How EMS is affected by California's Changing Mental Health Laws

2025 Fire Chiefs Leadership Seminar
California League of Cities
December 11, 2025

Disclaimer

The following presentation is for informational purposes only and is not legal advice.

The perspectives shared here come from the speaker's personal experience and professional judgment. They should not be taken as official positions of any organization or group.

Topics

- EMS's Revolving Door
- SB 43
- The CARE Act
- EMS Response

Topics

EMS's Revolving Door

SB 43

The CARE Act

EMS Response

EMS's Revolving Door

Familiar Stories

- Joel- 20s:
  - ADD, SUD (Meth), chronic medical condition
  - Throws lit cigarettes into dry grass (without understanding the danger).
  - Can be motivated /friendly
  - Often unhoused because expelled from ILFs for aggressive behavior.
  - High Utilizer of 911
  - Family unknown.

- Manny 50s:
  - SUD (Meth), MND, and SI unmedicated.
  - AIDS/Soliciting to get by.
  - Forgets that he has been offered a shelter bed.
  - Calls 911 daily (1-3 times)
  - Disowned by family

Jack- 40s:

- Untreated Schizophrenia
- Enrolled in ACT, but no progress
- Cognition unknown/can't communicate coherently
- Homeless for 10 years, but in shelter currently.
- Has not changed clothes in 18 months.
- Only medical help is through 911 or repeated 5150s.

Jane- 40s:

- Believed Dev. Disabled
- Spends days giggling on sidewalk
- Unable to beg for food
- Can't maintain shelter due to unpredictable behavior
- Her discussions surrounding her family were odd.

Topics

EMS's Revolving Door

SB 43

The CARE Act

EMS Response

SB 43

Grave Disability (GD)

A Patient is GD when due to a MH disorder, patient cannot maintain food, shelter, or clothing

A GD patient may require an involuntary hold and potentially an LPS conservatorship.

SB 43 expanded the definition of GD

GD after SB 43

- As a result of MH disorder, Severe Substance Use Disorder (SUD) or a combination of both

- Patient is unable to maintain food, shelter, clothing, personal safety or necessary medical care.

SB 43: SUD

1. Using/Drinking too much or too long
2. Unable to stop on own
3. SUD takes priority in life (seeking/getting/using)
4. Cravings
5. Causes inability to manage life / work/ home needs
6. Ignoring problems caused by SUD
7. Give up Imp. Activities in order to use
8. Using again & again, even when dangerous
9. Using even when causes physical / psych problem
10. Building tolerance and needing more
11. Withdrawal symptoms relieved by using more

DSM-5 criteria for SUD is paraphrased above

SB 43

What is Severe SUD?

Mild:

- 2 or 3 symptoms indicate a mild SUD.

Moderate:

- 4 or 5 symptoms indicate a moderate SUD.

Severe:

- 6 or more symptoms indicate a severe SUD.

SB 43

Evaluating Eligibility

FOOD

SHELTER

CLOTHING

PERSONAL SAFETY

NECESSARY MEDICAL CARE

SB 43

How can a GD Patient Access Care?

An Involuntary 5150 Hold can be initiated by:

- Peace Officer
- Designated staff of LPS Facility
- PERT or MCRT
- Any professional person the County designates*

SB 43

What happens after a 5150 hold?

Assessment

5150.4. “determination of whether a person shall be evaluated and treated…”

Vs.

Evaluation

5008(a) “multidisciplinary professional analyses of a person’s medical, psychological, educational, social, financial, and legal conditions as may appear to constitute a problem. Persons providing evaluation services shall be properly qualified professionals…”.

Outcome of Efforts

- Manny 50s:
  - SUD (Meth), MND, and SI unmedicated.
  - AIDS/Soliciting to get by.
  - Forgets that he has been offered a shelter bed.
  - Calls 911 daily (1-3 times)- over 200 a year
  - *Due to intense advocacy, he was conserved.

Topics

EMS's Revolving Door

SB 43

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EMS Response

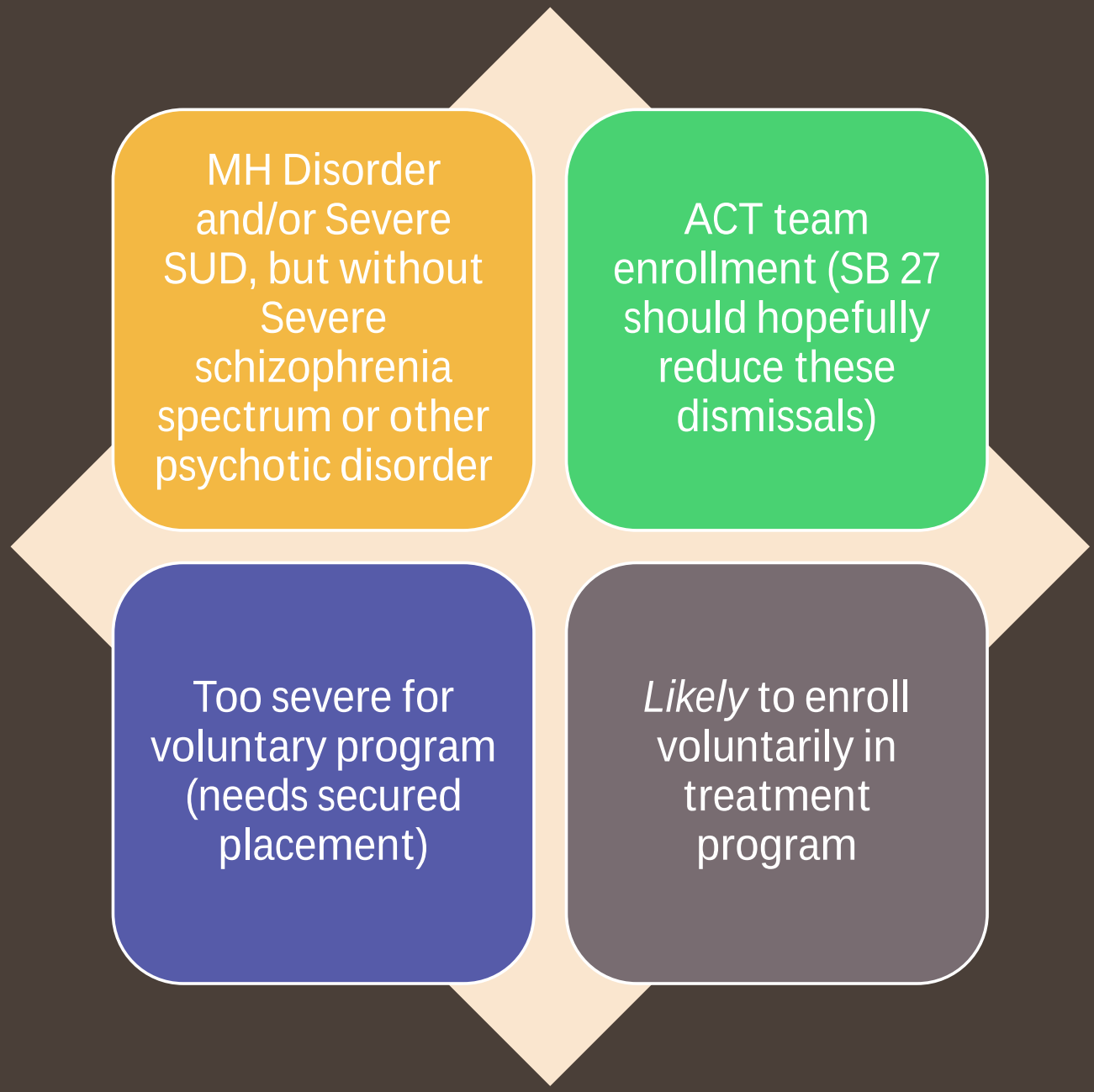
The CARE Act

Eligible Patients

1. Severe schizophrenia spectrum or other psychotic disorder
2. Not clinically stabilized in on-going voluntary treatment (SB 27 expanded this)
3. Must be LRA
4. *Either*
   - Unlikely to survive without supervision and substantially deteriorating OR
   - Services needed to prevent GD or serious harm
5. Likely to benefit

The CARE Act

In-eligible Patients



The CARE Act

Who Can File a Petition?

- Families
- First Responders
- *And many more*

But petitioners can only stay on and receive notices if they are the volunteer supporter or in some family situations.

The CARE Act

- The program is 100 percent voluntary
- No forced medications (Even though court can technically order them- no sanction for non-compliance)
- No forced housing in secured placement

Jan. 1, 2026 New Changes (SB 27)

1) Eligible diagnosis now includes both schizophrenia or bipolar I disorder with psychotic features, except psychosis related to current intoxication

2) The CARE 101 or CARE 102 may now be completed by a nurse practitioner or physician assistant

3) "Clinically stabilized in ongoing voluntary treatment"
   - (1) P's condition is stable and not deteriorating.
   - (2) P is currently engaged in treatment and managing symptoms through medication or other therapeutic interventions. Enrollment in treatment alone shall not be considered clinically stabilized in ongoing voluntary treatment.

CARE Court Outcomes

Jack*- 40s:

- Untreated Schizophrenia
- Enrolled in ACT, but no progress
- Has not changed clothes in 18 months.

- CARE petition denied due to current enrollment in ACT (but with SB 27 that will hopefully be different)*

Jane- 40s:

- Believed Dev. Disability
- Spends days giggling on sidewalk
  - Based on psych eval- patient had rare manifestation of schizophrenia
- Unable to beg for food

- CARE petition accepted by court & she consented to/placed in housing

*Repeated advocacy eventually led to LPS conservatorship

Topics

EMS's Revolving Door

SB 43

The CARE Act

EMS Response

Community Paramedicine*

vs.

Proactive Outreach

Treatment and Social Service Connections

Street Medicine**

Medical/Behavioral and SUD Treatment & Education

Stabilize/transfer to maintenance program

Collaborations with other agencies

City Agencies MOU

Local hospitals

Other covered entities (CBOs)

EMS Response

Connections to Care

Note: Always seek legal advice before starting any new programs, or transfering HIPAA information

Proactive Outreach

Compassionate Proactive Outreach requires no community paramedicine designation.

- With Community Paramedicine Designation, a city can:
  - Transport to Alt. Destination (TAD)
  - Assess, Treat, and Refer (EMS initiated refusal)
  - Care for chronic conditions
  - Post-Discharge Follow-up
  - Care management/Care Connection services/Advocacy
- Proactive Outreach can include:
  - Care management/Care Connection services/Advocacy*
  - Street Medicine outreach with physician supervision

*Care Management/Care Connection services and Advocacy does not have to be done by a practicing paramedic.

EMS Response: LPS Advocacy

Document for hospital:

- Diagnoses
- Inability to manage basic needs.
- Inability to seek or complete treatment
  - Verbal agreement is not always willingness
- In-person vs. Digital delivery

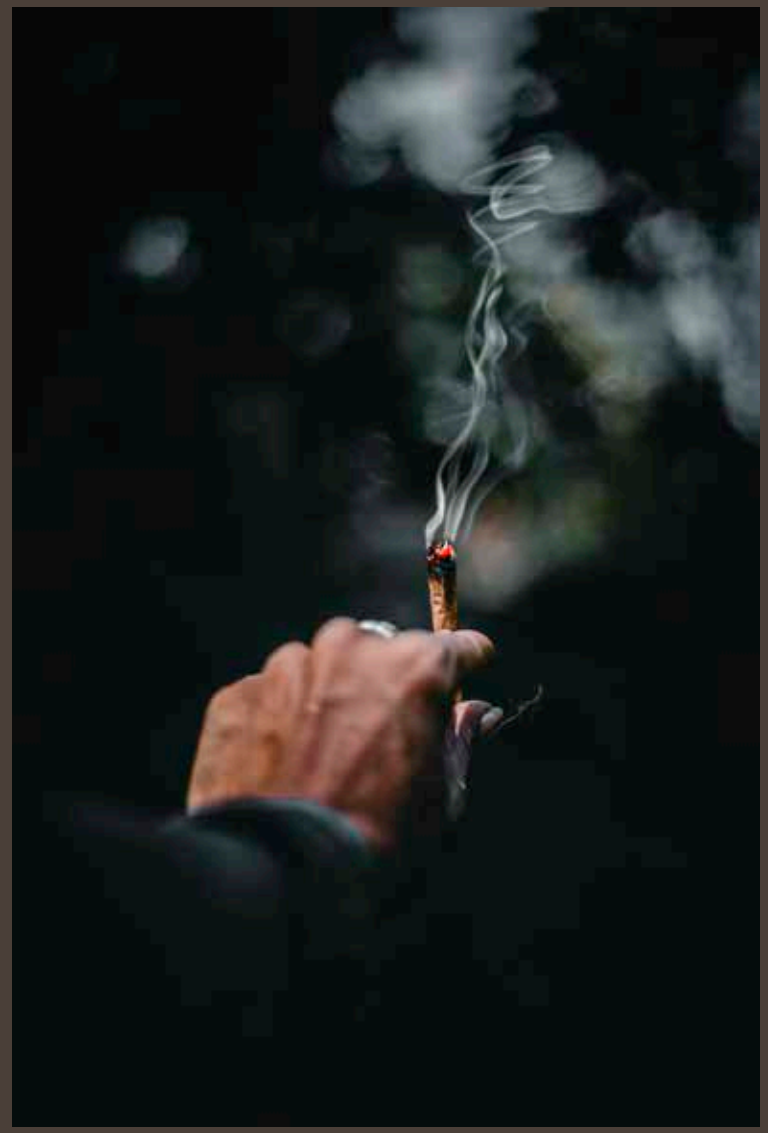
Outcomes

- Joel- 20s:

ADD, SUD (Meth), chronic medical condition

Throws lit cigarettes into dry grass (without understanding the danger).

- PA-C working under supervision of Behavioral Health Officer, administered
- -LAI for MH
- -LAI for SUD, and
- -Adderall for ADD
- Patient stopped calling 911 and began looking for work*



Care Court

Probate Court*

Connect Patients and Families with legal help

- Elder Law Offices
- Legal Aid
- Disability Rights Advocacy Groups

EMS Response

Legal Options (last resort)

Thoughts?

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