

California Behavioral Health Planning Council Legislation Committee Agenda

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

Join by [Zoom](#)
Join by Phone: (669) 900-6833
Meeting ID: 893 0393 6165 Passcode: 918005

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|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|
| 1:30 pm | Welcome and Introductions
<i>Barbara Mitchell, Chair-Elect</i> | |
| 1:35 pm | January 2023 Meeting Minutes
<i>Barbara Mitchell, Chair-Elect</i> | Tab 1 |
| 1:40 pm | Mental Health Services Act (MHSA) Advocacy
<i>Deborah Starkey, CBHPC Chairperson</i>
<i>Tony Vartan, CBHPC Chair-Elect</i>
<i>All Committee Members</i> | Tab 2 |
| 2:10 pm | Public Comment | |
| 2:15 pm | AB 459- California Behavioral Health Outcomes and Accountability Review
<i>Corey Hashida, Senior Advocate, Steinberg Institute</i> | Tab 3 |
| 3:00 pm | Public Comment | |
| 3:05 pm | Discussion of Committee's Name and 2023 Goals Action Item
<i>Naomi Ramirez, Legislative Coordinator</i>
<i>All Committee Members</i> | Tab 4 |
| 3:25 pm | Public Comment | |
| 3:30 pm | Break | |
| 3:45 pm | Consent Agenda Action Item
<i>Barbara Mitchell, Chair-Elect</i> | Tab 5 |
| 3:50 pm | Review of CBHPC Pending Legislative Action Item
<i>Barbara Mitchell, Chair-Elect</i>
<i>All Committee Members</i> | Tab 6 |

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

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|----------------|---------------------------------------------------------------------------------------------|--------------|
| 4:45 pm | CBHPC Workgroups Discussion
<i>Barbara Mitchell, Chair-Elect</i> | Tab 7 |
| 4:50 pm | Wrap up/Next Steps
<i>Barbara Mitchell, Chair-Elect and all Committee Members</i> | |
| 4:55 pm | Public Comment | |
| 5:00 pm | Adjourn | |

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

Legislation Committee Members

Veronica Kelley, Chairperson		Barbara Mitchell, Chair-Elect	
Tony Vartan	Daphne Shaw	Marina Rangel	Karen Baylor
Deborah Starkey	Darlene Prettyman	Susan Wilson	Monica Caffey
Noel O'Neill	Uma Zykofsky	Angelina Woodberry	Joanna Rodriguez
Vandana Pant	Javier Moreno	Catherine Moore	Erin Franco
Liz Oseguera			

**California Behavioral Health Planning Council
Legislation Committee**
Wednesday, April 19, 2023

Agenda Item: January 2023 Meeting Minutes

Enclosures: Draft January 2023 Meeting Minutes

Background/Description:

The Committee Members will review the January 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, January 18, 2023
1:30 pm to 5:00 pm
Holiday Inn San Diego Bayside
4875 North Harbor Drive, San Diego, CA 92106
Point Loma Room

Members Present:

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

Meeting Commenced at 1:30 p.m.

Item #1 Approve October 2022 Meeting Minutes

A motion to approve the October 2022 minutes was made by Catherine Moore and seconded by Susan Wilson. The motion passed.

Item #2 Review/Approve CBHPC Policy Platform

Naomi Ramirez, CBHPC Staff, provided an overview of the edits included in the Policy Platform, identified at the October 2022 meeting. Catherine Moore made a motion to change the language of the second item the Council supports, listed under the Behavioral Health System/Continuum of Care Section to read "Safeguard legal requirements for behavioral health care parity and advocate for the improvement of behavioral health treatments to full parity with all other healthcare." Angelina Woodberry seconded the motion. The motion passed. Steve Leoni made a motion to add social services and housing, as systems the committee is interested in promoting collaboration with. Susan Wilson seconded the motion. The motion passed.

Naomi Ramirez will make the requested edits and submit the updated Policy Platform to be posted to the Council's website.

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

Item #3 Legislation Committee Overview

Jenny Bayardo (Executive Officer), Deborah Starkey (Council Chairperson), and Tony Vartan (proposed Council Chair-Elect) joined the committee for a discussion about the committee’s goals and alignment with the Council’s mission/vision and Welfare & Institutions Codes (WIC). The committee informed Council leadership that they ensure their alignment with the Council’s mission/vision and responsibilities by utilizing the Council’s Policy Platform and Guiding Principles to advocate and make recommendations. Additionally, the members identified the following goals:

- Become more relevant and inform important legislation during the development stage.
- Review the regulations being developed to implement new legislation and provide input/comment.
- Inform stakeholders about the regulations being developed and urge their joint advocacy.
- 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.
- Look outside the box at issues affecting the behavioral health of low-income individuals.
- Re-name the committee to align with the goals of the established.

Item #4 Public Comment

There was no public comment.

**Item #5 CBHDA Legislative Priorities for 2023
Governor’s Proposed 2023-2024 Budget Highlights**

Gail Gronert, CBHDA’s Director of Strategic Initiatives provided a legislative overview, which highlighted the following:

- December 5, 2022, was the start of the new legislative session therefore few bills have been introduced.
- There is a concern about the state’s fiscal position since revenues are declining.
- CBHDA will not be sponsoring any legislation this year due to the significant amount of on-going implementation work with the state (Children and Youth

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

Behavioral Health Initiative, CalAIM, Payment/Documentation Reform, Workforce, Crisis Care Continuum, and Care Court).

- The Governor is flagging clean-up legislation for Care Court, however, language has not been provided yet.
- Implementation of Care Court is contingent on working with the counties to arrive at sustainable funding.
- LA county opted in to participate with first cohort for CARE Court Implementation with an implementation date of December 1, 2023.
- The California State Senate convened a Senate Budget Hearing, which was a general overview of the Governor’s Proposed Budget. During the hearing Senator Menjivar expressed a priority in Mental Health, acknowledged there is a significant need and wants to ensure a thoughtful process in addressing the need.
- The Steinberg Institute is working on a legislative proposal to create a legally enforceable right to mental health care.
- Members of the State Senate Plan to re-introduce legislation that did not move forward last year including proposals that expand the reach of the Lanterman-Petris-Short (LPS) Act.

Gail also provided an overview of the Governor’s Proposed Budget and highlighted that the Department of Finance is forecasting a \$22.5 billion gap due to a decline in revenue. Currently, there are no proposed cuts, however, there will be a delay in the release of funds for many behavioral health initiatives including workforce, Behavioral Health Continuum Infrastructure Program (BHCIP), CARE Court, and Behavioral Health Bridge Housing.

Item #6 Public Comment

Steve McNally expressed concern about the speed of implementation for new programs and recommended they be included in the analysis. He stated that he believes there should be more focus on informed consent, rather than expanding the definition of gravely disabled.

**Item #7 California Association of Alcohol and Drug Program
Executives (CAADPE) Priorities for 2023**

Robb Layne, Executive Director of CAADPE provided an overview of their priorities for 2023. CAADPE is looking to shift the dynamic of substance use disorder (SUD) care and payment into early intervention and preventative care to create therapeutic and dignified spaces to provide care. Their ultimate goal is to keep individuals housed, employed, and engaged in robust community care, however the system’s requirement for medical necessity for billing results in individuals being treated once they are already

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

sick, rather than focusing on wellness and screening. Currently, screenings provided in medical settings do not include any questions related to SUD and many individuals do not seek treatment due to stigma, so they aren't receiving services early enough. CAADPE has identified multiple ways to meaningfully address these issues. They are advocating for Opioid Settlement funds to be used on treatment, care, and transparency, rather than on enforcement. Additionally, they are also urging DHCS to create accountability measures to keep the plans accountable for services provided through enhanced case management under CalAIM. Lastly, they are looking to address the need for payment and documentation reform. Currently, the rates for SUD providers are so low it is impacting the system of providers available to provide care and creating more of a workforce issue than already exists.

Robb asked for the Council to consider supporting CAADPE's bills to address housing discrimination for individuals on medication-assisted treatment (MAT) and paperwork reduction once they are introduced. He also acknowledged the Council's efforts to further incorporate SUD representation in its membership and urged continued recruitment efforts of SUD clients and providers.

Item #8 **California Council of Community Behavioral Health Agencies (CBHA) Priorities for 2023**

Dr. Le Ondra Clark Harvey, Chief Executive Officer of the California Council of Community Behavioral Health Agencies provided an overview of her organization and the CA Access Coalition and expressed the importance conveyed by CBHA founder, Rusty Selix to nurture a good relationship with the Council and its members. She highlighted work that CBHA and the Council have partnered on in recent years including co-sponsoring legislation related to MHSA reserve funds, a successful budget proposal to extend the funding for the Workforce Education and Training 5-year plan and workforce funding the following year. She also highlighted long standing policy priorities CBHA has been committed to such as workforce, paperwork reduction, teacher behavioral health training, and peer training.

John Drebing, Policy & Legislative Affairs Senior Advocate provided an overview of CBHA's policy platform, which outlines their priorities for 2023. Their core areas of focus for the year are Equity and Social Drivers, Behavioral Health Innovation, SUD Expansion, Behavioral Health Workforce, and Behavioral Health System reform.

Item #9 **Assemblymember Jasmeet Baines 2023 Priorities**

Newly elected Assemblymember Dr. Jasmeet Baines representing the District 35 provided an overview of her background and priorities. Dr. Baines is a family medicine physician, the Medical Director of Bakersfield Recovery Services, the Central Valley

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

CMO for the CA Medical Disaster Team, and works at the Adventist Health Urgent Care in Delano. She is very passionate about the impact of fentanyl, as well as access to mental health and addiction services and medication. She recognizes access to care is not only a challenge in rural areas like her own, but across the state.

She introduced Assembly Bill 33, which would establish a fentanyl task force. This task force would gather experts statewide to advise the state on how to end the growing drug crisis in California. The goal is a two-fold approach to put policies in place to hold drug traffickers accountable and to ensure access to vital resources for those that need them. The Assemblymember looks forward to receiving input from groups like the Council and identifying ways to work together.

Item #10 Public Comment

Stacy Dalgleish informed the committee that the CALBHB/C has been looking at the vacancy rates within the mental health department, especially for clinicians and the factors that are contributing to their shortages. She asked that the Legislation Committee try to find ways to help address the shortages and retain staff.

Item #11 Next Steps

Susan Wilson recommended providing a brief lesson to members on the legislative process and is willing to provide assistance.

The committee would like to look at AB 33 (Baines) once it is in its final form and consider supporting the initiative.

Item #12 Public Comment

No public comment.

California Behavioral Health Planning Council
Legislation Committee
Wednesday, April 19, 2023

Agenda Item: Mental Health Services Act (MHSA) Advocacy

Enclosures: [Mental Health Services \(MHSA\) Act](#)
[MHSA Historical Information](#)
[CBHA MHSA Explainer](#)
2023 MHSA Guiding Principles
[MHSA Modernization Fact Sheet](#)
[Governor Newsom's Announcement](#)
[Sacramento Bee Article](#)
[Los Angeles Times Article](#)
[San Francisco Chronicle Article](#)

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.

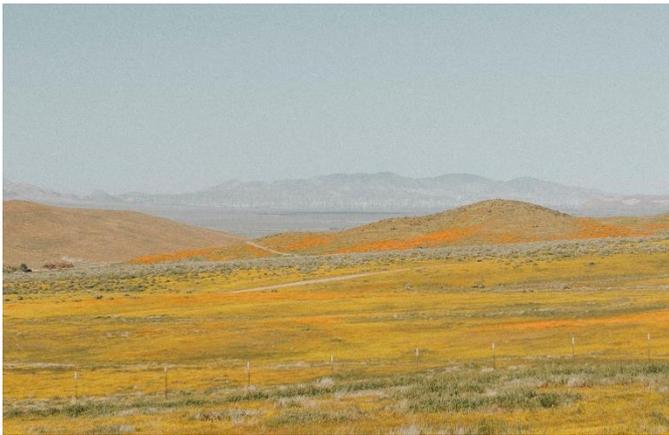
Background/Description:

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.

There have been several addendums/changes to the MHSA since its creation in 2004, which are outlined in the *MHSA Historical Information* document enclosed, and in recent years there has been much interest in reforming the MHSA. 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. The initiative would change the MHSA by expanding the use of the funds to include Substance Use

Disorder (SUD) treatment and requiring that 30 percent of MHSA funds be used on housing services.

As outlined in the Council's Policy Platform, we have long advocated to uphold the principles and practices of the Mental Health Services Act and oppose any cuts or redirection of MHSA funds. During this agenda item Deborah Starkey, CBHPC Chairperson and Tony Vartan, CBHPC Chair-Elect, will facilitate a discussion with members to discuss how the committee would like to advocate to uphold the principles and practices of the MHSA.



Mental Health Services Act Guiding Principles

A Message from the MHSA Partners Coalition



Partners



API EQUALITY-LA
Asians and Pacific Islanders for LGBTQ Equality



Empowering lives. Enriching futures.



We've been there. We can help.
Depression and Bipolar
Support Alliance
CALIFORNIA



MHSA Partners Coalition

The MHSA Partners Coalition is a diverse coalition of organizations representing consumers/clients, family members, parents/caregivers, youth, county behavioral health agencies, providers, community clinics, and other stakeholders.

We are unified in our commitment to advancing the Mental Health Services Act's (MHSA) vision and protecting the services it funds. Many of our coalition members, both organizations and individuals, were instrumental in the drafting and passage of the MHSA and remain committed to its groundbreaking vision for community-driven, client-centered care.

For this reason, our coalition respectfully requests that you consider the following MHSA guiding principles as you review legislation, state budgets, and policy.



Our Unified Guiding Principles

Mental Health Service Act and the Recovery Vision

The Mental Health Service Act (MHSA) is required to be consistent with the philosophy, principles, and practices of the Recovery Vision for mental health consumers. MHSA is required:



To promote concepts key to the recovery of individuals who have a mental illness: hope, personal empowerment, respect, social connections, self-responsibility, and self-determination.



To promote consumer-operated services as a way to support recovery.



To reflect the cultural, ethnic and racial diversity of mental health consumers.



To plan for each consumer's individual needs.

*Welfare & Institutions Code Section 5813.5, paragraph (d)(1)-(4).



Retain Core MHSA Values and Goals

Consistent with the Recovery Vision in the Act, we believe that:

- The MHSA must retain the voluntary nature of services that the Act is based upon.
- Maintain MHSA General Standards (Community Collaboration; Cultural Competence; Client Driven; Family Driven; Wellness, Recovery, and Resilience Focused and Integrated Service Experience). See Section 5898, Section 5813.5(d), and Section 2(e).
- Services must continue to be driven by consumers/clients, family members, and those with lived experience.
- People from diverse ethnic, cultural, and racial backgrounds, including LGBTQ+ individuals and other historically unserved/underserved/inappropriately served communities, must be engaged in developing and implementing MHSA programs.
- Local control and the community planning process are crucial to ensure programs and services meet the needs of the many unique languages and diverse populations across the state. Counties must build a robust community engagement process that allows for stakeholder feedback to be acted on before the plan is brought for final approval.
- We encourage counties to partner with Community Based Organizations (CBOs) in offering services funded by MHSA.
- MHSA funds must not be used to reinforce a fail-first system.

Meaningful Stakeholder Involvement

- Diverse stakeholders must be meaningfully involved in discussions and decisions regarding any proposed changes to the Act.
- Local Community Planning Processes must be transparent, comprehensive, and accountable to stakeholders.

Advance and Preserve MHSA's Programs

- The MHSA must continue funding community-based services that meet people where they are. These services are the foundation of the MHSA, and they have proven to be successful.
- Peer-run and peer-delivered programs must be preserved.
- People currently receiving services should not lose those services.
- Prevention and early intervention must remain a priority, including educating the general public about the prevalence of mental health conditions and services.

MHSA Funds Are for Mental Health Initiatives

- Access to mental health care and safe housing are fundamental human rights. The role of MHSA funds in alleviating homelessness is to assist people who are unhoused or at risk while living with a mental health condition or a co-occurring mental health and substance use condition.
- MHSA funds should not be diverted for purposes not consistent with its values or used to fund projects that should be financed through other revenue streams.

Accountability, Enforcement, and Outcomes-Driven Decisions

- Collection, analysis, and dissemination of data and outcome measures are essential to ensure that MHSA funds are spent consistent with the intent of the Act.
- Strong enforcement and accountability are critical to the success and effectiveness of the MHSA.





Protect the Mental Health Services Act

Promise to Voters

Voter passage of the Mental Health Services Act (Prop 63) in 2004 was a historic turning point for mental health in California and our nation. The landmark law set forth two inseparable priorities: committing new resources to proven, intensive treatment models while at the same time investing in prevention and early intervention services to reduce the number of Californians who would experience severe and debilitating mental illness.

Nearly 20 years later, the act's vision has yet to be fully realized. The mental health and substance use disorder needs of our communities have grown - but the core values of the Act are more relevant than ever:

- The MHSA must retain the voluntary nature of services that the Act is based upon.
- Services must be client-centered.
- Communities know their own needs best; improving the local community planning process and ensuring robust stakeholder engagement is vital.
- Racism, sexism, homophobia, transphobia, religious bigotry, health disparities/inequities, stigma, biases, and other forms of discrimination directly harm impacted Californians and make mental health and substance use disorder services less accessible. For these reasons, diverse racial, ethnic, and LBGQTQ+ communities and individuals with intellectual, developmental, and physical disabilities must be centered and empowered in MHSA services by ensuring services provided are accessible as well as culturally and linguistically appropriate.

Why It Matters

The MHSA has too often been seen as a source of funding for many unmet needs in California, including the absence of a fully-funded behavioral health safety net and the catastrophic lack of affordable housing in California.

Diverting MHSA resources has severe consequences, including:



Eroding voters' intent



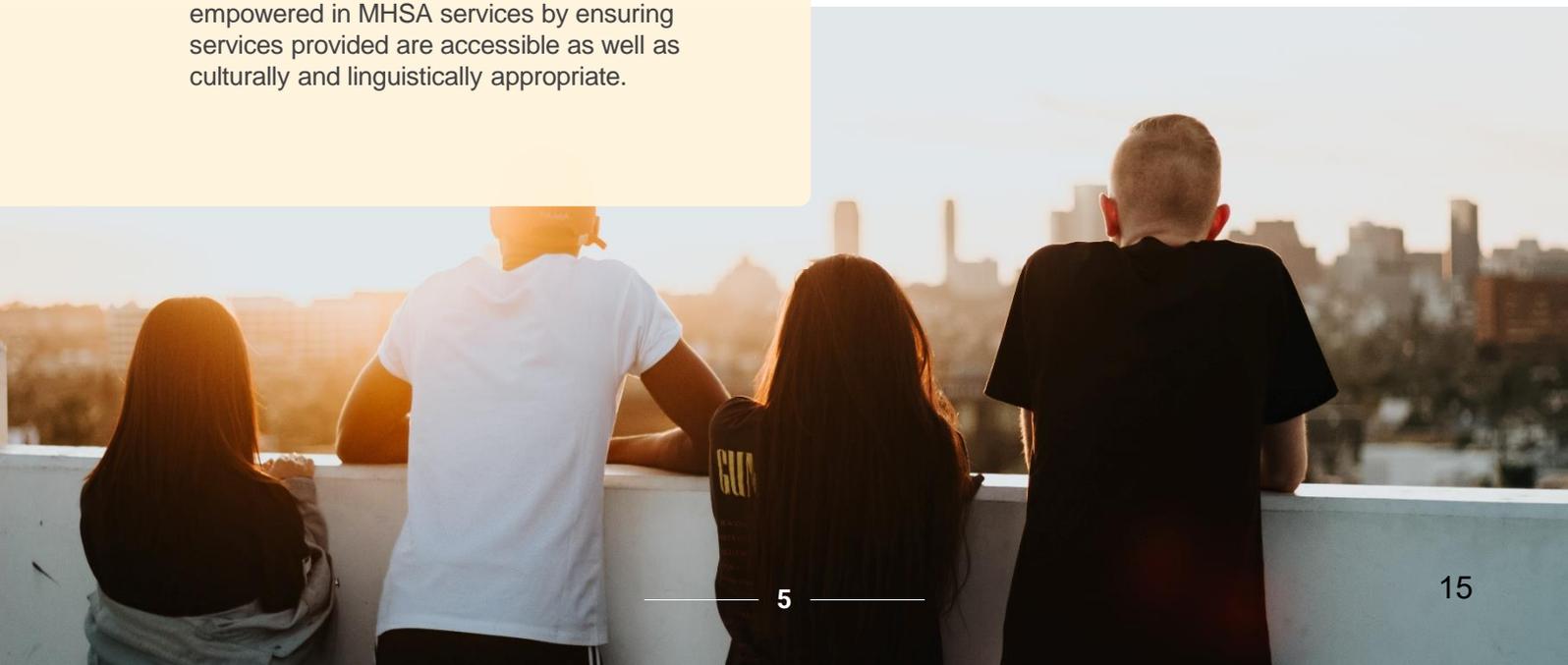
Devaluing community priorities



Increasing inequity



Reinforcing a fail-first cycle





Thank You to Contributors and Signatories

The MHSA Partners Coalition is made up of advocacy organizations, community members, mental health consumers, and people who care about improving California’s behavioral health systems. Thank you to all who contributed to these principles, and for the work you do to uphold them throughout our great State.

Adrienne Shilton
Danny Thirakul
Deborah Starkey
Gulshan Yusufzai
Heidi L. Strunk
John Drebing III
John Vanover
Kathleen Sullivan
Kelechi Ubozoh
Laurel Benhamida
Le Ondra Clark Harvey
Lisa Pion-Berlin

Lishaun Francis
Mel Mason
Mandy Diec
Michelle Cabrera
Naomi Ramirez
Paul Simmons
Phyllis Y. Clark
Roland S. Moore
Sally Douglas Arce
Stacie Hiramoto
Thuy Do
Wendy Cabil

How to Learn More

If you would like to learn more about the MHSA, these guiding principles, and how you can help advance the vision of the Act, please reach out to any of the organizations listed in this document.

**California Behavioral Health Planning Council
Legislation Committee**
Wednesday, April 19, 2023

Agenda Item: AB 459- California Behavioral Health Outcomes and
Accountability Review

Enclosures: Right to Care Flyer

Right to Care Fact Sheet

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 Steinberg Institute's initiative and assist the committee in identifying areas the Council can work with the Steinberg Institute to advocate for Californians with serious mental illness and promote a system of services that are accountable, accessible and responsive.

Background/Description:



Corey Hashida, Senior Advocate with the Steinberg Institute will provide the committee with an update on the Steinberg Institute's efforts to establish the Behavioral Rights Act and an overview of [SB 459 \(Haney\)- California Behavioral Health Outcomes and Accountability Review](#). Council Members will also be given the opportunity to ask questions and provide input on the legislation, as it is still in its early form.

Prior to joining the Steinberg Institute, Corey spent three years working for the nonpartisan California Legislative Analyst's Office. In this role, he advised the state legislature on fiscal and policy issues related to a variety of health care topics, including brain health. He also has professional experience in several other areas, including providing direct services and instruction to young adults with various developmental disabilities.

Where We Are and How We Got There
Establishing a Right to Mental Health and Substance Use Care in California

When Governor Ronald Reagan signed the Lanterman-Petris-Short Act (“LPS”) into law in 1967, he brought California in line with a growing national effort to “deinstitutionalize” psychiatric patients from hospitals where they often suffered inhumane treatment and for potentially unjustified lifetime commitments. With his signature came a promise – spoken but not codified – to replace the previous system with a robust network of community care and support. This promise was never delivered.

Divergent Histories: The Systems of Care for Developmental Disabilities Versus Mental Illness

Ten years after LPS was signed into law, the Lanterman Act made an open ended commitment to meeting the needs of Californians with developmental disabilities. While an imperfect system, the Lanterman Act resulted in what was also promised to those with mental illnesses at the time of deinstitutionalization, but for those with developmental disabilities: a network of regional centers accessible to Californians in need of care.

The failure to extend the same right to Californians with mental illness and substance use disorders has resulted in a patchwork of public and private providers and payers creating unjust and unequal access to care.

Broken Funding Scheme Leads to Broken System of Care: The State of Funding in California

Funding for mental health and substance use care in California is fragmented and complex to say the least. A right compels the government to do whatever it takes to make that right a reality, no matter the cost. In the absence of such a right to mental health care, an exceedingly complicated system has emerged.

Federal, state, and local governments as well as commercial insurance plans all provide funding. With each body needing to maximize its financial health to exist, rates of reimbursement for services rarely meet the costs of providing those services. The result is that money and its real or perceived scarcity has become the driving force behind what services are offered to different populations in different locations and by different providers.

Determining how to fund a right to care must ensure incentives are properly aligned to actually deliver on the promise of legally guaranteed services and supports.

A Right Challenging to Make Real: Medicaid Entitlements

One piece of the funding patchwork does provide a limited right to care. Currently, Californians who receive insurance coverage through Medi-Cal (California’s state Medicaid program) are legally entitled

to a suite of mental health and substance use disorder services. On top of that, for youth under 21 covered by Medi-Cal, the Early Periodic Screening, Diagnosis, and Treatment (EPSDT) program entitles them to *all* mental health services to treat conditions discovered through screening. While these entitlements to care exist in theory; in reality access to care is hampered by limited capacity to provide services and administrative complexity.

Medi-Cal, and in particular the more all-encompassing EPSDT program, serves both as a model and warning for trying to achieve a right to care. On the one hand it provides a real-world example of a right to care. On the other, it shows the challenges that come with trying to meet such an ambitious goal. Nevertheless, the entitlement to mental health and substance use services through Medi-Cal (in particular the more all-encompassing EPSDT program requirements) could serve as a model for extending a right to care to all Californians, when paired with reforms to address the current barriers to care.

The Challenge to Achieve Parity: Commercial Insurance

Most Californians receive insurance coverage through commercial insurance (predominantly provided by their employer). *In concept*, Californians who are covered by commercial insurance have access to a suite of mental health and substance disorder services. However, much like in Medi-Cal, the reality is that profit incentives, workforce shortages, and administrative burdens often mean care is out of reach.

Recent federal and state legislation has sought to strengthen Californians' access to mental health and substance use care through their commercial insurance plans, and the state is currently underway on implementing requirements associated with these efforts. Given how many Californians access care through commercial insurance, the scope of coverage for mental health and substance use disorder services is a key element of a right to care.

How Do We Establish a Right to Care? Questions for Discussion

1. Are there other entitlement models (i.e. education, developmental disabilities, physical health etc.) in the country or around the globe that could serve as a foundation for a right to mental health and substance use care?
2. Are there any failed entitlements that might shed a light on what pitfalls to avoid?
3. For people covered by Medicare/Medicaid/commercial insurance, what needs to change to ensure access to care?
4. What non-traditional services should be included in a right to care (e.g. housing, employment services, community supports, etc.)?
5. What remedy(ies) would ensure a right to care is fully realized?
6. How does the workforce shortage affect how impactful establishing a right to care would be?
7. What specific outcome measures and/or fiscal information should be in place to support a right to care?
8. What aspects of a right to care in California will require new funding? How should these aspects be financed (e.g. insurance reform, an increase in the MHS tax, General Fund etc.)?

AB 459

BEHAVIORAL HEALTH RIGHTS ACT

MATT HANEY
REPRESENTING ASSEMBLY DISTRICT 17



SUMMARY

The Behavioral Health Rights Act seeks to provide a clear and comprehensive set of high-quality behavioral health services to all Californians in need of this care. The legislation establishes a Behavioral Health Bill of Rights, a framework for outcomes and accountability over statewide behavioral health service delivery, and necessary investments into providing these services.

BACKGROUND

It has been 60 years since President John F. Kennedy signed the *Community Mental Health Act*, a promise of dignity and recovery for people with mental illness, supported with community-based treatment instead of institutionalization. Unfortunately, as a society, we have failed to deliver on those promises, continuing the systemic discrimination against people living with mental health and substance use disorders.

Medi-Cal and health plans spend significantly less on behavioral health services than physical health services, leaving many Californians without an opportunity for recovery. Despite behavioral health conditions carrying the highest financial and personal impacts of any health condition and large societal costs, California only spends just over \$0.03 of every Medi-Cal dollar on behavioral health. But we know even modest

investments have a dramatic return on investment. According to the World Health Organization, for every \$1 spent on mental health treatment, governments can receive a \$4 return on their investment.

The disparity in insurance coverage results in higher out-of-pocket costs for people receiving behavioral health care. California adults enrolled in employer health plans who live with mental illness spend nearly [three](#) times on out-of-pocket health care compared to enrollees without mental illness.

EXISTING LAW

Limited entitlements to services exist, such as the *Early and Periodic Screening, Diagnostic, and Treatment Medi-Cal* benefit for children and youth and required commercial insurance coverage of services as a result of landmark behavioral health parity legislation enacted through SB 855 (Wiener, 2020). Yet, failure to meaningfully measure the impact of care, enforce these entitlements, and invest the necessary resources in the services has resulted in even these limited entitlements rarely being realized.

PROBLEM

Our mental health and substance use care system is broken, leaving thousands in dire straits to fend for themselves, facing impossible circumstances with very few resources. Our

fragmented and underfunded behavioral health systems are not properly focused on outcomes, resulting in needless human suffering, institutionalization, homelessness, incarceration and death.

Less than a third of Californians living with a mental health condition and approximately 10% of those living with a substance use disorder receive the care they need. Statistics paint a troubling picture:

- People living with serious mental illness die 25 years younger than their peers without mental illness.
- Drug overdose deaths nearly doubled in California from 2015 to 2020.
- Approximately 1 in 6 California adults experience mental illness, and about 1 in 25 experience a serious mental illness.
- Nearly 1 in 4 Californians experiencing homelessness have a serious mental illness.

SOLUTION

The *Behavioral Health Rights Act (BHRA)* provides a bold new approach that puts people at the heart of our mental health and substance use care systems. Instead of fending for themselves in the current patchwork of providers and undefined outcome expectations, under AB 459 (Haney), Californians would have access to quality care, regardless of where they live or their insurance coverage.

The four pillars of the BHRA are:

- **Behavioral Health Bill of Rights:** This declaration outlines the rights guaranteed to all Californians in need of mental health and/or substance use disorder care, including culturally appropriate, recovery-oriented care from any licensed, certified, or qualified mental health or substance use professional of their choosing.

- **Minimum Set of Required Services:** Establishes a standard of care for behavioral health services for Californians, provided by their county behavioral health department or health plan.
- **Accountability:** Establishes 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.
- **Required behavioral health investments:** Requires health insurers to dedicate 20 percent of payments to behavioral health services.

SUPPORT

Steinberg Institute (Sponsor)

FOR MORE INFORMATION

Kassidy Heckman | *Legislative Director*
Office of Assemblymember Matt Haney
(916) 319-2017
Kassidy.Heckman@asm.ca.gov

California Behavioral Health Planning Council
Legislation Committee
Wednesday, April 19, 2023

Agenda Item: Discussion of Committee's Name and 2023 Goals

Enclosures: None

How This Agenda Item Relates to Council Mission

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

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

Background/Description:

The following goals were identified by committee members during their discussion with the Council's new Chairperson (Deborah Starkey), new Chair-Elect (Tony Vartan), and new Executive Officer (Jenny Bayardo) 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 committee also expressed a desire to discuss whether the committee's name should be changed to align with the work outlined in the goals.

During this agenda item committee members will have the opportunity to discuss the outlined goals and the steps they will take to accomplish them. Members will also have an opportunity to make a motion to change the committee's name.

California Behavioral Health Planning Council
Legislation Committee
Wednesday, April 19, 2023

Agenda Item: Consent Agenda

Enclosures: CBHPC Consent Agenda

Fact Sheets* for AB 1437, SB 43, SB 232, SB 282, SB 873 and AB 33

How This Agenda Item Relates to Council Mission

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

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

Background/Description:

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

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

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

Motion: To support AB 33, AB 839, AB 1437, SB 282, and SB 873; to oppose SB 43 and SB 232; and to watch AB 283.

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



Consent Agenda

April 2023

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

Current Text: Amended: 3/2/2023 [html](#) [pdf](#)

Status: 3/6/2023-Re-referred to Com. on HEALTH.

Location: 3/2/2023-A. HEALTH

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 Attorney General, the Governor, and the Legislature by July 1, 2025, and would require the task force to report its findings and recommendations to the Attorney General, the Governor, and the Legislature by July 1, 2025. The bill would repeal these provisions on January 1, 2026.

Proposed Position: Support

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

Current Text: Introduced: 1/24/2023 [html](#) [pdf](#)

Status: 2/2/2023-Referred to Com. on HEALTH.

Location: 2/2/2023-A. 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 MHSA, or by a majority vote to clarify procedures and terms. This bill would urge the Governor, in making appointments, to consider ensuring geographic representation among the 10 regions of California defined by the 2020 census.

Proposed Position: Watch

[AB 839](#) ([Addis D](#)) Residential care facilities for the elderly: financing.

Current Text: Introduced: 2/14/2023 [html](#) [pdf](#)

Status: 2/23/2023-Referred to Com. on HEALTH.

Location: 2/23/2023-A. HEALTH

Summary: Current law provides for the licensure and regulation of residential care facilities for the elderly (RCFEs) by the State Department of Social Services. The California Health Facility Construction Loan Insurance Law establishes, without cost to the state, an insurance program for health facility construction, improvement, and expansion loans in order to stimulate the flow of private capital into health facilities construction, improvement, and expansion and in order to rationally meet the need for new, expanded, and modernized public and nonprofit health facilities necessary to protect the health of all the people of this state. Current law establishes the Health Facility Construction Loan Insurance Fund, to be continuously appropriated to carry out the provisions and administrative costs of the insurance program. This bill would expand the above-described loan and insurance programs to include RCFEs by adding an RCFE to the definition of "health facility" under those programs. The bill would make conforming changes to related provisions. By expanding the purpose for which the two continuously appropriated funds may be used, with regard to RCFE projects, the bill would make an appropriation from each of those funds. The bill would make legislative findings relating to the purpose of the bill.

Proposed Position: Support

[AB 1437](#) ([Irwin D](#)) Medi-Cal: serious mental illness.

Current Text: Introduced: 2/17/2023 [html](#) [pdf](#)

Status: 2/18/2023-From printer. May be heard in committee March 20.

Location: 2/17/2023-A. PRINT

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 treatment authorization request would not be required for the provision of a prescription drug prescribed to prevent, assess, or treat a serious mental illness, as defined.

Proposed Position: Support

SB 43

(Eggman D) Behavioral health.

Current Text: Amended: 2/28/2023 [html](#) [pdf](#)

Status: 3/8/2023-Re-referred to Coms. on HEALTH and JUD.

Location: 3/8/2023-S. HEALTH

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 that will result in substantial risk of serious harm to the physical or mental health of a person due to a mental health disorder or a substance use disorder. The bill defines “serious harm” for purposes of these provisions to mean significant deterioration, debilitation, or illness due to a person’s inability to carry out specified tasks, including, among other things, attend to needed personal or medical care and attend to self-protection or personal safety.

Proposed Position: Oppose

SB 232

(Niello R) Mental health services: gravely disabled.

Current Text: Introduced: 1/24/2023 [html](#) [pdf](#)

Status: 2/1/2023-Referred to Coms. on HEALTH and JUD.

Location: 2/1/2023-S. HEALTH

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.

Proposed Position: Oppose

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

Current Text: Introduced: 2/1/2023 [html](#) [pdf](#)

Status: 2/9/2023-Referred to Com. on RLS.

Location: 2/1/2023-S. RLS.

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. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would make technical, non-substantive changes to these provisions.

Proposed Position: Support

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

Current Text: Introduced: 2/17/2023 [html](#) [pdf](#)

Status: 3/1/2023-Referred to Com. on HEALTH.

Location: 3/1/2023-S. HEALTH

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.

Proposed Position: Support

**California Behavioral Health Planning Council
Legislation Committee**
Wednesday, April 19, 2023

Agenda Item: Review of CBHPC Pending Legislative

Enclosures: [CBHPC Policy Platform](#)

[CBHPC Legislative Process](#)

[CBHPC Legislative Process Flow Chart](#)

CBHPC Pending Legislative Positions-April 2023

Fact Sheets* for AB 349, AB 665, AB 799, AB 920, AB 1470, AB 236,
AB 289, AB 512, AB 599, AB 845, AB 874, AB 1055, AB 1339, AB 1412,
SB 63, SB 65, SB 363, SB 509, SB 551

How This Agenda Item Relates to Council Mission

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

The CBHPC positions on legislation guide the Council's advocacy for an effective behavioral health system and assist in educating the public, behavioral health constituency, and legislators on issues that impact individuals with Serious Mental Illness (SMI) and Serious Emotional Disturbances (SED).

Background/Description:

Naomi Ramirez, CBHPC Legislative Coordinator and Barbara Mitchell, LC Chair-Elect, will facilitate a discussion of the bills on the *Pending Legislative Positions* list included in the packet. The bill number in this list is linked to the full bill. Members review the bills and fact sheets sent out prior to the meeting to address as many bills as possible during the committee meeting.

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



Pending Legislative Positions

April 2023

[AB 67](#)

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

Current Text: Amended: 2/9/2023 [html](#) [pdf](#)

Status: 2/14/2023-From committee: Do pass and re-refer to Com. on JUD. with recommendation: To Consent Calendar. (Ayes 8. Noes 0.) (February 14). Re-referred to Com. on JUD.

Location: 2/14/2023-A. JUD.

Summary: Current law governs the jurisdiction of various criminal actions and criminal proceedings. Existing law also provides various diversion programs, including programs for defendants with cognitive disabilities and programs for defendants who were, or currently are, members of the United States military. This bill, upon an appropriation by the Legislature, would 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, chronically homeless individuals who are involved with the criminal justice system. The bill would require programs 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 infraction or misdemeanor charges dismissed upon completion of a program, provision of supportive housing, as defined, during the duration of the program, and a dedicated county 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 289](#)

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

Current Text: Amended: 3/7/2023 [html](#) [pdf](#)

Status: 3/8/2023-Re-referred to Com. on HEALTH.

Location: 2/2/2023-A. 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.

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

Current Text: Introduced: 1/31/2023 [html](#) [pdf](#)

Status: 2/9/2023-Referred to Com. on A. & A.R.

Location: 2/9/2023-A. A. & A.R.

Summary: Current law authorizes the Department of General Services to perform various duties relating to state real property, including leasing 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 change the purposes of authorized lease to providing housing and mental health services for homeless individuals.

AB 459 (**Haney D**) **Behavioral health.**

Current Text: Introduced: 2/6/2023 [html](#) [pdf](#)

Status: 2/7/2023-From printer. May be heard in committee March 9.

Location: 2/6/2023-A. PRINT

Summary: The Bronzan-McCorquodale Act contains provisions governing the operation 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. Current law further provides that, to the extent resources are available, community mental health services should be organized to provide an array of treatment options in specified areas, including, among others, precrisis and crisis services and case management. This bill would make a technical, nonsubstantive change to those provisions.

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

Current Text: Introduced: 2/7/2023 [html](#) [pdf](#)

Status: 2/17/2023-Referred to Com. on HEALTH.

Location: 2/17/2023-A. HEALTH

Summary: Would require the California Health and Human Services Agency, either on its own or through the Behavioral Health Task Force established by the Governor, to 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.

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

Current Text: Introduced: 2/8/2023 [html](#) [pdf](#)

Status: 2/17/2023-Referred to Coms. on HUM. S. and HEALTH.

Location: 2/17/2023-A. HUM. S.

Summary: Current law requires each local mental health plan to establish a procedure to ensure access to outpatient specialty mental health services, as required by the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) program standards, for youth in foster care who have been placed outside their county of adjudication, as described. Current law requires the State Department of Health Care Services to issue policy guidance 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 existing 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. Current law requires the department and the State Department of Social Services to adopt regulations by July 1, 2027, to implement those provisions. 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, and would delay the deadline for the adoption of regulations to July 1, 2028.

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

Current Text: Introduced: 2/13/2023 [html](#) [pdf](#)

Status: 2/23/2023-Referred to Com. on JUD.

Location: 2/23/2023-A. JUD.

Summary: Current law, for some purposes, authorizes a minor who is 12 years of age or

older to consent to mental health treatment or counseling on an outpatient basis, or to residential shelter services, if the minor is mature enough to participate intelligently in the outpatient services or residential shelter services, as specified, and either the minor would present a danger of serious physical or mental harm to themselves or to others or if the minor is the alleged victim of incest or child abuse. For other purposes, current law authorizes a minor who is 12 years of age or older to consent to mental health treatment or counseling services if the minor is mature enough to participate intelligently in the outpatient services or counseling services. This bill would align the 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, the 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.

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

Current Text: Introduced: 2/13/2023 [html](#) [pdf](#)

Status: 2/23/2023-Referred to Com. on H. & C.D.

Location: 2/23/2023-A. H. & C.D.

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 Homeless Coordinating and Financing Council. This bill, the Homelessness Accountability 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 845 (**Alvarez D**) **Behavioral health: older adults.**

Current Text: Introduced: 2/14/2023 [html](#) [pdf](#)

Status: 2/23/2023-Referred to Coms. on AGING & L.T.C. and HEALTH.

Location: 2/23/2023-A. AGING & L.T.C.

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, 2022, and would require the report to be posted on the department's internet website.

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

Current Text: Introduced: 2/14/2023 [html](#) [pdf](#)

Status: 2/23/2023-Referred to Com. on JUD.

Location: 2/23/2023-A. JUD.

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: Introduced: 2/14/2023 [html](#) [pdf](#)

Status: 2/15/2023-From printer. May be heard in committee March 17.

Location: 2/14/2023-A. PRINT

Summary: Would state the intent of the Legislature to enact legislation related to the mental health workforce.

AB 1001 (Haney D) **Health facilities: behavioral health emergency services.**

Current Text: Introduced: 2/15/2023 [html](#) [pdf](#)

Status: 3/2/2023-Referred to Com. on HEALTH.

Location: 3/2/2023-A. HEALTH

Summary: Would require a general acute care hospital to adopt policies to respond to a patient requiring behavioral health emergency services, as defined. The bill would require that these protocols meet standards established by the department and consist of various parameters such as minimum staffing requirements for behavioral health emergency services, procedures for response by behavioral health emergency services 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 emergency services. The bill would require all hospitals to maintain records related to certain data on behavioral health emergency services provided for a period of 3 years and to report that data to the department on a quarterly basis. The bill would require the department to post quarterly reports on that data on its internet website.

AB 1055 (Bains D) Alcohol drug counselors.

Current Text: Introduced: 2/15/2023 [html](#) [pdf](#)

Status: 3/2/2023-Referred to Coms. on B. & P. and HEALTH.

Location: 3/2/2023-A. B.&P.

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. The bill would impose requirements related to continuing education and discipline of licensees. The bill would prohibit a person from using the title of "Licensed Alcohol Drug Counselor" unless the person has applied for and obtained a license from the board, and would make a violation of that provision punishable by an administrative penalty not to exceed \$10,000.

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

Current Text: Introduced: 2/17/2023 [html](#) [pdf](#)

Status: 2/18/2023-From printer. May be heard in committee March 20.

Location: 2/17/2023-A. PRINT

Summary: Would, until January 1, 2026, authorize the Counties of Sacramento, San Joaquin, Santa Clara, 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) Substance use disorder workforce development.

Current Text: Introduced: 2/17/2023 [html](#) [pdf](#)

Status: 2/18/2023-From printer. May be heard in committee March 20.

Location: 2/17/2023-A. PRINT

Summary: Current law requires the State Department of Health Care Services to develop a statewide substance use disorder (SUD) workforce needs assessment report on or

before July 1, 2023, as specified. Current law authorizes the Department of Health Care Access and Information, upon an appropriation, to implement SUD workforce development programming that includes, among other specified elements, stipends to cover testing, registration, and certification costs, tuition reimbursement, or recruitment and training grants. Current law requires the State Department of Health Care Services, upon an appropriation, to make reasonable efforts to implement those program elements, so that SUD services can be expanded to meet the needs of individuals seeking those services. This bill would make technical, non-substantive changes to those provisions.

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

Current Text: Introduced: 2/17/2023 [html](#) [pdf](#)

Status: 2/18/2023-From printer. May be heard in committee March 20.

Location: 2/17/2023-A. PRINT

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 anti-social personality disorder, borderline personality disorder, and pedophilia. This bill would remove borderline personality disorder as an exclusion for pretrial diversion.

AB 1451 (Jackson D) Behavioral health crisis treatment.

Current Text: Introduced: 2/17/2023 [html](#) [pdf](#)

Status: 2/17/2023-Read first time. To print. From printer. May be heard in committee March 20.

Location: 2/17/2023-A. PRINT

Summary: This bill 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 a behavioral health crisis that is identified during an appointment at a contracted facility where an enrollee or insured is receiving treatment from a contracted provider for a medical condition, as specified. The bill would authorize treatment for the behavioral health crisis to be provided at the contracted facility, if the facility has the appropriate staff to provide that care. The bill would require the treatment to be provided without preauthorization, and would authorize the provider or facility to use same-day billing to obtain reimbursement for both the medical and behavioral health services provided to the enrollee or insured. 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. This bill contains other related provisions and other existing laws.

AB 1470 (Quirk-Silva D) State Department of Health Care Services: behavioral health treatment documentation reform.

Current Text: Introduced: 2/17/2023 [html](#) [pdf](#)

Status: 2/18/2023-From printer. May be heard in committee March 20.

Location: 2/17/2023-A. PRINT

Summary: Existing 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 certain behavioral health services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would declare the intent of the Legislature to enact legislation to require the State Department of Health Care Services to take specified actions with respect to documentation requirements for behavioral health billing requirements under the Medi-Cal program.

AB 1479 (Garcia D) Minors: mental health services.

Current Text: Introduced: 2/17/2023 [html](#) [pdf](#)

Status: 2/18/2023-From printer. May be heard in committee March 20.

Location: 2/17/2023-A. PRINT

Summary: Existing law, contingent on an appropriation made for these purposes, requires the State Department of Education, on or before January 1, 2023, to recommend best practices and identify training programs for use by local educational agencies to address youth behavioral health, including, but not necessarily limited to, staff and pupil training, as specified. Existing law requires the department to ensure that each identified training program, among other requirements, provides instruction on how school staff can best provide referrals to youth behavioral health services or other support to individuals in the early stages of developing a youth behavioral health disorder. This bill would make technical, non-substantive changes to these provisions. This bill contains other existing laws.

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

Current Text: Introduced: 2/17/2023 [html](#) [pdf](#)

Status: 2/18/2023-From printer. May be heard in committee March 20.

Location: 2/17/2023-A. PRINT

Summary: Existing 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. This bill would make technical, non-substantive changes to these provisions.

AB 1564 (Low D) Criminal procedure: competence to stand trial.

Current Text: Introduced: 2/17/2023 [html](#) [pdf](#)

Status: 2/18/2023-From printer. May be heard in committee March 20.

Location: 2/17/2023-A. PRINT

Summary: Existing law prohibits a person from being tried or adjudged to punishment while that person is mentally incompetent. Existing law establishes a process by which a defendant's mental competency is evaluated. This bill would make a technical, non-substantive change to that provision.

SB 10

(Cortese D) Pupil health: opioid overdose prevention and treatment.

Current Text: Introduced: 12/5/2022 [html](#) [pdf](#)

Status: 3/2/2023-Set for hearing March 22.

Location: 1/18/2023-S. ED.

Summary: Current law, subject to an appropriation, requires the State Department of Education, on or before January 1, 2023, to recommend best practices and identify training programs for use by local educational agencies, as defined, to address youth behavioral health, including staff and pupil training. 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, such as opioid and alcohol abuse. This bill would, on or before July 1, 2024, add as a new requirement for the training programs the provision of instruction only to school staff on the use of emergency opioid antagonists for purposes of treating an opioid overdose, with the recommended training following specified standards and criteria.

SB 35

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

Current Text: Introduced: 12/5/2022 [html](#) [pdf](#)

Status: 1/18/2023-Referred to Com. on RLS.

Location: 12/5/2022-S. RLS.

Summary: The Community Assistance, Recovery, and Empowerment (CARE) Act, effective January 1, 2023, 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. This bill would make technical, non-substantive changes to that provision.

SB 63

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

Current Text: Introduced: 1/4/2023 [html](#) [pdf](#)

Status: 3/9/2023-Set for hearing March 28.

Location: 1/18/2023-S. PUB. S.

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 [html](#) [pdf](#)

Status: 3/6/2023-Set for hearing March 22.

Location: 1/18/2023-S. HEALTH

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: Introduced: 2/7/2023 [html](#) [pdf](#)

Status: 2/15/2023-Referred to Com. on RLS.

Location: 2/7/2023-S. RLS.

Summary: Would state the intent of the Legislature to enact legislation to modernize 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 [html](#) [pdf](#)

Status: 3/6/2023-Set for hearing March 22.

Location: 2/15/2023-S. HEALTH

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.**

Current Text: Introduced: 2/9/2023 [html](#) [pdf](#)

Status: 2/22/2023-Referred to Com. on RLS.

Location: 2/9/2023-S. RLS.

Summary: Current law requires the State Department of Social Services to establish a statewide hotline as the entry point for a Family Urgent Response System, as defined, to respond to calls from caregivers or current or former foster children or youth during moments of instability. Current law requires county child welfare, probation, and behavioral health agencies, in each county or region of counties to establish a joint county-based mobile response system that includes a mobile response and stabilization team for the purpose of providing supportive services to, among other things, address situations of instability, preserve the relationship of the caregiver and the child or youth, and stabilize the situation. This bill would declare the intent of the Legislature to provide enhanced services and supports to foster youth with complex needs.

SB 509 **(Portantino D) School employee and pupil training: youth mental and behavioral health: mental health education.**

Current Text: Introduced: 2/14/2023 [html](#) [pdf](#)

Status: 2/22/2023-Referred to Com. on ED.

Location: 2/22/2023-S. ED.

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 require the department, on or before July 1, 2024, to identify training programs that also include instruction on how school staff can best provide referrals to special education services. The bill would provide, for purposes of the instruction on recognizing the signs and symptoms of youth behavioral health disorders, the examples of schizophrenia, bipolar disorder, major clinical depression, and anxiety disorders.

SB 551 **(Portantino D) Mental Health Services Act: prevention and early intervention.**

Current Text: Introduced: 2/15/2023 [html](#) [pdf](#)

Status: 2/22/2023-Referred to Com. on HEALTH.

Location: 2/22/2023-S. HEALTH

Summary: Existing law, the Mental Health Services Act (MHSA), requires the counties to prepare and submit a 3-year program and expenditure plan, and annual updates, 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 amend the MHSA by requiring each county to use at least 20% of the prevention and early intervention funds to provide direct services, as defined, on school campuses in collaboration with local educational agencies, as specified. This bill contains other related provisions and other existing laws.

SB 717 (Stern D) County mental health services.

Current Text: Introduced: 2/16/2023 [html](#) [pdf](#)

Status: 3/1/2023-Referred to Com. on HEALTH.

Location: 3/1/2023-S. HEALTH

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, April 19, 2023

Agenda Item: CBHPC Workgroups Discussion

Enclosures: None

How This Agenda Item Relates to Council Mission

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

This agenda item provides the opportunity for the Legislation Committee (LC) to coordinate the activities of the CBHPC workgroups in accordance with the work of the LC.

Background/Description:

CBHPC's Executive Committee will discuss how to ensure that that the Planning Council's workgroups are integrated into the work of all of the committees during the April 2023 Quarterly Meeting. The LC Chair-Elect, Barbara Mitchell, will provide a brief update on the following items:

- the Executive Committee's Workgroup Discussion
- how the committee will integrate the work of the workgroup into the LC

CBHPC workgroups:

- Children and Youth Workgroup
- Reducing Disparities Workgroup
- Substance Use Disorder Workgroup