

AMENDMENTS TO SENATE BILL NO. 331
AS AMENDED IN SENATE MAY 23, 2025

Amendment 1

In the title, in line 1, strike out “amend Sections 5008, 5977, 5977.1, 5977.2, 5977.3,” strike out lines 2 and 3 and insert:

add Section 1367.72 to the Health and Safety Code, and to add Section 10123.72 to the Insurance Code, relating to health care coverage.

Amendment 2

On page 3, before line 1, insert:

SECTION 1. This act shall be known, and may be cited, as the Let California Kids Hear Act.

SEC. 2. Section 1367.72 is added to the Health and Safety Code, to read:

1367.72. (a) A large group health care service plan contract issued, amended, or renewed on or after January 1, 2027, shall include coverage for hearing aids for enrollees under 21 years of age, if medically necessary. The covered service shall be provided by a contracted provider, unless the contract allows for out-of-network coverage. For children under five years of age, a contracted provider shall include a pediatric audiologist.

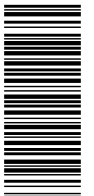
(b) (1) The maximum required coverage amount under this section is three thousand dollars (\$3,000) per individual hearing aid. An enrollee may choose to purchase a hearing aid that exceeds the maximum coverage amount and shall be responsible for the difference between the cost of the hearing aid and the maximum coverage amount.

(2) Hearing aids covered pursuant to this section shall not be subject to a deductible, coinsurance, or copayment requirement. Coverage of hearing aids under this section shall not be subject to financial or treatment limitations, including a dollar limit that is set below three thousand dollars (\$3,000) per individual hearing aid.

(3) If a contract is a “high deductible health plan” under the definition set forth in Section 223(c)(2) of Title 26 of the United States Code, the contract shall not impose cost sharing as described in paragraph (2), unless not applying cost sharing would conflict with federal requirements for high deductible health plans.

(4) Coverage for hearing aids shall include an initial assessment, new hearing aids at least once every three years, new earmolds, new hearing aids if alterations to existing hearing aids cannot meet the needs of the enrollee, a new hearing aid if the existing one is no longer working, and fittings, adjustments, auditory training, and maintenance of the hearing aids. The new hearing aid limit does not apply if alterations to existing hearing aids cannot meet the needs of the enrollee or an existing hearing aid is no longer working.

(c) For purposes of this section, “hearing aid” means an electronic device designed to aid or compensate for impaired human hearing and any parts, attachments, or accessories, including earmolds, but excluding batteries and cords. This includes both



hearing aids traditionally worn behind the ear and nonimplanted auditory osseointegrated devices.

(d) (1) This section does not apply to a Medicare supplement policy or specialized health care service plan contract that covers only dental or vision benefits.

(2) This section does not apply to Medi-Cal managed care plans that contract with the State Department of Health Care Services pursuant to Chapter 7 (commencing with Section 14000) of, and Chapter 8 (commencing with Section 14200) of, Part 3 of Division 9 of the Welfare and Institutions Code. For these plans, the Medi-Cal requirements imposed pursuant to subdivision (l) of Section 14132 of the Welfare and Institutions Code apply.

SEC. 3. Section 10123.72 is added to the Insurance Code, to read:

10123.72. (a) A large group health insurance policy issued, amended, or renewed on or after January 1, 2027, shall include coverage for hearing aids for all insureds under 21 years of age, if medically necessary. The covered service shall be provided by a contracted provider, unless the policy allows for out-of-network coverage. For children under five years of age, a contracted provider shall include a pediatric audiologist.

(b) (1) The maximum required coverage amount under this section is three thousand dollars (\$3,000) per individual hearing aid. An insured may choose to purchase a hearing aid that exceeds the maximum coverage amount and shall be responsible for the difference between the cost of the hearing aid and the maximum coverage amount.

(2) Hearing aids covered pursuant to this section shall not be subject to a deductible, coinsurance, or copayment requirement. Coverage of hearing aids under this section shall not be subject to financial or treatment limitations, including a dollar limit that is set below three thousand dollars (\$3,000) per individual hearing aid.

(3) If a health insurance policy is a “high deductible health plan” under the definition set forth in Section 223(c)(2) of Title 26 of the United States Code, the policy shall not impose cost sharing as described in paragraph (2), unless not applying cost sharing would conflict with federal requirements for high deductible health plans.

(4) Coverage for hearing aids shall include an initial assessment, new hearing aids at least once every three years, new earmolds, new hearing aids if alterations to existing hearing aids cannot meet the needs of the insured, a new hearing aid if the existing one is no longer working, and fittings, adjustments, auditory training, and maintenance of the hearing aids. The new hearing aid limit does not apply if alterations to existing hearing aids cannot meet the needs of the insured or an existing hearing aid is no longer working.

(c) For purposes of this section, “hearing aid” means an electronic device designed to aid or compensate for impaired human hearing and any parts, attachments, or accessories, including earmolds, but excluding batteries and cords. This includes both hearing aids traditionally worn behind the ear and nonimplanted auditory osseointegrated devices.

(d) (1) This section does not apply to a specialized health insurance policy that covers only dental or vision benefits or a Medicare supplemental policy.

(2) This section does not apply to Medi-Cal managed care plans that contract with the State Department of Health Care Services pursuant to Chapter 7 (commencing with Section 14000) of, and Chapter 8 (commencing with Section 14200) of, Part 3 of Division 9 of the Welfare and Institutions Code. For these plans, the Medi-Cal

requirements imposed pursuant to subdivision (l) of Section 14132 of the Welfare and Institutions Code apply.

SEC. 4. No reimbursement is required by this act pursuant to Section 6 of Article XIII B of the California Constitution because the only costs that may be incurred by a local agency or school district will be incurred because this act creates a new crime or infraction, eliminates a crime or infraction, or changes the penalty for a crime or infraction, within the meaning of Section 17556 of the Government Code, or changes the definition of a crime within the meaning of Section 6 of Article XIII B of the California Constitution.

Amendment 3

On page 3, strike out lines 1 to 16, inclusive, and strike out pages 4 to 23, inclusive

PROPOSED AMENDMENTS TO SENATE BILL NO. 331

AMENDED IN SENATE MAY 23, 2025

AMENDED IN SENATE MAY 1, 2025

AMENDED IN SENATE APRIL 10, 2025

AMENDED IN SENATE MARCH 24, 2025

SENATE BILL

No. 331



RN2615167

Introduced by Senator Menjivar

February 12, 2025

An act to ~~amend Sections 5008, 5977, 5977.1, 5977.2, 5977.3, and 5977.4 of the Welfare and Institutions Code, relating to substance abuse.~~ *add Section 1367.72 to the Health and Safety Code, and to add Section 10123.72 to the Insurance Code, relating to health care coverage.*

Amendment 1

LEGISLATIVE COUNSEL'S DIGEST

SB 331, as amended, Menjivar. ~~Substance abuse.~~ *Health care coverage: hearing aids.*

Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law requires an individual or small group health care service plan contract or health insurance policy to include, at a minimum, coverage for essential health benefits, as specified. Commencing January 1, 2027, if the United States Department of Health and Human Services approves a new essential health benefits benchmark plan for the state, existing law requires

essential health benefits to include an annual hearing exam and one hearing aid per ear every three years.

This bill, the Let California Kids Hear Act, would require a large group health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2027, to include coverage for hearing aids, as defined, for enrollees and insureds under 21 years of age, if medically necessary. The bill would limit the maximum required coverage amount to \$3,000 per individual hearing aid, as specified. Because a willful violation of these requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that no reimbursement is required by this act for a specified reason.

~~(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 these provisions, existing law defines “gravely disabled” as a condition in which a person, as a result of 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 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 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 also include the original petitioner, and in specified circumstances, the original petitioner if the respondent consents, in the specified entities that would receive notice of proceedings and service of documents and reports. The bill would also include the original petitioner in those required to work with county behavioral health agencies to enter into CARE agreements, among other things.~~

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

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

- + *SECTION 1. This act shall be known, and may be cited, as the*
- + *Let California Kids Hear Act.*

Amendment 2

+ SEC. 2. Section 1367.72 is added to the Health and Safety
+ Code, to read:

+ 1367.72. (a) A large group health care service plan contract
+ issued, amended, or renewed on or after January 1, 2027, shall
+ include coverage for hearing aids for enrollees under 21 years of
+ age, if medically necessary. The covered service shall be provided
+ by a contracted provider; unless the contract allows for
+ out-of-network coverage. For children under five years of age, a
+ contracted provider shall include a pediatric audiologist.

+ (b) (1) The maximum required coverage amount under this
+ section is three thousand dollars (\$3,000) per individual hearing
+ aid. An enrollee may choose to purchase a hearing aid that exceeds
+ the maximum coverage amount and shall be responsible for the
+ difference between the cost of the hearing aid and the maximum
+ coverage amount.

+ (2) Hearing aids covered pursuant to this section shall not be
+ subject to a deductible, coinsurance, or copayment requirement.
+ Coverage of hearing aids under this section shall not be subject
+ to financial or treatment limitations, including a dollar limit that
+ is set below three thousand dollars (\$3,000) per individual hearing
+ aid.

+ (3) If a contract is a “high deductible health plan” under the
+ definition set forth in Section 223(c)(2) of Title 26 of the United
+ States Code, the contract shall not impose cost sharing as
+ described in paragraph (2), unless not applying cost sharing would
+ conflict with federal requirements for high deductible health plans.

+ (4) Coverage for hearing aids shall include an initial
+ assessment, new hearing aids at least once every three years, new
+ earmolds, new hearing aids if alterations to existing hearing aids
+ cannot meet the needs of the enrollee, a new hearing aid if the
+ existing one is no longer working, and fittings, adjustments,
+ auditory training, and maintenance of the hearing aids. The new
+ hearing aid limit does not apply if alterations to existing hearing
+ aids cannot meet the needs of the enrollee or an existing hearing
+ aid is no longer working.

+ (c) For purposes of this section, “hearing aid” means an
+ electronic device designed to aid or compensate for impaired
+ human hearing and any parts, attachments, or accessories,
+ including earmolds, but excluding batteries and cords. This

+ includes both hearing aids traditionally worn behind the ear and
+ nonimplanted auditory osseointegrated devices.

+ (d) (1) This section does not apply to a Medicare supplement
+ policy or specialized health care service plan contract that covers
+ only dental or vision benefits.

+ (2) This section does not apply to Medi-Cal managed care plans
+ that contract with the State Department of Health Care Services
+ pursuant to Chapter 7 (commencing with Section 14000) of, and
+ Chapter 8 (commencing with Section 14200) of, Part 3 of Division
+ 9 of the Welfare and Institutions Code. For these plans, the
+ Medi-Cal requirements imposed pursuant to subdivision (l) of
+ Section 14132 of the Welfare and Institutions Code apply.

+ SEC. 3. Section 10123.72 is added to the Insurance Code, to
+ read:

+ 10123.72. (a) A large group health insurance policy issued,
+ amended, or renewed on or after January 1, 2027, shall include
+ coverage for hearing aids for all insureds under 21 years of age,
+ if medically necessary. The covered service shall be provided by
+ a contracted provider, unless the policy allows for out-of-network
+ coverage. For children under five years of age, a contracted
+ provider shall include a pediatric audiologist.

+ (b) (1) The maximum required coverage amount under this
+ section is three thousand dollars (\$3,000) per individual hearing
+ aid. An insured may choose to purchase a hearing aid that exceeds
+ the maximum coverage amount and shall be responsible for the
+ difference between the cost of the hearing aid and the maximum
+ coverage amount.

+ (2) Hearing aids covered pursuant to this section shall not be
+ subject to a deductible, coinsurance, or copayment requirement.
+ Coverage of hearing aids under this section shall not be subject
+ to financial or treatment limitations, including a dollar limit that
+ is set below three thousand dollars (\$3,000) per individual hearing
+ aid.

+ (3) If a health insurance policy is a “high deductible health
+ plan” under the definition set forth in Section 223(c)(2) of Title
+ 26 of the United States Code, the policy shall not impose cost
+ sharing as described in paragraph (2), unless not applying cost
+ sharing would conflict with federal requirements for high
+ deductible health plans.

+ (4) Coverage for hearing aids shall include an initial
+ assessment, new hearing aids at least once every three years, new
+ earmolds, new hearing aids if alterations to existing hearing aids
+ cannot meet the needs of the insured, a new hearing aid if the
+ existing one is no longer working, and fittings, adjustments,
+ auditory training, and maintenance of the hearing aids. The new
+ hearing aid limit does not apply if alterations to existing hearing
+ aids cannot meet the needs of the insured or an existing hearing
+ aid is no longer working.

+ (c) For purposes of this section, “hearing aid” means an
+ electronic device designed to aid or compensate for impaired
+ human hearing and any parts, attachments, or accessories,
+ including earmolds, but excluding batteries and cords. This
+ includes both hearing aids traditionally worn behind the ear and
+ nonimplanted auditory osseointegrated devices.

+ (d) (1) This section does not apply to a specialized health
+ insurance policy that covers only dental or vision benefits or a
+ Medicare supplemental policy.

+ (2) This section does not apply to Medi-Cal managed care plans
+ that contract with the State Department of Health Care Services
+ pursuant to Chapter 7 (commencing with Section 14000) of, and
+ Chapter 8 (commencing with Section 14200) of, Part 3 of Division
+ 9 of the Welfare and Institutions Code. For these plans, the
+ Medi-Cal requirements imposed pursuant to subdivision (l) of
+ Section 14132 of the Welfare and Institutions Code apply.

+ SEC. 4. No reimbursement is required by this act pursuant to
+ Section 6 of Article XIII B of the California Constitution because
+ the only costs that may be incurred by a local agency or school
+ district will be incurred because this act creates a new crime or
+ infraction, eliminates a crime or infraction, or changes the penalty
+ for a crime or infraction, within the meaning of Section 17556 of
+ the Government Code, or changes the definition of a crime within
+ the meaning of Section 6 of Article XIII B of the California
+ Constitution.

Page 3 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,~~

Amendment 3

Page 3 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,
11 evaluation services or may be part-time employees or may be
12 employed on a contractual basis.

13 (b) “Court-ordered evaluation” means an evaluation ordered by
14 a superior court pursuant to Article 2 (commencing with Section
15 5200) of Chapter 2 or by a superior court pursuant to Article 3
16 (commencing with Section 5225) of Chapter 2.

Page 4 1 (c) “Intensive treatment” consists of such hospital and other
2 services as may be indicated. Intensive treatment shall be provided
3 by properly qualified professionals and carried out in facilities
4 qualifying for reimbursement under the California Medical
5 Assistance Program (Medi-Cal) set forth in Chapter 7 (commencing
6 with Section 14000) of Part 3 of Division 9, or under Title XVIII
7 of the federal Social Security Act and regulations thereunder.
8 Intensive treatment may be provided in hospitals of the United
9 States government by properly qualified professionals. This part
10 does not prohibit an intensive treatment facility from also providing
11 72-hour evaluation and treatment.

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

Page 4 30 with the State Department of Developmental Services, or other
31 public or private entities.

32 Each agency or facility providing evaluation services shall
33 maintain a current and comprehensive file of all community
34 services, both public and private. These files shall contain current
35 agreements with agencies or individuals accepting referrals, as
36 well as appraisals of the results of past referrals.

Page 5 1 or stability of the person or the family. The interview or interviews
2 may be conducted in the home of the person or family, or on an
3 inpatient or outpatient basis with such therapy, or other services,
4 as may be appropriate. The interview or interviews may include
5 family members, significant support persons, providers, or other
6 entities or individuals, as appropriate and as authorized by law.
7 Crisis intervention may, as appropriate, include suicide prevention,
8 psychiatric, welfare, psychological, legal, or other social services.

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

19 (g) "Conservatorship investigation" means investigation by an
20 agency appointed or designated by the governing body of cases in
21 which conservatorship is recommended pursuant to Chapter 3
22 (commencing with Section 5350).

23 (h) (1) For purposes of Article 1 (commencing with Section
24 5150), Article 2 (commencing with Section 5200), Article 3
25 (commencing with Section 5225), and Article 4 (commencing with
26 Section 5250) of Chapter 2, and for purposes of Chapter 3
27 (commencing with Section 5350), "gravely disabled" means any
28 of the following, as applicable:

Page 5 29 ~~(A) (i) A condition in which a person, as a result of a mental~~
 30 ~~health disorder, a severe substance use disorder, chronic~~
 31 ~~alcoholism, or a co-occurring mental health disorder and a severe~~
 32 ~~substance use disorder, is unable to provide for their basic personal~~
 33 ~~needs for food, clothing, shelter, personal safety, or necessary~~
 34 ~~medical care.~~

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

Page 6 1 ~~(B) A condition in which a person has been found mentally~~
 2 ~~incompetent under Section 1370 of the Penal Code and all of the~~
 3 ~~following facts exist:~~

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

8 ~~(ii) There has been a finding of probable cause on a complaint~~
 9 ~~pursuant to paragraph (2) of subdivision (a) of Section 1368.1 of~~
 10 ~~the Penal Code, a preliminary examination pursuant to Section~~
 11 ~~859b of the Penal Code, or a grand jury indictment, and the~~
 12 ~~complaint, indictment, or information has not been dismissed.~~

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

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

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

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

25 ~~(i) “Peace officer” means a duly sworn peace officer as that~~
 26 ~~term is defined in Chapter 4.5 (commencing with Section 830) of~~
 27 ~~Title 3 of Part 2 of the Penal Code who has completed the basic~~
 28 ~~training course established by the Commission on Peace Officer~~
 29 ~~Standards and Training, or any parole officer or probation officer~~

Page 6 30 specified in Section 830.5 of the Penal Code when acting in relation
 31 to cases for which the officer has a legally mandated responsibility.
 32 (j) ~~“Postcertification treatment” means an additional period of~~
 33 ~~treatment pursuant to Article 6 (commencing with Section 5300)~~
 34 ~~of Chapter 2.~~
 35 (k) ~~“Court,” unless otherwise specified, means a court of record.~~
 36 (l) ~~“Antipsychotic medication” means any medication~~
 37 ~~customarily prescribed for the treatment of symptoms of psychoses~~
 38 ~~and other severe mental and emotional disorders.~~
 39 (m) ~~“Emergency” means a situation in which action to impose~~
 40 ~~treatment over the person’s objection is immediately necessary~~
 Page 7 1 ~~for the preservation of life or the prevention of serious bodily harm~~
 2 ~~to the patient or others, and it is impracticable to first gain consent.~~
 3 ~~It is not necessary for harm to take place or become unavoidable~~
 4 ~~prior to treatment.~~
 5 (n) (1) ~~“Designated facility,” “facility designated by the county~~
 6 ~~for evaluation and treatment,” or “facility designated by the county~~
 7 ~~to provide intensive treatment” means a facility that meets~~
 8 ~~designation requirements duly established by the State Department~~
 9 ~~of Health Care Services in accordance with Section 5404,~~
 10 ~~including, but not limited to, the following:~~
 11 (A) ~~Psychiatric health facilities licensed by the State Department~~
 12 ~~of Health Care Services.~~
 13 (B) ~~Psychiatric residential treatment facilities licensed by the~~
 14 ~~State Department of Health Care Services.~~
 15 (C) ~~Mental health rehabilitation centers licensed by the State~~
 16 ~~Department of Health Care Services.~~
 17 (D) ~~Provider sites certified by the State Department of Health~~
 18 ~~Care Services or a mental health plan to provide crisis stabilization.~~
 19 (E) ~~General acute care hospitals licensed by the State~~
 20 ~~Department of Public Health.~~
 21 (F) ~~Acute psychiatric hospitals licensed by the State Department~~
 22 ~~of Public Health.~~
 23 (G) ~~Chemical dependency recovery hospitals licensed by the~~
 24 ~~State Department of Public Health.~~
 25 (H) ~~Hospitals operated by the United States Department of~~
 26 ~~Veterans Affairs.~~
 27 (2) (A) ~~A county may designate a facility for the purpose of~~
 28 ~~providing one or more of the following services:~~

Page 7 29 ~~(i) Providing evaluation and treatment pursuant to Article 1~~
30 ~~(commencing with Section 5150) of Chapter 2.~~
31 ~~(ii) Providing intensive treatment pursuant to Article 4~~
32 ~~(commencing with Section 5250) of Chapter 2.~~
33 ~~(iii) Providing additional intensive treatment pursuant to Article~~
34 ~~4.5 (commencing with Section 5260) of Chapter 2.~~
35 ~~(iv) Providing additional intensive treatment pursuant to Article~~
36 ~~4.7 (commencing with Section 5270.10) of Chapter 2.~~
37 ~~(v) Providing postcertification treatment pursuant to Article 6~~
38 ~~(commencing with Section 5300) of Chapter 2.~~
39 ~~(B) A county may designate a facility, as is appropriate and~~
40 ~~based on capability, for the purpose of providing one or more types~~
Page 8 1 ~~of treatment listed in subparagraph (A) of paragraph (3) of~~
2 ~~subdivision (n) without designating the facility to provide all~~
3 ~~treatments.~~
4 ~~(3) Notwithstanding Chapter 3.5 (commencing with Section~~
5 ~~11340) of Part 1 of Division 3 of Title 2 of the Government Code,~~
6 ~~the State Department of Health Care Services may implement,~~
7 ~~interpret, or make specific this subdivision, in whole or in part, by~~
8 ~~means of plan or county letters, information notices, plan or~~
9 ~~provider bulletins, or other similar instructions, until the time~~
10 ~~regulations are adopted no later than December 31, 2027.~~
11 ~~(o) “Severe substance use disorder” means a diagnosed~~
12 ~~substance-related disorder that meets the diagnostic criteria of~~
13 ~~“severe” as defined in the most current version of the Diagnostic~~
14 ~~and Statistical Manual of Mental Disorders.~~
15 ~~(p) “Personal safety” means the ability of one to survive safely~~
16 ~~in the community without involuntary detention or treatment~~
17 ~~pursuant to this part.~~
18 ~~(q) “Necessary medical care” means care that a licensed health~~
19 ~~care practitioner, while operating within the scope of their practice,~~
20 ~~determines to be necessary to prevent serious deterioration of an~~
21 ~~existing physical medical condition that, if left untreated, is likely~~
22 ~~to result in serious bodily injury as defined in Section 15610.67.~~
23 ~~(r) “Mental health disorder” means a condition outlined in the~~
24 ~~current edition of the Diagnostic and Statistical Manual of Mental~~
25 ~~Disorders.~~
33 ~~SEC. 2. Section 5977 of the Welfare and Institutions Code is~~
34 ~~amended to read:~~

Page 8

35 ~~5977. (a) (1) The court shall promptly review the petition to~~
36 ~~determine if the petitioner has made a prima facie showing that~~
37 ~~the respondent is, or may be, a person described in Section 5972.~~

Page 9

38 ~~(2) If the court finds that the petitioner has not made a prima~~
39 ~~facie showing that the respondent is, or may be, a person described~~
40 ~~in Section 5972, the court may dismiss the case and, if the court~~

1 ~~does so, it shall order that the dismissal is without prejudice, unless~~
2 ~~Section 5975.1 applies. Nothing other than Section 5975.1 prevents~~
3 ~~a petitioner whose petition was dismissed without prejudice from~~
4 ~~refiling the petition with amended information.~~

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

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

10 ~~(i) Set the matter for an initial appearance on the petition within~~
11 ~~14 court days.~~

12 ~~(ii) Appoint a qualified legal services project, as defined in~~
13 ~~Sections 6213 to 6214.5, inclusive, of the Business and Professions~~
14 ~~Code, to represent the respondent. If no legal services project has~~
15 ~~agreed to accept these appointments, a public defender or other~~
16 ~~counsel working in that capacity shall be appointed to represent~~
17 ~~the respondent.~~

18 ~~(iii) Determine whether the petition includes all of the following~~
19 ~~information and, if it does not, order the county behavioral health~~
20 ~~agency to submit a written report with the court within 14 court~~
21 ~~days that includes all of the following:~~

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

24 ~~(II) The outcome of efforts made to voluntarily engage the~~
25 ~~respondent prior to the filing of the petition.~~

26 ~~(III) Conclusions and recommendations about the respondent's~~
27 ~~ability to voluntarily engage in services.~~

28 ~~(iv) Order the county behavioral health agency to provide notice~~
29 ~~to the respondent, the appointed counsel, and the county behavioral~~
30 ~~health agency in the county where the respondent resides, if~~
31 ~~different from the county where the CARE process has~~
32 ~~commenced.~~

33 ~~(B) If the petitioner is a person other than the director of a~~
34 ~~county behavioral health agency, or their designee, the court shall~~

Page 9 35 order a county agency, or their designee, as determined by the
36 court, to investigate, as necessary, file a written report with the
37 court as soon as practicable, but within 30 court days, and provide
38 notice to the respondent and petitioner that a report has been
39 ordered. Parties shall complete the investigation with appropriate
40 urgency. The written report shall include all of the following:

Page 10 1 (i) A determination as to whether the respondent meets, or is
2 likely to meet, the criteria for the CARE process.

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

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

7 (iv) The information, including protected health information,
8 necessary to support the determinations, conclusions, and
9 recommendations in the report.

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

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

21 (A) If the court determines that voluntary engagement with the
22 respondent is effective, and that the individual has enrolled or is
23 likely to enroll in voluntary behavioral health treatment, the court
24 shall dismiss the matter.

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

32 (C) If the court determines, based on the county agency's report,
33 that the evidence does support a prima facie showing that the
34 respondent is, or may be, a person described in Section 5972, and

Page 10 35 ~~engagement with the county agency was not effective, the court~~
36 ~~shall do all of the following:~~
37 ~~(i) Set an initial appearance on the petition within 14 court days.~~
38 ~~(ii) Appoint a qualified legal services project, as defined in~~
39 ~~Sections 6213 to 6214.5, inclusive, of the Business and Professions~~
40 ~~Code or, if no legal services project has agreed to accept these~~
Page 11 1 ~~appointments, a public defender or other counsel working in that~~
2 ~~capacity to represent the respondent.~~
3 ~~(iii) Order the county agency to provide notice of the initial~~
4 ~~appearance to the petitioner, the respondent, the appointed counsel,~~
5 ~~the county behavioral health agency in the county where the~~
6 ~~respondent resides, and, if different, the county where the CARE~~
7 ~~court proceedings have commenced.~~
8 ~~(b) At the initial appearance on the petition, all of the following~~
9 ~~shall apply:~~
10 ~~(1) The court shall permit the respondent to substitute their own~~
11 ~~counsel.~~
12 ~~(2) Petitioner shall be present. If the petitioner is not present,~~
13 ~~the matter may be dismissed.~~
14 ~~(3) Respondent may waive personal appearance and appear~~
15 ~~through counsel. If the respondent does not waive personal~~
16 ~~appearance and does not appear at the hearing, and the court makes~~
17 ~~a finding in open court that reasonable attempts to elicit the~~
18 ~~attendance of the respondent have failed, the court may conduct~~
19 ~~the hearing in the respondent's absence if the court makes a finding~~
20 ~~in open court that conducting the hearing without the participation~~
21 ~~or presence of the respondent would be in the respondent's best~~
22 ~~interest.~~
23 ~~(4) A representative from the county behavioral health agency~~
24 ~~shall be present.~~
25 ~~(5) If the respondent asserts that they are enrolled in a federally~~
26 ~~recognized Indian tribe or are receiving services from an Indian~~
27 ~~health care provider, a tribal court, or a tribal organization, a~~
28 ~~representative from the program, the tribe, or the tribal court shall~~
29 ~~be allowed to be present, subject to the consent of the respondent.~~
30 ~~The tribal representative shall be entitled to notice by the county~~
31 ~~of the initial appearance.~~
32 ~~(6) (A) If the petitioner is a person other than the director of a~~
33 ~~county behavioral health agency, or their designee, the court shall~~
34 ~~issue an order relieving the original petitioner and appointing the~~

Page 11 35 ~~director of the county behavioral health agency or their designee~~
36 ~~as the successor petitioner.~~
37 ~~(B) If the original petitioner is described in subdivision (a) or~~
38 ~~(b) of Section 5974, all of the following apply:~~

Page 12 1 ~~(i) The original petitioner shall have the right to be present and~~
2 ~~make a statement at the initial hearing on the merits of the petition~~
3 ~~held pursuant to paragraph (7).~~
4 ~~(ii) (I) Until July 1, 2025, the court may, in its discretion, assign~~
5 ~~ongoing rights of notice to the original petitioner.~~
6 ~~(II) Commencing July 1, 2025, unless the court determines,~~
7 ~~either upon its own motion or upon the motion of the respondent,~~
8 ~~at any point in the proceedings, that it likely would be detrimental~~
9 ~~to the treatment or well-being of the respondent, the court shall~~
10 ~~provide ongoing notice of proceedings to the original petitioner~~
11 ~~throughout the CARE proceedings, including notice of when a~~
12 ~~continuance is granted or when a case is dismissed. If a continuance~~
13 ~~is granted, the notice shall provide a general reason for the~~
14 ~~continuance, including the absence of the respondent or one of the~~
15 ~~grounds pursuant to Rule 3.1332 of the California Rules of Court.~~
16 ~~If a case is dismissed, the notice shall specify the statutory basis~~
17 ~~for the dismissal. A notice pursuant to this clause shall not disclose~~
18 ~~any patient information that is protected under the federal Health~~
19 ~~Insurance Portability and Accountability Act of 1996 (Public Law~~
20 ~~104-191), the Confidentiality of Medical Information Act (Part~~
21 ~~2.6 (commencing with Section 56) of Division 1 of the Civil Code),~~
22 ~~or this act, without the respondent’s consent.~~
23 ~~(iii) To the extent that the respondent consents, the court may~~
24 ~~allow the original petitioner to participate in the respondent’s~~
25 ~~CARE proceedings, including in the development of a CARE~~
26 ~~agreement, a CARE plan, or a voluntary graduation plan with the~~
27 ~~county behavioral health agency and the respondent.~~
28 ~~(iv) The original petitioner may file a new petition with the~~
29 ~~court, pursuant to Section 5974, if the matter is dismissed and there~~
30 ~~is a change in circumstances.~~
31 ~~(C) If the original petitioner is not described in subdivision (a)~~
32 ~~or (b) of Section 5974, the court shall not assign ongoing rights to~~
33 ~~the original petitioner, other than the right to be present and make~~
34 ~~a statement at the hearing on the merits of the petition held pursuant~~
35 ~~to paragraph (7).~~

Page 12 36 ~~(7) (A) The court shall set a hearing on the merits of the petition~~
37 ~~within 10 days, at which time the court shall determine whether,~~
38 ~~by clear and convincing evidence, the respondent meets the CARE~~
39 ~~criteria in Section 5972. In making this determination, the court~~
40 ~~shall consider all evidence properly before it, including any report~~
Page 13 1 ~~from the county behavioral health agency ordered pursuant to~~
2 ~~paragraph (3) of subdivision (a) and any additional admissible~~
3 ~~evidence presented by the parties, including the petition submitted~~
4 ~~and any statement given by the original petitioner. A licensed~~
5 ~~behavioral health professional may testify as an expert concerning~~
6 ~~whether the respondent meets the CARE criteria in Section 5972~~
7 ~~provided that the court finds that the professional has special~~
8 ~~knowledge, skill, experience, training, or education sufficient to~~
9 ~~qualify as an expert under Section 720 of the Evidence Code.~~
10 ~~(B) The hearing on the merits of the petition may be conducted~~
11 ~~concurrently with the initial appearance upon stipulation of the~~
12 ~~petitioner and the respondent, subject to the approval by the court.~~
13 ~~(c) (1) If, at the hearing on the merits of the petition, the court~~
14 ~~finds there is not clear and convincing evidence that the respondent~~
15 ~~meets the CARE criteria in Section 5972, the court shall dismiss~~
16 ~~the case without prejudice, unless the court makes a finding, in~~
17 ~~open court, that the original petitioner’s filing was not in good~~
18 ~~faith, in which case the dismissal shall be with prejudice.~~
19 ~~(2) If, at the hearing on the merits of the petition, the court finds~~
20 ~~by clear and convincing evidence that the respondent meets the~~
21 ~~CARE criteria in Section 5972, the court shall order the county~~
22 ~~behavioral health agency to work with the respondent, the~~
23 ~~respondent’s counsel, and the supporter to engage the respondent~~
24 ~~in behavioral health treatment and attempt to enter into a CARE~~
25 ~~agreement. The court shall set a case management hearing within~~
26 ~~14 days.~~
27 ~~(3) If the respondent is enrolled in a federally recognized Indian~~
28 ~~tribe, the respondent shall provide notice of the case management~~
29 ~~hearing to the tribe, subject to the consent of the respondent.~~
30 ~~(d) The following shall apply to any written report submitted~~
31 ~~by a county behavioral health agency to the court pursuant to this~~
32 ~~section:~~
33 ~~(1) The report is confidential and not subject to disclosure or~~
34 ~~inspection under the California Public Records Act (Division 10~~

Page 13 35 (commencing with Section 7920.000) of Title 1 of the Government
36 Code).

37 (2) The report is inadmissible in any subsequent legal
38 proceeding, except upon motion of the respondent in that
39 subsequent legal proceeding.

Page 14 1 (3) The report shall be confidential pursuant to subdivision (e)
2 of Section 5976.5.

3 (4) This subdivision shall not affect the applicability of
4 paragraph (2) of subdivision (e) of Section 5977.1, make admissible
5 any evidence that is not otherwise admissible, or permit a witness
6 to base an opinion on any matter that is not a proper basis for such
7 an opinion. The admission or exclusion of evidence shall be
8 pursuant to the rules of evidence established by the Evidence Code,
9 including, but not limited to, Section 352 of the Evidence Code,
10 and by judicial decision.

12 SEC. 3. Section 5977.1 of the Welfare and Institutions Code
13 is amended to read:

14 5977.1. (a) (1) At the case management hearing, the court
15 shall hear evidence as to whether the parties have entered, or are
16 likely to enter, into a CARE agreement.

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

20 (A) Approve the terms of the CARE agreement or modify the
21 terms of the CARE agreement and approve the agreement as
22 modified by the court, and continue the matter and set a progress
23 hearing for 60 days.

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

27 (3) Nothing in this subdivision shall prohibit the parties from
28 agreeing to, and the court from approving, amendments to the
29 CARE agreement.

30 (b) If the court finds that the parties have not entered into a
31 CARE agreement, and are not likely to enter into a CARE
32 agreement, the court shall order the county behavioral health
33 agency, through a licensed behavioral health professional, to
34 conduct a clinical evaluation of the respondent, unless there is an
35 existing clinical evaluation of the respondent completed within
36 the last 30 days and the parties stipulate to the use of that

Page 14 37 ~~evaluation. The evaluation shall address, at a minimum, the~~
38 ~~following:~~
39 ~~(1) A clinical diagnosis of the respondent.~~
Page 15 1 ~~(2) Whether the respondent has the legal capacity to give~~
2 ~~informed consent regarding psychotropic medication.~~
3 ~~(3) Any other information as ordered by the court or that the~~
4 ~~licensed behavioral health professional conducting the evaluation~~
5 ~~determines would help the court make future informed decisions~~
6 ~~about the appropriate care and services the respondent should~~
7 ~~receive.~~
8 ~~(4) An analysis of recommended services, programs, housing,~~
9 ~~medications, and interventions that support the recovery and~~
10 ~~stability of the respondent.~~
11 ~~(c) (1) The court shall set a clinical evaluation hearing to review~~
12 ~~the evaluation within 21 days. The court shall order the county to~~
13 ~~file the evaluation with the court and provide the evaluation to the~~
14 ~~respondent's counsel no later than five days prior to the scheduled~~
15 ~~clinical evaluation hearing. The clinical evaluation hearing may~~
16 ~~be continued for a maximum of 14 days upon stipulation of the~~
17 ~~respondent and the county behavioral health agency, unless there~~
18 ~~is good cause for a longer extension. The evaluation may be~~
19 ~~provided to the original petitioner if the respondent consents.~~
20 ~~(2) At the clinical evaluation review hearing, the court shall~~
21 ~~review the evaluation and other evidence from the county~~
22 ~~behavioral health agency and the respondent. The county behavioral~~
23 ~~health agency and the respondent may present evidence and call~~
24 ~~witnesses, including the person who conducted the evaluation.~~
25 ~~Only relevant and admissible evidence that fully complies with~~
26 ~~the rules of evidence may be considered by the court.~~
27 ~~(3) At the conclusion of the hearing, the court shall determine~~
28 ~~whether the respondent, by clear and convincing evidence, meets~~
29 ~~the CARE criteria in Section 5972 and make orders as follows:~~
30 ~~(A) If the court finds that the respondent meets the CARE~~
31 ~~criteria, the court shall order the county behavioral health agency,~~
32 ~~the respondent, and the respondent's counsel and supporter to~~
33 ~~jointly develop a CARE plan within 14 days.~~
34 ~~(B) If the court does not find that clear and convincing evidence~~
35 ~~establishes that the respondent meets the CARE criteria, the court~~
36 ~~shall dismiss the petition.~~

Page 15 37 ~~(4) If the respondent is a self-identified American Indian or~~
38 ~~Alaska Native individual, as defined in Sections 1603(13);~~
39 ~~1603(28), and 1679(a) of Title 25 of the United States Code, has~~
40 ~~been determined eligible as an Indian under Section 136.12 of~~
Page 16 1 ~~Title 42 of the Code of Federal Regulations, or is currently~~
2 ~~receiving services from an Indian health care provider or tribal~~
3 ~~court, the county behavioral health agency shall use its best efforts~~
4 ~~to meaningfully consult with and incorporate the Indian health~~
5 ~~care provider or tribal court available to the respondent to develop~~
6 ~~the CARE plan.~~
7 ~~(5) The evaluation and all reports, documents, and filings~~
8 ~~submitted to the court shall be confidential.~~
9 ~~(6) The date for the hearing to review and consider approval of~~
10 ~~the proposed CARE plan shall be set not more than 14 days from~~
11 ~~the date of the order to develop a CARE plan, unless the court~~
12 ~~finds good cause for an extension. The party requesting an~~
13 ~~extension of time for the CARE plan review hearing shall provide~~
14 ~~notice to the opposing party, their counsel, and the petitioner of~~
15 ~~the request for extension of time, and the court's order if the request~~
16 ~~is granted.~~
17 ~~(d) (1) At the CARE plan review hearing, the parties shall~~
18 ~~present their plan or plans to the court. The county behavioral~~
19 ~~health agency or the respondent, or both, may present a proposed~~
20 ~~CARE plan. If the respondent consents, the original petitioner may~~
21 ~~also make suggestions for the CARE plan, but shall not propose~~
22 ~~a third CARE plan for consideration.~~
23 ~~(2) After consideration of the plans proposed by the parties and~~
24 ~~any recommendations from the original petitioner, the court shall~~
25 ~~adopt the elements of a CARE plan that support the recovery and~~
26 ~~stability of the respondent. The court may issue any orders~~
27 ~~necessary to support the respondent in accessing appropriate~~
28 ~~services and supports, including prioritization for those services~~
29 ~~and supports, subject to applicable laws and available funding~~
30 ~~pursuant to Section 5982. These orders shall constitute the CARE~~
31 ~~plan and may be amended.~~
32 ~~(3) A court may order mediation if it finds, upon review of the~~
33 ~~court-ordered evaluation and hearing from the parties, that, by~~
34 ~~clear and convincing evidence, the respondent lacks the capacity~~
35 ~~to give informed consent to the administration of medically~~
36 ~~necessary stabilization medication. To the extent the court orders~~

Page 16 37 medically necessary stabilization medication, the medication shall
 38 not be forcibly administered and the respondent's failure to comply
 39 with a medication order shall not result in a penalty, including, but
 Page 17 1 not limited to, contempt or termination of the CARE plan pursuant
 2 to Section 5979.

3 ~~(4) If the proposed CARE plan includes services and supports,~~
 4 ~~such as housing, provided directly or indirectly through another~~
 5 ~~local governmental entity, that local entity may agree to provide~~
 6 ~~the service or support, or the court may consider a motion by either~~
 7 ~~of the parties to add the local entity as a party to the CARE~~
 8 ~~proceeding. If the local entity agrees to provide the service or~~
 9 ~~support, it may request to be added as a party by the court.~~

10 ~~(5) If, after presentation of the CARE plan or plans, the court~~
 11 ~~determines that additional information is needed, including from~~
 12 ~~a licensed behavioral health professional, the court shall order a~~
 13 ~~supplemental report to be filed by the county behavioral health~~
 14 ~~agency for which the court may grant a continuance of no more~~
 15 ~~than 14 days, unless there is good cause for a longer extension.~~
 16 ~~The report may be provided to the original petitioner if the~~
 17 ~~respondent consents.~~

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

22 ~~(7) This subdivision does not prohibit the parties from agreeing~~
 23 ~~to, and the court from approving, amendments to the CARE plan.~~
 24 ~~The court may also approve amendments to the CARE plan upon~~
 25 ~~the finding that those amendments are necessary to support the~~
 26 ~~respondent in accessing appropriate services and supports,~~
 27 ~~following a hearing on the issue.~~

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

32 ~~SEC. 4. Section 5977.2 of the Welfare and Institutions Code~~
 33 ~~is amended to read:~~

34 ~~5977.2.—(a) (1) At intervals set by the court and not less~~
 35 ~~frequently than every 60 days after the court orders the CARE~~
 36 ~~plan, the court shall hold a status review hearing. The county~~
 37 ~~behavioral health agency shall file with the court and serve on the~~
 38 ~~respondent, the respondent's counsel and supporter, and, if the~~

Page 17 39 respondent consents, the original petitioner a report no fewer than
Page 18 1 five court days prior to the review hearing with the following
2 information:
3 (A) The progress that the respondent has made on the CARE
4 plan.
5 (B) What services and supports in the CARE plan were
6 provided, and what services and supports were not provided.
7 (C) Any issues the respondent expressed or exhibited in adhering
8 to the CARE plan.
9 (D) Recommendations for changes to the services and supports
10 to make the CARE plan more successful.
11 (2) The respondent shall be permitted to respond to the report
12 submitted by the county behavioral health agency and to the county
13 behavioral health agency’s testimony. The respondent shall be
14 permitted to introduce their own information and recommendations.
15 (3) Subject to applicable law, intermittent lapses or setbacks
16 described in this section of the report shall not impact access to
17 services, treatment, or housing.
18 (4) The report may be provided to the original petitioner where
19 the respondent consents.
20 (b) The county behavioral health agency or the respondent may
21 request, or the court upon its own motion may set, a hearing to
22 occur at any time during the CARE process to address a change
23 of circumstances.
24 SEC. 5. Section 5977.3 of the Welfare and Institutions Code
25 is amended to read:
26 5977.3. (a) (1) In the 11th month of the process timeline, the
27 court shall hold a one-year status hearing. Not fewer than five
28 court days prior to the one-year status hearing, the county
29 behavioral health agency shall file a report with the court and shall
30 serve the report on the respondent and the respondent’s counsel
31 and supporter. The report may be provided to the original petitioner
32 where the respondent consents. The report shall include the
33 following information:
34 (A) The progress that the respondent has made on the CARE
35 plan, including a final assessment of the respondent’s stability.
36 (B) What services and supports in the CARE plan were
37 provided, and what services and supports were not provided, over
38 the life of the program.
39

Page 19

1 ~~(C) Any issues the respondent expressed or exhibited in adhering~~
2 ~~to the CARE plan.~~
3 ~~(D) Recommendations for next steps, including what ongoing~~
4 ~~and additional services would benefit the respondent that the county~~
5 ~~behavioral health agency can facilitate or provide.~~
6 ~~(2) At an evidentiary hearing, the original petitioner and the~~
7 ~~respondent shall be permitted to respond to the report submitted~~
8 ~~by the county behavioral health agency and to the county~~
9 ~~behavioral health agency’s testimony. The respondent, and if the~~
10 ~~respondent consents, the original petitioner shall be permitted to~~
11 ~~introduce their own information and recommendations. The~~
12 ~~respondent shall have the right at the hearing to call witnesses and~~
13 ~~to present evidence as to whether the respondent agrees with the~~
14 ~~report. The respondent may request either to be graduated from~~
15 ~~the program or to remain in the program.~~
16 ~~(3) The court shall issue an order as follows:~~
17 ~~(A) If the respondent elects to be graduated from the program,~~
18 ~~the court shall order the county behavioral health agency and the~~
19 ~~respondent to work jointly on a voluntary graduation plan. The~~
20 ~~court shall schedule a hearing in the 12th month after adoption of~~
21 ~~the CARE plan for presentation of the graduation plan. The court~~
22 ~~shall review the graduation plan and recite the terms in open court.~~
23 ~~The graduation plan shall not place additional requirements on~~
24 ~~local governmental entities and is not enforceable by the court,~~
25 ~~except that the graduation plan may, at the respondent’s election,~~
26 ~~include a psychiatric advance directive, which shall have the force~~
27 ~~of law. Upon completion of the hearing, the respondent shall be~~
28 ~~officially graduated from the program.~~
29 ~~(B) If the respondent elects to remain in the CARE process,~~
30 ~~respondent may request any amount of time, up to and including~~
31 ~~one additional year. The court may permit the ongoing voluntary~~
32 ~~participation of the respondent if the court finds both of the~~
33 ~~following:~~
34 ~~(i) The respondent did not successfully complete the CARE~~
35 ~~plan.~~
36 ~~(ii) The respondent would benefit from continuation of the~~
37 ~~CARE plan.~~
38 ~~(C) The court shall issue an order permitting the respondent to~~
39 ~~continue in the CARE plan or denying respondent’s request to~~
40 ~~remain in the CARE plan, and state its reasons in open court.~~

Page 20 1 ~~(b) The respondent may be involuntarily reappointed to the~~
2 ~~program only if the court finds, by clear and convincing evidence,~~
3 ~~that all of the following conditions apply:~~
4 ~~(1) The respondent did not successfully complete the CARE~~
5 ~~process.~~
6 ~~(2) All services and supports required through the CARE process~~
7 ~~were provided to the respondent.~~
8 ~~(3) The respondent would benefit from continuation in the~~
9 ~~CARE process.~~
10 ~~(4) The respondent currently meets the requirements in Section~~
11 ~~5972.~~
12 ~~(e) A respondent may only be reappointed to the CARE process~~
13 ~~once, for up to one additional year.~~
15 ~~SEC. 6. Section 5977.4 of the Welfare and Institutions Code~~
16 ~~is amended to read:~~
17 ~~5977.4. (a) In all CARE Act proceedings, the judicial officer~~
18 ~~shall control the proceedings during the hearings with a view to~~
19 ~~the expeditious and effective ascertainment of the jurisdictional~~
20 ~~facts and the ascertainment of all information relative to the present~~
21 ~~condition and future welfare of the respondent. Except when there~~
22 ~~is a contested issue of fact or law, the proceedings shall be~~
23 ~~conducted in an informal nonadversarial atmosphere with a view~~
24 ~~to obtaining the maximum cooperation of the respondent, all~~
25 ~~persons interested in the respondent's welfare, and all other parties,~~
26 ~~with any provisions that the court may make for the disposition~~
27 ~~and care of the respondent. The court and relevant local public~~
28 ~~agencies shall cooperate to develop a comprehensive set of~~
29 ~~objectives established to improve performance of the CARE system~~
30 ~~in a vigorous and ongoing manner. The court is authorized to~~
31 ~~coordinate and participate in meetings to improve system~~
32 ~~performance. All evaluations and reports, documents, and filings~~
33 ~~submitted to the court pursuant to CARE Act proceedings shall~~
34 ~~be confidential.~~
35 ~~(b) The hearings described in this chapter shall occur in person~~
36 ~~unless the court, in its discretion, allows a party or witness to~~
37 ~~appear remotely through the use of remote technology. The~~
38 ~~respondent shall have the right to be in person for all hearings.~~
39 ~~(c) Consistent with its constitutional rulemaking authority, the~~
40 ~~Judicial Council shall adopt rules to implement the policies and~~
Page 21 1 ~~provisions in this section and in Sections 5977 to 5977.4, inclusive,~~

Page 21

2 to promote statewide consistency, including, but not limited to,
3 what is included in the petition form packet, communications
4 between the CARE Act court and the juvenile court, if applicable,
5 the role of the judiciary to improve system performance, and the
6 process by which counsel will be appointed.

7 ~~(d) (1) Consistent with paragraph (9) of subdivision (b) of~~
8 ~~Section 56.10 of the Civil Code, the county behavioral health~~
9 ~~agency shall include in any report evaluation, or other document~~
10 ~~filed with the court, the information, including protected health~~
11 ~~information, necessary to support the determinations, conclusions,~~
12 ~~and recommendations in the filing. The county behavioral health~~
13 ~~agency shall not, unless ordered to do so by the court, submit to~~
14 ~~the court original or photocopied records underlying the~~
15 ~~information in a report evaluation or other document required or~~
16 ~~ordered under this subdivision. The county behavioral health~~
17 ~~agency shall serve an unredacted copy of any report evaluation,~~
18 ~~or other document filed with the court on the respondent and the~~
19 ~~respondent’s counsel and, with the consent of the respondent, on~~
20 ~~the supporter and the original petitioner in a manner authorized~~
21 ~~by law. Neither a county nor an employee or agent thereof shall~~
22 ~~be held civilly or criminally liable for any disclosure authorized~~
23 ~~or required by this paragraph.~~

24 ~~(2) (A) Consistent with paragraph (1) of subdivision (c) of~~
25 ~~Section 56.10 of the Civil Code, a provider of health care, as~~
26 ~~defined in Section 56.05 of the Civil Code, or a covered entity, as~~
27 ~~defined in Section 160.103 of Title 45 of the Code of Federal~~
28 ~~Regulations, may disclose to the county behavioral health agency~~
29 ~~any information, including protected health information, and mental~~
30 ~~health records excluding psychotherapy notes, in its possession~~
31 ~~about the respondent that is relevant to the county behavioral health~~
32 ~~agency’s provision, coordination, or management of services and~~
33 ~~supports under this part, including, but not limited to, the~~
34 ~~preparation of any required investigations, evaluations, or reports.~~
35 ~~Such a disclosure is a disclosure for treatment purposes, which~~
36 ~~may be made only to the extent permitted under Section 164.506~~
37 ~~of Title 45 of the Code of Federal Regulations. The information~~
38 ~~disclosed may include substance use disorder patient records only~~
39 ~~to the extent permitted by Part 2 (commencing with Section 2.1)~~
40 ~~of Title 42 of the Code of Federal Regulations.~~

Page 22

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

20 ~~(C) The county behavioral health agency may apply to the court~~
21 ~~ex parte for an order requiring any provider of health care, as~~
22 ~~defined in Section 56.05 of the Civil Code, or any covered entity,~~
23 ~~as defined in Section 160.103 of Title 45 of the Code of Federal~~
24 ~~Regulations, to provide to the county behavioral health agency, to~~
25 ~~the court, or both, any information, including, but not limited to,~~
26 ~~protected health information, and mental health records excluding~~
27 ~~psychotherapy notes, in its possession about the respondent that~~
28 ~~may be relevant in connection with an investigation, evaluation,~~
29 ~~or other report or hearing under this part, or with the provision of~~
30 ~~services and supports under this part. The provision of information~~
31 ~~under this paragraph is a disclosure required by law, which may~~
32 ~~be made only to the extent permitted under Section 164.512 of~~
33 ~~Title 45 of the Code of Federal Regulations. The information~~
34 ~~ordered to be disclosed may include substance use disorder patient~~
35 ~~records only to the extent permitted by Part 2 (commencing with~~
36 ~~Section 2.1) of Title 42 of the Code of Federal Regulations.~~

37 ~~(D) A provider of health care or covered entity shall not be held~~
38 ~~civilly or criminally liable for any disclosure authorized or required~~
39 ~~by this section.~~

Page 23

1 ~~(E) The county behavioral health agency shall notify the~~
2 ~~respondent of a disclosure under this paragraph as follows:~~
3 ~~(i) By mail at the respondent’s last known address, if any.~~
4 ~~(ii) To the respondent’s counsel.~~
5 ~~(iii) By including a copy of the notification under clause (i) or~~
6 ~~(ii) with the next notice of hearing served upon the respondent, if~~
7 ~~any.~~
8 ~~(F) All information, including the facts and records, or summary~~
9 ~~thereof, shared under this subdivision shall further be disclosed to~~
10 ~~the respondent and the respondent’s counsel, and with the consent~~
11 ~~of the respondent, to the supporter and the original petitioner.~~
12 ~~(3) (A) Except as expressly provided, further disclosure or~~
13 ~~redisclosure of information is not authorized by this subdivision.~~
14 ~~(B) Information disclosed to a county behavioral health agency~~
15 ~~by a provider of health care, as defined in Section 56.05 of the~~
16 ~~Civil Code, or a covered entity, as defined in Section 160.103 of~~
17 ~~Title 45 of the Code of Federal Regulations is confidential and not~~
18 ~~subject to disclosure or inspection under the California Public~~
19 ~~Records Act (Division 10 (commencing with Section 7920.000)~~
20 ~~of Title 1 of the Government Code).~~
21 ~~(C) Disclosure of information under this part shall not be deemed~~
22 ~~to in any way alter the duties or responsibilities of a county~~
23 ~~behavioral health agency, of a provider of health care, as defined~~
24 ~~in Section 56.05 of the Civil Code, or of a covered entity, as~~
25 ~~defined in Section 160.103 of Title 45 of the Code of Federal~~
26 ~~Regulations, with respect to the disclosed information under the~~
27 ~~Confidentiality of Medical Information Act (Part 2.6 (commencing~~
28 ~~with Section 56) of Division 1 of the Civil Code), or the federal~~
29 ~~Health Insurance Portability and Accountability Act of 1996~~
30 ~~(Public Law 104-191).~~

O