



# County of Monterey

## Board of Supervisors

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August 27, 2024

The Honorable Ash Kalra, Chair  
Assembly Committee on Judiciary  
1020 N Street, Room 104  
Sacramento, CA 95814

**RE: SB 1400 (Stern): Criminal procedure: competence to stand trial.  
AS AMENDED August 26, 2024 – OPPOSE UNLESS AMENDED**

Dear Chair Kalra:

The County of Monterey is writing to respectfully oppose Senate Bill (SB) 1400 due to the substantive changes made to the bill on August 26, with only five days remaining in the 2023-24 legislative session. At a minimum, such significant policy changes that have a significant direct impact on California counties should be fully vetted through the legislative process. **We strongly urge that the amendments making considerable changes to the Community Assistance, Recovery and Empowerment (CARE) Act be removed for deliberation at a later date. Alternatively, we request these changes be thoroughly considered through a working group process, with recommendations to be submitted to the Legislature by January 10, 2025.**

The short notice of these amendments leaves inadequate time for review of the significant impacts to the various stakeholders in our county. We are also not understanding the reason for the increased requirements being added in without involvement or engagement with ANY county associations (such as CSAC or CBHDA) who have been meeting routinely with state leadership regularly about CARE Act implementation.

The County of Monterey has been planning for a successful implementation of CARE Act by December 2024; and this disrupts our planning process and could lead to significant delays in successful implementation. Currently, only nine counties have implemented the CARE Act, and making any sudden and significant changes as our county is coming online will disrupt current planning and create additional challenges at a crucial time when we need stability, consistency, and partnership from the state.

These latest revisions are of particular concern given that the County of Monterey is primarily responsible for implementing the Act's provisions in our jurisdiction, but again, neither the County or any of our County Associations were consulted during the development of the new provisions and were not even engaged until after amendments were in-print. The intense level of planning, resources, and training required to stand up this program has taken over a year already. If this measure passes and is signed into law, the County of Monterey will have insufficient time to develop the guidance, capacity, and necessary data elements, creating added pressure on overburdened county departments and their dedicated staff that are working in the community and our courtrooms every day.

Initial review of the proposed bill raises significant concerns with the expanded and new data collection and reporting requirements specified under the CARE Act. We want to be able to track success, and to do that, we need data collection and reporting that are based on elements that are feasible to monitor.

Some specific concerns are as follows:

**Expanded tracking and reporting of all active and former CARE participants for an unspecified time period.** The amendments require county behavioral health agencies to report on the following data elements for an expanded group of active and former participants in the CARE process without a clear limitation on how long following the “conclusion of CARE program services” an individual would need to be tracked:

- Services and supports ordered and provided, and ordered but not provided
- Housing placements
- Treatments continued and terminated
- Substance use disorder rates and rates of treatment
- Detentions and other LPS involvement
- Criminal justice involvement
- Deaths, including cause of death

**“Potentially eligible” terms undefined.** The amendments require counties to collect and report on data and information regarding individuals who are “potentially eligible CARE Act participants,” or “potentially eligible for the CARE process,” although these terms are also not defined. This could be broadly interpreted to impact a significant number of individuals who may have received county services.

Currently, CARE participant data is limited to tracking individuals with a CARE plan for at least one year following termination of their plan. The proposed amendments modify and expand these existing requirements by not only including all active and former participants, but also by removing the requirement for counties to track these elements for one year following CARE plan participation, leaving the duration to be an unspecified length of time determined by the Department of Health Care Services. Further, it is unclear whether the tracking of former CARE participants is now expanded beyond those with a CARE plan to also include those with CARE agreements or potentially others given that “CARE program services” is undefined.

Tracking former participants’ activities for an unspecified period of time will not only require additional county administrative resources, but it also raises considerable policy questions around imposing potentially invasive tracking requirements for an extended period of time on individuals who are no longer under a CARE plan or are receiving county behavioral health services. County behavioral health agency efforts required would be extensive and require additional staffing and funding beyond what is currently required.

**New requirements to track outreach and engagement / services for those voluntarily engaged.** The amendments require counties to track the type, format, and frequency of outreach and engagement activities to referrals and petitioners, and track – without time limitation – the services provided to those who are voluntarily engaged following a referral to county behavioral health. While we agree these data elements may assist with highlighting the intense efforts needed to engage individuals and the positive results outside of direct CARE Act participation, we note that collecting and reporting on the volume of these encounters – which are not Medi-Cal reimbursable activities – and services to those voluntarily engaged would add significant reporting and fiscal impacts to the County of Monterey.

The County of Monterey recommends SB 1400 be amended to require the Department of Health Care Services to convene a working group, inclusive of county associations, to develop recommendations for additional CARE Act data collection and reporting elements to be added to the CARE Court annual report, with final recommendations submitted to the Legislature by January 10, 2025. These proposed amendments would foster collaboration, adequate stakeholder engagement, transparency, and recommendations that can be introduced as a bill next year.



For the reasons outlined above, the **County of Monterey is opposed to this measure unless amended** as noted above. Should you have any questions, please feel free to contact the County of Monterey's Public Policy Advisor, Ashley Walker of Nossaman LLP at 916-442-8888.

Sincerely,



**Glenn Church, Chair**  
Board of Supervisors

cc: Members, Assembly Judiciary Committee  
Alison Merrilees, Chief Counsel, Assembly Judiciary Committee  
Members, Assembly Health Committee  
Riana King, Consultant, Assembly Health Committee  
Members, Assembly Public Safety Committee  
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The Honorable Henry Stern, Senator  
Hon. John Laird, 17<sup>th</sup> Senate District  
Hon. Anna Caballero, 14<sup>th</sup> Senate District  
Hon. Robert Rivas, 29<sup>th</sup> Assembly District  
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California State Association of Counties (CSAC)  
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