

AMENDED IN ASSEMBLY JUNE 1, 2026

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

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.*

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:

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

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

3 1367.72. (a) A large group health care service plan contract
4 issued, amended, or renewed on or after January 1, 2027, shall
5 include coverage for hearing aids for enrollees under 21 years of
6 age, if medically necessary. The covered service shall be provided
7 by a contracted provider, unless the contract allows for
8 out-of-network coverage. For children under five years of age, a
9 contracted provider shall include a pediatric audiologist.

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

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

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

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

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

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

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

6 (2) This section does not apply to Medi-Cal managed care plans
7 that contract with the State Department of Health Care Services
8 pursuant to Chapter 7 (commencing with Section 14000) of, and
9 Chapter 8 (commencing with Section 14200) of, Part 3 of Division
10 9 of the Welfare and Institutions Code. For these plans, the
11 Medi-Cal requirements imposed pursuant to subdivision (l) of
12 Section 14132 of the Welfare and Institutions Code apply.

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

15 10123.72. (a) A large group health insurance policy issued,
16 amended, or renewed on or after January 1, 2027, shall include
17 coverage for hearing aids for all insureds under 21 years of age,
18 if medically necessary. The covered service shall be provided by
19 a contracted provider, unless the policy allows for out-of-network
20 coverage. For children under five years of age, a contracted
21 provider shall include a pediatric audiologist.

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

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

34 (3) If a health insurance policy is a “high deductible health
35 plan” under the definition set forth in Section 223(c)(2) of Title
36 26 of the United States Code, the policy shall not impose cost
37 sharing as described in paragraph (2), unless not applying cost
38 sharing would conflict with federal requirements for high
39 deductible health plans.

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

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

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

19 (2) This section does not apply to Medi-Cal managed care plans
 20 that contract with the State Department of Health Care Services
 21 pursuant to Chapter 7 (commencing with Section 14000) of, and
 22 Chapter 8 (commencing with Section 14200) of, Part 3 of Division
 23 9 of the Welfare and Institutions Code. For these plans, the
 24 Medi-Cal requirements imposed pursuant to subdivision (l) of
 25 Section 14132 of the Welfare and Institutions Code apply.

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

35 SECTION 1. Section 5008 of the Welfare and Institutions Code
 36 is amended to read:

37 5008. Unless the context otherwise requires, the following
 38 definitions shall govern the construction of this part:

39 (a) “Evaluation” consists of multidisciplinary professional
 40 analyses of a person’s medical, psychological, educational, social,

1 financial, and legal conditions as may appear to constitute a
2 problem. Persons providing evaluation services shall be properly
3 qualified professionals and may be full-time employees of an
4 agency providing face-to-face, which includes telehealth,
5 evaluation services or may be part-time employees or may be
6 employed on a contractual basis.

7 (b) “Court-ordered evaluation” means an evaluation ordered by
8 a superior court pursuant to Article 2 (commencing with Section
9 5200) of Chapter 2 or by a superior court pursuant to Article 3
10 (commencing with Section 5225) of Chapter 2.

11 (c) “Intensive treatment” consists of such hospital and other
12 services as may be indicated. Intensive treatment shall be provided
13 by properly qualified professionals and carried out in facilities
14 qualifying for reimbursement under the California Medical
15 Assistance Program (Medi-Cal) set forth in Chapter 7 (commencing
16 with Section 14000) of Part 3 of Division 9, or under Title XVIII
17 of the federal Social Security Act and regulations thereunder.
18 Intensive treatment may be provided in hospitals of the United
19 States government by properly qualified professionals. This part
20 does not prohibit an intensive treatment facility from also providing
21 72-hour evaluation and treatment.

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

1 with the State Department of Developmental Services, or other
2 public or private entities.

3 Each agency or facility providing evaluation services shall
4 maintain a current and comprehensive file of all community
5 services, both public and private. These files shall contain current
6 agreements with agencies or individuals accepting referrals, as
7 well as appraisals of the results of past referrals.

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

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

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

34 (h) (1) For purposes of Article 1 (commencing with Section
35 5150), Article 2 (commencing with Section 5200), Article 3
36 (commencing with Section 5225), and Article 4 (commencing with
37 Section 5250) of Chapter 2, and for purposes of Chapter 3
38 (commencing with Section 5350), “gravely disabled” means any
39 of the following, as applicable:

1 ~~(A) (i) A condition in which a person, as a result of a mental~~
2 ~~health disorder, a severe substance use disorder, chronic~~
3 ~~alcoholism, or a co-occurring mental health disorder and a severe~~
4 ~~substance use disorder, is unable to provide for their basic personal~~
5 ~~needs for food, clothing, shelter, personal safety, or necessary~~
6 ~~medical care.~~

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

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

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

19 ~~(ii) There has been a finding of probable cause on a complaint~~
20 ~~pursuant to paragraph (2) of subdivision (a) of Section 1368.1 of~~
21 ~~the Penal Code, a preliminary examination pursuant to Section~~
22 ~~859b of the Penal Code, or a grand jury indictment, and the~~
23 ~~complaint, indictment, or information has not been dismissed.~~

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

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

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

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

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

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

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

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

4 ~~(2) If the court finds that the petitioner has not made a prima~~
5 ~~facie showing that the respondent is, or may be, a person described~~
6 ~~in Section 5972, the court may dismiss the case and, if the court~~
7 ~~does so, it shall order that the dismissal is without prejudice, unless~~
8 ~~Section 5975.1 applies. Nothing other than Section 5975.1 prevents~~
9 ~~a petitioner whose petition was dismissed without prejudice from~~
10 ~~refiling the petition with amended information.~~

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

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

16 ~~(i) Set the matter for an initial appearance on the petition within~~
17 ~~14 court days.~~

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

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

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

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

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

34 ~~(iv) Order the county behavioral health agency to provide notice~~
35 ~~to the respondent, the appointed counsel, and the county behavioral~~
36 ~~health agency in the county where the respondent resides, if~~
37 ~~different from the county where the CARE process has~~
38 ~~commenced.~~

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

1 order a county agency, or their designee, as determined by the
2 court, to investigate, as necessary, file a written report with the
3 court as soon as practicable, but within 30 court days, and provide
4 notice to the respondent and petitioner that a report has been
5 ordered. Parties shall complete the investigation with appropriate
6 urgency. The written report shall include all of the following:

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

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

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

13 (iv) The information, including protected health information,
14 necessary to support the determinations, conclusions, and
15 recommendations in the report.

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

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

27 (A) If the court determines that voluntary engagement with the
28 respondent is effective, and that the individual has enrolled or is
29 likely to enroll in voluntary behavioral health treatment, the court
30 shall dismiss the matter.

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

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

1 engagement with the county agency was not effective, the court
2 shall do all of the following:

3 (i) Set an initial appearance on the petition within 14 court days.
4 (ii) Appoint a qualified legal services project, as defined in
5 Sections 6213 to 6214.5, inclusive, of the Business and Professions
6 Code or, if no legal services project has agreed to accept these
7 appointments, a public defender or other counsel working in that
8 capacity to represent the respondent.
9 (iii) Order the county agency to provide notice of the initial
10 appearance to the petitioner, the respondent, the appointed counsel,
11 the county behavioral health agency in the county where the
12 respondent resides, and, if different, the county where the CARE
13 court proceedings have commenced.

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

16 (1) The court shall permit the respondent to substitute their own
17 counsel.
18 (2) Petitioner shall be present. If the petitioner is not present,
19 the matter may be dismissed.
20 (3) Respondent may waive personal appearance and appear
21 through counsel. If the respondent does not waive personal
22 appearance and does not appear at the hearing, and the court makes
23 a finding in open court that reasonable attempts to elicit the
24 attendance of the respondent have failed, the court may conduct
25 the hearing in the respondent's absence if the court makes a finding
26 in open court that conducting the hearing without the participation
27 or presence of the respondent would be in the respondent's best
28 interest.
29 (4) A representative from the county behavioral health agency
30 shall be present.
31 (5) If the respondent asserts that they are enrolled in a federally
32 recognized Indian tribe or are receiving services from an Indian
33 health care provider, a tribal court, or a tribal organization, a
34 representative from the program, the tribe, or the tribal court shall
35 be allowed to be present, subject to the consent of the respondent.
36 The tribal representative shall be entitled to notice by the county
37 of the initial appearance.
38 (6) (A) If the petitioner is a person other than the director of a
39 county behavioral health agency, or their designee, the court shall
40 issue an order relieving the original petitioner and appointing the

1 director of the county behavioral health agency or their designee
2 as the successor petitioner.

3 (B) If the original petitioner is described in subdivision (a) or
4 (b) of Section 5974, all of the following apply:

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

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

10 (H) Commencing July 1, 2025, unless the court determines,
11 either upon its own motion or upon the motion of the respondent,
12 at any point in the proceedings, that it likely would be detrimental
13 to the treatment or well-being of the respondent, the court shall
14 provide ongoing notice of proceedings to the original petitioner
15 throughout the CARE proceedings, including notice of when a
16 continuance is granted or when a case is dismissed. If a continuance
17 is granted, the notice shall provide a general reason for the
18 continuance, including the absence of the respondent or one of the
19 grounds pursuant to Rule 3.1332 of the California Rules of Court.
20 If a case is dismissed, the notice shall specify the statutory basis
21 for the dismissal. A notice pursuant to this clause shall not disclose
22 any patient information that is protected under the federal Health
23 Insurance Portability and Accountability Act of 1996 (Public Law
24 104-191), the Confidentiality of Medical Information Act (Part
25 2.6 (commencing with Section 56) of Division 1 of the Civil Code),
26 or this act, without the respondent's consent.

27 (iii) To the extent that the respondent consents, the court may
28 allow the original petitioner to participate in the respondent's
29 CARE proceedings, including in the development of a CARE
30 agreement, a CARE plan, or a voluntary graduation plan with the
31 county behavioral health agency and the respondent.

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

35 (C) If the original petitioner is not described in subdivision (a)
36 or (b) of Section 5974, the court shall not assign ongoing rights to
37 the original petitioner, other than the right to be present and make
38 a statement at the hearing on the merits of the petition held pursuant
39 to paragraph (7).

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

15 ~~(B) The hearing on the merits of the petition may be conducted~~
16 ~~concurrently with the initial appearance upon stipulation of the~~
17 ~~petitioner and the respondent, subject to the approval by the court.~~

18 ~~(e) (1) If, at the hearing on the merits of the petition, the court~~
19 ~~finds there is not clear and convincing evidence that the respondent~~
20 ~~meets the CARE criteria in Section 5972, the court shall dismiss~~
21 ~~the case without prejudice, unless the court makes a finding, in~~
22 ~~open court, that the original petitioner's filing was not in good~~
23 ~~faith, in which case the dismissal shall be with prejudice.~~

24 ~~(2) If, at the hearing on the merits of the petition, the court finds~~
25 ~~by clear and convincing evidence that the respondent meets the~~
26 ~~CARE criteria in Section 5972, the court shall order the county~~
27 ~~behavioral health agency to work with the respondent, the~~
28 ~~respondent's counsel, and the supporter to engage the respondent~~
29 ~~in behavioral health treatment and attempt to enter into a CARE~~
30 ~~agreement. The court shall set a case management hearing within~~
31 ~~14 days.~~

32 ~~(3) If the respondent is enrolled in a federally recognized Indian~~
33 ~~tribe, the respondent shall provide notice of the case management~~
34 ~~hearing to the tribe, subject to the consent of the respondent.~~

35 ~~(d) The following shall apply to any written report submitted~~
36 ~~by a county behavioral health agency to the court pursuant to this~~
37 ~~section:~~

38 ~~(1) The report is confidential and not subject to disclosure or~~
39 ~~inspection under the California Public Records Act (Division 10~~

1 (~~commencing with Section 7920.000~~) of Title 1 of the Government
2 Code):

3 ~~(2) The report is inadmissible in any subsequent legal~~
4 ~~proceeding, except upon motion of the respondent in that~~
5 ~~subsequent legal proceeding.~~

6 ~~(3) The report shall be confidential pursuant to subdivision (e)~~
7 ~~of Section 5976.5.~~

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

16 ~~SEC. 3. Section 5977.1 of the Welfare and Institutions Code~~
17 ~~is amended to read:~~

18 ~~5977.1. (a) (1) At the case management hearing, the court~~
19 ~~shall hear evidence as to whether the parties have entered, or are~~
20 ~~likely to enter, into a CARE agreement.~~

21 ~~(2) If the court finds that the parties have entered, or are likely~~
22 ~~to enter, into a CARE agreement, the court shall do one of the~~
23 ~~following:~~

24 ~~(A) Approve the terms of the CARE agreement or modify the~~
25 ~~terms of the CARE agreement and approve the agreement as~~
26 ~~modified by the court, and continue the matter and set a progress~~
27 ~~hearing for 60 days.~~

28 ~~(B) Continue the matter for 14 days to allow the parties~~
29 ~~additional time to enter into a CARE agreement, upon stipulation~~
30 ~~of the parties.~~

31 ~~(3) Nothing in this subdivision shall prohibit the parties from~~
32 ~~agreeing to, and the court from approving, amendments to the~~
33 ~~CARE agreement.~~

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

1 evaluation. The evaluation shall address, at a minimum, the
2 following:

3 (1) A clinical diagnosis of the respondent.

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

6 (3) Any other information as ordered by the court or that the
7 licensed behavioral health professional conducting the evaluation
8 determines would help the court make future informed decisions
9 about the appropriate care and services the respondent should
10 receive.

11 (4) An analysis of recommended services, programs, housing,
12 medications, and interventions that support the recovery and
13 stability of the respondent.

14 (e) (1) The court shall set a clinical evaluation hearing to review
15 the evaluation within 21 days. The court shall order the county to
16 file the evaluation with the court and provide the evaluation to the
17 respondent's counsel no later than five days prior to the scheduled
18 clinical evaluation hearing. The clinical evaluation hearing may
19 be continued for a maximum of 14 days upon stipulation of the
20 respondent and the county behavioral health agency, unless there
21 is good cause for a longer extension. The evaluation may be
22 provided to the original petitioner if the respondent consents.

23 (2) At the clinical evaluation review hearing, the court shall
24 review the evaluation and other evidence from the county
25 behavioral health agency and the respondent. The county behavioral
26 health agency and the respondent may present evidence and call
27 witnesses, including the person who conducted the evaluation.
28 Only relevant and admissible evidence that fully complies with
29 the rules of evidence may be considered by the court.

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

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

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

1 ~~(4) If the respondent is a self-identified American Indian or~~
2 ~~Alaska Native individual, as defined in Sections 1603(13);~~
3 ~~1603(28), and 1679(a) of Title 25 of the United States Code, has~~
4 ~~been determined eligible as an Indian under Section 136.12 of~~
5 ~~Title 42 of the Code of Federal Regulations, or is currently~~
6 ~~receiving services from an Indian health care provider or tribal~~
7 ~~court, the county behavioral health agency shall use its best efforts~~
8 ~~to meaningfully consult with and incorporate the Indian health~~
9 ~~care provider or tribal court available to the respondent to develop~~
10 ~~the CARE plan.~~

11 ~~(5) The evaluation and all reports, documents, and filings~~
12 ~~submitted to the court shall be confidential.~~

13 ~~(6) The date for the hearing to review and consider approval of~~
14 ~~the proposed CARE plan shall be set not more than 14 days from~~
15 ~~the date of the order to develop a CARE plan, unless the court~~
16 ~~finds good cause for an extension. The party requesting an~~
17 ~~extension of time for the CARE plan review hearing shall provide~~
18 ~~notice to the opposing party, their counsel, and the petitioner of~~
19 ~~the request for extension of time, and the court's order if the request~~
20 ~~is granted.~~

21 ~~(d) (1) At the CARE plan review hearing, the parties shall~~
22 ~~present their plan or plans to the court. The county behavioral~~
23 ~~health agency or the respondent, or both, may present a proposed~~
24 ~~CARE plan. If the respondent consents, the original petitioner may~~
25 ~~also make suggestions for the CARE plan, but shall not propose~~
26 ~~a third CARE plan for consideration.~~

27 ~~(2) After consideration of the plans proposed by the parties and~~
28 ~~any recommendations from the original petitioner, the court shall~~
29 ~~adopt the elements of a CARE plan that support the recovery and~~
30 ~~stability of the respondent. The court may issue any orders~~
31 ~~necessary to support the respondent in accessing appropriate~~
32 ~~services and supports, including prioritization for those services~~
33 ~~and supports, subject to applicable laws and available funding~~
34 ~~pursuant to Section 5982. These orders shall constitute the CARE~~
35 ~~plan and may be amended.~~

36 ~~(3) A court may order mediation if it finds, upon review of the~~
37 ~~court-ordered evaluation and hearing from the parties, that, by~~
38 ~~clear and convincing evidence, the respondent lacks the capacity~~
39 ~~to give informed consent to the administration of medically~~
40 ~~necessary stabilization medication. To the extent the court orders~~

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

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

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

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

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

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

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

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

1 respondent consents, the original petitioner a report no fewer than
2 five court days prior to the review hearing with the following
3 information:

4 (A) The progress that the respondent has made on the CARE
5 plan.

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

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

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

12 (2) The respondent shall be permitted to respond to the report
13 submitted by the county behavioral health agency and to the county
14 behavioral health agency's testimony. The respondent shall be
15 permitted to introduce their own information and recommendations.

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

19 (4) The report may be provided to the original petitioner where
20 the respondent consents.

21 (b) The county behavioral health agency or the respondent may
22 request, or the court upon its own motion may set, a hearing to
23 occur at any time during the CARE process to address a change
24 of circumstances.

25 SEC. 5. Section 5977.3 of the Welfare and Institutions Code
26 is amended to read:

27 5977.3. (a) (1) In the 11th month of the process timeline, the
28 court shall hold a one-year status hearing. Not fewer than five
29 court days prior to the one-year status hearing, the county
30 behavioral health agency shall file a report with the court and shall
31 serve the report on the respondent and the respondent's counsel
32 and supporter. The report may be provided to the original petitioner
33 where the respondent consents. The report shall include the
34 following information:

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

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

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.~~

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.~~

14 ~~SEC. 6. Section 5977.4 of the Welfare and Institutions Code~~
15 ~~is amended to read:~~

16 ~~5977.4. (a) In all CARE Act proceedings, the judicial officer~~
17 ~~shall control the proceedings during the hearings with a view to~~
18 ~~the expeditious and effective ascertainment of the jurisdictional~~
19 ~~facts and the ascertainment of all information relative to the present~~
20 ~~condition and future welfare of the respondent. Except when there~~
21 ~~is a contested issue of fact or law, the proceedings shall be~~
22 ~~conducted in an informal nonadversarial atmosphere with a view~~
23 ~~to obtaining the maximum cooperation of the respondent, all~~
24 ~~persons interested in the respondent's welfare, and all other parties,~~
25 ~~with any provisions that the court may make for the disposition~~
26 ~~and care of the respondent. The court and relevant local public~~
27 ~~agencies shall cooperate to develop a comprehensive set of~~
28 ~~objectives established to improve performance of the CARE system~~
29 ~~in a vigorous and ongoing manner. The court is authorized to~~
30 ~~coordinate and participate in meetings to improve system~~
31 ~~performance. All evaluations and reports, documents, and filings~~
32 ~~submitted to the court pursuant to CARE Act proceedings shall~~
33 ~~be confidential.~~

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

38 ~~(c) Consistent with its constitutional rulemaking authority, the~~
39 ~~Judicial Council shall adopt rules to implement the policies and~~
40 ~~provisions in this section and in Sections 5977 to 5977.4, inclusive,~~

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

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

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

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 ~~civily or criminally liable for any disclosure authorized or required~~
39 ~~by this section.~~

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).~~