

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

Wednesday, June 15, 2022

1:30 pm to 5:00 pm

The Mission Inn

3649 Mission Inn Avenue, Riverside, CA 92501
Santa Barbara Room

1:30 pm	Welcome and Introductions <i>Tony Vartan, Chairperson</i>	
1:35 pm	Approve April 2022 and May 2022 Meeting Minutes <i>Veronica Kelley, Chair-Elect</i>	Tab 1
1:40 pm	State Budget Update Gail Gronert, CBHDA, Director of Strategic Initiatives	Tab 2
2:40pm	Public Comment	
2:45 pm	Care Court Update <i>Tony Vartan, Chairperson and Naomi Ramirez, CBHPC Legislative Coordinator</i>	Tab 3
3:05 pm	Public Comment	
3:10 pm	Break	
3:25 pm	Legislation Committee Position List Review <i>Tony Vartan, Chairperson and Naomi Ramirez, CBHPC Legislative Coordinator</i>	Tab 4
4:25 pm	CBHPC Legislative Approach <i>Tony Vartan, Chairperson and All Members</i>	Tab 5
4:45 pm	Next Steps <i>Tony Vartan, Chairperson and All Members</i>	
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

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**

Noel O'Neill
Uma Zykofsky

Hector Ramirez
Catherine Moore

Angelina Woodberry
Steve Leoni

Joanna Rodriguez

**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, June 15, 2022

Agenda Item: Approve April 2022 and May 2022 Meeting Minutes

Enclosures: April 2022 and May 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 April 2022 and May 2022 meetings.

Motion: Accept and approve the April 2022 and May 2022 Legislation Committee Minutes.

**California Behavioral Health Planning Council
Legislation Committee
Meeting Summary (DRAFT)**

Thursday, April 21, 2022
8:30 am to 12:00 pm
Sonesta Silicon Valley
1820 Barber Lane, Milpitas, CA 95035
Cypress I Room

Members Present:

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

Meeting Commenced at 1:30 p.m.

Item #1 Approve January 2022 Meeting Minutes

A motion to approve the January 2022 minutes was made by Susan Wilson and seconded by Barbara Mitchell. The motion passed.

Item #2 Mental Health America of California Legislative Update

Karen Vicari, the Interim Director of Public Policy for Mental Health America of California (MHAC) provided the following update:

MHAC opposes the CARE (Community Assistance, Recovery and Empowerment) Court legislation (AB 2830 (Bloom) and SB 1338 (Eggman/Umberg)). This legislation would create a new avenue for involuntary treatment and provides no additional money for housing or services. There are 4 hearings set on April 26th and April 27th.

MHAC opposes SB 970 which is the "MHSA Refresh" sponsored by the Steinberg Institute. This legislation would eliminate the MHSA Prevention and Early Intervention (PEI) and Innovations (INN) spending requirements for counties. It would also require the California Health and Human Services Agency (CHHS) to establish the California MHSA Outcomes and Accountability Review (MHSA-OAR) and change the 3-year

**California Behavioral Health Planning Council
Legislation Committee
Meeting Summary (DRAFT)**

MHSA Plan to a 5-year MHSA Plan. Additionally, the bill may be amended to allow MHSA growth funds to be used for CARE Court.

MHAC opposes AB 2242, which would prohibit an individual from being released from a hold or a conservatorship until a care coordination plan has been created (the bill was recently amended to improve this). It would also allow MHSA funds to be used for any 5150 and 5250 services, subject to guidance from the Department of Health Care Services and allow MHSA funds to pay for up to a year of acute or subacute services for people on conservatorship.

MHAC also opposed a number of bills seeking to amend the Lanterman-Petris-Short (LPS) Act Legislation, which includes:

- SB 1416 (Eggman): Would expand the definition of “gravely disabled” to include a condition in which a person is, as a result of a mental health condition, unable to provide for their basic needs of personal or medical care or safety.
- AB 2020 (Gallagher): Similar to SB 1416, but also adds that “gravely disabled” means a condition in which a person has an incapacity to provide informed consent to treatment due to being unaware of their own mental health condition, or unable to perceive the condition accurately.
- SB 965 (Eggman): Requires the officer conducting the conservatorship investigation to include in their report information about the historical course of the person’s mental health condition and their adherence to prior treatment plans if the officer believes this information bears on a determination of grave disability.
- AB 2853 (Lackey): Would require DHCS to establish guidelines for the application of the LPS Act to ensure that it is applied consistently across counties.

MHAC is a co-sponsor of AB 988, which would establish the 988 mental health crisis and suicide prevention hotline in California, and would designate crisis hotline centers that provide intervention 24/7 through call, chat, and text with a national go live date of July, 2022. The legislation is in the budget process now, then it will move on to the second house.

Item #3 Public Comment

Theresa Comstock informed the committee that CALBHB/C supported the national initiative for AB 988, but currently have their support on hold.

**Item #4 CA Assoc. of Alcohol and Drug Program Executives
Legislative Update**

California Behavioral Health Planning Council Legislation Committee Meeting Summary (DRAFT)

Tyler Rinde, Executive Director of CAADPE, provided background information about CAADPE and a legislative update. The organization was formed in 1989 and is a 35-Member Association representing substance use disorder (SUD) treatment providers at over 300 sites across California. Their mission is: Driving high quality treatment services to become accessible and available in a timely manner to anyone who seeks help.

Tyler highlighted that there were over 2,200 bills introduced in the 2022 Legislative Session and CAADPE is tracking 105 bills. Significant issues covered in legislation this session are involuntary treatment, workforce, opioid settlement funds, increased penalties/ sentencing enhancements for fentanyl, and harm reduction.

CAADPE is sponsoring AB 1860, which would exempt graduate students in psychology, social work, marriage and family therapy, or counseling, who are completing their supervised practicum from also having to register with a SUD counselor certifying organization. The bill passed out of the Assembly Health Committee 14-0 and is now sitting in the Assembly Appropriations Committee awaiting a hearing.

They are also co-sponsoring SB 57, which would authorize the City of Oakland, City and County of San Francisco, City of Los Angeles, and County of Los Angeles to establish overdose prevention programs providing safe consumption, harm reduction services, and linkages to treatment. The bill is awaiting a hearing in the Assembly Public Safety Committee.

CAADPE supports AB 1598 and AB 2473. AB 1598 will clarify that fentanyl test strips, and testing equipment to test for the presence of ketamine and gamma hydroxybutyric acid are not considered “drug paraphernalia”. The bill passed the Assembly on Consent and is awaiting referral to committee. AB 2473 would raise the level of education required of a registered substance use disorder counselor. Amendments are in process that CAADPE will support. The bill is set for hearing in Assembly Health Committee on April 26th.

Tyler highlighted that both CAADPE, CBHPC and a coalition of organizations oppose AB 1928, which would authorize the counties of San Joaquin, Santa Clara, and Yolo to establish a pilot program for a secured residential treatment program for individuals convicted of “drug motivated crimes” and deemed appropriate for the program. This bill is a reintroduction of AB 1542 (McCarty) of 2021, which over 50 organizations opposed and successfully secured a veto by Governor Newsom. The differences between AB 1928 and AB 1542 are that new counties were added (Sacramento, San Diego, Santa Clara, and San Joaquin) and the following new language was added: “A judge shall also determine that the program will be carried out in lieu of a jail or prison sentence after making a finding that the defendant’s decision to choose the alternative treatment program is knowing, intelligent, and voluntary.” Additionally, the facility cannot be a “lockdown” facility. The bill passed out of the Assembly Health Committee and is awaiting a hearing in Assembly Appropriations. The issues with AB 1928 are as follows:

**California Behavioral Health Planning Council
Legislation Committee
Meeting Summary (DRAFT)**

- Coerced SUD treatment is not effective and the bill does not match standards of the American Society of Addiction Medicine (ASAM)
- There are other options for these individuals and the bill could lead to higher sentencing time
- Requires an entirely new regulatory structure that does not currently exist under DHCS
- High costs:
 - Medi-Cal cannot cover costs
 - Inappropriate use of Opioid Settlement Funds
 - Requires entirely new regulatory structure that does not exist under DHCS

Item #5 Public Comment

There was no public comment.

**Item #6 Geriatric Behavioral Health Leadership Position
Budget Request**

Janet Frank, UCLA Faculty Associate, reminded members that she has been working on legislation to establish a Geriatric Behavioral Health Leadership position within the Department of Health Care Services through AB 383 in 2021 and AB 480 in 2019. Both bills were authored by Assembly Member Salas. This year, on behalf of the Commission on Aging, a Budget Request was submitted to address the lack of leadership in the state for Geriatric Behavioral Health. Senator Weiner and Assembly Member Nazarian are championing the request. The budget request is for \$212,000, which is split between three types of funding sources to ensure all behavioral health services by any funding source are included. \$148,400 would be General Fund, \$42,400 federal funds (primarily Medi-Cal/Medicare), and \$21,200 MHSA admin funds. Janet emphasized that none of the funding would create a reduction in service dollars. Additionally, she requested the Council's support just as the Council previously supported both AB 383 and AB 480 prior to them dying on Suspense due to having no funding allocated.

Item #7 Consent Agenda

Susan Wilson made a motion to oppose AB 2020, the motion was seconded by Catherine Moore. Marina Rangel abstained. The motion passed.

**California Behavioral Health Planning Council
Legislation Committee
Meeting Summary (DRAFT)**

Item #8 **Legislation Committee Position List Review**

The committee prioritized taking positions on AB 2242, SB 970, AB 2830 and SB 1338.

Barbara Mitchell made a motion to oppose AB 2242. The motion was seconded by Susan Wilson. Marina Rangel voted against the motion. The motion passed.

Catherine Moore made a motion to oppose both CARE Court bills (SB 1338 and AB 2830), the motion was seconded by Susan Wilson. Marina Rangel voted against the motion. The motion passed.

Noel O'Neill made a motion to oppose SB 970. The motion was seconded by Uma Zykofsky. The motion passed.

Item #9 **Next Steps**

The committee decided that it is necessary to schedule an in-between meeting on May 11, 2022 from 3:00 pm-5:00 pm. The purpose of the meeting is to discuss the legislation on the pending list, which the members did not have time to discuss. Members will send any additional legislation they would like to discuss to Naomi Ramirez.

Item #10 **Public Comment**

There was no public comment.

Meeting Adjourned at 5:00 p.m.

**California Behavioral Health Planning Council
Legislation Committee
Meeting Summary (DRAFT)**

Wednesday, May 11, 2022
3:00 pm to 5:00 pm

Members Present:

Tony Vartan, Chairperson

Catherine Moore

Deborah Starkey

Uma Zykofsky

Daphne Shaw

Darlene Prettyman

Karen Baylor

Susan Wilson

Angelina Woodberry

Steve Leoni

Barbara Mitchell

Meeting Commenced at 3:00 p.m.

Item #1 CARE Court Update

Jane Adcock provided an update on CARE Court to the committee. She advised the members that the Council's updated letter was sent to Stephanie Welch, Deputy Secretary, CA Health and Human Services Agency. She was also sent information on AB 2220 and indicated that this would be something that Council would feel is more appropriate, because it helps all the people that are homeless and breaks down stigma and still results in addressing the homeless situation and getting people the necessary supportive services and housing. It was highlighted that over the last couple of weeks a number of our partner organizations have moved their opposed position to concerned. Since the Council had taken a strongly Oppose position, she approached the committee officers about changing that to Oppose Unless Amended and including all of the Council's required changes. Since the Council doesn't have an explicit operational policy that allows for the committee officers to make that kind of a change when the committee has already voted and taken a position, the Council's position remained Opposed. Jane recommended that the committee members consider being more flexible in the future to be more nimble when the legislative environment shifts but without going outside of the members' direction.

Council members thanked staff for their continued advocacy and acknowledged that the Council's letter made very good points about the members' concerns.

Barbara Mitchell indicated that Stephanie Welch put her in contact with Corrine Buchanan to get more information on bridge housing. After the conversation, Barbara continues to feel that this is a poorly designed program and that it's going to be wildly expensive, and it's not going to accomplish what the State thinks it will accomplish.

**California Behavioral Health Planning Council
Legislation Committee
Meeting Summary (DRAFT)**

Members initially felt the Council should not change from an oppose position because it is not well thought out and the conflicts between the mandates and the funding sources are fairly major and to date there had been no amendments.

The committee members discussed their desire to be more collaborative with the administration rather than just opposing the bill and considered changing their position to oppose unless amended with a list of things that would have to change.

Catherine Moore made a motion for the Council to oppose SB 1338 unless amended and Barbara Mitchell seconded the motion. Angelina Woodberry voted against the motion. The motion passed.

Item #2 **Public Comment**

There was no public comment.

Item #3 **Consent Agenda**

Catherine Moore requested to remove SB 965 and SB 1416 from the consent agenda for discussion. She stated that she doesn't feel the Council should oppose SB 965 because an individual's history should be included in decision making for a conservatorship so an informed decision could be made. Catherine made a motion to support SB 965, the motion was not seconded. The motion died.

Catherine explained that SB 1416 is an expansion of gravely disabled and that if an individual is not able to take care of a life threatening illness because they don't recognize the importance then it should fall under the definition of gravely disabled and seems to be a logical expansion. Barbara Mitchell and Steve Leoni expressed concern about the expansion being a slippery slope. Catherine made a motion to take a neutral position SB 1416. Catherine's motion was not seconded. The motion died.

Steve Leoni made a motion to move forward with the consent agenda, opposing SB 516, SB 965, SB 1227, SB 1416 and support SB 929. The motion was seconded by Daphne Shaw. Catherine voted against the motion. The motion passed.

Item #4 **Public Comment**

**California Behavioral Health Planning Council
Legislation Committee
Meeting Summary (DRAFT)**

There was no public comment.

Item #5 Legislation Committee Position List Review

The committee was given the opportunity to discuss legislation on the Pending Legislation list from the April 2022 meeting. Naomi Ramirez informed the committee that SB 1283 and AB 2853 have died so 6 bills remain on the list for discussion.

SB 1154 was discussed by the committee. The bill would establish a real-time database for beds available. Council members advised the committee to look at the bill with a lot of caution because it has the ability to create a great confusion on the crisis sector since there are so many types of facilities in this state's system and access to those facilities differ. They also stated that it is the county who handles bed referrals so this system would not be useful. Additionally, concerns over privacy of location of crisis facilities were expressed.

Catherine Moore made a motion to support SB 1154 with amendments to safeguard and to restrict who can access the database. There was no second. The motion died.

Uma Zykofsky made a motion to oppose SB 1154, it was seconded by Karen Baylor. Catherine Moore voted against the motion. The motion passed.

The committee discussed AB 1668, which would urge the Governor to consider geographical regions when making appointments of Commissioners of the Mental Health Oversight and Accountability Commission. After discussion Steve Leoni made a motion to watch the bill, the motion was seconded by Catherine Moore. The motion passed.

AB 2275 was discussed by the committee. A key part of the bill that was discussed was that the 72-hour period of detention would begin at the time an individual is initially detained and the data collection requirements outlined. Steve Leoni applauded Assembly Member Woods for his involvement in the LPS hearing in December 2021. Based on what he heard in the hearing, he believes the Assembly Member is attempting to ensure an expedited process rather than potentially harming the individual further. Tony Vartan pointed out the issue of bed capacity, which is usually the reason for a delay, making this legislation problematic. Uma Zykofsky stated she believes the Assembly Member has good intentions, however, she feels the Council's lens should be on the patient's experience and does not see the patient's experience being improved without addressing the issue of bed capacity. Karen believes there should be a stakeholder process to develop a strategic plan. Uma Zykofsky made a motion to watch the bill. Daphne Shaw seconded the motion. The motion passed.

**California Behavioral Health Planning Council
Legislation Committee
Meeting Summary (DRAFT)**

AB 2281 which establishes the Mental Health Student Services Act to be administered by the Mental Health Oversight and Accountability Commission was discussed. Members acknowledged the system is grossly underfunded, however, are unsure this is needed with the Children and Youth Behavioral Health Initiative. Steve made a motion to take a neutral position on the bill. Catherine Moore seconded the motion. Karen Baylor voted against the motion. The motion passed.

AB 1238 would require the Department of Health Care Services to conduct a review of, and produce a report regarding, the current and projected behavioral health care infrastructure and service needs in each region of the state. Steve Leoni pointed out that the bill is missing a guarantee of input from clients and family members including marginalized communities. He also believes the Council should be listed as an entity to receive the report. Catherine Moore noted she feels this is the basic data that is necessary to design a meaningful and relevant mental health system. Uma Zykofsky feels the bill is very vague and does not include details on implementation nor behavioral health stakeholders. Barbara does not believe this bill would be cost effective. Steve Leoni made a motion to oppose unless amended. The amendments would need to include adding the Planning Council, a guaranteed partnership role with the behavioral health community and a better understanding of the roles included. Catherine Moore seconded the motion. Tony Vartan and Daphne Shaw abstained. The motion passed.

SB 1298 would establish a Behavioral Health Continuum Infrastructure Program. Tony Vartan pointed out this bill is intended to expedite projects and expand capacity for facilities. Steve Leoni expressed concern with the types of facilities that would be used. Uma Zykofsky urged the members to support the bill due to the ability to expand capacity quickly and made a motion to support. Catherine Moore seconded the motion. Steve Leoni voted against the motion. The motion passed.

Item #6 **Public Comment**

There was no public comment.

Item #7 **Next Steps**

**California Behavioral Health Planning Council
Legislation Committee
Meeting Summary (DRAFT)**

The committee's next meeting will be on June 15th in Riverside.

Tony Vartan advised members to be very aware of the positions the Council is taking going forward and the tone it presents. He recommended taking time to discuss the approach members would like to take in the future at the next meeting.

Meeting Adjourned at 5:00 p.m.

**California Behavioral Health Planning Council
Legislation Committee**
Wednesday, June 15, 2022

Agenda Item: State Budget Update

Enclosures: Health and Human Services May Revision

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 Revised 2022-23 State Budget. 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:



Gail Gronert, is invited to, discuss the Governor's Revised 2022-23 State Budget. Gail is the County Behavioral Health Directors Association of California's (CBHDA) new Director of Strategic Initiatives and is leading CBHDA's budget efforts in 2022.

The Summary of the Governor's May Revision can be accessed at the following link:

[Budget Summary \(ca.gov\)](https://www.ca.gov/budget)

California Behavioral Health Planning Council
Legislation Committee
Wednesday, June 15, 2022

Agenda Item: Care Court Update

Enclosures: Senate Bill 1338-Amended May 19, 2022

How This Agenda Item Relates to Council Mission

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

It is important the committee stay informed on the CARE Court framework as there are areas of concern to the Council because they do not align with the mission and vision of the Council.

Background/Description:

Naomi Ramirez, Council Staff and Tony Vartan, Committee Chairperson will provide an update with any new information on CARE Court. Senate Bill 1338 (Eggman), which lays out the framework for CARE Court, was amended May 19, 2022. The amended language is enclosed and can also be found through the following link: [SB 1338](#).

California Behavioral Health Planning Council
Legislation Committee
Wednesday, June 15, 2022

Agenda Item: Legislation Committee Position List Review

Enclosures: CBHPC Legislative Positions- May 2022

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 May 23, 2022. Current information for all listed legislation can be access by clicking on the bill numbers listed within the document.



Legislative Positions

May 2022

AB 32 (**Aquiar-Curry D**) **Telehealth.**

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

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

Location: 7/14/2021-S. 2 YEAR

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](#)

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

Location: 8/27/2021-S. 2 YEAR

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](#)

Status: 5/4/2022-Referred to Coms. on ED. and HEALTH.

Location: 5/4/2022-S. ED.

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](#)

Status: 3/9/2022-Approved by the Governor. Chaptered by Secretary of State - Chapter 7, Statutes of 2022.

Location: 3/9/2022-A. CHAPTERED

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

Position: Support

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

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

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

Location: 9/10/2021-S. 2 YEAR

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

Position: Support

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

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

Status: 5/4/2022-Referred to Com. on HEALTH.

Location: 5/4/2022-S. HEALTH

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.

Position: Watch

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

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

Status: 5/20/2022-Failed Deadline pursuant to Rule 61(b)(8). (Last location was A. APPR. SUSPENSE FILE on 4/27/2022)

Location: 5/20/2022-A. DEAD

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](#)

Status: 5/25/2022-Read third time. Passed. Ordered to the Senate.

Location: 5/25/2022-S. DESK

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

AB 2242 (Santiago D) Mental health services.

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

Status: 5/23/2022-Read second time. Ordered to third reading.

Location: 5/23/2022-A. THIRD READING

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

Position: Oppose

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

Current Text: Amended: 4/20/2022 [html](#) [pdf](#)

Status: 5/25/2022-Read third time. Passed. Ordered to the Senate.

Location: 5/25/2022-S. DESK

Summary: The Lanterman-Petris-Short Act provides for the involuntary commitment and treatment of persons with specified mental disorders for the protection of the persons committed. Under the act, when a person, as a result of a mental health disorder, is a danger to others, or to themselves, or gravely disabled, the person may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. If certain conditions are met after the 72-hour detention, the act authorizes the certification of the person for a 14-day maximum period of intensive treatment and then a 30-day maximum period of intensive treatment after the 14-day period. Current law requires a certification review hearing to be held when a person is certified for a 14-day or 30-day intensive treatment detention, except as specified, and requires it to be within 4 days of the date on which the person is certified. Current law, after

the involuntary detention has begun, prohibits the total period of detention, including intervening periods of voluntary treatment, from exceeding the total maximum period during which the person could have been detained, if the person had been detained continuously on an involuntary basis, from the time of initial involuntary detention. This bill would, among other things, specify that the 72-hour period of detention begins at the time when the person is first detained. The bill would, if a facility detaining a person on a 72-hour detention is not a county-designated facility for evaluation and treatment, require the facility staff, or other person designated by the county, to take all possible steps to release the detained person or transfer them to a designated facility within 72 hours of their detention, as specified.

Position: Watch

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

Current Text: Amended: 4/21/2022 [html](#) [pdf](#)

Status: 5/25/2022-Read third time. Passed. Ordered to the Senate.

Location: 5/25/2022-S. DESK

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

Position: Neutral

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

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

Status: 4/29/2022-Failed Deadline pursuant to Rule 61(b)(5). (Last location was HEALTH on 4/18/2022)

Location: 4/29/2022-A. DEAD

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

and to contain specified information, including the acts that support the petitioner's belief that the respondent meets the CARE criterion.

Position: Oppose

SB 293

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

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

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

Location: 8/27/2021-A. 2 YEAR

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

Position: Watch

SB 316

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

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

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

Location: 9/10/2021-A. 2 YEAR

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

Position: Support

SB 387

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

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

Status: 5/16/2022-From committee with author's amendments. Read second time and amended. Re-referred to Com. on ED.

Location: 5/5/2022-A. ED.

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

Position: Support if Amended

SB 516

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

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

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

Location: 7/14/2021-A. 2 YEAR

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](#)

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

Location: 9/10/2021-A. 2 YEAR

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

Position: Oppose

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

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

Status: 5/24/2022-Ordered to special consent calendar.

Location: 5/24/2022-S. CONSENT CALENDAR

Summary: Current law requires the State Department of Health Care Services to collect and publish annually quantitative information concerning the operation of various provisions relating to community mental health services, including the number of persons admitted for evaluation and treatment for certain periods, transferred to mental health facilities, or for whom certain conservatorships are established, as specified. Current law requires each local mental health director, and each facility providing services to persons under those provisions, to provide the department, upon its request, with any information, records, and reports that the department deems necessary for purposes of the data collection and publication. This bill would additionally require the department to collect and publish annually quantitative information relating to, among other things, the number of persons detained for 72-hour evaluation and treatment, clinical outcomes for individuals placed in each type of hold, services provided in each category, waiting periods prior to receiving an evaluation or care, and an assessment of all contracted beds. The bill would specify that the information be from each county for some of those data.

Position: Support

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

Current Text: Amended: 4/28/2022 [html](#) [pdf](#)

Status: 5/19/2022-Referred to Com. on JUD.

Location: 5/19/2022-A. JUD.

Summary: The Lanterman-Petris-Short Act authorizes the appointment of a conservator, in the County of Los Angeles, the County of San Diego, or the City and County of San

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

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

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

Status: 5/25/2022-Read third time. Passed. (Ayes 39. Noes 0.) Ordered to the Assembly.

Location: 5/25/2022-A. DESK

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

Position: Oppose

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

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

Status: 5/24/2022-Ordered to special consent calendar.

Location: 5/24/2022-S. CONSENT CALENDAR

Summary: Would require, by January 1, 2024, the State Department of Public Health, in consultation with the State Department of Health Care Services and the State Department of Social Services, and by conferring with specified stakeholders, to develop a real-time, internet-based database to collect, aggregate, and display information about beds in

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

Position: Oppose

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

Current Text: Amended: 3/15/2022 [html](#) [pdf](#)

Status: 5/25/2022-Read third time. Passed. (Ayes 38. Noes 0.) Ordered to the Assembly.

Location: 5/25/2022-A. DESK

Summary: The Lanterman-Petris-Short Act provides for the involuntary commitment and treatment of persons with specified mental disorders for the protection of the persons committed. Under the act, when a person, as a result of a mental health disorder, is a danger to others, or to themselves, or gravely disabled, the person may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. Under existing law, if a person is detained for 72 hours under those provisions, and has received an evaluation, the person may be certified for not more than 14 days of intensive treatment, as specified. Current law further authorizes a person to be certified for an additional period of not more than 30 days of intensive treatment if the person remains gravely disabled and is unwilling or unable to accept treatment voluntarily. Current law requires the person to be released at the end of the 30 days, except under specified circumstances, including, but not limited to, when the patient is subject to a conservatorship petition filed pursuant to specified provisions. This bill would authorize an additional 30-day period of treatment if the patient is still in need of intensive treatment and the certification for the additional 30-day treatment period has begun.

Position: Oppose

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

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

Status: 5/25/2022-Read third time. Passed. (Ayes 39. Noes 0.) Ordered to the Assembly.

Location: 5/25/2022-A. DESK

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

provide specified data for the region. The bill would require the department to share this data and its report with the Mental Health Services Oversight and Accountability Commission.

Position: Oppose Unless Amended

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

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

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

Location: 5/2/2022-S. APPR. SUSPENSE FILE

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

Position: Support

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

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

Status: 5/25/2022-Read third time. Passed. (Ayes 38. Noes 0.) Ordered to the Assembly.

Location: 5/25/2022-A. DESK

Summary: Would enact the Community Assistance, Recovery, and Empowerment (CARE) Act, which would authorize specified persons to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan and implement services, to be provided by county behavioral health agencies, to provide behavioral health care, including stabilization medication, housing, and other enumerated services to adults who are suffering from schizophrenia spectrum and psychotic disorders and who meet other specified criteria. The bill would specify the process by which the petition is filed and reviewed, including requiring the petition to be signed under penalty of perjury, and to contain specified information, including the acts that support the petitioner's assertion that the respondent meets the CARE criteria. The bill would also specify the schedule of review hearings required if the respondent is ordered to comply with an up to one-year CARE plan by the court. The bill would make the hearings in a CARE proceeding confidential and not open to the public, thereby limiting public access to a meeting of a public body. The bill would authorize the CARE plan to be extended once, for up to one year, and prescribes the requirement for the graduation plan that is required upon leaving the CARE program.

Position: Oppose

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

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

Status: 5/23/2022-Read second time. Ordered to third reading.

Location: 5/23/2022-S. THIRD READING

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

Position: Oppose

**California Behavioral Health Planning Council
Legislation Committee**

Wednesday, June 15, 2022

Agenda Item: CBHPC Legislative Approach

Enclosures: None

How This Agenda Item Relates to Council Mission

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

The positions on legislation, taken by the Legislative Committee, lead the Council's advocacy effort to achieve an effective behavioral health system and assist in educating the public, the behavioral health constituency, and legislators on issues that impact individuals with Serious Mental Illness (SMI) and Serious Emotional Disturbances (SED).

Background/Description:

Tony Vartan, Committee Chairperson, will facilitate a discussion of the committee's approach when taking positions. In reaching a decision on a position to be taken on a bill, the Legislation Committee may consider the following options:

- *Support* – This means there is absolute support, no issues or questions.
- *Support in concept* – This means there are a few questions, however the CONCEPT or INTENT is what is being supported. The concern(s) can be documented in any following written communication to the bill's author(s)/sponsor(s) and/or the Assembly/Senate Committee the legislation will be heard in.
- *Support if amended* – This occurs when suggested language can be provided in the letter to effect a change in the content and/or language that would result in a support position.
- *Neutral/Watch* – This means that due to 1) not obtaining a consensus on position; 2) there is hesitation on providing a negative position; 3) there remains too much ambiguity, or 4) the bill is known to be a 'spot' or placeholder bill, the Legislation Committee can vote to "watch" the progression of the legislation and to revisit at future Legislation Committee meetings. In cases of "Neutral" vote, no letter is sent to the Legislature.
- *Oppose* – This means there is absolute opposition and there are no ways/means to rectify the position.

- *Oppose with amendments* – This occurs when suggested language can be provided in the letter to effect a change in the content and/or language that would then cause a position change from opposition to support.