

UPDATES TO THE CARE ACT: SENATE BILL (SB) 27

CARE Act Process



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[Slide Image Description: This cover slide introduces the title and category of this training. It contains the logos for the California Department of Health Care Services and Health Management Associates.]

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Overview of Senate Bill (SB) 27

Beginning **January 1, 2026**, changes made by **Senate Bill 27** will go into effect, including:

- » Addition of bipolar I with psychotic features, except psychosis related to intoxication, as an eligible diagnosis.
- » Definition of clinically stabilized in ongoing voluntary treatment.
- » A process for certain court referrals to serve as a CARE petition.
- » Ability of criminal courts to consider CARE referrals earlier for individuals found incompetent to stand trial in misdemeanor cases.
- » Authority for nurse practitioners and physician assistants to complete affidavits in support of petitions.
- » Other technical amendments to streamline the CARE process.

Find more information about these changes in the [Senate Bill 27 Amendments](#) brief on the CARE Act Resource Center or email us at info@CARE-Act.org.

[Slide Image Description: This slide has an overview of Senate Bill 27 with a picture of a related brief.]

Beginning **January 1, 2026**, changes made by **Senate Bill 27** will go into effect.

These changes include:

- Bipolar I disorder with psychotic features will now be included as an eligible diagnosis under the CARE Act, except psychosis related to intoxication.
- The law now defines what it means to be *clinically stabilized in ongoing voluntary treatment*.
- Certain court referrals can now serve as a CARE petition.
- Criminal courts may consider CARE referrals earlier for individuals found incompetent to stand trial in misdemeanor cases.
- Nurse practitioners and physician assistants are now authorized to complete affidavits in support of CARE petitions.
- There are also other technical amendments to streamline the CARE process.

This training will go over each of these in more detail. You can also find information about these changes in the [Senate Bill 27 Amendments](#) brief on the CARE Act Resource Center or email us at info@CARE-Act.org.

And just a note, the Data Dictionary will be revised to align with SB 27 and those changes will be implemented by July 1, 2026.

Agenda

Expanded Eligibility Criteria

- Addition of bipolar I disorder with psychotic features
- Definition of clinically stabilized

Streamlined Court to Court Referral Pathway

- Direct referrals from IST, AOT and LPS conservatorship courts
- Conditions for accepting referrals as CARE petitions

Key Process Updates

- Nurse practitioners' and physician assistants' role
- Procedural clarifications related to prima facie determinations, progress hearings, and graduations and voluntary reappointments
- Notice requirements to federally recognized tribes

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This training will cover the following:

- Expanded Eligibility Criteria
 - Addition of bipolar I disorder with psychotic features and definition of clinically stabilized
- Streamlined Referral Pathways
 - Direct referrals from AOT, LPS conservatorship, and IST courts
 - Conditions for accepting referrals as CARE petitions
- Key Process Updates
 - Nurse practitioners' and physician assistants' role
 - Prima facie determinations and judicial discretion for progress hearings
 - Court's role in graduations and voluntary reappointments
 - Notice requirements for federally recognized tribes

Objectives

At the end of the session, participants will have an increased ability to:

- › Recognize that bipolar I disorder with psychotic features is an eligible diagnosis for CARE.
- › Understand the streamlined referral pathway from IST, AOT, LPS conservatorship court, including what is required for a referral to be deemed a petition.
- › Summarize process updates, including the added role of nurse practitioners and physician assistants, procedural clarifications around certain hearings, and notice requirements to federally recognized tribes.

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Presenter



LEELA KAPUR, JD
Mental Health Law Lead
Health Management Associates

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Leela Kapur, JD, Mental Health Law Lead / Leela is an attorney with more than 30 years of public service representing Los Angeles County and the City of Los Angeles, and experience as counsel for the County's Departments of Health and Mental Health.



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Addition of Bipolar 1 Disorder

- » SB 27 added bipolar I disorder with psychotic features, except psychosis related to current intoxication, as an eligible diagnosis for CARE eligibility.



See the updated [Eligibility Fact Sheet](#) that includes bipolar 1 with psychotic features and the FAQ on [eligible diagnosis](#). For more information on bipolar I, see the [Understanding Bipolar I w/ Psychotic Symptoms](#) brief.

[Slide Image Description: This slide has information about bipolar 1 disorder with an image of an older man speaking to a younger man.]

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.

During severe episodes, some individuals with bipolar I disorder may resemble those with chronic psychotic conditions. The addition of this diagnosis to CARE eligibility reflects that these individuals could be more effectively supported through structured, multidisciplinary care teams, especially when paired with the added accountability of court oversight.

Having a specific diagnosis alone is not sufficient to participate in CARE. The CARE Act continues to have [additional criteria](#) regarding the person's current treatment engagement, level of functional impairment, and certain risk criteria. While SB 27 broadens eligibility to include bipolar 1 with psychotic features, not all individuals with this diagnosis will meet all other CARE criteria, and other less restrictive alternatives could be a more appropriate avenue to receiving treatment.

See the updated [Eligibility Fact Sheet](#) that includes bipolar 1 with psychotic features and the FAQ on [eligible diagnosis](#). For more information on bipolar I, see the [Understanding Bipolar I w/ Psychotic Symptoms](#) brief.



Clinically Stabilized

To be eligible for CARE, an individual cannot be clinically stabilized in ongoing voluntary treatment.

As defined by 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.

[Slide Image Description: This slide has information about being clinically stabilized, with a picture of two women smiling.]

Also included in SB 27 is a specific definition for “**clinically stabilized in ongoing voluntary treatment.**”

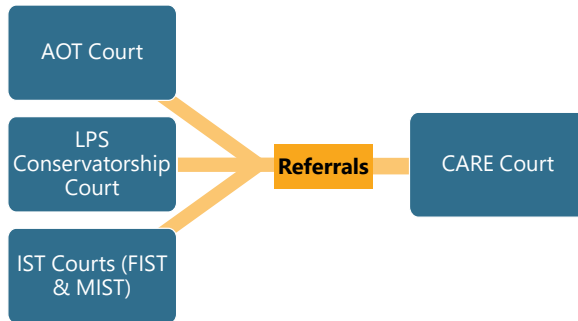
The CARE process is designed to support individuals with serious mental illness who are *not* currently stabilized in ongoing voluntary treatment. As defined in SB 27, an individual is considered clinically stabilized in ongoing voluntary treatment if *both* of the following conditions are met:

- **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.



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Streamlined Court Referrals



A CARE court may consider a referral to be a petition if:

- » It includes all required information (e.g., facts that support CARE eligibility), **and**
- » The referral makes a prima facie showing that the individual meets or may meet CARE eligibility criteria.

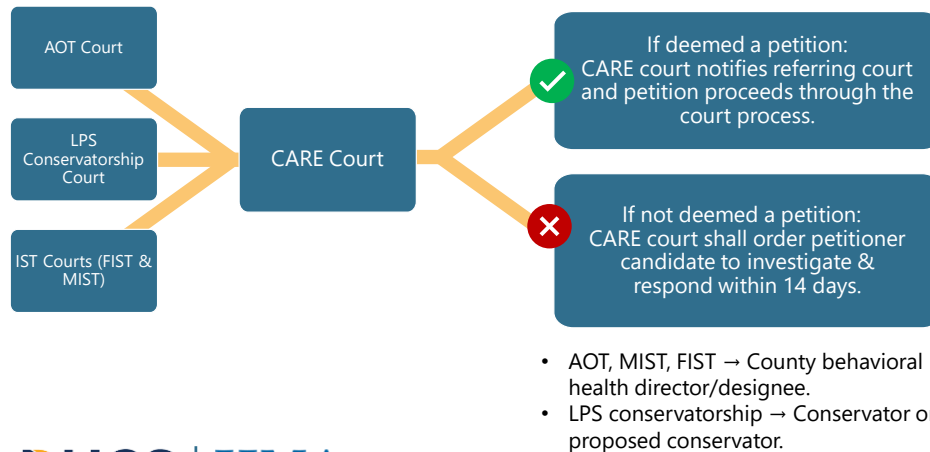
[Slide Image Description: This slide has information about streamlined court referrals.]

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.

Streamlined Court Referrals



[Slide Image Description: This slide has information about streamlined court referrals.]

If the referral is deemed a petition, 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.



County BH and jail medical providers can share confidential medical records and other relevant information associated with a referral with the court to determine eligibility.

Earlier Referrals from MIST Courts

SB 27 allows a MIST court to consider an individual's CARE eligibility at a hearing held after the initial determination of incompetency.

The following process applies:

- » CARE court holds a hearing to determine eligibility within 30 court days of the referral.
 - If the hearing is not held within 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 referral, unless the case is referred back to the criminal court prior.

A MIST court retains the ability to make a CARE referral if an individual is ineligible for or unsuccessful in diversion.

[Slide Image Description: This slide has information about referrals from MIST cases and a picture of a gavel.]

Previously, the Penal Code allowed for a criminal court to refer to CARE an individual charged with a misdemeanor who has been found IST 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 will 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.
- Similarly to the earlier MIST referral, 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

- » While FIST referrals to CARE have always been provided for in the Penal Code, SB 27 specifically includes a FIST referral pathway in the CARE statute.
- » SB 27 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.

[Slide Image Description: This slide has information about referrals from FIST cases and a picture of a gavel.]

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](#).



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CARE Process Clarifications

- ✓ Allows nurse practitioners and physician assistants to sign affidavits in support of petitions.
- ✓ Confirms that courts may make a prima facie determination without a hearing.
- ✓ Confirms courts may hold multiple progress hearings throughout the duration of a CARE agreement.
- ✓ Clarifies the court's role in graduations and voluntary reappointments.
- ✓ Clarifies that the county, not respondent, must provide notice of case management hearings to tribes.



[Slide Image Description: This slide shows an overview of CARE process clarifications with an image of arrows.]

SB 27 introduces several key updates to the CARE Act that refine court procedures and clarify roles within the process, namely:

- **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 hearings to tribes.** 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.

Objectives

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Questions?

[CARE-Act.org](https://www.care-act.org) | info@CARE-Act.org

[Slide Image Description: This slide shows the CARE-act website and the email address.]

We are here to support you and provide you with those opportunities to connect and hear about implementing the CARE Act. The website is [CARE-Act.org](https://www.care-act.org) and our email address is info@CARE-Act.org.