California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

2024 Year-End Legislative Report

AB 1470 **(Quirk-Silva D) Medi-Cal: behavioral health services: documentation standards.**
Current Text: Vetoed: 9/14/2024
Status: 9/14/2024-Vetoed by the Governor.
Summary: Current law establishes the California Advancing and Innovating Medi-Cal (CalAIM) initiative, subject to receipt of any necessary federal approvals and the availability of federal financial participation, in order to, among other things, improve quality outcomes and reduce health disparities. The bill, as part of CalAIM, and with respect to behavioral health services provided under the Medi-Cal program, would require the State Department of Health Care Services to standardize data elements relating to documentation requirements, including, but not limited to, medically necessary criteria, and would require the department to develop standard forms containing information necessary to properly adjudicate claims pursuant to CalAIM Terms and Conditions. The bill would require the department to consult with representatives of specified associations and programs for purposes of implementing these provisions.

Position: Support

AB 1907 **(Pellerin D) California Child and Family Service Review System: Child and Adolescent Needs and Strengths (CANS) assessment.**
Current Text: Chaptered 9/29/2024. Chapter 944, Statutes of 2024.
Status: 9/29/2024-Signed by the Governor.
Summary: Would, subject to an appropriation by the Legislature in the annual Budget Act or another statute for these purposes, require the California Child and Family Service Review System to include data from the Child and Adolescent Needs and Strengths (CANS) assessment tool, and would also authorize it to include other behavioral health data that is readily available to the Department of Social Services and determined by the department to be relevant. The bill would authorize the department to consider feedback from specified stakeholders in determining which additional relevant data to include.

Position: Watch

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AB 2119 (Weber D) **Mental health.**
Current Text: Chaptered 9/29/2024. Chapter 948, Statutes of 2024.
Status: 9/29/2024-Signed by the Governor.
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. The bill would also make other technical changes.

Position: Support

AB 2154 (Berman D) **Mental health: involuntary treatment.**
Current Text: Chaptered 9/27/2024. Chapter 635, Statutes of 2024.
Status: 9/27/2024-Signed by the Governor.
Summary: A person who, as a result of a mental health disorder, is a danger to self or others or is gravely disabled, may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. Current law provides that each person who is involuntarily detained for evaluation or treatment, as specified, or admitted as a voluntary patient for psychiatric evaluation or treatment to a health facility, as specified, and each person who is committed to a state hospital, has certain rights, including the right to receive a copy of the State Department of Health Care Services prepared patients’ rights handbook. This bill would require a facility to which a person is brought for involuntary detention to offer and provide a copy of the State Department of Health Care Services’ prepared patients’ rights handbook to a family member of the detained person, as specified. The bill would require a facility where a person is involuntarily detained for assessment to offer and provide the person with a copy of the handbook if the handbook has been provided to a family member.

Position: Oppose

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AB 2352 **(Irwin D) Mental health and psychiatric advance directives.**
Current Text: Amended: 4/25/2024
Status: 7/2/2024-Failed Deadline pursuant to Rule 61(b)(13).
Summary: Current law establishes the requirements for executing a written advance health care directive that is legally sufficient to direct health care decisions. Current law provides a form that an individual may use or modify to create an advance health care directive. Under existing law, a written advance health care directive is legally sufficient if specified requirements are satisfied, may be revoked by a patient having capacity at any time, and is revoked to the extent of a conflict with a later executed directive. Current law requires a supervising health care provider who knows of the existence of an advance health care directive or its revocation to record that fact in the patient's health record. Existing law sets forth requirements of witnesses to a written advance health care directive. A written advance health care directive or similar instrument executed in another jurisdiction is valid and enforceable in this state under existing law. A person who intentionally falsifies, forges, conceals, defaces, or obliterates an individual's advance health care directive or its revocation without the individual's consent is subject to liability of up to $10,000 or actual damages, whichever is greater, plus reasonable attorney's fees. Current law authorizes an appeal of specified orders relating to an advance health care directive. Current law generally prohibits involuntary civil placement of a ward, conservatee, or person with capacity in a mental health treatment facility, subject to a valid and effective advance health care directive. Under current law, an advance psychiatric directive is a legal document, executed on a voluntary basis by a person who has the capacity to make medical decisions and in accordance with the requirements for an advance health care directive, that allows a person with mental illness to protect their autonomy and ability to direct their own care by documenting their preferences for treatment in advance of a mental health crisis. An individual may execute both an advance health care directive and a voluntary standalone psychiatric advance directive. This bill would extend the above-described advance health care directive provisions to psychiatric advance directives and would make conforming changes. The bill would specify that a psychiatric advance directive is a legal written or digital document, executed as specified, that allows a person with behavioral health illness to document their preferences for treatment and identify a health care advocate in advance of a behavioral health crisis.

Position: Oppose unless Amended

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AB 2411 **(Carrillo, Wendy D) Local Youth Mental Health Boards.**
Current Text: Amended: 4/1/2024
Status: 5/16/2024-Failed Deadline pursuant to Rule 61(b)(8).
Summary: This bill 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 would require the governing body to include the board in the county planning process and provide a budget for the board sufficient to facilitate the purposes, duties, and responsibilities of the board. By increasing the duties of local governments, this bill would impose a state-mandated local program.

Position: Oppose

AB 2479 **(Haney D) Housing First: core components.**
Current Text: Amended: 4/25/2024
Status: 7/2/2024-Failed Deadline pursuant to Rule 61(b)(13).
Summary: Current law requires agencies and departments administering state programs related to homelessness to adopt guidelines and regulations to incorporate core components of Housing First, as defined. Under current law, Housing First includes time-limited rental or services assistance, so long as the housing and service provider assists the recipient, among other things, in accessing permanent housing. Current law defines “state programs” for this purpose as any program a California state agency or department funds, implements, or administers for the purpose of providing housing or housing-based services to people experiencing homelessness or at risk of homelessness, except as provided. Under existing law, the core components of Housing First include, among others, services that are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants’ lives, where tenants are engaged in nonjudgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices, as well as connected to evidence-based treatment if the tenant so chooses. This bill would clarify, pursuant to that core component, that state departments or agencies may allow programs to fund recovery housing, as defined, that use substance use-specific services, peer support, and

physical design features supporting individuals and families on a path to recovery from addiction that emphasizes abstinence, so long as the state program meets specified requirements.

Position: Support if Amended

AB 2711 **(Ramos D) Suspensions and expulsions: voluntary disclosures.**
Current Text: Chaptered 9/28/2024. Chapter 840, Statutes of 2024.
Status: 9/28/2024-Signed by the Governor.
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 prohibit the suspension of a pupil who voluntarily discloses, in order to seek help through services or supports, their use of a controlled substance, alcohol, intoxicants of any kind, or a tobacco product, solely for that disclosure.

Position: Support

AB 2995 **(Jackson D) Public health: alcohol and drug programs.**
Current Text: Chaptered 9/28/2024. Chapter 847, Statutes of 2024.
Status: 9/28/2024-Signed by the Governor.
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, as anyone who has a problem related to the consumption of alcoholic beverages or illicit, illegal, legal, or prescription drugs or over-the-counter medications in a manner other than prescribed, respectively, whether or not it is of a periodic or continuing nature. 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. Current law also provides for the licensure and regulation of adult alcoholism or drug abuse recovery and treatment facilities by the department and authorizes the department to enforce those provisions. The Bronzan-McCorquodale Act

contains provisions governing the operation and financing of community mental health services, including substance abuse services, for persons with mental health disorders in every county through locally administered and locally controlled community mental health programs. The Lanterman-Petris-Short Act provides for the involuntary commitment and treatment of persons with specified mental health disorders for the protection of the persons so committed, including detention of inebriates for evaluation and detoxification treatment, as specified. The Bronzan-McCorquodale Act, Lanterman-Petris-Short Act, and other various provisions of the Welfare and Institutions Code refer to “substance abuse” or “drug abuse” and “substance using adults” or “inebriates.” This bill would revise and recast various terms, including alcohol and other drug abuse program, alcohol abuser, drug abuser, and inebriate to use person-first terminology. The bill would also make other technical and conforming changes to remove stigmatization of individuals seeking alcohol or other drug treatment or services.

Position: Support

SB 26 **(Umberg D) Mental health professions: CARE Scholarship Program.**
Current Text: Vetoed: 9/25/2024
Status: 9/25/2024-Vetoed by the Governor. In Senate. Consideration of Governor's veto pending.
Summary: The Community Assistance, Recovery, and Empowerment (CARE) Act authorizes specified adult persons to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan and implement services, to be provided by county behavioral health agencies, to provide behavioral health care, including stabilization medication, housing, and other enumerated services, to adults who are currently experiencing a severe mental illness and have a diagnosis identified in the disorder class schizophrenia and other psychotic disorders, and who meet other specified criteria. Current law requires the Department of Health Care Access and Information to perform various duties with respect to implementing health professions scholarship and loan programs. This bill would, upon appropriation, establish the Community Assistance, Recovery, and Empowerment (CARE) Scholarship Program. The bill would require the department to administer the annual scholarship for purposes of increasing the number of culturally competent marriage and family therapists, clinical social workers, professional clinical counselors, and psychologists, as specified.

Position: Oppose

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SB 402 **(Wahab D) Involuntary commitment.**
Current Text: Amended: 7/3/2024
Status: 8/15/2024-Failed Deadline pursuant to Rule 61(b)(14).
Summary: The Lanterman-Petris-Short Act authorizes the involuntary commitment and treatment of persons with specified mental disorders. Under the act, when a person, as a result of a mental health disorder, is a danger to self or others, or gravely disabled, the person may, upon probable cause, be taken into custody by specified individuals, including, among others, by peace officers and designated members of a mobile crisis team, and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. This bill would additionally authorize, until January 1, 2030, a person to be taken into custody, pursuant to those provisions, by a licensed mental health professional, as defined. The bill would require a licensed mental health professional who is not direct staff of, or contracted by, a county to complete a specified training prior to exercising that authority and would prohibit those licensed mental health professionals from transporting a person taken into custody pursuant to the above-described provisions unless specifically authorized by the county to do so.

Position: Oppose

SB 997 **(Portantino D) Pupil health: opioid antagonists and fentanyl test strips.**
Current Text: Chaptered 9/28/2024. Chapter 872, Statutes of 2024.
Status: 9/28/2024-Signed by the Governor.
Summary: Would prohibit school districts, county offices of education, and charter schools from prohibiting pupils in middle schools, junior high schools, high schools, or adult schools, while on a school site or participating in school activities, from carrying fentanyl test strips or a federally approved opioid antagonist, as provided, for the emergency treatment of persons suffering, or reasonably believed to be suffering, from an opioid overdose.

Position: Support

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SB 1043 **(Grove R) Short-term residential therapeutic programs: dashboard: seclusion or behavioral restraints.**
Current Text: Chaptered 9/27/2024. Chapter 628, Statutes of 2024.
Status: 9/27/2024-Signed by the Governor.
Summary: This bill, The Accountability in Children's Treatment Act, would require, in the case of an incident involving the use of seclusion or behavioral restraints in a short-term residential therapeutic program, the facility to notify any foster child who has been subject to seclusion or behavioral restraints of their personal rights by no later than the day following the incident and to provide, within 7 days, a description of the incident, in both oral and written forms, to the person subject to the seclusion or behavioral restraints and, as applicable, to the person's parent, foster parent, guardian, Indian custodian, or other authorized representative, and attorney, if any, and for Indian children, the tribal representative. The bill would require that the description contain certain information, including the actions taken during the incident and its duration, the rationale for the actions, and the personnel approving and implementing the actions. The bill would require the facility to provide a copy of the written description to the department, also within 7 days.

Position: Watch

SB 1082 **(Eggman D) Augmented residential care facilities.**
Current Text: Amended: 4/23/2024
Status: 5/16/2024-Failed Deadline pursuant to Rule 61(b)(8).
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 an augmented residential care facility (ARCF), as defined. 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 ocal 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 DSS to initiate proceedings for temporary suspension of the license, as specified. The bill would be implemented only to the extent that funds for its purposes are made available through an appropriation in the annual Budget Act.

Position: Support in Concept

SB 1184 **(Eggman D) Mental health: involuntary treatment: antipsychotic medication.**
Current Text: Chaptered 9/27/2024. Chapter 643, Statutes of 2024.
Status: 9/27/2024-Signed by the Governor.
Summary: The Lanterman-Petris-Short Act provides for the involuntary commitment of persons who are a danger to themselves or others, or who are gravely disabled, due to a mental disorder or chronic alcoholism or drug abuse for 72 hours for evaluation and treatment, as specified. If certain conditions are met after the 72-hour detention, the act authorizes the certification of the person for a 14-day maximum period of intensive treatment and then another 14-day or 30-day maximum period of intensive treatment after the initial 14-day period of intensive treatment. Existing law, during the 30-day period of intensive treatment, as specified, also authorizes up to an additional 30 days of intensive treatment if certain conditions are met. Current law authorizes the administration of antipsychotic medication to a person who is detained for evaluation and treatment for any of those detention periods, except for the second 30-day period. Current law establishes a process for hearings to determine a person's capacity to refuse the treatment. Current law requires a determination of a person's incapacity to refuse treatment with antipsychotic medication to remain in effect only for the duration of the 72-hour period or initial 14-day intensive treatment period, or both, until capacity is restored, or by court determination. Current law generally requires the capacity hearings described above to be held within 24 hours of the filing of a petition to determine a person's capacity to refuse treatment. Current law authorizes the hearing to be postponed in certain circumstances but prohibits the hearing from being held beyond 72 hours of the filing of the petition. This bill would authorize, except as specified, a person's treating physician to request a hearing for a new determination of a person's capacity to refuse treatment with antipsychotic medication at any time in the 48 hours prior to the end of the duration of the current detention period when it reasonably appears to the treating physician that it is necessary for the person to be detained for a subsequent detention period and their capacity has not been restored.

Position: Oppose

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SB 1238 **(Eggman D) Health facilities.**
Current Text: Chaptered 9/27/2024. Chapter 644, Statutes of 2024.
Status: 9/27/2024-Signed by the Governor.
Summary: Current law defines "health facility" to include a "psychiatric health facility" that is licensed by the State Department of Health Care Services and provides 24-hour inpatient care for people with mental health disorders. Current law requires that such care include, but is not limited to, psychiatry, clinical psychology, psychiatric nursing, social work, rehabilitation, drug administration, and food services for persons whose physical health needs can be met in an affiliated hospital or in outpatient settings. This bill would expand the definition of "psychiatric health facility" to also include a facility that provides 24-hour inpatient care for people with severe substance use disorders, or cooccurring mental health and substance use disorders. The bill would expand that 24-hour inpatient care also include substance use disorder services, as medically necessary and appropriate. The bill would specify that psychiatric health facilities to only admit persons with stand-alone severe substance use disorders involuntarily pursuant to specified requirements. The bill would authorize a psychiatric health facility to admit persons diagnosed only with a severe substance use disorder when specified conditions are met.

Position: Oppose

SB 1397 **(Eggman D) Behavioral health services coverage.**
Current Text: Amended: 4/15/2024
Status: 8/15/2024-Failed Deadline pursuant to Rule 61(b)(14).
Summary: 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. The bill would require in-network cost sharing, capped at the in-network deductible and in-network out-of-pocket maximum, to apply to these services. 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 departments to issue guidance to plans and insurers regarding compliance with these provisions no later than April 1, 2025.

Position: Support

OFFICE OF THE GOVERNOR

SEP 14 2024

To the Members of the California State Assembly:

I am returning Assembly Bill 1470 without my signature.

This bill would require the Department of Health Care Services (DHCS) to consult with stakeholders on the standardization of data elements and forms for behavioral health services provided under the Medi-Cal program. The department would also be required to conduct regional training on the use of the forms, complete an analysis of the utilization, and prepare reports to the Legislature with the findings.

While I agree with the author's intent to improve documentation standards and reduce administrative burdens, this bill is duplicative. The Behavioral Health Documentation Redesign effort, implemented as part of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, included a stakeholder engagement process that resulted in updated documentation guidance that became effective January 1, 2024. This bill would, therefore, negate existing efforts to engage with stakeholders and address documentation standardization challenges.

For this reason, I cannot sign this bill.

[redacted]

OFFICE OF THE GOVERNOR

SEP 25 2024

To the Members of the California State Senate:

I am returning Senate Bill 26 without my signature.

This bill would require the Department of Health Care Access and Information (HCAI) to create and administer the Community Assistance, Recovery, and Empowerment (CARE) Scholarship Program, to increase the number of culturally competent licensed marriage and family therapists, clinical social workers, professional clinical counselors, and psychologists.

While I support the author's goal to advance the CARE Act and address behavioral health provider shortages, this program is duplicative of the existing scholarship and loan forgiveness programs under HCAI, such as the Behavioral Health Scholarship Program. Additionally, this bill would result in General Fund cost pressures in the millions of dollars and should be considered in the annual budget process.

In partnership with the Legislature this year, my Administration has enacted a balanced budget that avoids deep program cuts to vital services and protected investments in education, health care, climate, public safety, housing, and social service programs that millions of Californians rely on. It is important to remain disciplined when considering bills with significant fiscal implications that are not included in the budget, such as this measure.

For this reason, I cannot sign this bill.