

		File name: Master
CA AB 191	AUTHOR:	Wood [D]
	TITLE:	Mental Health: Involuntary Treatment
	FISCAL COMMITTEE:	no
	URGENCY CLAUSE:	no
	DISPOSITION:	Enacted
	LOCATION:	Chaptered
	CHAPTER:	2017-184
	CODE SECTION:	

An act to amend Sections 5251, 5261, and 5270.20 of the Welfare and Institutions Code, relating to mental health.

[Approved by Governor September 01, 2017. Filed with Secretary of State September 01, 2017.]

SUMMARY:

Amends an existing law which provides that when a person, as a result of a mental health disorder, is a danger to others, or to himself or herself, or gravely disabled, he or she may be taken into custody and placed in a facility for evaluation and treatment. Includes a licensed marriage and family therapist and a licensed professional clinical counselor in the list of professionals who are authorized to sign a specified notice under specified circumstances.

DIGEST:

AB 191, Wood. Mental health: involuntary treatment.

Under existing law, the Lanterman-Petris-Short Act, when a person, as a result of a mental health disorder, is a danger to others, or to himself or herself, or gravely disabled, he or she may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. Existing law authorizes a person who has been detained for 72 hours and who has received an evaluation to be certified for not more than 14 days of intensive treatment related to the mental health disorder or impairment by chronic alcoholism under specified conditions. Existing law further authorizes the person to be certified for an additional period not to exceed 14 days if that person was suicidal during the 14-day period or the 72-hour evaluation period, or an additional period not to exceed more than 30 days under specified conditions. Existing law requires, for a person to be certified under any of these provisions, a notice of certification to be signed by 2 people, and, in specified circumstances, authorizes the 2nd signature to be from a licensed clinical social worker or a registered nurse who participated in the evaluation.

This bill would include a licensed marriage and family therapist and a licensed professional clinical counselor in the list of professionals who are authorized to sign the notice under specified circumstances.

Vote: MAJORITY

Appropriation: NO

Fiscal Committee: NO

Local Program: NO

STATUS:

01/19/2017	INTRODUCED.
01/30/2017	To ASSEMBLY Committee on HEALTH.
03/21/2017	From ASSEMBLY Committee on HEALTH: Do pass. (15-0)
03/23/2017	In ASSEMBLY. Read second time. To third reading.
03/30/2017	In ASSEMBLY. Read third time. Passed ASSEMBLY.

*****To SENATE. (75-0)
 05/10/2017 To SENATE Committee on HEALTH.
 06/21/2017 From SENATE Committee on HEALTH: Do pass. (9-0)
 06/26/2017 In SENATE. Read second time. To third reading.
 08/21/2017 In SENATE. Read third time. Passed SENATE. To
 enrollment. (39-0)
 08/25/2017 Enrolled.
 08/25/2017 *****To GOVERNOR.
 09/01/2017 Signed by GOVERNOR.
 09/01/2017 Chaptered by Secretary of State. Chapter No. 2017-184

VOTES:

03/21/2017	Assembly Health Committee	P 15-0
03/30/2017	Assembly Assembly Floor	P 75-0
06/21/2017	Senate Health Committee	P 9-0
08/21/2017	Senate Senate Floor	P 39-0

Position: MentalHealth, Tracked
Subject: MentalHealth

CA AB 488

AUTHOR: Kiley [R]
COAUTHOR(S): Gallagher [R], Lackey [R], Steinorth [R]
TITLE: Mental Health Services Act
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
DISPOSITION: Failed
LOCATION: ASSEMBLY
CODE SECTION:

An act to amend Sections 5813.5, 5821, 5840, 5840.2, 5845, 5846, 5847, 5848, 5878.3, 5890, 5891, 5892, 5897, 5898, and 5899 of, to amend the heading of Part 3.7 (commencing with Section 5845) of Division 5 of, and to add Section 5841 to, the Welfare and Institutions Code, relating to mental health services.

SUMMARY:

Establishes the Mental Health Services Fund Transparency and Accountability Office within the Health and Human Services Agency. Transfers various functions of the Department of Health Care Services to the office.

DIGEST:

AB 488, as introduced, Kiley. Mental Health Services Act.
 Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs. Existing law requires the State Department of Health Care Services to, among other things, implement specified mental health services through contracts with county mental health programs or counties acting jointly. Existing law requires the department to conduct program reviews of performance contracts to determine compliance, as specified. If a county mental health program is not in compliance with its performance contract, existing law authorizes the department to request a plan of correction with a specific timeline to achieve improvements. Existing law establishes the Mental Health Services Oversight and Accountability Commission to oversee various parts of the act, as specified. Existing law authorizes the commission to, among other things, obtain data and information

from specified entities to utilize in its oversight, review, training and technical assistance, accountability, and evaluation capacity regarding projects and programs supported with MHSA funds.

Existing law requires each county mental health program to prepare and submit a 3-year program and expenditure plan, and annual updates, as specified, to the commission and the department within 30 days after adoption. Existing law authorizes the commission, if it identifies a critical issue related to the performance of a county mental health program, to refer the issue to the State Department of Health Care Services. Existing law authorizes the department to withhold mental health funding, upon a determination of noncompliance by the county, as specified, or if a county does not submit a specified annual revenue and expenditure report by the required deadline.

Existing law requires that funds be reserved for administrative costs, not to exceed 5% of the total of annual revenues received for the Mental Health Services Fund, for the department and the commission, among other specified entities, to implement duties pursuant to programs under the act, as specified. Existing law requires that those funds be subject to appropriation in the annual Budget Act.

This bill would establish the Mental Health Services Fund Transparency and Accountability Office within the California Health and Human Services Agency, as specified. The bill would transfer various functions of the State Department of Health Care Services under the act to the office. Under this bill, the office would succeed to, and be vested with, all the duties, powers, responsibilities, and jurisdiction, vested in the department, regarding oversight of the Mental Health Services Fund, as specified. The bill would also require the office to assume certain duties, including, among others, initiating investigations, advising counties, conducting research, and reporting to the Legislature, by December 31, 2019, of any additional authority it deems necessary to complete its duties and to ensure county compliance with the act, as specified. The bill would make conforming changes to other provisions to reflect the transfer of those mental health responsibilities.

Existing law authorizes the act to be amended by a 2/3 vote of the Legislature if the amendments are consistent with, and further the intent of, the act. Existing law authorizes the Legislature to add provisions to clarify procedures and terms of the act by majority vote.

This bill would make legislative findings and declarations relating to mental health services in California and stating that the provisions of this bill are consistent with, and further the intent of, the act. By amending the provisions of the act, this bill would require a 2/3 vote of the Legislature.

Vote Required: TWO THIRDS Appropriation: NO Fiscal Committee: YES Local Program: NO Immediate Effect NO Urgency: NO Tax Levy: NO Election: NO Usual Current Expenses: NO Budget Bill: NO Prop 25 Trailer Bill: NO

STATUS:

02/13/2017 INTRODUCED.
02/27/2017 To ASSEMBLY Committee on HEALTH.
02/01/2018 Died pursuant to Art. IV, Sec. 10(c) of the Constitution.
02/01/2018 From Committee: Filed with the Chief Clerk pursuant to JR 56.

Position: Tracked
Subject: MentalHealth

CA AB 860

AUTHOR: Cooley [D]
TITLE: Mental Health Services Oversight and Accountability

FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
DISPOSITION: Vetoed
LOCATION: Vetoed
CODE SECTION:

An act to add Section 5845.1 to the Welfare and Institutions Code, relating to mental health services.

SUMMARY:

Provides that, notwithstanding the Bagley-Keene Open Meeting Act, the Mental Health Services Oversight and Accountability Commission may conduct a factfinding tour of a facility or location that either is not open to the public, or for which opening the facility or location to the public would compromise or impede the safety or security of the facility or location, including, but not limited to, locked mental health facilities, prisons, jails, schools, or other facilities related to the commissions duties.

DIGEST:

AB 860, Cooley. Mental Health Services Oversight and Accountability Commission: factfinding tour.

Existing law, the Mental Health Services Act, an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the Mental Health Services Oversight and Accountability Commission to oversee the administration of various parts of the act. The act may be amended by the Legislature by a 2/3 vote of both houses and only so long as the amendment is consistent with and furthers the intent of the act. The Legislature may clarify procedures and terms of the act by majority vote. Existing law, the Bagley-Keene Open Meeting Act, requires all meetings of a state body to be open and public and requires that all persons shall be permitted to attend any meeting of a state body, except as otherwise specified. For purposes of the act, "state body" includes, among other entities, every state board, or commission, or similar multimember body of the state that is created by statute or required by law to conduct official meetings and every commission created by executive order. As a state commission created by statute, the Mental Health Services Oversight and Accountability Commission is a state body for purposes of the act.

This bill, notwithstanding the Bagley-Keene Open Meeting Act (Bagley-Keene Act) or any other law, would authorize the commission to conduct a factfinding tour of a facility or location that either is not open to the public, or for which opening the facility or location to the public would compromise or impede the safety or security of the facility or location, including, but not limited to, locked mental health facilities, prisons, jails, schools, or other facilities in furtherance of the commission's duties, for the purpose of supporting those duties. The bill would require the commission to comply with specified notice provisions required by the Bagley-Keene Act prior to the factfinding tour. The bill would require the commission to provide specified notice to members of the media of the proposed site tour and allow at least one member of the media to attend the site tour, as specified. The bill would prohibit the commission from taking any action, as described, during the site tour and from discussing among themselves any business of a specific nature that does not fall within the scope or purpose of the tour. The bill would require the commission to post a summary of the factfinding tour on its Internet Web site within 10 days after its completion.

Existing constitutional provisions require that a statute that limits the right of access to the meetings of public bodies or the writings of public officials and agencies be adopted with findings demonstrating the interest protected by the limitation and the need for protecting that interest.

This bill would make legislative findings to that effect.

This bill would declare that it clarifies procedures and terms of the Mental Health Services Act.

Vote Required: MAJORITY Appropriation: NO Fiscal Committee: YES Local Program: NO Immediate Effect NO Urgency: NO Tax Levy: NO Election: NO Usual Current Expenses: NO Budget Bill: NO Prop 25 Trailer Bill: NO

STATUS:

02/16/2017 INTRODUCED.
03/02/2017 To ASSEMBLY Committees on HEALTH and GOVERNMENTAL ORGANIZATION.
04/04/2017 From ASSEMBLY Committee on HEALTH: Do pass to Committee on GOVERNMENTAL ORGANIZATION. (14-0)
04/06/2017 From ASSEMBLY Committee on GOVERNMENTAL ORGANIZATION with author's amendments.
04/06/2017 In ASSEMBLY. Read second time and amended. Re-referred to Committee on GOVERNMENTAL ORGANIZATION.
04/19/2017 From ASSEMBLY Committee on GOVERNMENTAL ORGANIZATION: Do pass to Committee on APPROPRIATIONS. (20-0)
05/03/2017 From ASSEMBLY Committee on APPROPRIATIONS: Do pass. To Consent Calendar. (16-0)
05/04/2017 In ASSEMBLY. Read second time. To Consent Calendar.
05/11/2017 In ASSEMBLY. Read third time. Passed ASSEMBLY. *****To SENATE. (77-0)
05/24/2017 To SENATE Committee on HEALTH.
06/21/2017 From SENATE Committee on HEALTH: Do pass to Committee on APPROPRIATIONS. (9-0)
07/10/2017 From SENATE Committee on APPROPRIATIONS: To 2nd Reading without hearing pursuant to Senate Rule 28.8 and to Consent.
07/11/2017 In SENATE. Read second time. To Consent Calendar.
07/13/2017 In SENATE. Read third time. Passed SENATE. To enrollment. (39-0)
07/17/2017 Enrolled.
07/18/2017 *****To GOVERNOR.
07/31/2017 Vetoed by GOVERNOR.

VOTES:

04/04/2017	Assembly Health Committee	P 14-0
04/19/2017	Assembly Governmental Organization Committee	P 20-0
05/03/2017	Assembly Appropriations Committee	P 16-0
05/11/2017	Assembly Assembly Floor	P 77-0
06/21/2017	Senate Health Committee	P 9-0
07/13/2017	Senate Senate Floor	P 39-0

Position:

Tracked

Subject:

MentalHealth

CA AB 1473

AUTHOR:

Quirk-Silva [D]

TITLE: Mental Health: Pilot Crisis Stabilization Program
FISCAL COMMITTEE: no
URGENCY CLAUSE: no
DISPOSITION: Failed
LOCATION: ASSEMBLY
CODE SECTION:

[D>An act relating to mental health.</D] [A>An act to add Section 5848.7 to the Welfare and Institutions Code, relating to mental health, and making an appropriation therefor.<A]

SUMMARY:

Requires the State Department of Health Care Services to create a pilot crisis stabilization program in the County of Orange to provide mental health and safety support for older adults, and would appropriate an unspecified sum from the General Fund to the department for the purposes of implementing these provisions.

DIGEST:

AB 1473, as amended, Quirk-Silva. Mental health: pilot crisis stabilization program.

Existing law, the Investment in Mental Health Wellness Act of 2013, provides that funds appropriated by the Legislature to the California Health Facilities Financing Authority for purposes of the act be made available to selected counties or counties acting jointly, except as otherwise provided, and used to increase capacity for client assistance and services in specified areas, including crisis intervention and crisis stabilization.

This bill would require the State Department of Health Care Services to create a pilot crisis stabilization program in the County of Orange to provide mental health and safety support for older adults, and would appropriate an unspecified sum from the General Fund to the department for the purposes of implementing these provisions.

Vote: 2/3
Appropriation: YES
Fiscal Committee: YES
Local Program: NO

STATUS:

02/17/2017 INTRODUCED.
03/27/2017 To ASSEMBLY Committee on HEALTH.
03/28/2017 From ASSEMBLY Committee on HEALTH with author's amendments.
03/28/2017 In ASSEMBLY. Read second time and amended. Re-referred to Committee on HEALTH.
02/01/2018 Died pursuant to Art. IV, Sec. 10(c) of the Constitution.
02/01/2018 From Committee: Filed with the Chief Clerk pursuant to JR 56.

Position: Tracked
Subject: MentalHealth

CA AB 1539

AUTHOR: Chen [R]
TITLE: Mental Health
FISCAL COMMITTEE: no

URGENCY CLAUSE: no
DISPOSITION: Failed
LOCATION: ASSEMBLY
CODE SECTION:

An act to amend~~[D> Section 5512</D]~~ [A> Section 1799.111 of the Health and Safety Code, and to amend Sections 5008, 5250, and 5350<A] of the Welfare and Institutions Code, relating to mental health.

SUMMARY:

Expands the definition of "gravely disabled" for provisions related to involuntary commitment and treatment of persons with specified mental disorders for the protection of the committed persons to include a condition in which a person, as a result of a mental health disorder or chronic alcoholism, as applicable, is unable to provide for his or her medical care.

DIGEST:

AB 1539, as amended, Chen. Mental health.

Existing law, the Lanterman-Petris-Short Act, provides for the involuntary commitment and treatment of persons with specified mental disorders for the protection of the persons so committed. Under the act, when a person, as a result of a mental health disorder, is a danger to others, or to himself or herself, or is gravely disabled, he or she may, upon probable cause, be taken into custody by a peace officer, a member of the attending staff of an evaluation facility, designated members of a mobile crisis team, or another designated professional person, and placed in a facility designated by the county and approved by the State Department of Social Services as a facility for 72-hour treatment and evaluation. Existing law, for these purposes defines "gravely disabled" to mean either a condition in which a person, as a result of a mental health disorder or chronic alcoholism, is unable to provide for his or her basic personal needs for food, clothing, or shelter, or a condition in which a person has been found mentally incompetent, as specified, and various facts exist. Existing law also provides immunity from civil and criminal liability for the detention for specified licensed general acute care hospitals, licensed acute psychiatric hospitals, licensed professional staff at those hospitals, or any physician and surgeon providing emergency medical services in any department of those hospitals if various conditions are met, including that the detained person cannot be safely released from the hospital because, in the opinion of specified treating staff, the person, as a result of a mental disorder, presents a danger to himself or herself, or others, or is gravely disabled, as defined.

This bill would expand the above definition of "gravely disabled" to also include a condition in which a person, as a result of a mental health disorder or chronic alcoholism, as applicable, is unable to provide for his or her medical care. The bill would make conforming changes.

Existing law prohibits a person from being tried or adjudged to punishment while that person is mentally incompetent. Existing law establishes a process by which a defendant's mental competency is evaluated and by which the defendant is committed to a facility for treatment. If the defendant is gravely disabled, as defined above, upon his or her return to the committing court, existing law requires the court to order the conservatorship investigator of the county to initiate conservatorship proceedings on the basis that the indictment or information pending against the person charges a felony involving death, great bodily harm, or a serious threat to the physical well-being of another person.

By expanding the above definition of "gravely disabled," the bill would increase the duties on local agencies, and would therefore impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote Required: MAJORITY Appropriation: NO Fiscal Committee: YES Local Program: YES Immediate Effect NO Urgency: NO Tax Levy: NO Election: NO Usual Current Expenses: NO Budget Bill: NO Prop 25 Trailer Bill: NO

STATUS:

02/17/2017 INTRODUCED.
04/03/2017 To ASSEMBLY Committee on HEALTH.
04/04/2017 From ASSEMBLY Committee on HEALTH with author's amendments.
04/04/2017 In ASSEMBLY. Read second time and amended.
Re-referred to Committee on HEALTH.
02/01/2018 Died pursuant to Art. IV, Sec. 10(c) of the Constitution.
02/01/2018 From Committee: Filed with the Chief Clerk pursuant to JR 56.

Position: 1st_Fiscal, Tracked
Subject: General, MentalHealth

CA AB 1955

AUTHOR: Limon [D]
COAUTHOR(S): Chiu [D], McCarty [D], Stone [R], Cervantes [D]
TITLE: Alzheimer's Disease and Dementia: Public Awareness
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
CODE SECTION:

An act to add Section 9632 to the Welfare and Institutions Code, relating to Alzheimer's disease.

SUMMARY:

Requires the Department of Aging to implement a public awareness campaign to reduce stigma and raise public awareness of the warning signs of Alzheimer's disease and dementia in order to promote early detection and accurate diagnosis.

DIGEST:

AB 1955, as amended, Limon. Alzheimer's disease and dementia: public awareness campaign.

Existing law requires the California Department of Aging to designate various private nonprofit or public agencies as area agencies on aging to work for the interests of older Californians within a planning and service area and provide a broad array of social and nutritional services. Existing law also requires the department to adopt policies and guidelines to carry out the purposes of the Alzheimer's Day Care-Resource Center program, which provides access to

specialized day care resource centers for individuals with Alzheimer's disease and other dementia-related disorders and support to their families and caregivers.

Existing law requires the department to make efforts to increase public awareness about areas of importance to California's older individuals, their families, and other caregivers. Existing law requires the department to establish an Aging Information and Education Fund, from funds made available pursuant to the annual Budget Act, to implement public awareness of various issues, including at least medication management, elder abuse prevention, and a toll-free line for linkage to local service networks.

This bill would require the department to implement a public awareness campaign, as specified, to reduce stigma and raise public awareness of the warning signs of Alzheimer's disease and dementia in order to promote early detection and accurate diagnosis. The bill would also make related legislative findings and declarations.

Vote Required: MAJORITY Appropriation: NO Fiscal Committee: YES Local Program: NO Immediate Effect NO Urgency: NO Tax Levy: NO Election: NO Usual Current Expenses: NO Budget Bill: NO Prop 25 Trailer Bill: NO

STATUS:

01/29/2018 INTRODUCED.
02/08/2018 To ASSEMBLY Committee on AGING & LONG TERM CARE.
04/10/2018 From ASSEMBLY Committee on AGING & LONG TERM CARE with author's amendments.
04/10/2018 In ASSEMBLY. Read second time and amended.
Re-referred to Committee on AGING AND LONG TERM CARE.
04/17/2018 From ASSEMBLY Committee on AGING & LONG TERM CARE: Do pass to Committee on APPROPRIATIONS. (6-0)

VOTES:

04/17/2018 Assembly Aging and Long-Term Care Committee P 6-0

Position: Support
Subject: Health, MentalHealth

CA AB 2099

AUTHOR: Gloria [D]
COAUTHOR(S): Rodriguez [D]
TITLE: Mental Health: Detention and Evaluation
FISCAL COMMITTEE: no
URGENCY CLAUSE: no
DISPOSITION: Pending
FILE: 102
LOCATION: Assembly Third Reading File
CODE SECTION:

An act to amend Section 5150 of the Welfare and Institutions Code, relating to mental health.

SUMMARY:

Relates to existing law under which the facility accepting a person suffering from a mental health disorder shall require an application in writing stating the circumstances under which the person's condition was called to the attention of the official who took the person into custody. Provides that a copy of the application shall be treated as the original for purposes of placing that person in the facility.

DIGEST:

AB 2099, as amended, Gloria. Mental health: detention and evaluation. Under existing law, when a person, as a result of mental health disorder, is a danger to others, or to himself or herself, or gravely disabled, he or she may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. Under existing law, the facility accepting the person shall require an application in writing stating the circumstances under which the person's condition was called to the attention of the official who took the person into custody.

This bill would provide that a copy of that application shall be treated as the original for purposes of placing that person in the facility.

Vote Required: MAJORITY Appropriation: NO Fiscal Committee: NO Local Program: NO Immediate Effect NO Urgency: NO Tax Levy: NO Election: NO Usual Current Expenses: NO Budget Bill: NO Prop 25 Trailer Bill: NO

STATUS:

02/08/2018 INTRODUCED.
02/22/2018 To ASSEMBLY Committee on HEALTH.
03/20/2018 From ASSEMBLY Committee on HEALTH: Do pass as amended. (15-0)
04/02/2018 In ASSEMBLY. Read second time and amended. To second reading.
04/03/2018 In ASSEMBLY. Read second time. To third reading.

VOTES:

03/20/2018 Assembly Health Committee P 15-0
Position: Watch
Subject: MentalHealth

CA AB 2156

AUTHOR: Chen [R]
COAUTHOR(S): Gaines T [R], Nielsen [R], Harper [R], Moorlach [R]
TITLE: Mental Health Services: Gravely Disabled
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
DISPOSITION: Pending
LOCATION: Assembly Health Committee
CODE SECTION:

An act to amend Section 1799.111 of the Health and Safety Code, and to amend Section 5008 of the Welfare and Institutions Code, relating to mental health.

SUMMARY:

Changes the definition of gravely disabled for purposes of involuntary commitment and conservatorship to read, in part, a condition in which a person, as a result of a mental health disorder, is incapable of making informed decisions about, or providing for, his or her own basic personal needs or food, clothing, shelter, or medical care without significant supervision and assistance from another person.

DIGEST:

AB 2156, as introduced, Chen. Mental health services: gravely disabled. Existing law, the Lanterman-Petris-Short Act, provides for the involuntary commitment and treatment of a person who is a danger to himself or herself or others or who is gravely disabled. Existing law also provides for a conservator of

the person or estate to be appointed for a person who is gravely disabled. Existing law, for the purposes of involuntary commitment and conservatorship, defines "gravely disabled," among other things, as a condition in which a person, as a result of a mental health disorder, is unable to provide for his or her basic personal needs for food, clothing, or shelter.

This bill would change the definition of "gravely disabled" for these purposes to read, in part, a condition in which a person, as a result of a mental health disorder, is incapable of making informed decisions about, or providing for, his or her own basic personal needs for food, clothing, shelter, or medical care without significant supervision and assistance from another person and, as a result of being incapable of making these informed decisions, the person is at risk of substantial bodily harm, dangerous worsening of a concomitant serious physical illness, significant psychiatric deterioration, or mismanagement of his or her essential needs that could result in bodily harm. By increasing the level of service required of county mental health departments, this bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote Required: MAJORITY Appropriation: NO Fiscal Committee: YES Local Program: YES Immediate Effect NO Urgency: NO Tax Levy: NO Election: NO Usual Current Expenses: NO Budget Bill: NO Prop 25 Trailer Bill: NO

STATUS:

02/12/2018 INTRODUCED.
02/26/2018 To ASSEMBLY Committee on HEALTH.
Position: Watch
Subject: MentalHealth

CA AB 2390

AUTHOR: Harper [R]
COAUTHOR(S): Nazarian [D], Mathis [R]
TITLE: Pupil Safety: Identification Cards: Suicide Prevention
FISCAL COMMITTEE: no
URGENCY CLAUSE: no
DISPOSITION: Pending
LOCATION: Assembly Second Reading File
CODE SECTION:

An act to add Section 217 to the Education Code, relating to pupil safety.

SUMMARY:

Requires a public high school that issues pupil identification cards to include on the back of the pupil identification cards the telephone number for the National Suicide Prevention Lifeline, the Crisis Text Line, and the school's campus police or security telephone number or, if the school does not have a campus police or security telephone number, the local nonemergency telephone number.

DIGEST:

AB 2390, as introduced, Harper. Pupil safety: identification cards: suicide prevention telephone numbers.

Existing law, the California Suicide Prevention Act of 2000, authorizes the State Department of Health Care Services to establish and implement a suicide

prevention, education, and gatekeeper program to reduce the severity, duration, and incidence of suicidal behaviors. The act authorizes the State Department of Health Care Services to contract with an outside agency to establish and implement a targeted public awareness and education campaign on suicide prevention and treatment, and requires that target populations include junior high and high school students.

Existing law requires the governing board or body of a county office of education, school district, state special school, or charter school that serves pupils in grades 7 to 12, inclusive, to, before the beginning of the 2017-18 school year, adopt a policy on pupil suicide prevention, as specified, that specifically addresses the needs of high-risk groups. Existing law requires the Instructional Quality Commission to consider developing, and recommending for adoption by the State Board of Education, a distinct category on mental health instruction to educate pupils about all aspects of mental health, including, among other things, depression and suicidal thoughts and behaviors, as specified. Existing law requires the Superintendent of Public Instruction to send a notice to each middle school, junior high school, and high school that encourages each school to provide suicide prevention training to each school counselor, provides information on the availability of certain suicide prevention training curriculum, informs schools about certain suicide prevention training, and describes how a school might retain those services.

This bill would require a public high school that issues pupil identification cards to include on the back of the pupil identification cards the telephone number for the National Suicide Prevention Lifeline, the Crisis Text Line, and the school's campus police or security telephone number or, if the school does not have a campus police or security telephone number, the local nonemergency telephone number.

Vote Required: MAJORITY Appropriation: NO Fiscal Committee: NO Local Program: NO Immediate Effect NO Urgency: NO Tax Levy: NO Election: NO Usual Current Expenses: NO Budget Bill: NO Prop 25 Trailer Bill: NO

STATUS:

02/14/2018 INTRODUCED.
03/01/2018 To ASSEMBLY Committee on EDUCATION.
04/25/2018 From ASSEMBLY Committee on EDUCATION: Do pass as amended to Committee on APPROPRIATIONS.
Position: Support
Subject: MentalHealth

CA AB 2391

AUTHOR: Harper [R]
COAUTHOR(S): Nazarian [D], Lackey [R], Mathis [R], Chen [R], Voepel [R]
TITLE: Student Health: Suicide Prevention Telephone Numbers
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
DISPOSITION: Pending
FILE: 37
LOCATION: Assembly Second Reading File
CODE SECTION:

An act to add Chapter 15.6 (commencing with Section 67388) to Part 40 of Division 5 of Title 3 of the Education Code, relating to student health.

SUMMARY:

Requires certain campuses that issue student identification cards to, and requests a campus of the University of California or an independent institution

of higher education that issues student identification cards to, include on the back of the student identification cards a local suicide prevention lifeline and crisis text line that the campus deems appropriate.

DIGEST:

AB 2391, as amended, Harper. Student health: identification cards: suicide prevention telephone numbers.

Existing law establishes the California Community Colleges, the California State University, and the University of California as the 3 segments of public postsecondary education in this state. Existing law authorizes the governing board of a community college district to require community college students within the district to pay a fee for health supervision and services, including the operation of a student health center or centers.

This bill, commencing July 1, 2019, would require a campus of the California Community Colleges or the California State University that issues student identification cards to, and would request a campus of the University of California or an independent institution of higher education that issues student identification cards to, include on the back of the student identification cards the telephone numbers for the National Suicide Prevention Lifeline and Crisis Text Line, or a local suicide prevention lifeline and crisis text line that the campus deems appropriate, and the campus police or security telephone number or, if the campus does not have a campus police or security telephone number, the local nonemergency telephone number, as provided.

Vote Required: MAJORITY Appropriation: NO Fiscal Committee: NO Local Program: NO Immediate Effect NO Urgency: NO Tax Levy: NO Election: NO Usual Current Expenses: NO Budget Bill: NO Prop 25 Trailer Bill: NO

STATUS:

02/14/2018	INTRODUCED.
03/01/2018	To ASSEMBLY Committee on HIGHER EDUCATION.
03/05/2018	From ASSEMBLY Committee on HIGHER EDUCATION with author's amendments.
03/05/2018	In ASSEMBLY. Read second time and amended. Re-referred to Committee on HIGHER EDUCATION.
04/03/2018	From ASSEMBLY Committee on HIGHER EDUCATION: Do pass as amended. (13-0)
04/05/2018	In ASSEMBLY. Read second time and amended. To second reading.
04/09/2018	In ASSEMBLY. Read second time. To third reading.
04/12/2018	Re-referred to ASSEMBLY Committee on APPROPRIATIONS.
04/25/2018	From ASSEMBLY Committee on APPROPRIATIONS: Do pass. To Consent Calendar. (17-0)
04/26/2018	In ASSEMBLY. Read second time. To Consent Calendar.

VOTES:

04/03/2018	Assembly Higher Education Committee	P 13-0
04/25/2018	Assembly Appropriations Committee	P 17-0

Position:

Support

Subject:

Education, MentalHealth

CA AB 2442

AUTHOR:

Santiago [D]

TITLE:

Mental Health

FISCAL COMMITTEE:

no

URGENCY CLAUSE:

no

DISPOSITION:

Pending

LOCATION: Assembly Health Committee
CODE SECTION:

An act to amend Section [D>-5001</D] [A>_5150<A] of the Welfare and Institutions Code, relating to mental health.

SUMMARY:

Requires that if a determination is made that a person may be treated without being detained, and if the person is experiencing homelessness, he or she shall also be provided written information about local housing options, employment opportunities, and available public social services.

DIGEST:

AB 2442, as amended, Santiago. Mental health.

Existing law, the Lanterman-Petris-Short Act, provides for the involuntary detention and treatment of persons with specified mental health disorders for the protection of the persons so committed. Under the act, when a person, as a result of a mental health disorder, is a danger to others, or to himself or herself, or gravely disabled, he or she may, upon probable cause, be taken into custody and placed in a facility designated by the county and approved by the State Department of Social Services for up to 72-hours for evaluation and treatment. Existing law requires specified mental health professionals to assess a person to determine whether the person can be properly served without being detained, and if so, to provide evaluation, crisis intervention, or other inpatient or outpatient services on a voluntary basis.

This bill would further require that if a determination is made that a person may be treated without being detained, and if the person is experiencing homelessness, he or she shall also be provided written information about local housing options, employment opportunities, and available public social services.

By imposing additional duties on counties, the bill would impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

Vote Required: MAJORITY Appropriation: NO Fiscal Committee: YES Local Program: YES Immediate Effect NO Urgency: NO Tax Levy: NO Election: NO Usual Current Expenses: NO Budget Bill: NO Prop 25 Trailer Bill: NO

STATUS:

02/14/2018 INTRODUCED.
03/22/2018 To ASSEMBLY Committee on HEALTH.
03/23/2018 From ASSEMBLY Committee on HEALTH with author's amendments.
03/23/2018 In ASSEMBLY. Read second time and amended.
Re-referred to Committee on HEALTH.

Position:

Watch

Subject:

MentalHealth

CA AB 2843

AUTHOR:

Gloria [D]

TITLE:

Mental Health Services Found

FISCAL COMMITTEE: no
URGENCY CLAUSE: no
DISPOSITION: Pending
LOCATION: Assembly Appropriations Committee
CODE SECTION:

An act to amend Sections 5892 and 5899.1 of the Welfare and Institutions Code, relating to mental health, and making an appropriation therefor.

SUMMARY:

Requires funds from the Mental Health Services Fund subject to reversion to be reallocated to cities, special districts, school districts, or other public entities for the provision of mental health services consistent with the intent of the Mental Health Services Act.

DIGEST:

AB 2843, as amended, Gloria. Mental Health Services Fund. Existing law, the Mental Health Services Act (MHSA), an initiative measure enacted by the voters by Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs by imposing a tax of 1% on annual incomes above \$1,000,000. The MHSA requires funds allocated to a county that have not been spent within a specified time to revert to the Mental Health Services Fund and to be reallocated to other counties for the purposes for which the unspent funds were initially allocated to the original county. The MHSA permits amendment by the Legislature by a 2/3 vote of each house if the amendment is consistent with, and furthers the intent of, the MHSA.

This bill would additionally require those funds subject to reversion to be reallocated to cities, special districts, school districts, or other public entities for the provision of mental health services consistent with the intent of the MHSA. The bill would find and declare that its provisions are consistent with and further the intent of the MHSA. By allocating moneys in the Mental Health Services Fund for new purposes, this bill would make an appropriation.

Vote Required: TWO THIRDS Appropriation: YES Fiscal Committee: YES Local Program: NO Immediate Effect NO Urgency: NO Tax Levy: NO Election: NO Usual Current Expenses: NO Budget Bill: NO Prop 25 Trailer Bill: NO

STATUS:

02/16/2018 INTRODUCED.
03/22/2018 To ASSEMBLY Committee on HEALTH.
03/23/2018 From ASSEMBLY Committee on HEALTH with author's amendments.
03/23/2018 In ASSEMBLY. Read second time and amended.
Re-referred to Committee on HEALTH.
04/17/2018 From ASSEMBLY Committee on HEALTH: Do pass to Committee on APPROPRIATIONS. (11-4)

VOTES:

04/17/2018 Assembly Health Committee P 11-4
Position: Watch
Subject: MentalHealth

CA SB 192

AUTHOR: Beall [D]

TITLE: Mental Health Services Act Reversion Fund
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
DISPOSITION: Pending
LOCATION: Assembly Health Committee
CODE SECTION:

An act to amend Sections 5891, 5892, and 5892.5 of, and to add Section 5892.3 to, the Welfare and Institutions Code, relating to mental health.

SUMMARY:

Relates to the Mental Health Services Act, which imposes a tax on incomes above a specified sum for the purpose of financing new or expanded mental health services. Requires the counties, or counties jointly, seeking funding to demonstrate to the Mental Health Service Oversight and Accountability Commission that funding will be used to create, or expand the capacity for, services and supports to address unmet community needs.

DIGEST:

SB 192, as amended, Beall. Mental Health Services Act Reversion Fund. Existing law, the Mental Health Services Act (the MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, establishes the continuously appropriated Mental Health Services Fund to fund various county mental health programs by imposing a tax of 1% on incomes above \$1,000,000. Existing law requires the State Department of Health Care Services, among other things, to implement specified mental health services through contracts with county mental health programs or counties acting jointly. The MHSA establishes the Mental Health Services Oversight and Accountability Commission to oversee various parts of the act, as specified.

Under the MHSA, funds are distributed to counties for local assistance for designated mental health programs according to a specified county plan. The MHSA, except as specified, requires any funds allocated to a county that have not been spent for their authorized purpose within 3 years to revert to the state to be deposited into the fund and available for other counties in future years. The MHSA permits amendment by the Legislature by a 2/3 vote of each house if the amendment is consistent with, and furthers the intent of, the MHSA, and also permits the Legislature to add provisions to clarify procedures and terms of the MHSA by a majority vote.

This bill would amend the MHSA by instead requiring that any funds allocated since the 2008-09 fiscal year, except as specified, to a large, medium, small, or very small county, as defined, that have not been spent for their authorized purpose within 3 years of being allocated, and any interest earned on unspent funds, revert to the state for deposit into the newly established Mental Health Services Act Reversion Fund. The bill would authorize a very small county to apply for a waiver, subject to approval by the commission, requesting a delay of the reversion of funds, but not for more than 5 fiscal years from the time of allocation of funds. The bill would require the state to distribute the reverted funds to counties, or counties acting jointly, to fund prevention and early intervention or innovation programs that are consistent with mental health funding priorities established by the Legislature and the MHSA, as specified. The bill would make the amount of funds available to counties in any fiscal year subject to an annual appropriation by the Legislature in the annual Budget Act.

This bill would require the counties, or counties jointly, seeking funding to demonstrate to the commission that funding will be used to create, or expand the capacity for, services and supports to address unmet community needs. The bill would impose certain restrictions on eligibility for subsequent funding for counties that previously have been allocated funds. The bill would authorize the Legislature to give specific consideration to very small counties and small counties when making an appropriation from the Mental Health Services Act Reversion Fund.

This bill would require the commission to submit to the Legislature an annual report of its recommendations for recipients of funding and the amount of funding for each recipient in a manner that ensures that allocation of funds results in specified outcomes and to take into account certain criteria when recommending recipients and amounts of funding. The bill would also require the commission to require participating counties to submit outcome data within one year of receiving funding, and would require the commission to aggregate and report the outcome data to the Legislature, as specified. The bill would require the department to annually report to the Legislature and the commission the amount of funds that are subject to reversion and the interest earned by counties, and to update necessary regulations, processes, and guidance to allow counties to revise or correct their annual revenue and expenditure reports.

This bill would also make conforming changes to related provisions.

Vote Required: TWO THIRDS Appropriation: NO Fiscal Committee: YES Local Program: NO Immediate Effect NO Urgency: NO Tax Levy: NO Election: NO Usual Current Expenses: NO Budget Bill: NO Prop 25 Trailer Bill: NO

STATUS:

01/30/2017	INTRODUCED.
02/09/2017	To SENATE Committee on HEALTH.
03/28/2017	From SENATE Committee on HEALTH with author's amendments.
03/28/2017	In SENATE. Read second time and amended. Re-referred to Committee on HEALTH.
04/05/2017	From SENATE Committee on HEALTH: Do pass as amended to Committee on APPROPRIATIONS. (8-0)
04/18/2017	In SENATE. Read second time and amended. Re-referred to Committee on APPROPRIATIONS.
05/15/2017	In SENATE Committee on APPROPRIATIONS: To Suspense File.
05/25/2017	From SENATE Committee on APPROPRIATIONS: Do pass. (7-0)
05/26/2017	In SENATE. Read second time. To third reading.
05/30/2017	In SENATE. Read third time. Passed SENATE. *****To ASSEMBLY. (38-0)
06/08/2017	To ASSEMBLY Committee on HEALTH.
07/11/2017	In ASSEMBLY Committee on HEALTH: Not heard.

VOTES:

04/05/2017	Senate Health Committee	P 8-0
05/25/2017	Senate Appropriations Committee	P 7-0
05/30/2017	Senate Senate Floor	P 38-0

Position: Support
Subject: MentalHealth

CA SB 374

AUTHOR: Newman [D]

TITLE: Health Insurance: Discriminatory Practices
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
DISPOSITION: Enacted
LOCATION: Chaptered
CHAPTER: 2017-162
CODE SECTION:

An act to add Section 10144.4 to the Insurance Code, relating to health insurance.

[Approved by Governor July 31, 2017. Filed with Secretary of State July 31, 2017.]

SUMMARY:

Requires large group individual, and small group health insurance policies to provide all covered mental health and substance use disorder benefits in compliance with those provisions of federal law governing mental health parity.

DIGEST:

SB 374, Newman. Health insurance: discriminatory practices: mental health. Existing federal law generally requires a health insurance issuer that offers group or individual health insurance coverage that provides both medical and surgical benefits and mental health or substance use disorder benefits to establish parity in the terms and conditions applicable to medical and mental health benefits, as specified. Existing state law subjects nongrandfathered individual and small group health insurance policies that provide coverage for essential health benefits to those provisions of federal law governing mental health parity. Existing law requires every policy of disability insurance that covers hospital, medical, or surgical expenses in this state to provide coverage for the diagnosis and medically necessary treatment of severe mental illnesses of a person of any age, and of serious emotional disturbances of a child, as specified.

This bill would require large group, individual, and small group health insurance policies to provide all covered mental health and substance use disorder benefits in compliance with those provisions of federal law governing mental health parity.

Vote Required: MAJORITY Appropriation: NO Fiscal Committee: YES Local Program: NO Immediate Effect NO Urgency: NO Tax Levy: NO Election: NO Usual Current Expenses: NO Budget Bill: NO Prop 25 Trailer Bill: NO

STATUS:

02/14/2017 INTRODUCED.
02/23/2017 To SENATE Committee on HEALTH.
03/29/2017 From SENATE Committee on HEALTH: Do pass as amended to Committee on APPROPRIATIONS. (7-0)
04/03/2017 In SENATE. Read second time and amended. Re-referred to Committee on APPROPRIATIONS.
04/17/2017 From SENATE Committee on APPROPRIATIONS: To second reading without further hearing pursuant to Senate Rule 28.8.
04/18/2017 In SENATE. Read second time. To third reading.
04/24/2017 In SENATE. Read third time. Passed SENATE. *****To ASSEMBLY. (39-0)
05/22/2017 To ASSEMBLY Committee on HEALTH.
06/12/2017 From ASSEMBLY Committee on HEALTH with author's

amendments.
06/12/2017 In ASSEMBLY. Read second time and amended.
Re-referred to Committee on HEALTH.
06/20/2017 From ASSEMBLY Committee on HEALTH: Do pass to
Committee on APPROPRIATIONS. (15-0)
06/28/2017 From ASSEMBLY Committee on APPROPRIATIONS: Do
pass. To Consent Calendar. (14-0)
06/29/2017 In ASSEMBLY. Read second time. To Consent Calendar.
07/06/2017 In ASSEMBLY. Read third time. Passed ASSEMBLY.
*****To SENATE for concurrence. (74-0)
07/13/2017 In SENATE. SENATE concurred in ASSEMBLY amendments.
To enrollment. (36-0)
07/17/2017 Enrolled.
07/18/2017 *****To GOVERNOR.
07/31/2017 Signed by GOVERNOR.
07/31/2017 Chaptered by Secretary of State. Chapter No. 2017-162

VOTES:

03/29/2017	Senate Health Committee	P 7-0
04/24/2017	Senate Senate Floor	P 39-0
06/20/2017	Assembly Health Committee	P 15-0
06/28/2017	Assembly Appropriations Committee	P 14-0
07/06/2017	Assembly Assembly Floor	P 74-0
07/13/2017	Senate Senate Floor	P 36-0

Position: Support
Subject: MentalHealth

CA SB 565

AUTHOR: Portantino [D]
TITLE: Mental Health: Involuntary Commitment
FISCAL COMMITTEE: yes
URGENCY CLAUSE: no
DISPOSITION: Enacted
LOCATION: Chaptered
CHAPTER: 2017-218
CODE SECTION:

An act to amend Sections 5260 and 5270.15 of the Welfare and Institutions Code, relating to mental health.
[Approved by Governor September 01, 2017. Filed with Secretary of State September 01, 2017.]

SUMMARY:

Relates to involuntary commitment. Requires a mental health facility to make reasonable attempts to notify family members or any other person designated by a patient at least a certain number of hours prior to a certification review hearing for an additional 30 days of treatment.

DIGEST:

SB 565, Portantino. Mental health: involuntary commitment. Existing law provides for up to 14 days of intensive treatment for a mental disorder or impairment by chronic alcoholism for a person who has been involuntarily committed and received an evaluation that meets certain specified criteria. Under existing law, before a person may be certified for a 14-day intensive treatment program, he or she is entitled to a certification review hearing conducted by a court-appointed commissioner or referee, or a

certification review hearing officer. Existing law requires the mental health facility to make reasonable attempts to notify family members or any other person designated by the patient of the time and place of the certification hearing, unless the patient requests that this information not be provided. Under existing law, upon the completion of a 14-day period of intensive treatment, a person may be certified for an additional period of not more than 30 days of intensive treatment if the professional staff of the agency or facility treating the person has found that the person remains gravely disabled as a result of a mental disorder or impairment by chronic alcoholism, and he or she remains unwilling or unable to accept treatment voluntarily. Existing law requires a person certified for an additional 30 days of treatment pursuant to these provisions to be provided a certification review hearing, as specified, unless a judicial review is requested.

This bill would require the mental health facility to make reasonable attempts to notify family members or any other person designated by the patient at least 36 hours prior to the certification review hearing for the additional 30 days of treatment, except as specified. The bill would make related technical, nonsubstantive changes.

Vote: MAJORITY

Appropriation: NO

Fiscal Committee: YES

Local Program: NO

STATUS:

02/17/2017 INTRODUCED.
 03/02/2017 To SENATE Committee on HEALTH.
 03/23/2017 From SENATE Committee on HEALTH with author's amendments.
 03/23/2017 In SENATE. Read second time and amended. Re-referred to Committee on HEALTH.
 03/29/2017 From SENATE Committee on HEALTH: Do pass to Committee on APPROPRIATIONS. (7-0)
 04/17/2017 From SENATE Committee on APPROPRIATIONS: To second reading without further hearing pursuant to Senate Rule 28.8.
 04/18/2017 In SENATE. Read second time. To third reading.
 05/01/2017 In SENATE. Read third time. Passed SENATE. *****To ASSEMBLY. (36-0)
 05/26/2017 To ASSEMBLY Committee on HEALTH.
 06/27/2017 From ASSEMBLY Committee on HEALTH: Do pass to Committee on APPROPRIATIONS. (15-0)
 07/19/2017 From ASSEMBLY Committee on APPROPRIATIONS: Do pass. To Consent Calendar. (16-0)
 07/20/2017 In ASSEMBLY. Read second time. To Consent Calendar.
 08/24/2017 In ASSEMBLY. Read third time. Passed ASSEMBLY. To enrollment. (76-0)
 08/28/2017 Enrolled.
 08/30/2017 *****To GOVERNOR.
 09/01/2017 Signed by GOVERNOR.
 09/01/2017 Chaptered by Secretary of State. Chapter No. 2017-218

VOTES:

03/29/2017	Senate Health Committee	P 7-0
05/01/2017	Senate Senate Floor	P 36-0
06/27/2017	Assembly Health Committee	P 15-0

07/19/2017 Assembly Appropriations Committee P 16-0
08/24/2017 Assembly Assembly Floor P 76-0
Position: Tracked
Subject: MentalHealth

CA SB 1045

AUTHOR: Wiener [D]
COAUTHOR(S): Bradford [D], Allen [D], Chen [R], Stern [D]
TITLE: Conservatorship: Chronic Homelessness: Mental Illness
FISCAL COMMITTEE: no
URGENCY CLAUSE: no
DISPOSITION: Pending
LOCATION: Senate Second Reading File
CODE SECTION:

An act to add Chapter 5 (commencing with Section 5450) to, and to add Article 7[A] <commencing with Section 5555> to Chapter 6.2[D] <commencing with Section 5555> of, Part 1 of Division 5 of the Welfare and Institutions Code, relating to conservatorship.

SUMMARY:

Establishes a procedure, for counties that elect to participate, for the appointment of a conservator for a person who is chronically homeless and incapable of caring for their own health and well being due to a serious mental illness and substance use disorder, based upon certain evidenced behaviors. Requires a conservator to place his or her conservatee in an appropriate placement, including a psychiatric facility or residential care setting, in supportive housing that provides wraparound services.

DIGEST:

SB 1045, as amended, Wiener. Conservatorship: chronic homelessness: mental illness and substance use disorders.

Existing law establishes a procedure for the appointment of a conservator for a person who is determined to be gravely disabled as a result of a mental health disorder or an impairment by chronic alcoholism for the purpose of providing individualized treatment, supervision, and placement, which may include placement in a medical, psychiatric, nursing, or other state-licensed facility. Under existing law, a professional person in charge of an agency providing comprehensive evaluation or a facility providing intensive treatment for a gravely disabled person may recommend a conservatorship for that person. Existing law requires an officer, including a county public guardian or a county mental health program, to conduct a conservatorship investigation and render a written report to the court of his or her investigation and requires the officer providing conservatorship investigation, when he or she concurs with a recommendation of conservatorship, to petition the superior court in the individual's county of residence for a conservatorship.

This bill would establish a procedure, for counties that elect to participate, for the appointment of a conservator for a person who is chronically homeless and incapable of caring for the person's own health and well-being due to a serious mental illness and substance use disorder, as evidenced by high-frequency emergency department use, high-frequency jail detention due to behavior resulting from the person's serious mental illness and substance use disorder, or frequent placement under a 72-hour involuntary hold because, based on probable cause, the person, as a result of a mental health disorder, is a danger to others, or to himself or herself, or is gravely disabled, for the

purpose of providing appropriate placement, including a licensed health care or psychiatric facility or community-based residential care setting, in supportive housing that provides wraparound services, as specified. This bill would require an officer providing conservatorship investigation in a participating county to conduct a conservatorship investigation upon recommendation of conservatorship by specified individuals and would require the officer, if he or she concurs in the recommendation of conservatorship, to petition the superior court in the person's county of residence for a conservatorship and to provide a written report to the court of his or her investigation prior to the hearing. The bill would authorize the court to appoint the public conservator or the director of a local agency who is tasked with addressing the homeless population in the county of residence of the person to serve as conservator if it is in the best interests of the proposed conservatee. The bill would require the conservator to place his or her conservatee in an appropriate placement, including a licensed health care or psychiatric facility or community-based residential care setting, in supportive housing that provides wraparound services, as specified. This bill would require a conservatorship initiated under these provisions to automatically terminate one year after the appointment of the conservator by the superior court, but would authorize the conservator, if upon the termination of an initial or a succeeding period of conservatorship the conservator determines that conservatorship is still required, to petition the superior court for his or her reappointment as conservator for a succeeding one-year period. This bill would authorize the Judicial Council to adopt rules, forms, and standards necessary to implement these provisions. This bill would require each county that elects to participate to establish a working group, comprised of representatives of local agencies and disability rights groups, to conduct an evaluation of the effectiveness of the implementation of the conservatorship provisions described above in addressing the needs of chronically homeless persons with serious mental illness and substance use disorders. The bill would require each working group to prepare and submit a report to the Legislature on its findings and recommendations no later than January 1, 2020.

Vote Required: MAJORITY Appropriation: NO Fiscal Committee: YES Local Program: NO Immediate Effect NO Urgency: NO Tax Levy: NO Election: NO Usual Current Expenses: NO Budget Bill: NO Prop 25 Trailer Bill: NO

STATUS:

02/08/2018	INTRODUCED.
02/22/2018	To SENATE Committee on RULES.
03/13/2018	From SENATE Committee on RULES with author's amendments.
03/13/2018	In SENATE. Read second time and amended. Re-referred to Committee on RULES.
03/21/2018	Re-referred to SENATE Committees on JUDICIARY and PUBLIC SAFETY.
04/09/2018	From SENATE Committee on JUDICIARY with author's amendments.
04/09/2018	In SENATE. Read second time and amended. Re-referred to Committee on JUDICIARY.
04/17/2018	From SENATE Committee on JUDICIARY: Do pass to

04/24/2018 Committee on PUBLIC SAFETY. (6-1)
From SENATE Committee on PUBLIC SAFETY: Do pass as
amended to Committee on APPROPRIATIONS. (7-0)

VOTES:

04/17/2018 Senate Judiciary Committee P 6-1

04/24/2018 Senate Public Safety Committee P 7-0

Position: Watch

Subject: MentalHealth