



August 5, 2025

The Honorable Buffy Wicks
Chair, Assembly Committee on Appropriations
1020 N Street, Suite 8220
Sacramento, CA 95814

Re: SB 27 (Umberg) as amended July 17, 2025 – OPPOSE

Dear Chair Wicks,

The organizations submitting this letter write in opposition to SB 27, which would significantly expand the unproven CARE Court program and was expedited through the Senate without opportunity for public feedback.

SB 27 would make the following changes:

- Expand eligibility for CARE Court to include Bipolar I Disorder with psychotic features.
- Define “clinically stabilized in ongoing voluntary treatment” for purposes of CARE Court eligibility.
- Allow courts to call for CARE agreement progress hearings beyond 60 days.
- Add “suitable” as a requirement for misdemeanor IST diversion.
- Allow courts to determine eligibility for CARE Court at their initial diversion eligibility hearing.
- Allow court referrals to satisfy the requirement of a petition for purposes of initiating CARE Court proceedings.

We oppose SB 27 because it would result in tremendous expense for the state and counties, expand the unproven CARE Court program, increase coercion for people with disabilities, disproportionately impact people of

color, and was expedited through the Senate without opportunity for public feedback.

I. SB 27 would expand eligibility and referrals to CARE Court by eight-fold resulting in tremendous expense to the state and counties.

SB 27 would expand CARE Court eligibility to include Bipolar I disorder with psychotic features. Under current law, CARE Court eligibility is limited to individuals with schizophrenia spectrum disorders.¹ Counties estimate adding Bipolar I disorder with psychotic features would expand eligibility for CARE Court by eight times.²

SB 27 would allow court referrals to satisfy the requirement of a petition for purposes of initiating CARE Court proceedings. Under current law, court referrals are made to county behavioral health, who then have the option of filing a CARE Court petition.³ SB 27 would bypass the county and allow court referrals to directly initiate CARE Court proceedings.⁴ This would increase the number of people subject to the CARE Court program.

CARE Court is a joint state and locally funded program. The state expects to spend nearly \$300 million annually on CARE Court.⁵ A recent analysis from Assembly Judiciary calculated CARE Court cost \$713,000 per participant in FY 2023-24.⁶ Expanding eligibility and referrals for CARE Court would substantially increase costs for both state and local governments without clear evidence of improved outcomes.

¹ Welfare & Institutions Code § 5972(b).

² Hearing on Pending Legislation, Assembly Health Committee, 2025-26 Regular Session (California July 8, 2025) at 51:00 (video recording at <https://www.assembly.ca.gov/media/assembly-health-committee-20250708>).

³ Welfare & Institutions Code § 5978(a).

⁴ This provision would apply to referrals under Section 5978(a), including from assisted outpatient treatment, LPS conservatorship, misdemeanor IST proceedings, and felony IST proceedings.

⁵ California State Budget, at 58, <https://ebudget.ca.gov/2023-24/pdf/Enacted/BudgetSummary/FullBudgetSummary.pdf> (last visited June 20, 2025).

⁶ S.B. 27, Assemb. Judiciary Comm., 2025–2026 Reg. Sess. (Cal. June 28, 2025) (analysis) at 15-16 (available at https://leginfo.legislature.ca.gov/faces/billAnalysisClient.xhtml?bill_id=202520260SB27#).

II. CARE Court is unproven and not evidence based.

CARE Court was created through SB 1338 (2022), and its statewide implementation began on December 1, 2024. Although some counties implemented CARE Court before this date, data on its effectiveness is limited.⁷

Funding allocated to CARE Court does not support new services; instead, it funds a complex and lengthy court process that can subject respondents to court-ordered treatment. While CARE Court does not itself mandate forced treatment, it does refer individuals for conservatorship proceedings if they do not comply with court orders, raising serious concerns about coercion and civil liberties.

Respondents subject to CARE Court are referred to the same services available to individuals seeking them on their own accord. For example, a DRC client in Los Angeles County who was subject to a CARE Court petition was placed on the same three-month waitlist for outpatient psychiatric medication services as anyone seeking care on their own.

In contrast to evidence-based programs like Assertive Community Treatment, CARE Court lacks a proven track record.⁸ Expanding this unproven program through SB 27 is premature and fiscally irresponsible.

III. CARE Court increases coercion for people with disabilities and disproportionately impacts people of color.

CARE Court threatens an individual's fundamental rights to privacy, autonomy, and liberty. Under the CARE Court program, individuals can be

⁸ State of California, Department of Health Care Services, *Assessing the Continuum of Care for Behavioral Health Services in California: Data, Stakeholder Perspectives, and Implications* (January 10, 2022) at 60 (<https://www.dhcs.ca.gov/Documents/Assessing-the-Continuum-of-Care-for-BH-Services-in-California.pdf>).

subject to court-ordered CARE plans or court-overseen CARE agreements.

Court-ordered CARE plans bind a respondent to comply with specific behavioral health services that are not the respondent's choice and to which they may actively object. This directly impinges on their autonomy privacy right to make medical decisions about their own bodies and minds. Even though CARE agreements are purported to be voluntary, there are significant concerns about coercion, because an individual is subject to a CARE plan if a CARE agreement is not agreed to, and the judge may still make changes to the CARE agreement before final approval. SB 27 would expand court oversight of CARE agreements by allowing courts to call for status hearings beyond 60 days, increasing the coerciveness and cost.

CARE Court perpetuates institutional racism and exacerbates already existing health disparities. Black and Brown Californians represent most of the unhoused population because of a long history of discrimination in housing, employment, healthcare, policing, and other areas. The CARE Court program places unhoused people under state control through court-ordered "treatment," which disproportionately impacts Black and Brown unhoused Californians. By implementing another coercive system, CARE Court cements the racial discrimination existing in California's behavioral health and criminal legal systems.

SB 27 would exacerbate CARE Court's many problematic features by significantly expanding the program.

IV. The state should invest in low barrier, comprehensive community-based behavioral health services, not coercive and expensive court processes.

Experts emphasize the need for low-barrier, community-based behavioral health services that facilitate voluntary engagement.⁹ CARE Court imposes a burdensome and prolonged court process, delaying access to needed

⁹ Benioff Homelessness & Housing Initiative, *California Statewide Study of People Experiencing Homelessness: Findings from the California Statewide Study of People Experiencing Homelessness* (June 2023) at 9 (https://homelessness.ucsf.edu/sites/default/files/2023-06/CASPEH_Report_62023.pdf).

services and increasing the risk of coercion.

Rather than expanding this costly and unproven program, California should prioritize funding for accessible, community-based services that are evidence-based and proven to improve outcomes.

V. SB 27 was expedited through the Senate without opportunity for public feedback.

SB 27 was expedited through the Senate without opportunity for public feedback.

SB 27 was a spot bill prior to the significant amendments on June 17, 2025. SB 27 permitted CARE court to conduct the initial appearance hearing at the same time as the hearing on the merits. This is allowed under current law as described in policy guidance by the Department of Health Care Services (DHCS).¹⁰

SB 27 is part of a line of CARE Court follow-up bills that have had significant and controversial amendments introduced to previously innocuous legislation after they have already made their way through a significant portion of the legislative process.¹¹ This bypass denies legislators the opportunity to assess the policy and budgetary implications of these bills before casting their votes. It also prevents the public from examining and weighing the legislation. This lack of transparency obstructs the formation of informed support or opposition.

¹⁰ Department of Health Care Services, *Overview of Care Process* at 9 available at: [CARE Act Implementation Training](#) ("If the respondent meets the criteria, there will be an initial appearance (with the petitioner present). There will also be a hearing on the merits (which can be combined with the Initial Appearance.").

¹¹ *SB 42 (Umberg, 2024) – CARE Court Program: process and proceedings* was significantly amended on August 19, 2024, one week before the legislative amendment deadline and two weeks before the end of the legislative session. Also, *SB 35 (Umberg, 2023) – CARE Court Program* was significantly amended on August 28, 2023, two weeks before the legislative amendment deadline and three weeks before the end of the legislative session. SB 42 (Umberg, 2024) and SB 35 (Umberg, 2023) adopted urgency clauses, which allowed them to bypass procedural requirements. SB 27 (Umberg, 2025) adopted an urgency clause on May 27, 2025.

We oppose SB 27 for these reasons.

Sincerely,



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cc: The Honorable Tom Umberg, California State Senate
Honorable Members, Assembly Appropriations Committee