



Legislative Positions

August 2022

[AB 32](#) ([Aquiar-Curry D](#)) **Telehealth.**

Current Text: Amended: 8/1/2022 [html](#) [pdf](#)

Last Amend: 8/1/2022

Status: 8/1/2022-From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Committee on Appropriations.

Location: 6/30/2022-Senate Appropriations

Summary: The Knox-Keene Health Care Service Plan Act of 1975 (Knox-Keene), provides for the licensure and regulation of health care service plans by the Department of Managed Health Care. Current law requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, to specify that coverage is provided for health care services appropriately delivered through telehealth on the same basis and to the same extent as in-person diagnosis, consultation, or treatment. Current law generally exempts county organized health systems that provide services under the Medi-Cal program from Knox-Keene. This bill would subject county organized health systems, and their subcontractors, that provide services under the Medi-Cal program to the above-described Knox-Keene requirements relative to telehealth. The bill would authorize a provider to enroll or recertify an individual in specified Medi-Cal programs through telehealth and other forms of virtual communication, and would authorize a county eligibility worker to determine eligibility for, or recertify eligibility for, the Medi-Cal Minor Consent program remotely through virtual communication, as specified.

Position: Support

[AB 383](#) ([Salas D](#)) **Behavioral health: older adults.**

Current Text: Amended: 6/21/2021 [html](#) [pdf](#)

Last Amend: 6/21/2021

Status: 8/27/2021-Failed Deadline pursuant to Rule 61(a)(12).

Location: Suspense File

Summary: Would establish within the State Department of Health Care Services an Older Adult Behavioral Health Services Administrator to oversee behavioral health services for older adults. The bill would require that position to be funded with administrative funds from the Mental Health Services Fund. The bill would prescribe the functions of the administrator

and its responsibilities, including, but not limited to, developing outcome and related indicators for older adults for the purpose of assessing the status of behavioral health services for older adults, monitoring the quality of programs for those adults, and guiding decision making on how to improve those services. The bill would require the administrator to receive data from other state agencies and departments to implement these provisions, subject to existing state or federal confidentiality requirements. The bill would require the administrator to report to the entities that administer the MHSA on those outcome and related indicators by July 1, 2022, and would require the report to be posted on the department's internet website.

Position: Support

AB 552 (Quirk-Silva D) Integrated School-Based Behavioral Health Partnership Program.

Current Text: Amended: 6/20/2022 [html](#) [pdf](#)

Last Amend: 6/20/2022

Status: 8/2/2022-In committee: Referred to suspense file.

Location: Senate Appropriations Suspense File.

Summary: The School-based Early Mental Health Intervention and Prevention Services for Children Act of 1991 authorizes the Director of Health Care Services, in consultation with the Superintendent of Public Instruction, to award matching grants to local educational agencies to pay the state share of the costs of providing school-based early mental health intervention and prevention services to eligible pupils at school sites of eligible pupils, subject to the availability of funding each year. The bill would authorize a county behavioral health agency and the governing board or governing body of a local educational agency to agree to collaborate on conducting a needs assessment on the need for school-based mental health and substance use disorder services, and implement an integrated school-based behavioral health partnership program, to develop a memorandum of understanding outlining the requirements for the partnership program, and to enter into a contract for mental health or substance use disorder services.

Position: Support

AB 666 (Quirk-Silva D) Substance use disorder workforce development.

Current Text: Chaptered: 3/9/2022 [html](#) [pdf](#)

Last Amend: 1/11/2022

Status: Signed by the Governor 3/9/2022.

Location: Chaptered by Secretary of State - Chapter 7, Statutes of 2022.

Summary: Current law imposes various requirements on the State Department of Health Care Services relating to the administration of alcohol and drug programs, including, but not limited to, providing funds to counties for planning and implementing local programs to alleviate problems related to alcohol and other drug use, reviewing and certifying alcohol and other drug programs that meet state standards, developing and maintaining a centralized data collection system to gather and obtain information on the status of the alcohol and other drug abuse problems in the state, and licensing and regulating alcoholism or drug abuse recovery or treatment facilities. This bill, the Combating the Overdose and Addiction Epidemic by Building the Substance Use Disorder Workforce (CODE W) Act, would require the department, on or before July 1, 2023, to issue a statewide substance use disorder (SUD) workforce needs assessment report that evaluates the current state of the SUD workforce, determines barriers to entry into the SUD workforce, and assesses the state's systems for regulating and supporting the SUD workforce.

Position: Support

AB 1051 (Bennett D) Medi-Cal: specialty mental health services: foster youth.

Current Text: Amended: 8/26/2021 [html](#) [pdf](#)

Last Amend: 8/26/2021

Status: 9/10/2021-Failed Deadline pursuant to Rule 61(a)(15).

Location: Inactive File

Summary: Current law requires the State Department of Health Care Services to issue policy guidance concerning the conditions for, and exceptions to, presumptive transfer of responsibility for providing or arranging for specialty mental health services to a foster youth from the county of original jurisdiction to the county in which the foster youth resides, as prescribed. This bill would make those provisions for presumptive transfer inapplicable to a foster youth or probation-involved youth placed in a community treatment facility, group home, or a short-term residential therapeutic program (STRTP) outside of their county of original jurisdiction, as specified.

Position: Support

AB 1668 (Patterson R) Mental Health Services Oversight and Accountability Commission.

Current Text: Vetoed: 6/21/2022 [html](#) [pdf](#)

Last Amend: 3/14/2022

Status: 6/21/2022-Vetoed by Governor.

Location: Consideration of Governor's veto pending.

Summary: The Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the Mental Health Oversight and Accountability Commission to oversee the implementation of the MHSA. Current law specifies the composition of the 16-member commission, including the Attorney General or their designee, the Superintendent of Public Instruction or their designee, specified members of the Legislature, and 12 members appointed by the Governor, as prescribed. Current law authorizes the MHSA to be amended by a 2/3 vote of the Legislature if the amendments are consistent with, and further the purposes of, the MHSA, or by a majority vote to clarify procedures and terms. This bill would urge the Governor, in making appointments, to consider ensuring geographic representation among the 10 regions of California defined by the 2020 census.

Position: Watch

AB 1928 (McCarty D) Hope California: Secured Residential Treatment Pilot Program.

Current Text: Amended: 3/10/2022 [html](#) [pdf](#)

Last Amend: 3/10/2022

Status: 5/20/2022-Failed Deadline pursuant to Rule 61(b)(8).

Location: DEAD-last location was Assembly Appropriations Suspense File.

Summary: Current law authorizes a court to grant pretrial diversion to a defendant in specified cases, including when the defendant is suffering from a mental disorder, specified controlled substances crimes, and when the defendant was, or currently is, a member of the United States military. This bill would, until January 1, 2026, authorize the Counties of San Joaquin, Santa Clara, and Yolo to develop, manage, staff, and offer a secured residential treatment pilot program, known as Hope California, for individuals suffering from substance use disorders (SUDs) who have been convicted of qualifying drug-motivated felony crimes, as specified.

Position: Oppose

[AB 2144](#) (Ramos D) Mental health: information sharing.

Current Text: Amended: 6/20/2022 [html](#) [pdf](#)

Last Amend: 6/20/2022

Status: 6/27/2022-In committee: Referred to suspense file.

Location: Senate Appropriations Suspense File.

Summary: Current law prohibits a person detained pursuant to the Lanterman-Petris-Short Act because the person is a danger to self or others, from owning, possessing, controlling, receiving, or purchasing, or attempting to own, possess, control, receive, or purchase, any firearm. In order for the Department of Justice to determine the eligibility of the person to own, possess, control, receive, or purchase a firearm, current law requires each designated facility, within 24 hours of admitting an individual subject to that prohibition, to submit a report to the Department of Justice that contains specified information, including the identity of the person. This bill would require the Department of Justice to provide to the State Department of Health Care Services, in a secure format, a copy of reports submitted pursuant to those provisions on a quarterly basis. The bill would also require the State Department of Health Care Services to share the information it receives from the Department of Justice and designated facilities with county mental health or behavioral health departments on a quarterly basis.

Position: Support

[AB 2242](#) (Santiago D) Mental health services.

Current Text: Amended: 6/27/2022 [html](#) [pdf](#)

Last Amend: 6/27/2022

Status: 8/2/2022-In committee: Referred to suspense file.

Location: Senate Appropriations Suspense File.

Summary: This bill, on or before July 1, 2023, would require the State Department of Health Care Services to convene a stakeholder group of entities, including the County Behavioral Health Directors Association of California and the California Hospital Association, among others, to create a model care coordination plan to be followed when discharging those held under temporary holds or a conservatorship. The bill would require the model care coordination plan and process to outline who would be on the care team and how the communication would occur to coordinate care. Among other components, the bill would require the model care coordination plan to require that an individual exiting a temporary hold or a conservatorship be provided with a detailed plan that includes a scheduled first appointment with a behavioral health professional. The bill would declare the intent of the Legislature that counties and hospitals implement the care coordination plan by February 1, 2024.

Position: Oppose

[AB 2275](#) (Wood D) Mental health: involuntary commitment.

Current Text: Amended: 6/13/2022 [html](#) [pdf](#)

Last Amend: 6/13/2022

Status: 8/2/2022-In committee: Referred to suspense file.

Location: Senate Appropriations Suspense File.

Summary: Under the Lanterman-Petris-Short Act, when a person, as a result of a mental health disorder, is a danger to others, or to themselves, or gravely disabled, the person may, upon probable cause, be taken into custody 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. If certain conditions are met after the 72-hour detention, the act authorizes the certification of the person for a 14-day maximum period of intensive treatment and then a 30-day maximum period of intensive treatment after the 14-day period. Current law requires a certification review hearing to be held when a person is certified for a 14-day or 30-day intensive treatment detention, except as specified, and requires it to be within 4 days of the date on which the person is certified. Existing law, after the involuntary detention has begun, prohibits the total period of detention, including intervening periods of voluntary treatment, from exceeding the total maximum period during which the person could have been detained, if the person had been detained continuously on an involuntary basis, from the time of initial involuntary detention. This bill would, among other things, specify that the 72-hour period of detention begins at the time when the person is first detained.

Position: Watch

AB 2281 (Lackey R) Early Childhood Mental Health Services Act.

Current Text: Amended: 6/6/2022 [html](#) [pdf](#)

Last Amend: 6/6/2022

Status: 6/27/2022-In committee: Referred to suspense file.

Location: Senate Appropriations Suspense File.

Summary: Current law establishes the Mental Health Student Services Act, administered by the Mental Health Services Oversight and Accountability Commission, to award grants to county mental health or behavioral health departments to fund partnerships between educational and county mental health entities. This bill, contingent upon an appropriation in the Budget Act, would establish the Early Childhood Mental Health Services Act, administered in a similar manner by the commission, to award grants to eligible entities or partnerships to improve access to, and quality of care, services, and supports for, children from birth to 5 years of age, inclusive, and their parents, families, and caregivers, with emphasis on prevention and early intervention and disparities, as specified.

Position: Neutral

AB 2830 (Bloom D) The Community Assistance, Recovery, and Empowerment (CARE) Court Program.

Current Text: Amended: 4/7/2022 [html](#) [pdf](#)

Last Amend: 4/7/2022

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5).

Location: DEAD- Last location was Assembly Health Committee.

Summary: The Assisted Outpatient Treatment Demonstration Project Act of 2002, known as Laura's Law, requires each county to offer specified mental health programs, unless a county or group of counties opts out by a resolution passed by the governing body, as specified. The Lanterman-Petris-Short Act provides for short-term and longer-term involuntary treatment and conservatorships for people who are determined to be gravely disabled. This bill would enact the Community Assistance, Recovery, and Empowerment (CARE) Act, which would authorize specified people to petition a civil court to create a CARE plan and implement services, to be provided by county behavioral health agencies, to provide behavioral health care, stabilization medication, and housing support to adults who are suffering from schizophrenia spectrum and psychotic disorders and who lack medical decision making capacity. The bill would specify the process by which the petition

is filed and reviewed, including requiring the petition to be signed under penalty of perjury, and to contain specified information, including the acts that support the petitioner's belief that the respondent meets the CARE criterion.

Position: Oppose

SB 293 **(Limón D) Medi-Cal specialty mental health services.**

Current Text: Amended: 5/20/2021 [html](#) [pdf](#)

Last Amend: 5/20/2021

Status: 8/27/2021-Failed Deadline pursuant to Rule 61(a)(12).

Location: Last location was Senate Appropriations Committee.

Summary: Current law provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services, including specialty mental health services, and Early and Periodic Screening, Diagnostic, and Treatment services for an individual under 21 years of age. With respect to specialty mental health services provided under the Early and Periodic Screening, Diagnostic, and Treatment Program, on or after January 1, 2022, this bill would require the department to develop standard forms, including intake and assessment forms, relating to medical necessity criteria, mandatory screening and transition of care tools, and documentation requirements pursuant to specified terms and conditions, and, for purposes of implementing these provisions, would require the department to consult with representatives of identified organizations, including the County Behavioral Health Directors Association of California.

Position: Watch

SB 316 **(Eggman D) Medi-Cal: federally qualified health centers and rural health clinics.**

Current Text: Introduced: 2/4/2021 [html](#) [pdf](#)

Status: 9/10/2021-Failed Deadline pursuant to Rule 61(a)(15).

Location: Last location was Inactive File.

Summary: Current law provides that FQHC and RHC services are to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including a physician and marriage and family therapist. Under existing law, "physician," for these purposes, includes, but is not limited to, a physician and surgeon, an osteopath, and a podiatrist. This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined. The bill would authorize an FQHC or RHC that currently includes the cost of a medical visit and a mental health visit that take place on the same day at a single location as a single visit for purposes of establishing the FQHC's or RHC's rate to apply for an adjustment to its per-visit rate, and after the department has approved that rate adjustment, to bill a medical visit and a mental health visit that take place on the same day at a single location as separate visits, in accordance with the bill.

Position: Support

SB 387

(Portantino D) Pupil health: school employee and pupil training: youth mental and behavioral health.

Current Text: Amended: 5/16/2022 [html](#) [pdf](#)

Last Amend: 5/16/2022

Status: 7/5/2022-Failed Deadline pursuant to Rule 61(b)(14).

Location: DEAD-Last location was Assembly Education Committee.

Summary: Current law, contingent on an appropriation made for these purposes, requires the State Department of Education, on or before January 1, 2023, to recommend best practices and identify training programs for use by local educational agencies to address youth behavioral health, including, but not necessarily limited to, staff and pupil training, as specified. Current law requires the department to ensure that each identified training program, among other requirements, provides instruction on how school staff can best provide referrals to youth behavioral health services or other support to individuals in the early stages of developing a youth behavioral health disorder. Current law defines a local educational agency for purposes of these provisions to mean a county office of education, school district, state special school, or charter school that serves pupils in any of grades 7 to 12, inclusive. This bill would include referrals to special education services in that instruction requirement for identified training programs. The bill would require, on or before January 1, 2025, those local educational agencies to certify to the department that 75% of both its classified and certificated employees have received that youth behavioral health training, as specified. The bill would prohibit the training in youth behavioral health to be a condition of employment or hiring.

Position: Support if Amended

SB 516

(Eggman D) Certification for intensive treatment: review hearing.

Current Text: Amended: 6/10/2021 [html](#) [pdf](#)

Last Amend: 6/10/2021

Status: 7/5/2022-Failed Deadline pursuant to Rule 61(b)(14).

Location: DEAD- Last location was Assembly.

Summary: Current law authorizes a person to be detained for involuntary care, protection, and treatment related to the mental disorder or impairment by chronic alcoholism if, at the conclusion of the certification review hearing, the person conducting the hearing finds that there is probable cause that the person certified is a danger to self or others or is gravely disabled as a result of a mental disorder or impairment by chronic alcoholism, as specified. This bill would authorize the evidence considered in the certification review hearing to include information on the person's medical condition, as defined, and how that condition bears on certifying the person as a danger to themselves or to others or as gravely disabled.

Position: Oppose

SB 782

(Glazer D) Assisted outpatient treatment programs.

Current Text: Amended: 5/5/2021 [html](#) [pdf](#)

Last Amend: 5/5/2021

Status: 7/5/2022-Failed Deadline pursuant to Rule 61(b)(14).

Location: DEAD-Last location was Assembly.

Summary: Current law authorizes participating counties to pay for the services provided from moneys distributed to the counties from various continuously appropriated funds, including the Mental Health Services Fund, when included in a county plan, as specified.

Current law authorizes a court to order a person who is the subject of a petition filed pursuant to those provisions to obtain assisted outpatient treatment if the court finds, by clear and convincing evidence, that the facts stated in the petition are true and establish that specified criteria are met, including that the person has a history of lack of compliance with treatment for their mental illness, and that there has been a clinical determination that the person is unlikely to survive safely in the community without supervision. Current law authorizes the petition to be filed by the county behavioral health director, or the director's designee, in the superior court in the county in which the person who is the subject of the petition is present or reasonably believed to be present, in accordance with prescribed procedures. This bill would additionally authorize the filing of a petition to obtain assisted outpatient treatment under the existing petition procedures, for a conservatee or former conservatee, as specified, who would benefit from assisted outpatient treatment to reduce the risk of deteriorating mental health while living independently.

Position: Oppose

SB 929 (**Eggman D**) **Community mental health services: data collection.**

Current Text: Amended: 6/6/2022 [_html](#) [_pdf](#)

Last Amend: 6/6/2022

Status: 7/29/2022-August 3 hearing postponed by committee.

Location: Assembly Appropriations Committee.

Summary: Current 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, or for whom certain conservatorships are established, as specified. Current law requires each local mental health director, and each facility providing services to persons under those provisions, to provide the department, upon its request, with any information, records, and reports that the department deems necessary for purposes of the data collection and publication. This bill would additionally require the department to report to the Legislature, on or before May 1 of each year, quantitative information relating to, among other things, the number of persons detained for 72-hour evaluation and treatment, clinical outcomes for individuals placed in each type of hold, services provided in each category, waiting periods prior to receiving an evaluation or care, demographic data of those receiving care, and an assessment of all contracted beds. The bill would specify that the information be from each county for some of those data.

Position: Support

SB 965 (**Eggman D**) **Conservatorships: medical record: hearsay rule.**

Current Text: Amended: 4/28/2022 [_html](#) [_pdf](#)

Last Amend: 4/28/2022

Status: 7/5/2022-Failed Deadline pursuant to Rule 61(b)(14). (Last location was A. JUD. on 5/19/2022)

Location: DEAD- Last location Assembly Judiciary Committee.

Summary: The Lanterman-Petris-Short Act authorizes the appointment of a conservator, in the County of Los Angeles, the County of San Diego, or the City and County of San Francisco, for a person who is incapable of caring for the person's own health and well-being due to a serious mental illness and substance use disorder. Current law

establishes the hearsay rule, under which evidence of a statement is generally inadmissible if it was made other than by a witness while testifying at a hearing and is offered to prove the truth of the matter stated. Current law sets forth exceptions to the hearsay rule to permit the admission of specified kinds of evidence. Under this bill, for purposes of an expert witness in any proceeding relating to the appointment or reappointment of a conservator pursuant to the above-described provisions, the statements of specified health practitioners or a licensed clinical social worker included in the medical record would not be hearsay. The bill would authorize the court to grant a reasonable continuance if an expert witness in a proceeding relied on the medical record and the medical record has not been provided to the parties or their counsel upon request within a reasonable time before the proceeding.

Position: Oppose

SB 970 (Eggman D) Mental Health Services Act.

Current Text: Amended: 6/23/2022 [html](#) [pdf](#)

Last Amend: 6/23/2022

Status: 8/3/2022-August 3 set for first hearing. Placed on suspense file.

Location: Assembly Appropriations Suspense File.

Summary: The Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the Mental Health Services Fund (MHSF), a continuously appropriated fund, to fund various county mental health programs, including children's mental health care, adult and older adult mental health care, prevention and early intervention programs, and innovative programs. This bill would require the California Health and Human Services Agency, by July 1, 2025, to establish the California MHSA Outcomes and Accountability Review (MHSA-OAR), consisting of performance indicators, county self-assessments, and county MHSA improvement plans, to facilitate a local accountability system that fosters continuous quality improvement in county programs funded by the MHSA and in the collection and dissemination by the agency of best practices in service delivery. The bill would require the agency to convene a workgroup, as specified, to establish a workplan by which the MHSA-OAR shall be conducted, including a process for qualitative peer reviews of counties' MHSA services and uniform elements for the county MHSA system improvement plans. The bill would require the agency to establish specific process measures and uniform elements for the county MHSA improvement plans and updates. The bill would require the counties to execute and fulfill components of its MHSA system improvement plan that can be accomplished with existing resources.

Position: Oppose

SB 1154 (Eggman D) Facilities for mental health or substance use disorder crisis: database.

Current Text: Amended: 5/19/2022 [html](#) [pdf](#)

Last Amend: 5/19/2022

Status: 8/3/2022-August 3 hearing postponed by committee.

Location: Assembly Appropriations Committee.

Summary: Would require, by January 1, 2024, the State Department of Public Health, in consultation with the State Department of Health Care Services and the State Department of Social Services, and by conferring with specified stakeholders, to develop a real-time, internet-based database to collect, aggregate, and display information about beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities, and licensed residential alcoholism or drug abuse recovery or treatment facilities

in order to facilitate the identification and designation of facilities for the temporary treatment of individuals in mental health or substance use disorder crisis. The bill would require the database to include a minimum of specific information, including the contact information for a facility's designated employee, and have the capacity to, among other things, enable searches to identify beds that are appropriate for the treatment of individuals in a mental health or substance use disorder crisis.

Position: Oppose

[SB 1227](#) (Eggman D) Involuntary commitment: intensive treatment.

Current Text: Amended: 6/23/2022 [html](#) [pdf](#)

Last Amend: 6/23/2022

Status: 6/29/2022-Read second time. Ordered to third reading.

Location: Assembly Floor

Summary: Under the Lanterman-Petris-Short Act, when a person, as a result of a mental health disorder, is a danger to others, or to themselves, or gravely disabled, the person may, upon probable cause, be taken into custody 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. Under existing law, if a person is detained for 72 hours under those provisions, and has received an evaluation, the person may be certified for not more than 14 days of intensive treatment, as specified. Current law further authorizes a person to be certified for an additional period of not more than 30 days of intensive treatment if the person remains gravely disabled and is unwilling or unable to accept treatment voluntarily. Current law requires the person to be released at the end of the 30 days, except under specified circumstances, including, but not limited to, when the patient is subject to a conservatorship petition filed pursuant to specified provisions. Existing law requires an evaluation to be made when a gravely disabled person may need to be detained beyond the initial 14-day period, as to whether the person is likely to qualify for appointment of a conservator, and, if so, requires that referral to be made, as specified. This bill would authorize the professional person in charge of the facility providing intensive treatment to the person to file a petition in the superior court for the county in which the facility is located, seeking approval for up to an additional 30 days of intensive treatment.

Position: Oppose

[SB 1238](#) (Eggman D) Behavioral health services: existing and projected needs.

Current Text: Amended: 5/2/2022 [html](#) [pdf](#)

Last Amend: 5/2/2022

Status: 7/29/2022-August 3 hearing postponed by committee.

Location: Assembly Appropriations Committee.

Summary: Current law authorizes the State Department of Health Care Services to award competitive grants to expand the community continuum of behavioral health treatment resources. This bill would require the department, commencing January 1, 2024, and at least every 5 years thereafter, to conduct a review of, and produce a report regarding, the current and projected behavioral health care infrastructure and service needs in each region of the state. The bill would require the department to consult with the council of governments, cities, counties, and cities and counties regarding the assumptions and methodology to be used by the department, and would require local governments to provide specified data for the region. The bill would require the department to share this

data and its report with the Mental Health Services Oversight and Accountability Commission.

Position: Oppose Unless Amended

SB 1298 (Ochoa Bogh R) Behavioral Health Continuum Infrastructure Program.

Current Text: Amended: 4/25/2022 [html](#) [pdf](#)

Last Amend: 4/25/2022

Status: 5/19/2022-May 19 hearing: Held in committee and under submission.

Location: Senate Appropriations Suspense File.

Summary: Current law authorizes the State Department of Health Care Services to, subject to an appropriation, establish a Behavioral Health Continuum Infrastructure Program. Current law authorizes the department, pursuant to this program, to award competitive grants to qualified entities to construct, acquire, and rehabilitate real estate assets or to invest in needed mobile crisis infrastructure to expand the community continuum of behavioral health treatment resources to build or expand the capacity of various treatment and rehabilitation options for persons with behavioral health disorders, as specified. This bill would authorize the department, in awarding the above-described grants, to give preference to qualified entities that are intending to place their projects in specified facilities or properties.

Position: Support

SB 1338 (Umberg D) Community Assistance, Recovery, and Empowerment (CARE) Court Program.

Current Text: Amended: 6/30/2022 [html](#) [pdf](#)

Last Amend: 6/30/2022

Status: 8/3/2022-August 3 set for first hearing. Placed on suspense file.

Location: Assembly Appropriations Suspense File.

Summary: Would enact the Community Assistance, Recovery, and Empowerment (CARE) Act, which would authorize specified persons to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan and implement services, to be provided by county behavioral health agencies, to provide behavioral health care, including stabilization medication, housing, and other enumerated services to adults who are currently experiencing a severe mental illness and have a diagnosis of schizophrenia spectrum and psychotic disorders and who meet other specified criteria. The bill would specify the process by which the petition is filed and reviewed, including requiring the petition to be signed under penalty of perjury, and to contain specified information, including the facts that support the petitioner's assertion that the respondent meets the CARE criteria. The bill would also specify the schedule of review hearings required if the respondent is ordered to comply with an up to one-year CARE plan by the court. The bill would make the hearings in a CARE proceeding confidential and not open to the public, thereby limiting public access to a meeting of a public body. The bill would authorize the CARE plan to be extended once, for up to one year, and would prescribe the requirements for the graduation plan. By expanding the crime of perjury and imposing additional duties on the county behavioral health agencies, this bill would impose a state-mandated local program.

Position: Oppose

SB 1416 (Eggman D) Mental health services: gravely disabled persons.

Current Text: Amended: 6/15/2022 [html](#) [pdf](#)

Last Amend: 6/15/2022

Status: 7/5/2022-Failed Deadline pursuant to Rule 61(b)(14). (Last location was A. JUD. on 6/21/2022)

Location: DEAD- Last location Assembly Judiciary Committee

Summary: The Lanterman-Petris-Short Act provides for the involuntary commitment and treatment of a person who is a danger to themselves or others or who is gravely disabled. Current law also provides for a conservator of the person or estate to be appointed for a person who is gravely disabled. Current law, for the purposes of involuntary commitment and conservatorship, defines "gravely disabled," among other things, as a condition in which a person, as a result of a mental health disorder, is unable to provide for the basic personal needs of food, clothing, or shelter. This bill would also include under the definition of "gravely disabled" a condition in which a person, as a result of a mental health disorder, is unable to provide for the basic personal needs of medical care, as specified.

Position: Oppose