



## 2021 YEAR-END LEGISLATIVE REPORT

### AB 32 **Aguiar-Curry (D): Telehealth**

**Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a) (11). Last location was HEALTH on 6/9/2021. May be acted upon January 2022.

**Summary:** 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 exempts Medi-Cal managed care plans that contract with the State Department of Health Care Services under the Medi-Cal program from these provisions, and generally exempts county organized health systems that provide services under the Medi-Cal program from Knox-Keene. This bill would delete the above-described references to contracts issued, amended, or renewed on or after January 1, 2021, would require these provisions to apply to the plan or insurer's contracted entity, as specified, and would delete the exemption for Medi-Cal managed care plans.

**Position:** SUPPORT

### AB 77 **Petrie-Norris (D): Substance Use Disorder Treatment Services**

**Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a) (2). Last location was HEALTH on 3/25/2021. May be acted upon January 2022.

**Summary:** This bill, commencing January 1, 2026, would require any substance use disorder treatment program to be licensed by the State Department of Health Care Services, except as specified. The bill would require the department, in administering these provisions, to issue licenses for a period of 2 years for substance use disorder treatment programs that meet the requirements in these provisions. The bill would require the department to issue a license to a substance use disorder program once various requirements have been met, including an onsite review. The bill would authorize the department to renew a license, as provided. The bill would prohibit providing substance use

disorder treatment services to individuals without a license.

**Position:** SUPPORT

**AB 383 Salas (D): Behavioral Health: Older Adults**

**Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a) (12). Last location was APPR. SUSPENSE FILE on 8/16/2021. May be acted upon January 2022.

**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**

**Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a) (2). Last location was HEALTH on 3/24/2021. May be acted upon January 2022.

**Summary:** Would establish the Integrated School-Based Behavioral Health Partnership Program to provide prevention and early intervention for, and access to, behavioral health services for pupils. 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 573 Carrillo (D): Youth Mental Health Boards**

**Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a) (5). Last location was APPR. SUSPENSE FILE on 4/14/2021. May be acted upon January 2022.

**Summary:** Would establish the California Youth Mental Health Board (state board) within the California Health and Human Services Agency to advise the Governor and Legislature on the challenges facing youth with mental health needs and determine opportunities for improvement. The state board would be comprised of 15 members who are between 15 and 23 years of age, appointed as specified, at least half of whom are youth mental health consumers who are receiving, or have received, mental health services, or siblings or immediate family members of mental health consumers. The bill would specify the powers and duties of the state board, including reviewing program performance in the delivery of mental health and substance use disorder services for youth.

**Position:** NO POSITION

**AB 574 Chen (R): Guardians Ad Litem: Mental Illnesses**

**Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a) (2). Last location was HEALTH on 2/18/2021. May be acted upon January 2022.

**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 person’s basic personal needs for food, clothing, or shelter. This bill would establish an additional procedure for the appointment of a guardian ad litem for a person who lacks the capacity to make rational informed decisions regarding medical care, mental health care, safety, hygiene, shelter, food, or clothing with a rational thought process due to a mental illness, defect, or deficiency.

**Position:** OPPOSE

**AB 638 Quirk-Silva (D): MHSA: Early Intervention and Prevention Programs**

**Status:** 10/6/21 Signed by the Governor. Chaptered by Secretary of State - Chapter 584, Statutes of 2021. (No governor message).

**Summary:** The Mental Health Services Act requires counties to establish a program designed to prevent mental illnesses from becoming severe and disabling and authorizes counties to use funds designated for prevention and early intervention to broaden the provision of those community-based mental health services by adding prevention and early intervention services or activities. 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. This bill would amend the MHSA by including in the prevention and early intervention services authorized to be provided, prevention and early intervention strategies that address mental health needs, substance misuse or substance use disorders, or needs relating to co-occurring mental health and substance use services. By authorizing a new use for continuously appropriated funds, this bill would make an appropriation. The bill would state the finding and declaration of the Legislature that this change is consistent with, and furthers the intent of, the MHSA.

**Position:** SUPPORT

**AB 686 Arambula (D): CA Community-Based BH Outcomes and Accountability Review**

**Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a) (2). Last location was HEALTH on 2/25/2021. May be acted upon January 2022.

**Summary:** Would require the California Health and Human Services Agency to establish, by July 1, 2022, the California Community-Based Behavioral Health Outcomes and Accountability Review (CBBH-OAR) to facilitate a local accountability system that fosters continuous quality improvement in county behavioral health programs 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 to establish a work plan by which the CBBH-OAR shall be conducted and to consult on various other components of the CBBH-OAR process.

**Position:** SUPPORT

**AB 883 O'Donnell (D): Mental Health Services Act: Local Educational Agencies**

**Status:** 9/10/21 Failed Deadline pursuant to Rule 61(a) (15). Last location was APPR on 4/28/2021. May be acted upon January 2022.

**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 continuously appropriated Mental Health Services Fund (MHSF) to fund various county mental health programs and requires counties to spend those funds as specified. Current law requires funds allocated to a county that have not been spent for their authorized purpose within 3 years, and the interest accruing on those funds, to revert to the state, except for specified purposes, including capital facilities and technological needs, which revert after 10 years. Under current law, reverted funds are reallocated to the counties, as specified. As part of the MHSA, current law requires counties to engage in specified planning activities, including creating and updating a 3-year program and expenditure plan through a stakeholder process. This bill would amend the MHSA by requiring reverted funds to be used in the county from which the funds reverted, except as specified.

**Position:** SUPPORT

**AB 940 McCarty (D): College Mental Health Services Program**

**Status:** 9/10/21 Failed Deadline pursuant to Rule 61(a) (15). Last location was APPR. SUSPENSE FILE on 4/21/2021. May be acted upon January 2022.

**Summary:** Would amend Proposition 63 by appropriating \$20,000,000 annually from the administrative account of the Mental Health Services Fund to the University of California, if the University of California chooses to accept the moneys, the California State University, and the California Community Colleges, as specified, to implement the College Mental Health Services Program. The bill would require those funds to be used for the purpose of funding programs to increase campus student mental health services and mental health-related education and training. The bill would require campuses that participate in the program to report on the use of those grant funds, as specified, and to post that information on their internet websites.

**Position:** OPPOSE

**AB 942 Wood (D): California Advancing and Innovating Medi-Cal Initiative**

**Status:** 6/4/21 Failed Deadline pursuant to Rule 61(a) (8). Last location was INACTIVE FILE on 6/1/2021. May be acted upon January 2022.

**Summary:** Current law authorizes the board of supervisors in each county to designate an entity or entities to assist county jail inmates with applying for a health insurance affordability program, as defined, consistent with federal requirements. Commencing January 1, 2023, this bill would instead require the board of supervisors, in consultation with the county sheriff, to designate an entity or entities to assist both county jail inmates and juvenile inmates with the application process. The bill would make conforming changes to provisions relating to the coordination duties of jail administrators. By creating new duties for local officials, including boards of supervisors and jail administrators, the bill would impose a state-mandated local program.

**Position:** SUPPORT

**AB 988 Bauer-Kahan (D): Mental Health: 988 Crisis Hotline**

**Status:** 9/10/21 Failed Deadline pursuant to Rule 61(a) (15). Last location was E. U., & C. on 6/24/2021. May be acted upon January 2022.

**Summary:** Current law, the Warren-911-Emergency Assistance Act, requires every local public agency, as defined, to have an emergency communication system and requires the digits "911" to be the primary emergency telephone number within the system. Current federal law, the National Suicide Hotline Designation Act, designates the 3-digit telephone number "988" as the universal number within the United States for the purpose of the

national suicide prevention and mental health crisis hotline system operating through the National Suicide Prevention Lifeline maintained by the Assistant Secretary for Mental Health and Substance Abuse and the Veterans Crisis Line maintained by the Secretary of Veterans Affairs. This bill would require 988 centers, as defined, to, by July 16, 2022, provide a person experiencing a behavioral health crisis access to a trained counselor by call and, by January 1, 2027, provide access to a trained counselor by call, text, and chat.

**Position:** WATCH

### **AB 1051 Bennett (D): Medi-Cal: Specialty Mental Health Services: Foster Youth**

**Status:** 9/10/21 Failed Deadline pursuant to Rule 61(a) (15). Last location was INACTIVE FILE on 9/1/2021. May be acted upon January 2022.

**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 1178 Irwin (D): Medi-Cal: Serious Mental Illness: Drugs**

**Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a) (5). Last location was APPR SUSPENSE FILE on 5/12/2021. May be acted upon January 2022.

**Summary:** The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, the provision of prescription drugs is a Medi-Cal benefit, subject to the list of contract drugs and utilization controls. After a determination of cost benefit, current law requires the Director of Health Care Services to modify or eliminate the requirement of prior authorization as a control for treatment, supplies, or equipment that costs less than \$100, except for prescribed drugs. This bill would delete the prior authorization requirement for any drug prescribed for the treatment of a serious mental illness, as defined, for a period of 180 days after the initial prescription has been dispensed for a person over 18 years of age who is not under the transition jurisdiction of the juvenile court.

**Position:** SUPPORT

### **AB 1331 Irwin (D): Mental Health: Statewide Director of Crisis Services**

**Status:** 10/7/21 Vetoed by the Governor.

**Governor's Message:** To the Members of the California State Assembly: I am returning Assembly Bill 1331 without my signature. This bill would require the Director of the Department of Health Care Services (DHCS) to appoint a full-time executive Statewide Director of Crisis Services to convene state and local leaders to develop and implement a cohesive statewide behavioral health crisis care delivery system. Behavioral health crisis care services are critical, including early prevention efforts. My administration has made significant investments to improve California's behavioral health system, including \$150 million to build out mobile crisis infrastructure. In addition, DHCS is investing \$20 million in California's network of emergency call centers to support the launch of a new 988 hotline, an alternative to 911, for people seeking help during a mental health crisis. The California Health and Human Services Agency and its departments will work with state and local partners and stakeholders to assess and address gaps in behavioral health crisis care services as my Administration works to implement the new behavioral health initiatives included in the budget. Given the fiscal implications of adding this position, and the additional staffing needed to support it, this proposal would be more appropriately addressed through the budget process.

**Summary:** The Lanterman-Petris-Short Act, authorizes, among other things, the involuntary commitment and treatment of persons with specified mental health disorders and the appointment of a conservator of the person, of the estate, or of both, for a person who is gravely disabled as a result of a mental health disorder. The act is administered by the Director of Health Care Services. This bill would require the director to appoint a full-time Statewide Director of Crisis Services. The bill would require the Statewide Director of Crisis Services to monitor, support, and coordinate with support providers, with the goal of having a comprehensive crisis care system, as specified, and coordinate with the Department of Managed Health Care, the Department of Insurance, and other departments, agencies, and entities, as necessary, to support and advocate for the creation and continued existence of a comprehensive, integrated, and reliable network of services.

**Position:** OPPOSE

## **AB 1340 Santiago and Friedman (D): Mental Health Services**

**Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a) (2). Last location was HEALTH on 3/25/2021. May be acted upon January 2022.

**Summary:** The Lanterman-Petris-Short Act authorizes the involuntary commitment and treatment of persons with specified mental health disorders for the protection of the persons so committed. Under the act, if a person, as a result of a mental health disorder, is a danger to others, or to themselves, or is gravely disabled, the person may, upon probable cause, be taken into custody by a peace officer, a member of the attending staff of an evaluation facility, designated members of a mobile crisis team, or another designated

professional person, and placed in a facility designated by the county and approved by the State Department of Social Services as a facility for 72-hour treatment and evaluation. This bill would expand the definition of “gravely disabled” for these purposes to also include a condition in which a person, as a result of a mental health disorder, is unable to provide for their basic personal needs for medical treatment, as defined, if the failure to receive medical treatment is either for an existing life-threatening medical condition or the person is in imminent danger of physical injury or life-threatening medical condition and there is a substantial and imminent risk, in either instance, of either death or prolonged hospitalization.

**Position:** OPPOSE

### **AB 1443 McCarty (D): Mental Health: Involuntary Treatment**

**Status:** 9/29/21 Signed by the Governor. Chaptered by Secretary of State - Chapter 399, Statutes of 2021.

**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 Social Services for up to 72 hours for evaluation and treatment. Current law authorizes specified individuals to take a person into custody pursuant to these provisions, including designated members of a mobile crisis team and professional persons designated by the county. Current law authorizes a county behavioral health director to develop procedures for the county’s designation and training of professionals who will be authorized to perform these functions. This bill would authorize a county to develop a training relating those procedures for designation. The bill would require a county behavioral health director who denies or revokes an individual’s designation to provide a written notification to the person who made the request for designation of the individual, and the individual who is the subject of the request for designation, describing the reasons for denial or revocation.

**Position:** OPPOSE

### **AB 1542 McCarty (D): County of Yolo: Secured Residential Treatment Program**

**Status:** 10/8/21 Vetoed by Governor.

**Governor’s Message:** To the Members of the California State Assembly: I am returning Assembly Bill 1542 without my signature. AB 1542 would authorize the County of Yolo to offer a pilot program that would allow individuals struggling with substance use disorders, who have been convicted of qualifying drug-motivated crimes, to be placed in a Secured Residential Treatment Program. I understand the importance of developing programs that can divert individuals away from the criminal justice system, but coerced treatment for



substance use disorder is not the answer. While this pilot would give a person the choice between incarceration and treatment, I am concerned that this is a false choice that effectively leads to forced treatment. I am especially concerned about the effects of such treatment, given that evidence has shown coerced treatment hinders participants' long-term recovery from their substance use disorder. For these reasons, I am not able to sign this legislation.

**Summary:** 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 exempts Medi-Cal managed care plans that contract with the State Department of Health Care Services under the Medi-Cal program from these provisions, and generally exempts county organized health systems that provide services under the Medi-Cal program from Knox-Keene. This bill would delete the above-described references to contracts issued, amended, or renewed on or after January 1, 2021, would require these provisions to apply to the plan or insurer's contracted entity, as specified, and would delete the exemption for Medi-Cal managed care plans.

**Position:** OPPOSE

**SB 14 Portantino (D): Pupil Health: School Employee and Pupil Training: Excused Absences: Youth Mental and Behavioral Health**

**Status:** 10/8/21 Signed by the Governor. Chaptered by Secretary of State. Chapter 672, Statutes of 2021.

**Summary:** Current law, notwithstanding the requirement that each person between 6 and 18 years of age who is not otherwise exempted is subject to compulsory full-time education, requires a pupil to be excused from school for specified types of absences, including, among others, if the absence was due to the pupil's illness. This bill would include, within the meaning of an absence due to a pupil's illness, an absence for the benefit of the pupil's mental or behavioral health.

**Position:** SUPPORT

**SB 106 Umberg and Eggman (D): Mental Health Services Act: Innovative Programs**

**Status:** 9/10/21 Failed Deadline pursuant to Rule 61(a) (15). Last location was APPR. SUSPENSE FILE on 5/17/2021. May be acted upon January 2022.

**Summary:** 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. This bill would amend the MHSA by authorizing counties, until January 1, 2025, to expend

unencumbered innovative program funds to expand a program implementing the full-service partnership model, including those that prioritize unserved or underserved populations that typically receive services through innovative programs. The bill would require, prior to expending the funds, that the county mental health program seek approval from the commission and that the county board of supervisors adopt specified findings. The bill would require that the commission approve or deny the request to use funds within 45 days of receiving it. The bill would require a county mental health program using funds pursuant to these provisions to report annually to the commission, as specified.

**Position:** OPPOSE

### **SB 221 Wiener (D): Health Care Coverage: Timely Access to Care**

**Status:** 10/8/21 Signed by the Governor. Chaptered by Secretary of State. Chapter 724, Statutes of 2021.

**Summary:** Would codify the regulations adopted by the Department of Managed Health Care and the Department of Insurance to provide timely access standards for health care service plans and insurers for nonemergency health care services. The bill would require both a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that appointments with non-physician mental health and substance use disorder providers are subject to the timely access requirements, as specified.

**Position:** SUPPORT

### **SB 293 Limon (D): Medi-Cal Specialty Mental Health Services**

**Status:** 8/27/21 Failed Deadline pursuant to Rule 61(a) (12). Last location was APPR on 7/6/2021. May be acted upon January 2022.

**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 and McGuire (D): Medi-Cal: Federally Qualified Health Centers and Rural Health Clinics**

**Status:** 9/10/21 Failed Deadline pursuant to Rule 61(a) (15). Last location was INACTIVE FILE on 9/9/2021. May be acted upon January 2022.

**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 465**

### **Eggman (D): Mental Health**

**Status:** 10/5/21 Signed by the Governor. Chaptered by Secretary of State. Chapter 544, Statutes of 2021.

**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 continuously appropriated Mental Health Services Fund to fund various county mental health programs and establishes the Mental Health Services Oversight and Accountability Commission to oversee the administration of various parts of the act. This bill would require the commission to report to specified legislative committees the outcomes for people receiving community mental health services under a full service partnership model, as specified, including any barriers to receiving the data and recommendations to strengthen California's use of full service partnerships to reduce incarceration, hospitalization, and homelessness.

**Position:** OPPOSE

## **SB 507**

### **Eggman (D): Mental Health Services: Assisted Outpatient Treatment**

**Status:** 9/30/21 Signed by the Governor. Chaptered by Secretary of State. Chapter 426,

Statutes of 2021.

**Summary:** Current law authorizes a court in a participating county to order a person who is suffering from mental illness and is the subject of a petition to obtain assisted outpatient treatment if the court makes various findings including, among others, there has been a clinical determination that the person is unlikely to survive safely in the community without supervision, the person's condition is substantially deteriorating, and, in view of the person's treatment history and current behavior, the person is in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or to others. 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, among other things, instead require that the above-described findings include clinical determination that the person is unlikely to survive safely in the community without supervision and that the person's condition is substantially deteriorating, or that assisted outpatient treatment is needed to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or to others.

**Position:** OPPOSE

### **SB 508 Stern (D): Mental Health Coverage: School-Based Services**

**Status:** 4/30/21 Failed Deadline pursuant to Rule 61(a) (2). Last location was HEALTH on 2/25/2021. May be acted upon January 2022.

**Summary:** Current law provides that specified services, including targeted case management services for children with an individual education plan or an individualized family service plan, provided by local educational agencies (LEAs), are covered Medi-Cal benefits, and authorizes an LEA to bill for those services. Current law requires the department to perform various activities with respect to the billing option for services provided by LEAs. Current law authorizes a school district to require the parent or legal guardian of a pupil to keep current at the pupil's school of attendance certain emergency information. This bill would authorize an LEA to have an appropriate mental health professional provide brief initial interventions at a school campus when necessary for all referred pupils, including pupils with a health care service plan, health insurance, or coverage through a Medi-Cal managed care plan, but not those covered by a county mental health plan.

**Position:** SUPPORT

### **SB 516 Eggman (D): Certification for Intensive Treatment: Review Hearing**

**Status:** 7/14/21 Failed Deadline pursuant to Rule 61(a) (11). Last location was HEALTH on 5/20/2021. May be acted upon January 2022.

**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 565 Jones (R): State Department of State Hospitals: Facility Expansion: Report**

**Status:** 5/25/21 Failed Deadline pursuant to Rule 61(a) (5). (Last location was APPR SUSPENSE FILE on 5/3/2021. May be acted upon January 2022.

**Summary:** Would require the State Department of State Hospitals, on or before July 1, 2022, to develop a plan to expand the capacity of its facilities to reduce wait times for a person committed to a department facility pursuant to the Lanterman-Petris-Short Act to 60 days or less. The bill would require the department, on or before July 1, 2022, to submit to the Legislature a copy of the plan and a report regarding the anticipated cost of implementing the plan. The bill would require the department, on or before January 1, 2027, to implement that plan.

**Position:** OPPOSE

**SB 578 Jones (R): Lanterman-Petris-Short Act: Hearings**

**Status:** 9/28/21 Signed by the Governor. Chaptered by Secretary of State. Chapter 389, Statutes of 2021.

**Summary:** The Lanterman-Petris-Short Act authorizes the involuntary commitment and treatment of persons with specified mental health disorders for the protection of the persons so committed, and authorizes a conservator of the person, of the estate, or of the person and the estate to be appointed for a person who is gravely disabled as a result of a mental health disorder or impairment by chronic alcoholism, and designates procedures for hearing a petition for that purpose. Existing law authorizes a party to a hearing under the act to demand that the hearing be public, and be held in a place suitable for attendance by the public. This bill would require a hearing held under the act to be presumptively closed to the public if that hearing involves the disclosure of confidential information.

**Position:** OPPOSE UNLESS AMENDED

**SB 648 Hurtado (D): Care Facilities**

**Status:** 6/4/21 Failed Deadline pursuant to Rule 61(a) (8). Last location was INACTIVE FILE on 6/3/2021. May be acted upon January 2022.

**Summary:** Current law establishes the In-Home Supportive Services (IHSS) program, administered by the State Department of Social Services and counties, under which qualified aged, blind, and disabled persons are provided with services in order to permit them to remain in their own homes. Current law states the intent of the Legislature to authorize an assessment on home care services, including IHSS. This bill would create, to the extent the Legislature makes an appropriation for these provisions, the Enriched Care Adult Residential Facility pilot program, to be administered by the department. The bill would require the department to establish guidelines for the distribution of monthly stipends to facilities that provide residential care to specific types of residents and to distribute those stipends for the pilot program.

**Position:** WATCH

**SB 749 Glazer (D): Mental Health Program Oversight: County Reporting**

**Status:** 9/10/21 Failed Deadline pursuant to Rule 61(a) (15). Last location was INACTIVE FILE on 9/8/2021. May be acted upon January 2022.

**Summary:** Current law provides for various mental and behavioral health programs that are administered by the counties. 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 Oversight and Accountability Commission to oversee the provisions of the MHSA and review the county plans for MHSA spending. Current law requires the State Department of Health Care Services, in consultation with the commission and other entities, to develop and administer instructions for the Annual Mental Health Services Act Revenue and Expenditure Report, which identifies and evaluates county mental health programs funded by the MHSA. This bill would require, to the extent the Legislature makes an appropriation for these provisions, the commission, in consultation with state and local mental health authorities, to create a comprehensive tracking program for county spending on mental and behavioral health programs and services, as specified, including funding sources, funding utilization, and outcome data at the program, service, and statewide levels.

**Position:** OPPOSE

**SB 782 Glazer (D): Assisted Outpatient Treatment Programs**

**Status:** 9/10/21 Failed Deadline pursuant to Rule 61(a) (15). Last location was RLS on 6/17/2021. May be acted upon January 2022.

**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