

AMENDED IN SENATE APRIL 10, 2025
AMENDED IN SENATE MARCH 24, 2025

SENATE BILL

No. 331

Introduced by Senator Menjivar

February 12, 2025

An act to amend Sections 5008, 5977, 5977.1, 5977.2, 5977.3, 5977.4, 5982, and 5983 of, and to add Section 5009.5 to, the Welfare and Institutions Code, relating to substance abuse.

LEGISLATIVE COUNSEL'S DIGEST

SB 331, as amended, Menjivar. Substance abuse.

(1) Existing law, the Lanterman-Petris-Short (LPS) Act, authorizes the involuntary commitment and treatment of persons with specified mental disorders. Under the act, when a person, as a result of a mental health disorder, is a danger to themselves or others, or is gravely disabled, the person may, upon probable cause, be taken into custody by specified individuals, including, among others, a peace officer and a designated member of a mobile crisis team, and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. For the ~~purposes of specified provisions, including those allowing court-ordered evaluations for individuals impaired by chronic alcoholism,~~ *purposes of these provisions*, existing law defines “gravely disabled” as a condition in which a person, as a result of ~~impairment by chronic alcoholism,~~ *a mental health disorder, a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder*, is unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or necessary medical care.

~~This bill would additionally apply that definition to provisions allowing a court-ordered evaluation of an individual with a mental health condition.~~ *include in the definition of “gravely disabled” for purposes of the above provisions an individual who is unable to provide for their basic personal needs due to chronic alcoholism, as defined.* The bill would further define a “mental health disorder” as a condition outlined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders.

(2) Existing law establishes the State Department of Health Care Services to administer and license various health-related programs and health professionals, including, among others, programs and professionals supporting mental health, providing basic health care, and addressing substance use disorders.

The bill would require the department to establish and implement training guidelines for counties regarding the electronic submission of evaluation orders submitted pursuant to the LPS Act.

(3) Existing law requires the Director of Health Care Services to oversee the Community Assistance, Recovery, and Empowerment (CARE) Act. Existing law authorizes specified adult persons to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan and implement services, to be provided by county behavioral health agencies, to provide behavioral health care, including stabilization medication, housing, and other enumerated services, to adults who are currently experiencing a qualifying severe mental illness and who meet other specified criteria, including that the person is not clinically stabilized in ongoing voluntary treatment and is either unlikely to survive safely in the community without ongoing supervision and the person’s condition is substantially deteriorating or the person is in need of services and supports to prevent a relapse or deterioration that would likely result in grave disability, or serious harm to the person or others.

Existing law authorizes specified individuals to file a petition to commence the CARE process, including, but not limited to, a person with whom the respondent resides or a spouse, parent, sibling, child, grandparent, or an individual who stands in loco parentis to the respondent. Existing law requires the court to issue an order relieving the original petitioner if the petitioner is someone other than the director of a county behavioral health agency or their designee and appoint the director or their designee as the successor petitioner. Existing law requires the original petitioner to have specified rights if they are a parent or family member or the person with which the respondent

resides. Existing law also requires certain notice and service requirements to the respondent, respondent's counsel, and the supporter, as well as requires the court to order county behavioral health agencies to work with the respondent, among other specified entities, to enter into CARE agreements, among other things.

The bill would authorize the original petitioner to *request to maintain* their role and not be substituted by the director of a county behavioral health agency and would give all petitioners specified rights in the proceedings regardless of the substitution status of the petitioner. *The bill would authorize the court to grant the request if the respondent and director of the behavioral health agency consent.* The bill would also include the nonsubstituted petitioner in the specified entities that would receive notice of proceedings and service of documents and reports. The bill would also include the nonsubstituted petitioner in those required to work with county behavioral health agencies to enter into CARE agreements, among other things.

(4) Existing law requires the department to provide training and technical assistance to county behavioral health agencies to support the implementation of the CARE Act, including training regarding the CARE process, CARE agreement and plan services and supports, supported decisionmaking, the supporter role, trauma-informed care, elimination of bias, psychiatric advance directives, family psychoeducation, and data collection.

The bill would require the department to additionally provide training for the electronic submission of forms.

Vote: majority. Appropriation: no. Fiscal committee: yes.
State-mandated local program: no.

The people of the State of California do enact as follows:

1 SECTION 1. Section 5008 of the Welfare and Institutions Code
2 is amended to read:
3 5008. Unless the context otherwise requires, the following
4 definitions shall govern the construction of this part:
5 (a) "Evaluation" consists of multidisciplinary professional
6 analyses of a person's medical, psychological, educational, social,
7 financial, and legal conditions as may appear to constitute a
8 problem. Persons providing evaluation services shall be properly
9 qualified professionals and may be full-time employees of an
10 agency providing face-to-face, which includes telehealth,

1 evaluation services or may be part-time employees or may be
2 employed on a contractual basis.

3 (b) “Court-ordered evaluation” means an evaluation ordered by
4 a superior court pursuant to Article 2 (commencing with Section
5 5200) of Chapter 2 or by a superior court pursuant to Article 3
6 (commencing with Section 5225) of Chapter 2.

7 (c) “Intensive treatment” consists of such hospital and other
8 services as may be indicated. Intensive treatment shall be provided
9 by properly qualified professionals and carried out in facilities
10 qualifying for reimbursement under the California Medical
11 Assistance Program (Medi-Cal) set forth in Chapter 7 (commencing
12 with Section 14000) of Part 3 of Division 9, or under Title XVIII
13 of the federal Social Security Act and regulations thereunder.
14 Intensive treatment may be provided in hospitals of the United
15 States government by properly qualified professionals. This part
16 does not prohibit an intensive treatment facility from also providing
17 72-hour evaluation and treatment.

18 (d) “Referral” is referral of persons by each agency or facility
19 providing assessment, evaluation, crisis intervention, or treatment
20 services to other agencies or individuals. The purpose of referral
21 shall be to provide for continuity of care, and may include, but
22 need not be limited to, informing the person of available services,
23 making appointments on the person’s behalf, discussing the
24 person’s problem with the agency or individual to which the person
25 has been referred, appraising the outcome of referrals, and
26 arranging for personal escort and transportation when necessary.
27 Referral shall be considered complete when the agency or
28 individual to whom the person has been referred accepts
29 responsibility for providing the necessary services. All persons
30 shall be advised of available precare services that prevent initial
31 recourse to hospital treatment or aftercare services that support
32 adjustment to community living following hospital treatment.
33 These services may be provided through county or city mental
34 health departments, state hospitals under the jurisdiction of the
35 State Department of State Hospitals, regional centers under contract
36 with the State Department of Developmental Services, or other
37 public or private entities.

38 Each agency or facility providing evaluation services shall
39 maintain a current and comprehensive file of all community
40 services, both public and private. These files shall contain current

1 agreements with agencies or individuals accepting referrals, as
2 well as appraisals of the results of past referrals.

3 (e) “Crisis intervention” consists of an interview or series of
4 interviews within a brief period of time, conducted by qualified
5 professionals, and designed to alleviate personal or family
6 situations that present a serious and imminent threat to the health
7 or stability of the person or the family. The interview or interviews
8 may be conducted in the home of the person or family, or on an
9 inpatient or outpatient basis with such therapy, or other services,
10 as may be appropriate. The interview or interviews may include
11 family members, significant support persons, providers, or other
12 entities or individuals, as appropriate and as authorized by law.
13 Crisis intervention may, as appropriate, include suicide prevention,
14 psychiatric, welfare, psychological, legal, or other social services.

15 (f) “Prepetition screening” is a screening of all petitions for
16 court-ordered evaluation as provided in Article 2 (commencing
17 with Section 5200) of Chapter 2, consisting of a professional
18 review of all petitions; an interview with the petitioner and,
19 whenever possible, the person alleged, as a result of a mental health
20 disorder, to be a danger to others, or to themselves, or to be gravely
21 disabled, to assess the problem and explain the petition; when
22 indicated, efforts to persuade the person to receive, on a voluntary
23 basis, comprehensive evaluation, crisis intervention, referral, and
24 other services specified in this part.

25 (g) “Conservatorship investigation” means investigation by an
26 agency appointed or designated by the governing body of cases in
27 which conservatorship is recommended pursuant to Chapter 3
28 (commencing with Section 5350).

29 (h) (1) For purposes of Article 1 (commencing with Section
30 5150), Article 2 (commencing with Section 5200), Article 3
31 (commencing with Section 5225), and Article 4 (commencing with
32 Section 5250) of Chapter 2, and for purposes of Chapter 3
33 (commencing with Section 5350), “gravely disabled” means any
34 of the following, as applicable:

35 (A) (i) A condition in which a person, as a result of a mental
36 health disorder, a severe substance use disorder, *chronic*
37 *alcoholism*, or a co-occurring mental health disorder and a severe
38 substance use disorder, is unable to provide for their basic personal
39 needs for food, clothing, shelter, personal safety, or necessary
40 medical care.

(ii) *Chronic alcoholism shall be interpreted to mean “alcohol use disorder” and shall be a qualifying diagnosis for grave disability if the alcohol use disorder meets the diagnostic criteria of “severe” as defined in the most current edition of the Diagnostic and Statistical Manual of Mental Disorders.*

(B) A condition in which a person has been found mentally incompetent under Section 1370 of the Penal Code and all of the following facts exist:

(i) The complaint, indictment, or information pending against the person at the time of commitment charges a felony involving death, great bodily harm, or a serious threat to the physical well-being of another person.

(ii) There has been a finding of probable cause on a complaint pursuant to paragraph (2) of subdivision (a) of Section 1368.1 of the Penal Code, a preliminary examination pursuant to Section 859b of the Penal Code, or a grand jury indictment, and the complaint, indictment, or information has not been dismissed.

(iii) As a result of a mental health disorder, the person is unable to understand the nature and purpose of the proceedings taken against them and to assist counsel in the conduct of their defense in a rational manner.

(iv) The person represents a substantial danger of physical harm to others by reason of a mental disease, defect, or disorder.

~~(2) For purposes of Article 2 (commencing with Section 5200), Article 3 (commencing with Section 5225), and Article 4 (commencing with Section 5250) of Chapter 2, and for purposes of Chapter 3 (commencing with Section 5350), “gravely disabled” includes a condition in which a person, as a result of impairment by chronic alcoholism, is unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or necessary medical care.~~

~~(3)~~

(2) The term “gravely disabled” does not include persons with intellectual disabilities by reason of that disability alone.

~~(4)~~

(3) A county, by adoption of a resolution of its governing body, may elect to defer implementation of the changes made to this section by Senate Bill 43 of the 2023–24 Regular Session of the Legislature until January 1, 2026.

1 (i) “Peace officer” means a duly sworn peace officer as that
2 term is defined in Chapter 4.5 (commencing with Section 830) of
3 Title 3 of Part 2 of the Penal Code who has completed the basic
4 training course established by the Commission on Peace Officer
5 Standards and Training, or any parole officer or probation officer
6 specified in Section 830.5 of the Penal Code when acting in relation
7 to cases for which the officer has a legally mandated responsibility.

8 (j) “Postcertification treatment” means an additional period of
9 treatment pursuant to Article 6 (commencing with Section 5300)
10 of Chapter 2.

11 (k) “Court,” unless otherwise specified, means a court of record.

12 (l) “Antipsychotic medication” means any medication
13 customarily prescribed for the treatment of symptoms of psychoses
14 and other severe mental and emotional disorders.

15 (m) “Emergency” means a situation in which action to impose
16 treatment over the person’s objection is immediately necessary
17 for the preservation of life or the prevention of serious bodily harm
18 to the patient or others, and it is impracticable to first gain consent.
19 It is not necessary for harm to take place or become unavoidable
20 prior to treatment.

21 (n) (1) “Designated facility,” “facility designated by the county
22 for evaluation and treatment,” or “facility designated by the county
23 to provide intensive treatment” means a facility that meets
24 designation requirements duly established by the State Department
25 of Health Care Services in accordance with Section 5404,
26 including, but not limited to, the following:

27 (A) Psychiatric health facilities licensed by the State Department
28 of Health Care Services.

29 (B) Psychiatric residential treatment facilities licensed by the
30 State Department of Health Care Services.

31 (C) Mental health rehabilitation centers licensed by the State
32 Department of Health Care Services.

33 (D) Provider sites certified by the State Department of Health
34 Care Services or a mental health plan to provide crisis stabilization.

35 (E) General acute care hospitals licensed by the State
36 Department of Public Health.

37 (F) Acute psychiatric hospitals licensed by the State Department
38 of Public Health.

39 (G) Chemical dependency recovery hospitals licensed by the
40 State Department of Public Health.

1 (H) Hospitals operated by the United States Department of
2 Veterans Affairs.

3 (2) (A) A county may designate a facility for the purpose of
4 providing one or more of the following services:

5 (i) Providing evaluation and treatment pursuant to Article 1
6 (commencing with Section 5150) of Chapter 2.

7 (ii) Providing intensive treatment pursuant to Article 4
8 (commencing with Section 5250) of Chapter 2.

9 (iii) Providing additional intensive treatment pursuant to Article
10 4.5 (commencing with Section 5260) of Chapter 2.

11 (iv) Providing additional intensive treatment pursuant to Article
12 4.7 (commencing with Section 5270.10) of Chapter 2.

13 (v) Providing postcertification treatment pursuant to Article 6
14 (commencing with Section 5300) of Chapter 2.

15 (B) A county may designate a facility, as is appropriate and
16 based on capability, for the purpose of providing one or more types
17 of treatment listed in subparagraph (A) of paragraph (3) of
18 subdivision (n) without designating the facility to provide all
19 treatments.

20 (3) Notwithstanding Chapter 3.5 (commencing with Section
21 11340) of Part 1 of Division 3 of Title 2 of the Government Code,
22 the State Department of Health Care Services may implement,
23 interpret, or make specific this subdivision, in whole or in part, by
24 means of plan or county letters, information notices, plan or
25 provider bulletins, or other similar instructions, until the time
26 regulations are adopted no later than December 31, 2027.

27 (o) “Severe substance use disorder” means a diagnosed
28 substance-related disorder that meets the diagnostic criteria of
29 “severe” as defined in the most current version of the Diagnostic
30 and Statistical Manual of Mental Disorders.

31 (p) “Personal safety” means the ability of one to survive safely
32 in the community without involuntary detention or treatment
33 pursuant to this part.

34 (q) “Necessary medical care” means care that a licensed health
35 care practitioner, while operating within the scope of their practice,
36 determines to be necessary to prevent serious deterioration of an
37 existing physical medical condition that, if left untreated, is likely
38 to result in serious bodily injury as defined in Section 15610.67.

1 (r) “Mental health disorder” means a condition outlined in the
2 current edition of the Diagnostic and Statistical Manual of Mental
3 Disorders.

4 SEC. 2. Section 5009.5 is added to the Welfare and Institutions
5 Code, to read:

6 5009.5. The State Department of Health Care Services shall
7 establish and implement training guidelines for counties regarding
8 the electronic submission of evaluation orders submitted pursuant
9 to this part.

10 SEC. 3. Section 5977 of the Welfare and Institutions Code is
11 amended to read:

12 5977. (a) (1) The court shall promptly review the petition to
13 determine if the petitioner has made a prima facie showing that
14 the respondent is, or may be, a person described in Section 5972.

15 (2) If the court finds that the petitioner has not made a prima
16 facie showing that the respondent is, or may be, a person described
17 in Section 5972, the court may dismiss the case and, if the court
18 does so, it shall order that the dismissal is without prejudice, unless
19 Section 5975.1 applies. Nothing other than Section 5975.1 prevents
20 a petitioner whose petition was dismissed without prejudice from
21 refiling the petition with amended information.

22 (3) If the court finds that the petitioner has made a prima facie
23 showing that the respondent is, or may be, a person described in
24 Section 5972, the court shall do one of the following:

25 (A) If the petitioner is the director of a county behavioral health
26 agency, or their designee, the court shall do the following:

27 (i) Set the matter for an initial appearance on the petition within
28 14 court days.

29 (ii) Appoint a qualified legal services project, as defined in
30 Sections 6213 to 6214.5, inclusive, of the Business and Professions
31 Code, to represent the respondent. If no legal services project has
32 agreed to accept these appointments, a public defender or other
33 counsel working in that capacity shall be appointed to represent
34 the respondent.

35 (iii) Determine whether the petition includes all of the following
36 information and, if it does not, order the county behavioral health
37 agency to submit a written report with the court within 14 court
38 days that includes all of the following:

39 (I) A determination as to whether the respondent meets, or is
40 likely to meet, the criteria for the CARE process.

1 (II) The outcome of efforts made to voluntarily engage the
2 respondent prior to the filing of the petition.

3 (III) Conclusions and recommendations about the respondent's
4 ability to voluntarily engage in services.

5 (iv) Order the county behavioral health agency to provide notice
6 to the respondent, the appointed counsel, the nonsubstituted
7 petitioner, and the county behavioral health agency in the county
8 where the respondent resides, if different from the county where
9 the CARE process has commenced.

10 (B) If the petitioner is a person other than the director of a
11 county behavioral health agency, or their designee, the court shall
12 order a county agency, or their designee, as determined by the
13 court, to investigate, as necessary, file a written report with the
14 court as soon as practicable, but within 30 court days, and provide
15 notice to the respondent and petitioner that a report has been
16 ordered. Parties shall complete the investigation with appropriate
17 urgency. The written report shall include all of the following:

18 (i) A determination as to whether the respondent meets, or is
19 likely to meet, the criteria for the CARE process.

20 (ii) The outcome of efforts made to voluntarily engage the
21 respondent during the report period.

22 (iii) Conclusions and recommendations about the respondent's
23 ability to voluntarily engage in services.

24 (iv) The information, including protected health information,
25 necessary to support the determinations, conclusions, and
26 recommendations in the report.

27 (4) If, upon a request by the county agency ordered to investigate
28 and file a report under subparagraph (B) of paragraph (3), the court
29 finds that the county agency is making progress to engage the
30 respondent, the court may, in its discretion, grant the county agency
31 no more than 30 additional days to continue to work with, engage,
32 and enroll the individual in voluntary treatment and services. The
33 county agency shall provide notice to the respondent and petitioner
34 that an extension for filing a report has been granted.

35 (5) Upon receipt of the report described in subparagraph (B) of
36 paragraph (3), the court shall, within five days, take one of the
37 following actions:

38 (A) If the court determines that voluntary engagement with the
39 respondent is effective, and that the individual has enrolled or is

1 likely to enroll in voluntary behavioral health treatment, the court
2 shall dismiss the matter.

3 (B) If the court determines, based on the county agency's report,
4 that the evidence does not support a prima facie showing that the
5 respondent is, or may be, a person described in Section 5972, the
6 court shall dismiss the matter. This section shall not prevent a
7 county behavioral health agency from continuing to voluntarily
8 engage with a person not described in Section 5972 but who is in
9 need of services and supports.

10 (C) If the court determines, based on the county agency's report,
11 that the evidence does support a prima facie showing that the
12 respondent is, or may be, a person described in Section 5972, and
13 engagement with the county agency was not effective, the court
14 shall do all of the following:

15 (i) Set an initial appearance on the petition within 14 court days.

16 (ii) Appoint a qualified legal services project, as defined in
17 Sections 6213 to 6214.5, inclusive, of the Business and Professions
18 Code or, if no legal services project has agreed to accept these
19 appointments, a public defender or other counsel working in that
20 capacity to represent the respondent.

21 (iii) Order the county agency to provide notice of the initial
22 appearance to the petitioner, the respondent, the appointed counsel,
23 the county behavioral health agency in the county where the
24 respondent resides, and, if different, the county where the CARE
25 court proceedings have commenced.

26 (b) At the initial appearance on the petition, all of the following
27 shall apply:

28 (1) The court shall permit the respondent to substitute their own
29 counsel.

30 (2) Petitioner shall be present. If the petitioner is not present,
31 the matter may be dismissed.

32 (3) Respondent may waive personal appearance and appear
33 through counsel. If the respondent does not waive personal
34 appearance and does not appear at the hearing, and the court makes
35 a finding in open court that reasonable attempts to elicit the
36 attendance of the respondent have failed, the court may conduct
37 the hearing in the respondent's absence if the court makes a finding
38 in open court that conducting the hearing without the participation
39 or presence of the respondent would be in the respondent's best
40 interest.

1 (4) A representative from the county behavioral health agency
2 shall be present.

3 (5) If the respondent asserts that they are enrolled in a federally
4 recognized Indian tribe or are receiving services from an Indian
5 health care provider, a tribal court, or a tribal organization, a
6 representative from the program, the tribe, or the tribal court shall
7 be allowed to be present, subject to the consent of the respondent.
8 The tribal representative shall be entitled to notice by the county
9 of the initial appearance.

10 (6) (A) ~~The court may allow the original petitioner to maintain~~
11 ~~their role as petitioner, unless the respondent, the court, the~~
12 ~~supporter, or the county behavioral health director objects. If the~~
13 ~~respondent objects, original petitioner may request to maintain~~
14 ~~their role as petitioner and if the respondent and the director of a~~
15 ~~county behavioral health agency both consent to the request, the~~
16 ~~court may grant the request. If the respondent does not consent,~~
17 ~~stating while present in court, or through their attorney, that~~
18 ~~they prefer the director of a county behavioral health agency, or~~
19 ~~their designee, be substituted in as petitioner, the court shall issue~~
20 ~~an order relieving the original petitioner and appointing the director~~
21 ~~of the county behavioral health agency or their designee as the~~
22 ~~successor petitioner.~~

23 (B) All of the following apply, regardless of the substitution
24 status of the petitioner:

25 (i) The original petitioner shall have the right to be present and
26 make a statement at the initial hearing on the merits of the petition
27 held pursuant to paragraph (7).

28 (ii) (I) Until July 1, 2025, the court may, in its discretion, assign
29 ongoing rights of notice to the original petitioner.

30 (II) Commencing July 1, 2025, unless the court determines,
31 either upon its own motion or upon the motion of the respondent,
32 at any point in the proceedings, that it likely would be detrimental
33 to the treatment or well-being of the respondent, the court shall
34 provide ongoing notice of proceedings to the original petitioner
35 throughout the CARE proceedings, including notice of when a
36 continuance is granted or when a case is dismissed. If a continuance
37 is granted, the notice shall provide a general reason for the
38 continuance, including the absence of the respondent or one of the
39 grounds pursuant to Rule 3.1332 of the California Rules of Court.
40 If a case is dismissed, the notice shall specify the statutory basis

1 for the dismissal. A notice pursuant to this clause shall not disclose
2 any patient information that is protected under the federal Health
3 Insurance Portability and Accountability Act of 1996 (Public Law
4 104-191), the Confidentiality of Medical Information Act (Part
5 2.6 (commencing with Section 56) of Division 1 of the Civil Code),
6 or this act, without the respondent's consent.

7 (iii) To the extent that the respondent consents, the court may
8 allow the original petitioner to participate in the respondent's
9 CARE proceedings.

10 (iv) The original petitioner may file a new petition with the
11 court, pursuant to Section 5974, if the matter is dismissed and there
12 is a change in circumstances.

13 (7) (A) The court shall set a hearing on the merits of the petition
14 within 10 days, at which time the court shall determine whether,
15 by clear and convincing evidence, the respondent meets the CARE
16 criteria in Section 5972. In making this determination, the court
17 shall consider all evidence properly before it, including any report
18 from the county behavioral health agency ordered pursuant to
19 paragraph (3) of subdivision (a) and any additional admissible
20 evidence presented by the parties, including the petition submitted
21 and any statement given by the original petitioner. A licensed
22 behavioral health professional may testify as an expert concerning
23 whether the respondent meets the CARE criteria in Section 5972
24 provided that the court finds that the professional has special
25 knowledge, skill, experience, training, or education sufficient to
26 qualify as an expert under Section 720 of the Evidence Code.

27 (B) The hearing on the merits of the petition may be conducted
28 concurrently with the initial appearance upon stipulation of the
29 petitioner or successor petitioner and the respondent, subject to
30 the approval by the court.

31 (c) (1) If, at the hearing on the merits of the petition, the court
32 finds there is not clear and convincing evidence that the respondent
33 meets the CARE criteria in Section 5972, the court shall dismiss
34 the case without prejudice, unless the court makes a finding, in
35 open court, that the original petitioner's filing was not in good
36 faith, in which case the dismissal shall be with prejudice.

37 (2) If, at the hearing on the merits of the petition, the court finds
38 by clear and convincing evidence that the respondent meets the
39 CARE criteria in Section 5972, the court shall order the county
40 behavioral health agency to work with the respondent, the

1 respondent's counsel, the nonsubstituted petitioner, and the
2 supporter to engage the respondent in behavioral health treatment
3 and attempt to enter into a CARE agreement. The court shall set
4 a case management hearing within 14 days.

5 (3) If the respondent is enrolled in a federally recognized Indian
6 tribe, the respondent shall provide notice of the case management
7 hearing to the tribe, subject to the consent of the respondent.

8 (d) The following shall apply to any written report submitted
9 by a county behavioral health agency to the court pursuant to this
10 section:

11 (1) The report is confidential and not subject to disclosure or
12 inspection under the California Public Records Act (Division 10
13 (commencing with Section 7920.000) of Title 1 of the Government
14 Code).

15 (2) The report is inadmissible in any subsequent legal
16 proceeding, except upon motion of the respondent in that
17 subsequent legal proceeding.

18 (3) The report shall be confidential pursuant to subdivision (e)
19 of Section 5976.5.

20 (4) This subdivision shall not affect the applicability of
21 paragraph (2) of subdivision (c) of Section 5977.1, make admissible
22 any evidence that is not otherwise admissible, or permit a witness
23 to base an opinion on any matter that is not a proper basis for such
24 an opinion. The admission or exclusion of evidence shall be
25 pursuant to the rules of evidence established by the Evidence Code,
26 including, but not limited to, Section 352 of the Evidence Code,
27 and by judicial decision.

28 SEC. 4. Section 5977.1 of the Welfare and Institutions Code
29 is amended to read:

30 5977.1. (a) (1) At the case management hearing, the court
31 shall hear evidence as to whether the parties have entered, or are
32 likely to enter, into a CARE agreement.

33 (2) If the court finds that the parties have entered, or are likely
34 to enter, into a CARE agreement, the court shall do one of the
35 following:

36 (A) Approve the terms of the CARE agreement or modify the
37 terms of the CARE agreement and approve the agreement as
38 modified by the court, and continue the matter and set a progress
39 hearing for 60 days.

1 (B) Continue the matter for 14 days to allow the parties
2 additional time to enter into a CARE agreement, upon stipulation
3 of the parties.

4 (3) Nothing in this subdivision shall prohibit the parties from
5 agreeing to, and the court from approving, amendments to the
6 CARE agreement.

7 (b) If the court finds that the parties have not entered into a
8 CARE agreement, and are not likely to enter into a CARE
9 agreement, the court shall order the county behavioral health
10 agency, through a licensed behavioral health professional, to
11 conduct a clinical evaluation of the respondent, unless there is an
12 existing clinical evaluation of the respondent completed within
13 the last 30 days and the parties stipulate to the use of that
14 evaluation. The evaluation shall address, at a minimum, the
15 following:

16 (1) A clinical diagnosis of the respondent.

17 (2) Whether the respondent has the legal capacity to give
18 informed consent regarding psychotropic medication.

19 (3) Any other information as ordered by the court or that the
20 licensed behavioral health professional conducting the evaluation
21 determines would help the court make future informed decisions
22 about the appropriate care and services the respondent should
23 receive.

24 (4) An analysis of recommended services, programs, housing,
25 medications, and interventions that support the recovery and
26 stability of the respondent.

27 (c) (1) The court shall set a clinical evaluation hearing to review
28 the evaluation within 21 days. The court shall order the county to
29 file the evaluation with the court and provide the evaluation to the
30 respondent's counsel no later than five days prior to the scheduled
31 clinical evaluation hearing. The clinical evaluation hearing may
32 be continued for a maximum of 14 days upon stipulation of the
33 respondent and the county behavioral health agency, unless there
34 is good cause for a longer extension. The evaluation may be
35 provided to the nonsubstituted petitioner if the respondent ~~does~~
36 ~~not object.~~ *consents.*

37 (2) At the clinical evaluation review hearing, the court shall
38 review the evaluation and other evidence from the county
39 behavioral health agency and the respondent. The county behavioral
40 health agency and the respondent may present evidence and call

1 witnesses, including the person who conducted the evaluation.
2 Only relevant and admissible evidence that fully complies with
3 the rules of evidence may be considered by the court.

4 (3) At the conclusion of the hearing, the court shall determine
5 whether the respondent, by clear and convincing evidence, meets
6 the CARE criteria in Section 5972 and make orders as follows:

7 (A) If the court finds that the respondent meets the CARE
8 criteria, the court shall order the county behavioral health agency,
9 the respondent, and the respondent's counsel and supporter to
10 jointly develop a CARE plan within 14 days.

11 (B) If the court does not find that clear and convincing evidence
12 establishes that the respondent meets the CARE criteria, the court
13 shall dismiss the petition.

14 (4) If the respondent is a self-identified American Indian or
15 Alaska Native individual, as defined in Sections 1603(13),
16 1603(28), and 1679(a) of Title 25 of the United States Code, has
17 been determined eligible as an Indian under Section 136.12 of
18 Title 42 of the Code of Federal Regulations, or is currently
19 receiving services from an Indian health care provider or tribal
20 court, the county behavioral health agency shall use its best efforts
21 to meaningfully consult with and incorporate the Indian health
22 care provider or tribal court available to the respondent to develop
23 the CARE plan.

24 (5) The evaluation and all reports, documents, and filings
25 submitted to the court shall be confidential.

26 (6) The date for the hearing to review and consider approval of
27 the proposed CARE plan shall be set not more than 14 days from
28 the date of the order to develop a CARE plan, unless the court
29 finds good cause for an extension. The party requesting an
30 extension of time for the CARE plan review hearing shall provide
31 notice to the opposing party, their counsel, and the nonsubstituted
32 petitioner of the request for extension of time, and the court's order
33 if the request is granted.

34 (d) (1) At the CARE plan review hearing, the parties shall
35 present their plan or plans to the court. The county behavioral
36 health agency or the respondent, or both, may present a proposed
37 CARE plan. The nonsubstituted petitioner may also make
38 suggestions for the CARE plan, but shall not propose a third CARE
39 plan for consideration.

1 (2) After consideration of the plans proposed by the parties and
2 the recommendations by the nonsubstituted petitioner, the court
3 shall adopt the elements of a CARE plan that support the recovery
4 and stability of the respondent. The court may issue any orders
5 necessary to support the respondent in accessing appropriate
6 services and supports, including prioritization for those services
7 and supports, subject to applicable laws and available funding
8 pursuant to Section 5982. These orders shall constitute the CARE
9 plan and may be amended.

10 (3) A court may order medication if it finds, upon review of the
11 court-ordered evaluation and hearing from the parties, that, by
12 clear and convincing evidence, the respondent lacks the capacity
13 to give informed consent to the administration of medically
14 necessary stabilization medication. To the extent the court orders
15 medically necessary stabilization medication, the medication shall
16 not be forcibly administered and the respondent's failure to comply
17 with a medication order shall not result in a penalty, including, but
18 not limited to, contempt or termination of the CARE plan pursuant
19 to Section 5979.

20 (4) If the proposed CARE plan includes services and supports,
21 such as housing, provided directly or indirectly through another
22 local governmental entity, that local entity may agree to provide
23 the service or support, or the court may consider a motion by either
24 of the parties to add the local entity as a party to the CARE
25 proceeding. If the local entity agrees to provide the service or
26 support, it may request to be added as a party by the court.

27 (5) If, after presentation of the CARE plan or plans, the court
28 determines that additional information is needed, including from
29 a licensed behavioral health professional, the court shall order a
30 supplemental report to be filed by the county behavioral health
31 agency for which the court may grant a continuance of no more
32 than 14 days, unless there is good cause for a longer extension.
33 The report may be provided to the nonsubstituted petitioner if the
34 respondent ~~does not object.~~ *consents*.

35 (6) If there is no CARE plan because the parties have not had
36 sufficient time to complete it, the court may grant a continuance
37 of no more than 14 days, unless there is good cause for a longer
38 extension.

39 (7) This subdivision does not prohibit the parties from agreeing
40 to, and the court from approving, amendments to the CARE plan.

1 The court may also approve amendments to the CARE plan upon
2 the finding that those amendments are necessary to support the
3 respondent in accessing appropriate services and supports,
4 following a hearing on the issue.

5 (e) The issuance of an order approving a CARE plan pursuant
6 to paragraph (2) of subdivision (d) begins the CARE process
7 timeline, which shall not exceed one year.

8 SEC. 5. Section 5977.2 of the Welfare and Institutions Code
9 is amended to read:

10 5977.2. (a) (1) At intervals set by the court and not less
11 frequently than every 60 days after the court orders the CARE
12 plan, the court shall hold a status review hearing. The county
13 behavioral health agency shall file with the court and serve on the
14 respondent, the respondent's counsel and supporter, and the
15 nonsubstituted petitioner a report no fewer than five court days
16 prior to the review hearing with the following information:

17 (A) The progress that the respondent has made on the CARE
18 plan.

19 (B) What services and supports in the CARE plan were
20 provided, and what services and supports were not provided.

21 (C) Any issues the respondent expressed or exhibited in adhering
22 to the CARE plan.

23 (D) Recommendations for changes to the services and supports
24 to make the CARE plan more successful.

25 (2) The nonsubstituted petitioner and the respondent shall be
26 permitted to respond to the report submitted by the county
27 behavioral health agency and to the county behavioral health
28 agency's testimony. The respondent shall be permitted to introduce
29 their own information and recommendations.

30 (3) Subject to applicable law, intermittent lapses or setbacks
31 described in this section of the report shall not impact access to
32 services, treatment, or housing.

33 (4) The report may be provided to the nonsubstituted petitioner
34 where the respondent ~~does not object.~~ *consents*.

35 (b) The nonsubstituted petitioner, the county behavioral health
36 agency, or the respondent may request, or the court upon its own
37 motion may set, a hearing to occur at any time during the CARE
38 process to address a change of circumstances.

39 SEC. 6. Section 5977.3 of the Welfare and Institutions Code
40 is amended to read:

5977.3. (a) (1) In the 11th month of the process timeline, the court shall hold a one-year status hearing. Not fewer than five court days prior to the one-year status hearing, the county behavioral health agency shall file a report with the court and shall serve the report on the respondent and the respondent's counsel and supporter. The report may be provided to the nonsubstituted petitioner where the respondent ~~does not object.~~ *consents*. The report shall include the following information:

(A) The progress that the respondent has made on the CARE plan, including a final assessment of the respondent's stability.

(B) What services and supports in the CARE plan were provided, and what services and supports were not provided, over the life of the program.

(C) Any issues the respondent expressed or exhibited in adhering to the CARE plan.

(D) Recommendations for next steps, including what ongoing and additional services would benefit the respondent that the county behavioral health agency can facilitate or provide.

(2) At an evidentiary hearing, the nonsubstituted petitioner and the respondent shall be permitted to respond to the report submitted by the county behavioral health agency and to the county behavioral health agency's testimony. The nonsubstituted petitioner and respondent shall be permitted to introduce their own information and recommendations. The nonsubstituted petitioner and the respondent shall have the right at the hearing to call witnesses and to present evidence as to whether the respondent agrees with the report. The respondent may request either to be graduated from the program or to remain in the program.

(3) The court shall issue an order as follows:

(A) If the respondent elects to be graduated from the program, the court shall order the county behavioral health agency, the nonsubstituted petitioner, and the respondent to work jointly on a voluntary graduation plan. The court shall schedule a hearing in the 12th month after adoption of the CARE plan for presentation of the graduation plan. The court shall review the graduation plan and recite the terms in open court. The graduation plan shall not place additional requirements on local governmental entities and is not enforceable by the court, except that the graduation plan may, at the respondent's election, include a psychiatric advance directive, which shall have the force of law. Upon completion of

1 the hearing, the respondent shall be officially graduated from the
2 program.

3 (B) If the respondent elects to remain in the CARE process,
4 respondent may request any amount of time, up to and including
5 one additional year. The court may permit the ongoing voluntary
6 participation of the respondent if the court finds both of the
7 following:

8 (i) The respondent did not successfully complete the CARE
9 plan.

10 (ii) The respondent would benefit from continuation of the
11 CARE plan.

12 (C) The court shall issue an order permitting the respondent to
13 continue in the CARE plan or denying respondent's request to
14 remain in the CARE plan, and state its reasons in open court.

15 (b) The respondent may be involuntarily reappointed to the
16 program only if the court finds, by clear and convincing evidence,
17 that all of the following conditions apply:

18 (1) The respondent did not successfully complete the CARE
19 process.

20 (2) All services and supports required through the CARE process
21 were provided to the respondent.

22 (3) The respondent would benefit from continuation in the
23 CARE process.

24 (4) The respondent currently meets the requirements in Section
25 5972.

26 (c) A respondent may only be reappointed to the CARE process
27 once, for up to one additional year.

28 SEC. 7. Section 5977.4 of the Welfare and Institutions Code
29 is amended to read:

30 5977.4. (a) In all CARE Act proceedings, the judicial officer
31 shall control the proceedings during the hearings with a view to
32 the expeditious and effective ascertainment of the jurisdictional
33 facts and the ascertainment of all information relative to the present
34 condition and future welfare of the respondent. Except when there
35 is a contested issue of fact or law, the proceedings shall be
36 conducted in an informal nonadversarial atmosphere with a view
37 to obtaining the maximum cooperation of the respondent, all
38 persons interested in the respondent's welfare, and all other parties,
39 with any provisions that the court may make for the disposition
40 and care of the respondent. The court and relevant local public

1 agencies shall cooperate to develop a comprehensive set of
2 objectives established to improve performance of the CARE system
3 in a vigorous and ongoing manner. The court is authorized to
4 coordinate and participate in meetings to improve system
5 performance. All evaluations and reports, documents, and filings
6 submitted to the court pursuant to CARE Act proceedings shall
7 be confidential.

8 (b) The hearings described in this chapter shall occur in person
9 unless the court, in its discretion, allows a party or witness to
10 appear remotely through the use of remote technology. The
11 respondent shall have the right to be in person for all hearings.

12 (c) Consistent with its constitutional rulemaking authority, the
13 Judicial Council shall adopt rules to implement the policies and
14 provisions in this section and in Sections 5977 to 5977.4, inclusive,
15 to promote statewide consistency, including, but not limited to,
16 what is included in the petition form packet, communications
17 between the CARE Act court and the juvenile court, if applicable,
18 the role of the judiciary to improve system performance, and the
19 process by which counsel will be appointed.

20 (d) (1) Consistent with paragraph (9) of subdivision (b) of
21 Section 56.10 of the Civil Code, the county behavioral health
22 agency shall include in any report evaluation, or other document
23 filed with the court, the information, including protected health
24 information, necessary to support the determinations, conclusions,
25 and recommendations in the filing. The county behavioral health
26 agency shall not, unless ordered to do so by the court, submit to
27 the court original or photocopied records underlying the
28 information in a report evaluation or other document required or
29 ordered under this subdivision. The county behavioral health
30 agency shall serve an unredacted copy of any report evaluation,
31 or other document filed with the court on the respondent and the
32 respondent's counsel and, with the consent of the respondent, on
33 the supporter and the nonsubstituted petitioner in a manner
34 authorized by law. Neither a county nor an employee or agent
35 thereof shall be held civilly or criminally liable for any disclosure
36 authorized or required by this paragraph.

37 (2) (A) Consistent with paragraph (1) of subdivision (c) of
38 Section 56.10 of the Civil Code, a provider of health care, as
39 defined in Section 56.05 of the Civil Code, or a covered entity, as
40 defined in Section 160.103 of Title 45 of the Code of Federal

1 Regulations, may disclose to the county behavioral health agency
2 any information, including protected health information, and mental
3 health records excluding psychotherapy notes, in its possession
4 about the respondent that is relevant to the county behavioral health
5 agency's provision, coordination, or management of services and
6 supports under this part, including, but not limited to, the
7 preparation of any required investigations, evaluations, or reports.
8 Such a disclosure is a disclosure for treatment purposes, which
9 may be made only to the extent permitted under Section 164.506
10 of Title 45 of the Code of Federal Regulations. The information
11 disclosed may include substance use disorder patient records only
12 to the extent permitted by Part 2 (commencing with Section 2.1)
13 of Title 42 of the Code of Federal Regulations.

14 (B) Consistent with paragraph (9) of subdivision (b) of Section
15 56.10 of the Civil Code, a provider of health care, as defined in
16 Section 56.05 of the Civil Code, or a covered entity, as defined in
17 Section 160.103 of Title 45 of the Code of Federal Regulations,
18 that filed a CARE Act petition or executed an affidavit included
19 with a CARE Act petition pursuant to paragraph (1) of subdivision
20 (d) of Section 5975 shall provide to the county behavioral health
21 agency any information, including protected health information,
22 and mental health records excluding psychotherapy notes, in its
23 possession about the respondent that may be relevant in connection
24 with an investigation, evaluation, or other report or hearing under
25 this part, or with the provision of services and supports under this
26 part. The provision of information under this paragraph is a
27 disclosure required by law, which may be made only to the extent
28 permitted under subdivision (a) of Section 164.512 of Title 45 of
29 the Code of Federal Regulations. The information disclosed shall
30 include substance use disorder patient records only to the extent
31 permitted by Part 2 (commencing with Section 2.1) of Title 42 of
32 the Code of Federal Regulations.

33 (C) The county behavioral health agency may apply to the court
34 ex parte for an order requiring any provider of health care, as
35 defined in Section 56.05 of the Civil Code, or any covered entity,
36 as defined in Section 160.103 of Title 45 of the Code of Federal
37 Regulations, to provide to the county behavioral health agency, to
38 the court, or both, any information, including, but not limited to,
39 protected health information, and mental health records excluding
40 psychotherapy notes, in its possession about the respondent that

1 may be relevant in connection with an investigation, evaluation,
2 or other report or hearing under this part, or with the provision of
3 services and supports under this part. The provision of information
4 under this paragraph is a disclosure required by law, which may
5 be made only to the extent permitted under Section 164.512 of
6 Title 45 of the Code of Federal Regulations. The information
7 ordered to be disclosed may include substance use disorder patient
8 records only to the extent permitted by Part 2 (commencing with
9 Section 2.1) of Title 42 of the Code of Federal Regulations.

10 (D) A provider of health care or covered entity shall not be held
11 civilly or criminally liable for any disclosure authorized or required
12 by this section.

13 (E) The county behavioral health agency shall notify the
14 respondent of a disclosure under this paragraph as follows:

- 15 (i) By mail at the respondent's last known address, if any.
16 (ii) To the respondent's counsel.
17 (iii) By including a copy of the notification under clause (i) or
18 (ii) with the next notice of hearing served upon the respondent, if
19 any.

20 (F) All information, including the facts and records, or summary
21 thereof, shared under this subdivision shall further be disclosed to
22 the respondent and the respondent's counsel, and with the consent
23 of the respondent, to the supporter and the nonsubstituted
24 petitioner.

25 (3) (A) Except as expressly provided, further disclosure or
26 redisclosure of information is not authorized by this subdivision.

27 (B) Information disclosed to a county behavioral health agency
28 by a provider of health care, as defined in Section 56.05 of the
29 Civil Code, or a covered entity, as defined in Section 160.103 of
30 Title 45 of the Code of Federal Regulations is confidential and not
31 subject to disclosure or inspection under the California Public
32 Records Act (Division 10 (commencing with Section 7920.000)
33 of Title 1 of the Government Code).

34 (C) Disclosure of information under this part shall not be deemed
35 to in any way alter the duties or responsibilities of a county
36 behavioral health agency, of a provider of health care, as defined
37 in Section 56.05 of the Civil Code, or of a covered entity, as
38 defined in Section 160.103 of Title 45 of the Code of Federal
39 Regulations, with respect to the disclosed information under the
40 Confidentiality of Medical Information Act (Part 2.6 (commencing

with Section 56) of Division 1 of the Civil Code), or the federal Health Insurance Portability and Accountability Act of 1996 (Public Law 104-191).

SEC. 8. Section 5982 of the Welfare and Institutions Code is amended to read:

5982. (a) The CARE plan may include only the following:

(1) Behavioral health services funded through the 1991 and 2011 Realignment, Medi-Cal behavioral health, health care plans and insurers, and services supported by the Mental Health Services Act pursuant to Part 3 (commencing with Section 5800).

(2) Medically necessary stabilization medications, to the extent not described in paragraph (1).

(3) Housing resources funded through the No Place Like Home Program (Part 3.9 (commencing with Section 5849.1) of Division 5 of the Welfare and Institutions Code); California Housing Accelerator (Chapter 6.6 (commencing with Section 50672) of Part 2 of Division 31 of the Health and Safety Code); the Multifamily Housing Program (Chapter 6.7 (commencing with Section 50675) of Part 2 of Division 31 of the Health and Safety Code); the Homeless Housing, Assistance, and Prevention Program (Chapter 6 (commencing with Section 50216) of Part 1 of Division 31 of the Health and Safety Code); the Encampment Resolution Funding Program (Chapter 7 (commencing with Section 50250) of Part 1 of Division 31 of the Health and Safety Code); the Project Roomkey and Rehousing Program pursuant to Provision 22 of Item 5180-151-0001 of the Budget Act of 2021 (Ch. 21, Stats. 2021); the Community Care Expansion Program (Chapter 20 (commencing with Section 18999.97) of Part 6 of Division 9 of the Welfare and Institutions Code); the CalWORKs Housing Support Program (Article 3.3 (commencing with Section 11330) of Chapter 2 of Part 3 of Division 9 of the Welfare and Institutions Code); the CalWORKs Homeless Assistance pursuant to clause (i) of subparagraph (A) of paragraph (2) of subdivision (f) of Section 11450 of Article 6 of Chapter 2 of Part 3 of Division 9 of the Welfare and Institutions Code; the Housing and Disability Advocacy Program (Chapter 17 (commencing with Section 18999) of Part 6 of Division 9 of the Welfare and Institutions Code); the Home Safe Program (Chapter 14 (commencing with Section 15770) of Part 3 of Division 9 of the Welfare and Institutions Code); the Bringing Families Home Program (Article 6 (commencing with

Section 16523) of Chapter 5 of Part 4 of Division 9 of the Welfare and Institutions Code); the Transitional Housing Placement program for nonminor dependents (Article 4 (commencing with Section 16522) of Chapter 5 of Part 4 of Division 9 of the Welfare and Institutions Code); the Transitional Housing Program-Plus pursuant to subdivision (s) of Section 11400 and paragraph (2) of subdivision (a) of Section 11403.2 of Article 5 of Chapter 2 of Part 3 of Division 9 of the Welfare and Institutions Code and Article 4 (commencing with Section 16522) of Chapter 5 of Part 4 of Division 9 of the Welfare and Institutions Code; the Behavioral Health Continuum Infrastructure Program (Chapter 1 (commencing with Section 5960) of Part 7 of Division 5 of the Welfare and Institutions Code); the Behavioral Health Bridge Housing Program; HUD-Veterans Affairs Supportive Housing Program (Section 8(o)(19) of the United States Housing Act of 1937 [42 U.S.C. Section 1437f(o)(19)]); Supportive Services for Veteran Families (Section 604 of the Veterans' Mental Health and Other Care Improvements Act of 2008 [38 U.S.C. Sec. 2044]); HUD Continuum of Care program (Section 103 of the McKinney-Vento Homeless Assistance Act [42 U.S.C. Sec. 11302]); the Emergency Solutions Grant (Subtitle B of Title IV of the McKinney-Vento Homeless Assistance Act [42 U.S.C. Secs. 11371-11378]); HUD Housing Choice Voucher program (Section 8 of the United States Housing Act of 1937 [42 U.S.C. Sec. 1437f]); the Emergency Housing Vouchers (Section 3202 of the American Rescue Plan Act of 2021 [Public Law 117-2]; Section 8(o) of the United States Housing Act of 1937 [42 U.S.C. Sec. 1437f(o)]); HOME Investment Partnerships Program (Title II of the Cranston-Gonzalez National Affordable Housing Act [42 U.S.C. Sec. 12721 et seq.]); the Community Development Block Grant Program (Title 1 of the Housing and Community Development Act of 1974 [42 U.S.C. Sec. 5301 et seq.]); housing supported by the Mental Health Services Act pursuant to Part 3 (commencing with Section 5800); community development block grants; and other state and federal housing resources.

(4) Social services funded through Supplemental Security Income/State Supplementary Payment (SSI/SSP), Cash Assistance Program for Immigrants (CAPI), CalWORKs, California Food Assistance Program, In-Home Supportive Services program, and CalFresh.

1 (5) Services provided pursuant to Part 5 (commencing with
2 Section 17000) of Division 9.

3 (6) Upon the consent of the respondent and the entity or
4 individual financially responsible for the services, additional
5 services to support the recovery and stability of the respondent.

6 (b) Individuals who are CARE process participants shall be
7 prioritized for any appropriate bridge housing funded by the
8 Behavioral Health Bridge Housing program.

9 (c) If the county behavioral health agency elects not to enroll
10 the respondent into a full service partnership, as defined in Section
11 3620 of Title 9 of the California Code of Regulations, the court or
12 the nonsubstituted petitioner may request information on the
13 reasons for this and any barriers to enrollment.

14 (d) All CARE plan services and supports ordered by the court
15 are subject to available funding and all applicable federal and state
16 statutes and regulations, contractual provisions, and policy
17 guidance governing initial and ongoing program eligibility. In
18 addition to the resources funded through programs listed in
19 subdivision (a), the State Department of Health Care Services may
20 identify other adjacent covered Medi-Cal services, including, but
21 not limited to, enhanced care management and available
22 community supports, which may be suggested, although not
23 ordered, by the court, subject to all applicable federal and state
24 statutes, regulations, contractual provisions, and policy guidance.

25 (e) This section does not prevent a county or other local
26 governmental entity from recommending their own services that
27 are their own responsibility not listed in subdivision (a) or (c). Any
28 such recommendation is not required by this section and shall be
29 made at the request of the county for the purposes of Section 6 of
30 Article XIII B, and Sections 6 and 36 of Article XIII of the
31 California Constitution.

32 (f) (1) For respondents who are Medi-Cal beneficiaries, the
33 county in which the respondent resides is the county of
34 responsibility as defined in Section 1810.228 of Title 9 of the
35 California Code of Regulations.

36 (2) If a proceeding commences in a county where the respondent
37 is found or is facing criminal or civil proceedings that is different
38 than the county in which the respondent resides, the county in
39 which the respondent is found or is facing criminal or civil
40 proceedings shall not delay proceedings under this part and is the

1 responsible county behavioral health agency for providing or
2 coordinating all components of the CARE agreement or CARE
3 plan.

4 (3) The county in which the respondent resides, as defined in
5 paragraph (1), shall be responsible for the costs of providing all
6 CARE agreement or CARE plan behavioral health services, as
7 defined in paragraph (1) of subdivision (a).

8 (4) In the event of a dispute over responsibility for any costs of
9 providing components of the CARE agreement or CARE plan, the
10 impacted counties shall resolve the dispute in accordance with the
11 arbitration process established in Section 1850.405 of Title 9 of
12 the California Code of Regulations for county mental health plans,
13 including for respondents who are not Medi-Cal beneficiaries, and
14 pursuant to any related guidance issued pursuant to subdivision
15 (b) of Section 5984.

16 SEC. 9. Section 5983 of the Welfare and Institutions Code is
17 amended to read:

18 5983. (a) The California Health and Human Services Agency,
19 or a designated department within the agency, shall do both of the
20 following:

21 (1) Engage an independent, research-based entity, as described
22 in Section 5986, to advise on the development of data-driven
23 process and outcome measures to guide the planning, collaboration,
24 reporting, and evaluation of the CARE Act pursuant to this part.

25 (2) Convene a working group to provide coordination and
26 on-going engagement with, and support collaboration among,
27 relevant state and local partners and other stakeholders throughout
28 the phases of county implementation to support the successful
29 implementation of the CARE Act. The working group shall meet
30 no more than quarterly. The working group shall meet during the
31 implementation and shall end no later than December 31, 2026.

32 (b) The department shall provide training and technical
33 assistance to county behavioral health agencies to support the
34 implementation of this part, including training regarding the CARE
35 process, CARE agreement and plan services and supports, the
36 electronic submission of forms, supported decisionmaking, the
37 supporter role, trauma-informed care, elimination of bias,
38 psychiatric advance directives, family psychoeducation, and data
39 collection.

1 (c) The Judicial Council, in consultation with the department,
2 other relevant state entities, and the County Behavioral Health
3 Directors Association, shall provide training and technical
4 assistance to judicial officers to support the implementation of this
5 part, including training regarding the CARE process, CARE
6 agreement and plan services and supports, working with the
7 supporter, supported decisionmaking, the supporter role, the family
8 role, trauma-informed care, elimination of bias, best practices, and
9 evidence-based models of care for people with severe behavioral
10 health conditions.

11 (d) The department, in consultation with other relevant state
12 departments and the California Interagency Council on
13 Homelessness, shall provide training to counsel regarding the
14 CARE process and CARE agreement and plan services and
15 supports.