California
Behavioral Health
Planning Council
ADVOCACY • EVALUATION • INCLUSION

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MS 2706

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The Honorable Buffy Wicks, Chair
Assembly Appropriations Committee
1021 O Street, Suite 8220
Sacramento, CA 95814

RE: Opposition to SB 28 – Community Assistance, Recovery, and Empowerment (CARE) court program.

Dear Assemblymember Wicks:

On behalf of the California Behavioral Health Planning Council (CBHPC), I am writing to express our opposition to Senate Bill (SB) 28 (Umberg).

Public Law 102-321 requires the California Behavioral Health Planning Council to advocate for people with lived experience of serious mental illness. Under Welfare and Institutions Code §§ 5771 and 5772, we also advise the Department of Health Care Services and the Legislature on behavioral health policies and priorities. Our members include people with lived experience, family members, parents of children with serious emotional disturbances, service providers, professionals, and representatives from state departments. Their perspectives help shape our recommendations.

SB 28, as recently amended, introduces numerous significant changes to the Community Assistance, Recovery, and Empowerment (CARE) Act. Among the extensive provisions, SB 28 would allow conservators to request the court to refer individuals to the CARE Act court upon termination of conservatorship under the Lanterman-Petris-Short (LPS) Act. The bill additionally authorizes courts to adopt a CARE agreement if all three specified conditions are met, including that the court determines the CARE plan to be a more appropriate alternative than dismissal from the process.

The proposed modifications to the CARE Act come at a time when the act has only been in full statewide implementation for approximately 1.5 years. This limited implementation period has not allowed for a comprehensive evaluation of its effectiveness, outcomes, or impacts on

individuals receiving services through the CARE Act and on local behavioral health systems. Advancing significant changes prematurely before a thorough assessment is conducted creates barriers for the state to efficiently evaluate or meaningfully incorporate data on the effectiveness of the initiative and prevents data from aligning in a way that supports reliable measurement or analysis.

SB 28 would also allow the court to adopt a CARE agreement as a CARE plan if all three specified conditions are met, including that the court finds the CARE plan to be a more effective alternative than dismissing the individual from the CARE process. This provision is overly broad and lacks the clarity needed to guide how determinations would be made. The absence of defined criteria for what constitutes a "more effective alternative" could lead to inconsistent application and misinterpretation across jurisdictions. Additionally, it shifts the CARE Act framework toward involuntary treatment. When the prospect of mandated intervention remains present throughout the CARE process, it effectively assumes a coercive role that influences individuals' willingness to participate rather than allowing them to continue engaging based on their own autonomy and self-determination. People who voluntarily engage in treatment tend to have higher levels of hope and internal motivation which supports their continued participation in services.[1] In addition, requiring counties to implement what feels like involuntary treatment would further erode the trust and therapeutic rapport that is already challenging to establish with individuals in need of intensive services.

LPS Conservatorships represent one of the highest levels of legal intervention for individuals with serious mental illness who have been determined to be "gravely disabled". To support continuity of care for individuals who remain under conservatorship but need a less restrictive setting or who have stabilized and are transitioning off conservatorship, there are established alternatives to meet these varying levels of need. These options include step-down homes for those leaving Institutions for Mental Disease (IMDs) who are not yet ready for independent living, as well as full-service partnership programs for individuals requiring a lower level of community-based care. SB 28 would authorize conservators to request individuals to be referred to the CARE Act upon termination of a conservatorship. A referral could indicate that the individual has not yet

[1] Hampton, A. S., Conner, B. T., Albert, D., Anglin, M. D., Urada, D., & Longshore, D. (2011). Pathways to treatment retention for individuals legally coerced to substance use treatment: The interaction of hope and treatment motivation. *Drug and Alcohol Dependence*, 118(2–3), 400–407. https://doi.org/10.1016/j.drugalcdep.2011.04.022

stabilized and may still need additional services. Therefore, terminating conservatorship when an individual has not yet demonstrated clinical stabilization and subsequently referring them to the CARE Act might not be an appropriate course of action. It also obscures the fundamental intent and framework of the CARE Act, which was established to provide a voluntary pathway for individuals to engage in behavioral health services.

These concerns are further exacerbated by the significant fiscal implications associated with the CARE Act. It costs approximately $713,000 per active CARE participant, with statewide spending totaling $88.3 million in 2022-23 and $71.3 million in 2023-24[2]. Despite this substantial expenditure, only 101 individuals were reported to have received services during the first year of implementation. The disproportionate high costs relative to the small number of individuals receiving services through the initiative illustrates a low-impact model that warrants a more thorough evaluation prior to further expansion.

Furthermore, we are concerned about the lack of opportunity for public and stakeholder input on this bill. SB 28 was introduced in the first year of the 2025-2026 legislative session with provisions related to Proposition 36. The bill remained in the second house without movement until June 2026 when it was significantly amended to reflect the updated provisions which did not allow committees in the Senate to thoroughly assess the policy and budgetary implications. It subsequently prevented additional opportunities for stakeholder review and meaningful public input during the early stages of the legislative process.

For these reasons, the Council respectfully opposes SB 28. If you have any questions, please contact Jenny Bayardo, Executive Officer, at (916) 750-3778 or via e-mail at Jenny.Bayardo@cbhpc.dhcs.ca.gov.

Sincerely,

Tony Vartan
Chairperson

[2] Legislative Analyst's Office. (2024). *The 2024-25 Budget: CARE Act implementation and funding* (Report 4924). Retrieved from https://lao.ca.gov/Publications/Report/4924

cc: The Honorable Senator Thomas Umberg
Honorable Members, Assembly Appropriations Committee
Zach Keller, Legislative Director
Walker Hershey, Senior Policy Analyst