California Behavioral Health Planning Council

Legislation Committee Agenda

Thursday, June 17, 2021
Zoom Meeting Link:
https://us02web.zoom.us/j/83164873181?pwd=YUVxajl1cDFlZVFDS1d0N2NBVS9Hdz09
Meeting ID: 831 6487 3181 **Passcode:** CBHPCLC
Join by Phone: 1-669-900-6833 **Passcode (Phone):** 4803103
1:30 pm to 3:15 pm

1:30 pm	**Welcome and Introductions** *Tony Vartan, Chairperson*	
1:35 pm	**Approve April 2021 Meeting Minutes** *Tony Vartan, Chairperson*	**Tab 1**
1:45 pm	**Review Proposed Legislation for 2021** *Tony Vartan, Chairperson, All Members*	**Tab 2**
2:40 pm	**Break**	
3:00	**Public Comment**	
3:10 pm	**Wrap-up and Plan for Next Meeting**	
3:15 pm	**Adjourn**	

All agenda items are subject to action. The scheduled times on the agenda are estimates and subject to change.

Legislation Committee Members

Tony Vartan, Chairperson
Iris Mojica de Tatum, Chair-Elect
Gerald White
Darlene Prettyman
Veronica Kelley
Barbara Mitchell
Susan Wilson
Hector Ramirez
Daphne Shaw
Karen Baylor
Angelina Woodberry
Marina Rangel
Monica Caffey
Joanna Rodriguez
Deborah Starkey
Noel O'Neill
Catherine Moore

If reasonable accommodations are required, please contact the Council at (916) 701-8211 not less than 5 working days prior to the meeting date.

TAB 1

California Behavioral Health Planning Council
Legislation Committee
Thursday, June 17, 2021

Agenda Item: Approve April 2021 Meeting Minutes

Enclosures: April 2021 Quarterly Meeting Minutes

Background/Description:

The Legislation Committee members will review and discuss any necessary edits of the draft minutes. Then they will vote on the acceptance of the draft minutes for the April 2021 Committee meeting.

Motion: To approve the April 2021 Legislation Committee Minutes.

CBHPC **April 15, 2021**
Legislation Committee **Meeting Summary**
DRAFT

Members Present:

Tony Vartan, Chairperson	Iris Mojica de Tatum, Chair-Elect	
Catherine Moore	Noel O'Neill	Karen Baylor
Barbara Mitchell	Gerald White	Monica Caffey
Daphne Shaw	Susan Wilson	Joanna Rodriguez
Deborah Starkey	Darlene Prettyman	

CBHPC Staff present:

Jane Adcock, Executive Officer, Laura Leonelli, Jenny Bayardo

Meeting Commenced at 1:30 p.m.

Chairperson Tony Vartan welcomed everyone in attendance. Introductions were made.

Approve January and March 2021 Meeting Minutes: Tony Vartan, Chairperson

Catherine asked for a correction in the March minutes: on page 2, under SB 516, her comment that some psychiatrists oppose the bill.
Susan made a motion to approve the January and March, 2021 minutes as corrected. Iris seconded the motion. There was no objection or abstention, and the motion passed.

Review Proposed Legislation for 2021: Tony Vartan, Chairperson, All Members

AB 1178 was considered. The bill would waive medical authorization to renew a prescription for psychiatric medication up to one year after initial prescription. Barbara moved to support, and Daphne seconded the motion. There was no discussion, and no public comment. 11 votes to Support, motion passed.

AB 1331 was considered. The bill would create a position in the Department of Health Care Services for a Director of Crisis Services. Barbara asked how the position is paid for, and why is it necessary? Karen agrees, and said Stephanie Welch is already serving as the behavioral health liaison at the Health and Human Services Agency. Tony said that County Behavioral Health Directors Association (CBHDA) opposes it for all the same reasons. Barbara made a motion to oppose, and Susan seconded the motion. Barbara commented that the position seems duplicative and she would rather see funds spent on services.
Discussion: Catherine stated that it is difficult to coordinate care across organizations, we should oppose unless it is clear it will improve communication and follow up care. It would create a uniform record-keeping system and this might be a point of leverage. Karen asked isn't the coordination of care at the local level? How will this affect services

delivered locally, why would the state be involved in crisis services? Jane noted that Tyler Rinde (CBHDA) wrote in Chat that the National Alliance for Mental Illness (NAMI) and the Hospital Association are sponsors, as a response to mental health crises in emergency rooms. Catherine stated that some people move from county to county, and there needs to be uniform standards for continuity. Uma Zykofsky (PC member) commented that the position would collect and analyze data? What data? It is too vague and perhaps there is more than appears in the description. Barbara Wilson commented that there was lack of communication and coordination within the same department, and between departments in the same agency. Each county has different conditions and structures, and it is hard to do even regional planning. Will this bill address those conditions? Tony commented that data collection issues will be addressed in another bill, so how will this bill help in serving the mental health consumer? Tyler stated that the bill has been amended, it intends to oversee the crisis care system regardless of insurance status, not just in the public system. CBHDA has not revised their Oppose position since the amendment.

Public Comment: Steve Leoni has limited or no internet and can't access the bill language, he requests to have copies of all the bills mailed to him.

The motion to Oppose AB 1331 received 11 Yes votes and one No vote; the motion passed.

SB 221 was considered. The bill would ensure that health plans provide timely access to follow-up mental health and SUD services. Catherine stated that the bill is sponsored by a Kaiser employee union. Joanna agrees that it seems more difficult to get mental health services at Kaiser. Daphne reported that the Coalition for Mental health has had a presentation on this bill, SEIU is in favor. Tony commented that behavioral health has well defined standards for access; not as good as for medical appointments, but no matter the insurance coverage everyone should have prompt access.
Daphne made a motion to Support, and it was seconded by Susan and Joanna. No further discussion, no public comment.
The motion to Support received 12 Yes votes, and the motion passed.

SB 293 was considered. The bill would standardize forms for Early and Periodic Screening, Detection and Treatment (EPSDT) services across counties. Jane mentioned that the bill has been recently edited (March) moving the start date to January 2022 rather than January 2023. Daphne asked if there was an end date? Answer: Yes, forms will have to be developed by July 2023 and trainings provided. Discussion: Karen said the purpose of the bill is unclear. It takes up to 90 days to transfer Medi-Cal from one county to another, will this bill help? Jane answered that the purpose was to provide a uniform process, no wrong door. Elia from CBHDA stated that the Alliance for Children and Families and California Behavioral Health Association are sponsors, they are looking to reduce the time spent on documentation and reporting. Medicaid requires reporting by the minute, and CalAIM is intended to reduce documentation. She suggested to the authors and sponsors to wait for CalAIM and see what happens, if needed this bill can be revisited. Karen asked whether the documents

are for eligibility determination or service delivery? Elia responded that both CBHDA and the County Welfare Directors Association were included, this bill should resolve some difficulties with foster youth placements in multiple counties. She further commented that DHCS has formed a document review task force that will review these issues.

Public Comment: Janet Frank, UCLA Center for Health Policy and Research, said that CalAIM may resolve the issue, but this bill will standardize intake and treatment and simplify service delivery. Lynn Thull commented that the bill will require document standardization across multiple counties. Many community-based organizations work across multiple counties. There are minimum standards for the state and then more documents are added in each county which are all different. The point is to reduce the time and cost burden of reporting and auditing for service providers. She doesn't think CalAIM will reduce the number of documents required by counties. Steve commented that standardized documents would have to be altered for ethnic and cultural practices and that may account for some differences. Catherine commented that the committee seems to be opposed, but would be looking to CalAIM to not just streamline documents but also standardize practices.
Catherine made a motion to Watch and the bill could be reconsidered later. The Committee chose to Watch SB 293.

SB 565 was considered. The bill would require a report on the cost of expanding State Hospitals, by July 2022.
Discussion: Daphne commented that she would prefer to expand county-based Intensive Services Teams (ISTs) instead of hospitals located far away. Tony said that the challenge with ISTs in counties is that there is no funding to support housing placements. Counties don't have resources and can't get operators to take this population. Susan agrees with Daphne, there is limited or no funding for housing but it would be less expensive than a hospital placement. There is a need to create resources in the community to meet the needs. Barbara suggests to strongly Oppose, if the state needs more hospitals then they should release some prisoners to make beds available. Jane asked that if the Institute for Mental Disease (IMD) waiver was implemented couldn't people with serious mental illness get 60 days of treatment there instead of the state hospital? Tony answered that 60 days might be enough to stabilize some people but others are more complex. Daphne repeated that if there are funds for more hospitals then it should be used for more community treatment. Noel asked about the CalMHSA effort to build a non-state facility. Tony said that counties preferred regional step-down facilities. Karen asked if there are any outcome measures for the effectiveness of state hospital treatment? Then why should we invest in more hospitals? In contrast there is a lot of data about treatment at the community level.

Public Comment: Janet (UCLA) asked if the Planning Council could work with the bill's authors to address long wait times by expanding community facilities? Tony responded that we should make that recommendation. Catherine asked does that mean the position should be Oppose unless Amended? Janet said that if a plan is to be developed then we should recommend that community care be included. Daphne

recommended adding comments to the letter but not ‘either’ a hospital ‘or’ community facilities. Steve commented that if counties build more community facilities then it would free up space in the state hospitals for the more seriously ill. Barbara Wilson works with families whose loved ones are in jail because there are no forensic placements. The people are confined because they often make decisions that arenot in their best interests. How can we keep people alive and not on the streets, and will this bill help? Tony commented that the focus of treatment should be at the local level, the counties know the patients better and would keep better outcomes measures. The State needs to be more accountable for their small percentage of patients and the timeliness of treatment.
A motion was made to Oppose SB 565 by Barbara and seconded by Daphne. The motion received 12 Yes votes and was passed.

SB 578 was considered. The bill would allow LPS hearings to be private if requested. Daphne is concerned that the bill removes the requirement for a 30-day limit for involuntary treatment. She made a motion to Oppose, and it was seconded by Susan. Discussion: Catherine likes the privacy provision and asked if the Committee would support the bill if amended to include the 30-day limit? Jane suggested a motion to approve the privacy aspect if amended for the 30-day limit. A new motion was proposed to Oppose unless Amended, and Susan seconded the motion.

Public Comment: Janet (UCLA) asked if it was reasonable to expect a person being considered for involuntary treatment to be able to decide between a public and a private hearing? Catherine replied that if a patient wants it they are the only ones who can decide; a conservator has limited legal authority. Daphne also replied that a judge can inform the person but if they have a Patients’ Rights Advocate (PRA) their rights can be explained to them. The PRA would probably advise the hearing to be open. Catherine and Darlene think the patient would want a closed hearing. Tony stated that anyone who is a party to the proceeding can decide.
The amended motion to Oppose unless Amended received 11 Yes votes, and was passed.

SB 749 was considered. The bill would require the Mental Health Services Oversight and Accountability Commission (OAC) to develop county program and fiscal reporting to track outcomes. Tony added that the OAC already receives reports about the MHSA, this would expand their responsibilities to all programs regardless of funding streams. There is already a CBHDA-sponsored bill (AB 686) that seeks to establish outcome measures across systems. Jane remarked that the MHSOAC presented to the Performance and Outcomes Committee, and they already have much of this information on its dashboard. The bill might be a vehicle to provide more staff for the MHSOAC? Barbara asked how is this being paid for, and remarked that it seems duplicative and unduly extending the MHSOAC’s powers beyond their purview. Karen agreed, and made a motion to Oppose. Iris seconded the motion. No additional comments.

Public Comment: Steve said at the last MHSOAC meeting this was one of two bills discussed, and it was represented that this would be what they are already doing.

Secondly, the law makes the MHSOAC responsible to oversee the MHSA but the Commission sees itself as having oversight of the entire mental health system, in potential conflict with the Planning Council. Janet opposes the bill because the MHSOAC has not been transparent and should already be able to collect the data mentioned. Elia said the CBHDA opposes the bill because this would give the MHSOAC oversight of the Medi-Cal funded system when counties already report to DHCS. The Health and Human Services Agency should have primary oversight of performance and outcomes measures in collaboration with the MHSOAC, CBHPC, and other entities. Tony commented that there is already transparent reporting by counties and there are differences in the ways the MHSOAC and DHCS process information that can be resolved. Karen asked why the MHSOAC when other organizations, like the Planning Council and EQRO, also collect data and outcomes. The MHSA requires a stakeholder process, and there was no discussion with stakeholders about this.
The motion to Oppose SB 749 received only Yes votes, and the motion passed.

Re: SB 516. It was requested that the Legislation Committee reconsider its Oppose position. Jane explained recent amendments to the bill that clarify the definition for medical condition, but the bill still requires involuntary treatment for health reasons. CBHDA has taken a Neutral position. Tony asked for input and Elia responded that Tyler had conversations with the bill sponsors and they agreed to make requested changes.

Discussion: Daphne appreciates the amendments but still opposes based on the expanded definition of gravely disabled that allows an extended hold. She made a motion to Oppose the amended bill. Iris seconded the motion. Catherine wanted to clarify that the bill states that a person is not able to manage their needs for food, clothing, and shelter because of their mental illness and adds medical care in the case of a pre-existing condition. If the person is on hold because of their mental illness then the other conditions can also be treated. Daphne responded that she did understand the intent, but she still opposes. Tony added that the requirement to treat medical conditions may be beyond the capacity of the psychiatric care facility. Catherine responded that once someone is stabilized for their mental illness then they would not be on a hold and would be able to choose to get medical care somewhere else.

Public Comment: Steve stated that there is no way to tell if a person is refusing medical care due to their mental illness or for some other reason. It would be more effective to send an outreach worker.
The motion to Oppose the amended SB 516 received 9 Yes votes and one No vote, the motion passed.

Public Comment: No additional public comments.

Wrap Up/Next Steps
Tony thanked the Committee members for their commitment and participation, even as the meeting went over time. He commented that many perspectives are represented but the common lens is the mission to advocate.

The meeting was adjourned at 3:30 pm.

TAB 2

California Behavioral Health Planning Council
Legislation Committee
Thursday, June 17, 2021

Agenda Item: Review Proposed Legislation

Enclosures: Legislative Position Matrix (updated 4/19/21)
Listing of currently proposed legislation: AB 638, AB 883, AB 1340, AB 1443, SB 465, SB 648
Information only: AB 988, AB 1542

How This Agenda Item Relates to Council Mission
To review, evaluate and advocate for an accessible and effective behavioral health system.

The Council's 2021 Legislation Position Matrix documents the Council's effort to advocate for an effective behavioral health system and assist in educating the public, behavioral health constituency, and legislators on issues that impact individuals with Serious Mental Illness (SMI) and Serious Emotional Disturbances (SED).

Background: As of the deadline on February 19, 31 bills were already introduced by the Legislature that either impact or involve the public mental/behavioral health system. The Legislation Committee members met on March 30 and April 15 and took positions on some proposed bills. The Committee will discuss the remaining bills on the list and take a position.

Information is included on AB 988, which would establish a mental health crisis line in California. Last year the Planning Council supported federal legislation on a 988 crisis line, and while this bill does not directly impact the public mental health system it may be of interest to members. Many advocacy partners support it.

Information is also included on AB 1542, which required urgent action. The Executive Officers considered the bill and on April 21 agreed to sign on to a group letter opposing it. This bill has been passed by the Assembly Public Safety and Health Committees, as of 4/28/21.

Requested Action: Evaluate proposed bills to support or oppose.

California Behavioral Health Planning Council
2021 Legislative Positions Decided

Bill	Author	Summary	Position
AB 32	Aguiar-Curry	**AB-32 Continue telehealth appointments for behavioral health** Requires the State Department of Health Care Services to indefinitely continue the telehealth flexibilities in place during the COVID-19 pandemic state of emergency. The bill would require DHCS, by January 2022, to convene an advisory group with specified membership to provide input to the department on the development of a revised Medi-Cal telehealth policy that promotes specified principles. **As amended Feb. 12, 2021**	**Support***
AB 77	Petrie-Norris	**AB-77 Substance use disorder treatment services** Would require any substance use disorder treatment program to be licensed by the Department of Health Care Services, except as specified. The bill would require DHCS, 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, and to issue a license to a substance use disorder program once various requirements have been met, including an onsite review. DHCS may renew a license, as provided. The bill would prohibit providing substance use disorder treatment services to individuals without a license. **As amended March 25, 2021**	**Support**
AB 383	Salas	**Mental health: older adults** Would establish within the State Department of Health Care Services an Older Adult Mental Health Services Administrator to oversee mental 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 mental health services for older adults, monitoring the quality	**Support**

*Indicates positions that were determined by the Legislation Committee's Policy Platform.

Bill	Author	Summary	Position
		of programs for those adults, and guiding decision making on how to improve those services.	
[AB 552]	Quirk-Silva	**Integrated School-Based Behavioral Health Partnership Program.** 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 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.	**Support**
[AB 573]	Carrillo	**Youth Mental Health Boards.** 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.	**No Position**

*Indicates positions that were determined by the Legislation Committee's Policy Platform.

California Behavioral Health Planning Council
2021 Legislative Positions Decided

Bill	Author	Summary	Position
AB 574	Chen	**Guardians ad litem: mental illnesses.** 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.	**Oppose**
AB 686	Arambula	**California Community-Based Behavioral Health Outcomes and Accountability Review.** 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 workplan by which the CBBH-OAR shall be conducted and to consult on various other components of the CBBH-OAR process.	**Support**

*Indicates positions that were determined by the Legislation Committee’s Policy Platform.

California Behavioral Health Planning Council
2021 Legislative Positions Decided

Bill	Author	Summary	Position
AB 940	McCarty	**College Mental Health Services Program.** Would amend Proposition 63 by appropriating an unspecified amount annually from the administrative account of the Mental Health Services Fund to the Board of Regents of the University of California, the Board of Trustees of the California State University, and the Board of Governors of 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 increasing campus student mental health services and mental health-related education and training. The bill would require campuses that participate in the program to report annually on the use of those grant funds and to post that information on their internet websites.	**Oppose**
AB 942	Wood	**Specialty mental health services and substance use disorder treatment.** Under current law, for individuals 21 years of age and older, a service is "medically necessary" if it is reasonable and necessary to protect life, to prevent significant illness or significant disability, or to alleviate severe pain. Current law provides that for individuals under 21 years of age, "medically necessary" or "medical necessity" standards are governed by the definition in federal law. This bill would provide that the above-specified medical necessity standards do not preclude coverage for, and reimbursement of, a clinically appropriate and covered mental health or substance use disorder assessment, screening, or treatment service before a provider renders a diagnosis.	**Support**
AB 1051	Bennett	**Medi-Cal: specialty mental health services: foster youth.** 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	**Support**

*Indicates positions that were determined by the Legislation Committee's Policy Platform.

Bill	Author	Summary	Position
		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 group home or a short-term residential therapeutic program (STRTP) outside of their county of original jurisdiction, as specified.	
AB 1178	Irwin	**Medi-Cal: serious mental illness: drugs.** 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 365 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.	**Support**
AB 1331	Irwin	**Mental health: Statewide Director of Crisis Services.** 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, who would be responsible for various tasks relating to behavioral health crisis care in the state including, among other things, coordinating behavioral health	**Oppose**

*Indicates positions that were determined by the Legislation Committee's Policy Platform.

Bill	Author	Summary	Position
		programs and services statewide to ensure continuity of services and access points and to enhance cross-agency information exchange and resource sharing.	
SB 14	Portantino	**SB 14 Youth mental and behavioral health** This bill will ensure that youth absences from school for a mental health issue or appointment will be considered an excused absence in the same fashion absences for physical health ailments or appointments are treated. The bill would require the California Department of Education to identify an evidence-based training program for a local educational agency to use to train classified and certificated school employees having direct contact with pupils in youth mental and behavioral health. The bill would also provide 10th, 11th and 12th graders the opportunity to be trained to recognize the signs and symptoms of a behavioral health issue in their peers.	**Support**
SB 106	Umberg	**Mental Health Services Act: innovative programs.** 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 to expend funds for their innovative programs without approval by the commission if the program is establishing or expanding a program implementing the full-service partnership model, as defined.	**Oppose**

*Indicates positions that were determined by the Legislation Committee’s Policy Platform.

Bill	Author	Summary	Position
SB 221	Weiner	**Health care coverage: timely access to care.** Current regulations require a health care service plan or an insurer to ensure that their contracted provider networks have adequate capacity and availability of licensed health care providers to offer enrollees and insureds appointments that meet specified timeframes. Current regulations require a health care service plan or an insurer to ensure that for an enrollee requesting a nonurgent appointment with a nonphysician mental health care provider, or an insured requesting a nonurgent appointment with a nonphysician mental health care or substance use disorder provider, appointments are offered within 10 business days of the request for an appointment. Current regulations also authorize appointments for preventive care services and periodic followup care, including periodic office visits to monitor and treat mental health or substance use disorder conditions, as specified, to be scheduled in advance consistent with professionally recognized standards of practice as determined by the treating licensed health care provider acting within the provider's scope of practice. These regulations of the Department of Managed Care are limited in application to mental health care providers, while those regulations of the Department of Insurance are applicable to both mental health care and substance use disorder providers. This bill 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.	**Support**
SB 293	Limon	**Medi-Cal specialty mental health services.** 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	**Watch**

*Indicates positions that were determined by the Legislation Committee's Policy Platform.

Bill	Author	Summary	Position
		Screening, Diagnostic, and Treatment services for an individual under 21 years of age. This bill would require, on or before January 1, 2023, the department, in consultation with specified groups, including representatives from the County Welfare Directors Association of California, to identify all forms currently used by each county mental health plan contractor for purposes of determining eligibility and reimbursement for specialty mental health services provided under the Early and Periodic Screening, Diagnostic, and Treatment Program, and to develop standard forms for the intake of, assessment of, and the treatment planning for, Medi-Cal beneficiaries who are eligible for those services to be used by all counties.	
SB 316	Eggman	**Medi-Cal: federally qualified health centers and rural health clinics.** 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	**Support**

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Bill	Author	Summary	Position
		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.	
SB 507	Eggman	**Mental health services: assisted outpatient treatment.** **Summary:** The Assisted Outpatient Treatment Demonstration Project Act of 2002, known as Laura's 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. Existing law requires the petition to be accompanied by an affidavit of a licensed mental health treatment provider. This bill would, among other things, instead require that the above-described findings include either 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	**Oppose**
SB 508	Stern	**Mental health coverage: school-based services.** 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	**Support**

*Indicates positions that were determined by the Legislation Committee's Policy Platform.

Bill	Author	Summary	Position
		by local educational agencies (LEAs), are covered Medi-Cal benefits, and authorizes an LEA to bill for those services. Existing 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.	
SB 516	Eggman	**Certification for intensive treatment: review hearing.** Current law authorizes a court to order the evaluation of a person who is alleged to be a danger to self or others as a result of a mental disorder, or the evaluation of a criminal defendant who appears to be a danger to self or others, or to be gravely disabled, as a result of chronic alcoholism or the use of narcotics or restricted dangerous drugs. Current law requires the hearing to be conducted by either a court-appointed commissioner or a referee, or a certification review hearing officer. Current law authorizes the 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 presented in support of the certification decision to include information on the person's medical condition and	**Oppose**

*Indicates positions that were determined by the Legislation Committee's Policy Platform.

Bill	Author	Summary	Position
		how that condition bears on certifying the person as a danger to themselves or to others or as gravely disabled. The bill would require the hearing officer to consider the information in the determination of probable cause. **As amended April 8, 2021**	
SB 565	Jones	**State Department of State Hospitals: facility expansion: report.** 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.	**Oppose**
SB 578	Jones	**Lanterman-Petris-Short Act: hearings.** 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, but would authorize the individual who is the subject of the proceeding to demand that the hearing be public, and be held in a place suitable for attendance by the public.	**Oppose Unless Amended**

*Indicates positions that were determined by the Legislation Committee’s Policy Platform.

Bill	Author	Summary	Position
SB 749	Glazer	**Mental health program oversight: county reporting.** Would require the Mental Health Services Oversight and Accountability 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. The bill would require the counties to report specified data for the preceding fiscal year to the commission on or before July 31 of each year. The bill would also require the commission to report the results of the county reporting to the Governor's office and the Legislature on or before September 1 of each year, and to publish that information on its internet website in a location accessible to the public.	**Oppose**
SB 782	Glazer	**Assisted outpatient treatment programs.** 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	**Oppose**

*Indicates positions that were determined by the Legislation Committee's Policy Platform.

Bill	Author	Summary	Position
		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.	

*Indicates positions that were determined by the Legislation Committee's Policy Platform.

Legislation Committee

Positions Pending: June 2021

AB 638 (**Quirk-Silva** D) **Mental Health Services Act: early intervention and prevention programs.**
Current Text: Amended: 3/26/2021 html pdf
Introduced: 2/12/2021
Last Amend: 3/26/2021
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.

AB 883 (**O'Donnell** D) **Mental Health Services Act: local educational agencies.**
Current Text: Amended: 4/8/2021 html pdf
Introduced: 2/17/2021
Last Amend: 4/8/2021
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 (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.

AB 988 (**Bauer-Kahan** D) **Mental health: mobile crisis support teams: 988 crisis hotline.**

Current Text: Introduced: 2/18/2021 html pdf
Introduced: 2/18/2021
Summary: Would establish the 988 Crisis Hotline Center, using the digits "988" in compliance with existing federal law and standards governing the National Suicide Prevention Lifeline. The bill would require the Office of Emergency Services to take specified actions to implement the hotline system, including hiring a director with specified experience and designating a 988 crisis hotline center or centers to provide crisis intervention services and crisis care coordination to individuals accessing the 988.

AB 1340 (**Santiago** D) **Mental health services.**
Current Text: Amended: 3/25/2021 html pdf
Introduced: 2/19/2021
Last Amend: 3/25/2021
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. 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.

AB 1443 (**McCarty** D) **Mental health: involuntary treatment.**
Current Text: Amended: 3/18/2021 html pdf
Introduced: 2/19/2021
Last Amend: 3/18/2021
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. This bill would require a county to develop a training relating to taking, or causing to be taken, a person into custody pursuant to those provisions and would require a county to develop a written policy regarding designating members of a mobile crisis team and designating professional persons to take, or cause to be taken, a person into custody pursuant to those provisions. The bill would require the policy to

contain specified components, including, among others, the process to receive that designation.

AB 1542 (**McCarty** D) **County of Yolo: Secured Residential Treatment Program.**
Current Text: Amended: 4/29/2021 html pdf
Introduced: 2/19/2021
Last Amend: 4/29/2021
Summary: Would, until January 1, 2025, authorize the County of Yolo to offer a pilot program, known as the Secured Residential Treatment Program, for individuals suffering from substance use disorders (SUDs) who have been convicted of qualifying drug-motivated felony crimes, as specified. The bill would require the program to meet certain conditions relating to, among other things, a risk, needs, and psychological assessment, a comprehensive curriculum, a determination by a judge of the length of treatment, data collection, and reporting to the Department of Corrections and Rehabilitation, the State Department of Health Care Services, and the Legislature.

SB 465 (**Eggman** D) **Mental health.**
Current Text: Amended: 4/26/2021 html pdf
Introduced: 2/16/2021
Last Amend: 4/26/2021
Calendar: 5/10/2021 9 a.m. - John L. Burton Hearing Room (4203) SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary: Current law defines 'seriously emotionally disturbed children and adolescents' for the above purposes to include minors under 18 years of age who have a mental disorder, other than a primary substance use disorder or developmental disorder, that results in behavior inappropriate to the child's age according to expected developmental norms and who meets one or more of the prescribed criteria. One of those criteria is that, as a result of the mental disorder, the child has substantial impairment in at least 2 specified areas and is either at risk of removal from the home or has been removed from the home or the mental disorder has been present for more than 6 months or is likely to continue for more than a year without treatment. This bill, instead, would make substantial impairment in 2 of the required areas or being at risk of removal from the home or having been removed from the home separate criteria for determining serious emotional disturbance. The bill would prohibit removal from the home, or risk of removal from the home, from being used as the sole determinant of a child being seriously emotionally disturbed. This bill would make an appropriation by expanding the target population for which continuously appropriated Mental Health Services Act (MHSA) moneys may be spent.

SB 648 (**Hurtado** D) **Care facilities.**
Current Text: Amended: 4/14/2021 html pdf
Introduced: 2/19/2021

Last Amend: 4/14/2021
Calendar: 5/10/2021 9 a.m. - John L. Burton Hearing Room
(4203) SENATE APPROPRIATIONS, PORTANTINO, Chair

Summary: Would provide that an adult residential facility or a residential care facility for the elderly may receive Enriched Care Adult Residential Facility pilot program payments, as specified. The bill would provide for the termination of the pilot program on June 30, 2026, as specified. The bill would, among other things, require the county to distribute a stipend of $1,000 per resident, per month, to be used for auxiliary services, as defined, when it determines that the facility meets specified criteria. The bill would require facilities that receive the stipend to report to the county specified information, including the description of the auxiliary services provided. Defines “auxiliary services” to mean services that include, but are not limited to, enriched case management, clinical consultation, enhanced assistance with activities of daily living, transportation services, mental health therapy, and planned activities.