

California Behavioral Health Planning Council Legislation and Public Policy Committee Agenda

Wednesday, April 17, 2024

1:30 pm to 5:00 pm

Holiday Inn Sacramento Downtown Arena

300 J Street, Sacramento, CA 95814

Granada/Hermosa Room

[Zoom Link](#)

Meeting ID: 841 4707 5834 Passcode: 328115

Join by phone: (669) 900-6833 Passcode: 328115

| | | |
|----------------|--|--------------|
| 1:30 pm | Welcome and Introductions <i>Barbara Mitchell, Chairperson</i> | |
| 1:35 pm | October 2023 and January 2024 Meeting Minutes <i>Javier Moreno, Chair-Elect</i> | Tab 1 |
| 1:40 pm | Discussion of Proposition 1 (Action Item) <i>Barbara Mitchell, Chairperson and All LPPC Members</i> | Tab 2 |
| 2:15 pm | Public Comment | |
| 2:20 pm | CBHPC Policy Platform (Action Item) <i>Barbara Mitchell, Chairperson,</i> <i>Javier Moreno, Chair-Elect, and All LPPC Members</i> | Tab 3 |
| 3:00 pm | 2024 Legislation and Public Policy Committee Goals (Action Item) <i>Barbara Mitchell, Chairperson and All LPPC Members</i> | Tab 4 |
| 3:15 pm | Break | |
| 3:30 pm | Senate Bill 1082 (Action Item) <i>Theresa Comstock, Executive Director,</i> <i>CA Association of Local Behavioral Health Boards & Commissions</i> | Tab 5 |
| 4:00 pm | Consent Agenda <i>Naomi Ramirez, CBHPC Staff</i> | Tab 6 |
| 4:05 pm | Review of Pending Legislation (Action Item) <i>Barbara Mitchell, Chairperson and All LPPC Members</i> | Tab 7 |
| 4:55 pm | Public Comment | |

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 and Public Policy Committee Agenda**

5:00 pm

Adjourn

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

Committee Members

Barbara Mitchell, Chairperson

Javier Moreno, Chair-Elect

Karen Baylor, Stephanie Blake, Monica Caffey, Erin Franco, Veronica Kelley, Steve Leoni, Catherine Moore, Noel O'Neill, Liz Oseguera, Vandana Pant, Darlene Prettyman, Marina Rangel, Danielle Sena, Daphne Shaw, Deborah Starkey, Tony Vartan, Susan Wilson, Uma Zykofsky

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting**
Wednesday, April 17, 2024

Agenda Item: October 2023 and January 2024 Meeting Minutes

Enclosures: October 2023 Meeting Minutes
January 2024 Meeting Minutes

Background/Description:

The Committee Members will review the October 2023 and January 2024 meeting minutes. The draft minutes will be adopted with any edits that are requested and agreed upon.

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

Wednesday, October 18, 2023
1:30 p.m. to 5:00 p.m.
Embassy Suites by Hilton San Francisco Airport Waterfront
150 Anza Boulevard Burlingame, CA 94010
Ambassador A

Members Present:

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|------------------------------|-------------------------------|-----------------|
| Veronica Kelley, Chairperson | Barbara Mitchell, Chair-Elect | |
| Catherine Moore | Deborah Starkey | Uma Zykovsky |
| Daphne Shaw | Marina Rangel* | Karen Baylor |
| Susan Wilson | Steve Leoni* | Javier Moreno |
| Monica Caffey | Noel O'Neill | Stephanie Blake |
| Erin Franco | Vandana Pant | |

*=Virtual Attendance

Meeting Commenced at 1:30 p.m.

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| Item #1 | June 2023 and August 2023 Meeting Minutes |
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The committee members had an opportunity to review the June 2023 and August 2023 meeting minutes. There was a consensus to accept both meeting minutes.

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| Item #2 | CBHPC Year-End Legislative Report |
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Naomi Ramirez, CBHPC Staff, provided an overview of the Council's 2023 Year-End Legislative Report. The report includes all bills the committee took positions on and their outcomes. The Council focused advocacy efforts on Senate Bill (SB) 43, Senate Bill 326 and Assembly Bill (AB) 531, which were all signed by the Governor. The Council opposed SB 43, which expands the definition of gravely disabled. The Council sent letters of Concern and proposed amendments for SB 326 and AB 531, which are now referred to as Proposition 1 for the California Primary election. If passed it will establish the Behavioral Health Services Act in place of the Mental Health Services Act.

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

Item #3 Workgroup Updates

Uma Zykofsky reported that the Reducing Disparities will be screening The Color of Care documentary, as recommended by workgroup members at this meeting. She also reported that the group is working on drafting questions for presenters that will be submitted to the Executive Committee for approval.

Vandna Pant reported that the Children and Youth Workgroup has been working on engaging more youth. There were 8 youth that work with various advocacy organizations in attendance at the meeting. The focus of the meeting was hearing to hear the youth attendee's concerns and topics they feel need attention. They were invited to consider joining the Council. At the January 2024 meeting the workgroup will hear updates from state level youth focused initiatives at the request of the youth.

Javier Moreno reported that the Substance Use Disorder (SUD) workgroup has not met yet. He shared that he attended the SUD conference hosted by the Department of Health Care Services, along with other Council Members. He noted that it was a great opportunity for the Council to interact with SUD providers and share about the role and responsibilities of the Council. Key areas of focus at the conference were payment reform, documentation, workforce shortages, and lack of standardization across systems of care.

Item #4 Behavioral Health Services Act Public Forums Update

Jenny Bayardo reminded the committee that at the June 2023 meeting members decided to host at least one public forum to gather feedback to inform the Council's comments on Senate Bill 326 (Behavioral Health Services Act). As a result, the Council hosted 1 virtual and 7 in-person forums in August 2023. The forums were spread out across the state as much as possible since planning was done within a couple of weeks. There were more than 300 people in attendance between all forums. The information gathered at the forums was quickly summarized and provided to the Department of Health Care Services and the Health and Human Services Agency. Summaries of the events were sent to members and are posted on the Council's website. Jenny also highlighted that the meeting packet included the letters that were submitted by the Council and include feedback from the forums. Susan Wilson added that she felt the forums were very successful especially considering how quickly they were put together. She shared that the Performance Outcomes committee is interested in hosting similar events with different topic of focus to hear from all stakeholders.

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

Item #5

Partner's Voice: Behavioral Health Services Act

Le Ondra Clark Harvey, Ph.D., Chief Executive Officer, California Council of Community Behavioral Health Agencies (CBHA) provided CBHA's perspective on the Behavioral Health Services Act (BHSA). CBHA's position on the proposition is neutral with concerns. She highlighted a survey on the Mental Health Services Act CBHA conducted with its members showed 76% have Community Services and Supports (CSS) programs; 76% have Prevention and Early Intervention (PEI) programs; 30 have Innovation (INN) programs; and 23% have Workforce Education and Training (WET) programs. She expressed CBHA's appreciation for the administration's inclusion of a phased multi-year implementation, the Governor's focus on transitioning clients to settings to receive appropriate care, and the flexibilities added allowing use for substance use disorder treatment. Some of CBHA's concerns include the need for all parties to be held accountable including Managed Care Plans and there not being adequate funding to fund all services. CBHA strongly feels the workforce shortage must be more comprehensively addressed through the act and other policy initiatives. Overall CBHA is supportive of re-examining the Mental Health Services Act (MHSA), but it must be based on data which drives decisions. Additionally clear and achievable accountability measures must be established to hold all parties accountable and should include the input of all stakeholders.

Chris Stoner-Mertz, Chief Executive Officer, of California Alliance of Child and Family Services (CACFS) provided CACFS perspective on the BHSA. CACFS is in support of the initiative because their members are focused on ensuring there are funds set aside specifically for youth in the legislation. Chris provided a comparison of existing MHSA allocations and proposed BHSA allocations with a focus on children and youth. She highlighted that Senate Bill 326 was amended August 15th and ensures that 51% of the early intervention funds distributed to counties would be allocated to children and youth zero to 25 years old, in addition to the 51% being set aside at the state level. CACFS is very pleased to see the \$358 million investment in children and youth in state law. Some of CACFS concerns she highlighted include: Community-defined evidence - based practices (CDEPs) are at risk of losing a key ongoing revenue source; it appears not to acknowledge that poverty and income loss are the most direct drivers of homelessness, not mental illness; there is no specific set aside to address homelessness in youth and families; and over 50% of Full Service Partnerships serve youth and there is no language specific to youth in the bill related to FSPs.

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

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| Item #6 | Public Comment |
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Stacie Hiramoto thanked the Council for hosting SB 326 Listening Sessions around the state. She felt they were very successful and gave the public an opportunity to weigh in. She also commended the Council for inviting Le'Ondra and Chris to present to the Legislation and Public Policy Committee. She shared that CBHA and CACFS have been very important partners that worked in collaboration throughout the legislative process of SB 326. Additionally, Stacie informed the committee about the California Reducing Disparities Project stakeholder meetings.

Bill Stewart thanked Le'Ondra and Chris for their presentation. He asked Le'Ondra what percentage of agreement is needed for her organization to take a position on an initiative.

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| Item #7 | The Behavioral Health Infrastructure Bond Act of 2023 |
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Assembly Member Irwin was not able to attend the meeting so committee member, Barbara Mitchell, provided an overview of Assembly Bill (AB) 531. She explained that AB 531 is a general obligation bond. She highlighted that the bill was amended and there is now no restriction prohibiting the beds being funded through the bond from being in locked settings. Barbara expressed concern about the bill being combined with SB 326 as one measure on the primary election ballot. Some other fundamental concerns with the structure of the bond include:

- Participants must be considered chronically homeless, which is extremely difficult to prove.
- If an individual that goes into transitional housing, they are no longer considered chronically homeless, which disincentivizes individuals from accepting any housing besides permanent housing.

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

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| Item #8 | Public Comment |
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Barbara Wilson expressed her respect for Barbara Mitchell and her knowledge about housing.

Steve McNally stated that honesty goes a long way and noted that there has not been much information sharing throughout the legislative process. He also expressed his surprise that members of the legislature all voted to pass the initiative after many expressed concerns in their comments at the hearings.

Stacie Hiramoto highlighted her disappointment in the inclusion of locked settings in AB 531 on the Senate Floor with no public comment. She also shared disappointment that the only opportunity for public comment was in-person at an Assembly hearing at 8:00 pm.

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| Item #9 | Council Member Discussion of SB 326 and AB 531 Next Steps (Action Item) |
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Members of the committee discussed SB 326 and AB 531. Susan Wilson made a motion that the Council develop a plan that includes collaborating with partners and outreach to the state. The Motion was seconded by Steve Leoni. The motion passed. Daphne Shaw made a motion for the Council to take an oppose position on Proposition 1. The motion was seconded by Susan Wilson. The motion did not pass.

Noel O'Neil made a motion to take the vote for a position on Proposition 1 to the full Council at a teleconference as soon as possible after the quarterly meeting. Javier Moreno seconded the motion. The motion passed.

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| Item #10 | Public Comment |
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Steve McNally asked about the Council's by laws for holding a special meeting. He also highlighted the Council's concern position on SB 326 and the information that was shared through that position. He also shared that some legislators may be interested in hosting a townhall on the topic if the information was framed correctly.

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Bill Stewart shared that he received guidance from legal counsel in San Diego regarding the use of abstaining when voting. The guidance he received is that boards and committees are only allowed to abstain when voting if there is a conflict of interest.

Christine from Napa County supported the concept of the Council educating the public so they can make an informed choice on Proposition 1.

Stacie Hiramoto commended the committee for being so informed, thoughtful, and brave.

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

Wednesday, January 17, 2024
1:30 pm to 5:00 pm
Courtyard by Marriott San Diego Old Town
2435 Jefferson Street San Diego, CA 92110
Cabrillo Room

Members Present:

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|-------------------------------|----------------------------|--------------------|
| Barbara Mitchell, Chairperson | Javier Moreno, Chair-Elect | |
| Catherine Moore | Deborah Starkey | Tony Vartan |
| Daphne Shaw | Marina Rangel | Karen Baylor |
| Susan Wilson | Liz Oseguera | Darlene Prettyman* |
| Monica Caffey | Noel O'Neill | Veronica Kelley |
| Erin Franco* | | |

*=Virtual Attendance

Meeting Commenced at 1:30 p.m.

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| Item #1 | Nomination of Chair-Elect |
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Naomi Ramirez, CBHPC Staff, provided an overview of the responsibilities of a committee Chair-Elect. Barbara Mitchell nominated Javier Moreno as the Legislation and Public Policy committee Chair-Elect. The motion was seconded by Susan Wilson. The motion passed.

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| Item #2 | Change of Officers |
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The change of Committee Officers occurred. Barbara Mitchell became the committee Chairperson and Javier Moreno become the committee Chair-Elect.

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

Item #3 October 2023 Meeting Minutes

Review of the October 2023 meeting minutes was postponed to the April 2024 meeting.

Item #4 Discussion of Changes in Conservatorship Laws

Daphne Shaw provided a brief overview of Senate Bill (SB) 43, which was signed into law in October 2023. The bill expands the definition of gravely disabled. The changes outlined in the legislation are effective January 1, 2024, however counties were given the option to defer implementation until 2025 or 2026 and at this time 56 counties have opted to defer. It is unknown at this time which year each county deferred to. The two counties that did not defer implementation are San Luis Obispo and San Francisco. Daphne highlighted that the public guardian, emergency rooms, and public defenders will all be impacted by this legislation. Another concern is there is no state criteria to certify a locked Medi-Cal substance use disorder treatment facility. She reported that the Patients' Rights committee received an update from Deb Roth with Disability Rights California because they are following the initiative closely. Deb shared that there is concern that the Governor may put leverage on counties through other mechanisms to force a sooner implementation.

Karen Baylor shared concerns she heard at the Behavioral Health Symposium in December 2023, which was hosted by the California Hospital Association. The hospitals are extremely concerned about how the legislation can be implemented. They highlighted that locked settings are not the appropriate treatment for SUD patients and there are not currently the beds or treatment required. There are also significant concerns about capacity issues.

The committee discussed sending a letter with recommendations for implementation to the Health and Human Services Agency and the Department of Health Care Services. The committee decided to delay sending the letter until after the SB 43 Public Forum the Performance Outcomes Committee will be hosting during the April 2024 meeting.

Item #5 Review/Update CBHPC Policy Platform

Naomi Ramirez, CBHPC Staff, provided an overview of the history and edits included in the Policy Platform. Committee members reviewed and discussed the current version of the document. It was decided that substantial edits need to be made. Members

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Legislation and Public Policy Committee
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requested to receive the Policy Platform as a Word document so they can provide suggested edits and revisit the topic at the next meeting.

Naomi Ramirez will send the Policy Platform to all members in a Word format by email. All suggested edits that are submit to Naomi will be included in the April 2024 meeting packet for the committee's review and discussion.

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| Item #6 | CBHDA Legislative Priorities for 2023 Governor's Proposed 2024-25 Budget Highlights |
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Gail Gronert, County Behavioral Health Director's Association (CBHDA), Director of Strategic Initiatives, informed the committee that CBHDA currently very focused on the immense amount of program implementation and the Governor's proposal.

Gail also provided an overview of the Governor's Proposed Budget. Highlights from the overview include:

- Governor Newsom defines the budget deficit as \$37.9 billion over a multi-year forecasting period.
- Revenue is still 23% above pre-pandemic levels.
- Realignment funds are estimated to increase 5.1% in the budget year.
- There is a significant preservation of behavioral health funds.
- Behavioral Health & Housing Grant delays are proposed.
- The January proposal includes \$292 million allocated for CARE Court.
- The Governor conducted a press event identifying solutions to address the budget deficit, which include:
 - Access \$18.8 billion in reserves, revenue, and borrowing.
 - \$11.9 Billion reductions and shifting funds.
 - \$7.2 billion in delays and deferrals.

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| Item #7 | Public Comment |
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Steve McNally urged CBHDA or any other organization to provide information about Senate Bill 43 and Senate Bill 326 to empower the public to advocate to the legislature.

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

Item #8

Assemblymember Corey Jackson, DSW, MSW

Assemblymember Corey Jackson from Riverside County provided an overview of his current legislative priorities. He highlighted that he is the Chairperson of the Assembly's Select Committee on California's Mental Health Crisis. He reported that the committee has been conducting a series of listening sessions and is focused on building out the behavioral health infrastructure and stabilizing the population served. The committee plans to develop a legislative package to address continued behavioral health needs including increasing the availability and knowledge of childhood screenings, bed capacities, and workforce. He shared that the committee is planning a joint hearing with the Senate Select Committee on Mental Health and Addiction to get feedback on the decisions made during the last legislative session. The purpose of the hearing is to identify information the legislature may be missing and unintended consequences. The committee is also committed to ensuring that California has a robust addiction system to ensure there is a master plan to deal with the number of Californians facing addiction.

Committee Member Catherine Moore assured that the Assemblymember is aware of the current crisis Adult Residential Facilities are currently facing. The Assembly member welcomed any additional information the committee would like to share to ensure the issue is appropriately addressed in coming legislative sessions.

Committee Member Steve Leoni thanked the Assemblymember for joining the committee. He shared that he worked with Rusty Selix on drafting the original Proposition 63 language for the Mental Health Services Act. He expressed concern with how quickly the language for Proposition 1 was put through the legislative process especially since much of the initial intent of Proposition 63 was lost in the process and will likely result in many unintended consequences. Steve asked how the Assemblymember, and other legislators intend on addressing the unintended consequences. The Assemblymember assured Steve that many legislators including himself are open to making recommendations to modify the language if that becomes necessary.

Committee Member Tony Vartan highlighted the reduction in acute psychiatric facilities over the years and suggested that the need for expansion should be looked at considering the passage of Care Court and Senate Bill 43, which will increase the need. The Assemblymember highlighted the importance of the legislature being vigilant on possible unintended consequences and ensuring that data is received timely and routinely as possible to identify red flags. He also assured Tony that there are a group of legislators that are willing to take swift action to address unintended consequences that are identified.

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

Committee Member Erin Franco asked if he foresees an increase in addiction due to the reduction of Prevention and Early Intervention (PEI) funding as proposed in Proposition 1. The Assemblymember highlighted that the legislature worked hard to preserve what is still in Proposition 1 related to PEI. He also stated that the proposition allows additional funds outside of PEI to address addiction services but acknowledged that it will be important to monitor potential impacts that may arise.

Committee Chairperson Barbara Mitchell asked the Assemblymember to inform us when the joint hearing will be held. She shared that the committee members are very interested in attending and have several items they would like addressed at the hearing.

Item #9 Public Comment

Barbara Wilson thanked Assemblymember Jackson for the work he is doing and for being a social worker. She highlighted that she is also a social worker, and that community mental health has never been adequately funded. She shared that she is very fearful of the potential for more individuals being put into locked settings because of the inadequate funding and the potential failure of initiatives. She also highlighted the Adult Residential Facility crisis and the silos the different departments work in. The Assemblymember invited her to share recommendations she may have that can be developed into legislation to address the issues.

Aaron Bailey asked if SB 326 was intentionally rushed through the legislative process. The Assemblymember shared that the legislature attempted to slow down the process as much as possible. He also stated that the intent of the joint hearing that is being planned is to identify any unintended consequences that may be a result of the speedy process.

Item #10 Senator Scott Wiener

Senator Scott Wiener from San Francisco highlighted some of his legislation that has been signed into law including Senate Bill (SB) 855 on mental health parity and SB 221 on timely access. Senator Wiener is the Chairperson of the Senate Select Committee on Mental Health and Addiction. He reported that the committee has been conducting oversight hearings on the implementation of behavioral health related laws. He shared that he plans to move forward SB 294 which will trigger an automatic review when a behavioral health coverage denial is given for services for youth under the age of 26. He also highlighted the ongoing workforce challenges, the lack of mental health beds, and

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Legislation and Public Policy Committee
Meeting Summary (DRAFT)**

that drug addiction is a health problem that should be addressed accordingly. He expressed gratitude for the Council's work.

Committee member Daphne Shaw shared that she is the Chairperson of the Council's Patients' Rights Committee (PRC). She patients' rights concerns regarding the passage of Senate Bill 43.

Committee Member Karen Baylor thanked the Senator for presenting to the committee. She highlighted that more than 50 percent of the Council's membership is consumers and family members. She shared that the Council is hearing concerns from peer-run organizations that if Proposition 1 passes, 50 percent of the funds they receive from the Mental Health Services Act (MHSA) will be lost. She asked the Senator if he had been hearing the peer community's concerns with Proposition 1. The Senator responded that he is aware of many groups' opposition to the restructuring of MHSA funds.

Committee Member Noel O'Neill shared his concern about the potential loss of the Wellness Centers many counties operate if Proposition 1 passes, as they are funded by the Community Services and Supports allocation under the MHSA. He shared that is also worried that more individuals may become homeless as a result. Senator Weiner acknowledged that mental health has long been underfunded and stated that the outcome of the proposition will now be determined by voters.

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| Item #11 | Public Comment |
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Stacie Dagleish asked if the Senator is thinking about doing something to get rid of the prohibitions on building mental health facilities in neighborhoods. The Senator said he has not thought about it, but thinks it is something worth considering.

Steve McNally thanked the Senator for all his efforts and expressed an interest in continuing to attend his hearings. He shared that he was surprised that regulations have not been put in place for the parity bill. Steve asked the senator if he had considered a self-funded voucher system.

Aaron Bailey expressed his gratitude for the Senator's work, particularly Senate Bill (SB)179. He asked if there is anything in the works in the legislature to address private insurer's abuse of the medical necessity process. The Senator shared that SB 855 was to describe who can define medical necessity and it made clear that that determination is not made by the insurers, but rather by the medical providers.

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

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| Item #12 | Discussion of Proposition 1 |
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Chairperson Barbara Mitchell informed the committee that once the legislature passed Senate Bill 326 and Assembly Bill 531 and it became a proposition, the Council was prohibited from holding a meeting to take a position as was planned after the October 2023 quarterly meeting. She shared that the Legislative Analyst's Office analysis of the proposition is included in the packet. Additionally, there will be presentations from various organizations on the proposition during the Council's General Session meeting.

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| Item #14 | Public Comment |
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Barbara Wilson encouraged the Council to consider asking for federal funding to fill gaps.

Steve McNally asked the Council to be intentional in providing all resources possible to help family members advocate.

Patricia Wentzel shared information about a Proposition 1 Pro and Con online event that is open to the public.

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting**
Wednesday, April 17, 2024

Agenda Item: Discussion of Proposition 1

Enclosure: None

How This Agenda Item Relates to Council Mission

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

If passed, Proposition 1 will redesign California's behavioral health system.

Background/Description:

On March 19, 2023, Governor Newsom announced that he was calling on lawmakers to place a measure on the 2024 ballot to modernize the state's behavioral health system. This initiative included Senate Bill 326 (SB 326) and Assembly Bill 531 (AB 531), which both passed and are now Proposition 1. The proposition was voted on during the March 5, 2024, California Primary election and passed on March 20, 2024.

Some of the changes included in the initiative are:

- The expansion of the use of Mental Health Services Act to include Substance Use Disorder (SUD) treatment.
- Updates to the categorical funding buckets, requiring 30 percent of MHSA funds be used on housing services.
- Updates to the county process and spending.

The Council has taken an active role in informing the public about the initiative, as well as informing the administration and legislature on the input of the public through public forums, summaries of the forums, requested amendments, the Council's letter of Concern, and hearing different perspectives on the proposition at the January 2024 Quarterly meeting.

This agenda item provides committee members with an opportunity to discuss the outcome of Proposition 1 and determine if there is any action the committee should take.

Resources: [Current Ballot Results](#)

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting**
Wednesday, April 17, 2024

Agenda Item: CBHPC Policy Platform

Enclosures: Draft Policy Platform with Suggested Edits

How This Agenda Item Relates to Council Mission

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

The CBHPC is mandated to advocate for an accountable system of responsive services that are strength-based, recovery-oriented, culturally, and linguistically responsive, and cost-effective. To achieve these ends in an effective manner, the Council utilizes a Legislative Platform that clearly directs the policy consideration of legislation during the legislative session. Additionally, the Council's platform educates the public, the behavioral health constituency, and legislators on the Council's perspective on various issues.

Background/Description:

The platform was developed for staff to utilize to identify bills to bring to the committee for discussion and potential positions. The platform also gives the public an overview of the Council's views and areas of priority. The Legislation Committee spent time at the 2019 meetings revising the Council's long-standing Policy Platform and adopted the current version in January 2020. During the process, members decided that the Policy Platform should be organized in a format that clearly defines the Council's values in key areas. Since the Council had just reorganized with new committees the document was developed around the new committee's areas of focus. In January 2023 meeting members adopted revisions to the Workforce and Employment Committee (WEC) and the Systems and Medicaid Committee (SMC) sections to reflect the current focus of the committees.

At the January 2024 meeting members decided that the Policy Platform should be reviewed and revised. Members requested to be sent the platform as a Microsoft Word document so they could submit suggested revisions. During this agenda item members will have an opportunity to review the proposed revisions submitted by committee leadership, Barbara Mitchell, and Javier Moreno. Additionally, all members will have an opportunity to provide and discuss any other revisions. *Added language is designated with underline. Deleted language is designated with a ~~strikethrough~~.*



Policy Platform

The California Behavioral Health Planning Council (CBHPC) is mandated by federal and state statutes to advocate for children with serious emotional disturbance and their families and for adults and older adults with serious mental illness; to review and report on outcomes for the public mental health system; and to advise the Department of Health Care Services and the Legislature on policies and priorities the state should pursue in developing its mental health and substance use disorder systems.

MISSION

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

VISION

A behavioral health system that makes it possible for individuals to lead full and purposeful lives.

GUIDING PRINCIPLES

Wellness and Recovery: Wellness and recovery may be achieved through multiple pathways that support an individual to live a fulfilled life and reach their full potential.

Resiliency Across the lifespan: Resilience emerges when individuals of all ages are empowered and supported to cope with life events.

Advocacy and Education: Effective advocacy for policy change statewide starts with educating the public and decision makers on behavioral health issues.

Consumer and Family Voice: Individuals and family members are included in all aspects of policy development and system delivery.

Cultural Humility and Responsiveness: Services must be delivered in a way that is responsive to the needs of California's diverse populations and respects all aspects of an individual's culture.



Parity and System Accountability: A quality public behavioral health system includes stakeholder input, parity and performance measures that improve services and outcomes.

INTRODUCTION

The purpose of the Policy Platform is to outline CBHPC's perspectives on priority issues and legislation to effectively advocate for access to timely and appropriate care to improve the quality of life for persons with serious mental illness/emotional disturbance, including those dually diagnosed with substance use disorders. The Platform is intended to be used by staff to identify legislation of interest to the Council and inform stakeholders of the Council's perspective on priority policy areas. All aspects of the guiding principles are considered in the positions the Council takes.

The perspective of the Council on overarching behavioral health issues, as well as priority policy areas are outlined in the sections below.

OVERARCHING BEHAVIORAL HEALTH PRINCIPLES

1. Reduce and eliminate stigma and discrimination.
2. Augment behavioral health funding, consistent with the principles of least restrictive quality evidence based care and easy, timely access to services for all Californians eligible for care in the public behavioral health system—adequate access and oppose any cuts.
3.  Promote the principles of the Mental Health Master Plan.
4. Promote appropriate services to be delivered in the least restrictive setting possible.
5. Support the mission, training and resources for local behavioral health boards and commissions.
6. Encourage a stakeholder process that fully embraces the participation and voice of the quality of the stakeholder process, improves the participation of consumers and family members and providers, and fully represents the diversity and inclusion of persons served by the California public behavioral health system the racial/cultural and age demography of the targeted population.
7. Uphold the principles and practices of the Mental Health Services  Act.

PRIORITY POLICY AREAS


PATIENT RIGHTS

The Council is mandated to monitor and report on the access, depth, sufficiency, and effectiveness of advocacy services provided to psychiatric patients. Additionally, to advise the directors of CA Department of State Hospitals and CA Department of Health Care Services on policies and practices that affect patients' rights at the county and state-level public mental health system provider sites.

The Patients' Rights Committee (PRC) is currently focused on the rights of psychiatric patients in county jails.

Summary of Comments on Policy Platform

Page: 2

 Number: 1 Author: Barbara Mitchell Date: 3/7/2024 9:53:00 AM -08'00'
I think this should be eliminated as it's too old and most people don't have the document.

 Number: 2 Author: Barbara Mitchell Date: 3/7/2024 10:04:00 AM -08'00'
The new? The old? The modified?

SUPPORT

1. Consistent application of WIC Sections regarding the duties of Patients' Rights Advocates, especially WIC sections 5150, 5151, and 5152.
2. Attaining information from Patients' Rights Advocates on activities, procedures and priorities.
3. Informing local Mental Health Boards on the duties of Patients' Rights Advocates.
4. Addressing the ratio of Patients' Rights Advocates to the general population.
5. Effective training for Patients' Rights Advocates.
6. Whistleblower protections for all Patients' Rights Advocates.

BEHAVIORAL HEALTH SYSTEM ACCOUNTABILITY AND EVALUATION

The Planning Council is mandated in state law to review and report on the public mental health system, to advocate for adults and older adults with serious mental illnesses and children and youth with serious emotional disturbances and their families, and to make recommendations regarding mental health policy development and priorities. This duty includes the following:

- Reviewing, assessing, and making recommendations regarding all components of the mental health and substance use disorder systems.
- Reviewing and approving performance indicators.
- Reviewing and reporting annually on the performance of mental health and substance use disorder programs based on data from performance indicators.
- Periodically reviewing the State's data systems and paperwork requirements to ensure they are reasonable.

The Performance Outcomes Committee (POC) surveys all counties annually through the Data Notebook. The theme of each notebook is determined by members and the information collected is intended to assist in closing the gaps on data and support the work of the Council.

SUPPORT

1. Require increased use and coordination of data and evaluation processes at all levels of behavioral health services.
2. Adequate funding of evaluation of mental/behavioral health services.

HOUSING AND HOMELESSNESS

The Council actively engages with stakeholder organizations to influence policy and ensure access to programs by homeless individuals who are served by the public behavioral health system. The Council also advocates on legislation and regulatory matters related to the housing crisis in California and funding and programs to serve persons who have mental illness and are homeless.

The Housing and Homelessness Committee (HHC) intends to monitor, review, evaluate and recommend improvements in the delivery of housing services and addressing the state's homeless population. The committee intends to highlight and recognize outstanding service delivery programs, so that effective programs can be duplicated and shared throughout the state of California. Existing efforts for this committee's consideration include: Housing First Policy, No Place Like Home (NPLH), California Interagency Council on Homelessness (CAL ICH) and Mental Health Service Act (MHSA) Housing Programs. Additionally, the committee is leading the Council's efforts in addressing the current crisis with Adult Residential Facilities.

SUPPORT

1. Lowering costs by eliminating duplicative, unnecessary, or ineffective regulatory or licensing mechanisms of programs or facilities.
2. Lowering of costs to build and operate affordable housing by eliminating unnecessary building and zoning restrictions and removal of barriers imposed by CEQA. Promote elimination of prevailing wage standards for production of affordable housing for very low income persons with disabilities, funded through State grants, bonds and loans.
3. Development of housing subsidies and resources so that housing is affordable to people living on Social Security Income (SSI)/Social Security Disability Insurance (SSDI) and people with similar limited incomes.
4. Expanding affordable housing and affordable supportive housing.
5. Initiative/policies to mitigate "Not In My Back Yard" (NIMBY) and restrictions on housing and siting facilities for providing behavioral health services.

WORKFORCE AND EMPLOYMENT

The Welfare and Institution Code provides the Council with specific responsibilities in to advise the Department of Health Care Access and Information (HCAI) on education and training policy development and also to provide oversight for the development of the Five-Year Education and Training Development (WET) Plan, as well as review and approval authority of the final plan.

 Number: 1 Author: Barbara Mitchell Date: 3/7/2024 10:06:00 AM -08'00'

Very controversial but necessary. Could be worded as "promote elimination of financial and other requirements imposed by the state that increase costs of building affordable housing"

The Workforce and Employment Committee (WEC) works closely with HCAI staff to provide input, feedback and guidance and acts as the conduit for presenting information to the full Council membership as it relates to its responsibilities set in law. Additionally, the committee leads efforts to secure funding for the WET plan. Aside from the activities related to the WET Plan, the committee is focused on addressing the employment of individuals with psychiatric disabilities and substance use disorders, as well as advocating for an adequate supply of and funding for behavioral health professionals across various provider types. Additionally, the WEC tracks, participates, and comments on workforce initiatives created by DHCS, CalHHS, advocacy groups, educational institutions, and other partner organizations.

SUPPORT

1. Expand employment options for people with psychiatric disabilities, particularly processes that lead to certification and more professional status and establish stable career paths.
2. Address the human resources problem in the public behavioral health system with specific emphasis on increasing cultural diversity in efforts to reduce disparities and promote the employment of consumers and family members.
3. Ensure an adequate supply of and funding for behavioral health professionals to provide timely access to high-quality, culturally responsive, and equitable health care services for consumers served in the Public Behavioral Health System.
4. Support programs providing stipends, loan forgiveness and other incentives and scholarships for persons committed to working in the public behavioral health system.

BEHAVIORAL HEALTH SYSTEM/CONTINUUM OF CARE

Substance Use Disorders

The Council is committed to fostering a healthier and safer California by supporting activities focused on substance use prevention, overdose reduction, and expanded access to a full continuum of care for individuals at risk of developing or who have developed a substance use disorder. The Council supports efforts to reach the 95% of individuals who need care but today do not receive it. The Council advocates for a comprehensive system of care that provides integrated whole person care for substance use disorder treatment and recovery services for all Californians. The Council advocates for a comprehensive system of care that offers integrated substance use disorder treatment and recovery services to all Californians. Prioritizing the closure of equity gaps, the Council seeks to ensure unbiased and equal access to high-quality treatment and established connections between individuals and personalized services, with a lessened emphasis on incarceration.

In pursuit of these goals, the Council is grounded in the following principles:

1. The Council supports efforts aimed at preventing the development of substance use-related problems through community-based education, awareness campaigns, and evidence-based prevention programs.
2. The Council supports policies and practices that ensure expanded access to a comprehensive continuum of care for individuals with substance use disorders, encompassing prevention, early intervention, treatment, recovery support, low barrier access to care including harm reduction services.
3. The Council support policies and evidenced based practices to increase access to medications for addiction treatment.
4. The Council supports policies and practices aimed at reducing overdose incidents and fatalities through preventive measures, naloxone distribution, and training.
5. The Council supports advancing principles of equity in treatment access and quality to eliminate disparities and ensure that all Californians, regardless of demographic or socioeconomic factors, have equal access to effective substance use disorder care.
6. The Council supports destigmatizing substance use disorders and improving treatment access by removing unnecessary barriers and policy requirements not typical in general healthcare.
7. The Council supports a multi-strategic approach to address the shortage of trained professionals in the substance use disorder (SUD) workforce ensuring the sustainability of the delivery system.
8. The Council supports actions that secure and protect full and permanent funding for the substance use disorder (SUD) delivery system, prioritizing allocating new funding rather than diverting existing funding away from other essential Behavioral Health services.
9. The Council supports actions to meet the complex needs of individuals and families with co-occurring mental health and substance use disorders across all levels of care, supporting new approaches to ensure everyone gets the care they need, no matter where they enter the healthcare system.

The Council is statutorily required to advocate for timely access and continuity of care for persons with SMI and SED, addressing all levels of care from acute care to recovery of vocation and functionality across the lifespan. The Council's membership includes the voice of consumers and family members in its statewide policy development. In addition to the federal planning duties, state law mandates additional responsibilities and duties that include:

- Advising the Legislature, Department of Health Care Services, and county boards on mental health and substance use disorder issues and the policies and priorities that this state should be pursuing.
- Make recommendations to the Department on awarding grants to county programs to reward and stimulate innovation

- Advise the Director on the development of the State mental health plan and its priorities.
- Conduct public hearings on the State mental health plan, Community Mental Health Services Block Grant, and on other topics as needed.

The Systems and Medicaid Committee (SMC) is focused on Medicaid reform and transformation of California's public behavioral health system. The SMC is currently tracking California's Medicaid Infrastructure via the CalAIM 1115 and 1915(b) Waivers which provide the bulk of California's Medicaid Infrastructure. The Committee's activities include exploring options for the future system, engaging with various behavioral health stakeholders, and soliciting input to develop recommendations for the Department of Health Care Services. Additionally, the Committee is interested in promoting collaboration with areas of intersection with behavioral health and other systems including:

- Physical Health Care
- Child Welfare
- Juvenile Justice
- Criminal Justice
- Education
- Developmental Disabilities
- Vocational Rehabilitation
- Employment
- Aging
- Social Services
- Housing

SUPPORT

1. Promote the integration of mental health, substance use disorders and physical health care services.
2. Safeguard legal requirements for behavioral health care parity and advocate for the improvement of behavioral health treatments to full parity with all other healthcare.
3. Provide comprehensive health care and improved quality of life for people living with mental illness, and oppose any elimination of health benefits for low income beneficiaries, and advocate for reinstatement of benefits that have been eliminated.
4. Reduce disparities and improving access to behavioral health services, particularly to unserved, underserved populations, and maintain or improve quality of services.
5. Reduce the use of seclusion and restraint to the least extent possible.

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting**
Wednesday, April 17, 2024

Agenda Item: 2024 Legislation and Public Policy Committee Goals

Enclosures: None

How This Agenda Item Relates to Council Mission

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

This agenda item will give Committee Members an opportunity to discuss their goals to ensure the work of the committee aligns with the Council's mission and vision.

Background/Description:

During the January 2023 meeting the committee members identified the following goals:

- To become more relevant and inform important legislation during the development stage.
- To review the regulations being developed to implement new legislation and provide input/comment.
- To inform stakeholders about the regulations being developed and urge them to advocate.
- To work with the Legislature to develop legislation to address gaps identified by the Council.
 - Find a champion/organization to partner with and co-sponsor legislation.
- For members to become proficient in the legislative process and clearly understand opportunities for advocacy.
- To look outside the box at issues affecting the behavioral health of low-income individuals.

During this agenda item committee members will evaluate the goals identified last year and identify new goals for 2024. All members will discuss the steps they will take to accomplish the goals.

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting**
Wednesday, April 17, 2024

Agenda Item: Senate Bill 1082

Enclosures: [Senate Bill \(SB\) 1082](#)
[SB 1082 Fact Sheet](#)
[Issue Brief-Adult Residential Facilities](#)
[Department of Developmental Services-Adult Community Care Facility Rates](#)

How This Agenda Item Relates to Council Mission

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

In 2018 the Council released the [Adult Residential Facilities](#) issue paper. The paper was developed as an effort to generate dialogue to identify possible solutions to address the barriers the facilities face. One of the main barriers identified was the lack of financial viability, which SB 1082 is attempting to address.

Background/Description:



Theresa Comstock, Executive Director, CA Association of Local Behavioral Health Boards & Commissions will provide an overview of SB 1082-Augmented Residential Care Facilities. Members will have an opportunity to discuss the bill, provide feedback, and act if they choose.

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting
Wednesday, April 17, 2024**

Agenda Item: Consent Agenda

Enclosures: CBHPC Consent Agenda
Fact Sheet* for AB 2411

[AB 2995](#)

[SB 1339](#)

How This Agenda Item Relates to Council Mission

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

The Consent Agenda is utilized to maximize the Council's effort to advocate for an effective behavioral health system and assist in educating the public, behavioral health constituency, and legislators on issues that impact individuals with Serious Mental Illness (SMI) and Serious Emotional Disturbances (SED).

Background/Description:

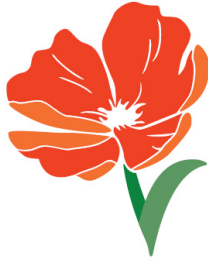
To expedite meetings and reserve time for bills that need to be discussed, the Legislation Committee utilizes a "Consent Agenda."

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

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

Motion: To support AB 2411, AB 2995, and SB 1339

*If you would like a copy of the Facts Sheets, please email Naomi Ramirez at Naomi.Ramirez@cbhpc.dhcs.ca.gov.



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Consent Agenda April 2024

AB 2411 (**Carrillo, Wendy D**) **Local Youth Mental Health Boards.**

Current Text: Introduced: 2/12/2024

Status: 2/26/2024-Referred to Com. on HEALTH.

Location: 2/26/2024-A. HEALTH

Summary: Would require each community mental health service to have a local youth mental health board (board), appointed as specified, consisting of members between 15 and 23 years of age, inclusive, at least 1/2 of whom are, to the extent possible, mental health consumers who are receiving, or have received, mental health services, or siblings or close family members of mental health consumers and 1/2 of whom are, to the extent possible, enrolled in schools in the county. The bill would require the board, among other duties, to review and evaluate the local public mental health system and advise the governing body and school district governing bodies on mental health services related to youth that are delivered by the local mental health agency or local behavioral health agency, school districts, or others, as applicable. The bill, upon appropriation by the Legislature, would require the governing body to provide a budget for the board sufficient to facilitate the purposes, duties, and responsibilities of the board.

AB 2995 (**Jackson D**) **Public health: alcohol and drug programs: definitions.**

Current Text: Introduced: 2/16/2024

Status: 2/17/2024-From printer. May be heard in committee March 18.

Location: 2/16/2024-A. PRINT

Summary: The State Department of Health Care Services is responsible for administering prevention, treatment, and recovery services for alcohol and drug abuse and problem gambling. Current law defines “alcohol abuser” and “drug abuser,” for these purposes. Current law defines “alcohol and other drug services” as a service that is designed to encourage recovery from the abuse of alcohol and other drugs, and “alcohol and other drug abuse program” as a collection of alcohol and other drug services that are coordinated to achieve specified objectives. This bill would revise and recast various terms, including alcohol and other drug abuse program, alcohol abuser, and drug abuser to use person-first terminology and to focus instead on substance use disorder.



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SB 1339 (**Allen D**) **Health and care facilities.**

Current Text: Introduced: 2/16/2024

Status: 2/29/2024-Referred to Com. on RLS.

Location: 2/16/2024-S. RLS.

Summary: Current law generally requires the State Department of Public Health to license, inspect, and regulate health facilities, defined to include, among other types of health facilities, an acute psychiatric hospital. Current law requires the State Department of Health Care Services to license and establish regulations for psychiatric residential treatment facilities. This bill would state the intent of the Legislature to enact legislation to ensure that licensed facilities that receive referred behavioral health patients have their licenses checked to ensure that these licensed facilities are capable of providing the appropriate level of care.

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting**
Wednesday, April 17, 2024

Agenda Item: Review of CBHPC Pending Legislative

Enclosures: [CBHPC Policy Platform](#)

[CBHPC Legislative Process](#)

[CBHPC Legislative Process Flow Chart](#)

CBHPC Pending Legislative Positions-April 2024

Fact Sheets* for AB 1300, AB 1316, AB 1907, AB 2051, AB 2119, AB

2154, AB 2207, AB 2700, AB 2711, AB 2822, AB 3077, AB 3127, AB

3221, AB 3260, SB 999, SB 1025, SB 1126, SB 1210, SB 1211, SB 1212,

SB 1300

AB 2142 Co-Sponsor Letter

How This Agenda Item Relates to Council Mission

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

The CBHPC positions on legislation guide the Council's advocacy 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:

Barbara Mitchell, LPPC Chairperson, will facilitate a discussion of the bills on the *Pending Legislative Positions* list included in the packet. The bill number in this list is linked to the current bill language. Members are encouraged to review the bills and fact sheets sent out before the meeting to address as many bills as possible during the committee meeting.

*If you would like a copy of the Facts Sheets, please email Naomi Ramirez at Naomi.Ramirez@cbhpc.dhcs.ca.gov.



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Pending Legislative Positions

April 2024

AB 1316 (Irwin D) Emergency services: psychiatric emergency medical conditions.

Current Text: Amended: 1/3/2024

Status: 1/25/2024-Read third time. Passed. Ordered to the Senate. (Ayes 69. Noes 0.) In Senate. Read first time. To Com. on RLS. for assignment.

Location: 1/25/2024-S. RLS.

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, as defined. Current law provides for the licensing and regulation of health facilities by the State Department of Public Health and makes a violation of those provisions a crime. Current law defines “psychiatric emergency medical condition,” for purposes of providing treatment for emergency conditions, as a mental disorder that manifests itself by acute symptoms of sufficient severity that it renders the patient as being either an immediate danger to the patient or to others, or immediately unable to provide for, or utilize, food, shelter, or clothing, due to the mental disorder. Current law includes various circumstances under which a patient is required to be treated by, or may be transferred to, specified health facilities for treatment that is solely necessary to relieve or eliminate a psychiatric emergency medical condition. This bill would revise the definition of “psychiatric emergency medical condition” to make that definition applicable regardless of whether the patient is voluntary, or is involuntarily detained for evaluation and treatment, under prescribed circumstances. The bill would make conforming changes to provisions requiring facilities to provide that treatment.

AB 1841 (Weber D) Student safety: opioid overdose reversal medication: student housing facilities.

Current Text: Amended: 3/6/2024

Status: 3/13/2024-From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 0.) (March 12). Re-referred to Com. on APPR.

Location: 3/12/2024-A. APPR.

Summary: Would require the governing board of each community college district and the Trustees of the California State University to notify, by sending an email at the beginning of each academic semester or term, students of the presence and location of fentanyl test strips and opioid overdose reversal medication, and to distribute, at the beginning of each



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academic semester or term, 2 doses of a federally approved opioid overdose reversal medication obtained through the Naloxone Distribution Project to residential advisers who work in a university- or college-affiliated student housing facility, and to house managers who work in a university- or college-affiliated fraternity or sorority facility that provides housing to its student members. The bill would prohibit disciplinary measures from being imposed for any violation of the institution's student conduct policy regarding drug possession, use, or treatment that occurs at or near the time of an incident where a residential adviser or house manager administers a dose of a federally approved opioid overdose reversal medication, as provided. By imposing new duties on community college districts, the bill would constitute a state-mandated local program. The bill would request that the Regents of the University of California comply with these requirements.

[AB 1907](#) ([Pellerin D](#)) **California Child and Family Service Review System: Child and Adolescent Needs and Strengths (CANS) assessment.**

Current Text: Introduced: 1/24/2024

Status: 2/20/2024-Referred to Com. on HUM. S.

Location: 2/20/2024-A. HUM. S.

Summary: Current law requires the California Health and Human Services Agency to convene a workgroup, as prescribed, to establish a work plan by which child and family service reviews shall be conducted. Current law requires the workgroup to consider, among other things, measurable outcome indicators, which shall be consistent with specified federal measures and standards. This bill would require the outcome indicators to include data from the Child and Adolescent Needs and Strengths (CANS) assessment tool.

[AB 2051](#) ([Bonta D](#)) **Psychology interjurisdictional compact.**

Current Text: Introduced: 2/1/2024

Status: 2/12/2024-Referred to Com. on B. & P.

Location: 2/12/2024-A. B.&P.

Summary: The Psychology Licensing Law establishes the Board of Psychology to license and regulate the practice of psychology. Current law, except as specified, prohibits persons without a license under existing law from practicing psychology or representing themselves to be a psychologist in this state. Current law requires an applicant for licensure as a psychologist to possess specified degrees, have engaged in supervised professional experience, pass an examination, and complete coursework or provide evidence of training. This bill would ratify and approve the Psychology Interjurisdictional Compact, an interstate compact that is operational under its terms, to facilitate the practice of telepsychology and the temporary in-person, face-to-face practice of psychology across state boundaries. Under this bill, the compact would require this state, as a compact state,



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to recognize the right of a psychologist, licensed in a compact state in conformance with the compact, to practice telepsychology in other compact states in which the psychologist is not licensed, as provided in the compact.

[AB 2119](#) ([Weber](#) D) **Mental health.**

Current Text: Amended: 3/18/2024

Status: 3/19/2024-Re-referred to Com. on HEALTH.

Location: 3/18/2024-A. HEALTH

Summary: Current law makes various references to the descriptive terms “persons with a mental health disorder,” “minors with a mental health condition,” and “children and adolescents with serious emotional disturbance” in various provisions of the Welfare and Institutions Code. This bill would make conforming changes to these provisions for consistency with those descriptor terms to, among other things, put the person first.

[AB 2142](#) ([Haney](#) D) **Prisons: mental health.**

Current Text: Introduced: 2/6/2024

Status: 2/20/2024-Referred to Com. on PUB. S.

Location: 2/20/2024-A. PUB. S.

Summary: Current law requires the Department of Corrections and Rehabilitation to develop and implement a plan to obtain additional rehabilitation and treatment services for incarcerated persons and parolees. Current law requires that plan to include, among other things, filling vacant state staff positions that provide direct and indirect rehabilitation services, or obtaining services from local governments and contractors to assist with treatment for parolees and incarcerated persons. This bill would require the department to establish a 3-year pilot program at 2 or more institutions that would provide access to specified mental health therapy for those not classified by the department to receive mental health treatment from the institution. The bill would require communications during therapy sessions, as specified, between the incarcerated person and assigned therapist to be confidential. The bill would require the California Correctional Health Care Services to be the custodian of records for treatment records generated under this pilot program. The bill would require the department to report certain information to the fiscal and appropriate policy committees of the Legislature, from March 1, 2025, to March 1, 2027.

[AB 2154](#) ([Berman](#) D) **Mental health: involuntary treatment.**

Current Text: Introduced: 2/6/2024

Status: 3/15/2024-In committee: Set, first hearing. Hearing canceled at the request of author.



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Location: 2/20/2024-A. HEALTH

Summary: Would require a facility to which a person is brought for involuntary detention, as specified, to provide a copy of the State Department of Health Care Services' prepared patients' rights handbook to a family member of the detained person. The bill would define "family member" for these purposes to include, among others, the spouse or domestic partner of the person and the parent or legal guardian of the person.

AB 2207 (Reyes D) State boards and commissions: representatives of older adults.

Current Text: Introduced: 2/7/2024

Status: 3/4/2024-Referred to Coms. on AGING & L.T.C. and HUM. S.

Location: 3/4/2024-A. AGING & L.T.C.

Summary: Current law establishes the California Commission on Aging composed of 25 persons, as specified, and requires the commission to hire an executive director. Current law also establishes the California Department of Aging and provides for a director of that department. Existing law establishes various state boards and commissions to address public health concerns throughout the state and generally requires that individuals appointed to these state entities be broadly reflective of the general public. This bill would expand the membership of the Alzheimer's Disease and Related Disorders Advisory Committee, the California Health Workforce Education and Training Council, the California Workforce Development Board, the California Behavioral Health Planning Council, the Mental Health Services Oversight and Accountability Commission, and the Interagency Council on Homelessness to include the Executive Director of the California Commission on Aging, the Director of the California Department of Aging, or both, or other persons that serve or advocate for older adults, as specified.

AB 2237 (Aguiar-Curry D) Children and youth: transfer of specialty mental health services.

Current Text: Amended: 3/18/2024

Status: 3/19/2024-Re-referred to Com. on HEALTH.

Location: 3/18/2024-A. HEALTH

Summary: Under current law, specialty mental health services include federal Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services provided to eligible Medi-Cal beneficiaries under 21 years of age. This bill would require, when a child or youth 18 years of age or younger changes residence from one county to another, the receiving county to provide specialty mental health services while the receiving county conducts its investigation and casework transfer process, if specified conditions are met, including, but not limited to, that the child or youth has been identified by the county of original residence as high risk or coming from a vulnerable population. The bill also would require the State Department of Health Care Services and the State Department of Social Services to



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collaborate to create a system of standardized communication between counties that respects the procedures of the receiving county and the needs of the child that is without mental health services and require the State Department of Social Services to establish care teams to help counties coordinate and expedite the transfer between counties.

AB 2411 (**Carrillo, Wendy D**) **Local Youth Mental Health Boards.**

Current Text: Introduced: 2/12/2024

Status: 2/26/2024-Referred to Com. on HEALTH.

Location: 2/26/2024-A. HEALTH

Summary: Would require each community mental health service to have a local youth mental health board (board), appointed as specified, consisting of members between 15 and 23 years of age, inclusive, at least 1/2 of whom are, to the extent possible, mental health consumers who are receiving, or have received, mental health services, or siblings or close family members of mental health consumers and 1/2 of whom are, to the extent possible, enrolled in schools in the county. The bill would require the board, among other duties, to review and evaluate the local public mental health system and advise the governing body and school district governing bodies on mental health services related to youth that are delivered by the local mental health agency or local behavioral health agency, school districts, or others, as applicable. The bill, upon appropriation by the Legislature, would require the governing body to provide a budget for the board sufficient to facilitate the purposes, duties, and responsibilities of the board.

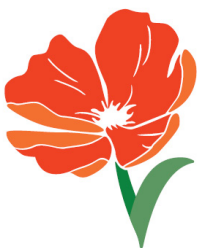
AB 2466 (**Carrillo, Wendy D**) **Medi-Cal managed care: network adequacy standards.**

Current Text: Amended: 3/18/2024

Status: 3/19/2024-Re-referred to Com. on HEALTH.

Location: 3/18/2024-A. HEALTH

Summary: Current law authorizes the Director of Health Care Services to terminate a contract or impose sanctions if the director finds that a Medi-Cal managed care plan fails to comply with contract requirements, state or federal law or regulations, or the state plan or approved waivers, or for other good cause. Current law establishes, until January 1, 2026, certain time and distance and appointment time standards for specified Medi-Cal managed care covered services, consistent with federal regulations relating to network adequacy standards, to ensure that those services are available and accessible to enrollees of Medi-Cal managed care plans in a timely manner, as specified. Under this bill, a Medi-Cal managed care plan would be deemed to be not in compliance with the appointment time standards if either (1) fewer than 85% of the network providers had an appointment available within the standards or (2) the department receives information establishing that the plan was unable to deliver timely, available, or accessible health care services to



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enrollees, as specified. Under the bill, failure to comply with the appointment time standard may result in contract termination or the issuance of sanctions as described above.

[AB 2651](#) ([Bains](#) D) **Alcohol drug counselors.**

Current Text: Introduced: 2/14/2024

Status: 3/4/2024-Referred to Com. on B. & P.

Location: 3/4/2024-A. B.&P.

Summary: Would create, upon appropriation by the Legislature, the Licensed Alcohol Drug Counselor Board within the Department of Consumer Affairs. The bill would require the board to establish regulations and standards for the licensure of alcohol drug counselors, as specified. The bill would authorize the board to collaborate with the Department of Health Care Access and Information regarding behavioral health professions, review sunrise review applications for emerging behavioral health license and certification programs, and refer complaints regarding behavioral health workers to appropriate agencies, as specified. The bill would require an applicant to satisfy certain requirements, including, among other things, passing a certification examination, as specified. The bill would, commencing no later than 5 years after the board commences approving licenses, impose additional requirements on an applicant, including possessing a doctoral or master's degree in alcohol drug counseling that meets specified requirements, completion of a supervised practicum from an approved educational institution, and documentation that either the applicant is certified by a certifying organization or the applicant has completed 2,000 hours of postgraduate supervised work experience. The bill would impose requirements related to continuing education and discipline of licensees. The bill would prohibit a person from using the title of "Licensed Alcohol Drug Counselor" unless the person has applied for and obtained a license from the board, and would make a violation of that provision punishable by an administrative penalty not to exceed \$10,000.

[AB 2700](#) ([Gabriel](#) D) **Emergency medical services: alternate destinations.**

Current Text: Amended: 3/11/2024

Status: 3/12/2024-Re-referred to Com. on HEALTH.

Location: 3/11/2024-A. HEALTH

Summary: Current law authorizes a local EMS agency to develop a community paramedicine or triage to alternate destination program that, among other things, selects providers to triage individuals to mental health facilities and sobering centers as alternates to emergency departments. Current law requires the Emergency Medical Services Authority to develop and, after approval by the Commission on Emergency Medical Services, adopt regulations and establish minimum standards for the development of those programs. This bill would require the state to survey and analyze the facilities in each



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county that can serve as an alternate destination facility. The bill would require a local emergency medical services agency to develop an alternate destination facility plan with protocols for transporting an individual to an alternate destination facility instead of an emergency department.

[AB 2701](#) ([Villapudua](#) D) **Medi-Cal: dental cleanings and examinations.**

Current Text: Introduced: 2/14/2024

Status: 3/4/2024-Referred to Com. on HEALTH.

Location: 3/4/2024-A. HEALTH

Summary: Under current law, one dental prophylaxis cleaning per year and one initial dental examination by a dentist are covered Medi-Cal benefits for beneficiaries 21 years of age or older. Under current law, 2 dental prophylaxis cleanings per year and 2 periodic dental examinations per year are covered Medi-Cal benefits for beneficiaries under 21 years of age. Current law conditions implementation of those provisions on receipt of any necessary federal approvals and the availability of federal financial participation and funding in the annual Budget Act. This bill would restructure those provisions so that 2 cleanings and 2 examinations per year, as specified, would be covered Medi-Cal benefits for all beneficiaries, regardless of age.

[AB 2711](#) ([Ramos](#) D) **Suspensions and expulsions: controlled substances: tobacco: alcohol: plans and protocols.**

Current Text: Introduced: 2/14/2024

Status: 3/22/2024-In committee: Set, first hearing. Hearing canceled at the request of author.

Location: 3/4/2024-A. ED.

Summary: Current law prohibits a pupil from being suspended from school or recommended for expulsion, unless the superintendent of the school district or the principal of the school in which the pupil is enrolled determines that the pupil has committed a specified act, including, among other acts, that the pupil (1) unlawfully possessed, used, sold, or otherwise furnished, or had been under the influence of, a controlled substance, an alcoholic beverage, or an intoxicant of any kind, or (2) possessed or used tobacco, or products containing tobacco or nicotine products, including, but not limited to, cigarettes, cigars, miniature cigars, clove cigarettes, smokeless tobacco, snuff, chew packets, and betel. This bill would, commencing July 1, 2026, remove unlawfully possessing, using, or being under the influence of a controlled substance, an alcoholic beverage, or an intoxicant of any kind from the list of acts for which a pupil, regardless of their grade of enrollment, may be suspended or recommended for expulsion for. The bill would, commencing July 1, 2026, prohibit a charter school pupil in kindergarten or any of grades 1 to 12, inclusive,



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from being suspended or recommended for expulsion solely on the basis of those acts.

[AB 2802](#) ([Maienschein D](#)) **Transitional housing placement providers.**

Current Text: Introduced: 2/15/2024

Status: 3/4/2024-Referred to Com. on HUM. S.

Location: 3/4/2024-A. HUM. S.

Summary: The California Community Care Facilities Act requires the State Department of Social Services to license and regulate transitional housing placement providers pursuant to the act. Under current law, a transitional housing placement provider is an organization licensed by the department to provide transitional housing to foster children at least 16 years of age and not more than 18 years of age and to nonminor dependents to promote their transition to adulthood. Current law requires a transitional housing unit to include, among other things, a host family certified by a transitional housing placement provider or other designated entity, as prescribed. Current law requires the department to adopt regulations governing transitional housing placement living arrangements requirements for minors and nonminor dependents, as prescribed. Under current law, a violation of the act is a misdemeanor. This bill would require those regulations to include allowing a minor or nonminor dependent participant to share a bedroom or unit in a transitional housing placement with a nonparticipant roommate or partner, as approved by the provider on a case-by-case basis, or the participant's coparent, as specified.

[AB 2822](#) ([Gabriel D](#)) **Domestic violence.**

Current Text: Amended: 3/11/2024

Status: 3/12/2024-Re-referred to Com. on PUB. S.

Location: 3/11/2024-A. PUB. S.

Summary: Current law requires every law enforcement agency to develop, adopt, and implement written policies and standards for officers' responses to domestic violence calls. Current law requires each law enforcement agency to develop an incident report form the includes, among other things, a notation of whether the officer or officers who responded to the domestic violence call found it necessary, for the protection of the peace officer or other persons present, to inquire of the victim, the alleged abuser, or both, whether a firearm or other deadly weapon was present at the location, and, if there is an inquiry, whether that inquiry disclosed the presence of a firearm or other deadly weapon. This bill would additionally require a law enforcement agency to include in the incident report form a space for officers to document whether a firearm or deadly weapon was removed from the location of the domestic violence call.



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AB 2882 (McCarty D) California Community Corrections Performance Incentives.

Current Text: Introduced: 2/15/2024

Status: 3/4/2024-Referred to Com. on PUB. S.

Location: 3/4/2024-A. PUB. S.

Summary: Current law authorizes each county to establish a Community Corrections Performance Incentives Fund to receive moneys for the implementation of a community corrections program to provide supervision and rehabilitative services for adult felony offenders subject to local supervision. Current law requires the program to be developed and implemented by probation and advised by a local Community Corrections Partnership. Current law requires the partnership to be comprised of specified members, including, among others, a representative from a community-based organization with experience in successfully providing rehabilitative services to persons who have been convicted of a criminal offense. This bill would add a representative of a community-based organization with experience in successfully providing behavioral health treatment services to persons who have been convicted of a criminal offense, and a representative of a Medi-Cal managed care plan that provides the Enhanced Care Management benefit, to the membership of the partnership.

AB 2995 (Jackson D) Public health: alcohol and drug programs: definitions.

Current Text: Introduced: 2/16/2024

Status: 3/11/2024-Referred to Com. on HEALTH.

Location: 3/11/2024-A. HEALTH

Summary: The State Department of Health Care Services is responsible for administering prevention, treatment, and recovery services for alcohol and drug abuse and problem gambling. Current law defines “alcohol abuser” and “drug abuser,” for these purposes. Current law defines “alcohol and other drug services” as a service that is designed to encourage recovery from the abuse of alcohol and other drugs, and “alcohol and other drug abuse program” as a collection of alcohol and other drug services that are coordinated to achieve specified objectives. This bill would revise and recast various terms, including alcohol and other drug abuse program, alcohol abuser, and drug abuser to use person-first terminology and to focus instead on substance use disorder.

AB 3077 (Hart D) Criminal procedure: borderline personality disorder.

Current Text: Amended: 3/11/2024

Status: 3/12/2024-Re-referred to Com. on PUB. S.

Location: 3/11/2024-A. PUB. S.

Summary: Current law prohibits a person from being tried for a criminal offense while they are mentally incompetent. Current law prescribes the procedure for a person found to be



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mentally incompetent to be restored to competence. Current law creates the Mental Health Diversion Fund to be used for the purpose of supporting county activities that will divert individuals with serious mental illnesses away from the criminal justice system and lead to a reduction of felony incompetent to stand trial determinations. Current law describes the target population for mental health diversion as individuals diagnosed with a mental disorder, as specified, excluding antisocial personality disorder, borderline personality disorder, and pedophilia. This bill would remove borderline personality disorder as an exclusion for pretrial diversion.

[AB 3127](#) ([McKinnor](#) D) **Reporting of crimes: mandated reporters.**

Current Text: Introduced: 2/16/2024

Status: 3/11/2024-Referred to Com. on PUB. S.

Location: 3/11/2024-A. PUB. S.

Summary: Current law requires a health practitioner, as defined, to make a report to law enforcement when they suspect a patient has suffered physical injury that is either self-inflicted, caused by a firearm, or caused by assaultive or abusive conduct, including elder abuse, sexual assault, or torture. This bill would remove the requirement that a health practitioner make a report to law enforcement when they suspect a patient has suffered physical injury caused by assaultive or abusive conduct. The bill would instead require that a health practitioner make a report when the injury is life threatening or results in death, or is the result of child abuse or elder or dependent adult abuse. The bill would require the health practitioner to additionally make a report when a person is seeking care for injuries related to domestic, sexual, or any nonaccidental violent injury if the patient requests a report be sent, as specified.

[AB 3221](#) ([Pellerin](#) D) **Department of Managed Health Care: review of records.**

Current Text: Introduced: 2/16/2024

Status: 3/25/2024-In committee: Set, first hearing. Hearing canceled at the request of author.

Location: 3/11/2024-A. HEALTH

Summary: The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Current law requires the records, books, and papers of a health care service plan and other specified entities to be open to inspection by the director of the department during normal business hours. This bill would instead require the records, books, and papers of a health care service plan and other specified entities to be open to inspection by the director, including through electronic means. The bill would require a plan and other specified entities to furnish in electronic



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media records, books, and papers that are possessed in electronic media and to conduct a diligent review of records, books, and papers and make every effort to furnish those responsive to the director's request. The bill would require records, books, and papers to be furnished in a format that is digitally searchable, to the greatest extent feasible.

AB 3260 (**Pellerin** D) **Health care coverage: reviews and grievances.**

Current Text: Introduced: 2/16/2024

Status: 3/25/2024-In committee: Set, first hearing. Hearing canceled at the request of author.

Location: 3/11/2024-A. HEALTH

Summary: Current law generally authorizes a health care service plan or disability insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Current law requires these decisions to be made within 30 days, or less than 72 hours when the enrollee faces an imminent and serious threat to their health. Current law requires a health care service plan to establish a grievance system to resolve grievances within 30 days, but limits that timeframe to 3 days when the enrollee faces an imminent and serious threat to their health. Existing law requires a plan to provide a written explanation for its grievance decisions, as specified. This bill would require that utilization review decisions be made within 72 hours when the enrollee's condition is urgent, and would make a determination of urgency by a referring or treating health care provider binding on the health care service plan. If a health care service plan fails to make a utilization review decision within the applicable 72-hour or 30-day timeline, the bill would automatically entitle an enrollee to proceed with a grievance.

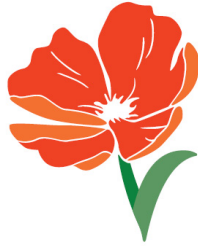
SB 999 (**Cortese** D) **Health coverage: mental health and substance use disorders.**

Current Text: Amended: 3/7/2024

Status: 3/20/2024-March 20 hearing postponed by committee.

Location: 2/14/2024-S. HEALTH

Summary: Would require a health care service plan and a disability insurer, and an entity acting on a plan's or insurer's behalf, to ensure compliance with specific requirements for utilization review, including maintaining telephone access and other direct communication access during California business hours for a health care provider to request authorization for mental health and substance use disorder care and conducting peer-to-peer discussions regarding specific patient issues related to treatment. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.



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SB 1025 (**Eggman D**) **Pretrial diversion for veterans.**

Current Text: Amended: 3/21/2024

Status: 3/21/2024-Read second time and amended. Re-referred to Com. on APPR.

Location: 3/19/2024-S. APPR.

Summary: The bill would require the court to find that the defendant's condition was a significant factor in the commission of the offense unless there is clear and convincing evidence otherwise and would authorize the court to consider any relevant and credible evidence in making this determination. By requiring counties to coordinate services for a new group of veterans, this bill would impose a state-mandated local program.

SB 1082 (**Eggman D**) **Augmented residential care facilities.**

Current Text: Amended: 3/14/2024

Status: 3/14/2024-From committee with author's amendments. Read second time and amended. Re-referred to Com. on RLS.

Location: 2/12/2024-S. RLS.

Summary: Would require the State Department of Health Care Services (DHCS), jointly with the County Behavioral Health Directors Association of California, to implement a certification program to provide augmented services to adults with serious mental illness in homelike community settings, and would require those settings to be licensed by the State Department of Social Services (DSS) as a type of enhanced behavioral supports home known as an augmented residential care facility (ARCF). The bill would require an ARCF to have a maximum capacity of 6 residents, and to conform with the requirements of a specified federal regulation relating to community-based settings and specified provisions of the California Community Care Facilities Act. The bill would require the DHCS to issue a certification of program approval to an ARCF before DSS issues a license. The bill would require the DHCS to establish by regulation a rate methodology for ARCFs that includes a fixed-facility component for residential services and an individualized services and support component based on each consumer's needs, as specified. The bill would prohibit a local mental or behavioral health agency from paying a rate to an ARCF for a consumer that exceeds the rate in the DHCS-approved ARCF placement plan for the facility unless certain conditions are met. The bill would authorize a local mental or behavioral health agency to recommend an applicant for certification to the DHCS as part of an approved community placement plan if the applicant meets specified requirements. The bill would authorize DHCS to decertify an ARCF that does not comply with program requirements, and to make recommendations to DSS regarding the facility's license. The bill also would authorize DHCS to initiate proceedings for temporary suspension of the license, as specified.



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SB 1126 (Min D) Child abuse and neglect.

Current Text: Introduced: 2/13/2024

Status: 3/13/2024-Set for hearing April 9.

Location: 2/21/2024-S. PUB. S.

Summary: Current law defines “child abuse or neglect” for the purposes of the Child Abuse and Neglect Reporting Act to include, among other things, physical injury or death inflicted by other than accidental means and the willful harming or injuring of a child. This bill would provide that a child witnessing domestic violence is not a sufficient basis for reporting child abuse or neglect, as specified. The bill would also provide that the definition of child abuse or neglect does not apply to how a child witnessing domestic violence or residing in a household where domestic violence exists may be relevant to, among other things, a determination of child custody or visitation.

SB 1210 (Skinner D) New housing construction: electrical, gas, sewer, and water service connections: charges.

Current Text: Amended: 3/18/2024

Status: 3/19/2024-Set for hearing April 2.

Location: 2/29/2024-S. E. U., & C.

Summary: The California Constitution establishes the Public Utilities Commission, with jurisdiction over all public utilities. Current law defines the term “public utility” for certain purposes to include, among other corporations, every gas corporation, electrical corporation, water corporation, and sewer system corporation, where the service is performed for, or the commodity is delivered to, the public or any portion thereof. This bill would, for new housing construction, prohibit a connection, capacity, or other point of connection charge from a public utility, as defined, or a special district, including a municipal utility district, for electrical, gas, sewer, or water service from exceeding 1% of the reported building permit value of that housing unit. The bill would require a public utility or special district to issue an above-described charge over a period of at least 10 years commencing on the date when the housing unit is first occupied, as specified. The bill would require a public utility or special district to publicly report on its internet website the amount of any charge issued each year pursuant the above-described provision by the housing unit’s address.

SB 1211 (Skinner D) Land use: accessory dwelling units: ministerial approval.

Current Text: Amended: 3/21/2024

Status: 3/21/2024-Read second time and amended. Re-referred to Com. on L. GOV.

Location: 3/20/2024-S. L. GOV.



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Summary: This bill, in connection with the ministerial approval of a building permit for an accessory dwelling unit under one of the above-described variations, would additionally prohibit a local agency from requiring the replacement of parking spaces when a carport, covered parking structure, or uncovered parking space is demolished in conjunction with the construction of or conversion to an accessory dwelling unit.

SB 1212 (**Skinner D**) **Investment entities: purchasing and acquisition interests in housing.**

Current Text: Amended: 3/19/2024

Status: 3/19/2024-From committee with author's amendments. Read second time and amended. Re-referred to Com. on JUD.

Location: 2/29/2024-S. JUD.

Summary: Would, on and after January 1, 2025, prohibit an investment entity, as defined, from purchasing or acquiring an interest, as defined, in a single-family dwelling or other dwelling that consists of one or 2 residential units within this state. The bill would provide that a purchase or acquisition of an interest in housing in violation of this prohibition is void. The bill would define "investment entity" as a real estate investment trust or an entity that manages funds pooled from investors and owes a fiduciary duty to those investors. The bill would exempt nonprofit organizations, entities primarily engaged in the construction of housing, and governmental entities from the definition of "investment entity." The bill would absolve a seller of housing from liability under these provisions if the seller obtains a written release signed by the buyer stating that the buyer is not an investment entity.

SB 1300 (**Cortese D**) **Health facility closure: public notice: inpatient psychiatric and maternity services.**

Current Text: Amended: 3/19/2024

Status: 3/19/2024-From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH.

Location: 2/29/2024-S. HEALTH

Summary: Current law requires the State Department of Public Health to license, regulate, and inspect health facilities, as specified, including general acute care hospitals. Under current law, a general acute care hospital is required to provide certain basic services, including medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services. Current law authorizes a general acute care hospital to provide various special or supplemental services if certain conditions are met. Current regulations define a supplemental service as an organized inpatient or outpatient service that is not required to be provided by law or regulation. Current law requires a health facility to provide 90 days of public notice of the proposed closure or elimination of a supplemental service, and 120 days of public notice of the proposed closure or elimination of an acute psychiatric hospital.



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This bill would change the notice period required before proposed closure or elimination of the supplemental service of inpatient psychiatric service or maternity service from 90 days to 120 days. By changing the definition of a crime, this bill would impose a state-mandated local program.

SB 1339 (**Allen D**) **Supportive community residences.**

Current Text: Amended: 3/20/2024

Status: 3/20/2024-From committee with author's amendments. Read second time and amended. Re-referred to Com. on RLS.

Location: 2/16/2024-S. RLS.

Summary: Current law generally requires the State Department of Public Health to license, inspect, and regulate health facilities, defined to include, among other types of health facilities, an acute psychiatric hospital. Current law requires the State Department of Health Care Services to license and establish regulations for psychiatric residential treatment facilities. Current law requires the State Department of Health Care Services to license and regulate facilities that provide residential nonmedical services to adults who are recovering from problems related to alcohol, drug, or alcohol and drug misuse or abuse, and who need alcohol, drug, or alcohol and drug recovery treatment or detoxification services. Current law also requires the department to implement a voluntary certification program for alcohol and other drug treatment recovery services. The California Community Care Facilities Act generally provides for the licensing and regulation of community care facilities by the State Department of Social Services, to provide 24-hour nonmedical care of persons in need of personal services, supervision, or assistance. Existing regulation includes an adult residential facility as a community care facility for those purposes. This bill would require the State Department of Health Care Services (department), by January 1, 2027, and in consultation with relevant public agencies and stakeholders, to establish, and provide for the administration of, a voluntary certification program for supportive community residences. The bill would define a "supportive community residence" as a residential facility serving adults with a substance use disorder or mental health diagnosis that does not provide medical care or a level of support for activities of daily living that require state licensing.

SB 1397 (**Eggman D**) **Behavioral health services coverage.**

Current Text: Amended: 3/20/2024

Status: 3/20/2024-Set for hearing April 10. From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH.

Location: 2/29/2024-S. HEALTH

Summary: Current law provides for the regulation of health and disability insurers by the



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Department of Insurance. Current law requires a health care service plan contract or disability insurance policy to provide coverage for medically necessary treatment of mental health and substance use disorders. This bill would require a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on or after July 1, 2025, that covers medically necessary mental health and substance use disorder services to comply with rate and timely reimbursement requirements for services delivered by a county behavioral health agency, as specified. Unless an enrollee or insured is referred or authorized by the plan or insurer, the bill would require a county behavioral health agency to contact a plan or insurer before initiating services. The bill would authorize a plan or insurer to conduct a post claim review to determine appropriate payment of a claim, and would authorize the use of prior authorization as permitted by the regulating department. The bill would require the Department of Managed Health Care and Department of Insurance to issue guidance to plans and insurers regarding compliance with these provisions no later than April 1, 2025.

California Behavioral Health Planning Council Legislation Committee Legislation Process Overview

The California Behavioral Health Planning Council (CBHPC) provides support for legislation and policy that furthers the Council's Vision. This includes increasing public behavioral health awareness through collaboration with local consumer advocacy agencies for access and improved quality of care and by responding to proposed legislation, rulemaking, and budget bills based on the CBHPC Policy Platform.

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.
- *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 unless 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.

In an effort to cover as many bills as possible, the Council often partners with other organizations, who also monitor and take positions on legislation, to identify bills, share information/ analyses with each other. Organizations such as the Council on Criminal Justice and Behavioral Health (CCJBH), County Behavioral Health Directors Association of California (CBHDA), CA Association of Social Rehab Agencies (CASRA), CA Coalition of Community BH Agencies (CBHA), Mental Health America California (MHAC), California State Association of Counties (CSAC), and many others.

In order for the Legislation Committee to be able to take positions on bills in a timely manner, a consistent and timely process has been established. The process to facilitate the decision-making on as many bills as possible is outlined below:

1. For each Legislation Committee meeting, staff will prepare a list of bills for the Legislation Committee to consider taking positions on. This list titled "CBHPC Pending Legislation" and will include the bill number (linked to current version), the author, and a brief summary of the bill. When available, staff will provide a Fact Sheet for each bill under consideration. Legislation Committee members have the

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option to request hardcopies of any of the bills under consideration, otherwise the current version of the bill can be accessed through the link included in the bill number.

2. Once a position is taken and a letter has been sent, staff will move the bill information to a second list titled “CBHPC Legislative Positions”. This list will include the bill number, author, a brief summary and the position taken. This list will be posted to the Council’s website to serve as a tool for members to use in attending outside meetings and reporting out of Council positions. If the committee takes a watch position on a bill, it will remain on the CBHPC Pending Legislation list. Additionally, at staff’s discretion, bills the Legislation Committee took an oppose position on may return to the “Pending Legislation” list if they are amended, for reconsideration by the committee.
3. To expedite meetings and reserve time for bills that need to be discussed, the Legislation Committee will have a section on the agenda labeled “Consent Agenda.” Items on the consent agenda will be non-controversial items that do not appear to require much, if any, discussion. The consent agenda allows the Legislation Committee to group such bills together under one heading and vote on them at one time. If a member feels discussion is needed on any of the bills on the consent agenda, he/she may request removal of that bill from the consent agenda for separate discussion. Removal enables the bill to be considered and voted upon separately, if discussion is needed.
4. The Legislation Committee will take the lead on all legislation, including legislation that falls under the Council’s structured priority areas (Workforce and Education, Systems and Medicaid, Housing and Homelessness, Patient Rights’). The Chairperson and Chair-Elect of the Legislation Committee will collaborate with other committees, as needed. When another committee identifies a bill for action, the Legislation Committee must be notified so staff can include it on the Pending Legislation list for consideration.
5. The Legislation Committee determined it will meet outside the Council Quarterly Meetings as needed. A *minimum* of ten (10) Legislation Committee members must be present to achieve a quorum. The primary purpose of the in between meetings will be to vote on bills that need action *prior* to the next Quarterly Meeting.

The Council has to uphold the [Bagley-Keene Open Meeting Act](#). Thus, the staff will work with the Legislation Committee to assure dates are known well in advance due to public noticing requirements.

California Behavioral Health Planning Council Legislation Process

Council Member/Staff Identify Bill

Review Analysis and
Positions of Other
Organizations

MHAC CBHDA CCBJH
CBHA CASRA CSAC

Analyze Bill/
Determine Placement

Consider Information
Shared at Meetings

Irregulars Access Coalition
CCMH MHSA Partners
Connection Coalition

Place on
Consent
Agenda

Determine
Bill
Category

Place on
Pending
Legislation
Matrix

Bill File Sent in
Meeting Packet

Bill File Sent in
Meeting Packet

LC Makes
Decision

LC Makes
Decision

Watch

Support/
Oppose

Support/
Oppose

Watch

Moves to Pending
Matrix/No Action

Support/
Opposition
Letter Sent

Moves to
Decided Matrix

Support/
Opposition
Letter Sent

Moves to Pending
Matrix/No Action

Copy of Letter
Sent to All
Council Members

Copy of Letter
Sent to All
Council Members