



# DEPARTMENT OF MENTAL HEALTH

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## DMH Legislative Report for the Mental Health Commission – April 19, 2024

DMH continues to identify bills introduced in this legislative session and prioritizes and analyzes legislation according to the impact on our operations and the public mental health safety net. Therefore, the Department's list of priority bills will change as amendments and bill dispositions happen throughout the session. This report includes our current list of priority bills and other proposals of interest.

### Priority Legislation

- **AB 2489, Local Agencies: Contracts for Special Services (Ward)**, provides that existing law authorizes a county board of supervisors to contract for certain types of special services. This bill would require the board or a representative, at least ten months before beginning a procurement process to contract with persons for special services that are currently, or were previously, performed by employees of the county represented by an employee organization, to notify the exclusive employee representative of the workforce affected by the contract. Furthermore, the contractor or contracted agency must employ staff who meet or exceed the minimum qualifications and standards required of bargaining unit civil service employees who perform or performed the same job functions.

**DMH Position:** Concerns

**County Position:** No position taken yet.

**CBHDA Position:** Oppose

**DMH's Analysis:** See below

- **AB 2557, Local Agencies: Contracts for Special Services (Ortega)**, provides that existing law authorizes a county board of supervisors to contract for certain types of special services. This bill would require the board or a representative, at least ten months before beginning a procurement process to contract for special services that are currently, or were previously, performed by employees of the county represented by an employee organization, to notify, in writing, the exclusive employee representative of the workforce affected by the contract of its determination. Furthermore, the bill would require all county contractors to provide robust quarterly performance reports which must be monitored by the board. In addition, the bill requires any contract over two years in length to be reviewed by a third-party auditor, and for that independent audit to be reviewed by the county alongside the relevant county employee bargaining unit before the contract is renewed or extended.

**DMH Position:** Concerns

**County Position:** No position taken yet.

**CBHDA Position:** Oppose

**DMH's Analysis:** AB 2489 and AB 2557 would create an enormous administrative burden on DMH without any apparent accompanying benefit to the Department or our larger public mental health system. The provisions of the bills are overly restrictive and would limit the Department's ability to

swiftly react to changes in our volatile revenue sources, national workforce shortages, and changes in service demand. The bills also contradict the intent of Prop 1, which is to allow the public mental health system to respond quickly to the needs of our most acutely ill clients. By limiting the Department's ability to efficiently contract for care and treatment services, these bills would also impede DMH's efforts to ensure timely access to services. Additionally, the bills are based on the inaccurate assumption that DMH can deliver all contracted services with county staff. That is not possible given our ever-changing financing and workforce shortages. Therefore, DMH recommends that the County take an oppose position on both bills.

- [AB 2561, Local Public Employees: Vacant Positions \(McKinnor\)](#), provides that the Meyers-Milias-Brown Act authorizes local public employees to form, join, and participate in the activities of employee organizations of their own choosing for the purpose of representation on matters of labor relations. This bill would require each public agency with bargaining unit vacancy rates exceeding ten percent for more than a specified number of days to meet and confer with a representative of the recognized employee organization to produce, publish, and implement a plan to fill all vacant positions.

**DMH's Analysis:** AB 2561 would create a significant amount of workload for the Department without clear benefit to our workforce, our labor partners, or our overall ability to deliver the care that our residents need. As directed by the Board of Supervisors through several motions, DMH has been engaging on this issue in a focused manner for several years. DMH has issued several reports to the Board about the status of the Department's vacancies, the Department's new and ongoing recruitment and retention initiatives, and the Department's efforts to expand the behavioral health workforce pipeline. DMH believes that there is more work to be done in filling the Department's vacancies and will continue to endeavor to fill vacant positions as needed in order to meet service and programmatic demand. However, the Department does not believe that this bill would help DMH accomplish this goal. AB 2561 would infringe upon the Department's priority-setting and decision-making authority, and threaten the Department's fiscal stability by presuming that the Department has sufficient revenue and need to fill all of its vacancies.

**DMH Position:** Concerns

**County Position:** No position taken yet.

**CBHDA Position:** Oppose

- [AB 2700, Emergency medical services: alternate destinations \(Gabriel\)](#), would require the state to survey and analyze the facilities in each county that can serve as an alternate destination facility. The bill would require a local emergency medical services agency to report on local programs that triage and transport individuals to alternate destination facilities instead of emergency departments.

**DMH's Analysis: Pending.** The department is still analyzing the April 16<sup>th</sup> amendment, the fourth amendment since the bill's introduction.

**DMH Position:** No position taken yet.

**County Position:** No position taken yet.

**CBHDA Position:** No position taken yet.

- [AB 2650 Licensed adult residential facilities and residential care facilities for the elderly: data collection \(Zbur\)](#). This bill would require, beginning on the specified date and annually thereafter until the specified date, the Department of Social Services to collect information and send a report to each county's department of mental health or behavioral health of all licensed adult residential facilities and

residential care facilities for the elderly that accept a specified Federal rate and accept residents with a serious mental disorder, and the number of licensed beds at each facility.

**DMH's Analysis: Pending.** *Note: this bill is sponsored by LARCA (Licensed Adult Residential Care Association)*

**DMH Position:** No position taken yet.

**County Position:** No position taken yet.

**CBHDA Position:** No position taken yet.

- **[SB 1082](#), Augmented Residential Care Facilities (Eggman)**, Requires the State Department of Health Care Services, jointly with the County Behavioral Health Directors Association of California, to implement a certification program to provide augmented services to adults with serious mental illness in homelike community settings, and requires those settings to be licensed by the State Department of Social Services as a type of enhanced behavioral supports home known as an augmented residential care facility.

**DMH's Analysis: Pending.**

**DMH Position:** No position taken yet.

**County Position:** No position taken yet.

**CBHDA Position:** No position taken yet.

- **[SB 1238](#) Lanterman-Petris-Short Act: designated facilities (Eggman)**. This bill provides that under the Lanterman-Petris-Short Act, when a person, as a result of a mental health disorder, is a danger to others or to themselves, or gravely disabled, as defined, the person may, upon probable cause, be taken into custody for a specified period for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services.

**DMH Analysis: Pending.**

**DMH Position:** No position taken yet.

**County Position:** No position taken yet.

**CBHDA Position:** Oppose unless amended.

- **[SB 1400](#), Criminal Procedure: Competence to Stand Trial (Stern)**. This bill would remove the option for the Court to dismiss a MIST case and would instead require the court to hold a hearing to determine if the defendant is eligible for diversion. If the defendant is not eligible for diversion, the bill would require the court to hold a hearing to determine whether the defendant will be referred to outpatient treatment, conservatorship, or the CARE program, or if the defendant's treatment plan will be modified. This bill would also remove the requirement that the court dismiss the case if the defendant is already on a grant of diversion for a misdemeanor case.

**DMH's Analysis:** SB 1400 removes the option for a court to dismiss a criminal case and compels the court to choose to either make a treatment plan with a provider, refer the client to AOT, refer the client to the conservatorship process, or refer the client to CARE Court. These four choices (all of which exist today), all require the voluntary participation of the client, except for the conservatorship process.

It is important to note that based upon the Department's experiences with this client population, DMH is not confident that additional attempts to offer the clients voluntary services or treatment will result in a higher uptake of treatment or services. Furthermore, a court referral to one of the programs offered to MIST clients does not automatically result in the MIST client accepting or being eligible to receive services in these programs. The Department believes that this measure would result in more referrals, hearings, and other procedural activities that only obligate the providers to spend more time in court hearings but are not likely to result in higher client service uptake.

**DMH Position:** No position taken yet.

**County Position:** No position taken yet.

**CBHDA Position:** No position taken yet.

### **Additional Bills of Interest**

- [\*\*AB 1907\*\*](#) California Child and Family Service Review System (Pellerin), require the California Child and Family Service Review System to include data from the Child and Adolescent Needs and Strengths (CANS) assessment tool.

**DMH Position:** No position taken yet.

**County Position:** No position taken yet.

**CBHDA Position:** No position taken yet.

- [\*\*SB 11\*\*](#) California State University: mental health counseling (Menjivar), would require the California State University system to have one full-time mental health counselor for every 1,500 students. The bill would also establish the CSU Mental Health Professionals Act, contingent upon an appropriation of one-time funds, which would provide financial incentives for CSU students to become mental health counselors in the state. DMH supports efforts to expand the pipeline of students into the public mental health system, and therefore is watching how SB 11 proceeds through the legislature.

**Updates since last report:** As of July 13, 2023, the bill is pending Assembly Committee on Appropriations.

**DMH Position:** No position taken yet.

**County Position:** No position taken yet.

**CBHDA Position:** No position taken yet.

- [\*\*SB 402\*\*](#) Involuntary Commitment (Wahab). This bill would authorize a licensed mental health professional, who is designated by the county, to place an individual on an involuntary hold. The bill defines "licensed mental health professional" as a psychiatrist, psychologist, licensed clinical social worker, licensed marriage and family therapist, or a licensed professional clinical counselor who has completed all required supervised clinical experience. The bill specifies that a licensed mental health professional does not need to be direct staff of, or contracted by, the county.

**DMH Analysis:** DMH has no concerns with the bill language as amended on 01/12/2024.

**DMH Position:** No position taken yet.

**County Position:** No position taken yet.

**CBHDA Position:** Oppose

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**Additional Resources** (attached)

- DMH Master Bill List