

Community Assistance, Recovery, and Empowerment Act

Senate Bill 27 Amendments



The Community Assistance, Recovery, and Empowerment (CARE) Act provides community-based behavioral health (BH) services and supports through a civil court process for individuals who are experiencing a serious mental disorder and who meet other eligibility requirements. The CARE Act allows specified adults to petition the court to engage respondents in a broad range of treatment services and supports through a CARE agreement or CARE plan.

[Senate Bill \(SB\) 27](#) amends provisions of the CARE Act in a number of ways:

- Adds bipolar I disorder with psychotic features as an eligible diagnosis.
- Defines “clinically stabilized in ongoing voluntary treatment.”
- Provides a process by which certain court referrals can constitute a CARE petition without a separate petition form being filed.
- Allows criminal courts to consider CARE referrals earlier for individuals found incompetent to stand trial (IST) in misdemeanor cases.
- Allows nurse practitioners and physician assistants to complete an affidavit in support of a CARE petition.
- Makes other technical amendments to the CARE process.

Below is a more detailed summary of SB 27’s provisions. These provisions will be effective January 1, 2026.

Eligibility Criteria Changes

Adds bipolar I disorder with psychotic features as an eligible diagnosis. Previously, eligible diagnoses were limited to schizophrenia spectrum and other psychotic disorders. SB 27 adds bipolar I disorder with psychotic features, except psychosis related to current intoxication.

Defines “clinically stabilized in ongoing voluntary treatment.” The CARE process is designed to support individuals with serious mental illness who are *not* currently stabilized in ongoing voluntary treatment. As defined in SB

27, an individual is considered clinically stabilized in ongoing voluntary treatment if *both* of the following conditions are met:

- **Stable condition.** The individual’s condition is stable and not deteriorating.
- **Active participation in treatment.** The individual is currently engaged in treatment and is managing symptoms through medication or therapeutic interventions. Importantly, enrollment in treatment alone is not enough.

Expanded Referral Pathways for CARE

Streamlined process for referrals from court proceedings. SB 27 provides a more direct pathway for referrals from Assisted Outpatient Treatment (AOT), Lanterman-Petris-Short (LPS) conservatorship proceedings, and felony and misdemeanor incompetent to stand trial (IST) courts.

A referral from one of these courts may now be accepted as a petition to CARE (without a separate petition form) if it meets two conditions:

- The referral includes all required information as outlined in [California Welfare and Institutions Code \(W&I Code\) section 5975](#) (e.g., facts that support the assertion that the individual meets the CARE eligibility criteria), **and**
- The referral makes a prima facie showing that the individual meets or may meet CARE eligibility criteria.

If these conditions are met, the CARE court may choose to accept the referral as a petition and shall notify the referring court that the referral has been accepted as a petition.

If the CARE court does not accept the referral as a petition, it shall order the appropriate petitioner candidate (as outlined below) to do the following within 14 court days:

- Investigate whether a petition should be filed.
- Notify the referring court whether it intends to file a CARE petition.

The CARE court may grant an extension of up to 30 court days if more time is needed for the investigation.

The appropriate petitioner candidate for these referrals is as follows:

- For AOT, Misdemeanor IST (MIST), and Felony IST (FIST) referrals, the county behavioral health director or their designee is the appropriate petitioner.
- For LPS conservatorship proceedings referrals, the conservator or proposed conservator is the appropriate petitioner.

This streamlined, direct court-to-court referral process established in SB 27 is in addition to the current referral processes that allow AOT, IST, and LPS conservatorship courts to make referrals that flow through county behavioral health or the conservator/proposed conservator for consideration as to whether a petition should be filed. The process to refer from LPS-designated facilities was not impacted by SB 27.



Expanded Referral Pathways for CARE (continued)

Earlier referral from MIST. Currently, the Penal Code allows for a criminal court to refer to CARE an individual charged with a misdemeanor who has been found incompetent to stand trial after they are found ineligible for or unsuccessful in mental health diversion.

SB 27 allows a MIST court to consider the individual's eligibility for CARE as well as diversion earlier, at a hearing held after the initial determination of incompetency.

Specifically, the criminal court may refer the individual to CARE if the individual or their counsel agree to the referral and the court has reason to believe the individual may be eligible for CARE. The following process will apply with these referrals:

- The CARE court shall hold a hearing to determine eligibility within 30 court days of the referral.
- If the hearing on eligibility is not held in the 30 court days, an individual in county jail shall be released pending the hearing.
- If the individual is accepted into CARE, the CARE court shall notify the criminal court and the charges shall be dismissed 6 months after the date of the referral to CARE, unless the case is referred back to the criminal court prior to that time.

The criminal court has the discretion to both grant diversion and make a CARE referral.

A MIST court retains the ability to make a CARE referral if an individual is ineligible for or unsuccessful in diversion. SB 27 clarifies the process around these referrals:

- The CARE court shall hold a hearing to determine eligibility for CARE within 14 court days after the petition is filed.
- If the hearing on eligibility is not held in the 14 court days, an individual in county jail shall be released pending the hearing.
- If the individual is accepted into CARE, the CARE court shall notify the criminal court and the charges shall be dismissed 6 months after the date of the referral to CARE, unless the case is referred back to the criminal court prior to that time.

SB 27 authorizes a county behavioral health agency and jail medical providers to share confidential medical records and other relevant information associated with a referral with the court for the purpose of determining the likelihood of the individual's eligibility for behavioral health services and programs.

Referrals from FIST cases. Referrals from FIST courts were previously provided for in the Penal Code. SB 27 specifically includes this referral pathway in the CARE statute. This allows for FIST and CARE courts to communicate regarding the status of a respondent's case and any relevant court orders while the cases are pending in both courts pursuant to [W&I Code section 5978.2](#).

CARE Court Process Clarifications

Nurse practitioners' and physician assistants' affidavits in support of petitions. SB 27 provides that nurse practitioners and physician assistants are considered Licensed Behavioral Health Professionals only for the purpose of signing an affidavit ([CARE-101](#), Mental Health Declaration – CARE Act Proceedings) in support of a CARE petition ([CARE-100](#), Petition to Begin CARE Act Proceedings). (SB 27 does not stipulate that nurse practitioners and physician assistants are eligible to complete the clinical evaluations required as part of the CARE plan process.)

Prima facie determination without hearing. SB 27 confirms that a CARE court may make the initial preliminary finding that a petition meets or may meet eligibility requirements without holding a hearing.

Judicial discretion for CARE agreement progress hearings. Currently, the CARE Act requires a single progress hearing at 60 days following the adoption of a CARE agreement. SB 27 confirms that a judge can hold additional progress hearings throughout the duration of a CARE agreement.

The courts' role in graduations and voluntary reappointments. SB 27 clarifies that while a respondent may request to graduate from CARE, the individual needs to have successfully completed the CARE process for the court to grant the request. SB 27 also confirms that while a respondent may request to be voluntarily reappointed to CARE, the court may approve that request after determining that the individual has not yet successfully completed the process and would benefit from reappointment.

Notice of case management hearing to tribe. SB 27 clarifies that if a respondent is enrolled in a federally recognized Indian tribe, the county, not the respondent, is responsible for providing notice of a case management hearing to the tribe, subject to the respondent's consent.