



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

CARE Act Update

Health, Housing, Homelessness, and Human Services Committee

March 2026

What does the CARE Act do?

- » The CARE Act creates a pathway to deliver mental health treatment and support services to eligible individuals (adults aged 18+) who have untreated schizophrenia spectrum or other psychotic disorders, **or** bipolar I disorder with psychotic features **and** are not currently stabilized in ongoing voluntary treatment.
- » The CARE Act allows the court to order the county to provide behavioral health treatment in community-based settings.
- » The individual enters this pathway when a petitioner requests court-ordered treatment, services, supports, and housing resources under the CARE Act, for an eligible individual (or “respondent”).
- » Streamlined process for referrals from certain types of court proceedings.
- » ***CARE Court started in Monterey County 12/1/2024.***
- » ***Senate Bill (SB 27) changes.***

Overview of Senate Bill (SB) 27

Beginning **January 1, 2026**, changes made by **Senate Bill 27** went 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.



CARE Act
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

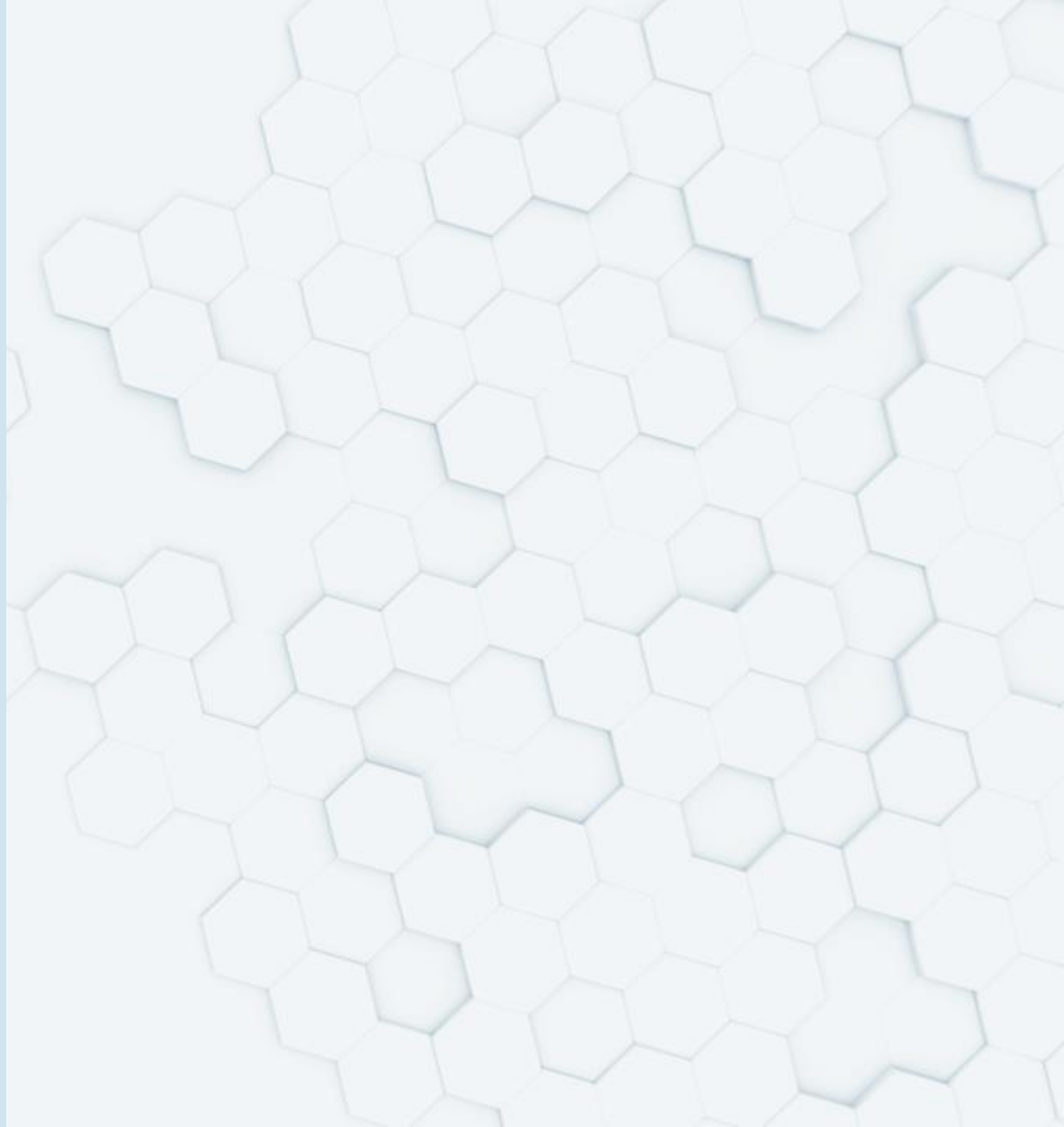
Adds bipolar I disorder with psychotic features as an eligible diagnosis. Previously, eligible diagnoses were limited to schizophrenia spectrum and other psychotic disorders. SB 27 adds bipolar I disorder with psychotic features, except psychosis related to current intoxication.

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.

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Eligibility Criteria



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.



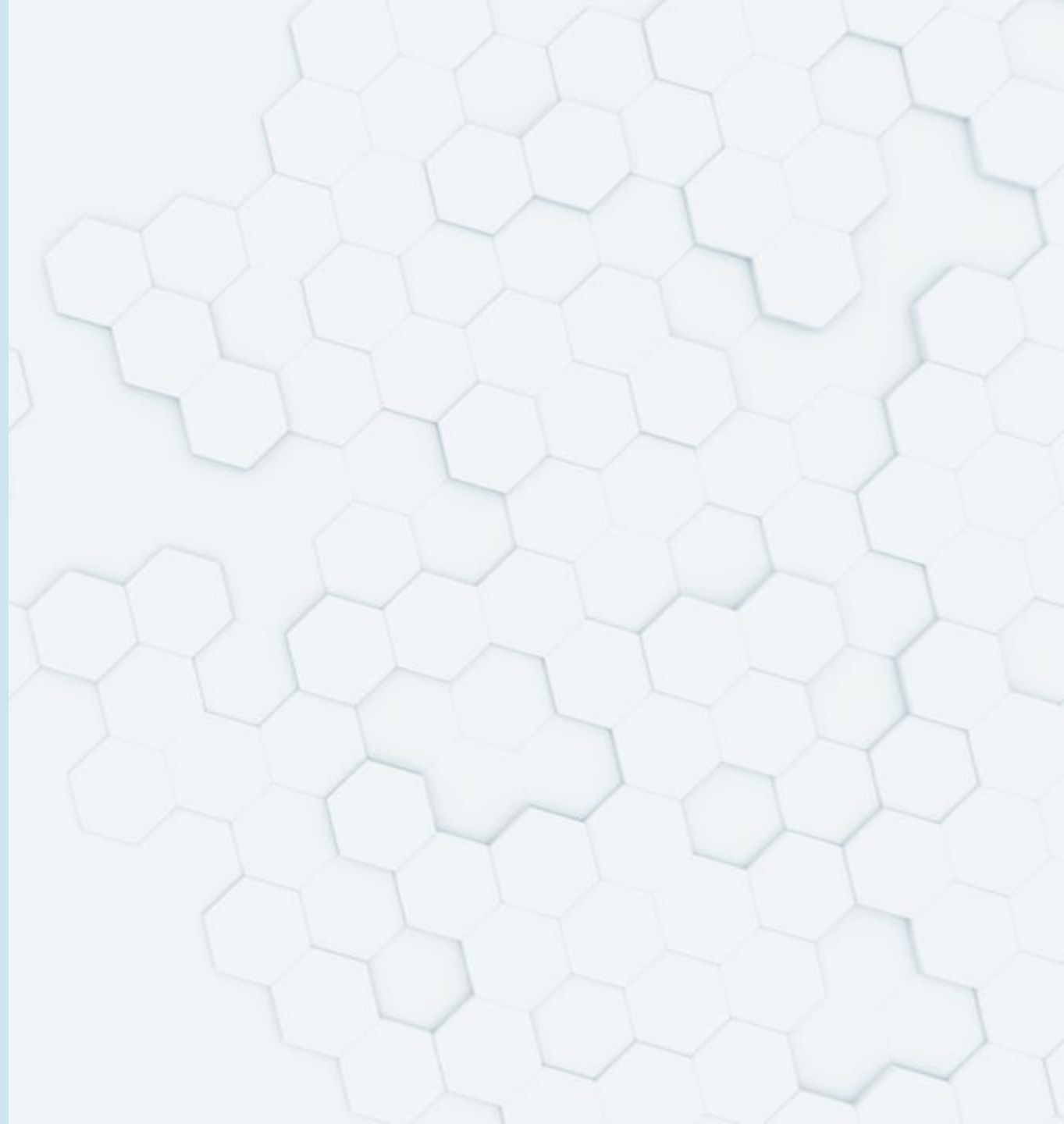
Clinically Stabilized

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

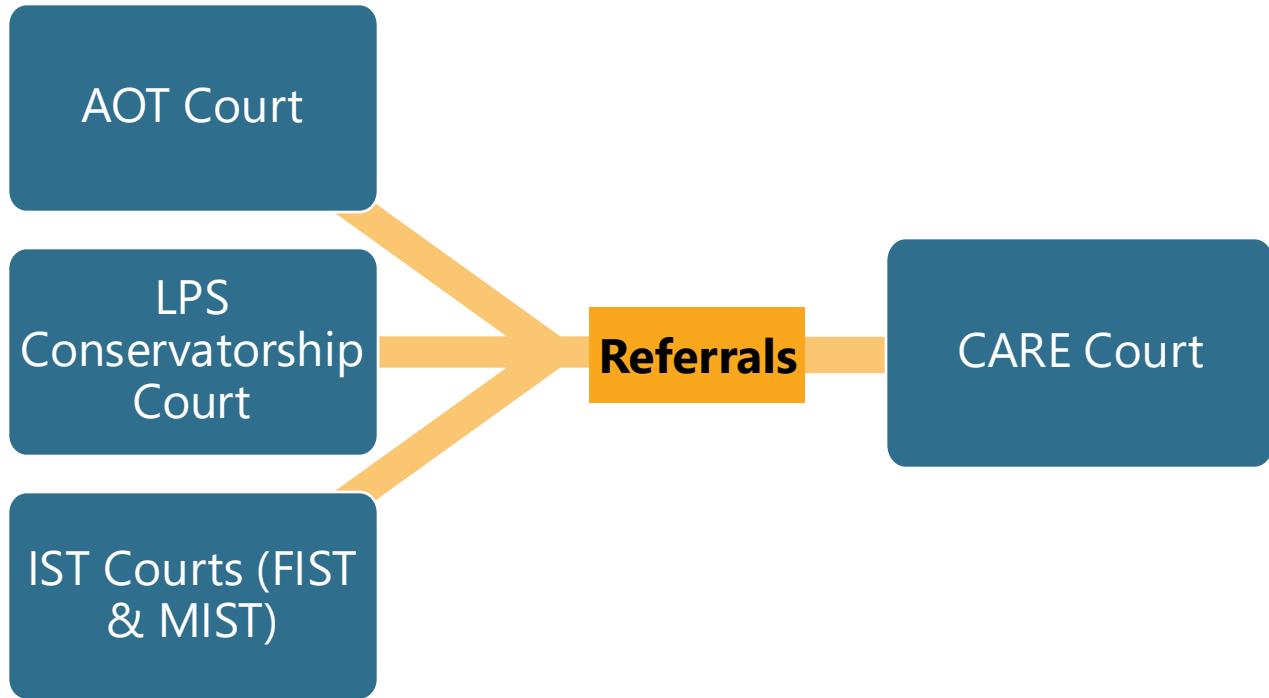
As defined by SB 27, an individual is considered clinically stabilized in ongoing voluntary treatment if *both* of the following conditions are met:

- ✓ **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.

**Expanded
Referral
Pathways for
CARE**



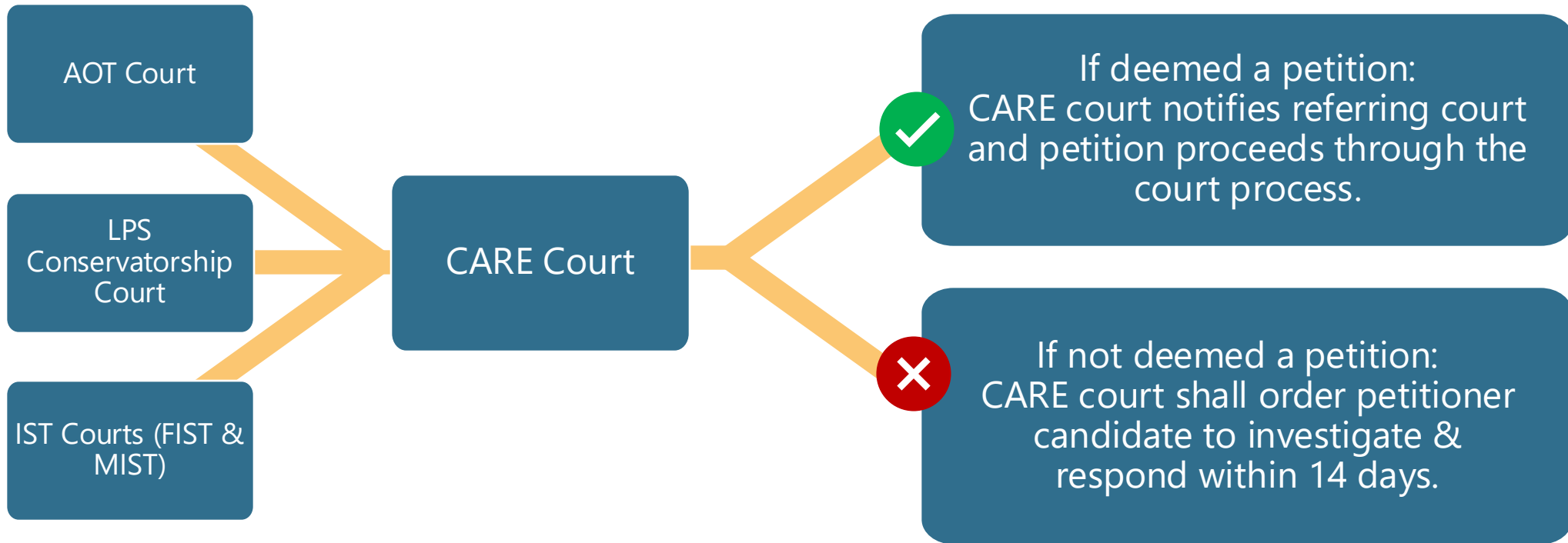
Streamlined Court Referrals



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.

Streamlined Court Referrals



- AOT, MIST, FIST → County behavioral health director/designee.
- LPS conservatorship → Conservator or proposed conservator.



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.

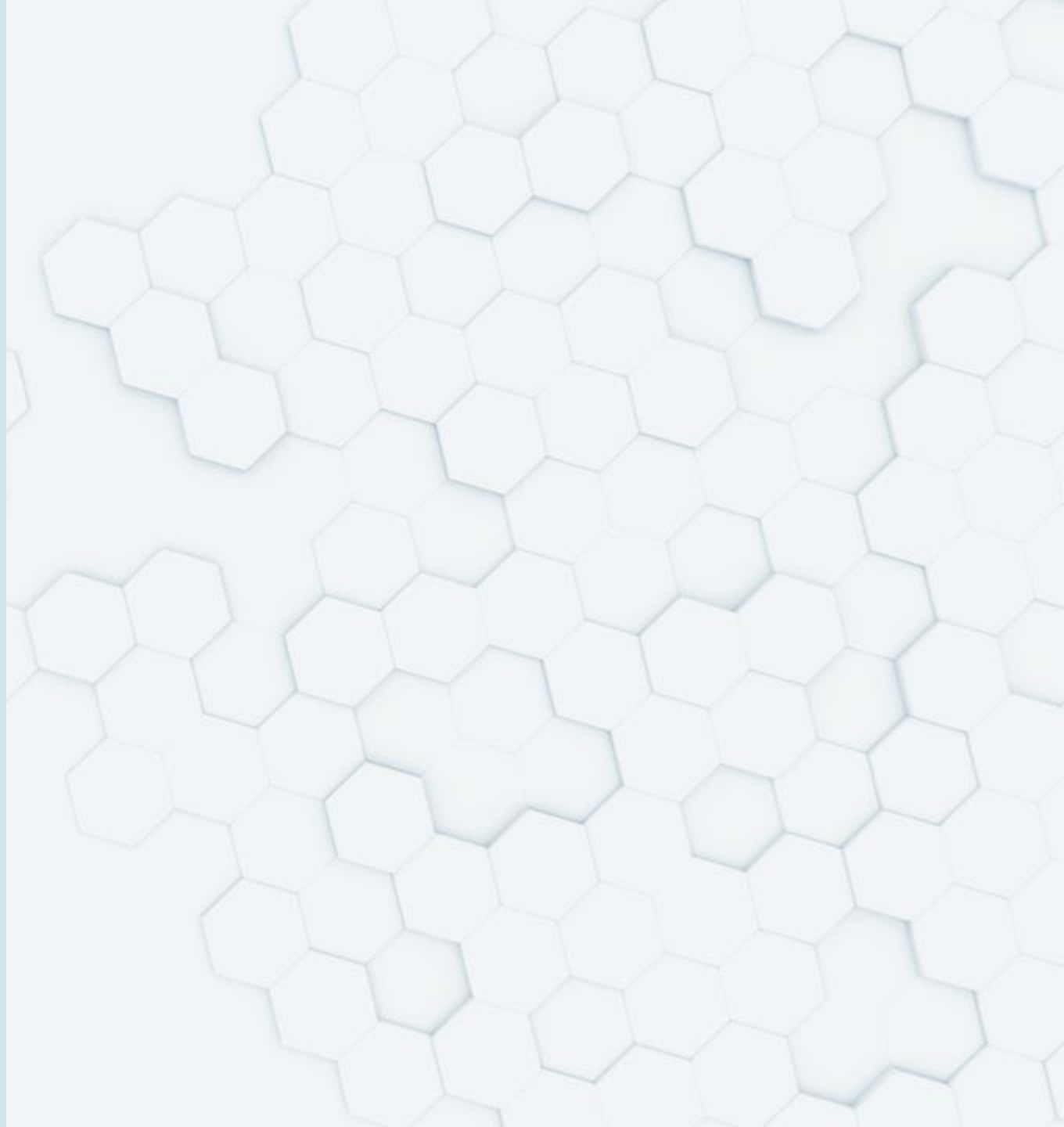
County BH and jail medical providers can share confidential medical records and other relevant information associated with a referral with the court to determine eligibility.



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.

CARE Court Process Clarifications



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.



CARE Data

December 1, 2024
through
February 28, 2026

CARE Court started in Monterey County December 1, 2024

Total petitions filed = 33

- December 2024 total number of petitions filed = 2
- CY 2025 total number of petitions filed = 24
- January – February 2026 total number of petitions filed = 7

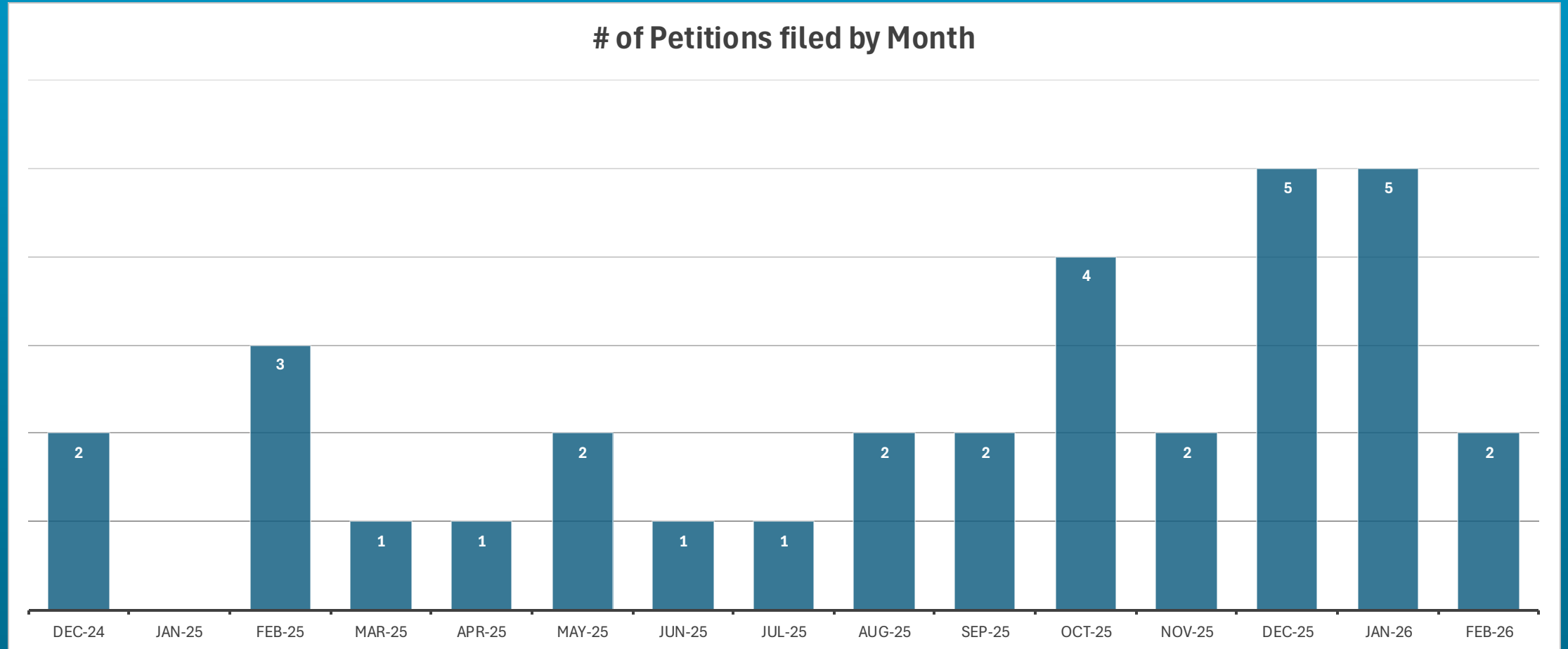
Dispositions – 16 dismissals

CARE Agreements – 6

CARE Plans – 1

In progress cases toward CARE Agreement or Plan - 8

CARE Petitions by month



Source of CARE Petitions in Monterey County through 02/28/26

Behavioral Health – 9

DSH - 9

Family Member – 7

PG/PA/PC – 2

Natividad Hospital – 2

CDCR – 2

Interim – 1

Criminal Court Referral – 1

Reasons for Dismissals

LPS
Conservatorship
Filed: 7

Transfer to
county of
residence: 1

Voluntary
Engagement: 2

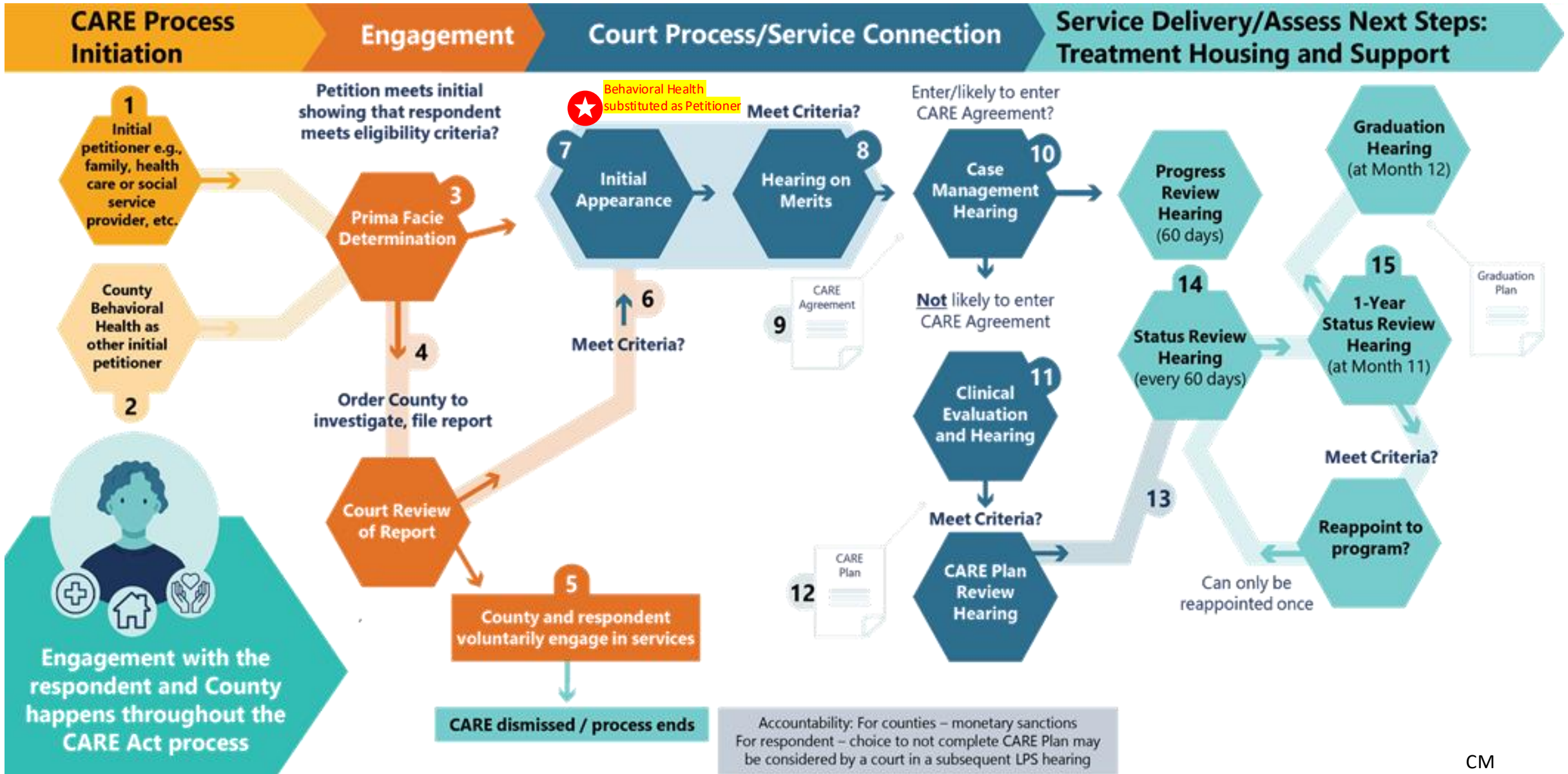
Did not meet
prima facie: 1

No Qualifying
Diagnosis: 3

Missing/Cannot
locate
Respondent: 1

Other: 1

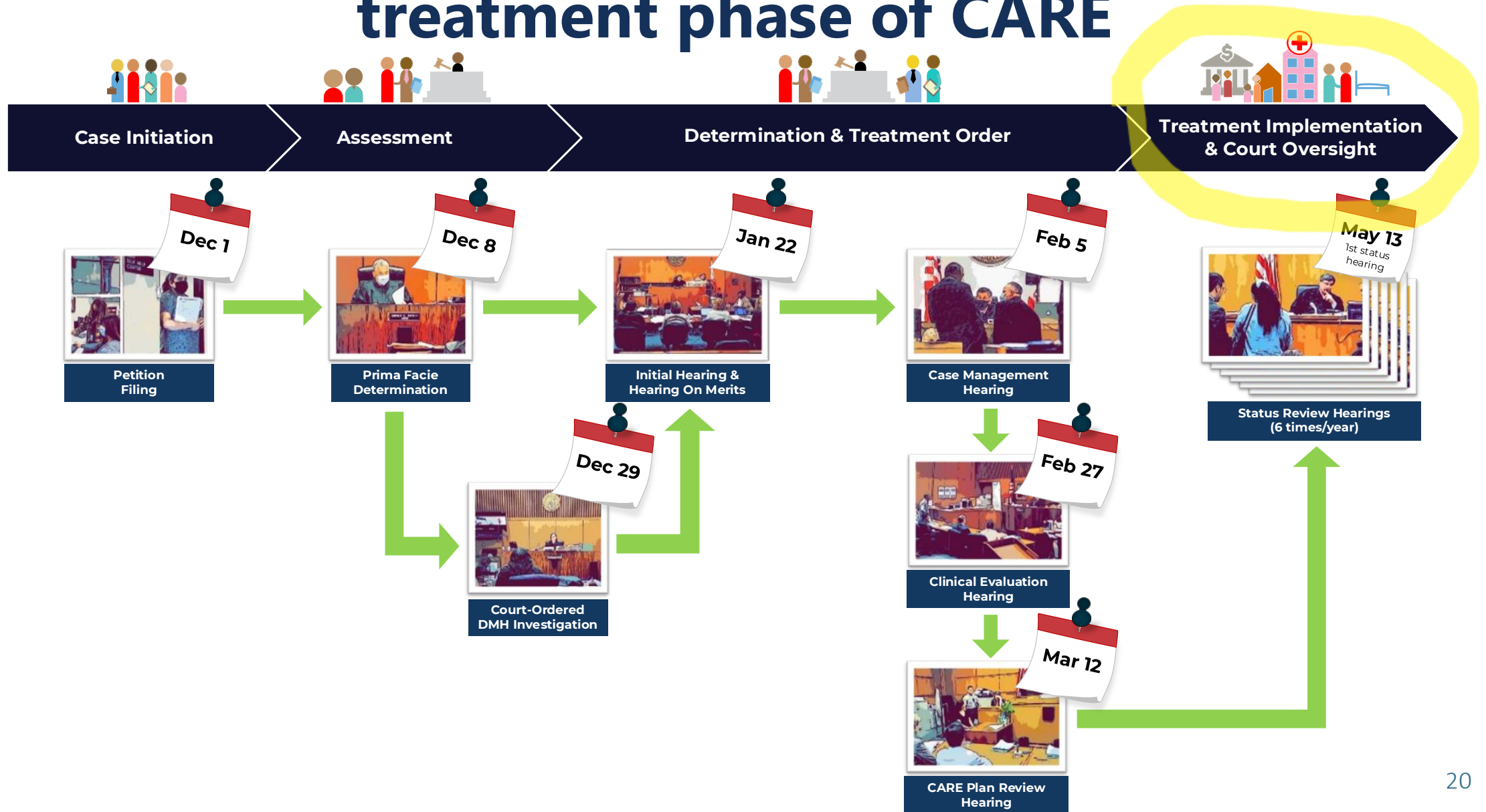
What Does the Court Process Look Like?



Overview of CARE Court Process

- Total of 18 hearings for each case from start to finish (assuming no continuances)
- 4 evidentiary hearings (witnesses sworn and testify) throughout process
- Behavioral Health must prepare and serve a written report before almost every hearing
- Respondent must be PERSONALLY served all notices and reports before every hearing.
- Behavioral Health responsible for getting Respondent to court in Monterey
- Each case can last almost 3 years from date of filing petition
- Hearings are held every 30-60 days for the entire case lifespan
- Behavioral Health must provide wrap around services to all persons with a CARE Agreement, including housing.

It takes time to engage Respondent and get to treatment phase of CARE



Successes

- Increased collaboration with PG/PA/PC
- Support for mentally ill individuals transitioning from jail to treatment and housing (e.g., reducing repeated parole violations for technical issues like ankle monitor charging).
- Assist families in creating stable housing and improving family harmony for both the individual and their loved ones.
- Help individuals transitioning off conservatorship remain stable and demonstrate voluntary adherence to treatment.
- The CARE process involves repeated engagement with Behavioral Health providers, which often helps even resistant individuals become more open to treatment over time.

Challenges

- Extensive Data Collection
- No Placement for P.C. 290 Registrants
- Legal process tasks (preparing and serving legal documents, arranging transportation to court, etc...) is time consuming and reduces the amount of time that can be spent on treatment specific services.
- Resource intensive program in terms of staffing

Funding

- » Assembly Bill 179 provided a statewide appropriation of \$57 million for CARE Act implementation, with \$31 million reserved for Cohort 2 counties and allocated proportionally by population.
- » In November 2022, Monterey County received **\$328,604** from the State for CARE Act startup and implementation costs
 - *Funding to support efforts of Behavioral Health, County Counsel, and Public Defender*
 - *The Court received separate funding for their start up costs*
- » The Governor's Budget allocates roughly \$31.9 million in General Fund resources for FY 2025-26 and \$47.4 million for FY 2026-27 to support statewide ongoing court hearings, court reports, outreach and engagement, and data reporting costs.
 - » *This funding supports time spent on Court Reports, Court Hearings, Notices, Outreach and Engagement, and Data Reporting activities. To date, MCBH has received **\$38,031** for these categories.*

Resources

Superior Court of California, County of Monterey

CARE Court Website

<https://www.monterey.courts.ca.gov/care-court>

Self-Help Website

<https://www.monterey.courts.ca.gov/self-help>

Self-Help Locations in Monterey, Salinas and King City

**County of Monterey, Health Department,
Behavioral Health Bureau**

[The Community Assistance, Recovery and Empowerment \(CARE\) Act | County of Monterey, CA](#)

