SENATE THIRD READING
SB 1242 (Choi)
As Amended August 13, 2026
Majority vote

SUMMARY

Clarifies that an original petitioner can provide various information regarding a respondent to Community Assistance, Recovery, and Empowerment (CARE) Act team and court and that this information must be received, reviewed and documented by the CARE team.

Major Provisions

1) Allows the original petitioner of a CARE petition to provide information to the CARE team, as allowed by applicable state and federal confidentiality and privacy laws, 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.

COMMENTS

Senate Bill 1338 (Umberg), Chapter 319, Statutes of 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.

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, as allowed by applicable privacy laws, 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.

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. 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."

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.
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> 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 been substantively amended to remove those provisions. It is 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.

FISCAL COMMENTS

According to the Assembly Appropriations Committee:

1) 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.

2) 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.

3) 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.

VOTES

SENATE FLOOR: 36-1-3
YES: Allen, Alvarado-Gil, Archuleta, Arreguín, Ashby, Becker, Blakespear, Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez, Grayson, Grove, Hurtado, Jones, Laird, Limón, McGuire, McNerney, Menjivar, Ochoa Bogh, Reyes, Richardson, Rubio, Seyarto, Smallwood-Cuevas, Stern, Strickland, Umberg, Valladares, Wahab, Wiener
NO: Weber Pierson
ABS, ABST OR NV: Niello, Padilla, Pérez

ASM JUDICIARY: 11-0-1
YES: Kalra, Macedo, Bauer-Kahan, Connolly, Dixon, Harabedian, Pacheco, Papan, Sanchez, Stefani, Zbur
ABS, ABST OR NV: Bryan

ASM APPROPRIATIONS: 10-0-5
YES: Wicks, Arambula, Calderon, Caloza, Fong, Mark González, Krell, Pacheco, Pellerin, Solache
ABS, ABST OR NV: Hoover, Dixon, Sharp-Collins, Ta, Tangipa

UPDATED

VERSION: August 13, 2026

CONSULTANT: Kristian Wright and Tom Clark / JUD. / (916) 319-2334 FN: 0003565