Office of Senate Floor Analyses
(916) 651-4171

UNFINISHED BUSINESS

Bill No: SB 1242
Author: Choi (R), et al.
Amended: 8/13/26
Vote: 21

SENATE JUDICIARY COMMITTEE: 12-0, 4/28/26
AYES: Umberg, Niello, Allen, Alvarado-Gil, Ashby, Caballero, Durazo, Laird, Reyes, Stern, Wahab, Wiener
NO VOTE RECORDED: Weber Pierson

SENATE FLOOR: 36-1, 5/18/26
AYES: 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
NOES: Weber Pierson
NO VOTE RECORDED: Niello, Padilla, Pérez

ASSEMBLY FLOOR: Passed, 8/25/26

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

SOURCE: Author

DIGEST: This bill permits an original petitioner to provide specified information regarding a respondent to the respondent's CARE team and court, and requires the CARE team to receive, review, document, and consider useful information, as specified.

Assembly Amendments specify the categories of information which an original petitioner may provide to a respondent's CARE team; require the CARE team to receive, review, and document information received from the original petitioner that is relevant to the respondent's CARE plan, as specified; and removes the

provision permitting an original petitioner to participate in the CARE proceedings absent a court determination that such participation would be detrimental to the respondent's treatment or wellbeing.

ANALYSIS:

Existing law:

1) Establishes the CARE Act. (Welfare (Welf.) & Institutions (Inst.) Code, div. 5, pt. 8, §§ 5970 et seq.)

2) 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) "Department" is the DHCS.

   e) "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.

   f) "Respondent" is the person who is subject to the petition for the CARE process. (Welf. & Inst. Code, § 5971.)

3) 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.)

4) Provides that the following adult persons may file a petition to commence the CARE process, including:

   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) Various persons who have provided care to the respondent within the previous 30 days, or the directors of programs where care was provided to the respondent.

   d) A first responder, as defined, who has repeated interactions with the respondent, as defined.

   e) The directors of specified public agencies and service providers, including a county behavioral health agency (CBHA).

   f) The judge of a tribal court located in California before which the respondent has appeared within the previous 30 days.

   g) The respondent. (Welf. & Inst. Code, § 5974.)

5) 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).)

6) 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 7) and 8). (Welf. & Inst. Code, § 5977(a).)

7) Provides, pursuant to 6), 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).)

8) Provides, pursuant to 6), 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, if the court determines 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).)

9) 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 must 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).)

10) Provides that, when an original petitioner is a person described in 4)(a) or (b), above, they retain all of the following rights after being relieved as a petitioner under 9):

   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).)

This bill:

1) Permits an original petitioner to provide to the respondent's CARE team, as allowed by applicable state and federal confidentiality and privacy laws, throughout the CARE proceedings, information about any of the following:

a) The respondent's condition.

b) The respondent's functioning.

c) The respondent's treatment history.

d) The respondent's housing status.

e) Safety concerns about the respondent.

f) The respondent's need for services and supports.

g) The respondent's engagement in services.

h) The respondent's 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 respondent's CARE team to receive, review, and document information received from the original pursuant to 1) 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) Provides that the CARE team's receipt of information pursuant to 1) shall not require the respondent's consent.

4) Permits the court to consider information provided pursuant to 2) in evaluating the respondent's progress, engagement, changed circumstances, needs for services and supports, or compliance with a CARE agreement or CARE plan.

5) Provides that information submitted by an original respondent pursuant to 1) does not confer party status on the original petitioner and shall not create a right to direct treatment decisions, obtain discovery, access confidential records, receive protected health information subject to specified state and federal law, attend confidential proceedings, or otherwise participate in the CARE proceedings without the respondent's consent, except as expressly provided by law.

Comments

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 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 considered by the CARE team in evaluating the respondent's engagement, changed circumstances, needs for services and supports, or compliance with a CARE agreement or CARE plan.

FISCAL EFFECT: Appropriation: No Fiscal Com.: No Local: No

According to the Assembly Appropriations Committee:

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.

SUPPORT: (Verified 8/24/26)

California Conference of Bar Associations (source)
California State Association of Psychiatrists
Families Advocating for the Seriously Mentally Ill
Family Advocates of Individuals with Serious Mental Illness
Treatment Advocacy Center
Two individuals

OPPOSITION: (Verified 8/24/26)

Cal Voices
California Peer Watch

Mental Health America of California

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.

ARGUMENTS IN OPPOSITION: According to Mental Health America of California:

> 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 provides a pathway for a family member petitioner to circumvent a respondent's consent. This would violate a respondent's right to health care privacy..

Prepared by: Allison Whitt Meredith / JUD. / (916) 651-4113
8/25/26 13:02:56

****** END ******