

**California Behavioral Health Planning Council  
Legislation Committee Agenda**

Wednesday, January 19, 2022

1:30 pm to 5:00 pm

**Zoom Meeting Link:**

<https://us02web.zoom.us/j/85284366307?pwd=R3k3MINNL1FpYVJjWWWhWaxEwMU16QT09>

**Join by Phone:** (669) 900-6833

**Meeting ID:** 852 8436 6307      **Passcode:** 111754

- |                |   |              |
|----------------|---|--------------|
| <b>1:30 pm</b> | <b>Welcome and Introductions</b><br><i>Tony Vartan, Chairperson</i>   |              |
| <b>1:35 pm</b> | <b>Approve October 2021 Meeting Minutes</b><br><i>Veronica Kelly, Chair-Elect</i>   | <b>Tab 1</b> |
| <b>1:40 pm</b> | <b>CBHDA Legislative Priorities for 2022 and Governor's Proposed 2022-23 Budget Highlights</b><br><i>Elia Gallardo, ESQ. Director of Governmental Affairs, CBHDA</i><br><i>Gail Gronert, Director of Strategic Initiatives, CBHDA</i> | <b>Tab 2</b> |
| <b>2:30 pm</b> | <b>Public Comment</b>   |              |
| <b>2:35 pm</b> | <b>Overview of The Lanterman-Petris-Short Act Joint Informational Hearing</b><br><i>Veronica Kelly, Chair-Elect</i>   | <b>Tab 3</b> |
| <b>3:05 pm</b> | <b>Break</b>  |              |
| <b>3:20 pm</b> | <b>Discussion with Senator Eggman (Invited)</b>   | <b>Tab 4</b> |
| <b>3:50 pm</b> | <b>Discussion with Assemblymember Wood (Invited)</b>  | <b>Tab 5</b> |
| <b>4:20 pm</b> | <b>Public Comment</b>   |              |
| <b>4:25 pm</b> | <b>Review CBHPC Legislative Positions</b><br><i>Naomi Ramirez, CBHPC Staff</i>  | <b>Tab 6</b> |
| <b>4:35 pm</b> | <b>Discussion of CBHPC's 2022 Legislative Focus</b><br><i>Tony Vartan, Chairperson and all Committee Members</i>  |              |
| <b>4:55 pm</b> | <b>Public Comment</b>   |              |
| <b>5:00 pm</b> | <b>Adjourn</b>  |              |

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

**Legislation Committee Members**

Tony Vartan, Chairperson      Veronica Kelley, Chair-Elect

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 Agenda**

Barbara Mitchell  
Deborah Starkey  
Noel O'Neill  
Catherine Moore

Daphne Shaw  
Darlene Prettyman  
Hector Ramirez

Marina Rangel  
Susan Wilson  
Angelina Woodberry

Karen Baylor  
Monica Caffey  
Joanna Rodriguez

**California Behavioral Health Planning Council**  
**Legislation Committee**  
Wednesday, January 19, 2022

**Agenda Item:** Approve October 2021 Meeting Minutes

**Enclosures:** October 2021 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 October 2021 meeting.

**Motion:** Accept and approve the October 2021 Legislation Committee Minutes.

# CBHPC

## LEGISLATION COMMITTEE      October 21, 2021 Meeting Summary

### **Members Present:**

Tony Vartan, Chairperson  
Angelina Woodberry  
Catherine Moore  
Deborah Starkey  
Darlene Prettyman

Barbara Mitchell  
Uma Zykofsky  
Noel O'Neill  
Susan Wilson

Daphne Shaw  
Monica Caffey  
Hector Ramirez  
Joanna Rodriguez

### **CBHPC Staff Present:**

Jane Adcock, Executive Officer, Naomi Ramirez, Eva Smith

### **Welcome and Introductions:**

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

### **Approve June 2021 Meeting Minutes:**

A motion to approve the June 2021 minutes with one amendment (Darlene added to list of member attendance) was made. Daphne Shaw made a motion to approve the minutes with the amendment, Angelina Woodberry seconded. Motion passed unanimously.

### **Year-End Legislative Report:**

No committee discussion.

### **Public Comment:**

None.

### **County Behavioral Health Directors Association Update:**

Elia Gallardo, ESQ., Director of Governmental Affairs of the County Behavioral Health Director's Association (CBHDA) provided an update to the committee on various bills, primarily on ones the Council took position on. Elia reported that there were a total of 160 bills that impacted county behavioral health presented this legislative cycle. She shared that many bills did not make it through the legislature or became two year bills.

Elia cited that most Lanterman-Petris Short (LPS) Act bills did not go through, but some bills will continue next year. She announced that a hearing is scheduled for December to discuss LPS issues and reform. Elia shared that Senator Eggman is interested in creating legislation for LPS reform and the upcoming hearing may help guide the development of a bill. Elia provided an update on a variety of bills that both the Council and CBHDA took positions on, and with those that were opposed reported that many of the Governor's veto messages aligned with CBHDA and Council arguments. She reported that Senator McCarty is interested in and wants to learn how to support persons with Substance Use Disorders (SUD) who are involved in the criminal justice

system. Elia shared that school-related bills, SB 14 (Portantino) and SB 224 (Portantino) that were mutually supported by CBHDA and the Council were chaptered into law. She discussed progress on the crisis hotline bill, AB 988 (Bauer-Kahan), and that it has become a two year bill and is proposing a \$20 million investment.

Elia also discussed the historic investments in California's behavioral health sector, which include \$7.5 billion and \$6.7 billion to support wraparound and supportive services. She spoke about the Behavioral Health Infrastructure Program, the Children and Youth Behavioral Health Initiative, CalAIM investments, dollars for behavioral health housing and homelessness, Families First Prevention Services Act (FFPSA) and Foster Youth and lastly about the Department of State Hospitals and Individuals Incompetent to Stand Trial (IST) programming.

**Review of CBHPC Legislative Process:**

Naomi Ramirez reviewed how the Council takes positions on bills, and how the committee uses their 'policy platform' which guides the committee on which pieces of legislation to assess. She provided examples of how bills are added to the 'consent agenda' and the vote process after hearing public comment. Naomi also shared the various positions to take on bills: support, oppose, support in concept, neutral/watch, oppose unless amended, and support if amended.

**Nomination of Chair-Elect:**

Iris Mojica de Tatum stepped down from the Council so she will not be advancing to Chairperson. Tony Vartan was nominated for a second year as Chairperson. Barbara Mitchell made the motion, Noel O'Neill seconded. Veronica Kelley was not present at the meeting but was contacted during meeting. She was nominated for Chair-elect and accepted the nomination.

**Public Comment:**

None.

**Next Steps:**

Undecided at this meeting.

Meeting Adjourned

**California Behavioral Health Planning Council  
Legislation Committee**

Wednesday, January 19, 2022

**Agenda Item:** CBHDA Legislative Priorities for 2022 and Governor's Proposed 2022-23 Budget Highlights

**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 on the Governor's Proposed 2022-23 State Budget and assist the members with identifying areas of focus for the coming year. Additionally, this presentation will assist the committee in identifying areas the Council can work with CBHDA to advocate for Californians with serious mental illness and promote a system of services that are accountable, accessible and responsive.

**Background/Description:**



The County Behavioral Health Directors Association of California (CBHDA) has been invited to, discuss their priorities for 2022 and to provide an overview the Governor's Proposed 2022-23 State Budget. Elia Gallardo, ESQ., is responsible for assisting the Executive Director in advancing legislative and administrative priorities for the CBHDA. Gail Gronert, CBHDA's new Director of Strategic Initiatives, will be leading CBHDA's budget efforts in 2022.

**California Behavioral Health Planning Council  
Legislation Committee**  
Wednesday, January 19, 2022

**Agenda Item:** Overview of LPS Act Joint Informational Hearing

**Enclosures:** CBHPC's Written Testimony

**Background/Description:**

On December 15, 2021 the Assembly Committees on Health and Judiciary hosted a joint informational hearing titled "The Lanterman-Petris-Short Act: How Can It Be Improved?" During this agenda item members will hear an overview of the key takeaways from the hearing. Members can listen to the recording of the hearing at the following link prior to the meeting:

[Hearings | Committee on Health \(ca.gov\)](#)



December 10, 2021

The Honorable Jim Wood  
Chair, Assembly Health Committee  
California State Capitol, 6005  
Sacramento, CA 95814

The Honorable Mark Stone  
Chair, Assembly Judiciary Committee  
1020 N Street, Room 104  
Sacramento, CA 95814

CHAIRPERSON  
Noel J. O'Neill, LMFT

EXECUTIVE OFFICER  
Jane Adcock

RE: *Joint Hearing: The Lanterman-Petris-Short Act: How Can It Be Improved?*

The California Behavioral Health Planning Council (Council) appreciates the opportunity to provide written testimony for the Joint Information Hearing *The Lanterman-Petris-Short Act: How Can It Be Improved?* Pursuant to state law, the Council serves as an advisory body to the Legislature and Administration on the policies and priorities that this state should be pursuing in developing its behavioral health system. Our membership includes persons with lived experience as consumers and family members, professionals, providers, and representatives from state departments whose populations touch the behavioral health system. Their perspectives are essential to our view on the challenges and successes of behavioral health services and best practices in California.

- **Advocacy**
- **Evaluation**
- **Inclusion**

The Council understands the focus of the joint hearing is to explore potential changes to the Lanterman-Petris-Short (LPS) Act and to possibly redefine the term “grave disability.” While the Council acknowledges that more needs to be done to meet the untreated mental health needs of Californians, we strongly believe expanding the definition of grave disability and the authority of conservatorships are not an appropriate solution.

We strongly believe that prior to making any changes, especially those which would further restrict an individual’s civil liberties, it is necessary to have data on the individuals served under the current LPS laws and for an analysis of the current system to be completed. There is currently no data nor analysis of outcomes for those recently served to determine whether the current model is meeting its intended goal. .

The numbers of individuals experiencing homelessness, persons incarcerated, and deaths by suicide all point toward a lack of resources to adequately serve people at the community level, rather than a need to expand laws that restrict an individual’s rights. California’s behavioral health system has been grossly underfunded for decades. Although the Council acknowledges that significant investments have been made in recent years, the compounding results of an underfunded system and

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the restrictions attached to new funding continue to present challenges. Adequate time to see how this year's investments will impact the system is needed and further restricting individuals' civil liberties in the meantime is not the solution.

The State Audit of LPS Report released in July 2020 included a review of conservatorships. The Auditor found that the current definition of grave disability appropriately enables the County Behavioral Health Departments and courts to place individuals, in need of involuntary treatment, on hold or conservatorships. Additionally, the auditor found that step-down community-based services are not readily available for people in need and there is an explicit need for increased transparency and accountability at the State and County level. These findings make it unjustifiable to make changes that would further restrict individuals' civil liberties by expanding the definition of grave disability and the authority of conservatorships without first conducting a thorough analysis.

The Council asks that you request a systematic and comprehensive data analysis to evaluate the existing programs and identify any system failures prior to exploring an expansion.

If you have any questions, please contact Jane Adcock, Executive Officer, at (916) 750-1862 or [Jane.Adcock@cbhpc.dhcs.ca.gov](mailto:Jane.Adcock@cbhpc.dhcs.ca.gov).

Sincerely,

A handwritten signature in blue ink that reads "Noel J. O'Neill". The signature is written in a cursive style with a large initial "N".

Noel J. O'Neill, LMFT  
Chairperson

**California Behavioral Health Planning Council  
Legislation Committee**  
Wednesday, January 19, 2022

**Agenda Item:** Discussion with Senator Eggman

**Enclosures:** None

**Background/Description:**



Senator Eggman is invited to discuss her reaction to the discussions from the LPS Informational Hearing and to inform the committee on her plans for 2022. Senator Eggman was elected to the State Senate in November of 2020, serving the 5th Senate District which is comprised of San Joaquin County, a significant portion of Stanislaus County and the Sacramento County community of Galt.

**California Behavioral Health Planning Council  
Legislation Committee**  
Wednesday, January 19, 2022

**Agenda Item:** Discussion with Assemblymember Wood

**Enclosures:** None

**Background/Description:**



Assemblymember Wood, Chair of the Assembly Health Committee is invited to discuss his reaction to the discussions from the LPS Informational Hearing which his committee jointly held. Additionally, the Assemblymember will update the committee on his plans for 2022. Assemblymember Wood was elected in 2014 and represents the 2nd Assembly District, which comprises all of Del Norte, Trinity, Humboldt, and Mendocino counties, plus northern and coastal Sonoma County, including the northern half of Santa Rosa. He has been the Chair of the Assembly Health Committee since 2016.

**California Behavioral Health Planning Council  
Legislation Committee**

Wednesday, January 19, 2022

**Agenda Item:** Review CBHPC Legislative Positions

**Enclosures:** CBHPC 2022 Legislative Positions

**How This Agenda Item Relates to Council Mission**

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

The Legislation Committee's activities throughout the year assist the Council in upholding its statutory responsibility to advocate for individuals with SMI and SED, through the positions taken on bills, which are documented in the list of positions.

**Background/Description:**

A number of bills the Legislation Committee took positions on in 2021 became 2-year bills that can now be acted upon again. The enclosed list includes these bills and the Council's position.

During this agenda item committee members will have an opportunity to review the list of positions and discuss any updates on the legislation. The committee will continue to monitor these bills and advocate accordingly through the end of the legislative cycle, unless staff is advised otherwise.



## 2022 Legislative Positions

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

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

**Summary:** Current law requires a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2021, to specify that coverage is provided for health care services appropriately delivered through telehealth on the same basis and to the same extent as in-person diagnosis, consultation, or treatment. Current law exempts Medi-Cal managed care plans that contract with the State Department of Health Care Services under the Medi-Cal program from these provisions, and generally exempts county organized health systems that provide services under the Medi-Cal program from Knox-Keene. This bill would delete the above-described references to contracts issued, amended, or renewed on or after January 1, 2021, would require these provisions to apply to the plan or insurer's contracted entity, as specified, and would delete the exemption for Medi-Cal managed care plans.

**Position:** SUPPORT

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

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

**Summary:** This bill, commencing January 1, 2026, would require any substance use disorder treatment program to be licensed by the State Department of Health Care Services, except as specified. The bill would require the department, in administering these provisions, to issue licenses for a period of 2 years for substance use disorder treatment programs that meet the requirements in these provisions. The bill would require the department to issue a license to a substance use disorder program once various requirements have been met, including an onsite review. The bill would authorize the department to renew a license, as provided. The bill would prohibit providing substance use disorder treatment services to individuals without a license.

**Position:** SUPPORT

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

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

**Summary:** Would establish within the State Department of Health Care Services an Older Adult Behavioral Health Services Administrator to oversee behavioral health services for older adults. The bill would require that position to be funded with administrative funds from the Mental Health Services Fund. The bill would prescribe the functions of the administrator and its responsibilities, including, but not limited to, developing outcome and related indicators for older adults for the purpose of assessing the status of behavioral health services for older adults, monitoring the quality of programs for those adults, and guiding decision-making on how to improve those services. The bill would require the administrator to receive data from other state agencies and departments to implement these provisions, subject to existing state or federal confidentiality requirements. The bill would require the administrator to report to the entities that administer the MHSAs on those outcome and related indicators by July 1, 2022, and would require the report to be posted on the department's internet website.

**Position:** SUPPORT

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

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

**Summary:** Would establish the Integrated School-Based Behavioral Health Partnership Program to provide prevention and early intervention for, and access to, behavioral health services for pupils. The bill would authorize a county behavioral health agency and the governing board or governing body of a local educational agency to agree to collaborate on conducting a needs assessment on the need for school-based mental health and substance use disorder services, and implement an integrated school-based behavioral health partnership program, to develop a memorandum of understanding outlining the requirements for the partnership program, and to enter into a contract for mental health or substance use disorder services.

**Position:** SUPPORT

**AB 573 Carrillo (D): Youth Mental Health Boards**

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

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

**Position:** NO POSITION

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

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

**Summary:** The Lanterman-Petris-Short Act, provides for the involuntary commitment and treatment of a person who is a danger to themselves or others or who is gravely disabled. Current law also provides for a conservator of the person or estate to be appointed for a person who is gravely disabled. Current law, for the purposes of involuntary commitment and conservatorship, defines “gravely disabled,” among other things, as a condition in which a person, as a result of a mental health disorder, is unable to provide for the person’s basic personal needs for food, clothing, or shelter. This bill would establish an additional procedure for the appointment of a guardian ad litem for a person who lacks the capacity to make rational informed decisions regarding medical care, mental health care, safety, hygiene, shelter, food, or clothing with a rational thought process due to a mental illness, defect, or deficiency.

**Position:** OPPOSE

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

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

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

**Position:** SUPPORT

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

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

**Summary:** The Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund (MHSF) to fund various county mental health programs and requires counties to spend those funds as specified. Current law requires funds allocated to a county that have not been spent for their authorized purpose within 3 years, and the interest accruing on those funds, to revert to the state, except for specified purposes, including capital facilities and technological needs, which revert after 10 years. Under current law, reverted funds are reallocated to the counties, as specified. As part of the MHSA, current law requires counties to engage in specified planning activities, including creating and updating a 3-year program and expenditure plan through a stakeholder process. This bill would amend the MHSA by requiring reverted funds to be used in the county from which the funds reverted, except as specified.

**Position:** SUPPORT

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

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

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

**Position:** OPPOSE

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

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

**Summary:** Current law authorizes the board of supervisors in each county to designate an



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

**Position:** SUPPORT

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

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

**Summary:** Current law, the Warren-911-Emergency Assistance Act, requires every local public agency, as defined, to have an emergency communication system and requires the digits “911” to be the primary emergency telephone number within the system. Current federal law, the National Suicide Hotline Designation Act, designates the 3-digit telephone number “988” as the universal number within the United States for the purpose of the national suicide prevention and mental health crisis hotline system operating through the National Suicide Prevention Lifeline maintained by the Assistant Secretary for Mental Health and Substance Abuse and the Veterans Crisis Line maintained by the Secretary of Veterans Affairs. This bill would require 988 centers, as defined, to, by July 16, 2022, provide a person experiencing a behavioral health crisis access to a trained counselor by call and, by January 1, 2027, provide access to a trained counselor by call, text, and chat.

**Position:** WATCH

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

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

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

**Position:** SUPPORT

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

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

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

**Position:** SUPPORT

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

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

**Summary:** The Lanterman-Petris-Short Act authorizes the involuntary commitment and treatment of persons with specified mental health disorders for the protection of the persons so committed. Under the act, if a person, as a result of a mental health disorder, is a danger to others, or to themselves, or is gravely disabled, the person may, upon probable cause, be taken into custody by a peace officer, a member of the attending staff of an evaluation facility, designated members of a mobile crisis team, or another designated professional person, and placed in a facility designated by the county and approved by the State Department of Social Services as a facility for 72-hour treatment and evaluation. This bill would expand the definition of “gravely disabled” for these purposes to also include a condition in which a person, as a result of a mental health disorder, is unable to provide for their basic personal needs for medical treatment, as defined, if the failure to receive medical treatment is either for an existing life-threatening medical condition or the person is in imminent danger of physical injury or life-threatening medical condition and there is a substantial and imminent risk, in either instance, of either death or prolonged hospitalization.

**Position:** OPPOSE

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

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

**Summary:** Current law authorizes the MHSA to be amended by a 2/3 vote of the Legislature if the amendments are consistent with, and further the purposes of, the MHSA. This bill would amend the MHSA by authorizing counties, until January 1, 2025, to expend unencumbered innovative program funds to expand a program implementing the full-service partnership model, including those that prioritize unserved or underserved populations that typically receive services through innovative programs. The bill would require, prior to expending the funds, that the county mental health program seek approval from the commission and that the county board of supervisors adopt specified findings. The bill would require that the commission approve or deny the request to use funds within 45 days of receiving it. The bill would require a county mental health program using funds pursuant to these provisions to report annually to the commission, as specified.

**Position:** OPPOSE

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

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

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

**Position:** WATCH

### **SB 316 Eggman and McGuire (D): Medi-Cal: Federally Qualified Health Centers and Rural Health Clinics**

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

**Summary:** Current law provides that FQHC and RHC services are to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. "Visit"

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

**Position:** SUPPORT

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

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

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

**Position:** SUPPORT

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

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

**Summary:** Current law authorizes a person to be detained for involuntary care, protection, and treatment related to the mental disorder or impairment by chronic alcoholism if, at the conclusion of the certification review hearing, the person conducting the hearing finds that there is probable cause that the person certified is a danger to self or others or is gravely

disabled as a result of a mental disorder or impairment by chronic alcoholism, as specified. This bill would authorize the evidence considered in the certification review hearing to include information on the person's medical condition, as defined, and how that condition bears on certifying the person as a danger to themselves or to others or as gravely disabled.

**Position:** OPPOSE

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

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

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

**Position:** OPPOSE

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

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

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

**Position:** WATCH

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

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

**Summary:** Current law provides for various mental and behavioral health programs that are administered by the counties. The Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the Mental Health Services Oversight and Accountability Commission to oversee the provisions of the MHSA and review the county plans for MHSA spending. Current law requires the State Department of Health Care Services, in consultation with the commission and other entities, to develop and administer instructions for the Annual Mental Health Services Act Revenue and Expenditure Report, which identifies and evaluates county mental health programs funded by the MHSA. This bill would require, to the extent the Legislature makes an appropriation for these provisions, the commission, in consultation with state and local mental health authorities, to create a comprehensive tracking program for county spending on mental and behavioral health programs and services, as specified, including funding sources, funding utilization, and outcome data at the program, service, and statewide levels.

**Position:** OPPOSE

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

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

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

**Position:** OPPOSE