



® Health and Human Services Policy Committee Meeting
CSAC Legislative Conference
Wednesday, April 12, 2023 — 10:30 am – 12:00 pm
SAFE Credit Union Convention Center, Ballroom B4
Sacramento County, California

Supervisor Zach Friend, Santa Cruz County, Chair
Supervisor Belia Ramos, Napa County, Vice Chair
Supervisor Doug Chaffee, Orange County, Vice Chair

- 10:30 am I. Welcome and Introductions**
Supervisor Zach Friend, Santa Cruz County, Chair
Supervisor Belia Ramos, Napa County, Vice Chair
Supervisor Doug Chaffee, Orange County, Vice Chair
- 10:35 am II. Legislative Health and Human Services Budget Priorities**
Caroline Menjivar, Senator, California State Senate
- 10:50 am III. CARE Act: Planning and Implementation Update**
Stephanie Welch, Deputy Secretary of Behavioral Health, California Health and Human Services Agency
Charlene Depner, Director, Center for Families, Children & the Courts, Judicial Council of California
Ivan Bhardwaj, Chief, Medi-Cal Behavioral Health Policy Division, Department of Health Care Services
- 11:35 am IV. Master Plan for Aging: CA 2030 Steering Committee**
Susan DeMarois, Director, California Department of Aging
Supervisor Rosemarie Smallcombe, Mariposa County
- 11:50 am V. 211 California: Connecting to Critical Services**
Alana Hitchcock, Executive Director & CEO, 211 California
- 12:00 pm VI. Closing Comments and Adjournment**
- Informational Item: 2023 Legislative and Budget Update**

ATTACHMENTS

Legislative Health and Human Services Budget Priorities

Attachment One CSAC Memo: Legislative Health and Human Services
Budget Priorities

CARE Act: Planning and Implementation Update

Attachment Two CSAC Memo: CARE Act: Planning and Implementation
Update

Master Plan for Aging: CA 2030 Steering Committee

Attachment Three.....CSAC Memo: Master Plan for Aging: CA 2030 Steering
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211 California: Connecting to Critical Services

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Services

2023 Legislative and Budget Update

Attachment Five CSAC Memo: 2023 Legislative and Budget Update

Attachment One

CSAC Memo: Legislative Health and Human Services Budget Priorities



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April 12, 2023

To: Health and Human Services Policy Committee

From: Jolie Onodera, CSAC Senior Legislative Advocate
Justin Garrett, CSAC Senior Legislative Advocate
Danielle Bradley, CSAC Legislative Analyst

RE: **Legislative Health and Human Services Budget Priorities**

Introduction: The CSAC Health and Human Services Policy Committee is honored to be joined by Senator Caroline Menjivar, who will introduce herself and share the key health and human services budget issues and priorities the Legislature will discuss this year. Senator Menjivar serves as Chair of the Senate Budget and Fiscal Review Subcommittee No. 3 on Health and Human Services. As chair of the budget subcommittee, Senator Menjivar reviews all health and human service-related budget proposals on behalf of the Senate and plays a key role in determining which proposals are included, or excluded, from the Senate’s version of the budget.

Speaker Background: Senator Caroline Menjivar was elected in 2022 to represent the cities of Burbank and San Fernando and the communities of Arleta, Canoga Park, Lake Balboa, Lakeview Terrace, Mission Hills, North Hills, North Hollywood, Northridge, Pacoima, Panorama City, Reseda, Sun Valley, Sunland-Tujunga, Sylmar, Toluca Lake, Van Nuys, and Winnetka. She serves on the Budget & Fiscal Review, Elections & Constitutional Amendments, Environmental Quality, Health, Human Services, and Military & Veterans Affairs Committees.

Caroline Menjivar’s parents were immigrants from El Salvador and she grew up in the San Fernando Valley. Her background prior to being elected includes serving in the Marine Corps, working as an Emergency Medical Technician (EMT), and working as a city field deputy and East Valley Representative for the Mayor’s office. She studied sociology and earned her Bachelor of Arts from California State University, Northridge. Caroline continued her education at UCLA, completing a Master of Social Welfare and earning the David Bohnett Fellowship that provided an opportunity to work in the Los Angeles Mayor’s Gender Equity Office.

Caroline resides in Panorama City with her wife and two dogs. She volunteers her time serving on the GLSEN Los Angeles Chapter Board and The Help Group’s Kaleidoscope Advisory Board. Both organizations work to create more inclusive learning and family environments for LGBTQ+ youth and young adults.

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Attachment Two

CSAC Memo: CARE Act: Planning and Implementation Update



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To: Health and Human Services Policy Committee

From: Jolie Onodera, CSAC Senior Legislative Advocate
Justin Garrett, CSAC Senior Legislative Advocate
Danielle Bradley, CSAC Legislative Analyst

RE: **CARE Act: Planning and Implementation Update**

Introduction. The Community Assistance, Recovery, and Empowerment (CARE) Act ([SB 1338](#)) creates a new civil court process in all counties which seeks to serve individuals experiencing the most serious mental illnesses and reduce the number of people cycling in and out of crisis treatment and jails. The CARE Act provides for a petitioning and referral process, various assessment and reporting requirements for courts and county behavioral health agencies, and the development of a CARE plan for eligible individuals who the court may order prioritization for an appropriate range of services and supports consisting of behavioral health care, stabilization medications, housing, and other supportive services.

Implementation Timelines/Funding. The CARE Act specifies a two-tiered, phased-in approach for implementation statewide. The first cohort of seven counties (Glenn, Orange, Riverside, San Diego, San Francisco, Stanislaus, and Tuolumne) is required to implement the CARE Act by October 1, 2023, and the remaining 51 counties are required to implement by December 1, 2024. Earlier this year, however, the Governor [announced](#) that Los Angeles County would be accelerating its efforts to implement the CARE Act by December 1, 2023, one year ahead of schedule.

As specified in [AB 179](#), the Budget Act of 2022 included \$57 million in one-time state funding for counties to address CARE Act planning costs. This included [\\$26 million](#) for the initial cohort of seven counties and [\\$31 million](#) for all counties to prepare for implementation. Counties received their start-up funding allocation(s) in November 2022, and the Department of Health Care Services (DHCS) issued [guidance](#) on the allowable uses of the funding, which includes but is not limited to hiring, training, development of policies and procedures, and to support information technology infrastructure costs.

The Governor's Budget proposal released in January 2023 maintains the one-time General Fund for county start-up costs and state implementation included in the 2022 Budget Act and proposes additional funding for the ongoing implementation costs of the CARE Act. In total, the Governor's Budget proposal includes \$215 million General Fund ongoing for state and local agency implementation costs of the CARE Act at full implementation, including \$16.5 million General Fund in 2023-24, \$66.5 million General Fund in 2024-25, and \$108.5 million in 2025-26 and annually thereafter to support estimated county behavioral health department costs for the CARE Act.

At the Governor's Budget release, the Administration indicated it would continue to work with counties and stakeholders to refine the ongoing program cost estimate, and the Administration is currently engaged in discussions with CSAC and county partners on the estimated costs to counties to implement the CARE Act on a statewide basis.

Planning Activities. To prepare for implementation by October 1, 2023, the seven first-cohort counties and Los Angeles County have been engaged in various planning activities in collaboration with relevant local agencies, departments, and stakeholders. The Administration has convened two all-day sessions that included the counties anticipated to implement the CARE Act in 2023 and their planning teams, and representatives from the California Health and Human Services Agency (CalHHS), DHCS, and the Judicial Council of California.

CalHHS and DHCS have also been engaged in various planning and technical assistance activities. As required by the CARE Act, CalHHS has convened a 25-member [working group](#) which held its initial meeting on February 14, 2023, and will meet quarterly until December 31, 2026, to provide ongoing engagement with relevant state and local partners and stakeholders. The CARE Act also requires DHCS to provide training and technical assistance to county behavioral health agencies and to counsel, as specified, and requires the Judicial Council, in consultation with DHCS and others, to provide training to judges regarding the CARE process.

While the CARE Act provides for potential opportunities to serve some of the most difficult-to-reach individuals through collaborative efforts, there are numerous challenges ahead to successful implementation including but not limited to the severe lack of available housing options in the state and acute healthcare workforce shortages that have been exacerbated even further by the pandemic. Uncertainty around the number of petitioners and eligible participants is also a challenge in terms of planning activities and resource/funding needs.

Recent Legislative Efforts. This year, [SB 35](#), authored by Senator Tom Umberg, will be the vehicle used for technical clean up and any other amendments to the CARE Act. SB 35 is currently pending in Senate Health Committee.

Speakers. We have invited the following speakers from the Administration to provide an update on CARE Act planning and implementation activities, including technical assistance being provided in their respective roles to Cohort 1 counties and others:

- Stephanie Welch, Deputy Secretary of Behavioral Health, California Health and Human Services Agency
- Charlene Depner, Director, Center for Families, Children & the Courts, Judicial Council of California
- Ivan Bhardwaj, Chief, Medi-Cal Behavioral Health Policy Division, Department of Health Care Services

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Attachment Three

CSAC Memo: Master Plan for Aging: CA 2030 Steering Committee



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To: Health and Human Services Policy Committee

From: Justin Garrett, CSAC Senior Legislative Advocate
Danielle Bradley, CSAC Legislative Analyst

RE: Master Plan for Aging: CA 2030 Steering Committee

Introduction. The HHS Policy Committee has engaged on the Master Plan for Aging (MPA) through the development and into the implementation phase. In particular, the committee provided direct feedback in September 2021 to the California Department of Aging (CDA) about the Hubs and Spokes Network for Aging and Disabilities and heard from CDA Director Susan DeMarois in April 2022 about next steps related to the MPA initiative to revisit California’s Area Agency on Aging (AAA) local leadership structures to meet the growing and changing needs. The key next step in moving forward on that initiative was the formation of the CA 2030 Steering Committee.

CA 2030 Steering Committee. This steering committee is made up of representatives from counties, county human services departments, AAAs, the California Commission on Aging, and independent living centers. CSAC’s representatives on the committee are Mariposa County Supervisor Rosemarie Smallcombe and Justin Garrett, Senior Legislative Advocate. The charge of the committee is to work together over a 12-month period (December 2022 – December 2023) to develop recommendations to create a future-ready California Aging Network that is prepared to serve the growing aging population in California. The six focus areas for this work are: (1) Programs & Services; (2) Funding Sources & Capacities; (3) Key Performance Indicators; (4) Branding, Communications, & Outreach; (5) Governance; and (6) Geography & Demographics.

Speakers. The HHS Policy Committee will hear from two speakers about the ongoing work of the CA 2030 Steering Committee.

- CDA Director Susan DeMarois was appointed as Director in October 2021. Previously, she served as the Director of Public Policy and Advocacy for the Alzheimer’s Association. She was a member of both the Governor’s Master Plan for Aging Stakeholder Advisory Committee and the Task Force on Alzheimer’s Prevention and Preparedness.
- Mariposa County Supervisor Rosemarie Smallcombe was first elected in 2014. She serves on the JPA Board of Directors for the Area 12 Agency on Aging and has been actively involved in CSAC’s efforts on MPA issues.

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Attachment Four

CSAC Memo: 211 California: Connecting to Critical Services



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To: Health and Human Services Policy Committee

From: Justin Garrett, CSAC Senior Legislative Advocate
Jolie Onodera, CSAC Senior Legislative Advocate
Danielle Bradley, CSAC Legislative Analyst

RE: **211 California: Connecting to Critical Services**

Introduction. 211 is a free information and referral gateway to access information on critical local health, human services, and economic supports. These services are especially critical in times of natural disaster and public health emergencies including the COVID-19 pandemic, wildfires, and floods. Currently, 211 service is fully employed in 41 counties and partially employed in 17 rural counties where it is activated when there is a state of emergency.

Recent Legislative Efforts. There have been several budget and legislative efforts in recent years to increase state support for the operations of 211 programs. CSAC has been actively engaged and supportive of these efforts. This year, SB 318, authored by Senator Ochoa Bogh, would establish the 211 Support Services Grant Program within the California Department of Social Services. A related budget request seeks a \$20 million investment in the 2023-24 budget. This funding would be allocated as grants to 211 agencies for core operations and community engagement (\$17 million), an innovation fund for greater statewide 211 coordination (\$2 million), and disaster services support (\$1 million).

Speaker Background. The California 211 Providers Network (211 California) is a nonprofit membership organization that supports individual 211 providers throughout California. Alana Hitchcock was named the Executive Director & CEO of 211 California in February 2023. She previously worked for 211 LA County, most recently serving as Senior Director, Information and Community Engagement. In her time at 211 LA County, she led numerous initiatives including disaster recovery efforts and expanding online 211 services.

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CSAC Memo: 2023 Legislative and Budget Update



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Danielle Bradley, CSAC Legislative Analyst

RE: **2023 Legislative and Budget Update**

Introduction. The start to the 2023-2024 Legislative Session was anything but slow, with an astounding 2,632 bills introduced by the February 17, 2023, bill introduction deadline. While the CSAC Health and Human Services policy team is following hundreds of legislative and budget proposals, we want to provide the Health and Human Services Policy Committee with highlights of some of the key proposals we are engaging on related to Homelessness, Behavioral Health, Health Care, and In-Home Supportive Services.

Homelessness:

AT HOME – CSAC, under the guidance of our Officers, Executive Committee, and Board has been a steward of an all-county family effort to create a comprehensive system to address homelessness that includes clear roles and responsibilities aligned with accountability and funding for all levels of government. To that end, the Association:

- Created the Homelessness Action Team (HAT) of 11 Supervisors from urban, suburban, and rural counties to function as a political and policy sounding board.
- Adopted homelessness principles by unanimous Board vote to guide the evaluation of legislative proposals and the development of solutions by CSAC.
- Surveyed all counties on homelessness challenges and county recommended solutions.
- Created a comprehensive Homelessness Policy Solutions Group (HPSG) with CAO/CEOs, department heads, Homelessness Coordinators, County practitioners, and key County Affiliates.
- Mapped out inventory of existing homelessness programs and funding to identify gaps in services and competing and/or duplicate reporting requirements.
- Developed solutions for all levels of government to ensure a comprehensive system aligned to authority, flexibility, funding, and accountability.

The result of these efforts is the AT HOME Plan, which stands for Accountability, Transparency, Housing, Outreach, Mitigation, and Economic Opportunity. From simple statute changes to ideas for increasing and leveraging federal funding, the six pillars of the AT HOME plan form a solid foundation on which to develop a truly comprehensive system to address homelessness. This includes actions to build more housing, prevent individuals from becoming homeless, and ways to better serve those individuals who are currently homeless. CSAC shared the final plan with the county family on March 12, conducted a press briefing on March 16, and hosted an all-county webinar on March 27.

CSAC is actively engaging the Governor’s Administration, the Legislature, and federal partners on the various aspects of the AT HOME plan. We are pursuing specific bill, budget, and administrative actions that can implement the AT HOME policy recommendations. The Accountability pillar contains the key elements of clear lines of responsibility and ongoing funding, and CSAC is drafting this pillar as trailer bill language that we will advocate for through the state budget process. For bills, relevant CSAC policy teams are analyzing all homelessness-related bills for nexus to the AT HOME plan and engaging on bills that are potentially aligned with the policy recommendations.

[AB 799 \(L. Rivas\)](#) – This measure would aim to create an ongoing state-funded program to meet identified goals for the existing Homeless Housing, Assistance and Prevention (HHAP) program. The bill would modify some of the HHAP allocations to emphasize performance and collaboration. For accountability, it would require participating entities to set specific outcome goals with the potential for corrective action plans and reallocation of funding for entities not achieving half of their goals. CSAC has not taken an official position on this bill but continues to engage with the author and sponsors of the measure in alignment with the CSAC AT HOME Plan.

[Governor’s HHAP Trailer Bill Language](#) – Following up on the Governor’s January budget proposal related to homelessness accountability, the Department of Finance released trailer bill language in February on Round 5 of HHAP funding. Significant changes from the current HHAP funding include required collaboration and joint applications, stating intent to tie homelessness funding with the submission of a compliant housing element, and limiting the flexibility of spending by creating two tiers of eligible spending categories. CSAC is engaging with the Governor’s Administration to advocate for this trailer bill to be modified in alignment with the AT HOME Plan.

Budget Items

Governor’s Proposal to Modernize the Behavioral Health System

Governor Newsom recently [announced](#) his proposal to modernize the state’s behavioral health system and add more mental health housing. The Governor’s proposal consists of three main elements:

- A multi-billion-dollar general obligation bond to finance the construction of new community mental health facilities throughout the state.
- Reforms to the Mental Health Services Act (MHSA), directing \$1 billion annually to pay for housing and other community-based residential solutions, expanding treatment eligibility to include those with substance use disorders, and creating greater flexibility in the use of remaining MHSA funds.
- Alignment of behavioral health benefits across all health plans in California and new accountability and oversight measures for county behavioral health plans.

While complete details and proposed statutory language are still pending on the proposal, the Department of Health Care Services (DHCS) hosted an informational webinar on March 29, 2023, to provide more information about the proposal ([slide presentation](#)).

As to what comes next, the Governor’s press release states, “The Administration plans to work in close partnership with legislative leaders in this space including Senator Eggman and Assemblymember Jacqui

Irwin, as well as with the California State Association of Counties, other critical local government stakeholders, community-based service organizations, advocates, and people with lived experience as bill language is developed.” CSAC believes there is opportunity to shape this proposal to make MHSA work better for all communities and will be engaged throughout the legislative process. Further, the Governor and Legislature’s focus on modernizing the MHSA aligns with overall efforts to address homelessness through the county [AT HOME Plan](#).

CARE Act

The Governor's Budget proposal maintains the \$88.3 million in one-time General Fund for county start-up costs and state implementation included in the 2022 Budget Act and proposes additional funding for the ongoing implementation costs of the Community Assistance, Recovery and Empowerment (CARE) Act. In total, the Governor's Budget proposal includes \$215 million General Fund ongoing for state and local agency implementation costs of the CARE Act at full implementation.

The Governor's Budget proposal includes \$16.5 million General Fund in 2023-24, \$66.5 million General Fund in 2024-25, and \$108.5 million in 2025-26 and annually thereafter to support estimated county behavioral health department costs for the CARE Act. CSAC and county partners continue to engage with the Administration to refine and update the ongoing county cost estimates of the CARE Act on a statewide basis.

Public Guardian and Conservator Funding

CSAC supports the California Association of Public Administrators, Public Guardians, and Public Conservators request for \$200 million in ongoing funding to address critical staffing shortages and improve the lives of people living with severe mental illness, severe cognitive deficits, or who are gravely disabled and homeless, as well as adults who have been victimized and exploited.

County Public Guardians (PG) and Public Conservators (PC) are critically underfunded, resulting from drastic increases in the number of vulnerable older adults, the impact of the housing crisis on homelessness, and unfunded criminal justice diversion efforts. The ongoing funding would reduce current PG/PC caseloads and increase training and skills among the workforce. Additional clients resulting from the intersection between CARE Act implementation and pending legislation proposing to revise the Lanterman-Petris-Short Act may also require additional funding.

Rebuilding Public Health

Counties are grateful that the \$200 million in ongoing funding for local public health jurisdictions included in the 2022 Budget Act is retained in the Governor’s January budget proposal. CSAC and county partners continue to strongly support this funding that is critically needed to rebuild our decimated public health systems in the wake of COVID-19.

With regard to health care workforce development investments, CSAC again joins public health affiliates and county partners and advocates seeking to maintain the funding provided in the 2022 Budget Act for the Public Health Equity and Readiness Opportunity (HERO) Initiative. CSAC opposes the Governor’s Budget proposal to cut \$49.8 million in one-time funding for public health workforce investments that were previously approved.

California Advancing and Innovating Medi-Cal (CalAIM) Implementation

The Governor's Budget proposal maintains the approximately \$10 billion (total funds) commitment to continue transforming the healthcare delivery system through CalAIM.

California's Behavioral Health Community-Based Continuum Demonstration

The Governor's Budget proposal includes \$6.1 billion (\$314 million General Fund, \$175 million Mental Health Services Fund, \$2.1 billion Medi-Cal County Behavioral Health Fund, and \$3.5 billion federal funds) over five years for DHCS and the Department of Social Services to implement the Behavioral Health Community-Based Continuum Demonstration, effective January 1, 2024.

The Demonstration includes statewide and county opt-in components to expand behavioral health services and strengthen the continuum of mental health services for Medi-Cal beneficiaries living with serious mental illness and serious emotional disturbance, including federal financial participation for short-term stays in Institutions for Mental Diseases (IMD), with a focus on children and youth, individuals experiencing or at risk of homelessness, and justice-involved individuals. The Demonstration will additionally allow counties to cover certain community-based services, such as supportive employment and rent and temporary housing for up to six months for certain high-need beneficiaries. The Governor's Budget proposal includes \$17.9 million (\$6.3 million General Fund) in 2025-26 increasing to \$116.6 million (\$40.8 million General Fund) at full implementation for this purpose.

Behavioral Health Payment Reform Funding

CSAC supports the Governor's Budget proposal to include \$375 million General Fund one-time for behavioral health payment reform activities in 2023-24 to fund the counties' non-federal share of costs of this transition. Additionally, proposed budget trailer bill language associated with this initiative.

Behavioral Health Continuum Infrastructure Program (BHCIP) Funding

The Governor's Budget proposal delays the last round of behavioral health continuum capacity funding of \$480.7 million General Fund appropriated in the 2022 Budget Act for 2022-23 to \$240.4 million in 2024-25 and \$240.3 million in 2025-26. A total of \$1.2 billion has been awarded to date, and the Governor's Budget proposal maintains \$480 million General Fund for crisis and behavioral health continuum grant funding to be awarded in 2022-23.

Unwinding of the Public Health Emergency (PHE)

The Medi-Cal estimates released as part of the Governor's budget proposal in January do not reflect the impact of congressional action (Consolidated Appropriations Act of 2023) to end the Medi-Cal continuous enrollment requirement beginning April 2023 or the gradual phase-down of increased Federal Medical Assistance Percentage (FMAP) over calendar year 2023. DHCS will continue to evaluate the impact of the recent federal legislation and these impacts will be reflected in the May Revision.

Legislative Bills

(Please Note: Bills are actively getting amended, bill language and CSAC positions on bills are subject to change).

Behavioral Health:

[SB 35 \(Umberg\)](#) – This measure is intended to serve as a vehicle for technical clean up and any other amendments related to the Community Assistance, Recovery, and Empowerment (CARE) Act. The latest amendment to the bill (March 21) extends the date by which counties can receive an extension to implement the Act from December 1, 2025, to December 15, 2025. CSAC anticipates additional amendments as this bill moves and will continue to engage with the author and the Administration to ensure counties receive the appropriate resources to implement this complex new system on an ongoing basis.

[SB 43 \(Eggman\)](#) – This measure seeks to broaden the definition of “gravely disabled” for the purposes of the Lanterman-Petris-Short (LPS) Act, which provides for the involuntary detention and/or conservatorship and treatment of individuals who have been determined to be, as the result of a mental health disorder or impairment by chronic alcoholism, unable to provide for their basic personal needs for food, clothing, or shelter. As currently drafted, the measure does not provide resources to counties to implement this expanded caseload. CSAC has not taken an official position on SB 43 and will continue to engage on this measure and advocate for additional, ongoing funding to support the activities and supply of placement options for the existing and new clients.

[SB 551 \(Portantino\)](#) – This measure would divert 20 percent of the prevention and early intervention funds from the Mental Health Services Fund to provide direct services on school campuses. Although counties do not take issue with the policy of establishing and improving the provision of behavioral health services to students in school settings, counties do oppose efforts to redirect Mental Health Services Act (MHSA) funding to other services. Additionally, it is unclear how the Governor’s proposed MHSA reforms will impact prevention and early intervention funds, as well as funding aimed at serving children and youth. CSAC joins Rural County Representatives of California (RCRC) and Urban Counties of California (UCC) in opposition to SB 551.

Emergency Medical Services:

[AB 1168 \(Bennett\)](#) – This measure, which is sponsored by Cal Cities, seeks to overturn case law record that has repeatedly affirmed county responsibility for the administration of emergency medical services and would ultimately result in fragmented and inequitable delivery of emergency medical services. Under the measure, cities and fire districts could opt to back out of longstanding agreements with counties; counties would then be forced to open up already complex ambulance contracting processes while scrambling to provide continued services to impacted residents. CSAC joins the County Health Executives Association of California (CHEAC), RCRC, and UCC in opposition to AB 1168.

Health Care:

[SB 282 \(Eggman\)](#) – This measure would allow Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs) to receive Medi-Cal reimbursement for up to two visits that take place on the same day. Under the current reimbursement system, if a patient visits their co-located medical provider and mental health provider on the same day, the FQHC or RHC will only receive a payment for one of the providers.

This process results in providers having to schedule mental health appointments on subsequent days, or else clinics must take on an increased financial burden. An additional burden is also placed on patients, who must arrange transportation, time off work, and caregiving for single appointments on different days. SB 282 will increase access to care for some of California's most vulnerable residents and ensure FQHCs and RHCs are reimbursed for the services these residents need when they need them most. CSAC joins RCRC and UCC in support of SB 282.

[SB 525 \(Durazo\)](#) – This measure proposes to raise the health care minimum wage broadly across the health sector to \$25 per hour, including for employees working in county agencies – specifically, county health departments, county mental health departments, county correctional health settings, county hospitals, and county owned and operated clinics. Additionally, SB 525 requires salaried employees to be paid twice the proposed \$25/hour minimum wage – creating a new salary base of \$104,000 per year. CSAC joins RCRC and UCC in opposition to SB 525, as the measure places an unreasonable financial burden on county budgets, undermines the local collective bargaining process, and would result in less services provided by county government to the public.

In-Home Supportive Services

[AB 1672 \(Haney\)](#) – This bill would shift the employer of record for the In-Home Supportive Services (IHSS) program from counties to the state for the purposes of collective bargaining. Specifically, the state would be charged with negotiating with a recognized employee organization regarding the wages, health benefits, and other benefits for IHSS providers. In partnership with the County Welfare Directors Association of California (CWDA) and the California Association of Public Authorities (CAPA), CSAC has engaged with the sponsors, SEIU and UDW, and author's office regarding this bill. While not yet taking a position on AB 1672, we have provided specific feedback on certain provisions of the bill and overarching comments focused on three key aspects that would be needed if bargaining were to be transferred to the state:

- (1) The state must be responsible for the full cost of any negotiated wage and benefit increases agreed to in state bargaining and must fully fund any negotiated new mandates on counties and public authorities;
- (2) The key functions and services that public authorities provide outside of collective bargaining must be preserved and strengthened; and
- (3) Counties and public authorities should be involved in some manner and have input on any changes that relate to the work required of counties and public authorities.

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