Date of Hearing: August 5, 2026

ASSEMBLY COMMITTEE ON APPROPRIATIONS
Buffy Wicks, Chair
SB 1242 (Choi) – As Amended June 17, 2026

Policy Committee: Judiciary Vote: 11 - 0

Urgency: No State Mandated Local Program: No Reimbursable: No

SUMMARY:

This bill authorizes the original petitioner in a Community Assistance, Recovery, and Empowerment (CARE) Act proceeding where the petitioner is a specified family member or a person with whom the respondent resides to provide information to the CARE team and the court throughout the proceedings regarding the respondent's condition, functioning, treatment history, housing status, safety concerns, need for services, engagement in services, compliance with a CARE agreement or CARE plan, and other relevant matters.

Specifically, this bill:

1) 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.

2) Provides that receipt of the information does not require the respondent's consent, and authorizes 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.

3) Specifies that submission of information does not confer party status on the original petitioner and does 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.

FISCAL EFFECT:

1) Potential cost pressures (Trial Court Trust Fund (TCTF), General Fund (GF)) of up to $600,000 to the courts to review and consider information submitted by original petitioners in CARE Act proceedings. The Judicial Council reports the impact reflects added judicial time for review of submitted information rather than additional hearing time. Because the courts are not funded on a workload basis, any increase in workload creates cost pressures on the TCTF. The 2025-26 Budget Act includes a $117.3 million GF backfill to the TCTF.

2) Estimated costs of $1.4 million to $2.9 million annually (GF) for county behavioral health agencies for time spent reviewing material submitted by original petitioners, integrating that

material into court reports, and engaging with respondents regarding the submitted material. The California Behavioral Health Directors Association (CBHDA) estimates counties would spend an additional five to 10 hours per case at the outreach and engagement rate of $89 per hour established by the state, assuming 3,210 petitions filed by family members in 2027. The state reimburses counties for specified non-Medi-Cal billable CARE Act activities through a quarterly claiming process administered by the Department of Health Care Services (DHCS), and CBHDA indicates the activities added by this bill fall within the approved activity types.

3) Potential costs of $2.4 million to $7.2 million annually (GF) for county behavioral health agencies to serve additional CARE Act participants, reflecting an anticipated decrease in early dismissals and a corresponding increase in county staff time spent attending hearings, preparing reports to the court, and providing outreach and engagement services. CBHDA assumes 5% to 10% of the petitions filed by family members that would otherwise be dismissed — 109 to 326 cases — instead result in an approved CARE plan or CARE agreement because of information the petitioner supplies during the proceeding. These costs would be payable through the quarterly claiming process described above. Staff notes this component does not measure the cost of the review duty this bill imposes. The amount instead reflects an assumption about how courts will rule once additional information is before the court, and the cost of serving the additional participants that assumption produces. The range is therefore sensitive to a projected change in case outcomes rather than to a countable increment of workload, and the actual amount could fall outside the range in either direction.

4) Significant one-time costs to the Department of Health Care Services (DHCS) to update its existing training and technical assistance (TTA) regarding contractor's scope of work. DHCS estimates $1 million in fiscal year 2027-28 to expand the existing contract.

COMMENTS:

1) **Purpose**. According to the author:

> 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.

2) **Background**. SB 1338 (Umberg), Chapter 319, Statutes of 2022, established the CARE Act, which provides community-based behavioral health services and supports, through a civil court process, to Californians living with untreated schizophrenia spectrum or other psychotic disorders who meet specified criteria. Under existing law, an original petitioner who is a family member or a person with whom the respondent resides has the right to be present and make a statement at the initial hearing on the merits, and receives ongoing notice

of the proceedings unless the court determines notice would likely be detrimental to the respondent. Beyond the initial hearing, however, the original petitioner may participate in the proceedings only with the respondent's consent. Family members have expressed frustration that, absent consent, they are unable even to provide one-way information to county staff regarding the respondent's condition or whereabouts. This bill establishes a one-way information channel from the original petitioner to the CARE team and the court, without altering the consent requirement for participation in the proceedings. As passed by the Senate, this bill would have allowed specified original petitioners to participate in ongoing CARE proceedings without the respondent's consent unless the court made a specified determination; the June 17 amendments removed those provisions.

3) **Support and Opposition**. This bill is sponsored by the Conference of California Bar Associations and supported by mental health advocacy organizations including the National Alliance on Mental Illness California and the Treatment Advocacy Center, who contend family petitioners often hold critical insight into a respondent's treatment history and warning signs of decompensation that the CARE team would otherwise lack. Cal Voices, California Peer Watch, Disability Rights California, and Mental Health America of California opposed the prior version of this bill, contending the participation pathway circumvented the respondent's consent and undermined the respondent's privacy and autonomy; whether the June 17 amendments resolve that opposition was unclear at the time of the policy committee analysis.

Analysis Prepared by: Shiran Zohar / APPR. / (916) 319-2081