

Community Assistance, Recovery, and Empowerment Act

Senate Bill 42 Amendments



The Community Assistance, Recovery, and Empowerment (CARE) Act provides community-based behavioral health (BH) services and supports through a civil court process for individuals who are experiencing a serious mental disorder and who meet other eligibility requirements. The CARE Act allows specified adults to petition the court to engage respondents in a broad range of treatment services and supports through a CARE agreement or CARE plan.

[Senate Bill \(SB\) 42](#) amends provisions of the CARE Act in a number of ways, a summary of which is below:

- **Permits** facilities treating individuals under involuntary holds to refer those individuals to county BH agencies if they believe the individual meets or is likely to meet CARE criteria.
- **Allows** for communication between CARE courts and referring courts (juvenile, Lanterman-Petris-Short [LPS], Assisted Outpatient Treatment [AOT], Misdemeanor Incompetent to Stand Trial [MIST]) while both cases are pending.
- **Requires** that petitions for temporary conservatorships that are based on affidavits from a certain professional include an attestation that all available alternatives (including CARE) were considered and were found to be unavailable and unsuitable.
- **Clarifies** what kind of evidence may be used to support a CARE petition.
- **Extends** timeframes for counties to file their investigative reports and enables changes to CARE plans and CARE agreements.
- **Provides** that the court shall give ongoing notice of proceedings to a petitioner who is a family member of, or lives with, the respondent.

A more substantive summary, including citations, can be found below.

SB 42 included an urgency clause that became effective immediately after signing, except as noted below related to ongoing notice.

Referrals by Facilities to County BH

Authorizes certain facilities to refer

individuals to CARE: Authorizes a facility that is treating an individual under an involuntary hold (who they believe meets or is likely to meet CARE criteria) to make a referral to the county BH agency in the county of the individual's residency or the county where treatment is occurring. A facility is defined as one that provides assessment, evaluation, and crisis intervention pursuant to [California Welfare and Institutions Code \(W&I Code\) section 5150\(a\)](#), or a designated facility as defined in [W&I Code section 5008, subdivision\(n\)](#). ([W&I Code § 5978.1](#))

Facilities cannot continue an involuntary hold solely for the county BH agency to complete assessment:

This referral option does not authorize facilities to continue an involuntary hold solely for purpose of allowing the county BH agency to complete its assessment. The individual must continue to meet the criteria for an involuntary hold. ([W&I Code § 5978.1\(f\)](#))

Facilities can make AOT referrals: This referral option does not affect the ability of a facility to make an AOT referral. ([W&I Code § 5978.1\(g\)](#))

Facility and county BH referral process: The facility and county BH must adhere to the following referral process requirements:

- **Referral authorization:** Authorization for referral to be signed by licensed BH professional employed (or contracted) by facility who has knowledge of the individual's case *and* has been involved in their treatment during the hold or their designee. ([W&I Code § 5978.1\(b\)\(1\)](#))
- **Referral timing:** Referral to be made as soon as clinically indicated as part of the individual's discharge planning. ([W&I Code § 5978.1\(b\)\(2\)](#))
- **Contact information:** Referral to include contact information for the individual and other information delineated by the Department of Health Care Services (DHCS). ([W&I Code § 5978.1\(b\)\(3\)](#))
- **Timing for filing a petition:** Within 14 business days of a referral, the county BH agency shall assess the individual and file a petition if county BH determines the individual meets or is likely to meet CARE criteria and will not engage in voluntary treatment. ([W&I Code § 5978.1\(c\)](#))
- **Referral form and reporting requirements:** DHCS is to develop a referral form and issue guidance regarding process for referral and data reporting requirements (to include but not limited to total referrals, outcomes of referrals, reason petition is not filed, length of time from referral to outcome, and services provided to persons voluntarily engaged in services). In the interim, facilities may use their own forms to refer to CARE, and DHCS will be issuing related guidance. ([W&I Code § 5978.1\(d\)](#))
- **Annual CARE Act Report includes referral data:** Referral data will be included in the Annual CARE Act Report. ([W&I Code § 5985\(e\)\(19\)](#))



Communication Between Courts

Allows communication between courts: Specifically allows the CARE court and referring AOT, MIST, or LPS court to communicate with each other regarding the status of the respondent's cases and any relevant court orders while the cases are still pending in both courts. If a petition involves a respondent with a case within juvenile court's dependency, delinquency, or transition jurisdiction, the courts may communicate regarding the status of the respondent's cases and any relevant court orders while both cases are still pending. The court may allow parties to participate in this communication. However, all communication related to the case disposition shall be in court and on the record, and the parties shall be informed promptly of the communication and granted access to the record. Communication between courts on schedules, calendars, court records, and similar matters may occur without informing the parties, and a record of these communications does not need to be made. ([W&I Code § 5978.2](#))

Alternatives to Conservatorship

Reaffirms CARE process as an alternative to conservatorship: A conservatorship petition requesting temporary or reappointment of a conservatorship requires an attestation from the professional recommending the conservatorship or the conservator seeking reappointment that all available alternatives were considered, including CARE, and no suitable alternatives were available. ([W&I Code §§ 5352.1\(b\), 5361\(b\)](#))



Changes to CARE Procedures

Evidence of prior hospitalizations: The Judicial Council of California (JC) mandatory CARE petition filing form requires either: (1) an affidavit from a licensed BH professional determining the individual meets, or has reason to believe the individual meets, the diagnostic criteria for CARE proceeding, or (2) evidence of prior hospitalizations. SB 42 adds that this second option—evidence of these hospitalizations—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 they have personal knowledge of the detentions. ([W&I Code § 5975](#))

County investigative reports: Extends the deadline for counties to file the required investigative report from “within 14 court days” to “as soon as practicable, but within 30 court days.” Specifies that parties shall complete the investigation with “appropriate urgency.” ([W&I Code § 5977 \(a\)\(3\)\(B\)](#))

Notice of CARE proceedings: Effective July 1, 2025, “original petitioners” who are family members of, or live with, respondent shall receive notice throughout the CARE proceedings, including notice of any continuance (with reason for continuance) or dismissal (including statutory basis for dismissal), unless the court determines that providing notice to the original petitioner would

be detrimental to the respondent’s treatment or well-being. Notices shall not contain protected health information (PHI) unless the respondent consents. This replaces the current language which allows judges’ discretion to “assign ongoing rights of notice” to the original petitioner. ([W&I Code § 5977\(b\)\(6\)\(B\)\(ii\)\(II\)](#))

Notification of respondent rights: Limits court’s requirement to inform respondents of their rights under the CARE Act to the first court appearance (versus at every hearing) if the court finds that the respondent understands their rights and waives additional advisement. ([W&I Code § 5976.5\(i\)](#))

Dismissal without prejudice: Clarifies that if the court dismisses a case because the petitioner has not made a prima facie showing that the respondent is, or may be, eligible, the dismissal is without prejudice (unless the petition is without merit or intended to harass). The petitioner may refile the petition with amended information. ([W&I Code § 5977\(c\)\(1\)](#))

Testimony at the hearing on the merits: Clarifies that the court must find that a licensed BH professional has special knowledge, skill, experience, training, or education sufficient to qualify as an expert before allowing the professional to testify at a hearing on the merits of the petition. ([W&I Code § 5977\(b\)\(7\)\(a\)](#))



CARE Plans and CARE Agreements

CARE plan and CARE agreement

amendments: Specifies that parties may agree to, and the court may approve, amendments to CARE agreements and CARE plans. The court may approve amendments to a CARE plan following a hearing based on a finding that the amendments are necessary to support the respondent in accessing appropriate services and supports. ([W&I Code § 5977.1\(d\)\(2\)](#))

Additional services: Specifies that a CARE plan may include additional services to support the recovery and stability of the respondent with the consent of the respondent and the entity or individual financially responsible for the services. ([W&I Code § 5982\(a\)\(6\)](#))

Collaboration on System Performance

System performance requirements: Specifies that “the court and relevant local public agencies shall act in conformity with a comprehensive set of objectives established to improve system performance in a vigorous and ongoing manner. The court is authorized to coordinate and participate in meetings to improve system performance.” ([W&I Code § 5977.4\(a\)](#))