

CALIFORNIA STATE BOARD OF BEHAVIORAL SCIENCES BILL ANALYSIS

BILL NUMBER: SB 1238 **VERSION:** AMENDED MAY 2, 2022

AUTHOR: EGGMAN **SPONSOR:** • BIG CITY MAYORS COALITION
• CALIFORNIA STATE ASSOCIATION OF PSYCHIATRISTS

RECOMMENDED POSITION: NONE

SUBJECT: BEHAVIORAL HEALTH SERVICES: EXISTING AND PROJECTED NEEDS

Overview: This bill requires the Department of Health Care Services to conduct a review of and report on the current and projected behavioral health care infrastructure and service needs in each region of the state, beginning January 1, 2024, and every 5 years thereafter.

Existing Law:

- 1) Contains the Children and Youth Behavioral Health Initiative Act, administered by the California Health and Human Services Agency, which is intended to transform California’s behavioral health system into an innovative ecosystem where all children and youth aged 25 and younger are screened, supported, and served for emerging and existing behavioral health needs, regardless of payer. (Welfare and Institutions Code (WIC) §5961)

This Bill:

- 1) Requires the Department of Health Care Services (DHCS) to conduct a review of and prepare a report on the current and projected behavioral health care infrastructure and service needs in each region of the state. This review shall begin on January 1, 2024 and be conducted at least every 5 years after that. (WIC §5962(a))
- 2) Requires DHCS to share its report and data findings with the Mental Health Services Oversight and Accountability Commission. (WIC §5962(a))
- 3) When completing this task, requires DHCS to consult with the council of governments, cities and counties, regarding assumptions and methodologies to be used to determine a region’s behavioral health needs. (WIC §5962(b))
- 4) Requires local governments to provide DHCS with behavioral health service access and utilization data for the region, including the total number of beds or

slots, total utilization, and unmet need, in the following service categories (WIC §5962(b)):

- a) Prevention and wellness services for mental health and substance use issues.
 - b) Outpatient services.
 - c) Peer and recovery services.
 - d) Community supports.
 - e) Intensive outpatient treatment services.
 - f) Short-term residential treatment.
 - g) Crisis services.
 - h) Intensive treatment services (inpatient).
 - i) School-based behavioral health services.
- 5) Also requires the report to include barriers to meeting projected future needs, and suggestions to alleviate bottlenecks. (WIC §5962(c))

Comments:

- 1) **Intent of This Bill.** According to the author, California’s behavioral health (BH) system has long been criticized for being fragmented and generally inadequate to meet our needs. This inadequacy extends beyond the crisis care provided by counties and into early intervention, private entities, SUD treatment, and more. This bill would require that the state take a regional view of BH needs and project what future needs will be, so that we can start planning for them. It builds on the collaborative work done by the Councils of Governments with regional transportation, water, and housing planning and applies this to our behavioral health continuum. While we see the results of a fragmented system in our streets, our communities, and in our own homes, the failure to plan for the growing behavioral health needs is not a local problem but one of regional capacity. This bill will ensure that we begin planning for the needs we have and those to come, rather than simply trying to recover capacity that has been lost in recent years.
- 2) **Related Legislation.**
SB 964 (Wiener) Tasks the University of California education system with conducting an analysis of the scope of practice laws for behavioral health workers, as well as license and training requirements and renewal requirements for an

expired license, and an analysis of health plan hiring guidelines and practices for behavioral health certification and license types, and to provide recommendations. Also requests the University of California system to provide a landscape analysis of the current behavioral health workforce and the state's workforce needs.

3) **Support and Opposition.**

Support

- Big City Mayors Coalition (cosponsor)
- California State Association of Psychiatrists (cosponsor)
- California Medical Association
- Association of Regional Center Agencies
- California Academy of Family Physicians
- Inland Empire Coalition of Mayors
- National Association of Social Workers, California Chapter
- Steinberg Institute

Oppose

None at this time.

4) **History.**

2022

05/02/22 Read second time and amended. Re-referred to Com. on APPR.

04/28/22 From committee: Do pass as amended and re-refer to Com. on APPR with recommendation: To consent calendar. (Ayes 10. Noes 0.) (April 27).

04/18/22 From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH.

04/06/22 Set for hearing April 27.

03/02/22 Referred to Com. on HEALTH.

02/18/22 From printer.

02/17/22 Article IV Section 8(a) of the Constitution and Joint Rule 55 dispensed with February 7, 2022, suspending the 30 calendar day requirement.

02/17/22 Introduced. Read first time. To Com. on RLS. for assignment. To print.

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AMENDED IN SENATE MAY 2, 2022
AMENDED IN SENATE APRIL 18, 2022

SENATE BILL

No. 1238

Introduced by Senator Eggman

February 17, 2022

An act to add Chapter 3 (commencing with Section 5962) to Part 7 of Division 5 of the Welfare and Institutions Code, relating to mental health.

legislative counsel's digest

SB 1238, as amended, Eggman. Behavioral health services: existing and projected needs.

Existing law, the Children and Youth Behavioral Health Initiative Act, requires the State Department of Health Care Services to procure and oversee a vendor to establish and maintain a behavioral health services and supports virtual platform that integrates behavioral health screenings, application-based supports, and direct behavioral health services to children and youth 25 years of age and younger, regardless of payer. Existing law authorizes the department to award competitive grants to expand the community continuum of behavioral health treatment resources.

This bill would require the department, commencing January 1, 2024, and at least every 5 years thereafter, to conduct a review ~~of~~ *of, and produce a report regarding*, the current and projected behavioral health care infrastructure and service needs in each region of the state. The bill would require the department to consult with the council of governments, cities, counties, and cities and counties regarding the assumptions and methodology to be used by the department, and would require local governments to provide specified data for the region. *The*

bill would require the department to share this data and its report with the Mental Health Services Oversight and Accountability Commission. By adding to the duties of local governments, this 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, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

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

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

1 SECTION 1. Chapter 3 (commencing with Section 5962) is
2 added to Part 7 of Division 5 of the Welfare and Institutions Code,
3 to read:

4
5 **Chapter 3. Behavioral Health Continuum Planning**
6

7 5962. (a) Commencing on January 1, 2024, and at least every
8 five years thereafter, the State Department of Health Care Services
9 shall conduct a review ~~of~~ *of, and produce a report regarding,* the
10 current and projected behavioral health care infrastructure and
11 service needs in each region of the state. *The department shall*
12 *share its report and any data received pursuant to subdivision (b)*
13 *with the Mental Health Services Oversight and Accountability*
14 *Commission.*

15 (b) Before developing the existing and projected behavioral
16 health need *report* for a region, the department shall meet and
17 consult with the council of governments, cities, counties, and cities
18 and counties, regarding the assumptions and methodology to be
19 used by the department to determine the region’s behavioral health
20 needs. Local governments shall provide behavioral health service
21 access and utilization data for the region, including the total number
22 of beds or slots, total utilization, and unmet need, in all of the
23 following service categories:

- 1 (1) Prevention and wellness services for mental health and
2 substance use issues, including services, activities, and assessments
3 that help identify individuals at risk of a mental health or substance
4 use disorder; support for communities, families, and individuals
5 in coping with stress and trauma; dissemination of information on
6 ways to promote resiliency; and discouragement of risky behaviors.
- 7 (2) Outpatient services, including a variety of traditional clinical
8 outpatient services, such as individual and group therapy and
9 ambulatory detoxification services.
- 10 (3) Peer and recovery services delivered in the community that
11 can be provided by individuals with lived experience, including
12 young adults and family members.
- 13 (4) Community supports, including flexible services designed
14 to enable individuals to remain in their homes and participate in
15 their communities, such as supportive housing, case management,
16 supported employment, and supported education.
- 17 (5) Intensive outpatient treatment services, including services
18 such as full-service partnerships, assertive community treatment
19 (ACT), and substance use intensive outpatient services that are
20 delivered using a multidisciplinary approach to support individuals
21 living with higher acuity behavioral health needs.
- 22 (6) Residential treatment provided on a short-term basis to divert
23 individuals from, or as a step down from, intensive services.
- 24 (7) Crisis services, including a range of services and supports,
25 such as crisis call centers, mobile crisis services, and crisis
26 residential services that assess, stabilize, and treat individuals
27 experiencing acute distress who may require hospitalization.
- 28 (8) Intensive treatment services that are provided in structured,
29 facility-based settings to individuals who require 24-hours-a-day,
30 seven-days-a-week care, including inpatient psychiatric treatment
31 and clinically managed inpatient services.
- 32 (9) School-based behavioral health services.
- 33 (c) The report shall also include barriers to meeting projected
34 future needs and suggestions to alleviate bottlenecks in the
35 continuum.
- 36 (d) For the purposes of this section:
 - 37 (1) “Council on governments” has the same meaning as in
38 Section 65582 of the Government Code.
 - 39 (2) “Region” means Superior California, North Coast, San
40 Francisco Bay Area, Northern San Joaquin Valley, Central Coast,

1 Southern San Joaquin Valley, Inland Empire, Los Angeles County,
2 Orange County, and San Diego-Imperial, as designated by the
3 United States Census Bureau.

4 SEC. 2. If the Commission on State Mandates determines that
5 this act contains costs mandated by the state, reimbursement to
6 local agencies and school districts for those costs shall be made
7 pursuant to Part 7 (commencing with Section 17500) of Division
8 4 of Title 2 of the Government Code.

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