



April 12, 2022

The Honorable Jim Wood  
Chair, Assembly Health Committee  
1020 N Street, Room 390  
Sacramento, CA 95814

**SUBJECT: AB 2242 (Santiago) Mental health services – OPPOSE Section 1**  
As amended March 24, 2022

Dear Chair Wood:

The undersigned organizations, who are key Mental Health Service Act (MHSA) stakeholders, write to respectfully express our opposition with AB 2242 (Santiago) because it expands the use of MHSA funds for involuntary services. These provisions of AB 2242 expand the use of MHSA to fund services that are currently not fundable, namely involuntary mental health services. Currently, except under extremely limited circumstances, California statute and regulations do not allow counties to fund involuntary services.

The relevant existing MHSA statute is Welfare and Institutions Code (WIC) Section 5813.5, which cross references WIC Section 5600.3 (c) to identify one of the eligible groups for MHSA services as “(c) Adults or older adults who require or are at risk of requiring acute psychiatric inpatient care, residential

treatment, or outpatient crisis intervention because of a mental disorder with symptoms of psychosis, suicidality, or violence.” The same MHSA section (WIC Section 5813.5) goes on to require each county to plan MHSA services consistent with the Recovery Vision for mental health consumers, including to promote concepts key to the recovery for individuals such as hope, personal empowerment, respect, social connections, self-responsibility, and self-determination. The Recovery Vision is inconsistent with funding involuntary services.

The regulations promulgated to interpret this MHSA statute further demonstrate the conflict between the MHSA provisions in AB 2242 and current MHSA laws. Title 9, Section 3400 of the California Code of Regulations (CCR) requires programs and/or services provided with MHSA funds to be designed for voluntary participation, but individuals cannot be denied access to these programs based solely on their voluntary or involuntary legal status. This provision makes clear that MHSA is to fund voluntary services; however, if a conservatee seeks to voluntarily receive an MHSA service, this conservatee cannot be denied access to this service solely because of their status as a conservatee.

Title 9 CCR Section 3620 further clarifies that a county can only pay for *short-term* acute inpatient treatment for clients in Full Service Partnerships (FSP), a program with a whatever-it-takes approach to addressing a client’s need.

AB 2242 would authorize MHSA funds to pay for one cumulative year of involuntary acute or subacute care services provided to a person under a conservatorship, whether or whether not the conservatee is in an FSP. This expansion in the use of MHSA funds for involuntary care can result in a significant amount of MHSA funds diverted to involuntary services, changing dramatically how MHSA funds are used today. For example, this provision would allow MHSA to pay for one year of costs for any conservatee involuntarily placed in a facility subject to the Institutions of Mental Disease (IMD) exclusion. These funds currently are used to pay for services that seek to prevent an individual from becoming a conservatee in the first place.

The undersigned organizations strongly oppose the provisions in AB 2242 that seek to expand the ability for MHSA funds to pay for involuntary services.

Sincerely,



Christine Stoner-Mertz, LCSW  
Chief Executive Officer  
California Alliance of Child and Family  
Services



Andrea Wagner  
Interim Executive Director  
California Association of Mental Health  
Peer-Run Organizations



Margaret Peterson  
Chief Executive Officer  
Catholic Charities East Bay



Elia V. Gallardo  
Director, Government Affairs  
County Behavioral Health Directors  
Association



Eduardo Vega, M.Psy.  
Chief Executive Officer; Founder  
HUMANNOVATIONS



Kelechi Ubozoh Consulting

Heidi L. Strunk  
President & CEO  
Mental Health America of California

Rebecca (Becca) Gonzales  
Director of Government Relations and  
Political Affairs  
National Association of Social Workers -  
CA Chapter

Sarah Marxer  
Evaluation and Policy Specialist II  
Peers Envisioning & Engaging in  
Recovery Services (PEERS)

Stacie Hiramoto, MSW  
Director  
Racial & Ethnic Mental Health Disparities Coalition

Mel Mason, LCSW  
Executive Director  
The Village Project, Inc.

Cc: Honorable Miguel Santiago, 53<sup>rd</sup> Assembly District  
Honorable Members of the Assembly Health Committee  
Judy Babcock, Senior Consultant  
Gino Folchi, Republican Caucus Consultant