



**Assembly Bill No. 2541**

**CHAPTER 333**

**An act to add Section 13515.40 to the Penal Code, relating to peace officer training.**

[Approved by Governor September 21, 2024. Filed with  
Secretary of State September 21, 2024.]

**LEGISLATIVE COUNSEL'S DIGEST**

**AB 2541, Bains. Peace officer training: wandering.**

Existing law requires specified categories of law enforcement officers to meet training standards pursuant to courses of training certified by the Commission on Peace Officer Standards and Training (POST). Existing law requires POST to include in its basic training course adequate instruction in the handling of persons with developmental disabilities or mental illness, or both.

This bill would require the commission, in consultation with specified subject matter experts and on or before January 1, 2026, to develop guidelines addressing wandering associated with Alzheimer's disease, autism, and dementia, as specified.

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

**SECTION 1.** Section 13515.40 is added to the Penal Code, to read:

**13515.40.** (a) The commission, in consultation with subject matter experts, including, but not limited to, law enforcement agencies, the Department of Justice Missing and Unidentified Persons Section, the California Health and Human Services Agency or its designee or designees, organizations with expertise in autism and wandering, organizations with expertise in Alzheimer's disease and dementia and wandering, emergency management services agencies, and public transit agencies, shall, on or before January 1, 2026, develop guidelines addressing wandering associated with Alzheimer's disease, autism, and dementia.

(b) The guidelines shall address, at a minimum, all of the following:

- (1) Development of law enforcement investigational checklists.
- (2) Protocols for deploying law enforcement agency resources, including, but not limited to, search and rescue dogs.
- (3) Protocols for developing community awareness campaigns for wandering prevention and water safety.
- (4) Technological solutions regarding all of the following:
  - (A) Wandering prevention devices.
  - (B) Proactive registries.

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- (C) Community alert systems.
- (5) Coordination and communication protocols between law enforcement agencies and all of the following:
  - (A) Other local law enforcement agencies.
  - (B) First responders, including, but not limited to, emergency management services.
  - (C) 911 dispatch.
  - (D) Hospitals.
  - (E) Transportation systems.

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News

Sep 21, 2024

# On World Alzheimer's Day, Governor Newsom signs legislation to take on dementia and help Californians thrive as they age

**What you need to know:** Governor Gavin Newsom signed legislation to provide more safety, care, and accountability for services that help older adults and their families thrive, as more Californians live longer lives. This action further advances California's nation-leading Master Plan for Aging.

**Sacramento, California** – On World Alzheimer’s Day, Governor Gavin Newsom signed a package of twelve bills to help California’s law enforcement, doctors and health care providers, and local aging services better serve the growing number of California adults over 60 and their families. These policies will help reform the state’s aging services ahead of 2030, when one in four Californians will be aged 60 or over.

- **AB 2541** by Assemblymember Jasmeet Bains (D-Delano) — Requires law enforcement to have training on preventing and responding to wandering by people with Alzheimer’s, autism, and dementia.
- **SB 639** by Senator Monique Limón (D-Santa Barbara) — Requires doctors, nurses, and other health care professionals who provide care for people 65 and older as at least 25% of their practice to take continuing education in geriatrics and dementia care.
- **SB 1249** by Senator Richard Roth (D-Riverside) — Modernizes the Mello-Granlund Older Californians Act of 1996 by increasing local control and establishing new core programs and performance measures for accountability in the delivery of local aging services.

“People over 60 are California’s fastest growing population – in fact, our residents live among the longest lives in America. That’s why it’s so important that we work to advance healthy, safe, and supported aging in the Golden State. I’m proud that we continue to boldly tackle perhaps the greatest challenge of aging – dementia – to ensure that every person can age with dignity and care.”

Governor Gavin Newsom

## Combating dementia and supporting families

**Dr. Jasmeet Bains, Assemblymember, Chair of the Assembly Aging and Long-Term Care Committee:** “As the nation’s population continues to age, the incidence of Alzheimer’s and other dementia related disorders have increased as well. I have seen this first hand as a practicing physician both in my district and in my deployments in serving those impacted by wildfires throughout the state. Given that over 60% of those living with Alzheimer’s

disease will wander at some point and an estimated 49% of children with autism will engage in wandering behavior there will be more and more opportunities for these individuals to wander from home and come into contact with local law enforcement and public safety officials. Finding people quickly is key because we know the survival rate drops dramatically the longer it takes to find the missing person.”

**State Senator Monique Limón:** “On World Alzheimer’s Day I am honored that Governor Newsom has signed SB 639, ensuring our healthcare workforce is equipped to provide dementia care to our most vulnerable populations. The fight to end Alzheimer’s for me is incredibly personal. I witnessed my own grandmother grapple with the disease for years and experienced first-hand the toll it took on our family and loved ones. That is why I believe firmly that with more support, education, and coordinated efforts in the health care space we can provide comprehensive care to Californians impacted by Alzheimer’s and Dementia.”

**State Senator Richard D. Roth:** “With the advancement of technology, medicine, and healthy lifestyles, in the year 2030, one in four Californians will be 60 years of age or older. We must ensure that we continue to address the diverse needs of a rapidly aging population. To do so we need to be vigilant in the oversight of the government programs that help assist older Californians. Governor Newsom’s signing of SB 1249 ensures the Older Californians Act is modernized by developing performance metrics, and a process to make sure the services provided for aging residents are integrated with our other social service programs.”

**Susan DeMarois, Director of the California Department of Aging:** “The reimagining of California’s aging services network has been underway as we build on five decades of experience to evolve service development and delivery for a population that has significantly grown and changed. Older adults make up a greater segment of our population and are likely to live longer, healthier lives, requiring different services and supports than previous generations. Senator Roth’s bill helps achieve the vision of ensuring all older adults and their families can access consistent, high-quality services, no matter where they live in California.”

## Bigger picture

Recognizing that California’s over-65 population is projected to exceed the

under-18 population by 2030, and the changes underway for families, communities, and the economy, Governor Gavin Newsom issued an executive order in 2019 calling for the creation of a **Master Plan for Aging (MPA)**. The Master Plan, which was released in January 2021, serves as a blueprint that is being used by state government, local communities, private organizations and philanthropy to build environments that promote an age-friendly California. Powered by the MPA, California has since expanded health care coverage, home care and day center services, family leave, housing choices ranging from ADUs to assisted living, adult protective services, volunteer opportunities, and more. **Take On Alzheimer's** is California's new public education and awareness campaign supporting prevention, diagnosis, and care

## Other aging-related legislation signed today

AB 1902 by Assemblymember Juan Alanis (R-Merced) — Prescription drug labels: accessibility.

AB 2016 by Assemblymember Brian Maienschein (D-San Diego) — Decedents' estates.

AB 2207 by Assemblymember Eloise Gómez Reyes (D-San Bernardino) — State boards and commissions: representatives of older adults.

AB 2620 by Assemblymember Jasmeet Bains (D-Delano) — California Commission on Aging.

AB 2680 by Assemblymember Cecilia Aguiar-Curry (D-Winters) — Alzheimer's Disease and Related Conditions Advisory Committee.

AB 2689 by Assemblymember Jasmeet Bains (D-Delano) — Personal income taxes: California Alzheimer's Disease and Related Dementia Research Voluntary Tax Contribution Fund (signed earlier this year).

SB 1352 by Senator Aisha Wahab (D-Fremont) — Continuing care retirement communities.

SB 1354 by Senator Aisha Wahab (D-Fremont) — Long-term health care

facilities: payment source and resident census.

SB 1406 by Senator Ben Allen (D-El Segundo) — Residential care facilities for the elderly: resident services.

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Categories: [Health care](#), [Press Releases](#), [Recent News](#)





**Assembly Bill No. 443**

**CHAPTER 439**

An act to add Section 13510.6 to the Penal Code, relating to peace officers.

[Approved by Governor October 8, 2023. Filed with Secretary  
of State October 8, 2023.]

**LEGISLATIVE COUNSEL'S DIGEST**

AB 443, Jackson. Peace officers: determination of bias.

Existing law establishes the Commission on Peace Officer Standards and Training (POST) to set minimum standards for the recruitment and training of peace officers, to establish a certification for peace officers, and to develop training courses and curriculum for the training of peace officers. Existing law, commencing January 1, 2023, authorizes POST to suspend or revoke the certification of a peace officer if the person has been terminated for cause from employment as a peace officer, or has, while employed as a peace officer, otherwise engaged in serious misconduct, which includes demonstrating bias on the basis of race, national origin, religion, gender identity or expression, housing status, sexual orientation, mental or physical disability, or other protected status. Existing law requires each law enforcement agency to be responsible for completing investigations of allegations of serious misconduct of a peace officer.

This bill would, commencing January 1, 2026, require POST to establish a definition of "biased conduct," as specified, and would require law enforcement agencies to use that definition in any investigation into a bias-related complaint or an incident that involves possible indications of officer bias, and to determine if any racial profiling occurred, as defined. The bill would also require POST to develop guidance for local law enforcement departments on performing effective internet and social media screenings of officer applicants.

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

**SECTION 1.** Section 13510.6 is added to the Penal Code, to read:

13510.6. (a) The commission shall establish a definition of "biased conduct" that, at a minimum, includes all of the following:

(1) Biased conduct includes any conduct, including, but not limited to, conduct online, such as social media use, engaged in by a peace officer in any encounter with the public, first responders, or employees of criminal justice agencies, as defined in Section 13101, motivated by bias toward any person's protected class or characteristic, whether actual or perceived, that is described in subdivision (b) of Section 51 of the Civil Code.



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(2) Biased conduct may result from implicit and explicit biases.

(3) Conduct is biased if a reasonable person with the same training and experience would conclude, based upon the facts, that the officer's conduct resulted from bias towards that person's membership in a protected class described in paragraph (1).

(4) An officer need not admit biased or prejudiced intent for conduct to be determined to be biased conduct.

(b) When investigating any bias-related complaint or incident that involves possible indications of officer bias, a law enforcement agency shall determine whether the conduct being investigated constitutes "biased conduct," using the definition developed by the commission in accordance with subdivision (a).

(c) The commission shall develop guidance for local law enforcement departments on performing effective internet and social media screenings of officer applicants. The guidance shall include, at minimum, strategies for identifying applicant social media profiles and for searching for, and identifying, content indicative of potential biases, such as affiliation with hate groups.

(d) In the investigation of any complaint involving any law enforcement activity described in subdivision (e) of Section 13519.4, the investigating law enforcement agency shall determine if racial profiling, as defined in that section, occurred.

(e) This section shall become operative on January 1, 2026.

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**Senate Bill No. 1318**

**CHAPTER 645**

**An act to amend Section 215 of the Education Code, relating to pupil health.**

[Approved by Governor September 27, 2024. Filed with Secretary of State September 27, 2024.]

**LEGISLATIVE COUNSEL'S DIGEST**

**SB 1318, Wahab. Pupil health: suicide prevention policies: pupil suicide crisis.**

Existing law requires the governing board or body of a local educational agency, defined as a county office of education, school district, state special school, or charter school, that serves pupils in kindergarten and grades 1 to 12, inclusive, to adopt a policy on pupil suicide prevention that specifically addresses, among other things, procedures relating to suicide prevention, intervention, and postvention, and any training on suicide awareness and prevention to be provided to teachers of pupils in all of the grades served by the local educational agency. Existing law requires the governing board or body of a local educational agency that serves pupils in kindergarten and grades 1 to 12, inclusive, to review, at minimum every 5th year, its policy on pupil suicide prevention and, if necessary, update its policy. To assist local educational agencies in developing policies for pupil suicide prevention, existing law requires the State Department of Education to develop and maintain a model policy to serve as a guide for local educational agencies, as provided.

This bill would require, on or before July 1, 2026, the department to update the model policy to address crisis intervention protocols in the event of a pupil suicide crisis, as defined, including the process by which staff and external agencies are deployed to address a pupil suicide crisis, limiting the involvement and notification of law enforcement to situations in which a pupil's life is in imminent danger and their needs cannot be addressed by a mental health professional, and the assessment process that law enforcement officers should follow to determine whether the pupil experiencing a suicide crisis is endangered by parental notification. The bill would require, on or after July 1, 2026, the governing board or body of a local educational agency to update their pupil suicide prevention policy to include these crisis intervention protocols, as provided. The bill would encourage, when the governing board or body of a local educational agency reviews its policy on pupil suicide prevention, if the local educational agency does not have a school mental health professional, as defined, or contract with a mental health professional, as defined, the governing board or body to consider whether funding should be identified for purposes of hiring a

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school mental health professional. By imposing additional duties on local educational agencies, the 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.

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

SECTION 1. Section 215 of the Education Code is amended to read:

215. (a) (1) The governing board or body of a local educational agency that serves pupils in grades 7 to 12, inclusive, shall, before the beginning of the 2017–18 school year, adopt, at a regularly scheduled meeting, a policy on pupil suicide prevention in grades 7 to 12, inclusive. The policy shall be developed in consultation with school and community stakeholders, school-employed mental health professionals, and suicide prevention experts and shall, at a minimum, address procedures relating to suicide prevention, intervention, and postvention.

(2) (A) The governing board or body of a local educational agency that serves pupils in kindergarten and grades 1 to 6, inclusive, shall, before the beginning of the 2020–21 school year, adopt, at a regularly scheduled meeting, a policy on pupil suicide prevention in kindergarten and grades 1 to 6, inclusive. The policy shall be developed in consultation with school and community stakeholders, the county mental health plan, school-employed mental health professionals, and suicide prevention experts and shall, at a minimum, address procedures relating to suicide prevention, intervention, and postvention.

(B) The policy for pupils in kindergarten and grades 1 to 6, inclusive, shall be age appropriate and shall be delivered and discussed in a manner that is sensitive to the needs of young pupils.

(C) The policy for pupils in kindergarten and grades 1 to 6, inclusive, shall be written to ensure proper coordination and consultation with the county mental health plan if a referral is made for mental health or related services on behalf of a pupil who is a Medi-Cal beneficiary.

(3) The policy shall specifically address the needs of high-risk groups, including, but not limited to, all of the following:

- (A) Youth bereaved by suicide.
- (B) Youth with disabilities, mental illness, or substance use disorders.
- (C) Youth experiencing homelessness or youth in out-of-home settings, such as foster care.
- (D) Lesbian, gay, bisexual, transgender, or questioning youth.

(4) (A) The policy shall also address any training on suicide awareness and prevention to be provided to teachers of pupils in all of the grades served by the local educational agency.

(B) Materials approved by a local educational agency for training shall include how to identify appropriate mental health services, both at the schoolsite and within the larger community, and when and how to refer youth and their families to those services.

(C) Materials approved for training may also include programs that can be completed through self-review of suitable suicide prevention materials.

(D) On or before January 1, 2025, a local educational agency shall revise its training materials to incorporate best practices identified by the department in the department's model policy.

(E) Commencing with the 2024-25 school year, local educational agencies are encouraged to provide suicide awareness and prevention training to teachers of pupils in all of the grades served by the local educational agency.

(5) The policy shall be written to ensure that a school employee acts only within the authorization and scope of the employee's credential or license. Nothing in this section shall be construed as authorizing or encouraging a school employee to diagnose or treat mental illness unless the employee is specifically licensed and employed to do so.

(6) (A) To assist local educational agencies in developing policies for pupil suicide prevention, the department shall develop and maintain a model policy in accordance with this section to serve as a guide for local educational agencies.

(B) On or before June 1, 2024, the department shall complete the development of, and issue to local educational agencies, resources and guidance on how to conduct suicide awareness and prevention training remotely.

(C) On or before July 1, 2026, the department shall update the model policy, described in subparagraph (A), to address crisis intervention protocols in the event of a pupil suicide crisis, including all of the following:

(i) The process by which staff and external agencies are deployed to address a pupil suicide crisis. This protocol shall prioritize the use of school mental health professionals when addressing a pupil suicide crisis. If a school mental health professional is not available, the protocol may identify a school employee who has completed training pursuant to Section 49428.15 to provide a warm handoff to a mental health professional. If a trained school employee is not available to address the pupil suicide crisis, the protocol shall identify one or more community-based organizations, mobile crisis units, 988 services, or other qualified mental health professionals to be contacted in the event of a pupil suicide crisis.

(ii) Involvement and notification of law enforcement, including law enforcement described in Section 832.3 of the Penal Code and Section 38000, shall be limited to situations in which a pupil's life is in imminent danger and their needs cannot be addressed by a mental health professional.

(iii) The assessment process that law enforcement officers should follow to determine whether the pupil experiencing a suicide crisis is endangered by parental notification. The pupil shall be informed if their parent or guardian is notified.

(b) (1) The governing board or body of a local educational agency that serves pupils in kindergarten and grades 1 to 12, inclusive, shall review, at minimum every fifth year, its policy on pupil suicide prevention and, if necessary, update its policy.

(2) Nothing in this section shall prevent the governing board or body of a local educational agency from reviewing or updating its policy on pupil suicide prevention more frequently than every fifth year.

(3) On or before January 1, 2025, the governing board or body of a local educational agency that serves pupils in kindergarten and grades 1 to 12, inclusive, shall review and update its policy on pupil suicide prevention to incorporate best practices identified by the department in the department's model policy.

(4) On or after July 1, 2026, the governing board or body of a local educational agency shall update its pupil suicide prevention policy to include crisis intervention protocols that incorporates best practices identified in the department's model policy during the next regularly scheduled review of the pupil suicide prevention policy.

(5) When the governing board or body of a local educational agency reviews its policy on pupil suicide prevention, if the local educational agency does not have a school mental health professional or contract with a mental health professional, the governing board or body is encouraged to consider whether funding should be identified for purposes of hiring a school mental health professional.

(c) For purposes of this section, the following definitions apply:

(1) "Local educational agency" means a county office of education, school district, state special school, or charter school.

(2) "Mental health professional" means an individual licensed or registered, or an intern or associate working towards licensure, by the Board of Behavioral Sciences or the Board of Psychology in the Department of Consumer Affairs.

(3) "Pupil suicide crisis" means any of the following:

(A) A pupil who is exhibiting suicidal thoughts or behaviors.

(B) A pupil who has completed a suicide risk assessment and is determined to be at risk of suicide.

(C) A pupil who is attempting to physically harm themselves or others.

(4) "School mental health professional" means a school employee with a clear or preliminary pupil personnel services credential with a specialization in school counseling, school social work, or school psychology, a credentialed school nurse, or a licensed, registered, or associate marriage and family therapist, professional clinical counselor, clinical social worker, educational psychologist, or psychologist under the supervision of a school employee with a pupil personnel services or administrative services credential.

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

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News

Sep 27, 2024

# Governor Newsom signs legislation to strengthen mental health and substance use disorder care for all Californians

**What you need to know:** Today, Governor Newsom signed a package of legislation to strengthen and streamline access to critical behavioral health care services, including the first-in-the nation CARE Court.

**Sacramento, California** – Governor Gavin Newsom today signed a package of bills aimed at strengthening access, accountability, and outcomes in the state’s behavioral health care system, especially for those with the most

serious mental health issues and substance use disorders.

“Tackling the mental health and substance use disorder crises facing our nation and state is one of the most important goals of my administration. We are acting urgently to get people life-saving treatment and supportive housing through innovative solutions like CARE Court and conservatorship reform, and working to ensure that these initiatives respond to the feedback we’re seeing on the ground. I am proud to work with the Legislature to support our most vulnerable neighbors getting the care they need.”

Governor Gavin Newsom

## Featured legislation signed today

**SB 42** by Senator Tom Umberg (D-Santa Ana) – Streamlines county and court implementation of the Community Assistance, Recovery, and Empowerment (CARE) Act through improving the petition process, clarifying types of communication between petitioners, respondents, judges, and county behavioral health departments, and strengthening CARE as a means to ensure participants’ long-term stabilization.

**Senator Tom Umberg:** “Governor Newsom and I are committed wholeheartedly to CARE Court’s success. SB 42 honors that commitment by making critical adjustments to CARE Court to further help families and those enrolled in CARE Court before it is implemented statewide this December.”

**SB 1238** by Senator Susan Talamantes Eggman (D-Stockton) – Expands the types of facilities where people who are held on a temporary conservatorship for substance use disorder care may receive treatment to also include mental health rehabilitation centers and psychiatric health facilities.

**Senator Susan Talamantes Eggman:** “SB 1238 expands the range of facilities that can treat individuals with severe substance use disorders and provides DHCS with the authority to approve future facility types to treat those who are ‘gravely disabled’ from either a severe substance use disorder or mental health disorder. I am tremendously grateful that Governor Newsom has consistently leaned into investing in solutions to the



behavioral health problems we see on the streets in communities around the state. His vision and leadership has pushed us to rethink how behavioral health services should be delivered in our State and is cause for optimism.”

**SB 1400** by Senator Henry Stern (D-Calabasas) – Increases transparency and accountability for counties and courts in implementing the CARE Act by requiring additional annual reporting to the state, and also requires a court in a Misdemeanor Incompetent to Stand Trial (IST) hearing to first determine if the IST individual is eligible for programs or treatment before dismissing a case.

**Senator Henry Stern:** “This law will prevent thousands of severely mentally ill people who are arrested from simply being recycled from jail back into the streets. This is a problem that must be remedied with front-loaded mental health care. I applaud Governor Newsom for refusing to allow this jail to street pipeline to continue, and to the unique coalition of doctors, disability rights and social justice advocates, public defenders and prosecutors who came together to get this bill passed.”

**AB 2376** by Assemblymember Jasmeet Bains (D-Bakersfield) – Increases the number of hospital beds available for the treatment of substance use disorder – including chemical dependency recovery services, medications for addiction treatment, and medically supervised inpatient detoxification care – by providing facilities with new flexibility in managing their treatment slots.

**Assemblymember Dr. Jasmeet Bains:** “As a physician and addiction specialist, I know that the addiction crisis facing our state requires mobilizing resources at every level. I am grateful to our partners at CA Bridge and Governor Newsom for working to expand access to proven and cost-effective solutions that allow more patients to access addiction recovery services close to home. I believe these services should be available in every emergency room throughout the state and AB 2376 moves us one step closer to that future.”

## How we got here

CARE Court is a first-in-the-nation approach to create accountability for connecting individuals with untreated psychosis to the treatment and housing they need. Under CARE Court, families, first responders, health care

providers, and others are able to take action and file a petition with their local CARE Court to help people with untreated schizophrenia spectrum or psychotic disorders get treatment and housing. As of August, CARE courts in nine counties are helping more than 700 people get treatment and housing – often in response to petitions filed by a family member. All 58 counties will offer CARE Courts by December 1, 2024.

In 2023, Governor Newsom signed into law SB 43 (Eggman, D-Stockton) to modernize the state’s conservatorship laws for the first time in more than 50 years. The law updated the definition of “gravely disabled” for those eligible for a conservatorship to include people who are unable to provide for their personal safety or necessary medical care, in addition to food, clothing, or shelter. The law now includes people who are gravely disabled due to a severe substance use disorder, as well as serious mental illnesses.

## **Statewide efforts to transform behavioral health**

California is transforming our entire behavioral health care system. The result: more and better mental health and substance use disorder care for all Californians. In March 2024, voters passed Proposition 1, which includes two parts: a \$6.4 billion Behavioral Health Infrastructure Bond to build treatment settings and housing with services, and a historic reform of the Behavioral Health Services Act (BHSA) to focus on people with the most serious illnesses, substance disorders, and supportive housing needs. Prop 1 is being implemented across the state at record speed.

[Applications for Prop 1 bond funding are now being accepted](#) through December for \$3.3 billion available to build behavioral health out-patient and in-patient treatment settings. Funds will be awarded beginning in spring 2025. Just last week, the Newsom Administration [released new Prop 1 HomeKey+ program guidance](#) for up to \$2.2 billion in funding. Homekey+ will build more than 4,000 units of permanent supportive housing for veterans and other individuals with mental health and/or substance use disorder challenges who are at risk for or experiencing homelessness. Funds will be awarded beginning in spring 2025.

Also last week, the state released the [first statewide plan for Behavioral Health Workforce](#), thanks to the Prop 1 investment of roughly \$100 million annually beginning in July 2025. Learn more and stay updated at [mentalhealth.ca.gov](https://mentalhealth.ca.gov).

## Legislation signed today to support behavioral health care efforts

AB 1316 by Assemblymember Jacqui Irwin (D-Thousand Oaks) – Emergency services: psychiatric emergency medical conditions.

AB 1842 by Assemblymember Eloise Gómez Reyes (D-San Bernardino) – Health care coverage: Medication-assisted treatment.

AB 2115 by Assemblymember Matt Haney (D-San Francisco) – Controlled substances: clinics.

AB 2154 by Assemblymember Marc Berman (D-Palo Alto) – Mental health: involuntary treatment.

AB 2270 by Assemblymember Brian Maienschein (D-San Diego) -- Healing arts: continuing education: menopausal mental or physical health.

AB 2703 by Cecilia Aguiar-Curry (D-Winters) – Federally qualified health centers and rural health clinics: psychological associates.

AB 2871 by Assemblymember Brian Maienschein (D-San Diego) -- Overdose fatality review teams.

SB 910 by Senator Tom Umberg (D-Santa Ana) – Treatment court program standards.

SB 1063 by Senator Shannon Grove (R-Bakersfield) – Pupil safety: identification cards. A signing message can be found [here](#).

SB 1184 by Senator Susan Talamantes Eggman (D-Stockton) – Mental health: involuntary treatment: antipsychotic medication.

SB 1318 by Senator Aisha Wahab (D-Fremont) – Pupil health: suicide prevention policies: pupil suicide crisis.

SB 1323 by Senator Caroline Menjivar (D-Van Nuys) – Criminal procedure: competence to stand trial.

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**Assembly Bill No. 1788**

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Passed the Assembly August 28, 2024

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*Chief Clerk of the Assembly*

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Passed the Senate August 27, 2024

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*Secretary of the Senate*

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This bill was received by the Governor this \_\_\_\_\_ day  
of \_\_\_\_\_, 2024, at \_\_\_\_\_ o'clock \_\_\_\_M.

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*Private Secretary of the Governor*

CHAPTER \_\_\_\_\_

An act to add Part 9 (commencing with Section 5990) to Division 5 of the Welfare and Institutions Code, relating to mental health.

LEGISLATIVE COUNSEL'S DIGEST

AB 1788, Quirk-Silva. Mental health multidisciplinary personnel team.

Existing law authorizes a county to establish a homeless adult and family multidisciplinary personnel team, as defined, with the goal of facilitating the expedited identification, assessment, and linkage of homeless individuals to housing and supportive services within that county and to allow provider agencies to share confidential information for the purpose of coordinating housing and supportive services to ensure continuity of care.

This bill would authorize counties to also establish a mental health multidisciplinary personnel team, as defined, with the goal of facilitating the expedited identification, assessment, and linkage of justice-involved persons diagnosed with a mental illness to supportive services within that county while incarcerated and upon release from county jail and to allow provider agencies and members of the personnel team to share confidential information, as specified, for the purpose of coordinating supportive services to ensure continuity of care. The bill would require the sharing of information permitted under these provisions to be governed by protocols developed in each county, as specified, and would require each county to provide a copy of its protocols to the State Department of Health Care Services.

This bill would authorize the mental health multidisciplinary personnel team to designate qualified persons to be a member of the team for a particular case and would require every member who receives information or records regarding justice-involved persons, as defined, in their capacity as a member of the team to be under the same privacy and confidentiality obligations and subject to the same confidentiality penalties as the person disclosing or providing the information or records. The bill would also require the information or records to be maintained in a

manner that ensures the maximum protection of privacy and confidentiality rights.

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

SECTION 1. Part 9 (commencing with Section 5990) is added to Division 5 of the Welfare and Institutions Code, to read:

PART 9. MENTAL HEALTH MULTIDISCIPLINARY  
PERSONNEL TEAM

5990. (a) A county may establish a mental health multidisciplinary personnel team with the goal of facilitating the expedited identification, assessment, and linkage of justice-involved persons diagnosed with a mental illness to supportive services within that county while incarcerated and upon release from county jail and to allow provider agencies and members of the personnel team to share confidential information for the purpose of coordinating supportive services to ensure continuity of care.

(b) For the purposes of this section, the following terms shall have the following meanings:

(1) "Justice-involved person" means an individual who is currently incarcerated within a county jail or who has been incarcerated in a county jail.

(2) "Mental health multidisciplinary personnel team" means any team of two or more persons who are trained in the identification and treatment of individuals with mental illness, and who are qualified to provide a broad range of services related to mental health. The team may include all of the following:

(A) Mental health and substance abuse services personnel and practitioners or other trained counseling personnel.

(B) Medical personnel with sufficient training to provide health services.

(C) Social services workers with experience or training in the provision of services to adults with mental illness and eligibility for services.

(D) Case managers or case coordinators responsible for referral, linkage, or coordination of care and services provided to adults or families.

(3) “Provider agency” means any governmental or other agency that has, as one of its purposes, the identification, assessment, and linkage of housing or supportive services to individuals with mental illness. The provider agencies serving adults that may share information under this section include all of the following entities or service agencies:

- (A) Social services.
- (B) Health services.
- (C) Mental health services.
- (D) Substance abuse services.
- (E) Probation.
- (F) Law enforcement.
- (G) Legal counsel for the adult or family representing them in a criminal matter.
- (H) Veterans services and counseling.
- (I) Homeless services.
- (J) Tribal programs.

(c) (1) Members of a mental health multidisciplinary personnel team engaged in the identification, assessment, and linkage of supportive services to justice-involved persons may disclose to, and exchange with, one another, information and writings that relate to any information that may be designated as confidential under state law if the member of the team reasonably believes it is required for the identification of mental illness and the provision of services. Any discussion relative to the disclosure or exchange of the information or writings during a team meeting is confidential and, notwithstanding any other law, testimony concerning that discussion is not admissible in any criminal, civil, or juvenile court proceeding.

(2) Disclosure and exchange of information pursuant to this section may occur electronically if there is adequate verification of the identity of the mental health multidisciplinary personnel who are involved in that disclosure or exchange of information.

(3) Disclosure and exchange of information pursuant to this section shall not be made to anyone other than members of the mental health multidisciplinary personnel team, and those qualified to receive information as set forth in subdivision (d).

(4) To comply with the requirements of this section, all mental health multidisciplinary team members and their departments shall maintain a secure and standardized process for sharing a person’s



confidential records. This process shall ensure both of the following:

(A) All records and information is kept confidential in a manner that complies with all privacy laws.

(B) All records are guarded against unauthorized access.

(d) The mental health multidisciplinary personnel team may designate persons qualified pursuant to paragraph (2) of subdivision (b) to be a member of the team for a particular case. A person designated as a team member pursuant to this subdivision may receive and disclose relevant information and records, subject to the confidentiality provisions of subdivision (g).

(e) (1) The sharing of information permitted pursuant to subdivision (c) shall be governed by protocols developed in each county describing how and what information may be shared by the mental health multidisciplinary personnel team to ensure that confidential information gathered by the team is not disclosed in violation of state or federal law. A copy of the protocols shall be distributed to each participating agency and to persons in those agencies who participate in the multidisciplinary personnel team, and shall be posted on the county's internet website within 30 days of adoption. Each county shall provide a copy of its protocols to the State Department of Health Care Services. This subdivision shall not be construed to require the department to review or approve any multidisciplinary personnel team county protocols that it receives.

(2) A protocol developed in a county pursuant to paragraph (1) shall include, but not be limited to, all of the following:

(A) The items of information or data elements that will be shared.

(B) The participating agencies.

(C) A description of how the information shared pursuant to this section will be used by the mental health multidisciplinary personnel team only for the intended purposes specified in subdivision (a).

(D) The information retention schedule that participating agencies shall follow.

(E) A requirement that no confidential information or writings be disclosed to persons who are not members of the multidisciplinary personnel team, except to the extent required or permitted under applicable law.

6

(F) A requirement that participating agencies develop uniform written policies and procedures that include security and privacy awareness training for employees who will have access to information pursuant to this protocol.

(G) A requirement that all persons who have access to information shared by participating agencies sign a confidentiality statement that includes, at a minimum, general use, security safeguards, acceptable use, and enforcement policies.

(H) A requirement that participating agencies employ security controls that meet applicable federal and state standards, including reasonable administrative, technical, and physical safeguards to ensure data confidentiality, integrity, and availability and to prevent unauthorized or inappropriate access, use, or disclosure.

(I) A requirement that participating agencies take reasonable steps to ensure information is complete, accurate, and up to date to the extent necessary for the agency's intended purposes and that the information has not been altered or destroyed in an unauthorized manner.

(f) All transmissions made pursuant to this section shall comply with the Confidentiality of Medical Information Act (Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code), Chapter 1 (commencing with Section 123100) of Part 1 of Division 106 of the Health and Safety Code, the Information Practices Act of 1977 (Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code), the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Public Law 104-191), the federal Health Information Technology for Economic and Clinical Health Act (HITECH) (Public Law 111-5), and the corresponding implementing regulations relating to privacy and security in Parts 160 and 164 of Title 45 of the Code of Federal Regulations.

(g) Every member of the mental health multidisciplinary personnel team who receives information or records regarding a justice-involved person in that member's capacity as a member of the team shall be under the same privacy and confidentiality obligations and subject to the same confidentiality penalties as the person disclosing or providing the information or records. The information or records obtained shall be maintained in a manner that ensures the maximum protection of privacy and confidentiality rights.

(h) Nothing in this section shall be construed to supersede or preempt the applicability of any existing state or federal privacy laws, including, but not limited to, the following:

(1) The federal Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Public Law 104-191).

(2) The Information Practices Act of 1977 Chapter 1 (commencing with Section 1798) of Title 1.8 of Part 4 of Division 3 of the Civil Code.

(3) The Confidentiality of Medical Information Act (Part 2.6 (commencing with Section 56) of Division 1 of the Civil Code).

(4) Section 5328 of the Welfare and Institutions Code.

(i) Information and records communicated or provided to the team members by all providers and agencies shall be deemed private and confidential and shall be protected from discovery and disclosure by all applicable statutory and common law protections. Existing civil and criminal penalties shall apply to the inappropriate disclosure of information held by the team members.

Approved \_\_\_\_\_, 2024

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*Governor*



## OFFICE OF THE GOVERNOR

SEP 28 2024

To the Members of the California State Assembly:

I am returning Assembly Bill 1788 without my signature.

This bill would authorize counties to establish a mental health multidisciplinary personnel team to serve justice-involved individuals with mental illness and allow provider agencies to share information to coordinate supportive services.

My Administration is supportive of policies that can improve equity and supportive services to justice-involved (JI) individuals. The Department of Health Care Services (DHCS) is currently implementing the CalAIM JI Initiative, which provides pre-release Medi-Cal enrollment to ensure JI individuals have continuity of coverage upon release and access essential health services that will help them successfully return to their communities. For this reason, this bill is premature and may be duplicative. It would be more timely to assess this proposal following the full implementation of the DHCS CalAIM JI Initiative and the ability to evaluate data and identify any remaining gaps.

For this reason, I cannot sign this bill.

Sincerely,

A handwritten signature in black ink, appearing to read "Gavin Newsom", written over a horizontal line.

Gavin Newsom

AMENDED IN ASSEMBLY JULY 3, 2024  
AMENDED IN ASSEMBLY JUNE 20, 2024  
AMENDED IN SENATE JANUARY 12, 2024  
AMENDED IN SENATE JANUARY 3, 2024

**SENATE BILL**

**No. 402**

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**Introduced by Senator Wahab**

(Coauthors: Assembly Members Alanis, Gipson, Jackson, and Lackey)

February 9, 2023

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An act to amend ~~Sections 5150 and 5402~~ of *Section 5402 of*, and to amend, repeal, and add *Sections 5121 and 5150 of*, the Welfare and Institutions Code, relating to mental health.

LEGISLATIVE COUNSEL'S DIGEST

SB 402, as amended, Wahab. Involuntary commitment.

Existing law, the Lanterman-Petris-Short Act, authorizes the involuntary commitment and treatment of persons with specified mental disorders. Under the act, when a person, as a result of a mental health disorder, is a danger to self or others, or gravely disabled, the person may, upon probable cause, be taken into custody by specified individuals, including, among others, by peace officers and designated members of a mobile crisis team, and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment.

This bill would additionally ~~authorize~~ *authorize, until January 1, 2030*, a person to be taken into custody, pursuant to those provisions, by a licensed mental health professional, as defined. *The bill would require a licensed mental health professional who is not direct staff of, or contracted by, a county to complete a specified training prior to*

*exercising that authority and would prohibit those licensed mental health professionals from transporting a person taken into custody pursuant to the above-described provisions unless specifically authorized by the county to do so.*

Existing law requires the State Department of Health Care Services to collect and publish annually quantitative information concerning the operation of various provisions relating to community mental health services, including the number of persons admitted for evaluation and treatment for certain periods, transferred to mental health facilities, and for whom certain conservatorships are established, as specified. Existing law requires each county behavioral health director, each designated and approved facility, and each other entity, as specified, to provide accurate and complete data as prescribed by the department.

This bill would require county behavioral health directors to provide, and would require the State Department of Health Care Services to collect and publish, additional information, including, among other things, the number of individuals designated by each county to perform specified functions, their profession, and the number of holds initiated per profession, as specified. The bill would require each law enforcement agency to provide accurate and complete data to the department regarding the number of holds initiated by a peace officer. By increasing the duties on county behavioral health directors and law enforcement agencies, 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. Section 5121 of the Welfare and Institutions Code*
- 2     *is amended to read:*
- 3     5121. (a) The county behavioral health director may develop
- 4     procedures for the county's designation and training of
- 5     professionals who will be designated to perform functions under

1 Section 5150. These procedures may include, but are not limited  
2 to, the following:

3 (1) The license types, practice disciplines, and clinical  
4 experience of professionals eligible to be designated by the county.

5 (2) The initial and ongoing training and testing requirements  
6 for professionals eligible to be designated by the county.

7 (3) The application and approval processes for professionals  
8 seeking to be designated by the county, including the timeframe  
9 for initial designation and procedures for renewal of the  
10 designation.

11 (4) The county's process for monitoring and reviewing  
12 professionals designated by the county to ensure appropriate  
13 compliance with state law, regulations, and county procedures.

14 (b) A county behavioral health director may develop a training  
15 for the procedures for designation developed pursuant to  
16 subdivision (a).

17 (c) If a county behavioral health director denies or revokes an  
18 individual's designation, the county behavioral health director  
19 shall, in writing, notify the person who made the request for  
20 designation of the individual and the individual who is the subject  
21 of the request for designation describing the reasons for denial or  
22 revocation.

23 (d) (1) Designated members of a mobile crisis team and  
24 designated professional persons shall not be prohibited from  
25 transporting a person taken into custody pursuant to Section 5150.

26 (2) *Notwithstanding paragraph (1), a person who qualifies as*  
27 *a "licensed mental health professional," as defined in paragraph*  
28 *(2) of subdivision (a) of Section 5150, but is not direct staff of, or*  
29 *contracted by, a county, is prohibited from transporting a person*  
30 *taken into custody pursuant to Section 5150, unless specifically*  
31 *authorized by the county to do so.*

32 (e) If the county behavioral health director of the County of  
33 Sacramento develops procedures pursuant to subdivision (a), the  
34 county behavioral health director of the County of Sacramento  
35 shall, by April 1, 2022, issue a written policy regarding the  
36 procedures developed pursuant to subdivision (a). The policy shall  
37 address, at a minimum, the topics identified in paragraphs (1) to  
38 (4), inclusive, of subdivision (a). The policy shall require the  
39 county behavioral health director of the County of Sacramento to  
40 designate individuals employed by the City of Sacramento who



1 are also members of a mobile crisis team or who are also  
2 professional persons if all of the following are true:

3 (1) The City of Sacramento submits a written request to the  
4 county behavioral health director.

5 (2) The individuals meet the requirements for designation  
6 included in the policy.

7 (3) If the county behavioral health director of the County of  
8 Sacramento has developed a training pursuant to subdivision (b),  
9 the individuals have completed that training.

10 (f) *A person who qualifies as a "licensed mental health*  
11 *professional" as defined in paragraph (2) of subdivision (a) of*  
12 *Section 5150, but is not direct staff of, or contracted by, a county,*  
13 *shall not exercise the authority described in subdivision (a) of*  
14 *Section 5150 prior to completing the training requirements for*  
15 *professionals eligible to be designated by the county described in*  
16 *paragraph (2) of subdivision (a).*

17 (g) *This section shall remain in effect only until January 1, 2030,*  
18 *and as of that date is repealed.*

19 SEC. 2. *Section 5121 is added to the Welfare and Institutions*  
20 *Code, to read:*

21 *5121. (a) The county behavioral health director may develop*  
22 *procedures for the county's designation and training of*  
23 *professionals who will be designated to perform functions under*  
24 *Section 5150. These procedures may include, but are not limited*  
25 *to, the following:*

26 (1) *The license types, practice disciplines, and clinical*  
27 *experience of professionals eligible to be designated by the county.*

28 (2) *The initial and ongoing training and testing requirements*  
29 *for professionals eligible to be designated by the county.*

30 (3) *The application and approval processes for professionals*  
31 *seeking to be designated by the county, including the timeframe*  
32 *for initial designation and procedures for renewal of the*  
33 *designation.*

34 (4) *The county's process for monitoring and reviewing*  
35 *professionals designated by the county to ensure appropriate*  
36 *compliance with state law, regulations, and county procedures.*

37 (b) *A county behavioral health director may develop a training*  
38 *for the procedures for designation developed pursuant to*  
39 *subdivision (a).*

1 (c) *If a county behavioral health director denies or revokes an*  
2 *individual's designation, the county behavioral health director*  
3 *shall, in writing, notify the person who made the request for*  
4 *designation of the individual and the individual who is the subject*  
5 *of the request for designation describing the reasons for denial or*  
6 *revocation.*

7 (d) *Designated members of a mobile crisis team and designated*  
8 *professional persons shall not be prohibited from transporting a*  
9 *person taken into custody pursuant to Section 5150.*

10 (e) *If the county behavioral health director of the County of*  
11 *Sacramento develops procedures pursuant to subdivision (a), the*  
12 *county behavioral health director of the County of Sacramento*  
13 *shall, by April 1, 2022, issue a written policy regarding the*  
14 *procedures developed pursuant to subdivision (a). The policy shall*  
15 *address, at a minimum, the topics identified in paragraphs (1) to*  
16 *(4), inclusive, of subdivision (a). The policy shall require the county*  
17 *behavioral health director of the County of Sacramento to*  
18 *designate individuals employed by the City of Sacramento who*  
19 *are also members of a mobile crisis team or who are also*  
20 *professional persons if all of the following are true:*

21 (1) *The City of Sacramento submits a written request to the*  
22 *county behavioral health director.*

23 (2) *The individuals meet the requirements for designation*  
24 *included in the policy.*

25 (3) *If the county behavioral health director of the County of*  
26 *Sacramento has developed a training pursuant to subdivision (b),*  
27 *the individuals have completed that training.*

28 (f) *This section shall be operative on January 1, 2030.*

29 **SECTION 1.**

30 **SEC. 3.** Section 5150 of the Welfare and Institutions Code is  
31 amended to read:

32 5150. (a) (1) When a person, as a result of a mental health  
33 disorder, is a danger to others or to themselves, or is gravely  
34 disabled, a peace officer, licensed mental health professional,  
35 professional person in charge of a facility designated by the county  
36 for evaluation and treatment, member of the attending staff, as  
37 defined by regulation, of a facility designated by the county for  
38 evaluation and treatment, designated members of a mobile crisis  
39 team, or professional person designated by the county may, upon  
40 probable cause, take, or cause to be taken, the person into custody

6

1 for a period of up to 72 hours for assessment, evaluation, and crisis  
2 intervention or placement for evaluation and treatment in a facility  
3 designated by the county for evaluation and treatment and approved  
4 by the State Department of Health Care Services. The 72-hour  
5 period begins at the time when the person is first detained. At a  
6 minimum, assessment, as defined in Section 5150.4, and  
7 evaluation, as defined in subdivision (a) of Section 5008, shall be  
8 conducted and provided on an ongoing basis. Crisis intervention,  
9 as defined in subdivision (e) of Section 5008, may be provided  
10 concurrently with assessment, evaluation, or any other service.

11 (2) (A) As used in this section, “licensed mental health  
12 professional” means an individual who is designated by the county  
13 and who holds a current and active license in good ~~standing~~  
14 *standing, and has completed all of the supervised clinical*  
15 *experience required for the license, as any of the following:*

16 (i) Physician and surgeon specializing in the practice of  
17 psychiatry.

18 (ii) Psychologist.

19 (iii) Licensed clinical social worker.

20 (iv) Licensed marriage and family therapist.

21 (v) Licensed professional clinical ~~counselor who has completed~~  
22 ~~all required supervised clinical experience.~~ *counselor.*

23 (B) For purposes of this section, a licensed mental health  
24 professional does not need to be direct staff of, or contracted by,  
25 the county.

26 (b) When determining if a person should be taken into custody  
27 pursuant to subdivision (a), the individual making that  
28 determination shall apply the provisions of Section 5150.05 and  
29 shall not be limited to consideration of the danger of imminent  
30 harm.

31 (c) The professional person in charge of a facility designated  
32 by the county for evaluation and treatment, member of the  
33 attending staff, or professional person designated by the county  
34 shall assess the person to determine whether the person can be  
35 properly served without being detained. If, in the judgment of the  
36 professional person in charge of the facility designated by the  
37 county for evaluation and treatment, member of the attending staff,  
38 or professional person designated by the county, the person can  
39 be properly served without being detained, the person shall be  
40 provided evaluation, crisis intervention, or other inpatient or

1 outpatient services on a voluntary basis. This subdivision does not  
2 prevent a peace officer from delivering an individual to a  
3 designated facility for assessment under this section. Furthermore,  
4 the assessment requirement of this subdivision does not require a  
5 peace officer to perform any additional duties other than those  
6 specified in Sections 5150.1 and 5150.2.

7 (d) If a person is evaluated by a professional person in charge  
8 of a facility designated by the county for evaluation or treatment,  
9 member of the attending staff, or professional person designated  
10 by the county and is found to be in need of mental health services,  
11 but is not admitted to the facility, all available alternative services  
12 provided pursuant to subdivision (c) shall be offered, as determined  
13 by the county mental health director.

14 (e) If, in the judgment of the professional person in charge of  
15 the facility designated by the county for evaluation and treatment,  
16 member of the attending staff, or the professional person designated  
17 by the county, the person cannot be properly served without being  
18 detained, the admitting facility shall require an application in  
19 writing stating the circumstances under which the person's  
20 condition was called to the attention of the peace officer, licensed  
21 mental health professional, professional person in charge of the  
22 facility designated by the county for evaluation and treatment,  
23 member of the attending staff, or professional person designated  
24 by the county and stating that the peace officer, licensed mental  
25 health professional, professional person in charge of the facility  
26 designated by the county for evaluation and treatment, member of  
27 the attending staff, or professional person designated by the county  
28 has probable cause to believe that the person is, as a result of a  
29 mental health disorder, a danger to others or to themselves, or is  
30 gravely disabled. The application shall also record whether the  
31 historical course of the person's mental disorder was considered  
32 in the determination pursuant to Section 5150.05. If the probable  
33 cause is based on the statement of a person other than the peace  
34 officer, licensed mental health professional, professional person  
35 in charge of the facility designated by the county for evaluation  
36 and treatment, member of the attending staff, or professional person  
37 designated by the county, the person shall be liable in a civil action  
38 for intentionally giving a statement that the person knows to be  
39 false. A copy of the application shall be treated as the original.

1 (f) (1) At the time a person is taken into custody for evaluation,  
2 or within a reasonable time thereafter, unless a responsible relative  
3 or the guardian or conservator of the person is in possession of the  
4 person's personal property, the person taking them into custody  
5 shall take reasonable precautions to preserve and safeguard the  
6 personal property in the possession of or on the premises occupied  
7 by the person. The person taking them into custody shall then  
8 furnish to the court a report generally describing the person's  
9 property so preserved and safeguarded and its disposition, in  
10 substantially the form set forth in Section 5211, except that if a  
11 responsible relative or the guardian or conservator of the person  
12 is in possession of the person's property, the report shall include  
13 only the name of the relative or guardian or conservator and the  
14 location of the property, whereupon responsibility of the person  
15 taking them into custody for that property shall terminate.

16 (2) As used in this section, "responsible relative" includes the  
17 spouse, parent, adult child, domestic partner, grandparent,  
18 grandchild, or adult brother or sister of the person.

19 (g) (1) Each person, at the time the person is first taken into  
20 custody under this section, shall be provided, by the person who  
21 takes them into custody, the following information orally in a  
22 language or modality accessible to the person. If the person cannot  
23 understand an oral advisement, the information shall be provided  
24 in writing. The information shall be in substantially the following  
25 form:

26  
27 My name is \_\_\_\_\_ .

28 I am a \_\_\_\_\_ .

29 (peace officer/mental health professional)

30 with \_\_\_\_\_ .

31 (name of agency)

32 You are not under criminal arrest, but I am taking you for an examination by

33 mental health professionals at \_\_\_\_\_ .

34 \_\_\_\_\_

35 (name of facility)

36 You will be told your rights by the mental health staff.

37

38 (2) If taken into custody at the person's own residence, the

39 person shall also be provided the following information:

40

1 You may bring a few personal items with you, which I will have  
2 to approve. Please inform me if you need assistance turning off  
3 any appliance or water. You may make a phone call and leave a  
4 note to tell your friends or family where you have been taken.

5  
6 (h) The designated facility shall keep, for each patient evaluated,  
7 a record of the advisement given pursuant to subdivision (g), which  
8 shall include all of the following:

- 9 (1) The name of the person detained for evaluation.  
10 (2) The name and position of the peace officer or mental health  
11 professional taking the person into custody.  
12 (3) The date the advisement was completed.  
13 (4) Whether the advisement was completed.  
14 (5) The language or modality used to give the advisement.  
15 (6) If the advisement was not completed, a statement of good  
16 cause as defined by regulations of the State Department of Health  
17 Care Services.

18 (i) (1) Each person admitted to a facility designated by the  
19 county for evaluation and treatment shall be given the following  
20 information by admission staff of the facility. The information  
21 shall be given orally and in writing and in a language or modality  
22 accessible to the person. The written information shall be available  
23 to the person in English and in the language that is the person's  
24 primary means of communication. Accommodations for other  
25 disabilities that may affect communication shall also be provided.  
26 The information shall be in substantially the following form:

27  
28 My name is \_\_\_\_\_.

29 My position here is \_\_\_\_\_.

30 You are being placed into this psychiatric facility because it is our  
31 professional opinion that, as a result of a mental health disorder, you are likely  
32 to (check applicable):

- 33  Harm yourself.  
34  Harm someone else.  
35  Be unable to take care of your own food, clothing, and housing needs.

36 We believe this is true because

37 \_\_\_\_\_  
38 (list of the facts upon which the allegation of dangerous  
39 or gravely disabled due to mental health disorder is based, including pertinent  
40 facts arising from the admission interview).

10

1 You will be held for a period up to 72 hours. During the 72 hours you may  
2 also be transferred to another facility. You may request to be evaluated or  
3 treated at a facility of your choice. You may request to be evaluated or treated  
4 by a mental health professional of your choice. We cannot guarantee the facility  
5 or mental health professional you choose will be available, but we will honor  
6 your choice if we can.

7 During these 72 hours you will be evaluated by the facility staff, and you  
8 may be given treatment, including medications. It is possible for you to be  
9 released before the end of the 72 hours. But if the staff decides that you need  
10 continued treatment you can be held for a longer period of time. If you are  
11 held longer than 72 hours, you have the right to a lawyer and a qualified  
12 interpreter and a hearing before a judge. If you are unable to pay for the lawyer,  
13 then one will be provided to you free of charge.

14 If you have questions about your legal rights, you may contact the county  
15 Patients' Rights Advocate at \_\_\_\_\_  
16 (phone number for the county Patients' Rights  
17 \_\_\_\_\_ .  
18 Advocacy office)

19 Your 72-hour period began \_\_\_\_\_ .  
20 (date/time)

21  
22 (2) If the notice is given in a county where weekends and  
23 holidays are excluded from the 72-hour period, the person shall  
24 be informed of this fact.

25 (j) For each person admitted for evaluation and treatment, the  
26 facility shall keep with the person's medical record a record of the  
27 advisement given pursuant to subdivision (i), which shall include  
28 all of the following:

- 29 (1) The name of the person performing the advisement.
- 30 (2) The date of the advisement.
- 31 (3) Whether the advisement was completed.
- 32 (4) The language or modality used to communicate the  
33 advisement.
- 34 (5) If the advisement was not completed, a statement of good  
35 cause.

36 (k) A facility to which a person who is involuntarily detained  
37 pursuant to this section is transported shall notify the county  
38 patients' rights advocate, as defined in Section 5500, if a person  
39 has not been released within 72 hours of the involuntary detention.

1 (l) This section shall remain in effect only until January 1, 2030,  
2 and as of that date is repealed.

3 SEC. 4. Section 5150 is added to the Welfare and Institutions  
4 Code, to read:

5 5150. (a) When a person, as a result of a mental health  
6 disorder, is a danger to others or to themselves, or is gravely  
7 disabled, a peace officer, professional person in charge of a facility  
8 designated by the county for evaluation and treatment, member of  
9 the attending staff, as defined by regulation, of a facility designated  
10 by the county for evaluation and treatment, designated members  
11 of a mobile crisis team, or professional person designated by the  
12 county may, upon probable cause, take, or cause to be taken, the  
13 person into custody for a period of up to 72 hours for assessment,  
14 evaluation, and crisis intervention or placement for evaluation  
15 and treatment in a facility designated by the county for evaluation  
16 and treatment and approved by the State Department of Health  
17 Care Services. The 72-hour period begins at the time when the  
18 person is first detained. At a minimum, assessment, as defined in  
19 Section 5150.4, and evaluation, as defined in subdivision (a) of  
20 Section 5008, shall be conducted and provided on an ongoing  
21 basis. Crisis intervention, as defined in subdivision (e) of Section  
22 5008, may be provided concurrently with assessment, evaluation,  
23 or any other service.

24 (b) When determining if a person should be taken into custody  
25 pursuant to subdivision (a), the individual making that  
26 determination shall apply the provisions of Section 5150.05 and  
27 shall not be limited to consideration of the danger of imminent  
28 harm.

29 (c) The professional person in charge of a facility designated  
30 by the county for evaluation and treatment, member of the  
31 attending staff, or professional person designated by the county  
32 shall assess the person to determine whether the person can be  
33 properly served without being detained. If, in the judgment of the  
34 professional person in charge of the facility designated by the  
35 county for evaluation and treatment, member of the attending staff,  
36 or professional person designated by the county, the person can  
37 be properly served without being detained, the person shall be  
38 provided evaluation, crisis intervention, or other inpatient or  
39 outpatient services on a voluntary basis. This subdivision does not  
40 prevent a peace officer from delivering an individual to a



1 *designated facility for assessment under this section. Furthermore,*  
2 *the assessment requirement of this subdivision does not require a*  
3 *peace officer to perform any additional duties other than those*  
4 *specified in Sections 5150.1 and 5150.2.*

5 *(d) If a person is evaluated by a professional person in charge*  
6 *of a facility designated by the county for evaluation or treatment,*  
7 *member of the attending staff, or professional person designated*  
8 *by the county and is found to be in need of mental health services,*  
9 *but is not admitted to the facility, all available alternative services*  
10 *provided pursuant to subdivision (c) shall be offered, as determined*  
11 *by the county mental health director.*

12 *(e) If, in the judgment of the professional person in charge of*  
13 *the facility designated by the county for evaluation and treatment,*  
14 *member of the attending staff, or the professional person*  
15 *designated by the county, the person cannot be properly served*  
16 *without being detained, the admitting facility shall require an*  
17 *application in writing stating the circumstances under which the*  
18 *person's condition was called to the attention of the peace officer,*  
19 *professional person in charge of the facility designated by the*  
20 *county for evaluation and treatment, member of the attending staff,*  
21 *or professional person designated by the county and stating that*  
22 *the peace officer, professional person in charge of the facility*  
23 *designated by the county for evaluation and treatment, member of*  
24 *the attending staff, or professional person designated by the county*  
25 *has probable cause to believe that the person is, as a result of a*  
26 *mental health disorder, a danger to others or to themselves, or is*  
27 *gravely disabled. The application shall also record whether the*  
28 *historical course of the person's mental disorder was considered*  
29 *in the determination pursuant to Section 5150.05. If the probable*  
30 *cause is based on the statement of a person other than the peace*  
31 *officer, professional person in charge of the facility designated by*  
32 *the county for evaluation and treatment, member of the attending*  
33 *staff, or professional person designated by the county, the person*  
34 *shall be liable in a civil action for intentionally giving a statement*  
35 *that the person knows to be false. A copy of the application shall*  
36 *be treated as the original.*

37 *(f) (1) At the time a person is taken into custody for evaluation,*  
38 *or within a reasonable time thereafter, unless a responsible relative*  
39 *or the guardian or conservator of the person is in possession of*  
40 *the person's personal property, the person taking them into custody*

13

1 shall take reasonable precautions to preserve and safeguard the  
2 personal property in the possession of or on the premises occupied  
3 by the person. The person taking them into custody shall then  
4 furnish to the court a report generally describing the person's  
5 property so preserved and safeguarded and its disposition, in  
6 substantially the form set forth in Section 5211, except that if a  
7 responsible relative or the guardian or conservator of the person  
8 is in possession of the person's property, the report shall include  
9 only the name of the relative or guardian or conservator and the  
10 location of the property, whereupon responsibility of the person  
11 taking them into custody for that property shall terminate.

12 (2) As used in this section, "responsible relative" includes the  
13 spouse, parent, adult child, domestic partner, grandparent,  
14 grandchild, or adult brother or sister of the person.

15 (g) (1) Each person, at the time the person is first taken into  
16 custody under this section, shall be provided, by the person who  
17 takes them into custody, the following information orally in a  
18 language or modality accessible to the person. If the person cannot  
19 understand an oral advisement, the information shall be provided  
20 in writing. The information shall be in substantially the following  
21 form:

22

23 My name is \_\_\_\_\_ .

24 I am a \_\_\_\_\_ .

25 (peace officer/mental health professional)

26 with \_\_\_\_\_ .

27 (name of agency)

28 You are not under criminal arrest, but I am taking you for an examination by

29 mental health professionals at \_\_\_\_\_ .

30 \_\_\_\_\_

31 (name of facility)

32 You will be told your rights by the mental health staff.

33

34 (2) If taken into custody at the person's own residence, the  
35 person shall also be provided the following information:

36

37 You may bring a few personal items with you, which I will have

38 to approve. Please inform me if you need assistance turning off

39 any appliance or water. You may make a phone call and leave a

40 note to tell your friends or family where you have been taken.

1  
2 (h) The designated facility shall keep, for each patient evaluated,  
3 a record of the advisement given pursuant to subdivision (g), which  
4 shall include all of the following:

- 5 (1) The name of the person detained for evaluation.  
6 (2) The name and position of the peace officer or mental health  
7 professional taking the person into custody.  
8 (3) The date the advisement was completed.  
9 (4) Whether the advisement was completed.  
10 (5) The language or modality used to give the advisement.  
11 (6) If the advisement was not completed, a statement of good  
12 cause as defined by regulations of the State Department of Health  
13 Care Services.

14 (i) (1) Each person admitted to a facility designated by the  
15 county for evaluation and treatment shall be given the following  
16 information by admission staff of the facility. The information shall  
17 be given orally and in writing and in a language or modality  
18 accessible to the person. The written information shall be available  
19 to the person in English and in the language that is the person's  
20 primary means of communication. Accommodations for other  
21 disabilities that may affect communication shall also be provided.  
22 The information shall be in substantially the following form:

23  
24 My name is \_\_\_\_\_.

25 My position here is \_\_\_\_\_.

26 You are being placed into this psychiatric facility because it is our  
27 professional opinion that, as a result of a mental health disorder, you are likely  
28 to (check applicable):

- 29  Harm yourself.  
30  Harm someone else.  
31  Be unable to take care of your own food, clothing, and housing needs.

32 We believe this is true because  
33 \_\_\_\_\_

34 (list of the facts upon which the allegation of dangerous  
35 or gravely disabled due to mental health disorder is based, including pertinent  
36 facts arising from the admission interview).

37  
38 You will be held for a period up to 72 hours. During the 72 hours you may  
39 also be transferred to another facility. You may request to be evaluated or  
40 treated at a facility of your choice. You may request to be evaluated or treated

1 by a mental health professional of your choice. We cannot guarantee the facility  
2 or mental health professional you choose will be available, but we will honor  
3 your choice if we can.

4 During these 72 hours you will be evaluated by the facility staff, and you  
5 may be given treatment, including medications. It is possible for you to be  
6 released before the end of the 72 hours. But if the staff decides that you need  
7 continued treatment you can be held for a longer period of time. If you are  
8 held longer than 72 hours, you have the right to a lawyer and a qualified  
9 interpreter and a hearing before a judge. If you are unable to pay for the  
10 lawyer, then one will be provided to you free of charge.

11 If you have questions about your legal rights, you may contact the county  
12 Patients' Rights Advocate at \_\_\_\_\_  
13 (phone number for the county Patients' Rights  
14 \_\_\_\_\_  
15 Advocacy office)

16 Your 72-hour period began \_\_\_\_\_  
17 (date/time)

18  
19 (2) If the notice is given in a county where weekends and  
20 holidays are excluded from the 72-hour period, the person shall  
21 be informed of this fact.

22 (j) For each person admitted for evaluation and treatment, the  
23 facility shall keep with the person's medical record a record of  
24 the advisement given pursuant to subdivision (i), which shall  
25 include all of the following:

26 (1) The name of the person performing the advisement.

27 (2) The date of the advisement.

28 (3) Whether the advisement was completed.

29 (4) The language or modality used to communicate the  
30 advisement.

31 (5) If the advisement was not completed, a statement of good  
32 cause.

33 (k) A facility to which a person who is involuntarily detained  
34 pursuant to this section is transported shall notify the county  
35 patients' rights advocate, as defined in Section 5500, if a person  
36 has not been released within 72 hours of the involuntary detention.

37 (l) This section shall be operative on January 1, 2030.

38 ~~SEC. 2.~~

39 SEC. 5. Section 5402 of the Welfare and Institutions Code is  
40 amended to read:

1 5402. (a) The State Department of Health Care Services shall  
2 collect data quarterly and publish, on or before May 1 of each year,  
3 a report including quantitative, deidentified information concerning  
4 the operation of this division. The report shall include an evaluation  
5 of the effectiveness of achieving the legislative intent of this part  
6 pursuant to Section 5001. Based on information that is available  
7 from each county, the report shall include all of the following  
8 information:

9 (1) The number of persons in designated and approved facilities  
10 admitted or detained for 72-hour evaluation and treatment, admitted  
11 for 14-day and 30-day periods of intensive treatment, and admitted  
12 for 180-day postcertification intensive treatment in each county.

13 (2) The number of persons transferred to mental health facilities  
14 pursuant to Section 4011.6 of the Penal Code in each county.

15 (3) The number of persons for whom temporary conservatorships  
16 are established in each county.

17 (4) The number of persons for whom conservatorships are  
18 established in each county.

19 (5) The number of persons admitted or detained either once,  
20 between two and five times, between six and eight times, and  
21 greater than eight times for each type of detention, including  
22 72-hour evaluation and treatment, 14-day and 30-day periods of  
23 intensive treatment, and 180-day postcertification intensive  
24 treatment.

25 (6) The clinical outcomes for individuals identified in paragraphs  
26 (1) to (4), inclusive.

27 (7) The services provided or offered to individuals identified in  
28 paragraphs (1) to (4), inclusive. Data pertaining to services  
29 provided or offered to individuals placed on each type of hold shall  
30 include, but not be limited to, assessment, evaluation, medication  
31 treatment, crisis intervention, and psychiatric and psychological  
32 treatment services. Data pertaining to services shall specify the  
33 payer information or funding used to pay for services.

34 (8) The waiting periods for individuals prior to receiving an  
35 evaluation in a designated and approved facility pursuant to Section  
36 5150 or 5151 and waiting periods for individuals prior to receiving  
37 treatment services in a designated facility, including the reasons  
38 for waiting periods. The waiting period shall be calculated from  
39 the date and time when the hold began and end on the date and

1 time when the individual received an evaluation or received  
2 evaluation and treatment services in a designated facility.

3 (9) If the source of admission is an emergency department, the  
4 date and time of service and release from emergency care.

5 (10) Demographic data of those receiving care, including age,  
6 sex, gender identity, race, ethnicity, primary language, sexual  
7 orientation, veteran status, and housing status, to the extent those  
8 data are available.

9 (11) The number of all county-contracted beds.

10 (12) (A) The number of individuals designated by each county  
11 to perform functions under Section 5150.

12 (B) This data shall include the profession of each individual,  
13 including license type, practice discipline, or clinical experience,  
14 and if they are direct staff of, or contracted by, the county.

15 (13) The number of holds initiated per profession, including the  
16 license type, practice discipline, and clinical experience.

17 (14) (A) The number of designations denied or revoked by a  
18 county.

19 (B) This data shall include the profession of each individual,  
20 including license type, practice discipline, or clinical experience  
21 and if they are direct staff of, or contracted by, the county.

22 (15) The number of holds initiated by a peace officer.

23 (16) The number and outcomes of all of the following:

24 (A) The certification review hearings held pursuant to Section  
25 5256.

26 (B) The petitions for writs of habeas corpus filed pursuant to  
27 Section 5275.

28 (C) The judicial review hearings held pursuant to Section 5276.

29 (D) The petitions for capacity hearings filed pursuant to Section  
30 5332.

31 (E) The capacity hearings held pursuant to Section 5334 in each  
32 superior court.

33 (17) Analysis and evaluation of the efficacy of mental health  
34 assessments, detentions, treatments, and supportive services  
35 provided both under this part and subsequent to release.

36 (18) Recommendations for improving mental health  
37 assessments, detentions, treatments, and supportive services  
38 provided under this part and subsequent to release.

39 (19) An assessment of the disproportionate use of detentions  
40 and conservatorships on various groups, including an assessment

1 of use by the race, ethnicity, gender identity, age group, veteran  
2 status, housing status, and Medi-Cal enrollment status of detained  
3 and conserved persons. This assessment shall evaluate  
4 disproportionate use at the county, regional, and state levels.

5 (20) An explanation for the absence of any data required  
6 pursuant to this section that are not included in the report.

7 (21) Beginning with the report due May 1, 2025, the report shall  
8 also include the progress that has been made on implementing  
9 recommendations from prior reports issued under this subdivision.

10 (22) Beginning with the report due May 1, 2024, the number  
11 of persons admitted or detained, including 72-hour evaluations  
12 and treatment, 14-day and 30-day periods of intensive treatment,  
13 and 180-day postcertification intensive treatment, for each of the  
14 following conditions:

15 (A) Danger to self.

16 (B) Danger to others.

17 (C) Grave disability due to a mental health disorder.

18 (D) Grave disability due to a severe substance use disorder.

19 (E) Grave disability due to both a mental health disorder and a  
20 severe substance use disorder.

21 (b) (1) (A) Each county behavioral health director shall provide  
22 accurate and complete data to the department in a form and manner,  
23 and in accordance with timelines, prescribed by the department.

24 (B) County behavioral health directors shall provide the data  
25 specified in paragraphs (1) to (14), inclusive, of subdivision (a),  
26 and any other information, records, and reports that the department  
27 deems necessary for the purposes of this section.

28 (C) Data shall be submitted on a quarterly basis, or more  
29 frequently, as required by the department. The department shall  
30 not have access to patient name identifiers.

31 (2) (A) Each designated and approved facility that admits,  
32 detains, or provides services to persons pursuant to this part and  
33 Part 1.5 (commencing with Section 5585) and each other entity  
34 involved in implementing Section 5150 shall collect and provide  
35 accurate and complete data to the county behavioral health director  
36 in the county in which they operate to meet the reporting  
37 obligations specified in paragraphs (1) to (11), inclusive, of  
38 subdivision (a) and any other information, records, and reports  
39 that the county or the department deems necessary for the purposes  
40 of this section.

1 (B) A county may establish policies and procedures for this  
2 paragraph to ensure compliance with the requirements of this  
3 section. These facilities and entities shall collect and report data  
4 to the county behavioral health director consistent with the county's  
5 policies and procedures, if established.

6 (C) Data shall be submitted to the county behavioral health  
7 director on a quarterly basis, or more frequently, as required by  
8 the county.

9 (3) A county behavioral health director shall provide the accurate  
10 and complete data it receives pursuant to paragraph (2) to the  
11 department pursuant to paragraph (1).

12 (4) All data submitted to the department by each county  
13 behavioral health director shall be transmitted in a secure manner  
14 in compliance with all applicable state and federal requirements,  
15 including, but not limited to, Section 164.312 of Title 45 of the  
16 Code of Federal Regulations.

17 (c) Information published pursuant to subdivision (a) shall not  
18 contain data that may lead to the identification of patients receiving  
19 services under this division and shall contain statistical data only.  
20 Data published by the department shall be deidentified in  
21 compliance with subdivision (b) of Section 164.514 of Title 45 of  
22 the Code of Federal Regulations.

23 (d) The Judicial Council shall provide the department, by  
24 October 1 of each year, with data from each superior court to  
25 complete the report described in this section, including the number  
26 and outcomes of certification review hearings held pursuant to  
27 Section 5256, petitions for writs of habeas corpus filed pursuant  
28 to Section 5275, judicial review hearings held pursuant to Section  
29 5276, petitions for capacity hearings filed pursuant to Section  
30 5332, and capacity hearings held pursuant to Section 5334 in each  
31 superior court. The department shall not have access to patient  
32 name identifiers.

33 (e) (1) Each law enforcement agency shall provide accurate  
34 and complete data, as described in paragraph (15) of subdivision  
35 (a), to the department in a form and manner, and in accordance  
36 with timelines, prescribed by the department.

37 (2) Data shall be submitted on a quarterly basis, or more  
38 frequently, as required by the department. The department shall  
39 not have access to patient name identifiers.



1 (f) The department shall make the report publicly available on  
2 the department's internet website.

3 (g) (1) The department may impose a plan of correction or  
4 assess civil money penalties, pursuant to paragraph (3), or both,  
5 against a designated and approved facility that fails to submit data  
6 on a timely basis or as otherwise required by this section.

7 (2) The department may impose a plan of correction or assess  
8 civil money penalties, pursuant to paragraph (3), or both, against  
9 a county that fails to submit data on a timely basis or as otherwise  
10 required by this section.

11 (3) The department may assess civil money penalties against a  
12 designated and approved facility or county in the amount of fifty  
13 dollars (\$50) per day from the date specified in the notice to impose  
14 civil money penalties from the department.

15 (4) (A) A designated and approved facility or county may  
16 submit an informal written appeal of a civil money penalty to the  
17 department within 30 calendar days of the date of issuance of a  
18 notice to impose civil money penalties.

19 (B) The designated and approved facility or county shall include  
20 any supporting documentation and explain any mitigating  
21 circumstances.

22 (C) The department shall make a determination on the appeal  
23 within 60 calendar days of receipt of the informal written appeal.

24 (5) (A) A designated and approved facility or county may  
25 request a formal hearing within 30 calendar days following the  
26 issuance of the department's final determination on the appeal  
27 pursuant to paragraph (4).

28 (B) All hearings to review the imposition of civil money  
29 penalties shall be held pursuant to the procedures set forth in  
30 Section 100171 of the Health and Safety Code.

31 (C) Civil money penalties imposed upon a designated and  
32 approved facility or county shall continue to accrue until the  
33 effective date of the final decision of the department.

34 (h) (1) The Lanterman-Petris-Short Act Data and Reporting  
35 Oversight Fund is hereby created in the State Treasury.

36 (2) The Lanterman-Petris-Short Act Data and Reporting  
37 Oversight Fund shall be administered by the State Department of  
38 Health Care Services.

39 (3) Civil money penalties assessed and collected pursuant to  
40 subdivision (g) shall be deposited into this fund.

1 (4) (A) Notwithstanding Section 13340 of the Government  
2 Code, moneys deposited in the Lanterman-Petris-Short Act Data  
3 and Reporting Oversight Fund shall be continuously appropriated,  
4 without regard to fiscal year, to the State Department of Health  
5 Care Services for the purposes of funding its oversight activities  
6 and administrative costs associated with implementing this section.

7 (B) Notwithstanding any other law, the Controller may use the  
8 moneys in the Lanterman-Petris-Short Act Data and Reporting  
9 Oversight Fund for cashflow loans to the General Fund as provided  
10 in Sections 16310 and 16381 of the Government Code.

11 (i) Notwithstanding Chapter 3.5 (commencing with Section  
12 11340) of Part 1 of Division 3 of Title 2 of the Government Code,  
13 the department may implement, interpret, or make specific this  
14 section, in whole or in part, by means of information notices,  
15 provider bulletins, or other similar instructions, without taking any  
16 further regulatory action.

17 (j) The department may enter into exclusive or nonexclusive  
18 contracts, or amend existing contracts, on a bid or negotiated basis  
19 for purposes of administering or implementing the requirements  
20 of this section. Contracts entered into or amended pursuant to this  
21 section shall be exempt from Chapter 6 (commencing with Section  
22 14825) of Part 5.5 of Division 3 of Title 2 of the Government  
23 Code, Section 19130 of the Government Code, and Part 2  
24 (commencing with Section 10100) of Division 2 of the Public  
25 Contract Code, and shall be exempt from the review or approval  
26 of any division of the Department of General Services.

27 ~~SEC. 3.~~

28 *SEC. 6.* If the Commission on State Mandates determines that  
29 this act contains costs mandated by the state, reimbursement to  
30 local agencies and school districts for those costs shall be made  
31 pursuant to Part 7 (commencing with Section 17500) of Division  
32 4 of Title 2 of the Government Code.

O

Date of Hearing: August 7, 2024

ASSEMBLY COMMITTEE ON APPROPRIATIONS

Buffy Wicks, Chair

SB 402 (Wahab) – As Amended July 3, 2024

Policy Committee:	Health	Vote:	16 - 0
	Judiciary		10 - 0

Urgency: No            State Mandated Local Program: Yes            Reimbursable: Yes

**SUMMARY:**

This bill authorizes, for a “5150 hold,” a licensed mental health professional (LMHP) who is not direct staff of, or contracted by, a county to take into custody a person who, as result of a mental health disorder, is a danger to self or others, or gravely disabled, under certain conditions and expands related requirements regarding information collection and publication.

Specifically, this bill:

- 1) Authorizes, until January 1, 2030, an LMHP who is designated by a county but is neither direct staff of, or contracted by, the county to take a person into custody for a 5150 hold, meaning an involuntary detention for evaluation and treatment of a person who, as result of a mental health disorder, is a danger to self or others, or is gravely disabled.
- 2) Defines “licensed mental health professional” as a psychiatrist, psychologist, licensed clinical social worker, licensed marriage and family therapist, or licensed professional clinical counselor who holds a current and active license in good standing and has completed the supervised clinical experience required for the license.
- 3) Prohibits an LMHP who is not direct staff of, or contracted by, a county from transporting a person who is being taken into custody for a 5150 hold, unless specifically authorized by the county to do so.
- 4) Requires the Department of Health Care Services (DHCS) to collect the following, in addition to what it already collects quarterly and publishes annually:
  - a) The number of individuals designated by each county to perform functions under Section 5150 of the Welfare and Institutions Code, and the profession of each individual, including license type, practice discipline, or clinical experience, and whether they are direct staff of, or contracted by, the county.
  - b) The number of such holds initiated per profession, including the license type, practice discipline, and clinical experience.
  - c) The number of designations denied or revoked by a county, and the profession of each individual subject to such denial or revocation, including license type, practice discipline, or clinical experience and whether they are direct staff of, or contracted by, the county.
  - d) The number of holds initiated by a peace officer.

- 5) Requires each law enforcement agency to submit, as required by DHCS and without patient name identifiers, the number of holds initiated by a peace officer.

**FISCAL EFFECT:**

- 1) DHCS estimates General Fund costs of \$184,000 in fiscal year (FY) 2024-25, \$287,000 in FY 2025-26, \$1,291,000 in FY 2026-27 and \$1,237,000 in FY 2027-28 and ongoing. DHCS states it will need eight permanent full-time staff members to do the following: draft all-county letters, provider bulletins, and policies and procedures for the various data requirements and consequences of failure to report; ensure compliance; collect and process data; manage and interpret data; monitor data to ensure quality; translate technical needs to collect the required data; provide technical assistance to data submitters; transform data into suitable formats for ongoing reporting; and create visualizations with additional data elements.
- 2) The County Behavioral Health Directors Association (CBHDA) estimates annual ongoing costs of \$3.4 million to \$4.6 million for counties to hire additional staff to meet new data collection and reporting requirements, increase the number of trainings for newly designated mental health providers, and provide licensing and supervised clinical experience verification to the increased number of designees. Fund sources would be local funds and Mental Health Services Fund.
- 3) Costs to local law enforcement agencies for data collection is likely negligible.

If the Commission on State Mandates determines the reporting requirement of this bill constitute a state-mandated local program, a local agency could claim General Fund reimbursement of those costs.

According to the Legislative Analyst's Office, the General Fund faces a structural deficit in the tens of billions of dollars over the next several fiscal years.

**COMMENTS:**

- 1) **Purpose.** According to the author:

SB 402 is vital legislation that will allow for appropriately trained and licensed mental health professionals to initiate the placement of an individual experiencing a mental health crisis on a 72 hour...5150 hold. Currently, mental health professionals are significantly limited in providing support to vulnerable populations...This proposal seeks to rectify this by authorizing a broader spectrum of licensed mental health professionals—such as Licensed Marriage & Family Therapists (LMFT), Licensed Clinical Social Workers (LCSW), and Licensed Professional Clinical Counselors (LPCC)—to intervene promptly in mental health emergencies...This strategic expansion aligns with contemporary best practices, ensures more inclusive crisis response, reduces the burden on law enforcement, and ultimately enhances public safety. This bill can save lives.

2) **Background.**

***The Lanterman-Petris-Short (LPS) Act 5150 Holds.*** The LPS Act provides for involuntary detentions for varying lengths of time for the purpose of evaluation and treatment, if certain requirements are met, such as that an individual is taken to a county-designated facility. Typically, one first interacts with the LPS Act through a 5150 hold initiated by a peace officer or other person authorized by a county, who must determine and document that the individual meets the standard for a 5150 hold. A county-designated facility may then involuntarily detain an individual for up to 72 hours for evaluation and treatment if they are determined to be, as a result of a mental health disorder, a danger to self or others, or gravely disabled. The professional in charge of the county-designated facility is required to assess an individual to determine the appropriateness of the involuntary detention prior to admitting the individual. Under certain conditions, the detained person may be subsequently involuntarily detained for an initial up-to 14 days for intensive treatment, an additional 14 days (or up to an additional 30 days in some counties), and ultimately, a conservatorship, which is typically for up to a year and may be extended as appropriate.

***County Designation.*** The LPS Act allows a county behavioral health director to develop procedures for designating and training people other than peace officers to initiate involuntary holds.

3) **Concerns.** The Assembly Health Committee analysis of this bill raises numerous concerns about this bill, contrasting the bill’s language with the author’s stated intent. The Assembly Health Committee analysis contends:

- a) Existing law already allows a county to develop procedures to designate and train people who will be authorized to perform functions for 5150 holds, this bill does not change the authority, and this bill unnecessarily proposes a narrow definition of LMHPs who may be, and in many counties already are, designated to initiate 5150 holds.
- b) Nothing in this bill will reduce law enforcement involvement in either 5150 holds or crisis response, in spite of the author’s assertion otherwise.
- c) Existing law already permits any “professional person” to be designated by the county – there are no requirements that the professional work for or be contracted with the county.

4) **Prior Legislation.**

- a) SB 929 (Eggman), Chapter 539, Statutes of 2022, expands DHCS’ responsibility to collect and publish information about involuntary detentions under the LPS Act to include additional information, such as clinical outcomes, services provided, and availability of treatment beds, and requires DHCS to convene a stakeholder group to make recommendations on how to provide this information. SB 929 also requires each entities involved in LPS Act to provide data to DHCS upon request, and requires DHCS to annually report to the Legislature information concerning the LPS system.
- b) AB 1443 (McCarty), Chapter 399, Statutes of 2021, permits a county to develop training and procedures related to taking, or causing to be taken, a person into custody for an involuntary detention, as specified. Requires the County of Sacramento to develop a written policy for training and procedures for designating persons who are employed by

the City of Sacramento and who meet specified criteria to involuntarily detain individuals.

**Analysis Prepared by:** Allegra Kim / APPR. / (916) 319-2081

AMENDED IN SENATE AUGUST 15, 2024

AMENDED IN SENATE JULY 3, 2024

AMENDED IN SENATE JUNE 10, 2024

AMENDED IN ASSEMBLY MAY 16, 2024

CALIFORNIA LEGISLATURE—2023–24 REGULAR SESSION

**ASSEMBLY BILL**

**No. 3241**

**Introduced by Assembly Member Pacheco**

**(Principal coauthor: Assembly Member Alanis)**

**(Coauthors: Assembly Members Irwin, Lackey, Stephanie Nguyen, Petrie-Norris, Ramos, Rodriguez, Blanca Rubio, Soria, and Villapudua)**

**(Coauthors: Senators Alvarado-Gil, Archuleta, Glazer, Roth, and Rubio)**

February 16, 2024

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An act to add Section 12525.6 to the Government Code, and to add Sections 13519.16 and 13519.17 *Section 13519.16* to the Penal Code, relating to law enforcement.

LEGISLATIVE COUNSEL'S DIGEST

AB 3241, as amended, Pacheco. Law enforcement: police canines.

Existing law requires all law enforcement agencies to maintain a use of force policy, as specified, and requires the Commission on Peace Officer Standards and Training (POST) to implement courses of instruction for the training of law enforcement officers in the use of force.

This bill would require the commission, on or before ~~January~~ *July* 1, 2026, to ~~adopt uniform, minimum guidelines regarding the use of canines by law enforcement, and, on or before July 1, 2026, to certify~~

~~courses of training for all law enforcement canine handlers and those law enforcement supervisors directly overseeing canine programs, as specified. The bill would require, on or before July 1, 2027, each law enforcement agency with a canine unit to maintain a policy for the use of canines by the agency that, at a minimum, complies with the guidelines adopted by POST, and would require law enforcement agencies to establish a training regimen that includes a course certified by the commission. Because the bill would impose additional duties on local law enforcement agencies, the bill would impose a state-mandated local program. study and issue recommendations to the Legislature on the use of canines by law enforcement, as specified.~~

Existing law requires each law enforcement agency to monthly provide a report of, among other things, all instances of a peace officer involved in a use of force against a civilian that results in serious bodily injury or death to the Department of Justice, and requires the department to yearly post a summary of those reports on the department's OpenJustice Web portal.

This bill would require each law enforcement agency with a canine unit to annually publish a report of the use of canines, as specified, on its internet website. Because the bill would impose additional duties on local law enforcement agencies, the 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.

This bill would make the operation of its provisions contingent upon the enactment of AB 2042 of the 2023–24 Regular Session.

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. Section 12525.6 is added to the Government
- 2 Code, to read:



1 12525.6. (a) Each law enforcement agency with a canine unit  
2 shall annually publish on its internet website a report of only all  
3 of the following:

4 (1) The number of canine units in the agency.

5 (2) (A) The number of deployments.

6 (B) Instances in which the canine was deployed for training or  
7 demonstration purposes may be reported as a separate category.

8 (3) The number of times the canine exited the police car  
9 inadvertently or without being removed from the police car by the  
10 handler.

11 (4) The number of interventions.

12 (5) The number of incidents of use of force involving a canine.

13 (b) Only information known to the agency at the time of the  
14 report shall be included.

15 (c) For purpose of this section, the following terms have the  
16 following meanings:

17 (1) "Deployment" means the removal of the canine from the  
18 police car for any legitimate law enforcement purpose, including,  
19 but not limited to, removing the canine from the car for training  
20 or demonstration purposes.

21 (2) "Intervention" means any use of a canine that results in the  
22 surrender or apprehension of a suspect by the mere presence of  
23 the canine. This can be established by witness statements or clearly  
24 articulated facts.

25 (3) "Force incident" means a bite or other injury to a person  
26 caused by a canine during a deployment.

27 (4) "Law enforcement agency" means any department or agency  
28 of the state or any local government, special district, or other  
29 political subdivision thereof, that employs any peace officer, as  
30 described in Section 830.

31 SEC. 2. Section 13519.16 is added to the Penal Code, to read:

32 13519.16. (a) On or before July 1, 2026, the commission shall  
33 ~~develop uniform, minimum guidelines regarding~~ *study and issue*  
34 *recommendations to the Legislature on the use of canines by law*  
35 *enforcement. The guidelines shall stress that the commission shall*  
36 *consider all of the following in its recommendations:*

37 (1) *The use of canines by law enforcement personnel is of*  
38 *important concern to the community and law enforcement and that*  
39 *law enforcement should safeguard the life, dignity, and liberty of*  
40 *all persons, without prejudice to anyone. The guidelines shall serve*

1 as a basis for each agency's canine policy that the agency is  
2 required to adopt pursuant to subdivision (c), and that reflects the  
3 needs of the agency, the jurisdiction it serves, and the law.

4 (b) ~~The guidelines shall include all of the following:~~

5 (1) ~~An explicitly stated requirement that officers carry~~

6 (2) *Officers shall carry out duties, including use of force with*  
7 *respect to canines, in a manner that is fair and unbiased.*

8 (2) ~~Minimum patrol performance standards, including~~  
9 ~~competencies in obedience;~~

10 (3) *Instances of appropriate patrol use with a canine, including*  
11 *standards for obedience, search, apprehension, and handler*  
12 *protection.*

13 (3) ~~Minimum detection performance standards, including~~  
14 ~~competencies in control;~~

15 (4) *Instances of appropriate use with a canine for detection,*  
16 *including standards for control, alert, and odor detection.*

17 (4) ~~Requirements that all patrol canine handlers shall be~~  
18 ~~equipped with a supplemental method of aiding with the release~~  
19 ~~of a bite, including, but not limited to, a breaker bar, e-collar, pinch~~  
20 ~~collar, or other device.~~

21 (5) ~~A requirement that, unless the officer reasonably believes~~  
22 ~~it would pose an imminent threat of danger to other persons or~~  
23 ~~substantially increase the risk of a suspect's escape, a warning~~  
24 ~~clearly audible within the deployment area announcing the potential~~  
25 ~~release of a canine if the suspect does not surrender will be given~~  
26 ~~prior to the release.~~

27 (6) (A) ~~A requirement that officers allow a reasonable~~  
28 ~~opportunity to a suspect to comply following any warning, if~~  
29 ~~feasible.~~

30 (B) ~~For the purposes of this paragraph, "feasible" has the same~~  
31 ~~meaning as defined in Section 7286 of the Government Code.~~

32 (7)

33 (5) ~~Factors for evaluating and reviewing all canine use of force~~  
34 ~~incidents.~~

35 (8) ~~The role of supervisors in the review of use of force canine~~  
36 ~~applications.~~

37 (9) ~~A requirement that any canine team that does not meet the~~  
38 ~~agency's required training regimen and guidelines will be~~  
39 ~~prohibited from field assignment with the canine until such training~~  
40 ~~and guidelines have been successfully satisfied.~~

1 ~~(e) (1) On or before July 1, 2027, each law enforcement agency~~  
2 ~~with a canine unit shall maintain a policy for the use of canines~~  
3 ~~by the agency that, at a minimum, complies with the guidelines~~  
4 ~~and requirements described in subdivision (b).~~

5 ~~(2) Each canine team shall be required to meet and maintain the~~  
6 ~~guidelines in the policy maintained pursuant to paragraph (1) prior~~  
7 ~~to deployment.~~

8 ~~(3) Each law enforcement agency shall conduct a regular review~~  
9 ~~and update of the policy maintained pursuant to paragraph (1).~~

10 ~~(6) Other considerations that will keep the public, the handler,~~  
11 ~~and the canine safe, including how to provide a warning to a~~  
12 ~~suspect within a deployment area upon the potential release of a~~  
13 ~~canine.~~

14 ~~(b) The recommendations issued pursuant to subdivision (a)~~  
15 ~~shall be submitted in compliance with Section 9795 of the~~  
16 ~~Government Code.~~

17 ~~SEC. 3. Section 13519.17 is added to the Penal Code, to read:~~

18 ~~13519.17. (a) On or before January 1, 2027, the commission~~  
19 ~~shall certify courses of training for all law enforcement canine~~  
20 ~~handlers and those law enforcement supervisors directly overseeing~~  
21 ~~canine programs in the use of canines by law enforcement. The~~  
22 ~~training courses shall include, at a minimum, both of the following:~~

23 ~~(1) An explanation of the standards developed pursuant to~~  
24 ~~Section 13519.16.~~

25 ~~(2) Requirements for canine handlers and those law enforcement~~  
26 ~~supervisors directly overseeing canine programs to demonstrate~~  
27 ~~knowledge and understanding of their law enforcement agency's~~  
28 ~~canine policy.~~

29 ~~(b) All courses shall be certified by the commission before being~~  
30 ~~implemented.~~

31 ~~(e) Each law enforcement agency with a canine unit shall~~  
32 ~~establish a training regimen that includes a course certified by the~~  
33 ~~commission pursuant to subdivision (a).~~

34 ~~SEC. 4.~~

35 ~~SEC. 3. If the Commission on State Mandates determines that~~  
36 ~~this act contains costs mandated by the state, reimbursement to~~  
37 ~~local agencies and school districts for those costs shall be made~~  
38 ~~pursuant to Part 7 (commencing with Section 17500) of Division~~  
39 ~~4 of Title 2 of the Government Code.~~

6

1     ~~SEC. 5.~~

2     *SEC. 4.* This act shall become operative only if Assembly Bill  
3     2042 of the 2023–24 Regular Session is enacted and becomes  
4     effective on or before January 1, 2025.

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## SENATE COMMITTEE ON APPROPRIATIONS

Senator Anna Caballero, Chair  
2023 - 2024 Regular Session

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### AB 3241 (Pacheco) - Law enforcement: police canines

**Version:** July 3, 2024

**Urgency:** No

**Hearing Date:** August 5, 2024

**Policy Vote:** PUB. S. 3 - 0

**Mandate:** Yes

**Consultant:** Liah Burnley

**Bill Summary:** AB 3241 would require the Commission on Peace Officer Standards and Training (POST), to develop guidelines for the use of canines by law enforcement and requires law enforcement agencies to adopt a policy for the use of canines, as specified.

#### Fiscal Impact:

- Significant one-time state costs (General Fund) to POST to develop the guidelines required by this bill, from \$250,000-\$400,000. POST also indicates potential absorbable ongoing costs to occasionally update the guidelines.
- Significant one-time and ongoing state costs (General Fund) to POST to comply with the training requirements in this bill. POST indicates that if it were to develop its own training to complement the guidelines, course development would be approximately \$300,000, one-time costs. There are over 600 agencies within the POST program and POST estimates a minimum one-time costs of \$10 million for initial training and ongoing training could be in the millions per year, depending on the agency training cycle.
- Unknown, potentially significant state costs (General Fund) to the California Highway Patrol (CHP) to implement this bill. CHP indicates that the department may have costs exceeding existing resources to comply with the requirements of this bill. However, those costs are contingent upon the POST guidelines to be released by July 1, 2026, at which point the department may request a BCP.
- Unknown, potentially significant state costs (General Fund) to the California Department of Parks and Recreation (State Parks) to implement this bill. State Parks indicates the department may have costs exceeding existing resources to comply with the requirements in these bills. However, those costs are contingent upon the POST guidelines to be released by July 1, 2026, at which point the department may request a BCP.
- State cost pressures (General Fund) to the California Department of Corrections and Rehabilitation (CDCR) to comply with the reporting requirements in this bill. CDCR indicates that it has canines that are used in a passive manner to detect contraband. The dogs are under the control of their handler and generally on a leash; they are not used in the same manner as local law enforcement canines. CDCR will only be able to offer two of the data points required by the reporting requirements of this bill: (1) The number of canine units in the agency; and (2) the number of deployments.

## AB 3241 (Pacheco)

This information is not currently captured in a way that would allow the information to be included in an annual report as the bill requires. Accordingly CDCR estimates that the cost associated with capturing the data is approximately \$800,000. Ongoing support and maintenance would likely be absorbed within existing business operations.

- Possibly reimbursable costs (local funds, General Fund) of an unknown but significant amount to local law enforcement agencies to adopt canine policies that meet POST standards. Notably, this requirement applies to each law enforcement agency in the state, regardless of whether the agency has a canine unit. In the aggregate, one-time costs may be in the hundreds of thousands to millions of dollars. General Fund costs will depend on whether the duties imposed by this bill constitute a reimbursable state mandate, as determined by the Commission on State Mandates.

**Background:** Police canines used for apprehension are considered a less-than-lethal use of force option for law enforcement officers to deploy when trying to arrest or apprehend a suspect. However, police canines' bites are very powerful, and have resulted in serious injuries to those they bite. In general, police use of force is disproportionately deployed against people of color. As pointed out in the analyses of this bill by the Senate Committee on Public Safety and the Assembly Committee on Public Safety, the lack of statewide data on use of police canines makes it difficult to analyze and evaluate outcomes from canine use in the aggregate.

Unlike other types of use of force by peace officers, there are no uniform, statewide standards that govern use of police canines for apprehension. POST has developed guidelines for minimum training and performance standards for police canine patrol and detection, but the guidelines are voluntary and were specifically designed to accommodate the varying operational policies of law enforcement agencies. Individual law enforcement agencies may develop their own policies to govern use of police canines and related training. As a result, police canine policies may vary among agencies, and are not subject to statewide standards or oversight.

### Proposed Law:

- Requires each law enforcement agency with a canine unit to annually publish on its internet website a report specified information about the use of canines.
- Requires, on or before January 1, 2026, POST to develop uniform, minimum guidelines regarding the use of canines by law enforcement, which shall stress that the use of canines by law enforcement personnel is of important concern to the community and law enforcement and that law enforcement should safeguard the life, dignity, and liberty of all persons, without prejudice to anyone.
- Specifies that the guidelines shall serve as a basis for each agency's canine policy that the agency is required to adopt pursuant to this bill, and that reflects the needs of the agency, the jurisdiction it serves, and the law.
- Provides that on or before July 1, 2027, each law enforcement agency with a canine unit shall maintain a policy for the use of canines by the agency that, at a

**AB 3241 (Pacheco)**

minimum, complies with the guidelines and requirements included in the guidelines.

- Specifies that each canine team shall be required to meet and maintain the guidelines and that each law enforcement agency shall conduct a regular review and update of the policy.
- Provides that on or before July 1, 2026, POST shall certify courses of training for all law enforcement canine handlers and those law enforcement supervisors directly overseeing canine programs in the use of canines by law enforcement.
- Requires each law enforcement agency with a canine unit to establish a training regimen that includes a course certified by POST pursuant to the above.
- States that the release of a canine to search for or apprehend a suspect shall be based upon the handler's reasonable belief that the suspect has committed, is committing, or is threatening to commit a serious offense under any of the following conditions:
- Contains a contingent enactment provision, specifying that the bill shall only become operative if AB 2042 is enacted and becomes effective on or before January 1, 2025.

**Related Legislation:**

- AB 2042 (Jackson) also requires POST to develop guidelines for the use of canines by law enforcement and requires law enforcement agencies to adopt a policy for the use of canines, as specified. AB 2042 is pending in this Committee.
- AB 742 (Jackson), of the 2023-2024 Legislative Session, would have prohibited the use of canines by peace officers for arrest and apprehension, or in any circumstances to bite a person, but permits their use of canines for search and rescue, explosives detection, and narcotics detection. AB 742 was ordered to the inactive file in the Assembly.

**-- END --**

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## SENATE COMMITTEE ON APPROPRIATIONS

Senator Anna Caballero, Chair  
2023 - 2024 Regular Session

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**AB 3241 (Pacheco) - Law enforcement: police canines**

**Version:** July 3, 2024

**Urgency:** No

**Hearing Date:** August 15, 2024

**Policy Vote:** PUB. S. 3 - 0

**Mandate:** Yes

**Consultant:** Liah Burnley

**Bill Summary:** AB 3241 would require the Commission on Peace Officer Standards and Training (POST) to study and issue recommendations to the Legislature on the use of canines by law enforcement.

**\*\*\*\*\* ANALYSIS ADDENDUM – SUSPENSE FILE \*\*\*\*\***

**The following information is revised to reflect amendments  
adopted by the committee on August 15, 2024**

**Fiscal Impact:** Unknown, potentially significant one-time state costs (General Fund) to POST to study and issue recommendations.

**Committee Amendments:** The amendments delete the provisions of the bill requiring POST to adopt uniform guidelines and for law enforcement to comply with the policy. The amendments require POST to study and implement recommendations to the Legislature on the use of canines by law enforcement, as specified.

**-- END --**



AMENDED IN SENATE JULY 3, 2024  
AMENDED IN SENATE JUNE 10, 2024  
AMENDED IN ASSEMBLY MAY 16, 2024  
AMENDED IN ASSEMBLY MARCH 21, 2024

CALIFORNIA LEGISLATURE—2023–24 REGULAR SESSION

**ASSEMBLY BILL**

**No. 2042**

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**Introduced by Assembly Member Jackson**

February 1, 2024

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An act to add Section 13519.18 to the Penal Code, relating to law enforcement.

LEGISLATIVE COUNSEL'S DIGEST

AB 2042, as amended, Jackson. Police canines: guidelines.

Existing law requires all law enforcement agencies to maintain a use of force policy, as specified, and requires the Commission on Peace Officer Standards and Training to implement courses of instruction for the training of law enforcement officers in the use of force.

This bill would require the commission, on or before ~~January~~ *July* 1, 2026, to develop guidelines, as specified, for the use of canines by law enforcement. The bill would authorize the commission to periodically update these guidelines. The bill would require law enforcement agencies with a canine unit, on or before July 1, 2027, to adopt a policy for the use of canines that, at a minimum, complies with the guidelines developed by the commission. Because the bill would impose additional requirements on local law enforcement agencies, the 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.

This bill would make the operation of its provisions contingent upon the enactment of AB 3241 of the 2023–24 Regular Session.

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. Section 13519.18 is added to the Penal Code, to  
2 read:

3 13519.18. (a) (1) On or before ~~January~~ *July* 1, 2026, the  
4 commission shall develop guidelines for the use of canines by law  
5 enforcement.

6 (2) The guidelines shall be comprehensive and shall establish  
7 all of the following:

8 (A) A requirement that an officer may deploy a canine only if  
9 the officer reasonably ~~believes it~~ *believes, based on the totality of*  
10 *circumstances, that such deployment* is proportional to the  
11 seriousness of the suspected offense or the reasonably perceived  
12 level of actual or physical threat of resistance.

13 (B) ~~Requirements for~~ *related to* the use of an unleashed police  
14 canine to arrest or apprehend a person.

15 (C) ~~Requirements for~~ *A general prohibition on* the use of a  
16 police canine for crowd control at an assembly, protest, or  
17 demonstration.

18 (D) Procedures to minimize harm to innocent bystanders by an  
19 unleashed police canine.

20 (3) The commission may periodically amend the guidelines  
21 developed pursuant to this subdivision.

22 (b) On or before July 1, 2027, each law enforcement agency  
23 with a canine unit shall adopt a policy for the use of canines by  
24 the agency that, at a minimum, complies with the guidelines  
25 developed pursuant to subdivision (a).

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

6 SEC. 3. This act shall become operative only if Assembly Bill  
7 3241 of the 2023–24 Regular Session is enacted and becomes  
8 effective on or before January 1, 2025.

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## SENATE COMMITTEE ON APPROPRIATIONS

Senator Anna Caballero, Chair  
2023 - 2024 Regular Session

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### AB 2042 (Jackson) - Police canines: guidelines

**Version:** July 3, 2024

**Urgency:** No

**Hearing Date:** August 5, 2024

**Policy Vote:** PUB. S. 4 - 0

**Mandate:** Yes

**Consultant:** Liah Burnley

**Bill Summary:** AB 2042 would require the Commission on Peace Officer Standards and Training (POST), to develop guidelines for the use of canines by law enforcement and require law enforcement agencies to adopt a policy for the use of canines, as specified.

#### Fiscal Impact:

- POST indicates significant one-time state costs (General Fund) to develop the guidelines required by this bill, from \$250,000-\$400,000. POST also indicates potential absorbable ongoing costs to occasionally update the guidelines.
- Unknown, potentially significant state costs (General Fund) to the California Highway Patrol (CHP) to implement this bill. CHP indicates that the department may have costs exceeding existing resources to comply with the requirements of this bill. However, those costs are contingent upon the POST guidelines to be released by July 1, 2026, at which point the department may request a BCP.
- Unknown, potentially significant state costs (General Fund) to the California Department of Parks and Recreation (State Parks) to implement this bill. State Parks indicates the department may have costs exceeding existing resources to comply with the requirements in these bills. However, those costs are contingent upon the POST guidelines to be released by July 1, 2026, at which point the department may request a BCP.
- Likely minor and absorbable costs to the California Department of Corrections and Rehabilitation (CDCR) to implement this bill.
- Possibly reimbursable costs (local funds, General Fund) of an unknown but significant amount to law enforcement agencies to adopt canine policies that meet POST standards. Notably, this requirement appears to apply to each law enforcement agency in the state, regardless of whether the agency has a canine unit. Taken together, one-time costs may be in the hundreds of thousands to millions of dollars. General Fund costs will depend on whether the duties imposed by this bill constitute a reimbursable state mandate, as determined by the Commission on State Mandates.

**Background:** Police canines used for apprehension are considered a less-than-lethal use of force option for law enforcement officers to deploy when trying to arrest or apprehend a suspect. However, police canines' bites have resulted in serious injuries.

## **AB 2042 (Jackson)**

In general, police use of force is disproportionately deployed against people of color. As pointed out in the analyses of this bill by the Senate Committee on Public Safety and the Assembly Committee on Public Safety, the lack of statewide data on use of police canines makes it difficult to analyze and evaluate outcomes from canine use.

Unlike other types of use of force by peace officers, there are no uniform, statewide standards that govern use of police canines. POST has developed guidelines for minimum training and performance standards for police canine patrol and detection, but the guidelines are voluntary and were specifically designed to accommodate the varying operational policies of law enforcement agencies. Individual law enforcement agencies may develop their own policies to govern use of police canines and related training. As a result, police canine policies may vary among agencies, and are not subject to statewide standards or oversight.

### **Proposed Law:**

- Requires POST, on or before January 1, 2026, to develop guidelines for the use of canines by law enforcement.
- Provides that the guidelines shall be comprehensive and shall establish specified requirements.
- Specifies that POST may periodically amend the guidelines.
- Requires, on or before July 1, 2027, each law enforcement agency with a canine unit to adopt a policy for the use of canines by the agency that, at a minimum, complies with the guidelines developed by POST.
- Contains a contingent enactment provision, specifying that the bill shall only become operative if AB 3241 is enacted and becomes effective on or before January 1, 2025.

### **Related Legislation:**

- AB 3241 (Pacheco) also requires POST to develop guidelines for the use of canines by law enforcement and requires law enforcement agencies to adopt a policy for the use of canines, as specified. AB 3241 is pending in this Committee.
- AB 742 (Jackson), of the 2023-2024 Legislative Session, would have prohibited the use of canines by peace officers for arrest and apprehension, or in any circumstances to bite a person, but permits their use of canines for search and rescue, explosives detection, and narcotics detection. AB 742 was ordered to the inactive file in the Assembly.

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CALIFORNIA LEGISLATURE—2023–24 REGULAR SESSION

**ASSEMBLY BILL**

**No. 21**

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**Introduced by Assembly Member Gipson Members Gipson, and Papan**  
**(Coauthor: Assembly Member Blanca Rubio)**  
**(Coauthors: Senators Becker, Newman, and Wiener)**

December 5, 2022

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An act to amend Section 13515.28 of, and to add Section 13515.285 to, the Penal Code, relating to peace officers.

LEGISLATIVE COUNSEL'S DIGEST

AB 21, as introduced, Gipson. Peace officers: training.

Existing law requires specified categories of law enforcement officers to meet training standards pursuant to courses of training certified by the Commission on Peace Officer Standards and Training (POST). Existing law requires POST to require field training officers who are instructors for the field training program to have at least 8 hours of crisis intervention behavioral health training to better train new peace officers on how to effectively interact with persons with mental illness or intellectual disability.

This bill would require the commission to revise that training to include instruction on how to effectively interact with persons with Alzheimer's disease or dementia. The bill would specify that a field training officer who completed the training prior to January 1, 2025, or who is exempt from completing the training, is not required to take the updated training, but would require a field training officer who has not completed the training on or after January 1, 2025, or who is not exempt from completing the training, to complete the revised training. The bill

would exempt jurisdictions that, prior to January 1, 2024, develop a training that meets the same requirements.

This bill would also require the commission, upon the next regularly scheduled review of a training module relating to persons with disabilities, to create and distribute electronically a course on how to recognize and interact with persons with Alzheimer's disease and dementia. The bill would require peace officers appointed on or before July 1, 2029, to complete that course by January 1, 2030, and peace officers appointed after July 1, 2029, to complete that course within 180 days of being appointed, as specified. The bill would exempt jurisdictions that, prior to January 1, 2024, develop a training that meets the same requirements. By creating new duties for local officials, 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. Section 13515.28 of the Penal Code is amended  
2 to read:  
3 13515.28. (a) (1) The commission shall require the field  
4 training officers who provide instruction in the field training  
5 program to have at least eight hours of crisis intervention  
6 behavioral health training to better train new peace officers on  
7 how to effectively interact with persons with mental illness or  
8 intellectual disability. This course shall include classroom  
9 instruction and instructor-led active learning, such as  
10 scenario-based training, and shall be taught in segments that are  
11 at least four hours long.  
12 (2) If a field training officer has completed eight hours of crisis  
13 intervention behavioral health training within the past 24 months,  
14 or if a field training officer has completed 40 hours of crisis

1 intervention behavioral health training, the requirement described  
2 in paragraph (1) shall not apply.

3 (b) The crisis intervention behavioral health training shall  
4 address issues relating to stigma, shall be culturally relevant and  
5 appropriate, and shall include all of the following topics:

6 (1) The cause and nature of mental illnesses and intellectual  
7 disabilities.

8 (2) (A) How to identify indicators of mental illness, intellectual  
9 disability, and substance use disorders.

10 (B) How to distinguish between mental illness, intellectual  
11 disability, and substance use disorders.

12 (C) How to respond appropriately in a variety of situations  
13 involving persons with mental illness, intellectual disability, and  
14 substance use disorders.

15 (3) Conflict resolution and deescalation techniques for  
16 potentially dangerous situations.

17 (4) Appropriate language usage when interacting with potentially  
18 emotionally distressed persons.

19 (5) Community and state resources available to serve persons  
20 with mental illness or intellectual disability, and how these  
21 resources can be best utilized by law enforcement.

22 (6) The perspective of individuals or families who have  
23 experiences with persons with mental illness, intellectual disability,  
24 and substance use disorders.

25 (c) Field training officers assigned or appointed before January  
26 1, 2017, shall complete the crisis intervention behavioral health  
27 training by June 30, 2017. Field training officers assigned or  
28 appointed on or after January 1, 2017, shall complete the crisis  
29 intervention behavioral health training within 180 days of  
30 assignment or appointment.

31 (d) This section does not prevent an agency from requiring its  
32 field training officers to complete additional hours of crisis  
33 intervention behavioral health training or requiring its field training  
34 officers to complete that training earlier than as required by this  
35 section.

36 (e) (1) *The commission shall revise the training described in*  
37 *this section to include instruction on how to effectively interact*  
38 *with persons with Alzheimer's disease or dementia. A field training*  
39 *officer who completed the training described in this section prior*  
40 *to January 1, 2025, or who was exempt from completing the*



1 *training pursuant to paragraph (2) of subdivision (a), shall not be*  
2 *required to take the updated training. A field training officer who*  
3 *has not completed the training described in this section by January*  
4 *1, 2025, or who is not exempt from completing the training*  
5 *pursuant to paragraph (2) of subdivision (a), shall complete the*  
6 *revised training.*

7 *(2) A training developed by a jurisdiction prior to January 1,*  
8 *2024, that meets the same requirements as this subdivision shall*  
9 *be deemed to be compliant with this subdivision.*

10 SEC. 2. Section 13515.285 is added to the Penal Code,  
11 immediately following Section 13515.28, to read:

12 13515.285. (a) The commission shall, upon the next regularly  
13 scheduled review of a training module relating to persons with  
14 disabilities, create and distribute electronically a course on how  
15 to recognize and interact with persons with Alzheimer's disease  
16 or dementia. This course shall be designed for, and made available  
17 to, peace officers.

18 (b) The training course shall be developed by the commission  
19 in consultation with the California Department of Aging and  
20 appropriate community, local, or other state organizations and  
21 agencies that have expertise in the area of Alzheimer's disease and  
22 dementia. The commission shall make the course available to law  
23 enforcement agencies in California.

24 (c) (1) Peace officers appointed on or before July 1, 2029, shall  
25 complete the course developed pursuant to this section by January  
26 1, 2030. Peace officers appointed after July 1, 2029, shall complete  
27 the course developed pursuant to this section within 180 days of  
28 being appointed.

29 (2) Peace officers shall be allowed to complete the course  
30 developed pursuant to this section remotely.

31 (3) The requirement described in this subdivision only applies  
32 to peace officers described in Sections 830.1, 830.2, with the  
33 exception of those described in subdivision (d) of that section, and  
34 830.33.

35 (d) A course developed by a jurisdiction prior to January 1,  
36 2024, that meets the same requirements as this section shall be  
37 deemed to be compliant with this section.

38 SEC. 3. If the Commission on State Mandates determines that  
39 this act contains costs mandated by the state, reimbursement to  
40 local agencies and school districts for those costs shall be made

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1 pursuant to Part 7 (commencing with Section 17500) of Division  
2 4 of Title 2 of the Government Code.

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5 **REVISIONS:**

6 **Heading—Line 1.**

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Date of Hearing: March 22, 2023

ASSEMBLY COMMITTEE ON APPROPRIATIONS  
Chris Holden, Chair  
AB 21 (Gipson) – As Introduced December 5, 2022

Policy Committee: Public Safety Vote: 8 - 0

Urgency: No State Mandated Local Program: Yes Reimbursable: Yes

**SUMMARY:**

This bill requires the Commission on Peace Officer Standards and Training (POST) to revise its training for field-training officers (FTOs) on interacting with persons with mental illness or intellectual disabilities to include instruction on interacting with persons with Alzheimer’s disease or dementia.

Specifically, this bill:

- 1) Provides that an FTO who completed the mental illness or intellectual disability training prior to January 1, 2025, or who was exempt from completing it, is not required to take the updated training.
- 2) Exempts jurisdictions that, prior to January 1, 2024, develop a training that includes the training requirements in this bill.
- 3) Requires an FTO who has not completed the mental illness/intellectual disability training by January 1, 2025, or who is not exempt from completing it, to complete the revised training.
- 4) Requires POST, upon its next regularly scheduled review of a training module relating to persons with disabilities, to create and distribute electronically a course on how to recognize and interact with persons with Alzheimer’s disease or dementia.
- 5) Requires a peace officer appointed before July 1, 2029, to complete the training by January 1, 2030, and any appointed after July 1, 2029, to complete it within 180 days of being appointed. Limits this requirement to specified peace officers.

**FISCAL EFFECT:**

- 1) One-time costs (General Fund (GF)) of approximately \$250,000 for POST to create a training course on interacting with persons with Alzheimer’s disease or dementia. POST notes it will take up to two years for it to complete the training course. Additional one-time and ongoing costs to local law enforcement agencies for every peace officer to take the course no later than 2030. POST estimates, based on a two-hour training program for approximately 90,000 peace officers statewide, the overtime costs between 2025 and 2030 would be \$13.5 million. Ongoing costs to local agencies after 2030 would be approximately

\$1 million dollars for new officers to take the training within the first 180 days of hiring.

- 2) One-time and ongoing overtime costs (GF) possibly in the upper hundreds of thousands of dollars to low millions of dollars to multiple state agencies for officers to take the online training course. For instance, the Department of Insurance estimates this bill will cost the department approximately \$199,000 in FY 2023-24 for its peace officers to complete the training and possibly tens of thousands of dollars annually thereafter for new hires to attend the training.

**COMMENTS:**

- 1) **Purpose.** According to the author:

Our loved ones who are mentally disabled need specialized responses in times of crisis. It is not in times of crisis that we abandon and abuse our vulnerable communities. To support law enforcement by giving them the necessary information needed to assist Dementia patients who may be experiencing a mental health crisis. Also, protecting the rights and the dignity of Dementia patients around the state. It is my hope that these interventions between community and law enforcement bear fruit. Leading to more understanding and people centered approaches.

- 2) **Existing Training Requirements.** Existing law requires POST to provide, and peace officers to complete, extensive training related to interactions with individuals with intellectual disabilities and mental illness. Most of these requirements were added by SB 11 (Beall), Chapter 468, Statutes of 2015, and SB 29 (Beall), Chapter 469, Statutes of 2015. Officers are required to complete, at a minimum, POST's Regular Basic Course curriculum, which includes 15 hours of instruction on disability laws, developmental disabilities, physical disabilities and mental illness.

Additionally, FTOs who are instructors in the field training program must have at least eight hours of crisis intervention behavioral health training. Additionally any peace officer must also complete at least 24 hours of continuing professional training every two years, a part of which may be satisfied by the mental health training course developed by POST. POST is also required to conduct a review and evaluation of its existing training, identify critical gaps, and work with the appropriate stakeholders to update the training to help officers effectively address incidents involving persons with mental illness or intellectual disability.

- 3) **Little Hoover Commission (LHC) Study.** In November 2021, LHC issued a report examining the various peace officer training requirements and made several recommendations for improving outcomes. Recommendations included asking the Legislature to refrain from amending or adding any new law enforcement training requirements and instead fund POST to assess how well existing officer training is working in the field and adjust training mandates as needed. LHC also recommended POST collaborate with academic researchers and establish a permanent academic review board to ensure training standards are aligned with the latest scientific research and advise POST on

how to incorporate research findings into new and existing standards and training.

**4) Prior Legislation.**

- a) AB 89 (Jones-Sawyer), Chapter 405, Statutes of 2021, requires POST, upon appropriation by the Legislature, to develop a program to provide financial support for a higher education degree for individuals pursuing a law enforcement career.
- b) AB 1947 (Ting), of the 2021-22 Legislative Session, would have required POST to consult with subject matter experts, as defined, to develop its course of instruction in hate crimes, a change from the previous requirement that POST consult with law enforcement agencies, civil rights groups, academic experts, and the DOJ. AB 1947 died on the Senate Inactive File.
- c) AB 2429 (Quirk), of the 2021-22 Legislative Session, would have required POST to partner with academic researchers to conduct an assessment of existing officer training and report to the Legislature about its findings. AB 2429 was held in the Senate Appropriations Committee.
- d) AB 2583 (Mullin), of the 2021-22 Legislative Session, was substantially similar to this bill and would have required the POST to revise its training for FTOs on interacting with persons with mental illness or intellectual disabilities to also include instruction on interacting with persons with Alzheimer's disease. AB 2583 was held in this committee.

**Analysis Prepared by:** Kimberly Horiuchi / APPR. / (916) 319-2081