

Date of Hearing: June 30, 2026

ASSEMBLY COMMITTEE ON JUDICIARY

Ash Kalra, Chair

SB 1242 (Choi) – As Amended June 17, 2026

**SENATE VOTE:** 36-1

**SUBJECT:** COMMUNITY ASSISTANCE, RECOVERY, AND EMPOWERMENT (CARE)  
COURT PROGRAM

**SYNOPSIS**

*The Community Assistance, Recovery, and Empowerment (CARE) Act was enacted to provide community-based behavioral health services and supports, by means of a civil court process, to Californians living with untreated schizophrenia spectrum or other psychotic disorders. Existing law allows various adult individuals, including family members and roommates, to file petitions to commence the CARE process for individuals they believe meet the CARE Act eligibility criteria. Since the program's inception, there has been considerable debate surrounding the appropriate level of involvement of original petitioners in CARE proceedings. Original petitioners, who are not representatives of a county behavioral health agency, like family members, have rights and obligations under the Act. However, for an original petitioner to participate in proceedings beyond the initial hearing, the respondent must consent to their participation. As a result, family members have routinely expressed frustration about being excluded from the process once a petition is filed. Anecdotes from some advocates suggest that family members without consent to participate in CARE proceedings are unable to even provide one-way information to county staff regarding the respondent's condition or whereabouts.*

*To ensure that family member petitioners can share helpful information with county behavioral health agencies and the court, this bill clarifies that original petitioners can share specified information regarding a respondent to both of these entities. Relevant information must be documented, and the court can consider this information when making various determinations throughout the process. The bill also specifies that the provision of this information does not entitle an original petitioner to receive any information regarding the proceedings or the respondent. This bill is sponsored by the Conference of California Bar Associations and enjoys the support of several organizations dedicated to mental health advocacy. A previous version of this bill was also opposed by various mental health and disability rights organizations. It is unclear whether recent amendments to the bill remove their opposition.*

**SUMMARY:** Clarifies that an original petitioner can provide various information regarding a respondent to the CARE team and court and that this information must be received, reviewed and documented by the CARE team. Specifically, **this bill:**

- 1) Allows the original petitioner of a CARE petition to provide information to the CARE team and the court throughout the proceedings regarding the respondent about any of the following:
  - a) Their condition.
  - b) Functioning.

- c) Treatment history.
  - d) Housing status.
  - e) Safety concerns.
  - f) Need for services and supports.
  - g) Engagement in services.
  - h) Compliance with a CARE agreement or CARE plan.
  - i) Other matters relevant to the respondent's care, recovery, stability, or implementation of the CARE process.
- 2) Requires the CARE team to receive, review, and document information received from the original petitioner that is relevant to the respondent's care, treatment, need for services and supports, housing stability, safety, engagement in services, or implementation of a CARE agreement or CARE plan.
  - 3) Specifies that receipt of information from the original petitioner pursuant to 1) will not require the respondent's consent.
  - 4) Allows the court to consider the information in evaluating the respondent's progress, engagement, changed circumstances, needs for services and supports, or compliance with a CARE agreement or CARE plan.
  - 5) Specifies that submission of information will not confer party status upon the original petitioner and will not create a right to direct treatment decisions, obtain discovery, access confidential records, receive protected health information, attend confidential proceedings, or otherwise participate in the proceedings without the respondent's consent, except as expressly provided by law.

**EXISTING LAW:**

- 1) Establishes the Community Assistance, Recovery, and Empowerment (CARE) Act, which provides community-based behavioral health services and supports, by means of a civil court process, to Californians living with untreated schizophrenia spectrum or other psychotic disorders that meet specified criteria. (Welfare and Institutions Code Section 5970 *et seq.* All further statutory references are to this code, unless otherwise indicated.)
- 2) Specifies that an individual will qualify for the CARE process only if all of the following criteria are met:
  - a) The person is 18 years or older.
  - b) The person is currently experiencing a serious mental health disorder and has a diagnosis identified in the disorder class: schizophrenia spectrum and other psychotic disorders, or bipolar I disorder with psychotic features, except psychosis related to current intoxication, as defined in the most current version of the Diagnostic and Statistical Manual of Mental Disorders. Specifies that the statute does not establish respondent

eligibility based upon a psychotic disorder that is due to a medical condition or is not primarily psychiatric in nature, including, but not limited to, physical health conditions such as traumatic brain injury, autism, dementia, or neurologic conditions. Specifies that a person who has a current diagnosis of substance use disorder, as defined, but who does not also meet the required criteria will not qualify for the CARE process.

- c) The person is not clinically stabilized in ongoing voluntary treatment.
  - d) At least one of the following is true:
    - i. The person is unlikely to survive safely in the community without supervision and the person's condition is substantially deteriorating.
    - ii. The person is in need of services and supports in order to prevent a relapse or deterioration that would be likely result in grave disability or serious harm to the person or others, as defined.
  - e) Participation in a CARE plan or CARE agreement would be the least restrictive alternative necessary to ensure the person's recovery and stability.
  - f) It is likely that the person will benefit from participation in a CARE plan or CARE agreement. (Section 5972.)
- 3) Allows the following adult persons to 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 or director's designee in which the respondent is hospitalized.
  - d) The director of a public 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 is, or has been within the previous 30 days, either supervising the treatment of, or treating the respondent for a mental health illness.
  - f) A first responder, including a peace officer, firefighter, paramedic, emergency medical technician, mobile crisis response worker, or homeless outreach worker, who has had repeated interactions with the respondent in the form of multiple arrests, multiple "5150" detentions and transportation pursuant, multiple attempts to engage the respondent in voluntary treatment, or other repeated efforts to aid the respondent in obtaining professional assistance.
  - g) The public guardian or public conservator, or their designee, of the county in which the respondent resides or is found.

- h) The director of county behavioral health agency, or their designee, of the county in which the respondent resides or is found.
  - i) The director of county adult protective services, or their designee, of the county in which the respondent resides or is found.
  - j) The director of California Indian health services program, California tribal behavioral health department, who has, within the previous 30 days, provided or who is currently providing behavioral health services to the respondent, or the director's designee.
  - k) The judge of a tribal court located in California before which the respondent has appeared within the previous 30 days, or the judge's designee.
  - l) The respondent. (Section 5974.)
- 4) Requires the Judicial Council to develop a mandatory form for use to file a CARE process petition with the court and any other forms necessary for the CARE process. Requires the petition to be signed under penalty of perjury and contain all of the following:
- a) The name of the respondent and, if known, the respondent's address.
  - b) The petitioner's relationship to the respondent.
  - c) Facts supporting the petitioner's assertion that the respondent meets the CARE criteria.
  - d) Either of the following:
    - i. An affidavit of a licensed behavioral professional, including, nurse practitioners and physician assistants, stating that the licensed behavioral health professional or their designee has examined the respondent within 60 days of the submission of the petition, or has made multiple attempts to examine, but has not been successful in eliciting the cooperation of the respondent, or has reason to believe, explained with specificity in the affidavit, that the respondent meets the diagnostic criteria for CARE proceedings.
    - ii. Evidence that the respondent was detained for a minimum of two intensive treatments, as defined, the most recent one within the previous 60 days. Evidence may include, but is not limited to, documentary evidence from the facility where the respondent was detained, or a signed declaration from the petitioner if the petitioner had personal knowledge of the detentions. (Section 5975.)
- 5) Requires the court to promptly review a CARE Act petition to determine if the petitioner has made a prima facie showing that the respondent is, or may be, a person that meets the CARE Act eligibility criteria. (Section 5977 (a).)
- 6) Provides that if the court finds that the petitioner has made a prima facie showing that the respondent meets the CARE Act eligibility and the petitioner is a person other than the director of a county behavioral health agency, or their designee, the court will order a county agency to investigate, as necessary and file a written report with the court, within a specified timeframe, and notify the respondent and petitioner that a report has been ordered. Specifies that the written report must include the following:

- a) A determination as to whether the respondent meets, or is likely to meet, the criteria for the CARE process.
  - b) The outcome of efforts made to voluntarily engage the respondent during the report period.
  - c) Conclusions and recommendations about the respondent's ability to voluntarily engage in services.
  - d) The information, including protected health information, necessary to support the determinations, conclusions, and recommendations in the report. (*Id.*)
- 7) Provides that, if the court determines, based on the county agency's report, that the evidence does support a prima facie showing that the respondent is, or may be a person that meets the CARE Act eligibility criteria and engagement with the county was not effective, the court must do all of the following:
- a) Set an initial appearance on the petition within 14 court days.
  - b) Appoint a qualified legal services project, or if no legal services project has agreed to accept these appointments, a public defender or other counsel working in that capacity to represent the respondent.
  - c) Order the county agency to provide notice of the initial appearance to the petitioner, the respondent, the appointed counsel, the county behavioral health agency in the county where the respondent resides, and if different, the county where the CARE court proceedings have commenced. (*Id.*)
- 8) Requires all of the following to apply at the initial appearance on the CARE Act petition:
- a) The court must permit the respondent to substitute their own counsel.
  - b) The petitioner must be present. If the petitioner is not present, the matter may be dismissed.
  - c) The respondent may waive personal appearance and appear through counsel. If the respondent does not waive personal appearance and does not appear at the hearing, and the court makes a finding in open court that reasonable attempts to elicit the attendance of the respondent have failed, the court may conduct the hearing in the respondent's absence if the court makes a finding in open court that conducting the hearing without the participation or presence of the respondent would be in the respondent's best interest.
  - d) A representative from the county behavioral health agency must be present.
  - e) If the respondent asserts that they are enrolled in a federally recognized Indian tribe or are receiving services from an Indian health care provider, a tribal court, or a tribal organization, a representative from the program, the tribe, or the tribal court will be allowed to be present, subject to the consent of the respondent. The tribal representative is entitled to notice by the county of the initial appearance.

- f) If the petitioner is a person other than the director of a county behavioral health agency, or their designee, the court will issue an order relieving the original petitioner and appointing the director of the county behavioral health agency or their designee as the successor petitioner.
- g) Specifies that, if the petitioner is a spouse, parent, sibling, child, grandparent, a person who stands in loco parentis to the respondent, or a person with whom the respondent resides, all of the following apply:
  - i. The original petitioner will have the right to be present and make a statement at the initial hearing on the merits of the petition.
  - ii. As of July 1, 2025, unless the court determines, either upon its own motion or upon the motion of the respondent, at any point in the proceedings, that it likely would be detrimental to the treatment or well-being of the respondent, the court must provide ongoing notice of the proceedings to the original petitioner throughout the CARE proceedings, including notice of when a continuance is granted or when a case is dismissed. If a continuance is granted, notice will provide a general reason for the continuance. If a case is dismissed, the notice will specify the statutory basis for dismissal.
  - iii. To the extent that the respondent consents, the court may allow the original petitioner to participate in the respondent's CARE proceedings.
  - iv. The original petitioner may file a new petition with the court, if the matter is dismissed and there is a change in circumstances.
- h) The court will set a hearing on the merits of the petition within 10 days, at which time the court shall determine whether, by clear and convincing evidence, the respondent meets the CARE criteria. In making this determination, the court must consider all evidence properly before it, including any report from the county behavioral health agency ordered and any additional admissible evidence presented by the parties, including the petition submitted and any statement given by the original petitioner. A licensed behavioral health professional may testify as an expert concerning whether the respondent meets the CARE criteria provided that the court finds that the professional has special knowledge, skill, experience, training, or education sufficient to qualify as an expert, as defined. (*Id.*)

**FISCAL EFFECT:** As currently in print this bill is keyed non-fiscal.

**COMMENTS:** Senate Bill 1338 (Umberg), Chap. 319, Stats. 2022, established the Community Assistance, Recovery, and Empowerment (CARE) Act, which provides community-based behavioral health services and supports, by means of a civil court process, to Californians living with schizophrenia spectrum or other psychotic disorders who meet certain criteria. The CARE Act is intended to serve as an upstream intervention for individuals experiencing severe impairment to prevent more restrictive alternatives, including psychiatric hospitalizations, incarceration, Assisted Outpatient Therapy, and Lanterman-Petris-Short (LPS) conservatorship.

Since the inception of the program, there has been an ongoing debate surrounding the appropriate level of involvement of family members and others throughout the CARE process. For an original petitioner to participate in proceedings beyond the initial hearing, the individual

subject of the petition (i.e., the respondent) must consent to their participation. As a result, family members have routinely expressed frustration about being excluded from the process once a petition is filed. To address concerns of family member petitioners, while preserving the autonomy of the respondent, the bill clarifies that original petitioners can provide information regarding the respondent that may be useful to the CARE team and the court.

In support of the bill, the author states:

California's CARE Court was created to connect our most vulnerable residents with the treatment and support they desperately need. But families who know these individuals best, who have watched their loved ones struggle for years, are largely shut out of the process once a petition is filed. SB 1242 addresses this gap by allowing family member original petitioners to share critical information about the respondent's condition, treatment history, and housing situation directly with the CARE team and the court. This is not about giving families control over treatment decisions or expanding their legal standing; it simply ensures that the people who know the respondent most intimately can contribute meaningful, real-world context that a county behavioral health agency may not have. Too often, clinicians and courts are making decisions without the full picture, and a family member's firsthand knowledge can be the difference between a care plan that works and one that doesn't. SB 1242 makes CARE Court smarter and more effective by tapping into that knowledge, while carefully preserving the respondent's rights and the integrity of the process.”

***The CARE process and the role of families.*** The CARE process begins when a person files a petition for someone they believe meets or likely meets the CARE Act eligibility criteria. Under the CARE Act, various adults can file a petition, including specified family members, roommate, housemates, and first responders, among others. Once a petition is filed, that original petitioner has specific rights and obligations. An original petitioner must be present for an initial appearance on the petition, or the court may dismiss the petition. (Welfare and Institutions Code Section 5977.) If the petitioner is a spouse, parent, sibling, child, grandparent, a person who stands in loco parentis to the respondent, or a person with whom the respondent resides, the original petitioner has the right to be present and make a statement at the initial hearing on the merits of a petition. (*Id.*) These same petitioners must also be provided with ongoing notice of the proceedings, unless the court determines it would likely be detrimental to the treatment or well-being of the respondent. (*Id.*) Still, original petitioners can only participate in the respondent's CARE proceedings if the respondent consents. (*Id.*)

Respondent consent for participation is a key feature of the CARE Act. While family members and others may be well-meaning, not all relationships, familial or otherwise, are amicable. Further, requiring consent preserves the respondent's privacy and autonomy during what can be an incredibly difficult process. Nonetheless, various stakeholders have expressed frustration about the efficacy of the program and family members of respondents, in particular, believe that their increased participation in the process will improve outcomes. Generally, they contend that, as family members, they have insight into their loved ones' medical condition, and history of behavior. As such, they believe they can serve as a vital resource to the county and court throughout the CARE process.

While preserving respondent autonomy is a key feature of the program, input from family members and housemates could be useful to county behavioral health staff as they try to assist the respondent throughout the CARE process. Providing one-way information to county staff

should not interfere with the respondent's right to privacy; however, according to some advocates, when family members even attempt to provide one-way information regarding a respondent to county behavioral health services, they are not able to do so.

*This bill* clarifies that an original petitioner can provide information to the CARE team and the court throughout the proceedings regarding the respondent. For example, the bill specifies that an original petitioner can provide information regarding the respondent's condition, functioning, treatment history, or housing status, among other things. The bill requires the CARE team to receive, review and document the information that is relevant to the respondent's care, treatment, need for services and supports, housing stability, safety, engagement in services, or implementation of a CARE agreement or CARE plan. The court may also consider the information in evaluating the respondent's engagement, changed circumstances, needs for services and supports, or compliance with a CARE agreement or CARE plan.

While an original petitioner will still need a respondent's consent to participate in the proceedings, an original petitioner does not need the respondent's consent to submit information pursuant to this bill. Further, the submission of information does not provide an original petitioner with any additional right to receive any information regarding the respondent or the CARE proceedings. On balance, this bill appears to increase the level of involvement of family member petitioners in the CARE process, while preserving the respondent's autonomy and privacy.

That being said, Committee staff have heard concerns raised about a respondent's ability to challenge or rebut any information submitted by the original petitioner. As mentioned previously, not all familial relationships are amicable, and it is reasonable to conclude that some respondents will disagree with the accuracy of information provided by an original petitioner.

*Accordingly, the author may wish to consider clarifying that the respondent, along with their counsel and supporter, will have access to any information submitted by an original petitioner to ensure that all parties have the ability to review and speak to the information throughout the proceedings.*

**ARGUMENTS IN SUPPORT:** Several organizations dedicated to mental health advocacy write in support of the bill. For example, the Treatment Advocacy Center states:

The CARE Act was designed to provide court-supervised, community-based treatment and support for individuals with severe mental illness who meet statutory eligibility. It emphasizes meaningful outcomes and family petition access. Family petitioners often have critical insight into an individual's treatment history, symptom severity, decompensation warning signs, and daily support needs.

However, under current law, an original petitioner who is a family member or a person who resides with the respondent, is excluded from the CARE process after the initial hearing unless the respondent consents. This restriction can prevent the CARE team and court from receiving relevant information necessary for effective treatment planning, engagement, and stabilization.

This is a significant limitation given the clinical realities of CARE Court's target population. Many eligible individuals experience psychosis and impaired awareness of illness (anosognosia), which can diminish their ability to recognize the need for care or to make

informed decisions about involving family support. As a result, excluding the original petitioner may deprive the CARE team of essential context needed to support recovery.

SB 1242 addresses this gap in a balanced way by requiring the CARE team to receive relevant information from the original petitioner while preserving existing confidentiality protections. Enabling appropriate communication from the petitioner to the CARE team and court throughout the CARE process will promote better informed decision-making, strengthen care planning, and improve care coordination between the system and families.

***ARGUMENTS IN OPPOSITION:*** Several organizations wrote in opposition to a prior version of this bill, which would have allowed specified original petitioners to participate in ongoing CARE proceedings without the respondent's consent, unless a specified judicial determination was made. This bill has recently been substantively amended to remove those provisions; however, at the time of the publication of this analysis, it was unclear whether these amendments fully address the opponents' concerns.

Mental Health of America stated the following in opposition to the previous version of the bill:

CARE Court is a legal mechanism where petitioners can ask the court to force an individual, the respondent, into court-ordered, thus involuntary, behavioral health care. Under current law, if a CARE respondent consents, the court may allow the petitioner to participate in the respondent's CARE proceedings. The respondent's consent is the primary basis for this allowance. This bill as amended provides a pathway for a family member petitioner to circumvent a respondent's consent, violating their right to healthcare privacy.

[...]

The 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 program erodes the respondent's trust in the process and can discourage them from engaging in CARE Court. The respondent's decisions must be upheld and protected to ensure trust and rapport is maintained.

## **REGISTERED SUPPORT / OPPOSITION:**

### **Support**

Alameda County Families Advocating for the Seriously Mentally Ill  
Mayor Todd Gloria, City of San Diego  
National Alliance on Mental Illness (NAMI-CA)  
Treatment Advocacy Center

### **Opposition**

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

**Analysis Prepared by:** Kristian Wright and Tom Clark / JUD. / (916) 319-2334