



Bill Number	Bill Summary	MHAC Position	Related Documents
AB 988 (Bauer-Kahan)	<p><i>Mental health 988 Crisis Line:</i> The National Suicide Hotline Designation Act designates the 3-digit telephone number “988” as the universal number within the United States for the purpose of the national suicide prevention and mental health crisis hotline system operating through the National Suicide Prevention Lifeline. This bill would require California 988 centers, by July 16, 2022, to provide a person experiencing a behavioral health crisis access to a trained counselor by call, and by January 1, 2027, provide access to a trained counselor by call, text, and chat. The bill would require mobile crisis teams, as defined, to respond to any individual in need of immediate suicidal or behavioral health crisis intervention in a timely manner in all jurisdictions, and would require any call made to 911 pertaining to a clearly articulated suicidal or behavioral health crisis to be transferred to a 988 center. The bill would require 988 centers to provide follow-up services to individuals accessing 988 consistent with guidance and policies established by the National Suicide Prevention Lifeline and within specified timelines. This bill will also establish a monthly fee on mobile phone and landline bills, similar to a fee charged for 911, to fund the 988 system.</p>	Co-Sponsor	Bill Fact Sheet
AB 552 (Quirk-Silva)	<p><i>Integrated school-based behavioral health partnership program:</i> This bill would establish the Integrated School-Based Behavioral Health Partnership Program, to provide access to behavioral health services for pupils. The bill would authorize a county behavioral health agency and the governing body of a local educational agency to agree to collaborate on conducting a needs assessment and implement an integrated school-based behavioral health partnership program.</p> <p>The bill would require a county behavioral health agency to provide, through its own staff or through its network of contracted community-based organizations, one or more behavioral health professionals to serve pupils who have serious emotional disturbances or substance use disorders, or who are at risk of developing a serious behavioral health condition. The bill would require the local educational agency to provide school-based locations.</p> <p>For privately insured students, the partnership program is required to contact the private plan before initiating or during an assessment to determine if the student needs an urgent or nonurgent appointment and to facilitate a referral. If the private plan is able to provide an urgent appointment within 48 hours, or a nonurgent appointment within 15 business days, the program will facilitate the referral to the private plan's network providers. If appointments are not available in these timeframes, the behavioral health professional will complete the brief intervention services. If the pupil requires additional behavioral health services, and the plan cannot meet timely access standards for care delivery, the private plan and the county behavioral health agency would negotiate a single case agreement for reimbursement.</p>	Support	

<p><u>AB 662</u> <u>(Rodriguez)</u></p>	<p><i>Mental health: Office of Suicide Prevention:</i> Existing law authorizes the State Department of Public Health to establish the Office of Suicide Prevention within the department. Existing law authorizes the office to perform certain functions including, but not limited to, conducting state-level assessment of regional and statewide suicide prevention policies and practices and reporting on progress to reduce rates of suicide. This bill would authorize the office to additionally conduct local-level assessments of regional suicide prevention policies and practices, and would include emergency medical personnel and firefighters as a high-risk group.</p> <p>Existing law requires the office to consult with the MHSOAC to implement suicide prevention efforts. This bill would require the office to consult with the Office of Emergency Services to implement suicide prevention efforts for emergency medical personnel and firefighters throughout the states' municipal fire service agencies and fire districts, and to solicit proposals for, and to contract for, an evidence-based curriculum to establish behavioral health peer-support programs for emergency medical personnel, local fire service agencies, and fire districts.</p>	<p>Watch</p>	
<p><u>AB 748</u> <u>(Carrillo)</u></p>	<p><i>Pupil mental health: mental health assistance posters:</i> This bill would require on or before the start of the 2023-24 school year, each schoolsite serving pupils in grades 6 to 12 must create a poster that identifies approaches and shares resources regarding pupil mental health. Each poster would be at least 8.5 by 11 inches and must include identification of common behaviors of those struggling with mental health, a list of schoolsite-specific resources, a list of positive coping strategies to use, and a list of negative coping strategies to avoid. The bill would require the poster to be prominently and conspicuously displayed at each schoolsite. The poster shall also be digitized and distributed online to pupils through social media, internet websites, portals, and learning platforms.</p>	<p>Watch</p>	
<p><u>AB 808</u> (Stone)</p>	<p><i>Foster youth: children's crisis continuum pilot program:</i> This bill would require DSS, in collaboration with DHCS and with input from certain stakeholders to establish a 5-year Children's Crisis Continuum Pilot Program (CCC Pilot Program) for the purpose of developing treatment options needed to support California's commitment to eliminate the placement of foster youth with complex needs in out-of-state facilities. Requires a participating entity to develop and implement a highly integrated continuum of care for foster youth with high acuity mental health needs, with specified services. The continuum of care must include: 1) a crisis stabilization unit; 2) a crisis residential program; 3) an inpatient psychiatric health facility; 4) intensive services foster care with integrated specialty mental health services; 5) community-based supportive services available 24/7</p>	<p>Watch</p>	
<p><u>AB 1816</u> <u>(Bryan)</u></p>	<p><i>Reentry housing and workforce development program:</i> Upon appropriation, this bill would require the Department of Housing and Community Development to create the Reentry Housing and Workforce Development Program, and would require the department to take specified actions to provide grants to applicants for innovative or evidence-based housing, housing-based services, and employment interventions to allow people with recent histories of incarceration to exit homelessness and remain stably housed.</p>	<p>Watch</p>	

<p><u>AB 1859 (Levine)</u></p>	<p><i>Mental health services:</i> This bill would require a health care service plan or a health insurance policy that includes coverage for mental health services to, among other things, approve the provision of mental health services for persons who are detained for 72-hour treatment and evaluation under the LPS Act and to schedule an initial outpatient appointment for that person with a licensed mental health professional on a date within 48 hours of the person's release from detention.</p>	<p>Watch</p>	
<p><u>AB 1860 (Ward)</u></p>	<p><i>Substance abuse treatment: certification:</i> Existing law requires DHCS to require that a person providing counseling services within alcoholism or drug abuse recovery be registered with or certified by a certifying organization approved by the department. This requirement discourages qualified graduate student interns participating in supervised internships affiliated with graduate university programs in psychology, social work, marriage and family therapy, or counseling from working in SUD treatment programs by also requiring them to register with a certifying organization as if they were on the career path to become a certified SUD counselor. This bill would change statute to allow these qualified graduate student interns to complete their supervised internships at SuD treatment programs.</p>	<p>Watch</p>	<p><u>Bill Fact Sheet</u></p> <p><u>Template Support Letter</u></p>
<p><u>AB 1880 (Arambula)</u></p>	<p><i>Prior authorization and step therapy:</i> Existing law permits a health care provider or prescribing provider to appeal a denial of a step therapy exception request for coverage of a nonformulary drug, a prior authorization request, or a step therapy exception request, consistent with the current utilization management processes of the health care service plan or health insurer. Existing law also permits an enrollee or insured, or the enrollee's or insured's designee or guardian, to appeal a denial of a step therapy exception request for coverage of a nonformulary drug, prior authorization request, or step therapy exception request by filing a grievance under a specified provision.ormulary drug, prior authorization request, or step therapy exception request by filing a grievance under a specified provision. This bill would require a health care service plan's or health insurer's utilization management process to ensure that an appeal of a denial of an exception request is reviewed by a clinical peer of the health care provider or prescribing provider, as specified. The bill would require health care service plans and health insurers that require step therapy or prior authorization to maintain specified information, including, but not limited to, the number of exception requests for coverage of a nonformulary drug, step therapy exception requests, and prior authorization exception requests received by the plan or insurer, and, upon request, to provide the information in a deidentified format to the department or commissioner, as appropriate.</p>	<p>Support</p>	<p><u>Bill Fact Sheet</u></p>

<p><u>AB 1940</u> <u>(Salas)</u></p>	<p><i>School-Based Health Center Support Program:</i> Existing law requires the State Department of Public Health, in cooperation with the State Department of Education, to establish a Public School Health Center Support Program to assist school health centers, which are defined as centers or programs, located at or near local educational agencies, that provide age-appropriate health care services at the program site or through referrals, as specified.</p> <p>This bill would rename the program as the School-Based Health Center Support Program and would redefine a school-based health center to mean a student-focused health center or clinic that is located at or near a school or schools, is organized through school, community, and health provider relationships, and provides age-appropriate, clinical health care services onsite by qualified health professionals. The bill would authorize a school-based health center to provide primary medical care, behavioral health services, or dental care services onsite or through mobile health or telehealth.</p> <p>This bill would increase planning, startup, and sustainability grant amounts.</p> <p>Existing law requires the State Department of Education to establish an Office of School-Based Health Programs for the purpose of assisting local educational agencies regarding the current health-related programs under the purview of the department. This bill would require the office to work with the State Department of Public Health in supporting the School-Based Health Center Support Program.</p>	<p>Support</p>	
<p><u>AB 1999</u> <u>(Arambula)</u></p>	<p><i>Medi-Cal: behavioral health: individuals with vision loss:</i> Would require the Department of Health Care Services (DHCS) to establish a pilot project to provide behavioral health services to Medi-Cal beneficiaries who are blind or have low vision, as a covered benefit under the Medi-Cal program.</p>	<p>Support</p>	
<p><u>AB 2072</u> <u>(Gabriel)</u></p>	<p><i>Mental health professionals: natural disasters:</i> This bill would require, by November 1, 2024, county offices of education to develop a system for rapidly deploying qualified mental health professionals and other key school personnel employed by individual school districts and charter schools throughout the county to areas of the county that experienced a natural disaster or other traumatic event. The bill would require single school district county offices of education to enter into agreements with at least one other county office of education that they share a border with.</p>	<p>Support</p>	
<p><u>AB 2122</u> <u>(Choi)</u></p>	<p><i>Public postsecondary education: mental health hotlines student identification cards:</i> This bill would authorize each campus of the California State University, the California Community Colleges, and the University of California to establish a campus mental health hotline for students to access mental health services remotely. The bill would require each campus of the California State University and California Community colleges, and request each campus of the University of California, with a campus mental health hotline to have printed on either side of student identification cards the telephone number of the campus mental health hotline.</p> <p>Amended 3/9/22 to also require each CSU campus and each California Community College Campus, and request each campus of the University of California, without a campus mental health hotline to have printed on the student identification card the telephone number of their city or county's mental health hotline.</p>	<p>Support</p>	

<p><u>AB 2124</u> <u>(Garcia)</u></p>	<p><i>Pupil Peer Support Training Program.</i> This bill, subject to appropriation by the legislature, would establish the Pupil Peer Support Training Program. The bill would require the Superintendent of Public Instruction to develop an application process and administration plan for the selection of grant recipients under the program before January 31, 2024. The bill would require the Superintendent to award Pupil Peer Support Training Program grants on a competitive basis to local educational agencies serving pupils in any of grades 9 to 12, inclusive, to establish a peer support training program at schools maintained by these local educational agencies. The bill would require a grant recipient to ensure that the training and ongoing supervision of pupils serving as peer supports be conducted by school staff holding a pupil personnel services credential.</p>	<p>Watch</p>	
<p><u>AB 2242</u> <u>(Santiago)</u></p>	<p><i>Mental health services:</i> Would require the Department of State Hospitals to create a model discharge plan for counties and hospitals to follow when discharging those held under temporary holds or a conservatorship. The bill would require county mental health departments to collaborate with facilities and hospitals to develop, implement, and adhere to an adequate discharge plan that ensures continuity of services and care in the community for all individuals exiting holds or a conservatorship, and to implement that plan across the entire network of acute and subacute facilities by 2/1/2024. Would require the county discharge plan to require that an individual exiting a temporary hold or a conservatorship be provided with a detailed treatment plan that includes a scheduled first appointment with their referred service provider and that establishes a team of 2 or more service providers designated to assist the individual for up to 6 months. Would prohibit a county from discharging an individual from a hold unless the first follow-up appointment is scheduled and the appointment information is given to the individual. Would allow counties pay for the services authorized in Sections 5150 and 5250 to use funds from the Mental Health Services Fund when included in county plans. Would require the state Department of Health Care Services to issue guidance specifying which services authorized under the LPS Act may be paid by counties with funds from the Mental Health Services Fund. Would require the MHSOAC to develop, implement, and oversee a public and comprehensive framework for tracking and reporting spending on mental health programs and services from all major funding sources</p>	<p>Oppose</p>	
<p><u>AB 2275</u> <u>(Wood)</u></p>	<p><i>Mental Health: Involuntary commitment:</i> This bill would specify that the 72-hour period of evaluation and treatment under the Lanterman-Petris-Short Act begins when the person is first detained. Existing law states that a certification hearing must take place within four days of the date on which a person is certified for a period of intensive treatment. This bill would instead require a certification hearing within 7 days of the date on which the person was initially detained pursuant to Section 5150.</p>	<p>Watch</p>	
<p><u>AB 2288</u> <u>(Choi)</u></p>	<p><i>Advanced health care directives:</i> mental health treatment: Would amend current healthcare directives statutes to clarify that health care decisions under those provisions include mental health treatment. Would not create a separate psychiatric advance directive or a new statutory form for that purpose.</p>	<p>Watch</p>	

<p><u>AB 2291</u> (Muratsuchi)</p>	<p><i>Mental health services: involuntary treatment.</i> This bill would, for each person admitted for a 72 hour, or 14 day hold under the LPS Act, require the facility providing the 72-hour evaluation or 14 day treatment to keep with the person's medical record contact information for an individual designated by the individual as their medical emergency contact, and would require that facility to develop a continuity of care plan for the person before their release from the detention or the intensive treatment. The facility would be required, before the release of the individual, to provide the county behavioral health director with the medical emergency contact information, the continuity of care plan, and the possible release date of the person. The bill would require the county to offer a person released from a 72-hour or 14 day hold who is homeless a local crisis bed or recuperative care upon their release from the designated facility. Acceptance of this bed is voluntary.</p>	<p>Watch</p>	
<p><u>AB 2317</u> (Ramos)</p>	<p><i>Children's psychiatric residential treatment facilities:</i> This bill would require DHCS to license and establish regulations for psychiatric residential treatment facilities that provide psychiatric services to individuals under age 21 in an inpatient, non-hospital setting.</p>	<p>Watch</p>	<p>Bill Fact Sheet</p>
<p><u>AB 2352</u> (Nazarian)</p>	<p><i>Prescription drug coverage:</i> This bill would require a health care service plan or health insurer that provides prescription drug benefits and maintains one or more drug formularies to furnish specified information about a prescription drug (including the enrollee's eligibility for the prescription drug, a full formulary list of drugs, cost-sharing information, utilization management) upon request by an enrollee or insured, or their health care provider. The bill would require the plan or insurer to respond in real time to that request and ensure the information is current no later than one business day after a change is made.</p>	<p>Watch</p>	<p>Bill Fact Sheet</p>
<p><u>AB 2408</u> (Cunningham)</p>	<p><i>Child users: addiction:</i> This bill, the Social Media Platform Duty to Children Act, would impose on an operator of a social media platform a duty not to addict, as defined, child users and would, among other things, prohibit a social media platform from addicting a child user by any of certain means, including the use or sale of a child user's personal data. The act would authorize a person authorized to assert the legal rights of a child user who suffers injury as a result of a violation of the act to bring an action against a violator to recover or obtain certain relief, including a civil penalty of up to \$25,000 per violation per calendar year.</p>	<p>Watch</p>	<p>Bill Fact Sheet</p>
<p><u>AB 2581</u> (Salas)</p>	<p><i>Health care service plans: mental health and substance use disorders: provider credentials:</i> Within health care service plans that provide coverage for mental health and substance use disorders, for provider contracts issued, amended or renewed after 1/1/2023, the health care service plan would be required to assess and verify the qualifications of a health care provider within 45 days after receiving a completed provider credentialing application.</p>	<p>Watch</p>	
<p><u>AB 2666</u> (Salas)</p>	<p><i>Behavioral Health Internship Grant Program:</i> This bill would, subject to an appropriation, require the Department of Health Care Access and Information to develop and administer a grant program to allocate funding in the form of stipends, for students in behavioral health fields of study and practice, who are participating in unpaid internships or completing unpaid licensure hours at FQHCs. The bill would require the department, when making grants, to consider mental health professional shortage areas and underrepresented groups in the behavioral health workforce</p>	<p>Support</p>	

<u>AB 2817 (Reyes)</u>	<i>House California Challenge Program:</i> This bill would establish the House California Challenge Program, to be administered by the California Health and Human Services Agency, for the purpose of providing direct rental assistance to help persons experiencing homelessness obtain housing. Upon appropriation, the bill would require HHS to allocate \$1B for purposes of the program each fiscal year for 5 years	Watch	
<u>SB 57 (Wiener)</u>	<i>Controlled substances: overdose prevention program:</i> This bill would create a pilot program for the City and County of San Francisco, the County of Los Angeles, the City of Los Angeles, and the City of Oakland to approve entities to operate overdose prevention programs that satisfy specified requirements including providing a hygienic space supervised by trained staff where people who use drugs can consume pre-obtained drugs, providing sterile consumption supplies, providing access or referrals to substance use disorder treatment, and that staff is authorized and trained to provide an opioid antagonist.	Watch	
<u>SB 340 (Stern)</u>	<i>LPS Act: hearings:</i> This bill would allow a family member, friend, or acquaintance with personal knowledge of the person receiving treatment to make a request to testify in the judicial review proceedings under the Lanterman-Petris-Short Act.	Watch	
<u>SB 516 (Eggman)</u>	<i>LPS Act: Certification for intensive treatment: review hearing:</i> This bill would authorize the evidence considered in the certification review hearing for a 14 day hold under the Lanterman-Petris-Short Act to include information on the person's medical condition and how that condition bears on certifying the person as a danger to themselves or to others or as gravely disabled.	Oppose	
<u>SB 528 (Jones)</u>	<i>Foster youth: Psychotropic Medication:</i> This bill would require the State Department of Social Services to create an electronic health care portal, or use an existing portal, that will provide health care providers with access to the health information of a child in foster care that is included in the health and education summary and the completed and approved court forms for the administration of psychotropic medication. The foster care public health nurse would be required to update the electronic health care portal, and require the public health nurse to provide the child's medical, dental, and mental health care information to health care providers, the child or their caregiver, and nonminor dependents as specified.	Watch	
<u>SB 773 (Roth)</u>	<i>Medi-Cal managed care: behavioral health services:</i> This bill would require DHCS to make incentive payments to qualifying Medi-Cal managed care plans that meet predefined goals and metrics associated with targeted interventions, rendered by school-affiliated behavioral health providers, that increase access to preventive, early intervention, and behavioral health services for children enrolled in K-12.	Watch	

<p><u>SB 858</u> <u>(Wiener)</u></p>	<p><i>Health care service plans: discipline: civil penalties:</i> 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. Existing law authorizes the Director of the Department of Managed Health Care to take disciplinary measures, including the imposition of civil penalties, against a licensee when the director determines that the licensee has committed an act or omission constituting grounds for disciplinary action. Under existing law, these civil penalties generally do not exceed \$2500 per violation. Existing law also includes various provisions that assess specific civil and administrative penalties for certain violations. This bill would increase the base amount of the civil penalty to not less than \$25,000 per violation, commencing January 1, 2024, which would be adjusted annually. The bill would multiply the amounts of other specified civil and administrative penalties by 4, commencing January 1, 2023 and would annually adjust those penalties. The bill would authorize the director to impose a corrective action plan to require future compliance with the act, under certain circumstances. If a health care service plan fails to comply with the corrective action plan in a timely manner, the bill would require the department to monitor the health care service plan through medical surveys, financial examinations, or other means necessary to ensure timely compliance.</p>	<p>Support</p>	
<p><u>SB 903</u> <u>(Hertzberg)</u></p>	<p><i>Prisons: California Rehabilitation Oversight Board:</i> Existing law requires the California Rehabilitation Oversight Board in the Office of the Inspector General to regularly examine the various mental health, substance abuse, educational, and employment programs for incarcerated persons and parolees under the Department of Corrections and Rehabilitation. This bill would additionally require the board to examine the department's efforts to address the housing needs of incarcerated persons, including those with serious mental health needs, who are released to the community.</p>	<p>Watch</p>	<p>Bill Fact Sheet</p>
<p><u>SB 929</u> <u>(Eggman)</u></p>	<p><i>Community mental health services: Data Collection:</i> Existing law requires DHCS to collect and publish annually: the number of people admitted for 72 hour holds, 14- and 30-day periods of intensive treatment, and 180-day postcertification intensive treatment, the number of individuals transferred to mental health facilities, and the number of people for whom conservatorships are established. This bill would require DHCS to also collect and publish annually quantitative information relating to, among other things, clinical outcomes for individuals placed in each type of hold, services provided in each category, waiting periods, and needs for treatment beds.</p>	<p>Watch</p>	
<p><u>SB 939</u> (Pan)</p>	<p><i>Prescription drug pricing:</i> This bill would prohibit a pharmacy benefit manager from discriminating against a covered entity or its pharmacy in connection with dispensing a drug subject to federal pricing requirements or preventing a covered entity from retaining the benefit of discounted pricing for those drugs. The bill would prohibit a drug manufacturer that is subject to federal pricing requirements from imposing preconditions, limitations, delays or other barriers to the purchase of covered drugs.</p>	<p>Watch</p>	

<p><u>SB 964</u> <u>(Wiener)</u></p>	<p><i>Behavioral health: Workforce:</i> This bill would repeal the sections of current law which requires DHCS to establish statewide requirements for counties to use in developing programs for the certification of peer support specialists. This bill would also repeal the code sections authorizing counties to develop peer support specialist programs and instead would require DHCS, by 7/1/2023 to provide for statewide certification of peer support specialists.</p> <p>The bill would require California Community Colleges, the California State University, and if approved by the regents, the University of California to develop two accelerated programs of study related to degrees in social work.</p> <p>This bill would establish the Behavioral Health Workforce Preservation and Restoration Fund in the state treasury to stabilize the current licensed clinical behavioral health workforce by providing hiring or performance-based bonuses, salary augmentation, overtime pay, or hazard pay to licensed behavioral health professionals. The bill would also require the Department of Health Care Access to create a stipend fund for students pursuing a Masters in Social Work Degree.</p>	<p>Watch</p>	<p><u>Bill Fact Sheet</u></p> <p><u>Sample Support letter</u></p>
<p><u>SB 965</u> <u>(Eggman)</u></p>	<p><i>Conservatorships: gravely disabled persons:</i> Existing law, the LPS Act, authorizes a conservator to be appointed for a person who is gravely disabled as a result of a mental health disorder or impairment by chronic alcoholism.. Existing law requires the officer providing the conservatorship investigation to investigate all available alternatives to conservatorship and to recommend conservatorship to the court only if no suitable alternatives are available. Existing law requires the officer to render to the court a written report of the investigation prior to the hearing. This report must be comprehensive and must contain all relevant aspects of the person's medical, psychological, financial, family, vocational, and social condition, and information obtained from the person's family members, close friends, social worker, or principal therapist. Existing law states that the court may receive the report in evidence and may read and consider the contents of the report.</p> <p>This bill requires the court to both receive the report into evidence and to consider the contents of the report in rendering its judgment.</p> <p>This bill also requires the officer to include in the report information about the historical course of the person's mental disorder and adherence to prior treatment plans if the officer determines that this information has</p>	<p>Oppose</p>	

<p><u>SB 970</u> (Eggman)</p>	<p><i>MHSA: accountability and planning:</i> This bill would amend the Mental Health Services Act to require counties to submit 5-year program and expenditure plans (currently required every 3 years) and annual updates. This bill would require the California Health and Human Services Agency, by July 1, 2024, to establish the California MHSA Outcomes and Accountability Review (MHSA-OAR), consisting of performance indicators, county self-assessments, and county MHSA improvement plans, to facilitate a local accountability system that fosters continuous quality improvement in county programs funded by the MHSA and in the collection and dissemination by the department of best practices in service delivery. The bill would require HHS to convene a workgroup to establish a workplan by which the MHSA-OAR shall be conducted. The bill would require counties to execute and fulfill components of its MHSA system improvement plan that can be accomplished with existing resources. The bill would require HHS to report to the Legislature annually a summary of county performance on the established process and outcome measures, analysis of county performance trends over time, and makes recommendations for common MHSA services improvements identified. Amended to also eliminate the requirement in the MHSA that 20% of MHSA funds must be used for PEI, and eliminate the requirement that 5% of funds must be used for INN beginning with the 2024-2025 fiscal year.</p>	<p>Feb 2022: Oppose</p> <p>May 2022: Moved to Watch due to amendments</p>	<p>Bill Fact Sheet</p>
<p><u>SB 1019</u> (Gonzalez)</p>	<p><i>Medi-Cal managed care plans: Outreach and education:</i> This bill would require a Medi-Cal managed care plan to conduct annual outreach and education to its enrollees regarding the mental health benefits that are covered by the plan, and also to develop annual outreach and education to inform primary care physicians regarding those mental health benefits. The bill would require that the outreach and education efforts be informed by stakeholder engagement and the plan's population needs assessment, and that the efforts meet cultural and linguistic appropriateness standards and incorporate best practices in stigma reduction. The bill would require DHCS to review and approve annual outreach and education efforts, and to consult with stakeholders to develop the standards for the review and approval. The bill would require DHCS to publish annual reports on its internet website on consumer experience with mental health benefits covered by Medi-Cal managed care plans. The bill would require the department to publish annual reports on its internet website on consumer experience with mental health benefits covered by Medi-Cal managed care plans. The bill would require the reports to include plan-by-plan data, provide granularity for subpopulations, address inequities based on key demographic factors, and provide recommendations.</p>	<p>Support</p>	
<p><u>SB 1033</u> (Pan)</p>	<p><i>Health care coverage:</i> This bill would require health care service plans and health insurers to assess the cultural, linguistic, and health-related social needs of the enrollees and insured groups for the purpose of identifying and addressing health disparities, improving health care quality and outcomes, and addressing population health.</p>	<p>Support</p>	
<p><u>SB 1143</u> (Roth)</p>	<p><i>Acute Care Psychiatric Hospital Loan Fund.</i> This bill would establish the California Acute Care Psychiatric Hospital Loan Fund to provide zero interest loans, upon appropriation by the Legislature, to qualifying county or city and county applicants for the purpose of building or renovating acute care psychiatric hospitals or psychiatric units in general acute care hospitals, as defined.</p>	<p>Oppose</p>	

<p><u>SB 1154</u> <u>(Eggman)</u></p>	<p><i>Facilities for mental health or SUD crisis: database:</i> This bill would require the State Department of Public Health to develop a real-time internet-based database to collect and display information about beds in inpatient psychiatric facilities, crisis stabilization units, residential community mental health facilities, and licensed residential alcoholism or drug abuse recovery or treatment facilities in order to facilitate the identification and designation of facilities for the temporary treatment of individuals in mental health or substance use disorder crisis.</p>	<p>Watch</p>	
<p><u>SB 1227</u> <u>(Eggman)</u></p>	<p><i>Involuntary commitment: intensive treatment:</i> Under existing law, the LPS Act, when a person, as a result of a mental health disorder, is determined to be a danger to themselves or others, or is determined to be gravely disabled, that person may, upon probable cause, be taken into custody and placed in a facility for up to 72 hours for evaluation and treatment. Under existing law, if a person is detained for 72 hours under those provisions, and has received an evaluation, the person may be certified for not more than 14 days of intensive treatment. Existing law further authorizes a person to be certified for an additional period of not more than 30 days of intensive treatment if the person remains gravely disabled and is unwilling or unable to accept treatment voluntarily. Existing law requires the person to be released at the end of the 30 days, except under certain circumstances including: 1. The person agrees to receive further treatment on a voluntary basis; 2. the person is the subject of a conservatorship petition; 3. the person is the subject of a petition for postcertification treatment of a dangerous person filed pursuant to Article 6 (commencing with Section 5300).</p> <p>This bill would authorize an additional 30-day treatment period if the person is still in need of intensive treatment and the certification for the additional 30-day treatment period has begun.</p>	<p>Oppose</p>	
<p><u>SB 1229</u> <u>(McGuire)</u></p>	<p><i>Mental health workforce grants:</i> This bill would require the department of Health Care Access and Information, in collaboration with the Superintendent of Public Instruction, to establish a grant program to increase the number of mental health professionals serving children and youth. The bill would require the department to award up to 10,000 grants to postgraduate students over a 3-year period in amounts of up to \$25,000 each. The bill would prescribe eligibility requirements for the grants, including that the student be enrolled on or after Jan. 1, 2022 in a California postgraduate program at an accredited school or department of social work or enrolled in a specified master's or doctoral degree postgraduate program. The bill would require the student to make specified commitments, including a commitment to work with an eligible California-based nonprofit entity or a local educational agency for specified required supervised experience hours and a commitment that, upon completion of the postgraduate program, the student satisfies the requirements to become a registered associate clinical social worker, associate professional clinical counselor, or an associate MFT.</p>	<p>Support</p>	

<p><u>SB 1238</u> (Eggman)</p>	<p><i>Behavioral health services: existing and projected needs:</i> This bill would require DHCS, in consultation with each council of governments, to determine the existing and projected need for behavioral health services for each region.</p> <p>DHCS's determination would be based on population projections, regional incidence of behavioral health issues in children and adults, referrals for AOT, frequency of psychiatric holds and conservatorships, and an inventory of the continuum of behavioral health services provided by the county behavioral health department. The council of governments would be required to provide behavioral health service access and utilization data for the region, including the total number of beds, total utilization, and unmet needs in a number of categories, including: prevention and wellness services, outpatient services, peer and recovery services, community supports, intensive outpatient treatment services, crisis services, and school-based services.</p>	<p>Watch</p>	
<p><u>SB 1302</u> (Portantino)</p>	<p><i>Pupil Wellness Centers Grant Program:</i> Would appropriate \$1 billion from an unspecified fund to the Superintendent of Public Instruction to provide annual grants of up to \$250,000 each to certain local educational agencies serving high school pupils to establish or improve pupil wellness centers to provide comprehensive medical and behavioral health services.</p>	<p>Watch</p>	
<p><u>SB 1338</u> (Umberg)</p>	<p><i>Community Assistance, Recovery, and Empowerment (CARE) Court Program:</i> This bill would enact the Community Assistance, Recovery, and Empowerment (CARE) Act, which would authorize specific people to petition a civil court to create a CARE plan and implement services to be provided by county behavioral health agencies, to provide behavioral health care, stabilization medication, and housing support to adults who have schizophrenia spectrum or other psychotic disorders and who lack medical decision-making capacity.</p>	<p>Oppose</p>	
<p><u>SB 1351</u> (Durazo)</p>	<p><i>California Youth Apprenticeship Program:</i> This bill would create the California Youth Apprenticeship Program, administered by the Office of the California Youth Apprenticeship Program for the purposes of awarding grant funding to eligible applicants to develop new apprenticeship programs or expand existing apprenticeship programs to serve the target population. The target population includes individuals aged 16 to 24 years who are unhoused, in the child welfare or juvenile justice system or criminal justice system, living in concentrated poverty, or are facing barriers to labor market participation.</p> <p>Grant funds may be used for purposes that include, but are not limited to: a) instruction and training of apprentices; b) costs related to setting up the program; c) project and case management; d) related instruction costs; e) education or training equipment; f) mental health services, trauma-informed care, and wraparound support services, including child or dependent care.</p>	<p>Watch</p>	
<p><u>SB 1416</u> (Eggman)</p>	<p><i>Mental health services: Gravely disabled:</i> This bill would include under the definition of "gravely disabled" a condition in which a person, as a result of a mental health disorder, is unable to provide for the basic personal needs of personal or medical care or self-protection and safety.</p>	<p>Oppose</p>	

<u>SB 1427</u> <u>(Ochoa Bogh)</u>	<i>Homeless and Mental Health Court and Transitioning Home Grant Programs:</i> This bill would establish two new grant programs administered by the Board of State and Community Corrections: 1) the Homeless and Mental Health Court Grant program, which would (subject to appropriation) provide grants to counties for the purpose of establishing or expanding homeless courts and mental health courts; and 2) the Transitioning Home Grant Program that would (subject to appropriation) provide grants to county sheriffs and jail administrators to fund programs aimed at reducing homelessness among people released from custody.	Watch	
<u>SB 1446</u> <u>(Stern)</u>	Mental health guaranteed rights: Would add a provision to Division 5 of the Welfare and Institutions Code to read: Part 8. Mental Health Care Guaranteed Rights to Treatment, Housing, and Other Services 5980. Any person that lacks supportive housing and behavioral health care and it otherwise not living safely in the community has a right to mental health care services, housing that heals, and and access to a full-service partnership model, including access to treatment beds and a recovery facilitator that shall navigate access to appropriate resources for the person.	Watch	Bill Fact Sheet