

SENATE JUDICIARY COMMITTEE
Senator Thomas Umberg, Chair
2025-2026 Regular Session

SB 1242 (Choi)
Version: April 20, 2026
Hearing Date: April 28, 2026
Fiscal: No
Urgency: No
AWM

SUBJECT

Community Assistance, Recovery, and Empowerment (CARE) Court Program

DIGEST

This bill permits an original petitioner in a CARE Court action who is a family member of the respondent to remain involved in the respondent's CARE proceedings, for the purpose of assisting in care coordination and providing relevant information to the CARE team, unless the court finds that the participation is likely to be detrimental to the respondent's treatment or wellbeing.

EXECUTIVE SUMMARY

In 2022, the Legislature enacted the CARE Act. The CARE Act is intended to provide essential mental health and substance use disorder services to severely mentally ill Californians – many of whom are homeless or incarcerated – while also preserving these individuals' self-determination to the greatest extent possible. The first counties implemented the CARE Act in October 2023; all counties in the state were required to begin accepting CARE petitions as of December 1, 2024, unless they received an implementation extension from the Department of Health Care Services (DHCS). As the CARE Act has been implemented across the state, stakeholders have figured out what works well and what needs improvement; according to the author and sponsor, one ongoing concern is that a family member who filed the original petition for a CARE respondent is not able to continue participating in the CARE proceedings without the respondent's consent, depriving the participants in the process of potentially helpful information about the respondent's history and condition.

This bill permits an original petitioner who is a family member of the respondent to participate in the respondent's CARE program for the purpose of assisting in care coordination and providing relevant information to the CARE team, unless the court finds that the family member's participation would likely be detrimental to the respondent's treatment or wellbeing. The bill specifies that the participating family

member cannot receive the respondent's protected health information without the respondent's consent.

This bill is sponsored by the Conference of California Bar Associations and is supported by the California State Association of Psychiatrists, Family Advocates of Individuals with Serious Mental Illness, and the Treatment Advocacy Center. This bill is opposed by Cal Voices, California Peer Watch, Disability Rights California, and Mental Health America of California.

PROPOSED CHANGES TO THE LAW

Existing law:

- 1) Establishes the Lanterman-Petris-Short (LPS) Act, which provides for the involuntary detention for treatment and evaluation of people who are gravely disabled, as defined, or a danger to self or others. (Welf. & Inst. Code, div. 5, pt. 1, §§ 5000 et seq.)
- 2) Establishes the Assisted Outpatient Treatment Demonstration Project of 2002, which provides for court-ordered assisted outpatient treatment (AOT) under specified circumstances. (Welf. & Inst. Code, div. 5, pt. 1, ch. 2, art. 9.)
- 3) Establishes the CARE Act. (Welf. & Inst. Code, div. 5, pt. 8, §§ 5970 et seq.)
- 4) Defines the following relevant terms:
 - a) "CARE agreement" is a voluntary settlement agreement entered into by the parties, and includes the same elements as a CARE plan to support the respondent in accessing community-based services and supports.
 - b) "CARE plan" is an individualized, appropriate range of community-based services and supports, which include clinically appropriate behavioral health care and stabilization medications, housing, and other supportive services, as appropriate.
 - c) "CARE process" is the court and related proceedings to implement the CARE Act.
 - d) "Court-ordered evaluation" means an evaluation ordered by the court in connection with a CARE Act petition, as specified.
 - e) "Department" is the DHCS.
 - f) "Petitioner" is the entity who files a CARE Act petition with the court; if the petitioner is a person other than the director of a county behavioral health agency (CBHA), or their designee, the court shall substitute the director or their designee for the county in which the proceedings are filed as the petitioner at the first hearing.
 - g) "Respondent" is the person who is subject to the petition for the CARE process. (Welf. & Inst. Code, § 5971.)

- 5) Establishes criteria for a person to qualify for the CARE process, including that the person is 18 years of age or older; the person is experiencing a serious mental disorder, as defined, and has a diagnosis in the disorder class of schizophrenia spectrum and other psychotic disorders, or bipolar I disorder, as specified; the person is not clinically stabilized in ongoing voluntary treatment; and participation in a CARE plan or agreement would be the least restrictive alternative necessary to ensure the person's recovery and stability. (Welf. & Inst. Code, § 5972.)
- 6) Provides that the following adult persons may file a petition to commence the CARE process:
 - a) A person with whom the respondent resides.
 - b) A spouse, parent, sibling, child, or grandparent, or an individual who stands in loco parentis to the respondent.
 - c) The director of a hospital in which the respondent is hospitalized, or the director's designee.
 - d) The director of a public or charitable organization, agency, or home, or their designee, who has, within the previous 30 days, provided or who is currently providing behavioral health services to the respondent or in whose institution the respondent resides.
 - e) A licensed behavioral health professional, or their designee, who has treated the respondent for a mental illness within the previous 30 days.
 - f) A first responder, as defined, who has repeated interactions with the respondent, as defined.
 - g) The directors of specified public agencies and services, including a county behavioral health agency (CBHA).
 - h) The judge of a tribal court located in California before which the respondent has appeared within the previous 30 days.
 - i) The respondent. (Welf. & Inst. Code, § 5974.)
- 7) Requires the CARE court, upon receipt of a petition, to promptly review the petition to determine if the petitioner has made a prima facie showing that the respondent is, or may be, a person who meets the CARE criteria. (Welf. & Inst. Code, § 5977(a)(1).)
- 8) Establishes, following a determination that the petition makes a prima facie case that the respondent is eligible for the CARE process, different procedures depending on whether the petitioner is the director of a CBHA or one of the other authorized persons, set forth in 9) and 10). (Welf. & Inst. Code, § 5977(a).)
- 9) Provides, pursuant to 8), if the original petitioner is the director of a CBHA, the court must set the matter for an initial appearance on the petition, appoint counsel for the respondent and, if the petition does not include specified information, instruct the CBHA to submit a written report with the requisite information within 14 court days. (Welf. & Inst. Code, § 5977(a)(3)(A).)

- 10) Provides, pursuant to 8), if the original petitioner is someone other than the director of the CBHA:
 - a) The court must order the CBHA to investigate and file a written report with the court regarding whether the respondent meets the CARE criteria, the outcome of efforts to involuntarily engage the respondent, and the respondent's ability to engage in services.
 - b) After receiving the report, the court must, within five days, take one of the following actions:
 - i. If the court determines that voluntary engagement with the respondent is effective, and that the individual is enrolled or likely to enroll in voluntary behavioral health treatment, the court shall dismiss the matter.
 - ii. If the court determines, based on the CBHA's report, that the evidence does not support a prima facie case of the respondent's CARE eligibility, the court shall dismiss the matter.
 - iii. If the court determines, based on the CBHA's report, that the evidence supports a prima facie case that the respondent is eligible for the CARE process and engagement with the county agency was not effective, the court must set an initial appearance on the petition within 14 days; appoint counsel for the respondent; and order the CBHA to provide notice of the initial appearance to the petitioner, the respondent, and the respondent's appointed counsel. (Welf. & Inst. Code, § 5977(a)(3)(B), (4), & (5).)
- 11) Requires the court, at the initial appearance hearing, to determine whether there is reason to believe that the facts of the petition are true; if the court makes such a finding, and the original petitioner was not the CBHA, the court to issue an order relieving the original petitioner and appointing the director of the CBHA or their designee as the successor petitioner. (Welf. & Inst. Code, § 5977(b)(6)(A).)
- 12) Provides that, when an original petitioner is a person described in 6)(a) or (b), above, they retain all of the following rights after being relieved as a petitioner under 11):
 - a) The right to be present and make a statement at the initial hearing on the merits of the CARE petition.
 - b) The right to receive ongoing notice of proceedings throughout the CARE proceedings, including notice of a continuance or dismissal, unless the court determines, upon its own motion or a motion of the respondent, that it would likely be detrimental to the respondent's treatment or wellbeing.
 - c) The right to participate in the respondent's CARE proceedings to the extent the respondent consents. (Welf. & Inst. Code, § 5977(b)(6)(B).)
- 13) Establishes the CARE process following the court's finding at the initial appearance hearing that there is reason to believe that the facts in the petition are true:

- a) Following the initial appearance, the court must set a hearing on the merits of the petition; this hearing may be held simultaneously with the initial appearance hearing if the parties so stipulate.
- b) At the hearing on the merits, the court must determine whether the CBHA has established, by clear and convincing evidence, that the petitioner meets the CARE criteria. If the criteria are met, the court must order the CBHA to work with the respondent, respondent's counsel, and the respondent's supporter to engage the respondent in behavioral health treatment and attempt to enter into a CARE agreement; the court must also set a case management hearing within 14 days.
- c) At the case management hearing, the court shall hear evidence as to whether the parties have entered, or are likely to enter, a CARE agreement. If the parties have entered a CARE agreement, the court can approve or modify the CARE agreement and set the matter for a progress hearing. Otherwise, the court can continue the matter for another 14 days of discussions, or order the CBHA to conduct a clinical evaluation of the respondent that addresses the respondent's diagnosis and condition. The court shall set a clinical evaluation hearing to review the evaluation within 21 days.
- d) At the clinical evaluation hearing the court shall review the evaluation and other evidence to determine whether the respondent, by clear and convincing evidence, meets the CARE criteria. If the court so finds, the court must order the CBHA, the respondent, respondent's counsel, and respondent's supporter to jointly develop a CARE plan within 14 days, and set a CARE plan hearing within 14 days.
- e) At the CARE plan hearing, the court may consider the plan or plans submitted by the parties and adopt elements of a CARE plan that support the recovery and stability of the respondent. The issuance of an order approving a CARE plan begins the one-year CARE plan timeline.
- f) After the adoption of a CARE plan, the court shall hold status review hearings at least every 60 days; prior to each hearing, the CBHA must file and serve a report on the respondent's status and progress on the CARE plan.
- g) At the end of one year, the respondent may elect to be graduated from the program or remain in the program for one additional year. The court may also involuntarily reappoint the respondent to the program if certain conditions are met. In no event may a respondent remain in the program for longer than two years total. (Welf. & Inst. Code, §§ 5977-5977.3)

This bill:

- 1) Provides that, if an original CARE petitioner is the spouse, parent, sibling, child, grandparent, or individual who stands in loco parentis to the respondent, the original petitioner shall be permitted to participate in the respondent's CARE program for the purpose of assisting in care coordination and providing relevant information to the CARE team.

- 2) Provides that the original petitioner shall not be permitted to participate, or their participation may be excluded or limited, under 1) if the court determines, upon its own motion or the motion of the respondent, that the original petitioner's participation likely would be detrimental to the treatment or wellbeing of the respondent.
- 3) Provides that the original petitioner's participation does not authorize the disclosure to the original petitioner of the respondent's confidential medical information without the respondent's consent.

COMMENTS

1. Author's comment

According to the author:

California's CARE Court program was created to ensure individuals with serious mental illness receive the treatment and support they need, and families are often the first to recognize when a loved one is in crisis. Too often, these families face barriers trying to stay involved once the CARE Court process begins. SB 1242 ensures that family-member petitioners can remain engaged in proceedings unless the court finds their involvement would be detrimental to the respondent's well-being. By strengthening appropriate family participation, this bill improves care coordination, accountability, and outcomes for individuals receiving care. SB 1242 reinforces the essential role families play in supporting recovery and ensuring the CARE Court program works as intended.

2. Background on the CARE Act and the CARE process

In 2022, the Legislature enacted the CARE Act.¹ The CARE Act is intended to provide essential mental health and substance use disorder services to severely mentally ill Californians – many of whom are homeless or incarcerated – while also preserving these individuals' self-determination to the greatest extent possible. The CARE process is largely overseen by the courts, which are charged with ensuring that eligible individuals – termed "respondents" – are delivered mental health and substance use disorder services, as an alternative to involuntary conservatorship or imprisonment. The California Health and Human Services Agency describes the CARE process as "an upstream diversion to prevent more restrictive conservatorship or incarceration."²

There are strict criteria for CARE Act eligibility, including that the respondent suffer from a serious mental disorder, as defined; not be currently clinically stabilized in on-

¹ Umberg, Ch. 319, Stats. 2022.

² See CalHHS, Community Assistance, Recovery & Empowerment Act, <https://www.chhs.ca.gov/care-act/> (link current as of April 23, 2026).

going voluntary treatment; and either be unlikely to survive safely in the community, or need services and supports to avoid grave disability or the risk of serious harm to themselves or others.³ The CARE Act also imposes strict, and short, deadlines for the CARE process; for example, after a petition is filed, the court must set the matter for an initial appearance on the petition within 14 court days if the petition establishes a prima facie case for CARE eligibility;⁴ and if the court orders a clinical evaluation of the respondent, the hearing to review the evaluation must be held within 21 days, and the evaluation must be provided to the respondent's counsel no later than five days before that hearing.⁵

The CARE Act provides for two avenues to a court-ordered set of services. If the respondent and the CBHA are able to agree on a plan, it is known as a "CARE agreement"; the court may approve that agreement and set further hearings to monitor the respondent's progress under the agreement.⁶ If parties are unable to reach an agreement, one or both parties may present a proposed "CARE plan" to the court; the court may accept a proposed plan or adopt a modified plan, which becomes a court order that lasts for up to one year.⁷ The CARE Plan may provide for behavioral health services and housing supports, as well as other services.⁸ The court may order medication only if it finds, by clear and convincing evidence, that the respondent lacks the capacity to give informed consent to the administration of medically necessary stabilization medication; to the extent such medication is administered, the medication may not be forcibly administered, and the respondent's failure to comply with a medication order shall not result in a penalty, such as terminating the CARE process.⁹ Eleven months after a CARE Plan is put in place, the court shall hold a hearing to determine whether to graduate the respondent from the CARE Plan or whether, with or without the consent of the respondent, as specified, to keep the respondent in the CARE program.¹⁰ A respondent may be appointed to the CARE process only once, for up to one additional year.¹¹

3. Expanding rights for original CARE petitioners

One unique feature of the CARE Act is that, unlike the LPS Act or AOT, the CARE Act process can be initiated by persons who are not medical practitioners or peace officers. Specifically, a CARE petition can be filed by a person over the age of 18 who (1) resides

³ *Id.*, § 5972.

⁴ *Id.*, § 5977.

⁵ *Id.*, § 5977.1(b). The court may continue the evaluation hearing for a maximum of 14 days upon stipulation of the respondent and the CBHA, unless there is good cause for a longer extension.

⁶ *Id.*, § 5977.1(a)(2).

⁷ *Id.*, § 5977.1(d).

⁸ *Id.*, § 5982.

⁹ *Id.*, § 5977.1(d)(3).

¹⁰ *Id.*, § 5977.3.

¹¹ *Ibid.*

with the respondent, (2) is a spouse, parent, sibling, child, or grandparent of the respondent; or (3) the respondent themselves.¹²

The appropriate level of involvement for original petitioners, and particularly petitioners who are family members of a respondent, has been the source of considerable debate since the CARE Act's inception. Early versions of the CARE Act would have allowed the original petitioner to remain in that role. The requirement that a CBHA director be substituted in as a replacement petitioner was added when it became clear that the role of petitioner would be too complex, and require too much access to confidential medical information, to be performed by a non-specialist. This left open the question of what, if any, role an original petitioner should play in the CARE process.

As originally enacted, the CARE Act allowed an original petitioner who was a family member or person who resides with the respondent to participate in the hearing on the merits, allowed the court to assign the petitioner ongoing rights of notice, and permitted the court to let the original petitioner participate and engage in the CARE process with the respondent's consent.¹³ The following year, the CARE Act was amended to allow those original petitioners to also make a statement at the hearing on the merits, and to clarify that an original petitioner could participate further to the extent the respondent consents.¹⁴ The year after that, the CARE Act was amended again to grant additional rights of notice to an original petitioner who was a family member of, or resides with, the respondent.¹⁵ Currently, unless the court specifically finds that the notice would be detrimental to the respondent's treatment or wellbeing, an original petitioner can receive notice of the proceedings and, in the case of a continuance or dismissal, the reason or statutory basis for that action.¹⁶

Stakeholders in favor of more family involvement in the CARE process argue that family members may have insights and information that the respondent may not be willing or able to provide. The Treatment Advocacy Center, for example, writes:

The current limitation [on family involvement in CARE] is significant given the clinical realities of CARE Court's target population. Many eligible individuals with SMI experience psychosis and anosognosia, which impair perception, judgment, communication, and awareness of their illness. These symptoms can limit a respondent's ability to make informed decisions about their own care, including whether involving family would be helpful.

¹² Welf. & Inst. Code, § 5974.

¹³ SB 1338 (Umberg, Ch. 319, Stats. 2022).

¹⁴ SB 35 (Umberg, Ch. 283, Stats. 2023).

¹⁵ SB 42 (Umberg, Ch. 640, Stats. 2024).

¹⁶ Welf. & Inst. Code, § 5977(b)(6)(B).

Family and other natural supports often provide essential historical information and ongoing assistance. Their involvement offers critical insight into the respondent's behavior, wellbeing, and functional changes. Excluding them from CARE Court proceedings reduces the care team's ability to make timely adjustments that support the individual's stability and prevent decompensation.

Stakeholders opposed to more family involvement argue that a respondent's relationship with their family is not always positive, and that additional family involvement without the consent of the respondent could be counterproductive. For example, Mental Health America of California writes:

[T]he relationship between a respondent and a petitioner, especially if they are a family member, is not always amicable but is often adversarial. Differing views on recovery strategy, treatment recommendations, and level of care undermine a respondent's autonomy to choose the best health practices that work for them. The undue influence of the petitioner in a CARE proceeding erodes the respondent's trust in the process and discourages them from engaging in CARE Court.

4. This bill permits an original CARE petitioner who is a family member of the respondent to participate in the respondent's CARE program for the purpose of assisting the CARE team and providing relevant information to the CARE team

This bill permits an original petitioner who is a family member of the respondent to participate in the respondent's CARE program for the purpose of assisting in care coordination and providing relevant information to the CARE team, unless the court finds that the family member's participation would likely be detrimental to the respondent's treatment or wellbeing. The bill specifies that the participating family member cannot receive the respondent's protected health information without the respondent's consent.

According to the author and sponsors, this expansion of an original petitioner's involvement in the CARE process is intended to allow a family member to provide the respondent's CARE team with information about the respondent's mental health condition, history, or, if the respondent has broken off contact, the respondent's likely whereabouts.

5. Arguments in support

According to the California Conference of Bar Associations:

This legislation reflects a deliberate and necessary evolution of the CARE Act. When the CARE Court was enacted in 2022, the Legislature intentionally limited the role of

the original petitioners after filing, unless the respondent provided affirmative consent. However, early implementation revealed a critical gap: families who initiated CARE petitions were often excluded from the process, siloed, and lacked the ability to support their loved one, undermining engagement, continuity of care, and the effectiveness of the program. Additionally, respondents lacked insight into their condition, misunderstood the court proceedings, and intentionally declined to allow family participation due to their underlying condition including paranoia and lack of insight.

In response, the Legislature amended Welfare & Institutions Code section 5977 to require ongoing notice to original petitioners effective July 1, 2025, ensuring that families were notified about court proceedings while maintaining confidentiality and judicial discretion. SB 1242 represents the next logical step in this legislative progression. The bill ensures that families remain partners in the recovery of the individual, provide ongoing support, and are involved in community-based care coordination. Confidentiality protections remain intact and participation may be limited by the court.

By adopting this balanced approach, SB 1242 advances the CARE Act's core objectives: early intervention, community-based support, and individual care delivered in the least restrictive setting. It also promotes more effective engagement in underserved communities, where family involvement is often essential to accessing and sustaining mental health treatment. Family members frequently serve as the primary safety net for individuals with severe mental illness; they are often the first to recognize deterioration, the ones who step in when systems fail or crises develop, and the individuals who continue to provide day-to-day support outside of formal proceedings. They also act as advocates on behalf of their loved ones and help promote accountability so that their loved ones receive services.

6. Arguments in opposition

According to Disability Rights California:

SB 1242 modifies just one line of Welfare & Institutions Code section 5977. SB 1242 would set aside consideration of whether the respondent consents and shift the default to allow petitioners to participate in the respondent's CARE Act proceedings, unless the court determines that it would be detrimental.

In the event the respondent and petitioner have a positive and trusting relationship, existing law already allows for them to work through the CARE Court process together. The only change SB 1242 makes is to open the door to allow petitioners with whom respondents do not have a positive or trusting relationship to be present through CARE Court even if the respondent objects.

CARE Court staff already face an uphill battle to build trust with respondents whom multiple systems have failed, within a court system that respondents did not volunteer to join. In the first CARE Act Annual Report, counties reported a wide range of time from petition to disposition: 8 – 253 days, and that 85% of respondents took 31 or more days to have a petition disposition assigned. Adding to the mix an individual who a respondent specifically does not want to be there will only make building trust that much harder.

SUPPORT

California Conference of Bar Associations (sponsor)
California State Association of Psychiatrists
Family Advocates of Individuals with Serious Mental Illness
Treatment Advocacy Center

OPPOSITION

Cal Voices
California Peer Watch
Disability Rights California
Mental Health America of California

RELATED LEGISLATION

Pending legislation:

SB 1016 (Blakespear, 2026) allows a CARE court petitioner to seek in the CARE petition, if the respondent does not complete the CARE process, a court-ordered evaluation for the respondent under the LPS Act. SB 1016 is pending before this Committee and is set to be heard on the same date as this bill.

SB 331 (Menjivar, 2025) among other things, would have modified the CARE Act to allow an original petitioner who is not a CBHA to remain involved in the CARE proceeding with the consent of the respondent, and requires DHCS to provide training on the electronic submission of CARE Act forms. SB 331 is pending before the Assembly Health Committee.

Prior legislation:

SB 42 (Umberg, Ch. 640, Stats. 2024) required a CARE court, beginning July 1, 2025, to provide ongoing notice to an original CARE court petitioner unless the court determines, on its own motion or upon the motion of the respondent, that ongoing notice to the petitioner would likely be detrimental to the treatment of wellbeing of the respondent. This bill is discussed further in Comment 3 of this analysis.

SB 35 (Umberg, Ch. 283, Stats. 2023) permitted a CARE court to allow an original petitioner in a CARE proceeding to participate in the respondent's CARE proceedings to the extent the respondent consents. This bill is discussed further in Comment 3 of this analysis.

SB 1338 (Umberg, Ch. 319, Stats. 2022) enacted the CARE Act. This bill is discussed further in Comment 3 of this analysis.
