



## 2022 Year-End Legislative Report

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

**Status:** Signed by the Governor 9/25/22. Chaptered by Secretary of State – Chapter 515.

**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. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under current law, Medi-Cal services may be provided pursuant to contracts with various types of managed care health plans, including through a county organized health system. Under existing law, in-person contact between a health care provider and a patient is not required under the Medi-Cal program for services appropriately provided through telehealth. Current law provides that neither face-to-face contact nor a patient's physical presence on the premises of an enrolled community clinic is required for services provided by the clinic to a Medi-Cal beneficiary during or immediately following a proclamation declaring a state of emergency. Current law defines "immediately following" for this purpose to mean up to 90 days following the termination of the proclaimed state of emergency, unless there are extraordinary circumstances. This bill would authorize the department to authorize an FQHC or RHC to establish a new patient relationship using an audio-only synchronous interaction when the visit is related to sensitive services, as defined, and authorize an FQHC or RHC to establish a new patient relationship using an audio-only synchronous interaction when the patient requests an audio-only modality or attests they do not have access to video.

**Position:** SUPPORT

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

**Status:** Dead 8/12/22.

**Summary:** Would establish within the State Department of Health Care Services an Older Adult Behavioral Health Services Administrator to oversee behavioral health services for older adults. The bill would require that position to be funded with administrative funds from the Mental Health Services Fund. The bill would prescribe the functions of the administrator and its responsibilities, including, but not limited to, developing outcome and related indicators for older adults for the purpose of assessing the status of behavioral health

services for older adults, monitoring the quality of programs for those adults, and guiding decision-making on how to improve those services. The bill would require the administrator to receive data from other state agencies and departments to implement these provisions, subject to existing state or federal confidentiality requirements. The bill would require the administrator to report to the entities that administer the MHSA on those outcome and related indicators by July 1, 2022, and would require the report to be posted on the department's internet website.

**Position: SUPPORT**

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

**Status:** Vetoed by the Governor 9/19/22.

**Summary:** 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. The bill would authorize a county behavioral health agency and the governing board or 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, to implement an integrated school-based behavioral health partnership program, and to develop a memorandum of understanding outlining the requirements for the partnership program. The bill would encourage the county behavioral health agency and the local educational agency, when appropriate, to enter into a contract for mental health or substance use disorder services.

**Governor's Message:** To the Members of the California State Assembly: I am returning Assembly Bill 552 without my signature. This bill would permit local educational agencies and county behavioral health agencies to enter into partnerships to provide prevention and early intervention, and access to behavioral health and substance use disorder services for pupils at appropriate school-based locations. While I share the author's goal of addressing the mental health needs of children and youth, the partnership programs proposed under this bill would duplicate requirements for school-based behavioral health services being developed pursuant to the Children and Youth's Behavioral Health Initiative (CYBHI), which take effect in 2024. Implementation of the CYBHI's statewide all-payer fee schedule will provide a solution to the issue that this bill attempts to address. Additionally, I am concerned that this bill could create significant one-time and ongoing costs in the millions of dollars for the departments that would play a role in implementing these programs. With our state facing lower-than-expected revenues over the first few months of this fiscal year, it is important to remain disciplined when it comes to spending, particularly spending that is ongoing. We must prioritize existing obligations and priorities, including education, health care, public safety and safety-net programs. The Legislature sent measures with potential costs of well over \$20 billion in one-time spending commitments and more than \$10 billion in ongoing commitments not accounted for in the state budget. Bills with significant fiscal impact, such as this measure, should be considered and accounted for as part of the annual budget process. For these reasons, I am unable to sign this bill.

**Position: SUPPORT**

**AB 666 Quirk-Silva (D): Substance Use Disorder Workforce Development**

**Status:** Signed by the Governor 3/9/22. Chaptered by Secretary of State – Chapter 7.

**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**

**Status:** Signed by the Governor 9/18/22. Chaptered by Secretary of State – Chapter 402.

**Summary:** Current law requires each local mental health plan to establish a procedure to ensure access to outpatient specialty mental health services, as required by the EPSDT program standards, for youth in foster care who have been placed outside their county of adjudication, as described. 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. Under this bill, commencing July 1, 2023, in the case of placement of foster children in short-term residential therapeutic programs, community treatment facilities, or group homes, or in the case of admission of foster children to children’s crisis residential programs, the presumptive transfer provisions would apply only if certain circumstances exist. These circumstances would include (1) that the case plan for the foster child specifies that the child will transition to a less restrictive placement in the same county as the facility in which the child has been placed, or (2) that the placing agency determines, as specified, that the child will be negatively impacted if responsibility for providing or arranging for specialty mental health services is not transferred to the same county as the facility in which the child has been placed.

**Position: SUPPORT**

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

**Status:** Vetoed by the Governor 6/21/22.

**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. 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, or by a majority vote to clarify procedures and terms. 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.

**Governor's Message:** To the Members of the California State Assembly: I am returning Assembly Bill 1668 without my signature. This bill "urges" the Governor to ensure geographic representation when making appointments to the Mental Health Services Oversight and Accountability Commission (MHSOAC). I am committed to having boards and commissions that represent California's diversity, including regional representation, and I already consider these factors in the appointments process. In addition to being unnecessary, this bill overlooks the fact that other officials serve on, or can designate individuals to serve on, the MHSOAC. Therefore, I cannot sign this bill.

**Position: WATCH**

**AB 1928 [McCarty \(D\): Hope California: Secured Residential Treatment Pilot Program](#)**

**Status:** Dead 5/20/22.

**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](#)**

**Status:** Vetoed by the Governor 9/29/22.

**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. Current law prohibits a person detained pursuant to the Lanterman-Petris-Short Act because the person is a danger to self or others, from owning, possessing, controlling, receiving, or purchasing, or attempting to own, possess, control, receive, or purchase, any firearm. In order for the Department of Justice to determine the eligibility of the person to own, possess, control, receive, or purchase a firearm, current law requires each designated facility, within 24 hours of admitting an individual subject to that prohibition, to submit a report to the Department of Justice that contains specified information, including the identity of the person. 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 on a quarterly basis.

**Governor's Message:** To the Members of the California State Assembly: I am returning Assembly Bill 2144 without my signature. The bill would require the Department of Justice to furnish to the Department of Health Care Services with data for individuals detained on a 72-hour hold and who are, therefore, subject to firearm restrictions. We must do more to address data quality for involuntary holds. This is why I signed SB 929 (Eggman), Community mental health services: data collection, which will improve data quality for involuntary holds. AB 2144, however, fails to establish a workable framework for exchanging information between local entities and state agencies. Without provisions ensuring enough data are being gathered to sufficiently identify the counties in which individuals reside, as well as data to identify Medi-Cal beneficiaries from among those subject to firearm restrictions, this bill will not achieve its intended purpose. For these reasons, I cannot sign this bill.

**Position: SUPPORT**

**AB 2242 [Santiago \(D\): Mental Health Services](#)**

**Status:** Signed by the Governor 9/30/22. Chaptered by Secretary of State – Chapter 867.

**Summary:** Would, on or before December 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 the health plan, the mental health plan, a primary care provider, or another appropriate provider to whom the person has been referred. The bill would require facilities designated by the counties for evaluation and treatment of involuntarily committed patients to implement the care coordination plan by August 1, 2024.

**Governor's Message:** To the Members of the California State Assembly: I am signing Assembly Bill 2242, which would require that individuals who have been detained for mental health evaluation and treatment and who are not referred for further voluntary care and treatment receive, upon their release, a care coordination plan, which facilities would

be required to develop immediately; and require the Department of Health Care Services (DHCS) to convene a stakeholder workgroup to develop a model care coordination plan, which facilities would be required to adopt by August 2024. Improved coordination of care is a top priority for my administration, and I am appreciative of our partnership with the Legislature this year to pass CARE Court. This bill will benefit a similar population - those with complex behavioral health needs - by ensuring that they are appropriately transitioned to voluntary community-based care and treatment settings after a conservatorship placement. I also agree that the specific care coordination supports outlined in this bill should be provided without delay. This is an important first step towards improving and strengthening resources provided through the Mental Health Services Act (MHSA), and I look forward to working with the author and stakeholders on further reform efforts in the future.

**Position: OPPOSE**

**AB 2275 Wood (D): Involuntary Commitment**

**Status:** Signed by the Governor 9/30/22. Chaptered by Secretary of State – Chapter 960.

**Summary:** Under the Lanterman-Petris-Short Act, when a person, as a result of a mental health disorder, is a danger to others, or to themselves, or gravely disabled, the person may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of 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, but allows for a postponement for 48 hours or until the next regularly scheduled hearing date in specified smaller counties. 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 remove the provisions for postponement of the certification review hearing. The bill, when a person has not been certified for 14-day intensive treatment and remains detained on a 72-hour hold, would require a certification review hearing to be held within 7 days of the date the person was initially detained and would require the person in charge of the facility where the person is detained to notify the detained person of specified rights.

**Position: WATCH**

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

**Status:** Vetoed by the Governor 9/18/22.

**Summary:** Would, contingent upon an appropriation in the Budget Act, 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.

**Governor's Message:** To the Members of the California State Assembly: I am returning Assembly Bill 2281 without my signature. This bill would establish the Early Childhood Mental Health Services Act, a grant program administered by the Mental Health Services Oversight and Accountability Commission for the purpose of improving access to, and quality of, care, services, and supports for children up to five years of age, with an emphasis on prevention and early intervention and addressing disparities. I share the author's concern about supporting youth mental health. Together with the Legislature, California has taken urgent action to address this crisis by investing over \$4.7 billion in the Children and Youth Behavioral Health Initiative to ensure all California kids, parents and communities have increased access to mental health and substance use services. While the goal of this proposed grant program is laudable, it requires tens to hundreds of millions of dollars that were not appropriated in this year's Budget Act. Furthermore, with our state facing lower-than-expected revenues over the first few months of this fiscal year, it is important to remain disciplined when it comes to spending, particularly spending that is ongoing. We must prioritize existing obligations and priorities, including education, health care, public safety and safety-net programs. The Legislature sent measures with potential costs of well over \$20 billion in one-time spending commitments and more than \$10 billion in ongoing commitments not accounted for in the state budget. Bills with significant fiscal impact, such as this measure, should be considered and accounted for as part of the annual budget process. For these reasons, I cannot sign this bill.

**Position: NEUTRAL**

**AB 2830 Bloom (D): The Community Assistance, Recovery, and Empowerment (CARE) Court**

**Status:** Dead 4/29/22.

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

**Status:** Dead 8/12/22.

**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**

**Status:** Dead 8/31/22.

**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**

**Status:** Dead 7/5/22.

**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**

**Status:** Dead 7/5/22.

**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**

**Status:** Dead 7/5/22.

**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**

**Status:** Signed by the Governor 9/25/22. Chaptered by Secretary of State – Chapter 539.

**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 data quarterly and publish, on or before May 1 of each year, a report including quantitative, deidentified information relating to, among other things, the number of persons in designated and approved facilities admitted or detained for 72-hour evaluation and treatment, clinical outcomes and services for certain individuals, waiting periods prior to receiving an evaluation or treatment services in a designated and approved facility, demographic data of those receiving care, the number of all county-contracted beds, and an assessment of the disproportionate use of detentions and conservatorships on various groups.

**Position: SUPPORT**

**SB 965 Eggman (D): Conservatorships: Medical Record: Hearsay Rule**

**Status:** Dead 7/5/22.

**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**

**Status:** Dead 8/31/22.

**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 work plan by which the MHSA-OAR shall be conducted, including a process for qualitative peer reviews, conducted by peer counties, 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**

**Status:** Dead 8/12/22.

**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**

**Status:** Signed by the Governor 9/27/22. Chaptered by the Secretary of State – Chapter 619.

**Summary:** Under the Lanterman-Petris-Short Act, when a person, as a result of a mental health disorder, is a danger to others, or to themselves, or gravely disabled, the person may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. Under current 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. Current law requires an evaluation to be made when a gravely disabled person may need to be detained beyond the initial 14-day period, as to whether the person is likely to qualify for appointment of a conservator, and, if so, requires that referral to be made, as specified. This bill would authorize the professional person in charge of the facility providing intensive treatment to the person to file a petition in the superior court for the county in which the facility is located, seeking approval for up to an additional 30 days of intensive treatment.

**Position: OPPOSE**

**SB 1238 Eggman (D): Behavioral Health Services: Existing and Projected Needs**

**Status:** Vetoed by the Governor 9/27/22.

**Summary:** The Children and Youth Behavioral Health Initiative Act requires the State Department of Health Care Services to procure and oversee a vendor to establish and maintain a behavioral health services and supports virtual platform that integrates behavioral health screenings, application-based supports, and direct behavioral health services to children and youth 25 years of age and younger, regardless of payer. Current law authorizes the department 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.

**Governor's Message:** To the Members of the California State Assembly: I am returning Senate Bill 1238 without my signature. This bill would require the Department of Health Care Services (DHCS), in consultation with local governments, to conduct a review of and prepare a report regarding current and projected behavioral health care infrastructure and service needs in each region of the state every five years. The bill also requires local governments to provide behavioral health service access and utilization data for their region. I appreciate the author's intent to identify the existing and projected behavioral health care infrastructure and service needs, which is why DHCS recently updated an assessment of California's behavioral health system in the Assessing the Continuum of Care for Behavioral Health Services in California report, published in January 2022, which presents an analysis of data gathered from surveys and focus groups and includes many of the data sets and service categories specified in SB 1238. Additionally, the Statewide

Needs Assessment and Planning Report, which is published biennially, and the Mental Health and Substance Use System Needs Assessment and Service Plan, which was developed for California's section 1115 Bridge to Reform waiver approval, also provide assessments of our needs. This bill lacks detail regarding data collection, reporting timeframes, and funding which would result in significant implementation challenges. Furthermore, this bill would create a large mandate, potentially costing the state tens of millions of dollars that are not accounted for in the budget. With our state facing lower-than-expected revenues over the first few months of this fiscal year, it is important to remain disciplined when it comes to spending, particularly spending that is ongoing. We must prioritize existing obligations and priorities, including education, health care, public safety and safety-net programs. The Legislature sent measures with potential costs of well over \$20 billion in one-time spending commitments and more than \$10 billion in ongoing commitments not accounted for in the state budget. Bills with significant fiscal impact, such as this measure, should be considered and accounted for as part of the annual budget process. For these reasons, I cannot sign this bill.

**Position: OPPOSE UNLESS AMENDED**

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

**Status:** Dead 8/31/22.

**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**

**Status:** Signed by the Governor 9/14/22. Chaptered by Secretary of State – Chapter 319.

**Summary:** Would, contingent upon the State Department of Health Care Services developing an allocation to provide financial assistance to counties, enact the Community Assistance, Recovery, and Empowerment (CARE) Act, which would authorize specified adult 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 currently experiencing a severe mental illness and have a diagnosis identified in the disorder class schizophrenia and other psychotic

disorders, and who meet other specified criteria. The bill would require the Counties of Glenn, Orange, Riverside, San Diego, Stanislaus, and Tuolumne and the City and County of San Francisco to implement the program commencing October 1, 2023, and the remaining counties to commence no later than December 1, 2024. The bill would require the Judicial Council to develop a mandatory form for use in filing a CARE process petition and 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 facts that support the petitioner’s assertion that the respondent meets the CARE criteria.

**Governor’s Message:** Today’s passage of the CARE Act means hope for thousands of Californians suffering from severe forms of mental illness who too often languish on our streets without the treatment they desperately need and deserve. CARE Court is a paradigm shift: providing housing and services in the community, where people can heal – and not behind locked walls of institutions and prisons. This was the vision set out over 50 years ago, but only now – with unprecedented investment in new housing, mental health services, and CARE Court – can we see this promise becoming reality. CARE Court received overwhelming, bipartisan support from the Legislature and comes at a time when California is investing a record \$14.7 billion in funding for housing and homelessness support and more than \$11.6 billion annually in mental health throughout the state. This bill also comes with real accountability for local governments that don’t comply with court-ordered treatment plans. The CARE Act also holds individuals needing care accountable to engage in treatment, with self-direction supported and civil rights protected. I’m grateful for bill authors Senator Thomas Umberg (D-Santa Ana) and Senator Susan Talamantes Eggman (D-Stockton) as well as Senate President pro Tempore Toni G. Atkins, and Assembly Speaker Anthony Rendon for their leadership in getting this legislation across the finish line. With our partners, we’ll make CARE Court a reality, giving hope to not just those suffering with severe, untreated mental illnesses with psychosis, but also offering a lifeline to the friends and family members of these individuals who for too long have felt hopeless in getting help for their loved ones.

**Position: OPPOSE**

**SB 1416 Eggman (D): Mental Health Services: Gravely Disabled Persons**

**Status:** Dead 7/5/22.

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