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# SENATE COMMITTEE ON PUBLIC SAFETY

Senator Nancy Skinner, Chair  
2019 - 2020 Regular

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**Bill No:** AB 465                      **Hearing Date:** July 31, 2020  
**Author:** Eggman  
**Version:** June 30, 2020  
**Urgency:** No                                      **Fiscal:** No  
**Consultant:** GC

**Subject:** *Mental Health Workers: Supervision*

## HISTORY

Source: Author

Prior Legislation: SB 1128 (Steinberg), 2013, held in Senate Rules

Support: Unknown

Opposition: None known

Assembly Floor Vote: Not relevant

## PURPOSE

***The purpose of this legislation is to require that specified mental health professionals that respond in collaboration with law enforcement, or in the place of law enforcement, are supervised by licensed mental health professionals.***

*Existing law* establishes the Mental Health Wellness Act of 2013 (MHWA), which has the following objectives: (Welf. & Inst. Code § 5848.5).

- 1) Expand access to early intervention and treatment services to improve the client experience, achieve recovery and wellness, and reduce costs.
- 2) Expand the continuum of services to address crisis intervention, crisis stabilization, and crisis residential treatment needs that are wellness, resiliency, and recovery oriented.
- 3) Add at least 25 mobile crisis support teams and at least 2,000 crisis stabilization and crisis residential treatment beds to bolster capacity at the local level to improve access to mental health crisis services and address unmet mental health care needs.
- 4) Add at least 600 triage personnel to provide intensive case management and linkage to services for individuals with mental health care disorders at various points of access, such as at designated community-based service points, homeless shelters, and clinics.
- 5) Reduce unnecessary hospitalizations and inpatient days by appropriately utilizing community-based services and improving access to timely assistance.
- 6) Reduce recidivism and mitigate unnecessary expenditures of local law enforcement.
- 7) Provide local communities with increased financial resources to leverage additional public and private funding sources to achieve improved networks of care for individuals with mental health disorders.

- 8) Provide a complete continuum of crisis services for children and youth 21 years of age and under regardless of where they live in the state. The funds included in the 2016 Budget Act for the purpose of developing the continuum of mental health crisis services for children and youth 21 years of age and under shall be for the following objectives:
- a) Provide a continuum of crisis services for children and youth 21 years of age and under regardless of where they live in the state.
  - b) Provide for early intervention and treatment services to improve the client experience, achieve recovery and wellness, and reduce costs.
  - c) Expand the continuum of community-based services to address crisis intervention, crisis stabilization, and crisis residential treatment needs that are wellness-, resiliency-, and recovery-oriented.
  - d) Add at least 200 mobile crisis support teams.
  - e) Add at least 120 crisis stabilization services and beds and crisis residential treatment beds to increase capacity at the local level to improve access to mental health crisis services and address unmet mental health care needs.
  - f) Add triage personnel to provide intensive case management and linkage to services for individuals with mental health care disorders at various points of access, such as at designated community-based service points, homeless shelters, schools, and clinics.
  - g) Expand family respite care to help families and sustain caregiver health and well-being.
  - h) Expand family supportive training and related services designed to help families participate in the planning process, access services, and navigate programs.
  - i) Reduce unnecessary hospitalizations and inpatient days by appropriately utilizing community-based services.
  - j) Reduce recidivism and mitigate unnecessary expenditures of local law enforcement.
  - k) Provide local communities with increased financial resources to leverage additional public and private funding sources to achieve improved networks of care for children and youth 21 years of age and under with mental health disorders.

*Existing law* authorizes funds granted from the Legislature for the MHWAs shall be made available to selected counties. Those awards consider linkage between law enforcement, mental health care, social services, and related assistance as applicable. (Welf. & Inst. Code § 5848.5, subd. (d)(2).)

*This bill* specifies that any program or pilot program in which mental health professionals respond in collaboration with law enforcement personnel, or in a place of law enforcement personnel, to emergency calls related to mental health crises shall ensure that mental health professionals participating in the program are supervised by a licensed mental health professional.

*This bill* defines “licensed mental health professional” as the following:

- 1) A licensed clinical social worker.
- 2) A licensed professional clinical counselor.
- 3) A licensed marriage and family therapist.
- 4) A licensed psychologist.

## COMMENTS

### 1. Need for This Bill

According to the author:

It is common knowledge that 911 is the number you call in case of emergency. While you should get an ambulance for a medical emergency and a fire crew for a fire, it is less clear who responds to a mental health crisis – though it is often the police. Despite some good work related to Crisis Intervention Training, there has been a call to increase the response of mental health workers to these types of calls.

In Eugene, Oregon, a program called Cahoots (Crisis Assistance Helping Out on the Street) is a nonprofit that responds to non-criminal calls around homelessness, substance use, and mental health. They are tied directly into the 911 system and can respond to calls without police. It's reported that in 2017, Cahoots handled 17-percent of police calls. This additional help is seen as a benefit, not only to the community, but to the officers who now have more time and attention for other issues.

The City of Oakland is pursuing their own version of this model for a pilot program in the fall of 2020 based on that simple principle of having mental health workers respond to mental health issues.

Nonprofits in other cities, including Sacramento, are looking to act as an alternative to police in dealing with these calls. The current police approach in the City is to first send an officer out to assess the situation and then determine whether to seek a community support team.

Cities and counties around the state are surely looking into how to better respond to mental health calls for assistance, and they will be looking to Cahoots in Eugene, the Co-Responder program in Colorado, the Rapid Integrated Group Healthcare Team in Dallas, and many more that are trying to dispatch mental health professionals to mental health crises.

These programs are all recognizing that police officers are not trained to be mental health professionals. As they expand, and local governments experiment, it will be important that those responding are properly supervised by licensed clinicians.

### 2. Investment in Mental Health Wellness Act of 3013

The 2013 budget made various findings and declarations regarding the need for a renewed investment in community-based mental health treatment options. The bill established the Investment in Mental Health Wellness Act of 2013.

#### *Expanded Capacity for Grant Programs*

The bill authorized the California Health Facilities Financing Authority (CHFFA) to administer a competitive selection process for capital capacity and program expansion to increase capacity for

mobile crisis support, crisis intervention, crisis stabilization services, crisis residential treatment, and specified personnel resources. These funds were made available to selected counties, or counties acting jointly. CHFFA was also authorized to give consideration to private nonprofit corporations and public agencies in an area or region of the state if a county, or counties acting jointly, affirmatively supports this designation and collaboration in lieu of county government directly receiving the funds.

The bill required CHFFA to develop a process to award these grants after consulting with representatives and interested stakeholders from the mental health community. CHFFA ensured that grants result in a cost-effective expansion of the number of community-based crisis resources in regions and communities selected for funding.

The 2013-14 budget provided a one-time \$142 million from the General Fund for these purposes.

### *Triage Personnel*

This bill implemented a process by which the mental Health Services Oversight and Accountability Commission (MHSOAC) allocates funding based upon requests for application of need and description of deployment of triage personnel to assist individuals in gaining access to needed services, including medical, mental health, substance use disorder assistance and other community services. The bill required these funds to be made available to selected counties, counties acting jointly, or city mental health departments, as determined by the commission through a selection process.

The 2013-14 budget provided \$54 million (\$32 million MHSA State Administrative Funds and \$22 federal funds) for this purpose. This funding was ongoing.

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