California Behavioral Health Planning Council
Legislation and Public Policy Committee Agenda

Wednesday, June 19, 2024
1:30 pm to 5:00 pm
Lake Arrowhead Resort
27984 CA-189, Lake Arrowhead, CA 92352
Lakeview Terrace Room
Zoom Link
Meeting ID: 825 4993 9892 Passcode: 351004
Join by phone: (669) 900-6833 Passcode: 351004

1:30 pm	**Welcome, Introductions, and Housekeeping** *Barbara Mitchell, Chairperson*	
1:35 pm	**Review and Accept April 2024 Meeting Minutes** *Javier Moreno, Chair-Elect*	**Tab 1**
1:40 pm	**State Budget Update** Gail Gronert, Director of Strategic Initiatives, CBHDA (*Invited)*	**Tab 2**
2:20 pm	**Partner's Voice: Behavioral Health Services Act** *Chad Costello, Executive Director, CASRA*	**Tab 3**
2:45 pm	**Public Comment**	
2:50 pm	**Break**	
3:00 pm	**CBHPC Members Discussion of BHSA** **(Action Item)** *Barbara Mitchell, Chairperson and All LPPC Members*	**Tab 4**
3:30 pm	**Public Comment**	
3:35 pm	**Assemblymember Matt Haney** **(Action Item)** *Yasamin Salari, Legislative Aide, Office of Assemblymember Haney*	**Tab 5**
4:00 pm	**Break**	
4:10 pm	**Senate Bill 1082** **(Action Item)** *Theresa Comstock, Executive Director,* *CA Association of Local Behavioral Health Boards & Commissions*	**Tab 6**
4:20 pm	**Consent Agenda** *Barbara Mitchell, Chairperson and All LPPC Members*	**Tab 7**
4:25 pm	**Review of Pending Legislation** **(Action Item)**	**Tab 8**

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

4:55 pm **Public Comment**

5:00 pm **Adjourn**

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

Public Comment: Limited to a **2-minute maximum** to ensure all are heard.

Committee Members

Barbara Mitchell, Chairperson Javier Moreno, Chair-Elect

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

TAB 1

California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting

Wednesday, June 19, 2024

Agenda Item: Review and Accept April 2024 Meeting Minutes

Enclosures: April 2024 Meeting Minutes

Background/Description:

The Committee Members will review the April 2024 meeting minutes. The draft minutes will be accepted with any edits that are requested and agreed upon.

California Behavioral Health Planning Council
Legislation and Public Policy Committee
Meeting Summary

Wednesday, April 17, 2024
1:30 pm to 5:00 pm
Holiday Inn Sacramento Downtown Arena
300 J Street, Sacramento, CA 95814
Granada/Hermosa Room

Members Present:

Barbara Mitchell, Chairperson	Javier Moreno, Chair-Elect	
Monica Caffey	Elizabeth Oseguera*	Deborah Starkey
Erin Franco	Sarah Poss	Tony Vartan
Ian Kemmer	Marina Rangel	Susan Wilson
Steve Leoni*	Danielle Sena	Uma Zykofsky
Catherine Moore	Karrie Sequeira	
Noel O'Neill	Daphne Shaw	

*=Virtual Attendance

Meeting Commenced at 1:30 p.m.

Item #1 October 2023 and January 2024 Meeting Minutes

The committee members had an opportunity to review the October 2023 and January 2024 meeting minutes. There was a consensus to accept both meeting minutes.

Item #2 Discussion of Proposition 1

Chairperson, Barbara Mitchell, led a discussion with all committee members on the passage of Proposition 1, also known as the Behavioral Health Services Act (BHSA). Through the discussions, members identified concerns and areas the Council should be involved with. They highlighted that there is an opportunity to provide input on the definitions of homeless, at-risk of homeless, chronic homelessness, veteran, recovery housing, and encampments. Members also expressed concerns about the structure of

California Behavioral Health Planning Council
Legislation and Public Policy Committee
Meeting Summary

Full Service Partnerships (FSP) compared to the original intent of the Mental Health Services Act. The development of the FSP regulations was identified as another possible area to provide input. Members expressed a desire for the Council to monitor and promote transparency and accountability by the State for the stakeholder process. There was a consensus that the Council should have an active role in facilitating effective stakeholder input with consumers and family members, as well as unserved or underserved communities. Additionally, they would like the Council to request an assessment of the impact of the act including a financial analysis, equity analysis, impact on current providers, and impact on current services. The results would be monitored by the Council and used to advise the Department of Health Care Services on gaps due to the expansion of the population covered without an increase in funding. Lastly, the committee expressed the necessity of a partnership with the CA Association of Local Behavioral Health Boards & Commissions (CALBHB/C) to ensure they have what they need to fulfill their responsibilities.

Susan Wilson made a motion to send a letter with the concerns the Council discussed to the Department of Health Care Services, the Department of Housing and Community Development, and CalVet. The motion was seconded by Monica Caffey. Erin Franco abstained. The motion passed.

Item #3 Public Comment

Kristen Barlow from the California Hospital Association (CHA)shared that they are sponsoring AB 1316 authored by Assemblymember Irwin. She stated the bill would codify what CHA understands to be the State's intent to make it clear once and for all that the Medi-Cal managed care plans should be responsible for all the funding needed to take care of a person who has a psychiatric crisis. The bill also addresses a barrier that CHA has seen in emergency rooms, where the doctors feel like they're being asked by their local providers or counties to treat people in a psychiatric crisis differently from every other type of medical emergency, specifically, in trying to get them into psychiatric treatment immediately.

Item #4 CBHPC Policy Platform

Chairperson, Barbara Mitchell, led a discussion with all committee members on proposed changes to the Council’s Policy Platform. The proposed edits included removing outdated language and adding a Substance Use Disorder section. In addition to the proposed changes, members requested other minor edits, the replacement of

"mental health" with "behavioral health" throughout the document, and the inclusion of the Behavioral Health Services Act implementation under the Overarching Behavioral Health Principles.

Noel O'Neill made a motion to adopt the Policy Platform with the edits discussed. Susan Wilson seconded the motion. Steve Leoni and Sarah Poss abstained. The motion passed.

Item #5 2024 Legislation and Public Policy Committee Goals

Committee members reviewed the goals they identified at the January 2023 committee meeting which are:

- 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.

Chairperson, Barbara Mitchell, led a discussion with all committee members to determine any revisions to the goals. Through the discussion members decided to add:

- To participate in forums to educate and obtain input from stakeholders.
- To advocate for the voice of consumers, family members and persons from unserved or underserved groups to be heard throughout the stakeholder process.

Catherine Moore made a motion to adopt the committee goals with the modifications identified. Danielle Sena seconded the motion. Jason L. Bradley abstained. The motion passed.

California Behavioral Health Planning Council
Legislation and Public Policy Committee
Meeting Summary

Item #6 Senate Bill 1082

Theresa Comstock, Executive Director, CA Association of Local Behavioral Health Boards & Commissions provided an overview of Senate Bill 1082, which would require the Department of Public Health to develop and implement an Augmented Residential Care Facility plan. Members expressed the need for more details in the legislation and expressed a desire to provide recommendations as the language continues to be developed.

Catherine Moore made a motion to support AB 1082 in concept. The motion was seconded by Susan Wilson. Stephanie Blake, Ian Kemmer, Danielle Sena, Tony Vartan, and Sarah Poss abstained. The motion passed.

Item #7 Consent Agenda

Naomi Ramirez, CBHPC Chief of Operations, reviewed the bills listed on the Consent Agenda and the recommended position, which included: to support Assembly Bill (AB) 1470, AB 2411, AB 2995, and Senate Bill (SB) 1339 from the consent agenda.

Susan Wilson made a motion to approve the consent agenda with the removal of AB 1470, AB 2411, and SB 1339. Noel O'Neill seconded the motion. Erin Franco, Sarah Poss, and Karrie Sequeira abstained. The motion passed.

Item #8 Review of Pending Legislation

Chairperson, Barbara Mitchell facilitated a discussion of the bills on the Pending Legislative Positions list with all members. The committee prioritized discussing AB 1907, AB 2207, AB 2142, AB 2711, AB 2703, and SB 1397.

Noel O'Neill made a motion to oppose AB 2411. He stated that while he supports the idea it would be very challenging to fulfill. The motion was seconded by Daphne Shaw. Tony Vartan, Uma Zykofsky, Sarah Poss, Karrie Sequeira, and Liz Oseguera. The motion passed.

Daphne Shaw made a motion to oppose SB 1238. The motion was seconded by Danielle Sena. Catherine Moore voted no. Marina Rangel, Sarah Poss, and Karrie Sequeira abstained. The motion passed.

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Susan Wilson made a motion to watch AB 1907. The motion was seconded by Catherine Moore. The motion passed.

Erin Franco made a motion to support AB 2711. The motion was seconded by Karrie Sequeira. The motion passed.

Tony Vartan made a motion to support AB 2119. The motion was seconded by Danielle Sena. The motion passed.

Marina Rangel made a motion to oppose AB 2142. The motion was seconded by Susan. Monica Caffey, Erin Franco, Ian Kemmer, Steve Leoni, Danielle Sena, Deborah Starkey, Tony Vartan, and Karrie Sequeira voted no. Stephanie Blake, Barbara Mitchell, Javier Moreno, Noel O'Neill, Daphne Shaw, Uma Zykofsky, Sarah Poss, and Liz Oseguera abstained. The motion failed.

Item #9 Public Comment

There was no public comment.

TAB 2

California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting

Wednesday, June 19, 2024

Agenda Item: State Budget Update

Enclosures: 2024-25 May Revision Budget Summary

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 2024-25 State Budget. Additionally, this presentation will assist the committee in identifying areas the Council can work with CBHDA to advocate for Californians with serious mental illness and promote a system of services that are accountable, accessible, and responsive.

Background/Description:

Gail Gronert is invited to discuss the Governor's Revised 2024-25 State Budget and potential implications. Gail is the County Behavioral Health Directors Association of California's (CBHDA) Director of Strategic Initiatives and is leading CBHDA's budget efforts.

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

Budget Summary (ca.gov)

TAB 3

California Behavioral Health Planning Council
Legislation Public Policy Committee

Wednesday, June 19, 2024

Agenda Item: Partner's Voice: Behavioral Health Services Act

Enclosures: None

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 California Association of Social Rehabilitation Agencies (CASRA) views on the Behavioral Health Services Act and assist in identifying areas the Council can work with CASRA in their advocacy efforts.

Presenter Bio:

Chad has more than twenty-five years of service in the non-profit sector of California's Public Behavioral Health System. In addition to many years of working in legislative and administrative advocacy, Chad has experience ranging from direct practice, team supervision and program development, to curriculum design, training, and teaching. Chad became CASRA's Executive Director in August of 2021.

Chad began working directly for CASRA in January 2021 as its Public Policy Director, after almost 20 years of work for Mental Health America of Los Angeles, first as a Director of a care coordination team at its renowned Village ISA in Long Beach. This was followed with positions as the organization's Public Policy Director and most recently as the Vice President of Policy. Prior to MHALA, Chad served as the Director of

Programs for MHA Orange County overseeing a range of programs serving individuals experiencing homelessness.

He has extensive experience in both in-person and virtual training and has presented at the local and national level on topics including advocacy skills, crisis intervention, and practice in psychiatric rehabilitation (PSR). He has held a Certified Psychiatric Rehabilitation Practitioner (CPRP) certification since 2001 and is a certified MORS trainer and Mental Health First Aid Instructor. He has taught at the A.A., B.A. and graduate levels for many years, and currently instructs in PSR in the Cerritos College Mental Health Worker Program, and in policy practice and community development in the School of Social Work at California State University, Long Beach.

Chad received his MSW, with a specialization in Community Organization, Planning and Administration from the University of Southern California and his B.A. in Social Ecology from the University of California, Irvine. Chad has an adult daughter and counts skiing, backpacking, climbing and photography as his passions.

TAB 4

California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting

Wednesday, June 19, 2024

Agenda Item: CBHPC Members Discussion of BHSA

Enclosure: Council Responsibilities Outlined in the Behavioral Health Services Act
CBHPC Letter to HCD
Housing First Regulations Letter Recommendations
Is the Housing First Model Effective? Different Evidence for Different Outcomes

How This Agenda Item Relates to Council Mission

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

The Behavioral Health Services Act will transform the public behavioral health system. The Council has a responsibility to participate in the implementation and monitor and evaluate the accessibility and effectiveness of the system.

Background/Description:

In March 2024 California voters passed Proposition 1, which is intended to modernize the state's behavioral health system. This initiative included Senate Bill 326 (SB 326) and Assembly Bill 531 (AB 531).

Some of the changes included in the initiative are:

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

The Council has taken an active role in informing the public about the initiative, as well as informing the administration and legislature on the input of the public. Activities of the Council leading up to the passage of the proposition include public forums, summaries of the forums, requested amendments, the Council's letter of Concern, a panel discussion at the January 2024 Quarterly meeting leading up to the passage of the proposition.

Following the passage, the Council has identified several areas of responsibility with in the BHSA. At the April 2024 meeting the members expressed an interest in actively participating in the implementation of the initiative, including the development of regulation. The committee voted to send letter to the Department of Health Care Services, CalVet, and Housing and Community Development requesting that CBHPC be involved in development and review of regulations for Prop 1.

Members identified the following concerns and areas of interest identified:

- The development of definitions of homeless, at-risk of homeless, chronic homelessness, veteran, and recovery housing and encampments.
- The development of Full Service Partnership (FSP) regulations.
    - Concerns about structure of FSPs compared to original intent of MHSA.
- Council's participation in facilitating effective stakeholder input, particularly for consumers, family members, and individuals from unserved or underserved communities (including racial/ ethnic groups, LBGTQ+).
- A partnership with the CA Association of Local Behavioral Health Boards & Commissions (CALBHB/C) to ensure they have what they need to fulfil their responsibilities.
- Council's monitoring and promotion of transparency and accountability by the State for stakeholder process.
- Request for an assessment of the impact including:
    - financial analysis,
    - equity analysis,
    - impact on current providers,
    - impact on current services.
- Monitoring of gaps due the lack of additional funding and the expansion of the population to advise DHCS.
-

Members identified the following Areas Clarification Needed:

- State's intent and process for workforce funds
- How Substance Use Disorders FSPs will programmatically work
- How State portion of prevention will work
- Where transparency and accountability will come from
- If there will be public-facing dashboard
- Exemption process for counties' use of funding
- Type of facilities that can be funded through the bond

Following the meeting, the Council sent a letter with recommendations to the Department of Housing and Community Development. During this agenda item members will have an opportunity to discuss whether further recommendations on Housing First regulations should be sent. Additionally, members will have an opportunity to discuss the feedback on BHSA the Council has heard from other organization and to decide any other actions the committee should take.

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Council Responsibilities Outlined in the Behavioral Health Services Act (BHSA)

SEC.19 is about the duties and responsibilities of the Behavioral Health Boards and Commissions. The boards report county performance outcome data to the Council.

> Section 5604.2 (a) Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council.

SEC 25 is about reporting requirements. The BHSA mandates the Department to consult with the Council on reporting requirements for the counties and the development of client-based information system.

> SEC 25 5610 (a) (1) Each county behavioral health system shall comply with reporting requirements developed by the State Department of Health Care Services, in consultation with the California Behavioral Health Planning Council and the Behavioral Health Services Oversight and Accountability Commission, which shall be uniform and simplified.
>
> SEC 25 5610 (b) (1) The department and the California Health and Human Services Agency shall develop, in consultation with the Performance Outcome Committee, the California Behavioral Health Planning Council, and the Behavioral Health Services Oversight and Accountability Commission, pursuant to Section 5611, uniform definitions and formats for a statewide, nonduplicative, client-based information system that includes all information necessary to meet federal mental health grant requirements, state and federal Medicaid reporting requirements, and other state requirements established by law.

SEC 31 is about county behavioral health systems requirement to provide reports and data. The Council is one of the bodies identified in the list of bodies to be consulted.

> 5664. (a) In consultation with the County Behavioral Health Directors Association of California, the State Department of Health Care Services, the Behavioral Health Services Oversight and Accountability Commission, the California Behavioral Health Planning Council, and the California Health and Human Services Agency, county behavioral health systems shall provide reports and data to meet the information needs of the state, as necessary.

SEC 34 is about the Oversight and Accountability Commissions relationship to the California Behavioral Health Planning Council.

> 5771.1. (a) The members of the Behavioral Health Services Oversight and Accountability Commission established pursuant to Section 5845 are members of the California Behavioral Health Planning Council.
> (b) These members serve in an ex officio capacity when the council is performing its statutory duties pursuant to Section 5772.
> (c) This membership does not affect the composition requirements for the council specified in Section 5771.

SEC 58 is about the roles and responsibilities of the Behavioral Health Services Oversight and Accountability Commission (BHSOAC). The BHSOAC is mandated to work with DHCS and the Council on a written report with recommendations to improve and standardize BHSA promising practices every three years.

> 5845. (g) (1) (g) (1) The commission shall work in collaboration with the State Department of Health Care Services and the California Behavioral Health Planning Council, and in consultation with the County Behavioral Health Directors Association of California, to write a report that includes recommendations for improving and standardizing promising practices for Behavioral Health Services Act programs.
> (2) The commission shall complete the report and provide a written report on its internet website no later than January 1, 2030, and every three years thereafter.

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May 7, 2024

Timothy Lawless
Branch Chief
California Department of Housing and Community Development
2020 West El Camino Avenue
Sacramento, CA 95833

RE: Recommendations regarding the Behavioral Health Infrastructure Bond Act (BHIBA)

Dear Mr. Lawless:

On behalf of the California Behavioral Health Planning Council (Council), I am writing to share our recommendations for the development of regulations pertaining to the Behavioral Health Infrastructure Bond Act (BHIBA) under Proposition 1, approved in March 2024.

Pursuant to state law, the Council serves as an advisory body to the State Legislature and Administration on the policies and priorities that California should pursue in the development of its behavioral health system. Our diverse membership includes persons with lived experience as consumers and family members, professionals, providers, and representatives from state and county departments whose populations are impacted by the behavioral health system. Their perspectives are essential to our view on the challenges and successes of behavioral health services and best practices in California.

The Council urges the California Department of Housing and Community Development (HCD) to consider the following recommendations when drafting regulations for BHIBA.

1. Adopt Behavioral Health Bridge Housing (BHBH) Program's Definition of Homelessness
2. Adopt No Place Like Home (NPLH) Program's Definition of At-Risk of Chronic Homelessness for the Definition of Chronic Homelessness
3. Broaden the Definition of Veteran
4. Broaden the Types of Housing Projects that Can be Funded.

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The Council will be providing comments in a subsequent letter about suggested changes to Housing First requirements under this program. We believe these recommendations will strengthen BHIBA to ensure all Californians are able to access and receive high quality services to lead full and purposeful lives.

Thank you for your attention to these important issues. We welcome the opportunity to further discuss these recommendations at your convenience.

If you have any questions regarding this letter, please contact our Executive Officer, Jenny Bayardo, at (916) 750-3778 or Jenny.Bayardo@cbhpc.dhcs.ca.gov.

Sincerely,

Deborah Starkey
Chairperson

CC: Lindsey Sin, Secretary, CalVet
Paula Wilhelm, Interim Deputy Director, Behavioral Health, DHCS

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Recommendation #1: Adopt Behavioral Health Bridge Housing (BHBH) Program's Definition of Homelessness

The Council is concerned that the federal definitions of homelessness and chronic homelessness set forth by the United States Department of Housing and Urban Development (HUD) through the Continuum of Care programs is too narrow. Adopting these definitions would exclude vulnerable populations in dire need of housing, especially those who have been residing in an institutional care facility or the incarceration system for more than 89 days and are exiting the facility or system.

Part of HUD's eligibility criteria sets an 89-day limit for stays in an institutional setting.[1] This means that individuals incarcerated for more than this period are no longer considered "homeless" upon discharge even if they have no place to go. Additionally, this means that persons with serious mental illness are often released on to the streets from residential facilities for substance use or mental health treatment, jails, prisons, and both locked and unlocked mental health treatment programs as they are not considered homeless if they have been in one of these facilities more than 89 days under federal regulations. The implications of the federal definition are substantial, as it impacts individuals' eligibility for benefits and services, leaving them in a precarious position that would only perpetuate the cycle of homelessness. Paradoxically, it also provides a disincentive for homeless persons to enter into much needed residential treatment programs for mental health or substance use disorder (SUD) treatment as they fear losing their "homeless status," which provides an entry into many permanent housing programs.

Recently, the State of California has taken a commendable step by determining that eligibility criteria for homelessness under the Behavioral Health Bridge Housing (BHBH) program administered by the California Department of Health Care Services (DHCS) will match the criteria set under the California Advancing & Innovating Medi-Cal (CalAIM) Enhanced Care Management (EMC) program,[2] rather than the federal HUD criteria. BHBH's criteria now include individuals exiting institutions who have no place to go upon release, regardless of length of stay and homeless status

[1] Code of Federal Regulations. Title 24, sec. 578.3 Definitions. Https://www.ecfr.gov/current/title-24/subtitle-B/chapter-V/subchapter-C/part-578/subpart-A/section-578.3
[2] CalAIM Enhanced Care Management Policy Guide. September 2023. Pgs. 11-12. ECM Policy Guide_Updated September 2023.pdf (ca.gov)

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prior to entry.[3] Additionally, the timeframe for an individual or family who will imminently lose housing is extended from fourteen (14) days for individuals considered homeless under the current HUD definition to thirty (30) days.

Recommendation #2: Adopt No Place Like Home (NPLH) Program's Definition of At-Risk of Chronic Homelessness as the Chronic Homelessness Definition.

In addition, the Council strongly urges HCD to consider adopting NPLH's definition of at-risk of chronic homelessness to enhance the alignment and efficiency of our collective efforts to combat homelessness statewide. NPLH's definition similarly enlarged the definition to allow individuals who have been in treatment or institutional settings to qualify as "at risk of chronic homelessness" to access needed housing. Under this definition, the individual must have had a history of homelessness in the year prior to entering the institution. This is a viable way to include more at-risk individuals in housing limited to chronically homeless persons.

Under the NPLH program,[4] administered by HCD, the following definitions apply:

> ***Applicant is "At Risk of Chronic Homelessness" Persons qualifying under this definition are persons who are at high-risk of long-term or intermittent homelessness- (Check one of the following qualifications)***
>
> a. *Persons, including Transition-Age Youth, who are exiting an institution or facility and prior to entering into one of the facilities or types of institutional care listed herein, had a history of being Homeless: a state hospital, hospital behavioral health unit, hospital emergency room, institute for mental disease, psychiatric health facility, mental health rehabilitation center, skilled nursing facility, developmental center, residential*

[3] DHCS BHBH Program Request for Application Round 3: County Behavioral Health Agencies. Pg. 10. https://bridgehousing.buildingcalhhs.com/wp-content/uploads/2024/01/BHBH_Round_3_RFA_508_Corrected_Dates_final.pdf

[4] HCD No Place Like Home Program Round 3 Guidelines. October 2020. Pgs.1-2. https://www.hcd.ca.gov/grants-funding/active-funding/nplh/docs/nplh-2020-amended-guidelines-clean-version.pdf

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treatment program, residential care facility, community crisis center, board and care facility, prison, parole, jail or juvenile detention facility, or foster care.

b. *Transition-Age Youth experiencing homelessness or with significant barriers to housing stability, including, but not limited to, one or more evictions or episodes of homelessness, and a history of foster care or involvement with the juvenile justice system; and others as set forth below.*

NOTE: Having a history of being homeless means, at a minimum, one or more episodes of homelessness in the 12 months prior to entering one of the facilities or types of institutional care listed herein. **There is no limitation on the length of stay in the institution. Although persons exiting an institution must have a history of homelessness in the 12 months prior to entering the institution, this criterion can be satisfied if**, in the 12 months prior to entry into any of the facilities or types of institutional care listed above, have resided at least once in any kind of publicly or privately operated temporary housing, including congregate shelters, transitional, interim, or bridge housing, or hotels or motels.

Recommendation #3: Broaden the Definition of Veteran

California is home to 30 percent of all homeless veterans in the United States (US) and nearly half of all unsheltered veterans nationwide.[5] Over half of these veterans struggle with mental health challenges, and more than 70 percent suffer from SUD.

Despite the availability of numerous benefits and services to aid veterans in their transition to civilian life or retirement, many individuals who served in the military are unable to access these resources. This is largely due to their disqualification as veterans due to dishonorable discharges. Furthermore, those diagnosed with serious mental illnesses during their military service are often ineligible for veteran status if they are released from the military during their first six months. Unfortunately, some individuals experiencing homelessness fall into this category, and without

[5] 2023 Annual Homeless Assessment Report to Congress. U.S. Department of Housing and Urban Development. December 2023. https://www.huduser.gov/portal/sites/default/files/pdf/2023-AHAR-Part-1.pdf

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the recognition of their veteran status, they are left without access to the essential services provided by the government.

Both the California Department of Veterans Affairs (CalVet)[6] and US Department of Veterans Affairs (VA)[7] have defined 'veteran' as someone who has been 'honorably discharged' from their military service. The Council is concerned that this definition excludes a population of individuals who, despite not having an honorable discharge, are equally in need of support and services. Since 50 percent of the housing funding has been set aside for homeless veterans, and since only approximately six to seven percent of homeless persons in California are veterans according to HUD and CA data from the Continuum's of Care, expanding the definition of eligible veterans might be warranted.

In light of these issues, the Council urges HCD and CalVet to consider broadening the definition of 'veteran' to include all individuals who have served in the military no matter their discharge status.

Recommendation #4: Broaden the Types of Housing Projects that Can be Funded

Considering that a portion of BHIBA funding ($1.972 billion) is set to be directed towards Project Homekey, the Council is concerned that smaller rural counties, which may have limited or even no prospective motel or building acquisitions, might be overlooked in the distribution of these funds. In addition, counties must be given the opportunity to determine the best type of projects to meet housing needs, and Homekey is only one modal.

Although Project Homekey has made significant strides in addressing homelessness statewide, the Council firmly believes the inclusion of alternative housing options is essential in order to cater to the wide range of housing needs present across the state. **To this end, the Council urges HCD to consider a broader range of housing project types, such as HCD's Multifamily Housing Program (MHP), which has**

[6] California Department of Veterans Affairs. 2022. Website. https://www.calvet.ca.gov/calvet-programs
[7] 38 U.S. Code § 101 – Definitions. https://uscode.house.gov/view.xhtml?req=granuleid:USC-2015-title38-section101&num=0&edition=2015

California
Behavioral Health
Planning Council
ADVOCACY • EVALUATION • INCLUSION

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proven capable of catering to the diverse and unique housing needs of all Californians, regardless of their location or economic status.

Unlike Project Homekey, which primarily focuses on the acquisition and conversion of motels and commercial buildings, MHP focuses on new construction of affordable rental units, making it a more viable option for smaller counties that do not have existing real estate available to convert.

Housing First - Allow Mandated Service Requirements to Assist Homeless Persons with Significant Challenges to Retain Housing

The Housing First approach focuses on providing permanent housing without any preconditions, such as income level, employment status, sobriety, or any other factors. Once housed, individuals are not obligated to participate in services to keep their housing. However, in their 2019 Notice of Funding Availability (NOFA), HUD modified the Housing First regulations to include the ability of providers to include service participation requirements for ongoing support.[1]

The updated regulations include the flexibility to include service requirements for individuals to help them maintain housing. Many housing providers have expressed concerns about persons who have repeatedly been evicted from or who have otherwise left housing due to inability to maintain housing under the lease agreements. Examples include persons with serious substance use and co-occurring mental illness whose substance use has repeatedly resulted in property damage to units, or disturbances of the quiet enjoyment of the housing for other tenants or non-payment of rent, leading to evictions. The ability of housing providers to require participation in out-patient SUDS treatment to help the tenant maintain the housing can be a viable alternative to eviction. In addition, another example is a requirement that tenants who enter housing with no income either enroll for public benefits or enroll in vocational or educational programs designed to help them gain income and or employment. There are a small but significant number of tenants who have refused to engage in any services once housed in permanent housing and who never obtain income. In fact, housing providers are then obligated to pay the tenant a utility allowance rather than to deduct the utility allowance from their rent. The lack of income from tenant rent will eventually impede the financial viability of the housing as affordable housing models all rely on some tenant contribution.

The Council strongly believes that stable housing is a crucial foundation for individual success, and that participation in services is a vital support system that encourages overall growth and progress. Both elements are equally important for achieving positive outcomes!

Therefore, the Council recommends that HCD consider adopting changes to the Housing First policy with the following:

- Allowing housing providers to mandate that tenants with no or insufficient income either enroll for public benefits (SSI, GA, TANF) or enroll in work or training or education programs designed to help them obtain income as a condition of

[1] HUD. NOFA for FY 2019 Continuum of Care Program Competition. FY 2019 CoC Program Competition NOFA (hudexchange.info)

housing. The tenant can be housed without income but can be required to engage in a process to obtain housing.

- Allowing tenants who have been evicted for behaviors related to substance use (damage to apartments, violations of leases about noise, guests, smoking, etc.) enroll in SUD treatment programs.

- Mandating that tenants, who have been evicted for hoarding and blocking doors and unsafe units, use in-home support services (IHHS), cleaning services, etc. to help maintain the apartment.

TAB 5

California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting

Wednesday, June 19, 2024

Agenda Item: Assemblymember Matt Haney

Enclosures: AB 2479 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 Assembly Bill 2479 and assist in identifying areas the Council can partner with and support Assemblymember Haney. This committee will use the information provided to advocate for individuals with serious mental illness and substance use disorders and to promote a system of services that are accountable, accessible, and responsive.

Background/Description:

Assemblymember Matt Haney proudly represents California's 17th Assembly District encompassing the Eastern side of San Francisco and serves as the Assembly's Majority Whip; the chair of the Fentanyl, Opioid Addiction, and Overdose Protection select committee; Renters Caucus; and Downtown Recovery select committee, as well as the co-chair of the Irish Caucus. In addition, he serves on the Local Government, Government Organization, Health, Judiciary, and Appropriations committees.

In his first full year in the State Legislature, Assemblymember Haney successfully sent 12 bills to the governor's desk to be signed into law. Several of these bills worked to tackle the addiction and opioid crisis. Assemblymember Haney authored legislation that allows mobile pharmacies to dispense opioid addiction treatment medication. Additionally, he authored legislation that will enable physicians to prescribe buprenorphine, an opioid addiction treatment medication, to youth 16-18 years old without parental consent.

Prioritizing housing, he created the “Rental Deposit Fairness Act”, limiting security deposits to a maximum of one month's rent. Limiting security deposits will increase housing accessibility to renters across California. In addition, he authored the “Strengthening California’s Housing Law Enforcement bill,” granting the Attorney General the right to represent the state’s interests in lawsuits brought against local governments for violating housing laws. This bill will strengthen the Attorney General’s ability to advance Californians’ access to housing by granting them the statutory right to enforce housing law.

Looking to help California families, Assemblymember Haney wrote the Keep Families Close Act, requiring the California Department of Corrections and Rehabilitation to place incarcerated parents in the facility closest to their minor children. Addressing the issue of recidivism, Assemblymember Haney knows that keeping family close to inmates is critical to success while incarcerated and after release.

Passing several pieces of legislation that were the first of their kind across the nation, the “Stop Dangerous Pharmacies Act” created regulations for corporate chain pharmacies, such as CVS and Walgreens, to crack down on the nationwide problem of understaffed chain pharmacies making dangerous medication errors. Similarly, the first of its kind, the “Mixed Martial Arts Retirement Benefit Fund” created the first MMA Pension Fund, allowing Mixed Martial Arts fighters to access retirement benefits, funded by a percentage of fighters' ticket sales.

Representing the San Francisco Transgender District, Assemblymember Haney wanted to highlight transgender history and raise awareness about the attacks on this community. Passing this historic piece of legislation, Assemblymember Haney created the first statewide declaration of Transgender History Month, declaring August as a month to celebrate Transgender history and communities.

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

TAB 6

California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting

Wednesday, June 19, 2024

Agenda Item: Senate Bill 1082 (Action Item)

Enclosures: ARCF Bill Text with Proposed Changes
ARCF Bill Summary and Listing of Related Legislation*

How This Agenda Item Relates to Council Mission

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

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

Background/Description:

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

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

SB-1082 Augmented residential care facilities. **This bill will need to be reintroduced in the next legislative session. (**After unanimously passing the Senate Health Committee and Senate Human Services Committees, it was placed on the Senate Appropriations suspense file on April 29, 2024. On May 16, 2024, it was held in committee and under submission.)

_____

SB-1082 (4/23/2024) with *proposed additional* revisions highlighted:

SECTION 1. Article 1.5 (commencing with Section 5677) is added to Chapter 2.5 of Part 2 of Division 5 of the Welfare and Institutions Code, to read:

Article 1.5. Augmented Residential Care Facility Licensing

5677. The following definitions apply for purposes of this article:

(a) “Augmented residential care facility” or “ARCF” means a facility certified by the State Department of Health Care Services and licensed by the State Department of Social Services that provides 24-hour nonmedical care to individuals with serious mental illness who require augmented supports, staffing, and supervision in a homelike setting, with other facility characteristics to address a consumer’s complex behavioral health needs that are beyond what is typically available in other community facilities licensed as an adult residential facility or a residential care facility for the elderly.

(b) “Individual supports plan” means the plan that identifies and documents the support and service needs of a consumer and details the strategies to be employed and services to be provided to address those needs, and includes the entity responsible for providing those services and timelines for when each identified support will commence.

(c) “Individual supports team” means those individuals who develop, monitor, and revise the individual supports plan for consumers residing in an augmented residential care facility. The team shall, at a minimum, be composed of all of the following individuals:

(1) The local mental or behavioral health agency coordinator and other local mental or behavioral health agency representatives, as necessary.

(2) The consumer and, where appropriate, the consumer’s conservator or authorized representative.

(3) The augmented residential care facilities administrator.

(4) The patients’ rights advocate, unless the consumer objects on their own behalf to participation by the patients’ rights advocate.

(5) Family members or natural support systems, unless the consumer objects on their own behalf to participation by those social supports.

(6) Others deemed necessary by the consumer, or the consumer's conservator or authorized representative, for developing a comprehensive and effective individual supports plan.

5677.1. (a) The State Department of Health Care Services shall, jointly with the County Behavioral Health Directors Association of California, implement a certification program to provide augmented services to adults with serious mental illness in homelike community settings, which shall be licensed by the State Department of Social Services as described in this article.

(b) The State Department of Social Services may license an adult residential facility or a residential care facility for the elderly as an augmented residential care facility to provide 24-hour nonmedical services to up to fifteen adults who have serious mental illness. An augmented residential care facility shall conform to Section 441.530(a)(1) of Title 42 of the Code of Federal Regulations.

(c) The State Department of Health Care Services shall be responsible for granting the certificate of program approval for an ARCF. The State Department of Social Services shall not issue a license unless the applicant has obtained a certification of program approval from the department.

(d) (1) The State Department of Social Services shall ensure that an ARCF meets the administration requirements under Article 2 (commencing with Section 1520) of Chapter 3 of Division 2 of the Health and Safety Code, including, but not limited to, requirements relating to fingerprinting and criminal records under Section 1522 of the Health and Safety Code, and administrator certification requirements of an adult residential facility pursuant Section 1562.3 of the Health and Safety Code, including, but not limited to, all of the following:

(A) Successfully complete a department-approved administrator certification training program requiring a minimum of 35 hours of instruction conducive to learning in which participants are able to simultaneously interact with each other as well as with the instructor, and that provides training on a uniform core of knowledge under Section 1562.3 of the Health and Safety Code.

(B) Unless an extension is granted to the applicant by the department, pass the examination provided for in Section 1562.3 of the Health and Safety Code within 60 days of the applicant's completion of instruction.

(C) Submit an application for administrator certification to the department to include:

(i) An administrator certification application.

(ii) A certificate of completion of the administrator certification training program required pursuant to this section.

(iii) The fee for processing an administrator certification application, including the issuance of the administrator certificate, as specified in Section 1562.3 of the Health and Safety Code.

(D) Provide documentation that the applicant has passed the examination.

(2) (A) An administrator certificate issued under this subdivision shall expire every two years, on the anniversary date of the initial issuance of the certificate.

(B) An administrator certificate issued under this paragraph shall be renewed every two years and renewal shall be conditional upon the certificate holder submitting documentation of completion of 40 hours of continuing education related to the uniform core of knowledge specified in Section 1562.3 of the Health and Safety Code. No more than one-half of the required 40 hours of continuing education necessary to renew the certificate may be satisfied through self-paced courses. All other continuing education hours shall be completed in an instructional setting conducive to learning in which participants must be able to simultaneously interact with each other as well as with the instructor. For purposes of this section, an individual who is an adult residential facility administrator and who is required to complete the continuing education hours required by the regulations of the department, and approved by the local mental or behavioral health agency, shall be permitted to have up to 24 hours of the required continuing education course hours credited toward the 40-hour continuing education requirement of this section. Community college course hours approved by the ~~regional centers~~ behavioral health agency shall be accepted by the department for certification.

(3) The licensee shall provide documentation that the administrator of an ARCF, prior to employment, has completed a minimum of 35 hours of initial training in the general laws, regulations and policies, and procedural standards applicable to facilities licensed by the State Department of Social Services under Article 2 (commencing with Section 1520) of Chapter 3 of Division 2 of the Health and Safety Code.

(4) The training specified in this subdivision shall be provided by a vendor approved by the State Department of Social Services and the cost of the training shall be borne by the administrator or licensee.

(e) The State Department of Social Services shall administer employee actions under Article 5.5 (commencing with Section 1558) of Chapter 3 of Division 2 of the Health and Safety Code.

(f) The local mental or behavioral health agency shall monitor and enforce compliance of the program and health and safety requirements, including monitoring and evaluating the quality of care and support services. The department shall ensure that the local mental or behavioral health agency performs these functions.

(g) (1) The State Department of Health Care Services may decertify an ARCF that does not comply with program requirements. When the department determines that urgent action is necessary to protect clients of the ARCF from physical or mental abuse,

abandonment, or any other substantial threat to their health and safety, the State Department of Health Care Services may request the local mental or behavioral health agency or agencies to remove the clients from the ARCF or direct the local mental or behavioral health agency or agencies to obtain alternative services for the clients within 24 hours.

(2) The State Department of Social Services may initiate proceedings for temporary suspension of an ARCF license pursuant to Section 1550.5 of the Health and Safety Code.

(3) The ~~department~~ Department of Health Care Services, upon its decertification, shall inform the State Department of Social Services of the licensee's decertification, with its recommendation concerning revocation of the license, for which the State Department of Social Services may initiate proceedings pursuant to Section 1550 of the Health and Safety Code.

(4) The State Department of Health Care Services and the local mental or behavioral health agencies shall provide the State Department of Social Services all available documentation and evidentiary support necessary for any enforcement proceedings to suspend the license pursuant to Section 1550.5 of, to revoke or deny a license pursuant to Section 1551 of, or to exclude an individual pursuant to Section 1558 of, the Health and Safety Code.

(i) The State Department of Social Services, Community Care Licensing Division, shall enter into a memorandum of understanding with the State Department of Health Care Services to outline a formal protocol to address shared responsibilities, including monitoring responsibilities, complaint investigations, administrative actions, and closures.

5677.2. (a) The State Department of Health Care Services shall establish by regulation a rate methodology for ARCFs that includes a fixed facility component for residential services and an individualized services and supports component based on each consumer's needs as determined through the individual supports plan process, which may include assistance with transitioning to a less restrictive community residential setting.

(b) (1) The established facility rate for a full month of service, as defined in regulations adopted pursuant to this article, shall be paid based on the licensed capacity of the facility once the facility reaches maximum capacity, despite the temporary absence of one or more consumers from the facility or subsequent temporary vacancies created by consumers moving from the facility. Prior to the facility reaching licensed capacity, the facility rate shall be prorated based on the number of consumers residing in the facility.

(2) When a consumer is temporarily absent from the facility, including when a consumer is in need of inpatient care in a health facility, as defined in subdivision (a), (b), or (c) of Section 1250 of the Health and Safety Code, the local mental or behavioral health

agency may, based on consumer need, continue to fund individual services, in addition to paying the facility rate. Individual consumer services funded by the local mental or behavioral health agency during a consumer's absence from the facility shall be approved by the local mental or behavioral health agency director for a period up to 7 days, and may be approved ~~and shall only be approved~~ ~~in 14-day increments~~ up to a maximum period of 30 days. The local mental or behavioral health agency shall maintain documentation of the need for these services and the local mental or behavioral health agency director's approval.

5677.3. (a) A local mental or behavioral health agency shall not pay a rate to an ARCF for a consumer that exceeds the rate in the approved ARCF placement plan for that facility unless the local mental or behavioral health agency demonstrates that a higher rate is necessary to protect a consumer's health and safety, and the State Department of Health Care Services has granted prior written authorization.

(b) The payment rate for ARCF services shall be negotiated between the local mental or behavioral health agency and the ARCF.

(c) The established rate for a full month of service shall be made by the local mental or behavioral health agency if a consumer is temporarily absent from the ARCF for 14 days or less per month. If the consumer's temporary absence is due to the need for inpatient care in a health facility, as defined in subdivision (a), (b), or (c) of Section 1250 of the Health and Safety Code, the local mental or behavioral health agency shall continue to pay the established rate as long as no other consumer occupies the vacancy created by the consumer's temporary absence, or until the individual supports team has determined that the consumer will not return to the facility. In all other cases, the established rate shall be prorated for a partial month of service by dividing the established rate by 30.44, then multiplying the quotient by the number of days the consumer resided in the facility.

5677.4. (a) The local mental or behavioral health agency may recommend for participation to the State Department of Health Care Services an applicant to provide services as part of an approved community placement plan if the applicant meets all of the following requirements:

(1) The applicant employs or contracts with a program administrator who has a successful record of administering residential services for at least two years, as evidenced by substantial compliance with the applicable state licensing requirements.

(2) The applicant prepares and submits to the mental or behavioral health agency a complete facility program plan that includes, but is not limited to, all of the following:

(A) The total number of the consumers to be served.

(B) A profile of the consumer population to be served, including their ~~health~~ care and ~~intensive~~ support needs.

(C) A description of the program components, including a description of the ~~health~~ care and ~~intensive~~ support services to be provided.

(D) A week's program schedule, including proposed consumer day and community integration activities.

(E) A week's proposed program staffing pattern, including ~~licensed, unlicensed, and support~~ personnel and the number and distribution of hours for those personnel.

(F) An organizational chart, including identification of lead and supervisory personnel.

(G) The ~~consultants~~ contractors to be utilized, including their professional disciplines and hours to be worked per week or month, as appropriate.

(H) The plan for accessing and retaining ~~consultant~~mental health, substance use disorder, vocational and support services~~and health care services, including assessments, in the areas of physical therapy, occupational therapy, respiratory therapy, speech pathology, audiology, pharmacy, dietary and nutrition, dental and other areas~~ required for meeting the needs identified in consumers' individual supports plans.

(I) A description, including the size, layout, location, and condition, of the proposed home.

(J) A description of the equipment and supplies available, or to be obtained, for programming and care.

(K) The type, location, and response time of emergency medical service personnel.

(L) The in-service training program plan for at least the next 12 months, which shall include the plan for:

(i) ensuring that the direct care personnel understand their roles and responsibilities related to implementing individual supports plans, prior to, or within, the first seven days of providing direct care in the ARCF~~home~~ ~~and for~~

(ii) ensuring the administrator understands the unique roles, responsibilities, and expectations for administrators of community-based facilities.

(iii) ensuring that all personnel receive behavioral health-related disability-etiquette training to include "person-first language", basic understandings of mental illnesses (such as schizophrenia, schizoaffective, bipolar disorder) and substance use disorders, "unconscious bias" training and "mental health first aid" training.

(M) The plan for ensuring that outside services are coordinated, integrated, and consistent with those provided by the ARCF.

(3) The applicant submits a proposed budget itemizing direct and indirect costs, total costs, and the rate for services.

(4) The applicant submits written certification that they have the ability to comply with all of the requirements of Section 1520 of the Health and Safety Code.

(b) The local mental or behavioral health agency shall provide all documentation specified in paragraphs (2) to (4), inclusive, of subdivision (a) and a letter recommending program certification to the State Department of Health Care Services.

(c) The State Department of Health Care Services shall either approve or deny the recommendation and transmit its written decision to the local mental or behavioral health agency and to the State Department of Social Services within 30 days of its decision. The decision of the State Department of Health Care Services not to approve an application for program certification shall be the final administrative decision.

(d) Any change in the ARCF operation that alters the contents of the approved program plan shall be reported to the State Department of Health Care Services and the local mental or behavioral health agency, and approved by both agencies, prior to implementation.

5677.41

(a) The Department of Health Care Services shall seek any federal approvals it deems necessary to implement the ARCF category.

(b) Subject to the availability of sufficient nonfederal share funds for this purpose, the Department of Health Care Services shall seek any necessary federal approval for, and implement, additional funding and mechanisms that support and further the objectives of establishing the ARCF category.

(c) Notwithstanding Chapter 3.5 (commencing with Section 11340) of Part 1 of Division 3 of Title 2 of the Government Code, the department may implement, interpret, or make specific this section, in whole or in part, by means of information notices, provider bulletins, or other similar instructions, without taking any further regulatory action.

~~5677.5. This article shall be implemented only to the extent that funds for its purposes are made available through an appropriation in the annual Budget Act.~~

SEC. 2. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

TAB 7

California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting

Wednesday, June 19, 2024

Agenda Item: Consent Agenda

Enclosures: CBHPC Consent Agenda
Fact Sheet* for AB 1470, SB 26, SB 402, SB 1184, and AB 2352

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 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 1470, oppose AB 2154, SB 26, SB 402, SB 1184, and oppose unless amended AB 2352.

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

California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

Consent Agenda

June 2024

AB 1470 (Quirk-Silva D) **Medi-Cal: behavioral health services: documentation standards.**
Current Text: Amended: 7/3/2023
Status: 9/14/2023-Failed Deadline pursuant to Rule 61(a)(14). (Last location was DESK on 9/13/2023)(May be acted upon Jan 2024)
Location: 9/14/2023-S. 2 YEAR
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, 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.
Proposed Position: Support

AB 2154 (Berman D) **Mental health: involuntary treatment.**
Current Text: Amended: 4/4/2024
Status: 5/8/2024-Referred to Coms. on HEALTH and JUD.
Location: 5/8/2024-S. HEALTH
Summary: Current law provides that each person who is involuntarily detained for evaluation or treatment, as specified, or admitted as a voluntary patient for psychiatric evaluation or treatment to a health facility, as specified, and each person who is committed to a state hospital, has certain rights, including the right to receive a copy of the State Department of Health Care Services prepared patients' rights handbook. This bill would require a facility to which a person is brought for involuntary detention to provide a copy of the State Department of Health Care Services' prepared patients' rights handbook to a family member of the detained person, as specified. The bill would define "family member" for these purposes to include, among others, the spouse or domestic partner of the person and the parent or legal guardian of the person.
Proposed Position: Oppose

California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

AB 2352 **(Irwin D) Mental health and psychiatric advance directives.**
Current Text: Amended: 4/25/2024
Status: 5/22/2024-In Senate. Read first time. To Com. on RLS. for assignment.
Location: 5/22/2024-S. RLS.
Summary: Current law establishes the requirements for executing a written advance health care directive that is legally sufficient to direct health care decisions. Current law provides a form that an individual may use or modify to create an advance health care directive. Under existing law, a written advance health care directive is legally sufficient if specified requirements are satisfied, may be revoked by a patient having capacity at any time, and is revoked to the extent of a conflict with a later executed directive. Current law requires a supervising health care provider who knows of the existence of an advance health care directive or its revocation to record that fact in the patient's health record. Existing law sets forth requirements of witnesses to a written advance health care directive. A written advance health care directive or similar instrument executed in another jurisdiction is valid and enforceable in this state under existing law. A person who intentionally falsifies, forges, conceals, defaces, or obliterates an individual's advance health care directive or its revocation without the individual's consent is subject to liability of up to $10,000 or actual damages, whichever is greater, plus reasonable attorney's fees. Current law authorizes an appeal of specified orders relating to an advance health care directive. Current law generally prohibits involuntary civil placement of a ward, conservatee, or person with capacity in a mental health treatment facility, subject to a valid and effective advance health care directive. Under current law, an advance psychiatric directive is a legal document, executed on a voluntary basis by a person who has the capacity to make medical decisions and in accordance with the requirements for an advance health care directive, that allows a person with mental illness to protect their autonomy and ability to direct their own care by documenting their preferences for treatment in advance of a mental health crisis. An individual may execute both an advance health care directive and a voluntary standalone psychiatric advance directive. This bill would extend the above-described advance health care directive provisions to psychiatric advance directives and would make conforming changes. The bill would specify that a psychiatric advance directive is a legal written or digital document, executed as specified, that allows a person with behavioral health illness to document their preferences for treatment and identify a health care advocate in advance of a behavioral health crisis.
Proposed Position: Oppose Unless Amended

California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

SB 26 **(Umberg D) Mental health professions: CARE Scholarship Program.**
Current Text: Amended: 1/11/2024
Status: 5/13/2024-Referred to Com. on HEALTH.
Location: 5/13/2024-A. HEALTH
Summary: Current law requires the Department of Health Care Access and Information to perform various duties with respect to implementing health professions scholarship and loan programs. This bill would, upon appropriation, establish the Community Assistance, Recovery, and Empowerment (CARE) Scholarship Program. The bill would require the department to administer the annual scholarship for purposes of increasing the number of culturally competent licensed marriage and family therapists, clinical social workers, professional clinical counselors, and psychologists, as specified. The bill would require scholarship recipients to agree to work for county behavioral health agencies in meeting its needs and obligations to implement the CARE Act for a minimum of 3 years upon being licensed to practice in this state. The bill would require the department to post information related to the scholarship on its internet website.
Proposed Position: Oppose

SB 402 **(Wahab D) Involuntary commitment.**
Current Text: Amended: 1/12/2024
Status: 4/29/2024-Referred to Coms. on HEALTH and JUD.
Location: 4/29/2024-A. HEALTH
Summary: The Lanterman-Petris-Short Act authorizes the involuntary commitment and treatment of persons with specified mental disorders. Under the act, when a person, as a result of a mental health disorder, is a danger to self or others, or gravely disabled, the person may, upon probable cause, be taken into custody by specified individuals, including, among others, by peace officers and designated members of a mobile crisis team, and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. This bill would additionally authorize a person to be taken into custody, pursuant to those provisions, by a licensed mental health professional, as defined.
Proposed Position: Oppose

California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

SB 1184 **(Eggman D) Mental health: involuntary treatment: antipsychotic medication.**
Current Text: Amended: 5/2/2024
Status: 5/22/2024-In Assembly. Read first time. Held at Desk.
Location: 5/21/2024-A. DESK
Summary: The Lanterman-Petris-Short Act provides for the involuntary commitment of persons who are a danger to themselves or others, or who are gravely disabled, due to a mental disorder or chronic alcoholism or drug abuse for 72 hours for evaluation and treatment, as specified. If certain conditions are met after the 72-hour detention, the act authorizes the certification of the person for a 14-day maximum period of intensive treatment and then another 14-day or 30-day maximum period of intensive treatment after the initial 14-day period of intensive treatment. Current law, during the 30-day period of intensive treatment, as specified, also authorizes up to an additional 30 days of intensive treatment if certain conditions are met. Current law authorizes the administration of antipsychotic medication to a person who is detained for evaluation and treatment for any of those detention periods, except for the second 30-day period, and establishes a process for hearings to determine the person's capacity to refuse the treatment. Current law requires a determination of a person's incapacity to refuse treatment with antipsychotic medication to remain in effect only for the duration of the 72-hour period or initial 14-day intensive treatment period, or both, until capacity is restored, or by court determination. This bill would authorize the administration of antipsychotic medication to a person who is detained for the second 30-day period.
Proposed Position: Oppose

TAB 8

California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting

Wednesday, June 19, 2024

Agenda Item: Review of Pending Legislative

Enclosures: CBHPC Legislative Process
CBHPC Legislative Process Flow Chart
CBHPC Legislative Positions-June 2024
CBHPC Pending Legislative Positions-June 2024
Fact Sheets* for AB 1316, AB 2051, AB 2154, AB 2207, AB 2237, AB 2479, AB 2700, AB 2802, AB 2822, AB 3077, AB 3127, AB 3221, AB 3260, SB 999, SB 1025, SB 1126, SB 1210, SB 1211, SB 1238, SB 1300, SB 1339, SB 1397

How This Agenda Item Relates to Council Mission

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

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

Background/Description:

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

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

California Behavioral Health Planning Council

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Legislative Positions

June 2024

AB 1907 **(Pellerin D) California Child and Family Service Review System: Child and Adolescent Needs and Strengths (CANS) assessment.**
Current Text: Amended: 4/8/2024
Status: 4/24/2024-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 6. Noes 0.) (April 23). Re-referred to Com. on APPR.
Location: 4/23/2024-A. APPR.
Summary: Current law requires the Department of Social Services to establish the California Child and Family Service Review System, in order to review all county child welfare systems, including child protective services, foster care, adoption, family preservation, family support, and independent living. Existing law requires the California Health and Human Services Agency to convene a workgroup, as prescribed, to establish a work plan by which child and family service reviews shall be conducted. Existing law requires the workgroup to consider, among other things, measurable outcome indicators, which shall be consistent with specified federal measures and standards. This bill would require the California Child and Family Service Review System to include data from the Child and Adolescent Needs and Strengths (CANS) assessment tool.

Position: Watch

AB 2119 **(Weber D) Mental health.**
Current Text: Amended: 3/18/2024
Status: 5/8/2024-Referred to Coms. on HEALTH and APPR.
Location: 5/8/2024-S. HEALTH
Summary: Current law makes various references to the descriptive terms “persons with a mental health disorder,” “minors with a mental health condition,” and “children and adolescents with serious emotional disturbance” in various provisions of the Welfare and Institutions Code. This bill would make conforming changes to these provisions for consistency with those descriptor terms to, among other things, put the person first.

Position: Support

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AB 2411 **(Carrillo, Wendy D) Local Youth Mental Health Boards.**
Current Text: Amended: 4/1/2024
Status: 4/24/2024-In committee: Set, first hearing. Referred to suspense file.
Location: 4/24/2024-A. APPR. SUSPENSE FILE
Summary: This bill would require each community mental health service to have a local youth mental health board (board), appointed as specified, consisting of members between 15 and 23 years of age, inclusive, at least 1/2 of whom are, to the extent possible, mental health consumers who are receiving, or have received, mental health services, or siblings or close family members of mental health consumers and 1/2 of whom are, to the extent possible, enrolled in schools in the county. The bill would require the board, among other duties, to review and evaluate the local public mental health system and advise the governing body and school district governing bodies on mental health services related to youth that are delivered by the local mental health agency or local behavioral health agency, school districts, or others, as applicable. The bill would require the governing body to include the board in the county planning process and provide a budget for the board sufficient to facilitate the purposes, duties, and responsibilities of the board. By increasing the duties of local governments, this bill would impose a state-mandated local program.

Position: Oppose

AB 2711 **(Ramos D) Suspensions and expulsions: tobacco: alcohol: drug paraphernalia.**
Current Text: Amended: 4/29/2024
Status: 4/30/2024-Re-referred to Com. on APPR.
Location: 4/25/2024-A. APPR.
Summary: Would, commencing July 1, 2026, require specified conditions to be met before suspending a pupil, regardless of their grade of enrollment, from school on the basis of (1) unlawfully possessing, using, or being under the influence of a controlled substance, an alcoholic beverage, or an intoxicant of any kind or (2) having possessed or used tobacco products, as defined, and would remove unlawfully possessing drug paraphernalia from the list of acts for which a pupil may be suspended. The bill would, commencing July 1, 2026, require specified conditions to be met before suspending a charter school pupil in kindergarten or any of grades 1 to 12, inclusive, solely on the basis of (1) unlawfully possessing, using, or being under the influence of a controlled substance, an alcoholic beverage, or an intoxicant of any kind, or (2) having possessed or used tobacco products.

Position: Support

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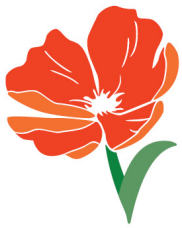
AB 2995 **(Jackson D) Public health: alcohol and drug programs.**
Current Text: Amended: 4/18/2024
Status: 5/8/2024-Referred to Com. on HEALTH.
Location: 5/8/2024-S. HEALTH
Summary: The Bronzan-McCorquodale Act contains provisions governing the operation and financing of community mental health services, including substance abuse services, for persons with mental health disorders in every county through locally administered and locally controlled community mental health programs. The Lanterman-Petris-Short Act provides for the involuntary commitment and treatment of persons with specified mental health disorders for the protection of the persons so committed, including detention of inebriates for evaluation and detoxification treatment, as specified. The Bronzan-McCorquodale Act, Lanterman-Petris-Short Act, and other various provisions of the Welfare and Institutions Code refer to “substance abuse” or “drug abuse” and “substance using adults” or “inebriates.” This bill would revise and recast various terms, including alcohol and other drug abuse program, alcohol abuser, drug abuser, and inebriate to use person-first terminology. The bill would also make other technical and conforming changes to remove stigmatization of individuals seeking alcohol or other drug treatment or services.

SB 1082 **(Eggman D) Augmented residential care facilities.**
Current Text: Amended: 4/23/2024
Status: 5/10/2024-Set for hearing May 16.
Location: 4/29/2024-S. APPR. SUSPENSE FILE
Summary: Would require the State Department of Health Care Services (DHCS), jointly with the County Behavioral Health Directors Association of California, to implement a certification program to provide augmented services to adults with serious mental illness in homelike community settings, and would require those settings to be licensed by the State Department of Social Services (DSS) as an augmented residential care facility (ARCF), as defined. The bill would require an ARCF to have a maximum capacity of 6 residents, and to conform with the requirements of a specified federal regulation relating to community-based settings and specified provisions of the California Community Care Facilities Act. The bill would require the DHCS to issue a certification of program approval to an ARCF before DSS issues a license. The bill would require the DHCS to establish by regulation a rate methodology for ARCFs that includes a fixed-facility component for residential services and an individualized services and support component based on each consumer’s needs, as specified. The bill would prohibit a local mental or behavioral health agency from paying a rate to an ARCF for a consumer that exceeds the rate in the DHCS-approved ARCF placement plan for the facility unless certain conditions are met. The bill would authorize a local mental or behavioral health agency to recommend an applicant for certification to the DHCS as part of an approved community placement plan if the applicant meets specified requirements. The bill would authorize DHCS to decertify an ARCF that does not comply



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with program requirements, and to make recommendations to DSS regarding the facility's license. The bill also would authorize DSS to initiate proceedings for temporary suspension of the license, as specified. The bill would be implemented only to the extent that funds for its purposes are made available through an appropriation in the annual Budget Act.

Position: Support in Concept

SB 1238 **(Eggman D) Lanterman-Petris-Short Act: designated facilities.**
Current Text: Amended: 4/18/2024
Status: 5/10/2024-Set for hearing May 16.
Location: 4/29/2024-S. APPR. SUSPENSE FILE
Summary: Under the Lanterman-Petris-Short Act (act), when a person, as a result of a mental health disorder, is a danger to others or to themselves, or gravely disabled, as defined, the person may, upon probable cause, be taken into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services. Current law defines the above-described designated facility as a facility that is licensed or certified as a mental health treatment facility or a hospital by the State Department of Public Health, and may include, but is not limited to, a licensed psychiatric hospital, a licensed psychiatric health facility, and a certified crisis stabilization unit. This bill would expand the definition of a "facility designated by the county for evaluation and treatment" or "designated facility" by specifying that it may also include a facility that both (1) has appropriate services, personnel, and security to safely treat individuals being held involuntarily and (2) is licensed or certified as a skilled nursing facility, mental health rehabilitation center, social rehabilitation facility, or as a facility capable of providing treatment at American Society of Addiction Medicine levels of care 3.7 to 4.0, inclusive.

Position: Oppose

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Pending Legislative Positions

June 2024

AB 1316 **(Irwin D) Emergency services: psychiatric emergency medical conditions.**
Current Text: Amended: 5/20/2024
Status: 5/20/2024-From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on HEALTH.
Location: 5/1/2024-S. HEALTH
Summary: Pursuant to a schedule of covered benefits, current law requires Medi-Cal coverage for inpatient hospital services, subject to utilization controls, and with respect to fee-for service beneficiaries, coverage for emergency services and care necessary for the treatment of an emergency medical condition and medical care directly related to the emergency medical condition, as specified. Current law provides for the licensing and regulation of health facilities by the State Department of Public Health and makes a violation of those provisions a crime. Current law defines “psychiatric emergency medical condition,” for purposes of providing treatment for emergency conditions, as a mental disorder that manifests itself by acute symptoms of sufficient severity that it renders the patient as being either an immediate danger to the patient or to others, or immediately unable to provide for, or utilize, food, shelter, or clothing, due to the mental disorder. Current law includes various circumstances under which a patient is required to be treated by, or may be transferred to, specified health facilities for treatment that is solely necessary to relieve or eliminate a psychiatric emergency medical condition. This bill would revise the definition of “psychiatric emergency medical condition” to make that definition applicable regardless of whether the patient is voluntary, or is involuntarily detained for evaluation and treatment, under prescribed circumstances. The bill would make conforming changes to provisions requiring facilities to provide that treatment. By expanding the definition of a crime with respect to those facilities, the bill would impose a state-mandated local program.

AB 1841 **(Weber D) Student safety: opioid overdose reversal medication: student housing facilities.**
Current Text: Amended: 5/20/2024
Status: 5/20/2024-From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on ED.
Location: 5/1/2024-S. ED.
Summary: Current law requires the governing board of each community college district and the Trustees of the California State University, in collaboration with campus-based and

community-based recovery advocacy organizations, to provide, as part of established campus orientations, educational and preventive information provided by the State Department of Public Health about opioid overdose and the use and location of fentanyl test strips and opioid overdose reversal medication to students at all campuses of their respective segments, and to notify students of the presence and location of fentanyl test strips, as specified. Current law requires the governing board of each community college district and the Trustees of the California State University to require that each campus health center apply to use the statewide standing order issued by the State Public Health Officer to distribute dosages of a federally approved opioid overdose reversal medication, apply to participate in the Naloxone Distribution Project administered by the State Department of Health Care Services, distribute, upon approval for use of the statewide standing order and participation in the Naloxone Distribution Project, a federally approved opioid overdose reversal medication obtained through the Naloxone Distribution Project, as provided, and stock and distribute fentanyl test strips, as specified. Existing law requests that the Regents of the University of California comply with these requirements. The bill would require the governing board of each community college district and the Trustees of the California State University to notify, by sending an email at the beginning of each academic semester or term, students of the presence and location of fentanyl test strips and opioid overdose reversal medication, and to distribute, at the beginning of each academic semester or term, 2 doses of a federally approved opioid overdose reversal medication obtained through the Naloxone Distribution Project to residential advisors who work in a university- or college-affiliated student housing facility, and to house managers who work in a university- or college-affiliated fraternity or sorority facility that provides housing to its student members, and 4 additional doses, located at each residential housing office front desk, for a residential advisor to resupply as needed.

AB 2051 **(Bonta D) Psychology interjurisdictional compact.**
Current Text: Amended: 5/20/2024
Status: 5/20/2024-Read second time. Ordered to third reading. Assembly Rule 69(b)(1) suspended. Read third time and amended. Ordered to third reading.
Location: 5/20/2024-A. THIRD READING
Summary: Current law requires an applicant for licensure as a psychologist to possess specified degrees, have engaged in supervised professional experience, pass an examination, and complete particular coursework or provide evidence of training. This bill would provide that the Psychology Interjurisdictional Compact is approved and ratified, and would provide that the compact is an interstate compact that is intended to regulate the practice of telepsychology and the temporary in-person, face-to-face practice of psychology across state boundaries. The bill would prohibit a person who is authorized by the compact to practice psychology in this state from engaging in the practice of psychology as an employee or contractor of a state or local government entity if the person does not have a license granted by the Board of Psychology, as prescribed.

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AB 2154 **(Berman D) Mental health: involuntary treatment.**
Current Text: Amended: 4/4/2024
Status: 5/8/2024-Referred to Coms. on HEALTH and JUD.
Location: 5/8/2024-S. HEALTH
Summary: Current law provides that each person who is involuntarily detained for evaluation or treatment, as specified, or admitted as a voluntary patient for psychiatric evaluation or treatment to a health facility, as specified, and each person who is committed to a state hospital, has certain rights, including the right to receive a copy of the State Department of Health Care Services prepared patients' rights handbook. This bill would require a facility to which a person is brought for involuntary detention to provide a copy of the State Department of Health Care Services' prepared patients' rights handbook to a family member of the detained person, as specified. The bill would define "family member" for these purposes to include, among others, the spouse or domestic partner of the person and the parent or legal guardian of the person.

AB 2207 **(Reyes D) State boards and commissions: representatives of older adults.**
Current Text: Introduced: 2/7/2024
Status: 5/16/2024-Read third time. Passed. Ordered to the Senate. (Ayes 71. Noes 0.) In Senate. Read first time. To Com. on RLS. for assignment.
Location: 5/16/2024-S. RLS.
Summary: Current law establishes the California Commission on Aging composed of 25 persons, as specified, and requires the commission to hire an executive director. Current law also establishes the California Department of Aging and provides for a director of that department. Existing law establishes various state boards and commissions to address public health concerns throughout the state and generally requires that individuals appointed to these state entities be broadly reflective of the general public. This bill would expand the membership of the Alzheimer's Disease and Related Disorders Advisory Committee, the California Health Workforce Education and Training Council, the California Workforce Development Board, the California Behavioral Health Planning Council, the Mental Health Services Oversight and Accountability Commission, and the Interagency Council on Homelessness to include the Executive Director of the California Commission on Aging, the Director of the California Department of Aging, or both, or other persons that serve or advocate for older adults, as specified.

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

Current Text: Amended: 4/11/2024
Status: 5/21/2024-Read third time. Passed. Ordered to the Senate. (Ayes 73. Noes 0.)
Location: 5/21/2024-S. DESK
Summary: Under current law, specialty mental health services include federal Early and

Periodic Screening, Diagnostic, and Treatment (EPSDT) services provided to eligible Medi-Cal beneficiaries under 21 years of age. This bill would require, when a child or youth 21 years of age or younger who is receiving Medi-Cal specialty mental health services changes residence from one county to another, the receiving county to provide specialty mental health services to the child or youth, if the transfer of those services from one county to another is not otherwise governed by a process established in statute. The bill also would require the State Department of Health Care Services to collect specified data related to the receipt of specialty mental health services by children and youth who move outside of the county where they originally received specialty mental health services, and to include the data in the department's Medi-Cal specialty mental health services performance dashboard. The bill would require the department to issue guidance, as specified, to define the requirements on a receiving county for the continued provision of specialty mental health services, to coordinate and expedite the transfer of services from one county to another, and reduce the burden on children and youth and their caregivers to reestablish services in the receiving county. The bill would authorize the department to implement, interpret, or make specific its provisions by means of all-county letters, plan letters, plan or provider bulletins, or similar instructions, until regulations are adopted, as specified.

AB 2479 **(Haney D) Housing First: core components.**
Current Text: Amended: 4/25/2024
Status: 5/20/2024-Read second time. Ordered to third reading.
Location: 5/20/2024-A. THIRD READING
Summary: Current law requires agencies and departments administering state programs related to homelessness to adopt guidelines and regulations to incorporate core components of Housing First, as defined. Under current law, Housing First includes time-limited rental or services assistance, so long as the housing and service provider assists the recipient, among other things, in accessing permanent housing. Current law defines "state programs" for this purpose as any program a California state agency or department funds, implements, or administers for the purpose of providing housing or housing-based services to people experiencing homelessness or at risk of homelessness, except as provided. Under existing law, the core components of Housing First include, among others, services that are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants' lives, where tenants are engaged in nonjudgmental communication regarding drug and alcohol use, and where tenants are offered education regarding how to avoid risky behaviors and engage in safer practices, as well as connected to evidence-based treatment if the tenant so chooses. This bill would clarify, pursuant to that core component, that state departments or agencies may allow programs to fund recovery housing, as defined, that use substance use-specific services, peer support, and physical design features supporting individuals and families on a path to recovery from addiction that emphasizes abstinence, so long as the state program meets specified requirements.

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AB 2802 **(Maienschein D) Transitional housing placement providers.**
Current Text: Amended: 4/2/2024
Status: 5/15/2024-Referred to Coms. on HUMAN S. and G.O.
Location: 5/15/2024-S. HUM. S.
Summary: The California Community Care Facilities Act requires the State Department of Social Services to license and regulate transitional housing placement providers pursuant to the act. Under current law, a transitional housing placement provider is an organization licensed by the department to provide transitional housing to foster children at least 16 years of age and not more than 18 years of age and to nonminor dependents to promote their transition to adulthood. Current law requires a transitional housing unit to include, among other things, a host family certified by a transitional housing placement provider or other designated entity, as prescribed. Current law requires the department to adopt regulations governing transitional housing placement living arrangements requirements for minors and nonminor dependents, as prescribed. This bill would require those regulations to include allowing a minor or nonminor dependent participant to share a bedroom or unit in a transitional housing placement with a nonparticipant roommate, sibling, or coparent, as specified. The bill would also require the regulations to allow a minor or nonminor dependent with children to share their living arrangement with a coparent or participant sibling. The bill would require the regulations to require counties and program contracts to allow individual program participants and individuals sharing their living arrangements to share bedrooms, bathrooms, and units together, regardless of gender identity and would require county program contracts to allow providers and participants to make best matches to allow for gender flexibility.

AB 2822 **(Gabriel D) Domestic violence.**
Current Text: Amended: 3/11/2024
Status: 5/8/2024-Referred to Com. on PUB S.
Location: 5/8/2024-S. PUB. S.
Summary: Current law requires every law enforcement agency to develop, adopt, and implement written policies and standards for officers' responses to domestic violence calls. Current law requires each law enforcement agency to develop an incident report form the includes, among other things, a notation of whether the officer or officers who responded to the domestic violence call found it necessary, for the protection of the peace officer or other persons present, to inquire of the victim, the alleged abuser, or both, whether a firearm or other deadly weapon was present at the location, and, if there is an inquiry, whether that inquiry disclosed the presence of a firearm or other deadly weapon. This bill would additionally require a law enforcement agency to include in the incident report form a space for officers to document whether a firearm or deadly weapon was removed from the location of the domestic violence call.

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AB 2882 **(McCarty D) California Community Corrections Performance Incentives.**
Current Text: Amended: 5/16/2024
Status: 5/20/2024-Read second time. Ordered to third reading.
Location: 5/20/2024-A. THIRD READING
Summary: Current law authorizes each county to establish a Community Corrections Performance Incentives Fund to receive moneys for the implementation of a community corrections program to provide supervision and rehabilitative services for adult felony offenders subject to local supervision. Current law requires the program to be developed and implemented by probation and advised by a local Community Corrections Partnership. Current law requires the partnership to be comprised of specified members, including, among others, a representative from a community-based organization with experience in successfully providing rehabilitative services to persons who have been convicted of a criminal offense. This bill would add a representative of a community-based organization with experience in successfully providing behavioral health treatment services to persons who have been convicted of a criminal offense, and a representative of a Medi-Cal managed care plan that provides the Enhanced Care Management benefit, to the membership of the partnership.

AB 3077 **(Hart D) Criminal procedure: borderline personality disorder.**
Current Text: Amended: 3/11/2024
Status: 5/15/2024-Referred to Com. on PUB S.
Location: 5/15/2024-S. PUB. S.
Summary: Current law prohibits a person from being tried for a criminal offense while they are mentally incompetent. Current law prescribes the procedure for a person found to be mentally incompetent to be restored to competence. Current law creates the Mental Health Diversion Fund to be used for the purpose of supporting county activities that will divert individuals with serious mental illnesses away from the criminal justice system and lead to a reduction of felony incompetent to stand trial determinations. Current law describes the target population for mental health diversion as individuals diagnosed with a mental disorder, as specified, excluding antisocial personality disorder, borderline personality disorder, and pedophilia. This bill would remove borderline personality disorder as an exclusion for pretrial diversion.

AB 3127 **(McKinnor D) Reporting of crimes: mandated reporters.**
Current Text: Amended: 4/1/2024
Status: 5/13/2024-Read third time. Passed. Ordered to the Senate. (Ayes 42. Noes 15.) In Senate. Read first time. To Com. on RLS. for assignment.
Location: 5/13/2024-S. RLS.
Summary: This bill would remove the requirement that a health practitioner make a report

to law enforcement when they suspect a patient has suffered physical injury caused by assaultive or abusive conduct. The bill would instead require that a health practitioner make a report when the injury is life threatening or results in death, as specified, or is the result of child abuse or elder or dependent adult abuse. The bill would require the health practitioner to additionally make a report when a person is seeking care for injuries related to domestic, sexual, or any nonaccidental violent injury if the patient requests a report be sent, as specified. This bill contains other related provisions and other existing laws.

AB 3221 **(Pellerin D) Department of Managed Health Care: review of records.**
Current Text: Amended: 4/1/2024
Status: 5/13/2024-Read third time. Passed. Ordered to the Senate. (Ayes 71. Noes 0.) In Senate. Read first time. To Com. on RLS. for assignment.
Location: 5/13/2024-S. RLS.
Summary: Existing law, the Knox-Keene Health Care Service Plan Act of 1975 (hereafter the act), provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law requires the records, books, and papers of a health care service plan and other specified entities to be open to inspection by the director of the department during normal business hours. This bill would instead require the records, books, and papers of a health care service plan and other specified entities to be open to inspection by the director, including through electronic means. The bill would require a plan and other specified entities to furnish in electronic media records, books, and papers that are possessed in electronic media and to conduct a diligent review of records, books, and papers and make every effort to furnish those responsive to the director's request. The bill would require records, books, and papers to be furnished in a format that is digitally searchable, to the greatest extent feasible. The bill would require records, books, and papers to be preserved until furnished, if requested by the department. The bill would authorize the director to inspect and copy these records, books, and papers, and to seek relief in an administrative law proceeding if, in the director's determination, a plan or other specified entity fails to fully or timely respond to a duly authorized request for production of records, books, and papers. Because a willful violation of these requirements would be a crime, the bill would impose a state-mandated local program.

AB 3260 **(Pellerin D) Health care coverage: reviews and grievances.**
Current Text: Amended: 5/16/2024
Status: 5/21/2024-Read third time. Passed. Ordered to the Senate. (Ayes 57. Noes 1.)
Location: 5/21/2024-S. DESK
Summary: Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed

Health Care and makes a willful violation of the act a crime. Existing law generally authorizes a health care service plan or disability insurer to use utilization review, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Existing law requires these decisions to be made within 30 days, or less than 72 hours when the enrollee faces an imminent and serious threat to their health. Existing law requires a health care service plan to establish a grievance system to resolve grievances within 30 days, but limits that timeframe to 3 days when the enrollee faces an imminent and serious threat to their health. Existing law requires a plan to provide a written explanation for its grievance decisions, as specified. This bill would require that utilization review decisions be made within 72 hours from the health care service plan's receipt of the clinical information reasonably necessary to make the determination when the enrollee's condition is urgent, and would make a determination of urgency by the enrollee's health care provider binding on the health care service plan. If the plan lacks the information reasonably necessary to make a decision regarding an urgent request, the bill would require the plan to notify the enrollee and provider about the information necessary to complete the request within 24 hours of receiving the request. The bill would require the plan to notify the enrollee and the provider of the decision within a reasonable amount of time, but not later than 48 hours after specified circumstances occur. If a health care service plan fails to make a utilization review decision, or provide notice of a decision, within the specified timelines, the bill would require the health care service plan to treat the request for authorization as a grievance and provide notice with specified information to the enrollee that a grievance has commenced. This bill contains other related provisions and other existing laws.

SB 999 **(Cortese D) Health coverage: mental health and substance use disorders.**
Current Text: Amended: 4/8/2024
Status: 5/21/2024-Read third time. Passed. (Ayes 30. Noes 7.) Ordered to the Assembly.
Location: 5/21/2024-A. DESK
Summary: Would require a health care service plan and a disability insurer, and an entity acting on a plan's or insurer's behalf, to ensure compliance with specific requirements for utilization review, including maintaining telephone access and other direct communication access during California business hours for a health care provider to request authorization for mental health and substance use disorder care and conducting peer-to-peer discussions regarding specific patient issues related to treatment. Because a willful violation of these provisions by a health care service plan would be a crime, the bill would impose a state-mandated local program.

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SB 1025 **(Eggman D) Pretrial diversion for veterans.**
Current Text: Amended: 3/21/2024
Status: 5/21/2024-In Assembly. Read first time. Held at Desk.
Location: 5/20/2024-A. DESK
Summary: The bill would require the court to find that the defendant's condition was a significant factor in the commission of the offense unless there is clear and convincing evidence otherwise and would authorize the court to consider any relevant and credible evidence in making this determination. By requiring counties to coordinate services for a new group of veterans, this bill would impose a state-mandated local program.

SB 1126 **(Min D) Child abuse and neglect.**
Current Text: Amended: 4/1/2024
Status: 4/10/2024-Read second time. Ordered to third reading.
Location: 4/10/2024-S. THIRD READING
Summary: Existing law defines "child abuse or neglect" for the purposes of the Child Abuse and Neglect Reporting Act to include, among other things, physical injury or death inflicted by other than accidental means and the willful harming or injuring of a child. This bill would provide that the fact that a child witnessed domestic violence or was present during a domestic violence incident does not require a mandated reporter to report child abuse or neglect. The bill would also provide that the definition of child abuse or neglect does not apply to how a child witnessing domestic violence or residing in a household where domestic violence exists is relevant to, among other things, a determination of child custody or visitation.

SB 1184 **(Eggman D) Mental health: involuntary treatment: antipsychotic medication.**
Current Text: Amended: 5/2/2024
Status: 5/21/2024-Read third time. Passed. (Ayes 39. Noes 0.) Ordered to the Assembly.
Location: 5/21/2024-A. DESK
Summary: The Lanterman-Petris-Short Act provides for the involuntary commitment of persons who are a danger to themselves or others, or who are gravely disabled, due to a mental disorder or chronic alcoholism or drug abuse for 72 hours for evaluation and treatment, as specified. If certain conditions are met after the 72-hour detention, the act authorizes the certification of the person for a 14-day maximum period of intensive treatment and then another 14-day or 30-day maximum period of intensive treatment after the initial 14-day period of intensive treatment. Current law, during the 30-day period of intensive treatment, as specified, also authorizes up to an additional 30 days of intensive treatment if certain conditions are met. Current law authorizes the administration of antipsychotic medication to a person who is detained for evaluation and treatment for any of those detention periods, except for the second 30-day period, and establishes a process for hearings to determine the person's capacity to refuse the treatment. Current law requires a determination of a person's incapacity to refuse treatment with antipsychotic

medication to remain in effect only for the duration of the 72-hour period or initial 14-day intensive treatment period, or both, until capacity is restored, or by court determination. This bill would authorize the administration of antipsychotic medication to a person who is detained for the second 30-day period.

SB 1210 **(Skinner D) New housing construction: electrical, gas, sewer, and water service: service connection information.**
Current Text: Amended: 4/22/2024
Status: 5/21/2024-Read third time. Passed. (Ayes 33. Noes 5.) Ordered to the Assembly.
Location: 5/21/2024-A. DESK
Summary: Existing law vests the Public Utilities Commission with regulatory authority over public utilities, including electrical corporations, gas corporations, sewer system corporations, and water corporations, while local publicly owned utilities, including municipal utility districts, public utility districts, and irrigation districts, are under the direction of their governing boards.This bill would, for new housing construction, require the above-described utilities, on or before January 1, 2026, to publicly post on their internet websites (1) the schedule of fees for a service connection, capacity, or other point of connection charge for each housing development type, including, but not limited to, accessory dwelling unit, mixed-use, multifamily, and single-family developments, except as specified, and (2) the estimated timeframes for completing typical service connections needed for each housing development type, as specified. The bill would exempt from its provisions an independent special district that does not maintain an internet website due to a hardship, as provided. To the extent that this bill imposes new requirements on certain local agencies, the bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws.

SB 1211 **(Skinner D) Land use: accessory dwelling units: ministerial approval.**
Current Text: Amended: 4/23/2024
Status: 5/21/2024-Read third time. Passed. (Ayes 29. Noes 8.) Ordered to the Assembly.
Location: 5/21/2024-A. DESK
Summary: The Planning and Zoning Law, authorizes a local agency, by ordinance, to provide for the creation of accessory dwelling units (ADUs) in areas zoned for residential use, as specified. That law prohibits, if a local agency adopts an ordinance to create ADUs in those zones, the local agency from requiring the replacement of offstreet parking spaces if a garage, carport, or covered parking structure is demolished in conjunction with the construction of, or is converted to, an ADU. This bill would also prohibit the local agency from requiring the replacement of offstreet parking spaces if an uncovered parking space is demolished in conjunction with the construction of, or is converted to, an ADU.

California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

SB 1238 **(Eggman D) Lanterman-Petris-Short Act: designated facilities.**
Current Text: Amended: 4/18/2024
Status: 5/21/2024-Read third time. Passed. (Ayes 39. Noes 0.) Ordered to the Assembly.
Location: 5/21/2024-A. DESK
Summary: Under the Lanterman-Petris-Short Act (act), when a person, as a result of a mental health disorder, is a danger to others or to themselves, or gravely disabled, as defined, the person may, upon probable cause, be taken into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment in a facility designated by the county for evaluation and treatment and approved by the State Department of Health Care Services. Current law defines the above-described designated facility as a facility that is licensed or certified as a mental health treatment facility or a hospital by the State Department of Public Health, and may include, but is not limited to, a licensed psychiatric hospital, a licensed psychiatric health facility, and a certified crisis stabilization unit. This bill would expand the definition of a "facility designated by the county for evaluation and treatment" or "designated facility" by specifying that it may also include a facility that both (1) has appropriate services, personnel, and security to safely treat individuals being held involuntarily and (2) is licensed or certified as a skilled nursing facility, mental health rehabilitation center, social rehabilitation facility, or as a facility capable of providing treatment at American Society of Addiction Medicine levels of care 3.7 to 4.0, inclusive.

SB 1300 **(Cortese D) Health facility closure: public notice: inpatient psychiatric and maternity services.**
Current Text: Amended: 4/8/2024
Status: 5/21/2024-Read third time. Passed. (Ayes 27. Noes 9.) Ordered to the Assembly.
Location: 5/21/2024-A. DESK
Summary: Current law requires the State Department of Public Health to license, regulate, and inspect health facilities, as specified, including general acute care hospitals. Under current law, a general acute care hospital is required to provide certain basic services, including medical, nursing, surgical, anesthesia, laboratory, radiology, pharmacy, and dietary services. Current law authorizes a general acute care hospital to provide various special or supplemental services if certain conditions are met. Current regulations define a supplemental service as an organized inpatient or outpatient service that is not required to be provided by law or regulation. Current law requires a health facility to provide 90 days of public notice of the proposed closure or elimination of a supplemental service, and 120 days of public notice of the proposed closure or elimination of an acute psychiatric hospital. This bill would change the notice period required before proposed closure or elimination of the supplemental service of inpatient psychiatric service or maternity service from 90 days to 120 days. By changing the definition of a crime, this bill would impose a state-mandated local program.

California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

SB 1339 **(Allen D) Supportive community residences.**
Current Text: Amended: 5/16/2024
Status: 5/20/2024-Read second time. Ordered to third reading.
Location: 5/20/2024-S. THIRD READING
Summary: Current law generally requires the State Department of Public Health to license, inspect, and regulate health facilities, defined to include, among other types of health facilities, an acute psychiatric hospital. Current law requires the State Department of Health Care Services to license and establish regulations for psychiatric residential treatment facilities. Current law requires the State Department of Health Care Services to license and regulate facilities that provide residential nonmedical services to adults who are recovering from problems related to alcohol, drug, or alcohol and drug misuse or abuse, and who need alcohol, drug, or alcohol and drug recovery treatment or detoxification services. Current law also requires the department to implement a voluntary certification program for alcohol and other drug treatment recovery services. The California Community Care Facilities Act generally provides for the licensing and regulation of community care facilities by the State Department of Social Services, to provide 24-hour nonmedical care of persons in need of personal services, supervision, or assistance. Existing regulation includes an adult residential facility as a community care facility for those purposes. This bill would require the State Department of Health Care Services (department), by January 1, 2027, and in consultation with relevant public agencies and stakeholders, to establish, and provide for the administration of, a voluntary certification program for supportive community residences. The bill would define a “supportive community residence” as specified residential dwellings providing housing for adults with a substance use disorder, mental health diagnosis, or dual diagnosis seeking a cooperative living arrangement that does not provide medical care or a level of support for activities of daily living that require state licensing.

SB 1397 **(Eggman D) Behavioral health services coverage.**
Current Text: Amended: 4/15/2024
Status: 5/20/2024-Ordered to special consent calendar.
Location: 5/20/2024-S. CONSENT CALENDAR
Summary: Would require a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on or after July 1, 2025, that covers medically necessary mental health and substance use disorder services to comply with rate and timely reimbursement requirements for services delivered by a county behavioral health agency, as specified. The bill would require in-network cost sharing, capped at the in-network deductible and in-network out-of-pocket maximum, to apply to these services. Unless an enrollee or insured is referred or authorized by the plan or insurer, the bill would require a county behavioral health agency to contact a plan or insurer before initiating services. The bill would authorize a plan or insurer to conduct a postclaim review to

determine appropriate payment of a claim, and would authorize the use of prior authorization as permitted by the regulating department. The bill would require the departments to issue guidance to plans and insurers regarding compliance with these provisions no later than April 1, 2025. Because a willful violation of these provisions by a health care service plan would be a crime, and the bill would impose a higher level of service on a county behavioral health agency, this bill would impose a state-mandated local program.

California Behavioral Health Planning Council
Legislation Committee
Legislation Process Overview

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

In reaching a decision on a position to be taken on a bill, the Legislation Committee may consider the following options:

- *Support* – This means there is absolute support, no issues or questions.
- *Support in concept* – This means there are a few questions, however the CONCEPT or INTENT is what is being supported. The concern(s) can be documented in any following written communication to the bill's author(s)/sponsor(s) and/or the Assembly/Senate Committee the legislation will be heard in.
- *Neutral/Watch* – This means that due to 1) not obtaining a consensus on position; 2) there is hesitation on providing a negative position; 3) there remains too much ambiguity, or 4) the bill is known to be a 'spot' or placeholder bill, the Legislation Committee can vote to "watch" the progression of the legislation and to revisit at future Legislation Committee meetings. In cases of "Neutral" vote, no letter is sent to the Legislature.
- *Oppose* – This means there is absolute opposition and there are no ways/means to rectify the position.
- *Oppose unless amendments* – This occurs when suggested language can be provided in the letter to effect a change in the content and/or language that would then cause a position change from opposition to support.

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

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

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

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

2. Once a position is taken and a letter has been sent, staff will move the bill information to a second list titled “CBHPC Legislative Positions”. This list will include the bill number, author, a brief summary and the position taken. This list will be posted to the Council’s website to serve as a tool for members to use in attending outside meetings and reporting out of Council positions. If the committee takes a watch position on a bill, it will remain on the CBHPC Pending Legislation list. Additionally, at staff’s discretion, bills the Legislation Committee took an oppose position on may return to the “Pending Legislation” list if they are amended, for reconsideration by the committee.

3. To expedite meetings and reserve time for bills that need to be discussed, the Legislation Committee will have a section on the agenda labeled “Consent Agenda.” Items on the consent agenda will be non-controversial items that do not appear to require much, if any, discussion. The consent agenda allows the Legislation Committee to group such bills together under one heading and vote on them at one time. If a member feels discussion is needed on any of the bills on the consent agenda, he/she may request removal of that bill from the consent agenda for separate discussion. Removal enables the bill to be considered and voted upon separately, if discussion is needed.

4. The Legislation Committee will take the lead on all legislation, including legislation that falls under the Council’s structured priority areas (Workforce and Education, Systems and Medicaid, Housing and Homelessness, Patient Rights’). The Chairperson and Chair-Elect of the Legislation Committee will collaborate with other committees, as needed. When another committee identifies a bill for action, the Legislation Committee must be notified so staff can include it on the Pending Legislation list for consideration.

5. The Legislation Committee determined it will meet outside the Council Quarterly Meetings as needed. A *minimum* of ten (10) Legislation Committee members must be present to achieve a quorum. The primary purpose of the in between meetings will be to vote on bills that need action *prior* to the next Quarterly Meeting.

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

California Behavioral Health Planning Council Legislation Process