

Good morning, Senator Menjivar and Senator Umberg. My name is Aaron Meyer, and I am an Associate Clinical Professor of Psychiatry at the University of California, San Diego. In addition to this role, I work with the City of San Diego as their contracted Behavioral Health Officer and serve as Chair of the California State Association of Psychiatrists' Government Affairs Committee.

Families and first responders welcomed the CARE Act when it was first announced because it was the first major advancement in access to mental health treatment since the implementation of the LPS Act.

Now, two years later, the July 2025 CARE Act Annual Report offers both positive and concerning statistics. On the positive side, two-thirds of participants who were unhoused at the time of petitioning obtained housing. The proportion of those in permanent housing rose from 46 percent to 56 percent. That is real progress — and it deserves recognition.

But the same report leaves troubling gaps. Of the 160 petitions that did not qualify for CARE Court, there is minimal data about what happened to those individuals after dismissal. More than 90 percent were deemed ineligible for CARE and aren't subject to outcome reporting. For this vulnerable population, we need to know more than the reason for their petition dismissal. We can change this if we track outcomes for all CARE respondents who met a prima facie showing.

SB 27 clarified that enrollment alone shall not be considered clinically stabilized in ongoing voluntary treatment. The State Bar reported that about 20% of dismissed petitions were because the individual was enrolled or was likely to enroll in behavioral health treatment. If these individuals were already voluntarily agreeing to help, why did someone take the time to file a CARE petition? It's because voluntary willingness to enroll and the ability to engage successfully are two different things. We must build on Senator Umberg's leadership by ensuring that people with inadequate outpatient treatment are included in the CARE process.

For those whose conditions are too severe to participate in CARE Court — the very people this law was created to reach — there remains no path forward. Senator Umberg made sure to reference Welfare and Institutions Code §5200, a process for a court-ordered psychiatric evaluation. Yet judges cannot initiate this process on their own, and counties rarely, if ever, use it. In effect, §5200 is a doorway to care that has been locked shut. While a 5150 hold would not reveal their chronic state of grave disability, a §5200 evaluation could.

The CARE Act was the first major advancement in access to mental health treatment since the implementation of the LPS Act. However, if individuals who need help are consistently not granted access and are not treated, then we have not achieved the change that was intended. It is time to track outcomes for all CARE respondents who met the prima facie showing, use the legal tools we already have, and make the promise of CARE real — not just for the manageable few, but for those who are seen the most, but treated the least.

Thank you.