



April 4, 2025

Honorable Caroline Menjivar
Chair, Senate Health Committee
California Senate
1021 O Street, Room 1200
Sacramento, CA 95814

RE: SB 823 (Stern) as introduced 02/21/2025 - OPPOSE

Dear Chair Menjivar:

The organizations submitting this letter write in opposition to SB 823, which would significantly expand eligibility for the unproven CARE Court program.

SB 823 would expand eligibility for CARE Court to include individuals with Bipolar I disorder.¹ We oppose SB 823 for the following reasons.

I. SB 823 would increase eligibility for CARE Court by tenfold, resulting in tremendous expense to the state and counties.

SB 823 would expand CARE Court eligibility to include individuals with Bipolar I disorder. Under current law, CARE Court eligibility is limited to individuals with schizophrenia spectrum disorders.² Since the national prevalence of bipolar disorder is about ten times that of schizophrenia-spectrum disorders, this expansion would significantly increase the number

¹ The Community, Assistance, Recovery, and Empowerment (CARE) Court program was created by SB 1338 (2022).

² Welfare & Institutions Code § 5972(b).

of individuals subject to CARE Court.³

CARE Court is a joint state and locally funded program. The state expects to spend nearly \$300 million annually on CARE Court.⁴ Expanding eligibility to include individuals with Bipolar I disorder would substantially increase costs for both state and local governments without clear evidence of improved outcomes.

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 has not been publicly released.⁵

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

³ Studies estimate the prevalence of schizophrenia and related psychotic disorders in the U.S. range between 0.25% and 0.64%, while the prevalence of adults who experience bipolar disorder during their lifetime is 4.4%. Nat'l Inst. of Mental Health, *Schizophrenia*, <https://www.nimh.nih.gov/health/statistics/schizophrenia> (last visited Mar. 10, 2025); Nat'l Inst. of Mental Health, *Bipolar Disorder*, <https://www.nimh.nih.gov/health/statistics/bipolar-disorder> (last visited Mar. 10, 2025).

⁴ California State Budget, at 58, <https://ebudget.ca.gov/2023-24/pdf/Enacted/BudgetSummary/FullBudgetSummary.pdf> (last visited Mar. 10, 2025).

⁵ Although the CARE Court early implementation report frames the program as “showing promise,” data is limited to volume and does not compare CARE Court to other services models. Department of Health Care Services, *CARE Early Implementation Report*, available at <https://www.dhcs.ca.gov/Documents/CARE-Early-Implementation-Report-10-31.pdf>.

petition was placed on the same three-month waitlist for outpatient psychiatric medication services as anyone seeking care on their own. At this time, no data demonstrates that CARE Court improves service access or efficacy.

In contrast to evidence-based programs like Assertive Community Treatment, CARE Court lacks a proven track record.⁶ Expanding this unproven program through SB 823 is premature and fiscally irresponsible.

III. 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.⁷ CARE Court imposes a burdensome and prolonged court process, delaying access to needed 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.

We oppose SB 823 for these reasons.

Respectfully,



Samuel Jain
Senior Policy Attorney Disability
Rights California




Deb Roth
Senior Legislative Advocate
Disability Rights California

⁶ 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>).

⁷ 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).



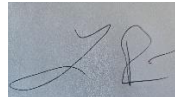
Heidi Strunk
CEO
Mental Health America of
California



John Vanover
Legislative Chair
DBSA California



Danny Thirakul
Public Policy Coordinator
California Youth Empowerment
Network



Lynn Rivas, Ph.D.
Executive Director (Interim)
CAMHPRO

cc: The Honorable Henry Stern, California State Senate
Reyes Diaz, Principal Consultant, Senate Health Committee