

California Behavioral Health Planning Council Legislation Committee Agenda

Wednesday, April 20, 2022

1:30 pm to 5:00 pm

Sonesta Silicon Valley

1820 Barber Lane, Milpitas, CA 95035

Cypress I Room

1:30 pm	Welcome and Introductions <i>Tony Vartan, Chairperson</i>	
1:35 pm	Approve January 2021 Meeting Minutes <i>Veronica Kelly, Chair-Elect</i>	Tab 1
1:40 pm	Mental Health America of California Legislative Update <i>Karen Vicari, Interim Director of Public Policy, MHAC</i>	Tab 2
2:10pm	Public Comment	
2:45 pm	CA Assoc. of Alcohol and Drug Program Executives Legislative Update <i>Tyler Rinde, Executive Director, CAADPE</i>	Tab 3
3:15 pm	Break	
3:30 pm	Geriatric Behavioral Health Leadership Position Budget Request <i>Janet Frank, Faculty Associate, UCLA</i>	Tab 4
3:45 pm	Consent Agenda <i>Naomi Ramirez, CBHPC Legislative Coordinator and All Members</i>	Tab 5
3:50 pm	Legislation Committee Position List Review <i>Naomi Ramirez, CBHPC Legislative Coordinator and All Members</i>	Tab 6
4:45 pm	Next Steps <i>Tony Vartan, Chairperson and All Members</i>	Tab 7
4:55 pm	Public Comment	
5:00 pm	Adjourn	

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

Legislation Committee Members

Tony Vartan, Chairperson	Veronica Kelley, Chair-Elect		
Barbara Mitchell	Daphne Shaw	Marina Rangel	Karen Baylor
Deborah Starkey	Darlene Prettyman	Susan Wilson	Monica Caffey
Noel O'Neill	Hector Ramirez	Angelina Woodberry	Joanna Rodriguez
Uma Zykofsky	Catherine Moore	Steve Leoni	

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

**California Behavioral Health Planning Council
Legislation Committee**
Wednesday, April 20, 2022

Agenda Item: Approve January 2022 Meeting Minutes

Enclosures: January 2022 Meeting Minutes

Background/Description:

The Committee members are to discuss any necessary edits and vote on the acceptance of the draft minutes presented for the January 2022 meeting.

Motion: Accept and approve the January 2022 Legislation Committee Minutes.

Members Present:

Veronica Kelley, Chair-Elect

Catherine Moore

Deborah Starkey

Uma Zykofsky

Daphne Shaw

Noel O'Neill

Hector Ramirez

Susan Wilson

Angelina Woodberry

Karen Baylor

Barbara Mitchell

Marina Rangel

Monica Caffey

Meeting Commenced at 1:30 p.m.

Item #1

Approve October 2021 Meeting Minutes

A motion to approve the October 2021 minutes with no amendments or edits was made by Angelina Woodberry, and seconded by Susan Wilson. The motion passed with Veronica Kelley and Uma Zykofsky abstaining.

Action/Resolution:

Naomi Ramirez will facilitate the posting of the minutes to the committee webpage.

Responsible for Action/Due Date:

Naomi Ramirez: March 2022

Item #2

**CBHDA Legislative Priorities for 2022 and Governor's
2022-23 Budget Proposal Highlights**

Elia Gallardo, ESQ Director of Governmental Affairs, of County Behavioral Health Director's Association (CBHDA) provided an update on high priority bills their organization is tracking and are also of interest to the Legislation Committee. Some of the bills include: AB 552 Integrated School-Based Behavioral Health Partnership Program which CBHDA is co-sponsoring with the California Alliance and other school based bills; AB 666 Substance Use Disorder Workforce Development for which CBHDA asked for the Council's support; AB 686 California Community Based Behavioral Health Outcomes and Accountability Review; AB 988 Mental Health: 988 Crisis Hotline; SB 516 Certification for Intensive Treatment; SB 872 Assisted Outpatient Treatment Programs and lastly, SB 749 Mental Health Program Oversight: County Reporting which would direct the Mental Health Services Oversight and Accountability Commission (MHSOAC) to collect reports on programs and spending from counties and develop outcome data. Elia reported that the Department of Health Care Services (DHCS)

provided an opposition letter stating they did not feel the MHSOAC is the appropriate entity for this effort and that there is no funding associated with the bill.

Amer Rashid of CBHDA also provided a high level overview of the Governor's proposed budget. The Governor's budget continues to be focused on addressing the state's homeless crisis head on. He also reported that much of the Governor's proposed budget includes an expansion of funding for universal coverage of Medi-Cal eligible Californians including mental health and substance use disorder services. Amer discussed an investment of \$1.5 billion to DHCS for a one time investment in housing i.e.: tiny homes and transitional housing and associated services for individuals experiencing homelessness with behavioral health needs or at risk for homelessness. Amer highlighted that the January 2022 budget narrative includes proposals to address unmet behavioral health needs as a driver of homelessness and justice involvement.

Robb Layne from California Council on Community Behavioral Health Agencies (CBHA) also provided an update on priority pieces of legislation. Robb asked for the Council's support on AB 686 California Community Based Behavioral Health Outcomes and Accountability Review; AB 666 Substance Use Disorder Workforce Development (which would require DHCS to develop a Substance Use Disorder Workforce needs report) and SB 387 Pupil health: school employee and pupil training: youth mental and behavioral health. Robb elaborated on SB 387 and the requirement of 75% of teachers and the school staff to be educated on behavioral health emergency to refer students to services.

Barbara Mitchell inquired on the how SB 387 will pay for the training. Robb reported they are working with the California Teachers Association (CTA), who has not taken an official position. They are suggesting funding through state general funds, not a school-based budget. Robb shared the bill is currently in assembly appropriations.

Uma Zykofsky made a motion to support SB 387 with amendments: that community affirming practices, not just evidence-based practices be included. Catherine Moore seconded. Motion passed with Barbara Mitchell abstaining.

Uma Zykofsky made a motion to support AB 666. Susan Wilson seconded. Motion passed with no abstentions.

Public Comment:

Hannah Bichkoff, Policy Director at Cal Voices addressed the concerns of the telecom opposition to AB 988 and the Council's thoughts on how to move forward to be sure this bill gets through the legislature.

Item #3 Overview of the Lanterman-Petris-Short (LPS) Act
Joint Informational Hearing

Veronica Kelley, one of the panelists at the LPS hearing, provided the committee an overview of the hearing. Veronica shared that the panelists presented to a combination of committees including Senator Susan Talamantes Eggman, Chairperson of the Senate Health and Human Services Committee and Assembly Member Jim Wood, Chairperson of the Assembly Health Committee. She reported that there was attention brought forth about DHCS, and the perceived inability to have accountability with conservatorships. Veronica reported that she was able to highlight at the hearing that the current system is not crafted well and is not necessarily a matter of inability, rather lack of resources. She shared that Senator Eggman expressed the possibility of dissolving DHCS oversight behavioral health role and developing a pilot and build infrastructure from the ground up. Veronica discussed how treatment is still being funded via 1991 Realignment and that there is no funding for Public Guardianship. She emphasized the need for resources in addition to funding. Veronica shared her appreciation for a panelist's sentiment that the LPS Act was "designed to protect rights not take them away" and how this can be used to further advocate for LPS reform.

Daphne Shaw suggested that at the Council's April meeting if Senator Eggman is unavailable to invite the Legislation Director from her office to speak to the committee and learn about her intentions for legislation proposal.

Public Comment:

Hannah Bichkoff, Policy Director at Cal Voices expressed how the Council's involvement will be a critical force in what happens next for LPS reform. Hannah suggested the Council can address and influence the disparities of who is put on holds and the insufficient outcomes data that do not clarify what's working and not working. She also pointed out two bills: SB 516 and AB 1340 where the committee can make recommendations citing the authors are open to amendments and hearing from the public.

Barbara Wilson expressed her concern that no licensed board and care operators were present at the hearing and reiterated the importance of addressing this piece in the issues around LPS. Barbara emphasized that the issue can't wait for research, stakeholder groups, etc. to develop legislation due to rapid closures of facilities.

Item #4 Review CBHPC Legislative Positions

Naomi Ramirez provided an update on the bills the Council took positions on in 2021 totaling 33, and their status in the legislative process. A complete list of the bills the Council took positions on can be found on the CBHPC website.

Veronica Kelley suggested sending out information on legislation as staff receives it rather than in the quarterly meeting packets. Veronica also encouraged committee members to bring forward bills they feel are relevant to Council's work.

Staff will send out a survey to determine the Legislation Committee Member's availability for the committee to hold an in-between meeting in early March 2022. The purpose of the meeting would be for the committee to act on any priority bills as they move the legislature.

Public Comment:

None.

Meeting Adjourned at 4:00 p.m.

**California Behavioral Health Planning Council
Legislation Committee**
Wednesday, April 20, 2022

Agenda Item: Mental Health America of California Legislative Update

Enclosures: [SB 970 Fact Sheet](#)

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

This presentation is intended to inform the committee on Mental Health America of California's (MHAC) priority legislation and to identifying areas where the Council can work with MHAC to advocate for Californians with serious mental illness and promote a system of services that are accountable, accessible and responsive.

Background/Description:

Karen Vicari, MHAC's Interim Director of Public Policy, is invited to discuss their position on SB 970 and their other legislative priorities this session. This presentation is intended to provide the committee with an opportunity to identify areas to collaborate on advocacy.

**California Behavioral Health Planning Council
Legislation Committee**
Wednesday, April 20, 2022

Agenda Item: CAADPE Legislative Update

Enclosures: None

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

This presentation is intended to inform the committee of the CA Association of Alcohol and Drug Program Executives' (CAADPE) priority legislation and to identifying areas where the Council can work with CAADPE to advocate for Californians with serious mental illness and promote a system of services that are accountable, accessible and responsive.

Background/Description:

Last year the Council strongly opposed AB 1542, which has been reintroduced this year as AB 1928. Tyler Rinde, Executive Director of CAADPE, is invited to provide an update on AB 1928 and discuss their other legislative priorities this session. This presentation is intended to provide the committee with an opportunity to identify areas to collaborate on advocacy.

**California Behavioral Health Planning Council
Legislation Committee**
Wednesday, April 20, 2022

Agenda Item: Geriatric Behavioral Health Leadership Position Budget Request

Enclosures: None

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

This presentation is intended to inform the committee of the current efforts to establish behavioral health leadership positions to focus on behavioral health needs of older adults within the Department of Health Care Services.

Background/Description:

The Council has long advocated for adequate behavioral health services for older adults. In the first year of this legislative session the Council supported AB 383 (Salas), which would establish an Older Adult Behavioral Health Administrator within the Department of Health Care Services, however, this bill did not make it out of the Appropriations Committee to meet deadlines and keep moving. Janet Frank, UCLA Faculty Associate, will provide an update on the current efforts and discuss how the Council can assist with advocacy.

California Behavioral Health Planning Council
Legislation Committee
Wednesday, April 20, 2022

Agenda Item: Consent Agenda

Enclosures: CBHPC Consent Agenda

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

The Consent Agenda is utilized to maximize 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/Description:

To expedite meetings and reserve time for bills that need to be discussed, the Legislation Committee utilizes a "Consent Agenda."

Items on the Consent Agenda will be non-controversial items that do not appear to require much, if any, discussion. The Consent Agenda allows the Legislation Committee to group such bills together under one heading and vote on them at one time. The bill number included in the Consent Agenda is a direct link to the full bill. Members are encouraged to review the bills and any fact sheets sent out prior to the meeting.

If a member feels discussion is needed on any of the bills listed on the Consent Agenda, he/she may request removal of that bill from the Consent Agenda for separate discussion. Removal enables the bill to be considered and voted upon separately, if discussion is needed. The committee can also remove a bill if they decide it doesn't fall within the determined areas of priority and they will not be taking a position. Additionally, members may change the motion if they choose to oppose bills, rather than support all listed bills.

Motion: To oppose AB 2020.



Consent Agenda

April 2022

AB 2020 (Gallagher R) Mental health services: gravely disabled.

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

Location: 2/24/2022- Re-referred to Assembly Health Committee-3/14/22

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, if a county elects to use this meaning and subject to an appropriation of funds for these purposes, expand the definition of “gravely disabled” for these purposes to mean a condition in which a person, as a result of a mental health disorder, is incapable of making informed decisions about, or providing for, their own basic personal needs for food, clothing, shelter, or medical care without significant supervision and assistance from another person and, as a result of being incapable of making these informed decisions, the person is at risk of substantial bodily harm, dangerous worsening of a concomitant serious physical illness, significant psychiatric deterioration, or mismanagement of essential needs that could result in bodily harm.

**California Behavioral Health Planning Council
Legislation Committee**

Wednesday, April 20, 2022

Agenda Item: Legislation Committee Position List Review

Enclosures: CBHPC Legislative Positions- April 2022

CBHPC Legislative Positions-Pending

[Care Court Fact Sheet](#)

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

The CBHPC *Legislative Positions* list 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/Description:

The CBHPC *Legislative Positions* list has been updated to reflect the positions the Council has already taken and status as of April 1, 2022. Current information for all listed legislation can be access by clicking on the bill numbers listed within the document.

Naomi Ramirez, CBHPC Legislative Coordinator, will facilitate a discussion of the bills on the *Legislative Positions-Pending* list included in the packet. The bill number in this list is also a direct link to the full bill. Members are encouraged to review the bills and any fact sheets sent out prior to the meeting in an effort to address as many bills as possible.



Legislative Positions

April 2022

[AB 32](#)

([Aguiar-Curry D](#)) Telehealth.

Current Text: Amended: 5/24/2021 [html](#) [pdf](#)

Location: Senate Health Committee

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 383](#)

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

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

Location: Senate Appropriations Committee

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: 1/27/2022 [html](#) [pdf](#)

Location: Senate Rules Committee

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. This bill would authorize the Integrated School-Based Behavioral Health Partnership Program, which the bill would establish, to provide prevention and early intervention for, and access to, behavioral health services for pupils.

Position: Support

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

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

Location: Signed by Governor 3/9/2022. 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 988 (**Bauer-Kahan D**) **Mental health: 988 crisis hotline.**

Current Text: Amended: 6/22/2021 [html](#) [pdf](#)

Status: Senate Governmental Organization Committee

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.**

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

Location: Ordered to Third Reading in Senate

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

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

Location: 3/29/2022 passed out of committee and referred to Assembly Appropriations

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: Introduced: 2/15/2022 [html](#) [pdf](#)

Location: Re-referred to Assembly Appropriations Committee- 3/23/2022.

Summary: The Children's Civil Commitment and Mental Health Treatment Act of 1988 authorizes a minor, if they are a danger to self or others, or they are gravely disabled, as a result of a mental health disorder, and authorization for voluntary treatment is not available, upon probable cause, to be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services as a facility for 72-hour treatment and evaluation of minors. 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.

Position: Support

SB 293

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

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

Location: Assembly 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](#)

Location: Assembly Appropriations Committee

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: 1/3/2022 [html](#) [pdf](#)

Location: 1/24/2022-Ordered to the Assembly

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 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 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.

Position: Support if Amended

SB 516 **(Eggman D) Certification for intensive treatment: review hearing.**

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

Location: Assembly Health Committee

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](#)

Location: Assembly Rules Committee

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



Legislative Positions-Pending

April 2022

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

Current Text: Amended: 3/14/2022 [html](#) [pdf](#)

Location: Ordered to third reading-3/29/2022.

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 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. 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.

AB 2242 (Santiago D) Mental health services.

Current Text: Amended: 3/24/2022 [html](#) [pdf](#)

Location: Re-referred to Assembly Health Committee-3/28/2022.

Summary: The Lanterman-Petris-Short Act (the 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. The act also authorizes a conservator of the person, of the estate, or of both, to be appointed for a person who is gravely disabled as a result of a mental health disorder. This bill, on or before July 1, 2023, would require the State Department of State Hospitals to create a model discharge plan for counties and hospitals to follow when

discharging those held under temporary holds or a conservatorship. The bill would require county mental health departments to collaborate with facilities and hospitals to develop, implement, and adhere to an adequate discharge plan that ensures continuity of services and care in the community for all individuals exiting holds or a conservatorship and to implement that plan across the entire network of acute and subacute facilities on or before February 1, 2024. This bill contains other related provisions and other existing laws.

AB 2281 (Lackey R) Mental Health Preschool Services Act.

Current Text: Introduced: 2/16/2022 [html](#) [pdf](#)

Location: Referred to Assembly Health Committee-3/3/2022.

Summary: Would, contingent upon an appropriation in the Budget Act, establish the Mental Health Preschool Services Act, administered in a similar manner by the commission, to award grants to fund partnerships between qualified applicants and preschool and daycare programs for children from birth to 5 years of age, inclusive, to provide mental health services to those children, as specified.

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

Current Text: Amended: 3/24/2022 [html](#) [pdf](#)

Location: Re-referred to Assembly Judiciary Committee- 3/28/2022.

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. Existing law requires a person admitted to a facility for 72-hour treatment and evaluation under the act to receive an evaluation as soon as possible after admission and to receive whatever treatment and care their condition requires for the period that the person is held. This bill would state the intent of the Legislature to develop a framework for a Community Assistance, Recovery, and Empowerment (CARE) court to deliver mental health and substance use disorder services to the most severely impaired Californians. This bill would require the California Health and Human Services Agency to develop a plan, by July 1, 2023, that includes, among other things, a referral process for individuals with specified mental disorders who lack decisionmaking capacity and a process for a civil court to order a clinical evaluation for an individual referred to the CARE Court.

AB 2853 (Lackey R) Mental health: involuntary holds.

Current Text: Introduced: 2/18/2022 [html](#) [pdf](#)

Location: Referred to to Assembly Health and Judiciary Committees-3/17/2022.

Summary: Would require the State Department of Health Care Services to establish guidelines for the application of the Lanterman-Petris-Short Act to ensure that it is uniformly applied by counties, including, at a minimum, an explanation of how to determine if a person meets the definition of gravely disabled and if a person is a danger to themselves or

others. The bill would also require the department to establish a maximum period of time for which a person may be detained for an evaluation to determine if the person should be taken into custody for a 72-hour involuntary commitment.

SB 970 (Eggman D) **Mental Health Services Act.**

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

Location: Re-referred to Senate Health Committee-3/10/22.

Summary: The the Mental Health Services Act (MHSA) requires a certain percentage of funds in the Mental Health Services Fund (MHSF) to be used by the counties for specified purposes, including requiring 20% of all unexpended and unreserved funds on deposit in the MHSF each month to be distributed to the counties and used for prevention and early intervention programs and requiring 5% of the total funding for each county mental health program for children’s mental health care, adult and older adult mental health care, and prevention and early intervention to be utilized for innovative programs, as specified. This bill would amend the MHSA by eliminating those percentage funding requirements commencing with the 2024–25 fiscal year. By changing the purposes for which the funds in the MHSF may be used, the bill would make an appropriation.

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

Current Text: Introduced: 2/16/2022 [html](#) [pdf](#)

Location: Re-referred to Senate Appropriations Committee-3/30/2022.

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.

SB 1238 (Eggman D) **Behavioral health services: existing and projected needs.**

Current Text: Introduced: 2/17/2022 [html](#) [pdf](#)

Location: Refereed to Senate Health Committee- 3/2/2022.

Summary: This bill would require the State Department of Health Care Services, in consultation with each council of governments, to determine the existing and projected need for behavioral health services for each region in a specified manner and would require, as part of that process, councils of governments to provide the department-specified data. The bill would authorize a council of governments, within 30

days following notice of the determination from the department, to file with the department an objection to the department's determination of the region's existing and projected behavioral health need. The bill would require the department to make a final written determination of the region's existing and projected behavioral needs within 45 days of receiving an object. By adding to the duties of councils of governments, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

SB 1283 (Bates R) Mental Health Services Act.

Current Text: Amended: 3/16/2022 [html](#) [pdf](#)

Location: Referred to Senate Health Committee-3/23/2022.

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 to fund various county mental health programs and requires counties to spend those funds on mental health services, as specified. Current law authorizes counties to establish a prudent reserve for their Local Mental Health Services Fund, not to exceed 33% of the average community services and support revenue received for the preceding 5 years. This bill, instead, would limit the counties' prudent reserve to 30% of the average community services and support revenue received for the preceding 5 years.

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

Current Text: Introduced: 2/18/2022 [html](#) [pdf](#)

Location: Senate Health Committee hearing set for 4/20/2022.

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, among other things, intending to place their projects in any recently closed hospitals or skilled nursing facilities, as specified.

SB 1303 (Jones R) Conservatorships: serious mental illness and substance use disorders: counties.

Current Text: Introduced: 2/18/2022 [html](#) [pdf](#)

Location: Referred to Senate Judiciary and Public Safety Committees-3/2/2022.

Summary: Current law establishes a procedure for the appointment of a conservator for a person who is determined to be gravely disabled as a result of a mental health disorder or an impairment by chronic alcoholism, as specified, pursuant to a petition to the superior court by an officer conducting an investigation and concurring with a recommendation of

conservatorship. Current law also establishes a procedure for the appointment of other types of conservatorship or a guardianship as ordered by the probate court. This bill would authorize any county or city and county to adopt these conservatorship provisions within their jurisdictions. This bill contains other existing laws.

SB 1338

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

Current Text: Amended: 3/16/2022 [html](#) [pdf](#)

Location: Referred to Senate Judiciary Committee- 3/23/2022.

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. Current law defines "assisted outpatient treatment" to mean categories of outpatient services that have been ordered by a court, as prescribed. This bill would establish the Community Assistance, Recovery, and Empowerment (CARE) Court Program to connect a person struggling with untreated mental illness and substance use disorders with a court-ordered CARE plan. The bill would authorize a court to order an adult person who is suffering from a mental illness and a substance use disorder and who lacks medical decisionmaking capacity to obtain treatment and services under a CARE plan that is managed by a CARE team, as specified.

**California Behavioral Health Planning Council
Legislation Committee**
Wednesday, April 20, 2022

Agenda Item: Next Steps

Enclosures: None

Background/Description:

In the process of finalizing the Legislation Committee's Charter, the Committee Members decided to have standing meetings in-between the Council's Quarterly meetings, to discuss pending legislation, as needed. The standing meeting time is currently the 3rd Thursday of the month at 2:00 pm.

We understand there have been several changes since the standing time was selected, including changes in the Committee's membership. This agenda item is intended to provide an opportunity for the current Legislation Committee Members to decide if that standing meeting time fits their availability. In an effort to ensure we are prepared to discuss a new time if we find the current time will no longer work, please take note of a few days of the month/times you are available to meet prior to the meeting.

It is necessary for the majority of the Committee Members to participate in the in-between meetings for the Council to take any positions at those meetings.