

California Behavioral Health Planning Council Legislation Committee Agenda

Wednesday, June 14, 2023

1:30 pm to 5:00 pm

Double Tree Santa Ana-Orange County Airport
201 East MacArthur Blvd., Santa Ana, CA 92707
Ballroom F

[Zoom](#)

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|----------------|---|--------------|
| 1:30 pm | Welcome and Introductions
<i>Veronica Kelley, Chairperson</i> | |
| 1:35 pm | April 2023 and May 2023 Meeting Minutes
<i>Barbara Mitchell, Chair-Elect</i> | Tab 1 |
| 1:40 pm | State Budget Update
<i>Adrianna Ramos-Yamamoto, Senior Policy Analyst</i>
<i>Monica Davalos, Policy Analyst, California Budget & Policy Center</i> | Tab 2 |
| 2:10 pm | Review of Legislation
Action Item
<i>Barbara Mitchell, Chair-Elect</i>
<i>All Committee Members</i> | Tab 3 |
| 2:55 pm | Evolution of the MHSA
<i>Dave Pilon, Ph.D., C.P.R.P., former President and CEO, MHLA</i> | Tab 4 |
| 3:25 pm | Public Comment | |
| 3:30 pm | Break | |
| 3:45 pm | Community Partner's Voice: MHSA Modernization
<i>Karen Vicari, Interim Public Policy Director, MHAC</i>
<i>Stacie Hiramoto, Director, REMHDCO</i> | Tab 5 |
| 4:15 pm | CBHPC Advocacy: MHSA Modernization
Action Item
<i>Veronica Kelley, Chairperson</i>
<i>All Committee Members</i> | Tab 6 |
| 4:55 pm | Public Comment | |
| 5:00 pm | Adjourn | |

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

If reasonable accommodations are required, please contact the Council at (916) 701-8211 not less than 5 working days prior to the meeting date.

California Behavioral Health Planning Council Legislation Committee Agenda

Committee Members

Veronica Kelley, Chairperson

Barbara Mitchell, Chair-Elect

Karen Baylor, Stephanie Blake, Monica Caffey, Erin Franco, Steve Leoni, Catherine Moore, Javier Moreno, Noel O'Neill, Liz Oseguera, Vandana Pant, Darlene Prettyman, Marina Rangel, Joanna Rodriguez, Daphne Shaw, Deborah Starkey, Tony Vartan, Susan Wilson, Angelina Woodberry, Uma Zykofsky

**California Behavioral Health Planning Council
Legislation Committee**
Wednesday, June 14, 2023

Agenda Item: April 2023 and May 2023 Meeting Minutes

Enclosures: Draft April 2023 Meeting Minutes
Draft May 2023 Meeting Minutes

Background/Description:

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

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

Wednesday, April 19, 2023
1:30 pm to 5:00 pm
Holiday Inn Downtown-Arena
300 J Street, Sacramento, CA 95814
Granada/Hermosa Room

Members Present:

Barbara Mitchell, Chair-Elect

Catherine Moore

Daphne Shaw

Susan Wilson

Monica Caffey

Erin Franco

Javier Moreno

Deborah Starkey

Marina Rangel

Steve Leoni

Noel O'Neill

Stephanie Blake

Uma Zykofsky

Karen Baylor

Tony Vartan

Liz Oseguera

Darlene Prettyman

Meeting Commenced at 1:30 p.m.

Item #1 Approve January 2023 Meeting Minutes

A motion to accept the January 2023 minutes was made by Catherine Moore and seconded by Monica Caffey. The motion passed.

Steve requested that the minutes reflect that he nominated Barbara Mitchell as the committee's Chair-Elect.

Item #2 Mental Health Services Act (MHSA) Advocacy

Tony Vartan facilitated a discussion with the committee about the MHSA Modernization proposal. Committee members discussed the information that is currently known about the initiative, including updates to the categorical funding buckets and the expansion of the use of MHSA funds to include Substance Use Disorder (SUD) services and the impact the changes could have. Ultimately the members decided that it is premature for the Council to draft any response to the initiative at this time. They decided to focus on understanding the details and would like to gather feedback other organizations have

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

crafted regarding the proposal. They specifically highlighted the importance of hearing input from consumer advocacy groups because the MHSA was designed to provide a voice for these groups. Additionally, members recommended that the Council be strategic in advocating for housing for the population that this initiative is meant to serve and bringing partners to the table, including law enforcement partners, as they are experts in seeing where problems occur.

The committee expects more details about the proposal to be released before the June Quarterly meeting. They would like to meet in May to hear a brief presentation outlining the details, followed by an opportunity for the committee to discuss any action the Council may want to take.

Item #3	Public Comment
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Theresa Comstock, California Association of Local Behavioral Health Boards & Commissions (CALBHB/C) and the California Coalition for Mental Health (CCMH), highlighted that both organizations have a broad viewpoint and expressed an interest in both groups participating in future discussions. She also highlighted questions she has around the categorical funding buckets and has requested a spreadsheet with a detailed breakdown.

Stacie Hiramoto, Racial & Ethnic Mental Health Disparities Coalition (REMHDCO), stated that she is representing members of the MHSA Partners Forum, particularly members that represent the BIPOC, LGBTQ, Children’s, and Consumer Communities. These members are working together to place Prevention and Early Intervention (PEI) as a priority in the Governor’s proposal. They are very concerned that counties could zero out PEI, which is a major concern for all special populations. She will send the group’s letter outlining their concerns to Council staff to share with members. She also highlighted a study recently released by the California Reducing Disparities Project that highlighted the effectiveness of Community Defined Evidence-Based Practices (CDEPs), which are primarily funded through PEI.

Samuel Jain, Disability Rights California (DRC), supported Stacie’s comment. He also shared that a main concern DRC has about the proposal is that it does not bring in any new funds to support mental health and substance use, rather it splits the money that is already being used on mental health services. He encouraged the Council to advocate for additional funding.

Danny Thirakul, California Youth Empowerment Network (CAYEN), echoed the concerns about diverting funds from PEI to housing. He stated that the cause of the housing issues should be addressed and that the state has not been investing funding

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Meeting Summary (DRAFT)**

into low-income and very low-income housing, which is why unhoused individuals are not being served.

Item #4 **AB 459- California Behavioral Health
Outcomes and Accountability Review**

Tara Gamboa-Eastman, Steinberg Institute (SI) Senior Advocate, provided an overview of their sponsored bill, Assembly Bill 459 (Haney). She acknowledged that when she was invited to discuss the legislation it was focused on the right to care, but it has since changed focus. The bill is now focused on outcomes and accountability by ensuring both the private and public systems are meeting the needs of our communities and reporting on behavioral health outcomes. The bill intends to use the outcome and accountability programs used for the CalWORKS program and the Child Welfare Indicators Project for the behavioral system. With these programs, counties can elect to choose from a menu of outcomes and set their target outcomes over a number of years. If they are unable to meet the outcomes, technical assistance is provided by the state rather than punishing them and taking away resources, which is currently the default. This model increases transparency by making data available publicly, driving competition. Tara highlighted that this bill is unique because it looks at life outcomes across all county funding streams including MHSA, Realignment, Medi-Cal, and contributions by private insurance.

The bill does not currently outline which outcomes the health plans and counties can choose because the University of California (UCs), in partnership with a working group of state agencies, will conduct an analysis of the data that is currently collected and the outcomes that can be determined utilizing that data so additional reporting is not necessary, if possible. There is no identified funding source at this time.

Item #5 **Public Comment**

Theresa Comstock expressed CALBHB/C's support for AB 459.

Steve McNally shared his appreciation for the efforts behind the bill, but asked about existing data reporting requirements and questioned whether the legislation is needed.

Stacie Hiramoto asked for the committee to consider supporting AB 289, which is co-sponsored by REMHDCO and the Children's Partnership.

Theresa Comstock shared CALBH/C's list of legislative positions and shared that CCMH supports AB 236, AB 1437, SB 509, and SB 282.

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Item #6

Discussion of Committee's Name and 2023 Goals

Barbara Mitchell, Chair-Elect, facilitated a conversation with the members about the following goals, which the committee identified at the January 2023 meeting:

- 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.

The members discussed their desire to change the committee's name. Noel O'Neill made a motion to change the committee's name to the Legislation & Public Policy Committee. The motion was seconded by Catherine Moore and passed.

The committee did not make any changes to their goals.

Item #7

CBHPC Workgroups Discussion

Barbara Mitchell, Chair-Elect of the Committee, informed members that the Executive Committee had a discussion on how to ensure the activities of the workgroups are reflected in the work of the Council and that each committee is encouraged to identify a liaison for each workgroup. The following workgroup liaison were established:

- Javier Moreno- Substance Use Disorder Workgroup
- Uma Zykofsky- Reducing Disparities Workgroup
- Erin Franco and Noel O'Neill- Children & Youth Workgroup

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

Item #8 **Consent Agenda**

Naomi Ramirez, CBHPC Legislative Coordinator, reviewed the bills listed on the Consent Agenda and the recommended position, which included: to support Assembly Bill (AB) 33, AB 839, AB 1437, SB 282, and SB 873; to oppose SB 43 and SB 232; and to watch AB 283. She informed the committee that the Council's leadership approved an oppose position on Senate Bill (SB) 43 (Eggman) prior to the bill being heard Senate Health Committee. The decision was based on the Council's Policy Platform and previous positions taken on similar legislation.

Council members were given the opportunity to remove any bills they would like to discuss from the Consent Agenda prior to entertaining a motion to accept the proposed positions. Steve Leoni requested the removal of Assembly Bill (AB) 283 (Patterson) and Marina Rangel requested the removal SB 232 (Niello).

Tony Vartan made a motion to accept the Consent Agenda with the removal of Assembly Bill 283 and Senate Bill 232. The motion was seconded by Steve Leeoni. The motion passed.

Item #9 **Review of CBHPC Pending Legislation**

The committee prioritized discussing AB 283, SB 232, AB 459, AB 665, AB 512, AB 349, AB 289, and AB 845.

Tony Vartan made a motion to watch AB 283. The motion was seconded by Susan Wilson. The motion passed.

Tony Vartan made a motion to oppose SB 232. The motion was seconded by Daphne Shwe. Samuel Jain, a member of the public, shared that DRC is opposed to SB 232 and find it more problematic than SB 43. Danny Medina, a member of the public, expressed that he believes a psychiatric advanced directive could solve a lot of the problems. Marina Rangel and Catherine Moore voted against the motion. The motion passed.

Steve Leoni made a motion to watch AB 459. The motion was seconded by Tony Vartan. The motion passed.

Deborah Starkey made a motion to support AB 665. The motion was seconded by Susan Wilson. Javier Moreno abstained. The motion passed.

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Noel O’Neill made a motion to watch AB 512. The motion was seconded by Steve Leoni. Susan Wilson abstained. The motion passed.

Erin Franco made a motion to oppose AB 349. The motion was seconded by Susan Wilson. Steve Leoni, Tony Vartan, and Uma Zykofsky abstained. The motion passed.

Uma Zykofsky made a motion to support AB 289. The motion was seconded by Catherine Moore. Noel O’Neill voted against the motion. Barbara Mitchell, Darlene Prettyman, Stephanie Blake, and Tony Vartan abstained. The motion passed.

Item #10 **Wrap Up/Next Steps**

The committee decided to hold an in-between meeting in May to discuss any MHS Modernization updates and to further discuss the Council’s approach to the proposal. The committee requested a brief presentation from CBHDA to gain a better understanding of the funding aspect of the proposal. Naomi Ramirez, Council Staff, will reach out to members to determine the best date and time for the meeting.

Item #12 **Public Comment**

No public comment.

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

Thursday, May 18, 2023
9:00 am to 10:30 am

Members Present:

Veronica Kelley, Chairperson

Karen Baylor

Stephanie Blake

Monica Caffey

Erin Franco

Steve Leoni

Noel O’Neill

Darlene Prettyman

Daphne Shaw

Tony Vartan

Uma Zykofsky

Meeting Commenced at 9:00 a.m.

Item #1 MHSA Modernization Overview

Michelle Cabrera, Executive Director, County Behavioral Health Directors Association of California (CBHDA) presented an overview on the Governor’s Behavioral Health Reform Proposal.

The first component is to Modernize the MHSA through the 2024 ballot. The theme is around the need to update the Act and prioritizes spending for the most vulnerable populations, including the unhoused. A new minimum funding requirement for housing is included and the use of MHSA is expanded to include Substance Use Disorder (SUD) only diagnoses/treatment. As a result of the minimum funding requirement for housing, the new funding categories are:30% Housing; 35% Full Service Partnerships (FSPs); 35% Other, which includes only 10% is for Prevention and Early Intervention (PEI); and 5% for Workforce Education and Training (WET). Innovation funds are proposed to be eliminated. The Mental Health Services Oversight and Accountability Commission (MHSOAC) is proposed to be moved under the Health and Human Services (HHS) Agency. As a result, the Executive director of the MMHSOAC would be a Gubernatorial Appointee.

Secondly, it includes the Statewide Enhancement of Fiscal Transparency for the County Behavioral Health System and the Exploration of Commercial Plan Accountability. This component is intended to align county Behavioral Health plans (including MHPs and DMC-ODS) and Medi-Cal Managed Care Plan contract requirements when the same requirements exist across programs and to achieve Parity.

Lastly, a General Obligation Bond of \$3-\$5 billion is included in the 2024 ballot to fund unlocked community behavioral health residential settings including for homeless vets.

**California Behavioral Health Planning Council
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Since the initial announcement, a new workforce priority has been added, “vulnerable population” has been defined, and there have been suggestions that the housing component could include some services. Additionally, it has been disclosed that phased implementation will start in July 2025.

Michelle highlighted that funding is needed for both housing and treatment services, as well as separate funding is needed for SUD services. She also discussed how crucial MHSA is as a source of non-federal share for Medi-Cal. CBHDA is currently analyzing the impacts across counties to gain a better understanding of the programs that will be cut because of the proposal.

Item #4 MHSA Modernization Discussion

Tony Vartan facilitated a discussion with the committee members about the proposal. Members shared concerns about the services and programs that will be cut, the requirement to spend 30% on housing, and the need for state-level accountability to address the root problem of homelessness.

The committee suggested that the Council plan stakeholder engagement discussions. These “Townhall” style meetings will serve as an opportunity for the Council to ensure the community is informed, as well as to hear feedback and input. The information can be used to determine the advocacy efforts of the Council.

Item #2 Public Comment

Stacie Hiramoto, Racial & Ethnic Mental Health Disparities Coalition (REMHDCO), expressed her gratitude for the information provided in Michelle’s presentation. She also agreed with the Council’s idea to get community input.

Item #3 Legislative Review

The committee did not take any legislative positions.

Item #4 Next Steps

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

The committee will discuss the planning of stakeholder engagement discussions at the June meeting.

Meeting Adjourned at 10:30 a.m.

**California Behavioral Health Planning Council
Legislation Committee**
Wednesday, June 14, 2023

Agenda Item: State Budget Update

Enclosures: [First Look-Understanding the Governor's 2023-24 May Revision](#)
[Health and Human Services May Revision](#)

How This Agenda Item Relates to Council Mission

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

This presentation is intended to inform the committee on the Governor's Revised 2023-24 State Budget. Additionally, this presentation will assist the committee in identifying areas the Council can work to advocate for Californians with serious mental illness and promote a system of services that are accountable, accessible, and responsive.

Background/Description:



Adriana Ramos-Yamamoto, Senior Policy Analyst, conducts research and analysis on issues that impact the health and well-being of Californians with the goal of advancing health equity: ensuring that everyone has the opportunity to be healthy and thrive, regardless of their race, ethnicity, gender identity, sexual orientation, income, or zip code. While her work is primarily focused on health care and behavioral health, Adriana also supports the Budget Center's work on the social determinants of health, recognizing that a wide range of budget and policy decisions can positively impact the health and well-being of Californians.

Prior to joining the Budget Center, Adriana worked as a health policy associate at The Children’s Partnership and as a graduate student intern and health educator at the Los Angeles County Department of Public Health. Adriana earned her master’s degree in public health from the University of Southern California and her bachelor’s degree in government from Claremont McKenna College.



Monica Davalos, Policy Analyst, conducts research on the intersection of housing, health, and the justice system. She primarily focuses on removing barriers and increasing support for unhoused Californians and people leaving incarceration. Her work strives to highlight the necessity to reform structurally racist policies to promote the goal of ensuring all Californians have a stable home and the ability to reintegrate in their families and communities.

Before joining the Budget Center in 2019, Monica was a legislative assistant at the California Medical Association and a constituent affairs representative in the Office of Governor Jerry Brown. She holds bachelor’s degrees in economics and political science from the University of California, Davis. Monica is currently working toward a master’s degree in public policy and administration at California State University, Sacramento.

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

[Budget Summary \(ca.gov\)](#)

**California Behavioral Health Planning Council
Legislation Committee**
Wednesday, June 14, 2023

Agenda Item: Review of Legislation

Enclosures: CBHPC Legislative Positions
CBHPC Legislative Positions-Pending

How This Agenda Item Relates to Council Mission

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

The CBHPC *Legislative Positions* list documents the Council's effort to advocate for an effective behavioral health system and assist in educating the public, behavioral health constituency, and legislators on issues that impact individuals with Serious Mental Illness (SMI) and Serious Emotional Disturbances (SED).

Background/Description:

During this agenda item committee members will have the opportunity to review legislation on the *CBHPC Legislative Positions-Pending List* and discuss/take positions on any of the bills. Additionally, members can review and discuss any bills on the *CBHPC Legislative Positions List*. The list has been updated to reflect the positions the Council has already taken. Both lists include the status of the bills as of May 2023. Current information for all listed legislation can be accessed by clicking on the bill numbers within the document.

Members are encouraged to review the bills prior to the meeting and be prepared to discuss any legislation they would like the committee to consider, to maximize the time available.



Legislative Positions

May 2023

AB 33 (**Bains D**) **Fentanyl Addiction and Overdose Prevention Task Force.**

Current Text: Amended: 5/2/2023

Status: 5/3/2023-Re-referred to Com. on APPR.

Location: 4/27/2023-A. APPR.

Summary: Would establish the Fentanyl Addiction and Overdose Prevention Task Force to undertake various duties relating to fentanyl abuse, including, among others, collecting and organizing data on the nature and extent of fentanyl abuse in California and evaluating approaches to increase public awareness of fentanyl abuse. The bill would require the task force to be cochaired by the Attorney General and the Surgeon General, or their designees, and would specify the membership of the task force. The bill would require the first meeting of the task force to take place no later than March 1, 2024, and would require the task force to meet at least once every 2 months. The bill would require the task force to submit an interim report to the Governor and the Legislature by January 1, 2025, and would require the task force to report its findings and recommendations to the Governor and the Legislature by July 1, 2025. The bill would repeal these provisions on January 1, 2026.

Position: Support

AB 283 (**Patterson, Jim R**) **Mental Health Services Oversight and Accountability Commission.**

Current Text: Introduced: 1/24/2023

Status: 5/3/2023-Referred to Com. on HEALTH.

Location: 5/3/2023-S. HEALTH

Summary: The Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the Mental Health Oversight and Accountability Commission to oversee the implementation of the MHSA. Current law specifies the composition of the 16-member commission, including the Attorney General or their designee, the Superintendent of Public Instruction or their designee, specified members of the Legislature, and 12 members appointed by the Governor, as prescribed. Current law authorizes the MHSA to be amended by a 2/3 vote of

the Legislature if the amendments are consistent with, and further the purposes of, the MHPA, or by a majority vote to clarify procedures and terms. This bill would urge the Governor, in making appointments, to consider ensuring geographic representation among the 10 regions of California defined by the 2020 census.

Position: Watch

[AB 289](#) ([Holden D](#)) **Mental health services: representation.**

Current Text: Amended: 3/7/2023

Status: 5/3/2023-Referred to Com. on HEALTH.

Location: 5/3/2023-S. HEALTH

Summary: The Bronzan-McCorquodale Act may be amended by the Legislature only by a 2/3 vote of both houses and only so long as the amendment is consistent with and furthers the intent of the act. The Legislature may clarify procedures and terms of the act by majority vote. Current law establishes the Mental Health Services Oversight and Accountability Commission and requires counties to prepare and submit a 3-year program and expenditure plan, and annual updates, as specified, to the commission and the State Department of Health Care Services. Current law requires the plan to be developed with specified local stakeholders, along with other important interests. This bill would require stakeholders to include sufficient participation of individuals representing diverse viewpoints, including representatives from youth from historically marginalized communities, representatives from organizations specializing in working with underserved racially and ethnically diverse communities, and representatives from LGBTQ+ communities.

Position: Support

[AB 349](#) ([Ramos D](#)) **Patton State Hospital: lease: housing and mental health services for homeless individuals.**

Current Text: Amended: 5/9/2023

Status: 5/9/2023-From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on G.O.

Location: 5/3/2023-S. G.O.

Summary: Current law authorizes the Department of General Services to perform various duties relating to state real property, including by authorizing the Director of General Services to let a building located at Patton State Hospital to a nonprofit corporation or local government, for a period not to exceed 20 years, for the purpose of providing services to elderly persons. This bill would delete the 20-year lease maximum and would additionally authorize the Director of General Services to lease the building described above for the purposes of providing housing to homeless individuals and providing mental health services to those individuals.

Position: Oppose

[AB 459](#) ([Haney D](#)) **California Behavioral Health Outcomes and Accountability Review.**

Current Text: Amended: 4/13/2023

Status: 5/3/2023-In committee: Set, first hearing. Referred to suspense file.

Location: 5/3/2023-A. APPR. SUSPENSE FILE

Summary: Would require the California Health and Human Services Agency, by July 1, 2026, to establish the California Behavioral Health Outcomes and Accountability Review (CBH-OAR), consisting of performance indicators, county self-assessments, and county and health plan improvement plans, to facilitate an accountability system that fosters continuous quality improvement in county and commercial behavioral health services and in the collection and dissemination of best practices in service delivery by the agency. The bill would require the agency to convene a workgroup, as specified, to establish a workplan by which the CBH-OAR shall be conducted. The bill would require the agency to establish specific process measures and uniform elements for the county and health plan improvement plan updates. The bill would require the agency to report to the Legislature, as specified. By imposing new requirements on counties, this bill would impose a state-mandated local program.

Position: Watch

[AB 512](#) ([Waldron R](#)) **Mental health and substance use disorders: database of facilities.**

Current Text: Amended: 3/20/2023

Status: 3/29/2023-In committee: Set, first hearing. Referred to suspense file.

Location: 3/29/2023-A. APPR. SUSPENSE FILE

Summary: Would require that, by July 1, 2024, the California Health and Human Services Agency, either on its own or through the Behavioral Health Task Force established by the Governor, create an ad hoc committee to study how to develop a real-time, internet-based system, usable by hospitals, clinics, law enforcement, paramedics and emergency medical technicians (EMTs), and other health care providers as deemed appropriate, to display information about available beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities, and residential alcoholism or substance abuse treatment facilities in order to facilitate the identification and designation of available facilities for the transfer to, and temporary treatment of, individuals in mental health or substance use disorder crisis. The ad hoc committee shall submit a report of its findings to the Legislature no later than July 1, 2025.

Position: Watch

[AB 665](#) ([Carrillo, Wendy D](#)) **Minors: consent to mental health services.**

Current Text: Introduced: 2/13/2023

Status: 5/3/2023-Referred to Com. on JUD.

Location: 5/3/2023-S. JUD.

Summary: Would align existing laws by removing the additional requirement that, in order to consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, a minor must present a danger of serious physical or mental harm to themselves or to others, or be the alleged victim of incest or child abuse.

Position: Support

AB 839 (**Addis D**) **Residential care facilities for the elderly: financing.**

Current Text: Amended: 3/30/2023

Status: 5/10/2023-Referred to Coms. on HEALTH and HUMAN S.

Location: 5/10/2023-S. HEALTH

Summary: The California Health Facilities Financing Authority Act authorizes the California Health Facilities Financing Authority to, among other things, make loans from the continuously appropriated California Health Facilities Financing Authority Fund to participating health institutions, as defined, for financing or refinancing the acquisition, construction, or remodeling of health facilities, as defined. This bill would expand the above-described loan program to include residential care facilities for the elderly (RCFEs) by adding an RCFE to the definition of "health facility" under the program. The bill would make conforming changes to related provisions. The bill would clarify that other provisions under existing law relating to health facilities would not be affected by the expanded definition, as specified.

Position: Support

AB 845 (**Alvarez D**) **Behavioral health: older adults.**

Current Text: Amended: 4/13/2023

Status: 5/3/2023-In committee: Hearing postponed by committee.

Location: 4/18/2023-A. APPR.

Summary: Would establish within the State Department of Health Care Services an Older Adult Behavioral Health Services Administrator to oversee behavioral health services for older adults. The bill would require that position to be funded with administrative funds from the Mental Health Services Fund. The bill would prescribe the functions of the administrator and their responsibilities, including, but not limited to, developing outcome and related indicators for older adults for the purpose of assessing the status of behavioral health services for older adults, monitoring the quality of programs for those adults, and guiding decision making on how to improve those services. The bill would require the administrator to receive data from other state agencies and departments to implement these provisions, subject to existing state or federal confidentiality requirements. The bill would require the administrator to report to the entities that administer the MHSA on those outcome and related indicators by July 1, 2024, and would require the report to be posted on the department's internet website.

Position: Support

AB 1437 (**Irwin D**) **Medi-Cal: serious mental illness.**

Current Text: Amended: 4/13/2023

Status: 5/3/2023-In committee: Set, first hearing. Referred to suspense file.

Location: 5/3/2023-A. APPR. SUSPENSE FILE

Summary: Current law sets forth a schedule of benefits under the Medi-Cal program, including specialty and non-specialty mental health services through different delivery systems, in certain cases subject to utilization controls, such as prior authorization. Under current law, prior authorization is approval of a specified service in advance of the

rendering of that service based upon a determination of medical necessity. Current law sets forth various provisions relating to processing, or appealing the decision of, treatment authorization requests, and provisions relating to certain services requiring or not requiring a treatment authorization request. After a determination of cost benefit, current law requires the Director of Health Care Services to modify or eliminate the requirement of prior authorization as a control for treatment, supplies, or equipment that costs less than \$100, except for prescribed drugs, as specified. Under this bill, a prescription refill for a drug for serious mental illness would automatically be approved for a period of 365 days after the initial prescription is dispensed. The bill would condition the above-described provisions on the prescription being for a person 18 years of age or over, and on the person not being within the transition jurisdiction of the juvenile court, as specified.

Position: Support

SB 43 (**Eggman D**) **Behavioral health.**

Current Text: Amended: 4/27/2023

Status: 5/12/2023-Set for hearing May 18.

Location: 5/8/2023-S. APPR. SUSPENSE FILE

Summary: The Lanterman-Petris-Short Act provides for the involuntary commitment and treatment of a person who is a danger to themselves or others or who is gravely disabled. Current law, for purposes of involuntary commitment, defines “gravely disabled” as either a condition in which a person, as a result of a mental health disorder, is unable to provide for their basic personal needs for food, clothing, or shelter or has been found mentally incompetent, as specified. This bill expands the definition of “gravely disabled” to also include a condition in which a person, due to a mental health disorder or a substance use disorder, or both, is at substantial risk of serious harm, or is currently experiencing serious harm to their physical or mental health. The bill defines “serious harm” for purposes of these provisions to mean significant deterioration, debilitation, or illness due to a person’s failure to meet certain conditions, including, among other things, attend to needed personal or medical care and attend to self-protection or personal safety.

Position: Oppose

SB 232 (**Niello R**) **Mental health services: gravely disabled.**

Current Text: Introduced: 1/24/2023

Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 2/1/2023)(May be acted upon Jan 2024)

Location: 4/28/2023-S. 2 YEAR

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. The act also provides for a conservator of the person or estate to be appointed for a person who is gravely disabled. Other law exempts specified licensed general acute care hospitals, licensed acute psychiatric hospitals, licensed professional staff of those hospitals, or a physician and surgeon, providing emergency medical services in any department of those hospitals, from civil or criminal liability for detaining a person if certain conditions exist, including that the person cannot be safely released from the hospital because the person,

as a result of a mental health disorder, presents a danger to themselves or others or is gravely disabled. Current law, for the purposes of these provisions, defines “gravely disabled,” among other things, as a condition in which a person, as a result of a mental health disorder, is unable to provide for the basic personal needs of food, clothing, or shelter. This bill would change the definition of “gravely disabled” for these purposes to read, in part, a condition in which a person, as a result of a mental health disorder, is incapable of making informed decisions about, or providing for, their own basic personal needs for food, clothing, shelter, or medical care without significant supervision and assistance from another person and, as a result of being incapable of making these informed decisions, the person is at risk of substantial bodily harm, dangerous worsening of a concomitant serious physical illness, significant psychiatric deterioration, or mismanagement of essential needs that could result in bodily harm.

Position: Oppose

SB 282 (Eggman D) Medi-Cal: federally qualified health centers and rural health clinics.

Current Text: Amended: 3/13/2023

Status: 5/12/2023-Set for hearing May 18.

Location: 4/10/2023-S. APPR. SUSPENSE FILE

Summary: Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including federally qualified health center (FQHC) services and rural health clinic (RHC) services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under current law, to the extent that federal financial participation is available, FQHC and RHC services are reimbursed on a per-visit basis, as specified. “Visit” is defined as a face-to-face encounter between a patient of an FQHC or RHC and a physician or other specified health care professionals. Under current law, “visit” also includes an encounter using video or audio-only synchronous interaction or an asynchronous store and forward modality, as specified. This bill would authorize reimbursement for a maximum of 2 visits that take place on the same day at a single site, whether through a face-to-face or telehealth-based encounter, if after the first visit the patient suffers illness or injury that requires additional diagnosis or treatment, or if the patient has a medical visit and either a mental health visit or a dental visit, as defined. The bill would require the department, by July 1, 2024, to submit a state plan amendment to the federal Centers for Medicare and Medicaid Services reflecting those provisions.

Position: Support

SB 873 (Bradford D) Prescription drugs: cost sharing.

Current Text: Introduced: 2/17/2023

Status: 5/12/2023-Set for hearing May 18.

Location: 5/1/2023-S. APPR. SUSPENSE FILE

Summary: This bill, commencing no later than January 1, 2025, would require an enrollee’s or insured’s defined cost sharing for each prescription drug to be calculated at the point of sale based on a price that is reduced by an amount equal to 90% of all rebates

received, or to be received, in connection with the dispensing or administration of the drug. The bill would require a health care service plan or health insurer to, among other things, pass through to each enrollee or insured at the point of sale a good faith estimate of the enrollee's or insured's decrease in cost sharing. The bill would require a health care service plan or health insurer to calculate an enrollee's or insured's defined cost sharing and provide that information to the dispensing pharmacy, as specified. The bill would require the department and the commissioner to submit an annual report on the impact of these provisions to the appropriate policy committees of the Legislature, as specified. The bill would make these provisions inoperative on January 1, 2027. This bill contains other related provisions and other existing laws.

Position: Support



Pending Legislative Positions

May 2023

[AB 67](#)

([Muratsuchi D](#)) Homeless Courts Pilot Program.

Current Text: Amended: 3/13/2023

Status: 4/19/2023-In committee: Set, first hearing. Referred to suspense file.

Location: 4/19/2023-A. APPR. SUSPENSE FILE

Summary: Would, upon an appropriation by the Legislature, create the Homeless Courts Pilot Program, which would remain in effect until January 1, 2029, to be administered by the Judicial Council for the purpose of providing comprehensive community-based services to achieve stabilization for, and address the specific legal needs of, homeless individuals who are involved with the criminal justice system. The bill would require applicant cities or counties seeking grant funds to provide a number of specified services or program components, including, but not limited to, a diversion program enabling participating defendants to have specified charges dismissed upon completion of a program, provision of temporary, time-limited, or permanent housing during the duration of the program, and a dedicated representative to assist defendants with housing needs. The bill would require an applicant for grant funding under the program to submit a plan for a new homeless court program or expansion of an existing homeless court program, and would require any funding awarded to an applicant to be used in accordance with that plan.

[AB 492](#)

([Pellerin D](#)) Medi-Cal: reproductive and behavioral health integration pilot programs.

Current Text: Amended: 3/23/2023

Status: 5/18/2023-Joint Rule 62(a), file notice suspended. From committee: Do pass. (Ayes 11. Noes 4.) (May 18). Read second time. Ordered to third reading.

Location: 5/18/2023-A. THIRD READING

Summary: Current law establishes the Family Planning, Access, Care, and Treatment (Family PACT) Program pursuant to a federal waiver, as part of the schedule of Medi-Cal benefits. Under existing law, the Family PACT Program provides comprehensive clinical family planning services to a person who has a family income at or below 200% of the federal poverty level and who is eligible to receive those services pursuant to the waiver. Under the Family PACT Program, comprehensive clinical family planning services include, among other things, contraception and general reproductive health care, and exclude

abortion. Abortion services are covered under the Medi-Cal program. This bill would, on or before July 1, 2024, subject to an appropriation, require the department to make grants, incentive payments, or other financial support available to Medi-Cal managed care plans to develop and implement reproductive and behavioral health integration pilot programs in partnership with identified qualified providers, in order to improve access to behavioral health services for beneficiaries with mild-to-moderate behavioral health conditions.

AB 551 **(Bennett D) Medi-Cal: specialty mental health services: foster children.**

Current Text: Amended: 4/27/2023

Status: 5/1/2023-Re-referred to Com. on APPR.

Location: 4/25/2023-A. APPR.

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. Current law requires each local mental health plan to establish a procedure to ensure access to outpatient specialty mental health services, as required by the EPSDT program standards, for youth in foster care who have been placed outside their county of adjudication, as described. Current law requires the department to issue policy guidance on the conditions for, and exceptions to, presumptive transfer of responsibility for providing or arranging for specialty mental health services to a foster youth from the county of original jurisdiction to the county in which the foster youth resides, as prescribed. On a case-by-case basis, and when consistent with the medical rights of children in foster care, current law authorizes the waiver of presumptive transfer, with the responsibility for the provision of specialty mental health services remaining with the county of original jurisdiction if certain exceptions exist. Under current law, the county probation agency or the child welfare services agency is responsible for determining whether waiver of the presumptive transfer is appropriate, with notice provided to the person requesting the exception. Under Current law, commencing July 1, 2023, in the case of placement of foster children in short-term residential therapeutic programs, community treatment facilities, or group homes, or in the case of admission of foster children to children's crisis residential programs, the county of original jurisdiction is required to retain responsibility and presumptive transfer provisions apply only if certain circumstances exist. This bill, for purposes of foster children placed or admitted in those specific settings, would delay, until July 1, 2024, the requirement on the county of original jurisdiction to retain responsibility and the limitation on the presumptive transfer provisions.

AB 602 **(Pellerin D) California State Board of Pharmacy: emergency refills: report.**

Current Text: Introduced: 2/9/2023

Status: 5/18/2023-From committee: Do pass. (Ayes 15. Noes 0.) (May 18). Read second time. Ordered to third reading.

Location: 5/18/2023-A. THIRD READING

Summary: Current law generally prohibits a pharmacy from refilling a prescription for a dangerous drug or device unless authorized by the prescriber. Current law authorizes a pharmacist to refill a prescription for a dangerous drug or device without the prescriber's authorization if the prescriber is unavailable and if, in the pharmacist's professional

judgment, failure to refill the prescription might interrupt the patient's ongoing care and have a significant adverse effect on the patient's well-being. This bill would require the California State Board of Pharmacy, on or before February 28, 2025, to submit a report to the legislature regarding the total number of times a pharmacist refilled a prescription for a dangerous drug or device without the prescriber's authorization pursuant to the above-mentioned authority.

AB 657 **(Jackson D) Mental Health Services Funding Act.**

Current Text: Amended: 3/23/2023

Status: 4/10/2023-In committee: Set, first hearing. Hearing canceled at the request of author.

Location: 3/23/2023-A. HEALTH

Summary: Would enact the Mental Health Services Funding Act that would require a distributor to pay a tax upon the distributor's distributions of candy, as defined, at the rate of \$0.05 for each untaxed candy distributed. The bill would define "distribution" to mean the sale, except a retail sale, of untaxed candy in this state. The bill would require all revenues, interest, and penalties, less refunds, collected from the candy tax to be deposited into the Candy Tax Fund, a continuously appropriated fund created by the bill, and would require all amounts in the fund to be distributed to the Mental Health Services Fund. By creating a continuously appropriated fund and allocating additional moneys to a continuously appropriated fund, this bill would make an appropriation.

AB 799 **(Rivas, Luz D) Homeless Housing, Assistance, and Prevention program: Homelessness Accountability and Results Act.**

Current Text: Amended: 4/19/2023

Status: 5/10/2023-In committee: Set, first hearing. Referred to suspense file.

Location: 5/10/2023-A. APPR. SUSPENSE FILE

Summary: Current law establishes the Homeless Housing, Assistance, and Prevention program for the purpose of providing jurisdictions with one-time grant funds to support regional coordination and expand or develop local capacity to address their immediate homelessness challenges informed by a best-practices framework focused on moving homeless individuals and families into permanent housing and supporting the efforts of those individuals and families to maintain their permanent housing. Current law provides for the allocation of funding under the program among continuums of care, cities, and counties in 4 rounds, the first of which is administered by the Business, Consumer Services, and Housing Agency, and the others are administered by the Interagency Council on Homelessness. This bill, the Homelessness Accountability and Results Act, would instead specify that the purpose of the Homeless Housing, Assistance, and Prevention program is to provide ongoing grant funds to support regional coordination and expand or develop local capacity to address their immediate homelessness challenges informed by best-practices and to solve homelessness using evidence-based or, where no evidence exists, a data-informed and promising framework, as provided.

AB 820 **(Reyes D) State boards and commissions: seniors.**

Current Text: Amended: 4/18/2023

Status: 5/11/2023-Read third time. Passed. Ordered to the Senate. (Ayes 66. Noes 0.) In Senate. Read first time. To Com. on RLS. for assignment.

Location: 5/11/2023-S. RLS.

Summary: Current law requires the Governor and every other appointing authority to, in making appointments to state boards and commissions, be responsible for nominating a variety of persons of different backgrounds, abilities, interests, and opinions in compliance with the policy that the composition of state boards and commissions shall be broadly reflective of the general public including ethnic minorities and women. This bill would require the composition of various advisory groups and bodies to include a state agency official responsible for administering programs that serve, or state commission official that advocates on behalf of, older adults, as defined, or a representative from an organization that serves or advocates on behalf of older adults.

AB 920 **(Bryan D) Discrimination: housing status.**

Current Text: Introduced: 2/14/2023

Status: 4/26/2023-In committee: Set, first hearing. Referred to suspense file.

Location: 4/26/2023-A. APPR. SUSPENSE FILE

Summary: Current law prohibits discrimination in any program or activity that is conducted, operated, or administered by the state, or by any state agency, that is funded directly by the state, or that receives any financial assistance from the state, based upon specified personal characteristics. This bill would also prohibit discrimination based upon housing status, as defined.

AB 921 **(Bonta D) Mental health: workforce.**

Current Text: Amended: 3/16/2023

Status: 5/10/2023-In committee: Set, first hearing. Referred to suspense file.

Location: 5/10/2023-A. APPR. SUSPENSE FILE

Summary: Would require the Department of Health Care Access and Information to establish a mentorship program that will connect students enrolled in behavioral health programs with community-based organizations, as specified. The bill would require the department to coordinate a cost-of-living stipend that a student mentee may use for specific expenses. The bill would authorize a community-based organization to apply for the stipend and would require the community-based organization to distribute the stipend to its student mentees distinct from wages earned for work performed. This bill would require the department to offer an increased stipend to encourage bilingual students to participate in the program. This bill would require an eligible student to enter into an agreement with a community-based organization to complete the mentorship program concurrent with their education and to work for the community-based organization after graduation, as specified. The bill would require a community-based organization to, among other things, formally mentor each student mentee and offer each student mentee permanent employment upon successful completion of their educational program.

AB 1001 (Haney D) Health facilities: behavioral health response.

Current Text: Amended: 4/13/2023

Status: 5/3/2023-In committee: Hearing postponed by committee.

Location: 4/11/2023-A. APPR.

Summary: Would require a general acute care hospital to adopt policies for behavioral health personnel to respond to patients with a mental health or substance use crisis. The bill would require that these protocols meet standards established by the State Department of Public Health and consist of various parameters such as minimum staffing requirements for behavioral health responses, procedures for response by behavioral health personnel in a timely manner, and annual training, as specified. The bill would require the department to adopt regulations on standards for general acute care hospitals related to behavioral health response. The bill would require all general acute care hospitals to maintain records on each patient who receives care from behavioral health response personnel and the number of hours of services provided for a period of 3 years. The bill would require hospitals to include related data in their quarterly summary utilization data reported to the department.

AB 1029 (Pellerin D) Advance health care directive form.

Current Text: Amended: 4/12/2023

Status: 5/3/2023-Referred to Com. on JUD.

Location: 5/3/2023-S. JUD.

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. The statutory form includes a space to designate an agent to make health care decisions, as well as optional spaces to designate a first alternate agent and 2nd alternate agent. Current law defines "health care decision," as specified. Current law authorizes an individual to provide an "individual health care instruction" as the individual's authorized written or oral direction regarding a health care decision for the individual. This bill would clarify that a "health care decision" does not include consent by a patient's agent, conservator, or surrogate to convulsive treatment, psychosurgery, sterilization, or abortion.

AB 1055 (Bains D) Alcohol drug counselors.

Current Text: Amended: 3/13/2023

Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was B.&P. on 3/2/2023)(May be acted upon Jan 2024)

Location: 4/28/2023-A. 2 YEAR

Summary: Would create, upon appropriation by the Legislature, the Allied Behavioral Health 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, possession of a master's degree in alcohol and drug counseling or a related counseling master's degree, as specified. The bill would, commencing 18 months after the board commences approving licenses, impose additional requirements on an applicant, including 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.

[AB 1256](#) (Wood D) Transactions and use taxes: County of Humboldt.

Current Text: Amended: 3/23/2023

Status: 5/16/2023-In Senate. Read first time. To Com. on RLS. for assignment.

Location: 5/16/2023-S. RLS.

Summary: Would authorize the Humboldt County Board of Supervisors to impose a transactions and use tax for the support of countywide transportation programs at a rate of no more than 1% that would, in combination with other transactions and use taxes, exceed the above-described combined rate limit of 2%, if the ordinance proposing the tax is approved by the voters, subject to applicable voter approval requirements, as specified. The bill would provide that a transactions and use tax rate imposed pursuant to the bill will not be considered for purposes of that combined rate limit described above. This bill would make legislative findings and declarations as to the necessity of a special statute for the County of Humboldt.

[AB 1339](#) (Haney D) Discrimination: disability: medication-assisted treatment.

Current Text: Amended: 4/12/2023

Status: 5/10/2023-In committee: Set, first hearing. Referred to suspense file.

Location: 5/10/2023-A. APPR. SUSPENSE FILE

Summary: Current law requires the State Department of Health Care Services to license narcotic treatment programs to use narcotic replacement therapy and medication-assisted treatment (MAT) of addicted persons. Current law specifies the medications a licensed narcotic treatment program may use for narcotic treatment replacement therapy and MAT by a licensed narcotic treatment program. Current law prohibits the unlawful denial of full and equal access to the benefits of, or the unlawful discrimination under, any program or activity that is conducted, operated, or administered by the state or by any state agency, that is funded directly by the state, or that receives any financial assistance from the state, for a person on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, or sexual orientation. This bill would prohibit a state-funded program, as defined, from discriminating against, or denying access to housing or housing services to, individuals because they are currently undergoing MAT or taking authorized medications.

[AB 1360](#) (McCarty D) Hope California: Secured Residential Treatment Pilot Program.

Current Text: Amended: 4/20/2023

Status: 5/3/2023-In committee: Set, first hearing. Referred to suspense file.

Location: 5/3/2023-A. APPR. SUSPENSE FILE

Summary: Would, until July 1, 2029, authorize the Counties of Sacramento and Yolo to offer secured residential treatment pilot programs, known as Hope California, for individuals suffering from substance use disorders (SUDs) who have been convicted of qualifying drug-motivated felony crimes, as specified. The bill would require the program to meet certain conditions relating to, among other things, a risk, needs, and psychological assessment, a comprehensive curriculum, a determination by a judge of the length of treatment, data collection, licensing and monitoring of the facility by the State Department of Health Care Services, and reporting to the department and the Legislature.

AB 1376 (Carrillo, Juan D) Emergency medical services: liability limitation.

Current Text: Amended: 5/3/2023

Status: 5/11/2023-Read third time. Passed. Ordered to the Senate. (Ayes 66. Noes 0.) In Senate. Read first time. To Com. on RLS. for assignment.

Location: 5/11/2023-S. RLS.

Summary: Would provide that a private provider of ambulance services, and employees of that provider, when operating in accordance with the standards, regulations, policies, and protocols of local emergency medical services agencies, shall not be criminally or civilly liable for the continued detainment of a person when that detainment is requested by a peace officer, facility staff, or other professionals authorized to detain persons in specified circumstances involving the transport and continued containment of a person who requires mental health evaluation and treatment, as specified. The bill would also require a private provider of ambulance services subject to these provisions to provide care according to the policies and procedures established by the local emergency medical services agency, as specified, and the policies of the California Emergency Medical Services Authority.

AB 1412 (Hart D) Pretrial diversion: borderline personality disorder.

Current Text: Introduced: 2/17/2023

Status: 5/3/2023-In committee: Hearing postponed by committee.

Location: 4/12/2023-A. APPR.

Summary: Current law authorizes a court to grant pretrial diversion, for a period no longer than 2 years, to a defendant suffering from a mental disorder, on an accusatory pleading alleging the commission of a misdemeanor or felony offense, in order to allow the defendant to undergo mental health treatment. Current law conditions eligibility on, among other criteria, a court finding that the defendant suffers from 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 1450 (Jackson D) Pupil health: universal screenings: adverse childhood experiences and dyslexia.

Current Text: Introduced: 2/17/2023

Status: 4/28/2023-Failed Deadline pursuant to Rule 61(a)(2). (Last location was ED. on 3/9/2023)(May be acted upon Jan 2024)

Location: 4/28/2023-A. 2 YEAR

Summary: This bill would require a school district, county office of education, or charter school to employ or contract with at least one mental health clinician, as defined, and at least one case manager, as defined, for each schoolsite of the local educational agency, and to conduct universal screenings for adverse childhood experiences, as defined, and dyslexia, pursuant to a graduated schedule by grade span, as specified. The bill would require a mental health clinician who conducts a screening to develop, and provide to the pupil and their parent or guardian, an action plan based upon findings from the screening, as appropriate, and would require case managers to help implement approved action plans. By imposing additional requirements on local educational agencies, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

AB 1451 (Jackson D) Urgent and emergent mental health and substance use disorder treatment.

Current Text: Amended: 5/1/2023

Status: 5/2/2023-Re-referred to Com. on APPR.

Location: 4/25/2023-A. APPR.

Summary: Would require a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on or after January 1, 2024, to provide coverage for treatment of urgent and emergent mental health and substance use disorders. The bill would require the treatment to be provided without preauthorization, and to be reimbursed in a timely manner, pursuant to specified provisions. Because a violation of the bill's requirements by a health care service plan would be a crime, the bill would impose a state-mandated local program.

AB 1470 (Quirk-Silva D) Medi-Cal: behavioral health services: documentation standards.

Current Text: Amended: 4/27/2023

Status: 5/1/2023-Re-referred to Com. on APPR.

Location: 4/25/2023-A. APPR.

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.

AB 1479 (Garcia D) Pupil health: social-emotional, behavioral, and mental health supports.

Current Text: Amended: 4/17/2023

Status: 5/10/2023-In committee: Set, first hearing. Referred to suspense file.

Location: 5/10/2023-A. APPR. SUSPENSE FILE

Summary: Would establish the Pupil Social-Emotional, Behavioral, and Mental Health Program, to be administered by the State Department of Education, to provide eligible local educational agencies with an allocation of moneys to provide Model Tier 1 Support, as defined, accessible to pupils and families. The bill would require all schools within a school district or county office of education, and charter schools that meet certain criteria and have a plan approved by the department to provide evidence-based, Tier 1 social-emotional, behavioral, and mental health support accessible to pupils and families, to be eligible for an apportionment of state funds under the program for those purposes, as provided. The bill would condition the implementation of these provisions upon an appropriation by the Legislature.

AB 1549 (**Carrillo, Wendy D**) **Medi-Cal: federally qualified health centers and rural health clinics.**

Current Text: Amended: 4/27/2023

Status: 5/1/2023-Re-referred to Com. on APPR.

Location: 4/25/2023-A. APPR.

Summary: Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including federally qualified health center services and rural health clinic services. Under current law, to the extent that federal financial participation is available, FQHC and RHC services are reimbursed on a per-visit basis, as specified. This bill would, among other things, require that per-visit rate to account for the costs of the FQHC or RHC that are reasonable and related to the provision of covered services, including the specific staffing and care delivery models used by the FQHC and RHC to deliver those services. The bill would also require the rate for any newly qualified health center to include the cost of care coordination services provided by the health center, as specified.

AB 1564 (**Low D**) **Master of Divinity: physician and surgeon: title.**

Current Text: Amended: 3/23/2023

Status: 5/3/2023-In committee: Hearing postponed by committee.

Location: 4/11/2023-A. APPR.

Summary: Existing law, the Medical Practice Act, establishes the Medical Board of California within the Department of Consumer Affairs and sets forth its powers and duties relating to the licensure and regulation of physicians and surgeons. Existing law prohibits a person from using the words "doctor" or "physician," the letters or prefix "Dr.," the initials "M.D.," or any other terms or letters indicating or implying that the person is a physician and surgeon, physician, surgeon, or practitioner, unless the person has been issued a physician's and surgeon's certificate by the board, and makes a violation of these provisions a crime. This bill would specifically prohibit a person who has earned a Master of Divinity from displaying the title "M.Div" or "M.D.i.v." in a communication or advertisement relating to the person's practice unless the title is clearly distinguishable from the title "MD"

or “M.D.” The bill would provide that prohibited displays include, but are not limited to, using different colors, fonts, or font sizes in a way that makes the “MD” or “M.D.” more prominent than the “iv” or “i.v.” The bill would specify that a person who violates this provision is not subject to criminal penalties, as specified.

SB 10

(Cortese D) Pupil health: opioid overdose prevention and treatment: Melanie’s Law.

Current Text: Amended: 4/10/2023

Status: 5/12/2023-Set for hearing May 18.

Location: 4/24/2023-S. APPR. SUSPENSE FILE

Summary: Would require the State Department of Education, in collaboration with the California Health and Human Services Agency, to establish the State Working Group on Fentanyl Education in Schools, for the purpose of promoting public education, awareness, and prevention of fentanyl overdoses, with the outreach aimed at staff and pupils in schools. The bill would state the Legislature’s encouragement of county offices of education to establish similar county working groups.

SB 35

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

Current Text: Amended: 3/21/2023

Status: 5/11/2023-Referred to Com. on HEALTH.

Location: 5/11/2023-A. HEALTH

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 authorizes CARE Act proceedings to commence in the county where the respondent resides, is found, or is facing criminal or civil proceedings. Current law requires the act to be implemented with technical assistance and continuous quality improvement, as specified, including expected start dates for specified counties. Current law also requires the State Department of Health Care Services to implement guidelines under which counties can apply for and be provided additional time to implement the above-described provisions. Current law authorizes the department to grant an extension once, and no later than December 1, 2025. This bill would instead authorize the department to grant an extension no later than December 15, 2025.

SB 63

(Ochoa Bogh R) Homeless and Mental Health Court and Transitioning Home Grant Programs.

Current Text: Introduced: 1/4/2023

Status: 5/12/2023-Set for hearing May 18.

Location: 4/17/2023-S. APPR. SUSPENSE FILE

Summary: Under current law, the Board of State and Community Corrections administers several grant programs, including a mentally ill offender crime reduction grant program, a medication-assisted treatment grant program, and a violence intervention and prevention grant program. This bill would establish two new grant programs until January 1, 2028: the Homeless and Mental Health Court Grant Program that would, subject to an appropriation by the Legislature, be administered by the Judicial Council and provide grants to counties for the purpose of establishing or expanding homeless courts and mental health courts, as specified; and the Transitioning Home Grant Program that would, subject to an appropriation by the Legislature, be administered by the board and provide grants to county sheriffs and jail administrators to fund programs aimed at reducing homelessness among inmates released from custody, as specified.

SB 65 (**Ochoa Bogh R**) **Behavioral Health Continuum Infrastructure Program.**

Current Text: Introduced: 1/4/2023

Status: 5/12/2023-Set for hearing May 18.

Location: 4/10/2023-S. APPR. SUSPENSE FILE

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

SB 326 (**Eggman D**) **Mental Health Services Act.**

Current Text: Amended: 3/21/2023

Status: 5/12/2023-Set for hearing May 18.

Location: 5/8/2023-S. APPR. SUSPENSE FILE

Summary: The Mental Health Services Act, an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, funds a system of county mental health plans for the provision of mental health services, as specified. The act may be amended by the Legislature only by a 2/3 vote of both houses and only so long as the amendment is consistent with and furthers the intent of the act. The Legislature may clarify procedures and terms of the act by majority vote. This bill would require a county, for a behavioral health service eligible for reimbursement pursuant to the federal Social Security Act, to submit the claims for reimbursement to the State Department of Health Care Services under specific circumstances. By imposing a new duty on local officials, this bill would create a state-mandated local program. The bill would make findings that it clarifies procedures and terms of the Mental Health Services Act.

SB 363

(Eggman D) Facilities for inpatient and residential mental health and substance use disorder: database.

Current Text: Introduced: 2/8/2023

Status: 5/12/2023-Set for hearing May 18.

Location: 4/24/2023-S. APPR. SUSPENSE FILE

Summary: Would require, by January 1, 2025, the State Department of Health Care Services, in consultation with the State Department of Public Health and the State Department of Social Services, and by conferring with specified stakeholders, to develop a real-time, internet-based database to collect, aggregate, and display information about beds in specified types of facilities, such as chemical dependency recovery hospitals, acute psychiatric hospitals, and mental health rehabilitation centers, among others, to identify the availability of inpatient and residential mental health or substance use disorder treatment. The bill would require the database to include a minimum of specific information, including the contact information for a facility's designated employee, the types of diagnoses or treatments for which the bed is appropriate, and the target populations served at the facility, and have the capacity to, among other things, enable searches to identify beds that are appropriate for individuals in need of inpatient or residential mental health or substance use disorder treatment.

SB 408

(Ashby D) Foster youth with complex needs: regional health teams and short-term residential therapeutic programs.

Current Text: Amended: 5/3/2023

Status: 5/16/2023-Set for hearing May 18.

Location: 5/15/2023-S. APPR. SUSPENSE FILE

Summary: Would require the State Department of Health Care Services, in consultation with the State Department of Social Services, to establish up to 10 regional health teams throughout the state, to serve foster youth and youth who may be at risk of entering foster care. The bill would require the department to submit a state plan amendment to the federal Centers for Medicare and Medicaid Services no later than July 1, 2024, to implement the Medicaid Health Home State Plan Option, as specified, in establishing the regional health teams. The bill would require the department to coordinate with the State Department of Social Services and the State Department of Developmental Services, and to convene and engage specified stakeholders, to develop the regional health teams.

SB 509

(Portantino D) School employee and pupil training: youth mental and behavioral health: mental health education.

Current Text: Amended: 4/20/2023

Status: 5/12/2023-Set for hearing May 18.

Location: 5/1/2023-S. APPR. SUSPENSE FILE

Summary: Current law, subject to an appropriation, requires the State Department of Education to recommend best practices and identify training programs for use by local educational agencies to address youth behavioral health, on or before January 1, 2023, as provided. Current law requires the department to ensure that each identified training

program, among other requirements, provides instruction on recognizing the signs and symptoms of youth behavioral health disorders, including common psychiatric conditions and substance use disorders, and on how school staff can best provide referrals to youth behavioral health services or other support to individuals in the early stages of developing a youth behavioral health disorder. This bill would delete the term “common” from the specific examples included in the above-described training requirement of youth behavioral health disorders. The bill would require, on or before July 1, 2027, local educational agencies to certify to the department that 75% of each of its classified and certificated employees, who have direct contact with pupils at school, have received that youth behavioral health training, as specified.

SB 513 **(Wiener D) Incarcerated persons: mental health.**

Current Text: Introduced: 2/14/2023

Status: 5/12/2023-Set for hearing May 18.

Location: 4/10/2023-S. APPR. SUSPENSE FILE

Summary: Would require the Department of Corrections and Rehabilitation to conduct mental health treatment for state prison inmates in a manner to accomplish various goals, including providing, to the greatest extent possible, regular and consistent mental health therapy to inmates who seek it, and ensuring that an inmate is provided an introductory mental health therapy appointment within 2 weeks of the inmate requesting care. The bill would also make Legislative findings and declarations.

SB 551 **(Portantino D) Mental health boards.**

Current Text: Amended: 5/1/2023

Status: 5/12/2023-Set for hearing May 18.

Location: 5/8/2023-S. APPR. SUSPENSE FILE

Summary: The Bronzan-McCorquodale Act contains provisions governing the operation and financing of community mental health services in every county through locally administered and locally controlled community mental health programs. Current law requires each community mental health service to have a mental health board, as specified. Current law requires a member of the board to abstain from voting on any issue in which the member has a financial interest. This bill would require at least 20% of a mental health board’s membership to be employed by a local educational agency, and at least 20% to be an individual who is 25 years of age or younger in counties with a population of 500,000 or more. The bill would also require one member of the board to be employed by a local educational agency and at least one member to be 25 years of age or younger in counties with a population fewer than 500,000, but more than 100,000. In counties with a population of fewer than 100,000, this bill would require those counties to give a strong preference to appointing at least one member of the board who is employed by a local education agency or is 25 years of age or younger.

SB 641 **(Roth D) Public health: alcohol and drug programs: naloxone.**

Current Text: Amended: 5/1/2023

Status: 5/12/2023-Set for hearing May 18.

Location: 5/8/2023-S. APPR. SUSPENSE FILE

Summary: The Naloxone Distribution Project (NDP) is administratively created by the State Department of Health Care Services to reduce opioid-related overdose deaths. This bill would require the department, as part of the NDP, to make all United States Food and Drug Administration-approved formulations and dosage strengths of naloxone or any other opioid antagonist that are indicated for the emergency treatment of known or suspected opioid overdose available through the NDP.

SB 717 **(Stern D) County mental health services.**

Current Text: Introduced: 2/16/2023

Status: 5/12/2023-Set for hearing May 18.

Location: 5/1/2023-S. APPR. SUSPENSE FILE

Summary: The Bronzan-McCorquodale Act governs the organization and financing of community mental health services for persons with mental disorders in every county through locally administered and locally controlled community mental health programs. This bill would require a county behavioral health department to maintain contact for 180 days with, and offer mental health services to, an individual charged with a misdemeanor who has been found incompetent to stand trial and who is not receiving court directed services. By creating new requirements for county behavioral health departments, this bill would impose a state-mandated local program.

**California Behavioral Health Planning Council
Legislation Committee**
Wednesday, June 14, 2023

Agenda Item: Evolution of the MHSA

Enclosures: Back to the Future PowerPoint Presentation

How This Agenda Item Relates to Council Mission

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

The Mental Health Services Act was designed to expand and transform California's behavioral health system to better serve individuals with, and at risk of, serious mental health issues, and their families.

Background/Description:



Dave Pilon, former President, and CEO of Mental Health America of Los Angeles will provide an overview of the evolution of the MHSA and discuss key elements that are important to consider in our advocacy.

Dave Pilon received his doctorate in Social Psychology from Harvard University in 1981. From 1989 until his retirement in 2017, he served in various leadership roles at Mental Health America of Los Angeles, most recently for eight years as its President and CEO. Since his retirement, he has consulted with numerous mental health programs and systems – the most significant as the writer of the TRIESTE Innovation Grant on behalf of Los Angeles County – which was approved by the Mental Health Services Oversight and Accountability Commission in May 2019. Over his career, he has consulted in the

design and transformation of mental health programs and systems throughout the United States, New Zealand, and Japan.

Dr. Pilon has presented numerous workshops on ethical issues in psychosocial rehabilitation as well as on the development of outcome measures for social rehabilitation programs. From 1999 through 2007, he served as the lead evaluator coordinating the collection and analysis of data documenting the effectiveness of the Integrated Services for the Homeless (AB34) program serving nearly 5000 people who are mentally ill and had been incarcerated and/or homeless. He is the co-creator of the Milestones of Recovery Scale and has served on the Performance Measurement Advisory Committee (PMAC) for the California State Department of Mental Health and the evaluation committee for the MHSOAC. He is a past president for the California Association of Social Rehabilitation Agencies. In 2004 he received The Psychiatric Rehabilitation Association's Armin Loeb Award for outstanding research in the field of psychiatric rehabilitation.

Please contact Naomi Ramirez at naomi.ramirez@cbhpc.dhcs.ca.gov for a copy of the presentation.

**California Behavioral Health Planning Council
Legislation Committee**

Wednesday, June 14, 2023

Agenda Item: Community Partner's Voice: MHSA Modernization

Enclosures: None

How This Agenda Item Relates to Council Mission

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

The Mental Health Services Act was designed to expand and transform California's behavioral health system to better serve individuals with, and at risk of, serious mental health issues, and their families.

Background/Description:

In 2004, voters recognized that California's mental health services system needed reform, and they voted in favor of Prop 63, also known as the Mental Health Services Act (MHSA). The MHSA is a one percent tax on all personal income over \$1 million per year. The MHSA has played a vital role in transforming the State's behavioral health system and funds vital behavioral health safety net services for people experiencing or at risk of experiencing serious mental health issues. The Act also recognizes the importance of engaging and serving the families and communities of people experiencing mental health issues. On March 19, 2023, Governor Newsom announced a proposal to modernize the MHSA.

Karen Vicari, Interim Public Policy Director for Mental Health America California, and Stacie Hiramoto, Director of The Racial & Ethnic Mental Health Disparities Coalition will discuss their organization's perspectives and concerns on the MHSA Modernization proposal.

About the Presenters:

Karen A. Vicari, JD, is the Interim Public Policy Director for Mental Health America of California (MHAC). After graduating from McGeorge School of Law, she practiced poverty law, working with clients on housing and public benefits issues. After a diagnosis of Rheumatoid Arthritis, Karen transitioned to policy and advocacy, representing people with chronic conditions at the state policy level in California on behalf of the Arthritis Foundation and the Mental Health Association of California. Under the leadership of Rusty Selix at MHAC, Karen formed the Alliance for Better Medicine to advocate for appropriate medical and mental health care for diverse populations with chronic conditions. When a close family member with mental health challenges became unhoused, Karen transitioned to mental health policy and advocacy, and has been

using her extensive knowledge of grassroots advocacy and mental health policy to improve the lives of people living with mental health conditions for over 15 years. Karen has personal lived experience as a consumer, a family member and the parent of a child living with a mental health condition.



Stacie Hiramoto, MSW, has been a mental health advocate and proud social worker for many years. She is one of the founders and presently Director of the Racial and Ethnic Mental Health Disparities Coalition (REMHDCO), a statewide mental health policy and advocacy organization representing BIPOC communities. REMHDCO is part of the highly acclaimed California Reducing Disparities Project administered by the Office of Health Equity under the California Department of Public Health. Stacie is proud to have worked many years for Rusty Selix, co-author of the Mental Health Services Act. She was legislative staff to former Assembly Speaker Willie Brown and Senator Richard Polanco, as well as Director of Legislative Affairs and Government Relations for the California Chapter of the National Association of Social Workers.

California Behavioral Health Planning Council
Legislation Committee
Wednesday, June 14, 2023

Agenda Item: CBHPC Advocacy: MHSA Modernization

Enclosures: CBHDA-BH Reform Proposal Presentation

How This Agenda Item Relates to Council Mission

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

The Mental Health Services Act was designed to expand and transform California's behavioral health system to better serve individuals with, and at risk of, serious mental health issues, and their families.

Background/Description:

On March 19, 2023, Governor Newsom announced that he is calling on lawmakers to place a measure on the 2024 ballot to modernize the state's behavioral health system. Some proposed changes included in the initiative are:

- Expansion of the use of MHSA to include Substance Use Disorder (SUD) treatment
- Updates to the categorial funding buckets, requiring 30 percent of MHSA funds be used on housing services
- Updates to the county process and spending
- Restructure of the role of the Mental Health Services Oversight Accountability Commission (MHSOAC)

Since the initiative was announced, the Health and Human Services Agency has established a [webpage](#) dedicated to the initiative and has provided additional details through their [presentations](#). At the committee's May 18th meeting, Michelle Cabrera, Executive Director, County Behavioral Health Directors Association of California (CBHDA), provided an overview of the initiative. Following her presentation committee members discussed potentially submitting a letter with the Council's concerns and decided they would like to host Stakeholder Engagement Discussions to inform stakeholders and solicit input. During this agenda, members will discuss the Council's strategy/next steps and start planning the Stakeholder Engagement Discussions.

Please contact Naomi Ramirez at naomi.ramirez@cbhpc.dhcs.ca.gov for a copy of CBHDA's presentation.