7 (commencing with Section 17500) of Division*  
30 *4 of Title 2 of the Government Code.*

31 ~~SEC. 2.~~

32 *SEC. 10.* This act is an urgency statute necessary for the  
33 immediate preservation of the public peace, health, or safety within  
34 the meaning of Article IV of the California Constitution and shall  
35 go into immediate effect. The facts constituting the necessity are:

36 The CARE Act took effect in October 2023, and therefore  
37 important changes to the act must take effect immediately to ensure

- 1 the CARE Act's success in providing timely assistance to
- 2 respondents.

O