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COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION
CALIFORNIA

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TO: CBHDA Members

FROM: Mary Adèr, Deputy Director, Legislative Affairs
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SUBJECT: **Legislation Signed into California Law in the 2015-16 Session**

This memo describes bills that were recently signed into law by Governor Brown that CBHDA followed during the 2015-16 Legislative Session. Unless noted otherwise, the bills go into effect on January 1, 2017. The bills are listed below by topic. The last few pages of the memo contain the list of bills that CBHDA followed that were vetoed by the Governor. Please do not hesitate to contact us at (916) 556-3477 or mader@cbhda.org, ashilton@cbhda.org, or trenfree@cbhda.org with any questions you may have.

Housing (Starts on page 10)

- AB 1628 (Committee on Budget): No Place Like Home (NPLH) bond financing (Watch)
- AB 2442 (Holden): Density bonuses (Support)

Workforce (Starts on page 11)

- AB 1808 (Wood): Minors: mental health treatment or counseling services (Support)

Criminal Justice (Starts on page 11)

- SB 1004 (Hill) Young Adults: Deferred Entry of Judgement Pilot Program (Neutral)

Vetoed Bills Followed by CBHDA

- AB 1300 (Ridley-Thomas): Mental health: involuntary commitment
- SB 253: Dependent children: psychotropic medication
- SB 1113 (Beall): Pupil health: mental health
- SB 1466 (Mitchell): Early and Periodic Screening Diagnosis and Treatment Program: Trauma
- AB 741 (Williams): Medi-Cal: comprehensive mental health crisis
- AB 2017 (McCarty): College Mental Health Services Program
- AB 2279 (Cooley): Mental Health Services Act: county-by-county spending reports
- AB 2821 (Chiu): Housing for a Healthy California Program

Substance Use Disorders

AB 1554 (Irwin) & companion bill SB 819 (Huff): Relating to Powdered Alcohol

What They Do: These are complementary bills that prohibit the purchase, sale, distribution, manufacture, possession, or use of powdered alcohol. AB 1554 prohibits the Department of Alcoholic Beverage Control (ABC) from issuing a license to manufacture, distribute, or sell powdered alcohol, and specifies that any person who possesses, purchases, or uses powdered alcohol is guilty of an infraction and subject to a fine of $125. SB 819 also requires ABC to revoke the license of any licensee who manufactures, distributes, or sells powdered alcohol, and specifies that any person who sells, manufactures, or distributes powdered alcohol is guilty of an infraction and subject to a fine of $500.

Background: These bills were co-sponsored by Alcohol Justice, the Health Officer's Association of California, and McGeorge Legislative & Public Policy Clinic. Supporters include a long list of counties, public health organizations, alcohol policy organizations and law enforcement associations.

Powdered alcohol, when mixed with water or any other liquid, becomes an alcoholic beverage. Small amounts of liquid alcohol are enclosed in cyclodextrins, which are literally small rings of sugar. Once water or any other liquid is added the sugar dissolves and the alcohol is released into the drink. Powdered alcohol gained media attention in the United States when, in April 2014, the U.S. Alcohol and Tobacco Tax and Trade Bureau (TTB) approved labels for a product called Palcohol. Proponents of powdered alcohol have touted its light weight and its ease to transport as some of the benefits of powdered alcohol compared to liquid alcohol. Critics of powdered alcohol argue that powdered alcohol will be much easier to over-consume, conceal and be acquired by minors, and point to the ability to add powdered alcohol to liquid alcohol to produce a greater concentration than intended. In addition, critics point to the ease in which people, including youths, could bring alcohol to places where it is banned. According to the author, "the ease of this substance presents an array of potential health problems in California as it can be snorted, added to an energy drink, slipped to unknowing recipients, or even added to beverages already containing alcohol in an attempt to create a dangerously potent concoction." As of November 2015, 27 states have banned powdered alcohol outright.

Implications for Counties: Any product such as powdered alcohol that is particularly attractive to youth and encourages binge drinking is an unnecessary risk to public health in counties. At a time when six Americans die each day from drinking too much alcohol, including adolescents, a ban on this product is sensible public policy. Also, since the economic impacts of alcohol abuse are significant, this measure will save county funds that are currently being spent on public health and emergency services to deal with the unfortunate results of binge drinking and alcohol misuse. CBHDA supported these bills.

AB 1748 (Mayes): Naloxone and Pupil Health

What it Does: This bill authorizes school nurses and other trained personnel to use naloxone hydrochloride (naloxone) to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose.

Background: AB 1748 was sponsored by the Drug Policy Alliance, and supported by the California Society of Addiction Medicine, the California School Nurses Association, and the California Pharmacists Association. Opioid overdose is on the rise, even among high school students, but it is preventable. Accidental drug overdoses are one of the leading causes of accidental death in the United States, and in California overdose death rates have now exceeded the death rate from motor vehicle accidents. Many of these deaths are preventable with prompt medical attention. Naloxone is approved by the FDA as an antidote to reverse opioid overdose. This bill is modeled after provisions allowing school nurses or trained personnel to use epinephrine auto-injectors to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an anaphylactic reaction. The major difference is that this bill simply authorizes local educational agencies to obtain and administer opioid antagonist, while school districts, county offices of education and charter schools are required to stock epinephrine auto-injectors. AB 1748 will help prevent needless overdose deaths by allowing school nurses and other trained volunteer personnel to administer the life-saving opioid antidote naloxone to persons suffering an opioid overdose.

Implications for Counties: By allowing school nurses and other trained volunteer personnel to administer the opioid antidote naloxone to persons suffering an opioid overdose on school campuses, this bill will save lives. There is a cost to provide naloxone to schools, but counties can use their SAPT Block Grant funds to purchase the medication. CBHDA supported this bill.

SB 482 (Lara): CURES Database for Controlled Substances

What it Does: This bill requires a health care provider authorized to prescribe, order, administer, or furnish a controlled substance to consult the Controlled Substances Utilization Review and Evaluation System (CURES) prior to prescribing a Schedule II, III or IV drug to a patient for the first time and at least once every four months thereafter if the drug remains part of the treatment of the patient.

Background: SB 482 was sponsored by the California Narcotic Officers' Association and the Consumer Attorneys of California. Supporters include the California Chamber of Commerce, the California Pharmacists Association, NAMI, and the Peace Officers Research Association of California. Abuse of prescription drugs has become increasingly prevalent. Federal data for 2014 shows that abuse of prescription pain killers ranks second, just behind marijuana, as the nation's most widespread illegal drug problem. Abuse can stem from the fact that prescription drugs are legal and potentially more easily accessible, as they can be found at home in a medicine cabinet. Data show that individuals who misuse prescription drugs, particularly teens, believe these substances are safer than illicit drugs because they are prescribed by a health care professional and thus are safe to take under any circumstances.

With rising levels of abuse, Prescription Drug Monitoring Programs are a critical tool in assisting law enforcement and regulatory bodies with their efforts to reduce drug diversion. Forty-nine states currently have monitoring programs. California has the oldest prescription drug monitoring program in the nation, CURES, an electronic tracking program that reports all pharmacy (and specified types of prescriber) dispensing of controlled drugs by drug name, quantity, prescriber, patient, and pharmacy. Data from CURES is managed by the Department of Justice to assist state law enforcement and regulatory agencies in their efforts to reduce prescription drug diversion.

The upgraded system, CURES 2.0, became operational in late 2015. The new interface has significantly improved timeframes for accessing information, navigating through the system and general usability. Through CURES 2.0, prescribers can receive daily informational alerts about patients who reach various prescribing thresholds, based on patterns indicative of at-risk patient behavior, which can be used to determine if action by the prescriber is necessary.

Implications for Counties: The rates of opioid-related cases reported at hospital emergency rooms in California are at epidemic levels. Many of these cases are due to the misuse of prescription medications. Requiring prescribers to check the CURES database before prescribing controlled substances reduces doctor shopping and overdose rates, which will not only save lives, but will also save county dollars that are currently being spent on emergency services to deal with opioid misuse. However, the bill does not exempt child psychiatrists who may prescribe medications for children, even though these medications are non-opioid. CBHDA was neutral on this bill.

Foster Care/Child Welfare

SB 1174 (McGuire): Medi-Cal: children: prescribing patterns

What it Does: SB 1174 requires the Department of Health Care Services (DHCS) and Department of Social Services (DSS) to share specified data regarding Medi-Cal prescribers and their prescribing patterns for psychotropic medications that have been prescribed to children in the Medi-Cal system. The bill further requires the Medical Board to analyze that data, determine if excessive prescribing has occurred and initiate investigations and/or disciplinary actions, if warranted.

Background: This bill was sponsored by the National Center for Youth Law and had support from Children Now and the John Burton Foundation. According to the author, "Over the past fifteen years, the rate of foster youth prescribed psychotropic medication has increased 1,400 percent. Nearly 1 in 4 California foster teens are prescribed psychotropic drugs; of those nearly 60 percent were prescribed an anti-psychotic."

While we made progress on SB 1174 during the legislative process including amendments to refine the data set of the foster care population, clarify that DHCS shall disseminate the "California Guidelines for the Use of Psychotropic Medication with Children and Youth in Foster Care" prior to the Medical Board review of this data, and implement a 3 year review process of this Data Use Agreement between DHCS, DSS and the Medical Board, we have outstanding concerns with the bill. We requested that the Medical Board be required to contract with a Psychiatrist with an added qualification in Child & Adolescent Psychiatry by the American Board of Psychiatry and Neurology for the purposes of reviewing the data that is proposed to be provided to the Medical Board. This amendment was rejected. Additionally, we proposed further refining the data set that is reflected in the bill. As currently drafted, we believe the data set reflected in this legislation will capture many physicians who are well within the standard of care. We have provided the Los Angeles County Parameters for Juvenile Court Mental Health Services Psychotropic Medication Authorization Forms to the author, sponsors and committee staff as an alternative for the data set. Because these parameters would already warrant further review prior to approval of a JV-220 in L.A. County, we believe this would be a more appropriate starting point for the Medical Board to review prescribing practices.

Implications for Counties: The data set reflected in this legislation may capture many physicians who are well within the standard of care. This may result in ultimately targeting prescribing physicians who specialize with patients with severe mental health challenges. For example, a prescribing physician who works exclusively in a group home or psychiatric inpatient unit may have a much higher prescription rate to children than a prescribing physician who provides services to the general foster care population. An investigation by the Medical Board is a significant event. Even if the investigation does not result in disciplinary action, questions regarding whether or not a physician has ever been investigated by the Medical Board come up often in interviews and credentialing reviews. While these red flags are not as serious as a filed accusation, the envisioned process may have a negative impact on the ability of the Medi-Cal system to recruit and retain high quality providers for Medi-Cal and foster youth. CBHDA will continue to be engaged in the implementation of this new law. CBHDA had an Oppose Unless Amended position on SB 1774.

SB 1291 (Beall): Medi-Cal specialty mental health: minor and nonminor dependents

What it Does: This bill requires an external quality review organization (EQRO) to conduct an annual review that includes specific mental health data for Medi-Cal eligible minor and nonminor dependents in foster care.

Background: This bill was sponsored by the National Center for Youth Law. According to the author, there are lingering questions about the responsiveness and efficacy of mental health services provided to foster youth. In order to increase accountability, this bill requires the consolidation of data from existing sources and the addition of several new measures to be collected.

Implications for Counties: SB 1291 will increase the oversight role of the EQRO in terms of county reporting on measures specifically related to foster youth mental health services. The data collected, commencing July 1, 2018, will include the types of services provided to foster youth, performance data, utilization, medication monitoring and Healthcare Effectiveness Data and Information Set (HEDIS) measures related to Attention Deficit Disorder, multiple concurrent antipsychotics and metabolic monitoring. Following any identified deficiencies, MHPs will be required to submit corrective action plans to DHCS. This bill also requires DHCS to provide performance outcomes system data to county boards of supervisors. CBHDA had a concerns position on this bill and requested the Governor veto it.

AB 1067 (Gipson): Child Welfare

What it Does: This bill requires DSS to convene a working group to develop standardized information about the rights of all minors and nonminors in foster care, and expands requirements regarding the distribution of information regarding these rights.

Background: AB 1067 was sponsored by the California Youth Connection and had additional support from the National Center for Youth Law and the California Welfare Directors Association. Additional rights have been added to the Foster Youth Bill of Rights over time, most recently with SB 731 (Leno), Chapter 805, Statutes of 2015, which added the right of foster youth to be placed in out-of-home care according to their gender identity, regardless of the gender or sex listed in their court or child welfare records. The current list of rights for all minors and nonminors in foster care includes 27

enumerated rights, such as the right to live in a safe, healthy, and comfortable home where he or she is treated with respect; be free from physical, sexual, emotional, or other abuse, or corporal punishment; receive adequate and healthy food, adequate clothing, and, for youth in group homes, an allowance; and receive medical, dental, vision, and mental health services. While current law establishes a list of certain rights of foster children, it provides no provision for how or when these rights should be updated. This bill ensures that foster youth are aware of their rights and are actively involved in updating them.

Implications for Counties: The stakeholder group that will be convened to review and update the foster children's bill of rights will include CBHDA. This convening presents an opportunity to collaborate with other advocates and stakeholders who work with foster youth. CBHDA supported this legislation.

AB 1299 (Ridley-Thomas): Medi-Cal: specialty mental health services

What it Does: This bill requires DHCS to develop policies and procedures establishing the presumptive transfer of responsibility for providing and paying for Medi-Cal specialty mental health services for foster youth, from the county of original jurisdiction to the county of residence.

Background: AB 1299 was sponsored by the California Alliance of Child and Family Services, The Steinberg Institute, and the Women's Policy Institute. The bill had support from the California State Association of Counties, the California Welfare Directors Association, Young Minds Advocacy, California Mental Health Advocates for Children and Youth and many other advocacy organizations representing youth in foster care. Under current law, county mental health plans are required to establish procedures to ensure access to specialty mental health services for children in foster care who have been placed out-of-county. Unless there is a written agreement between the county of original jurisdiction and the county of residence transferring responsibility for paying for services, the county of original jurisdiction retains the responsibility to arrange for and pay for specialty mental health services provided by the county of residence. The bill does not increase overall statewide responsibilities for counties to provide mental health services.

Implications for Counties: The impact on individual counties will vary depending on how many foster youth formerly residing in the county have been placed in another county, how many foster youth are now residents in the county, having been moved from another county. Some counties will experience a net reduction in foster youth placements and the costs associated with those placements, while other counties will experience a net gain. The foster child transferred to the mental health plan in the county in which the foster child resides is considered part of the county of residence caseload for claiming purposes from the 2011 Realignment Behavioral Health Subaccount and the Behavioral Health Services Growth Special Account. DHCS will convene a stakeholder group to advise them on the guidelines that are required to be developed by July 1, 2017. CBHDA is named as a participant on the workgroup. CBHDA held a neutral position on this bill.

AB 1997 (Stone): Continuum of Care Reform

What it Does: This bill addresses and clarifies elements of AB 403 (Stone), Chapter 773, Statutes of 2015, which implemented the Continuum of Care Reform effort.

Background: AB 1997 was sponsored by the California Department of Social Services. The bill had support from the California State Association of Counties and the California Welfare Directors Association. In response to a legislative mandate pursuant to SB 1013 (Committee on Budget), Chapter 35, Statutes of 2012, DSS was required to establish a stakeholder workgroup to develop recommended revisions to the current rate-setting system, services, and programs serving children and families in the continuum of eligible foster care placement settings. After a multi-year effort starting in 2012, a report was published in January 2015 entitled, "California's Child Welfare Continuum of Care Reform Report." The report outlined a collaborative approach to improve the experience and outcomes of children and youth in foster care by improving assessments of children and families, emphasizing home-based family care placements of children, and changing the goals for congregate (group home) care placements.

Implications for Counties: A number of the clarifications made through this legislation address the mental health components of CCR. For example, the legislation makes changes to the requirements for mental health certification of a short term residential therapeutic program (STRTP). A STRTP is now prohibited from providing Medi-Cal specialty mental health services without a current mental health program approval from the county mental health plan or state DHCS. The bill further requires that a licensed STRTP that has not obtained a program approval to provide children in its care access to appropriate mental health services. CBHDA participates on policy workgroups related to CCR implementation in addition to advocacy on legislation. CBHDA held a watch position on this bill.

AB 2083 (Chu): Interagency Child Death Review

What it Does: This bill authorizes county behavioral health departments and other departments, to disclose otherwise confidential information at the request of an interagency Child Death Review Team.

Background: This bill was sponsored by the Santa Clara County Board of Supervisors. Interagency Child Death Review Teams have been used successfully to ensure that incidents of sibling child abuse or neglect patterns are recognized in a family with the death of a child. Actions by Child Death Review Teams may include identification of emerging trends and safety problems to help increase public awareness of risks to children in the community.

In reviewing the circumstances of a suspicious child death, discussion of medical information, including mental health information, is helpful. While a Child Death Review Team's sharing of medical information is authorized under law, mental health information is considered particularly sensitive and is afforded privacy protections under law that are more expansive than those afforded to medical information.

Implications for Counties: AB 2083 will increase the amount of information available for review by county Interagency Child Death Review Teams. Specifically, this measure authorizes the sharing of otherwise confidential mental health information. CBHDA supported this bill.

Children's Mental Health

SB 884 (Beall): Special education: mental health services

What it Does: This bill requires the California Department of Education (CDE) to create a report on its compliance findings and corrective action plans related to the provision of mental health services for pupils with individualized education programs (IEPs). This bill requires CDE to use data the department collects through its verification and comprehensive reviews. The department is required to send this report to the appropriate fiscal and policy committees of the Legislature by June 30, 2017.

Background: SB 884 was author-sponsored. AB 114 (Committee on Budget) Chapter 43, Statutes of 2011, transferred funding and responsibility for providing mental health services for students with IEPs from county mental health departments to Local Education Agencies (LEAs).

This year, the Bureau of State Audits released a report about the impact of AB 114 on mental health services for students, titled "Student Mental Health: Some Students' Services Were Affected by a New State Law, and the State Needs to Analyze Student Outcomes and Track Service Costs Services". The audit made several recommendations related to data collection and monitoring of student mental health services. Implementation of several of those recommendations is contained in SB 884.

Implications for Counties: This bill does not have any direct impact on county behavioral health. However, the data that is required to be gathered and reported by the California Department of Education could be helpful, particularly related to the report on student outcomes for those receiving mental health services pursuant to their IEPs. CBHDA held a watch position on this bill.

Mental Health Services

AB 38 (Eggman): Mental Health Services: Early Diagnosis and Preventive Treatment Program (EDAPT)

What it Does: This bill establishes the EDAPT Program Fund in the State Treasury. This bill authorizes funding from private, federal or other non-General Fund sources to be deposited in the Fund. When the Fund reaches $1.2 million, funds would be transferred to the University of California (UC). The UC would provide reimbursement to an EDAPT Program for services provided to participants, for whom a private health benefit plan does not cover the full range of required services. EDAPT programs began in 2004 and they are a specialty within the UC Davis Department of Psychiatry. It is a recovery-based treatment approach that provides services for two years focusing on reducing and managing symptoms and distress and improving individuals' ability to achieve success in independent roles. This bill sunsets in 2022.

Background: AB 38 was sponsored by the California Psychiatric Association and supported by the California Hospital Association and the National Association of Social Workers. This bill is intended to narrow the gap between the comprehensive array of mental health services available through the public mental health system and the relatively narrow range of benefits available to privately insured patients.

Implications for Counties: This bill will contribute to the research necessary for the private sector health insurance and managed care plans to move in the direction of providing early psychosis interventions. CBHDA supported AB 38.

AB 59 (Waldron): Mental Health Services: Assisted Outpatient Treatment (AOT)

What is Does: This bill extends the sunset date of Laura's Law from 2017 to 2022.

Background: This bill was author-sponsored. Laura's Law authorizes counties to provide court-ordered AOT services underspecified circumstances. If a court determines that a person's history of psychiatric hospitalizations or violent behavior and noncompliance with voluntary treatment creates a risk of becoming dangerous or gravely disabled without treatment, the court can order AOT.

Implications for Counties: AB 59 extends the authorization for the operation of Laura's Law programs until January 1, 2022. This extension also continues the option for additional counties to establish Laura's Law programs. CBHDA supported this bill.

Housing

AB 1628 (Committee on Budget): No Place Like Home (NPLH) bond financing

What it Does: This bill authorizes the California Health Facilities Financing Authority to issue taxable or tax exempt revenue bonds in an amount not to exceed $2 billion for the purposes of financing permanent supportive housing pursuant to the NPLH Program. In addition, this bill makes necessary statutory and technical changes to implement NPLH.

Background: AB 1618 (Committee on Budget), Chapter 43, Statutes of 2016 created the NPLH program. AB 1628 makes $2 billion available to counties for permanent supportive housing for the homeless; establishes the framework for financing the NPLH program through the counties; requires counties to annually report on program status; addresses the process for validation of the financing; and addresses other matters regarding the NPLH program. The NPLH debt services are paid by counties with MHSA funds.

Implications for Counties: When fully ramped up, the MHSA debt service on the housing bond will be approximately $130 million per year. Funds transferred from the Mental Health Services Fund to the Supportive Housing Program Subaccount cannot exceed $140 million per year. There is no impact to the Mental Health Services Fund anticipated in FY 2016-17. CBHDA held a watch position on AB 1628.

AB 2442 (Holden): Density bonuses

What it Does: This bill authorizes a multiple density bonus from a local government to be provided to a housing developer if the developer agrees to build housing and set aside ten percent of that housing for former foster youth, disabled veterans, and/or formerly homeless individuals.

Background: This bill was author-sponsored. California grants local governments the authority to provide density bonuses to housing developers who pledge to provide a

percentage of housing for certain households. Local governments provide the bonuses as incentives to allow more units to be built, while guaranteeing that a disadvantaged population has affordable housing options available.

Implications for Counties: AB 2442 provides more incentives for developers to build housing that provides access to former foster youth, disabled veterans and/or formerly homeless individuals. CBHDA supported this bill.

Workforce

AB 1808 (Wood): Minors: mental health treatment or counseling services

What it Does: This bill adds a Marriage and Family Therapist (MFT) trainee, a Licensed Professional Clinical Counselor (LPCC) trainee, a registered psychological assistant, a psychology trainee, an Associate Clinical Social Worker and a social work intern, who work under the supervision of a licensed professional, to the list of individuals who qualify as a "professional person" for the purposes of providing mental health services to a minor 12 years of age or older.

Background: This bill was sponsored by the California Association of Marriage and Family Therapists and the California Association for Licensed Professional Clinical Counselors. This bill permits trainees, working under the supervision of an MFT or an LPCC, to treat a minor under the same conditions as interns. Currently, trainees routinely work with minors as part of their training towards licensure.

Implications for Counties: By allowing trainees to provide services to minors, AB 1808 will increase the availability of mental health services provided to young people and provide more opportunities for trainees to gain the hours of counseling experience needed to qualify to apply for licensure. CBHDA supported this bill.

Criminal Justice

SB 1004 (Hill): Young Adults: Deferred Entry of Judgement Pilot Program

What it Does: Until January 1, 2020 this bill authorizes Alameda, Butte, Napa, Nevada and Santa Clara Counties to operate deferred entry of judgment pilot programs whereby certain convicted young adult offenders between the ages of 18 to 21 may serve time in juvenile hall rather than county jail. Young adult offenders assessed by the County Probation Department as suitable for this program will receive rehabilitative services, including cognitive behavioral therapy, other mental health services, and age-appropriate educational, vocational, and supervision services, that are currently implemented under the jurisdiction of the juvenile court.

Background: SB 1004 was sponsored by the Chief Probation Officers Association and the California Policy Chiefs Association. Supporters include the Alameda County, Butte County, and Santa Clara County Boards of Supervisors and the California Public Defenders Association.

Under current law, young adult offenders convicted of specified crimes serve their sentence locally in county jails. While legally they are adults, young offenders age 18 to 21 are still undergoing significant brain development and it is becoming clear that this

age group may be better served by the juvenile justice system with corresponding age-appropriate intensive services.

Research shows that people do not develop adult-quality decision-making skills until their early 20's. This is referred to as the "maturity gap." Because of this, young adults are more likely to engage in risk-seeking behavior which may be cultivated in adult county jails where the young adults are surrounded by older, more hardened criminals. As such, in order to address the criminogenic and behavioral needs of young adults, it is important that age-appropriate services are provided, services they may not get in adult county jails. Juvenile detention facilities have such services available for young adults including, but not limited to, cognitive behavioral therapy, mental health treatment, vocational training, and education, among others.

Implications for Counties: For the five counties in which this program is piloted, there will be costs County Probation Departments to implement the housing and rehabilitative services in their juvenile halls. However, these costs will be offset by avoiding longer terms served in county jails, and by keeping participating young offenders out of the criminal justice system in the future. CBHDA was neutral on this bill.

Vetoed Bills Followed by CBHDA

AB 1300 (Ridley-Thomas): Mental health: involuntary commitment

What it Does: This bill would have authorized an "emergency physician" or a "psychiatric professional," as defined, who is not a county-designated professional to take, or cause to be taken, a person- who is a danger to self or others, or is gravely disabled- into custody for up to 72 hours for the purpose of obtaining evaluation and treatment from a professional person, including members of a mobile crisis team, who is designated by a county, or to arrange the transfer of the person to a designated facility for evaluation and treatment.

Background: AB 1300 was sponsored by the California Hospital Association, the California Psychiatric Association and California Chapter of the American College of Emergency Physicians. CBHDA opposed AB 1300 along with California Association of Social Rehabilitation Agencies, Disability Rights California, NAMI California, Union of American Physicians and Dentists/AFSCME Local 206, SEIU and the California Association of Mental Health and Peer Run Organizations.

The LPS Act was enacted in the 1960s to develop a statutory process under which individuals could be involuntarily held and treated in a county-designated facility in a manner that safeguarded their constitutional rights. The LPS Act was intended to balance the goals of maintaining the constitutional right to personal liberty and choice in mental health treatment. Since its passage in 1967, the field of mental health has continued to evolve toward even greater legal rights for mentally disordered persons.

Welfare and Institutions Code Section 5150 of the LPS Act allows peace officers, staff members of county-designated facilities, or other county-designated professional persons to take an individual into custody and place him or her in a facility for 72-hour treatment and evaluation to determine if, due to a mental disorder, the individual is a danger to self or others, or is gravely disabled. The LPS Act imposes strict conditions relating to the detention, assessment and treatment of the individual. CBHDA opposed this bill because it did not address quality of care in the EDs or the lack of psychiatric

beds as hospitals have chosen to reduce capacity within their hospital systems for mental health services.

The bill failed passage out of the Senate and did not move forward to the Governor as a result of the opposition.

SB 253: Dependent children: psychotropic medication

What it Does: SB 253 would have added a number of requirements to the process by which a court authorizes the administration of psychotropic medications for children served through the Foster Care System. These requirements included a physician's confirmation of receipt of the health and education passport, implementation of a pre-authorization review process, and the bill would not have allowed for the approval of a JV-220 by a judge unless those labs were completed no more than 45 days prior to submission of the JV-220.

Background: SB 253 was sponsored by the National Center for Youth Law and supported by the California Welfare Directors Association. The California Psychiatric Association, the California Medical Association, the California Alliance of Child and Family Services, and the California Academy of Child and Adolescent Psychiatrists all opposed this bill. CBHDA opposed this legislation. SB 253 was vetoed.

Concern over the use of psychotropic medications among children has been documented in research journals and recent media coverage. A series of articles in the San Jose Mercury News identified prescribing rates, dosages and regimens that are concerning to child welfare system experts. A package of bills in 2015 and this year have sought to increase oversight of prescribing to foster youth and ensure the use of other therapies to address behavioral issues. However, we believed that SB 253 was largely duplicative of the process that CBHDA and other organizations just went through to revise and update the JV-220 forms pursuant to SB 238 (Mitchell, 2015).

As a result of this process, the JV-220 has now more than doubled in length and includes newly added forms and requirements pursuant to SB 238. The use of these new forms just went into effect on July 1, 2016. This bill would have placed additional workload requirements on health care professionals, social workers, probation officers and various other individuals who participate in the care of our foster youth. CBHDA questioned the necessity of passing yet another bill that is duplicative of the new statutes that just went into effect, especially before any outcomes of these newly enacted laws are measured.

Governor's Message: I am returning Senate Bill 253 without my signature. This bill adds more requirements for juvenile court authorization and oversight of psychotropic medications for children in the child welfare and probation systems. Last year, I signed a bill that required the Judicial Council, working with stakeholders, to amend and adopt rules of court and forms to help judges determine whether to authorize the use of psychotropic medications. These new rules and forms took effect July 1, 2016, and require significantly more information to be submitted to the court. Until we know the impact of these changes, it is premature to legislate additional measures.

SB 1113 (Beall): Pupil health: mental health

What it Does: This bill authorizes a county, or a qualified provider who is a part of the county mental health plan network, and an LEA to enter into a partnership for the

provision of Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) mental health services.

Background: This bill was sponsored by Mental Health America. The recent audit, "Student Mental Health: Some Students' Services Were Affected by a New State Law, and the State Needs to Analyze Student Outcomes and Track Service Costs Services" noted that although LEAs cannot access funding for EPSDT services unless they contract with their respective counties, such partnerships could financially benefit both counties and LEAs and increase the provision of services to children. This audit recommended that the Legislature *require* counties to enter into agreements with special education local plan areas (SELPAs) to allow SELPAs and their LEAs to access EPSDT funding through the county mental health programs by providing EPSDT mental health services. This bill authorizes, but does not require the agreements. CBHDA held a watch position on this bill. SB 1113 was vetoed.

Governor's Message: I am returning the following four bills without my signature: Assembly Bill 1198 Assembly Bill 1783 Assembly Bill 2182 Senate Bill 1113. Each of these bills creates unfunded new programs. Despite significant funding increases for local educational agencies over the past few years, the Local Control Funding Formula remains only 96 percent funded. Given the precarious balance of the state budget, establishing new programs with the expectation of funding in the future is counterproductive to the Administration's efforts to sustain a balanced budget and to fully fund the Local Control Funding Formula. Additional spending to support new programs must be considered in the annual budget process.

SB 1466 (Mitchell): Early and Periodic Screening Diagnosis and Treatment Program: Trauma

What it Does: This bill requires the Early and Periodic Screening, Diagnosis, and Treatment Program (EPSDT) to include screening for trauma.

Background: This bill was co-sponsored by Californians for Safety and Justice and the California Youth Connection. According to the author, adverse childhood experiences (ACEs) are potentially traumatic events that can have negative, lasting effects on health and well-being. These experiences range from physical, emotional, or sexual abuse to parental divorce or the incarceration of a parent or guardian. This bill seeks to increase the detection and treatment of childhood trauma. CBHDA held a concerns position on this bill. This bill was vetoed.

Governor's Message: I am returning Senate Bill 1466 without my signature. This bill establishes a new trauma screening entitlement for every child on Medi-Cal. Medi-Cal has grown from 8 million to 14 million beneficiaries since our implementation of the federal Affordable Care Act and provides coverage for over 5 million children. Given this dramatic expansion, I am reluctant to create another entitlement as required by this bill.

AB 741 (Williams): Medi-Cal: comprehensive mental health crisis

What it Does: This bill would have allowed a short-term residential treatment center (STRTC) to be operated as a children's crisis residential center, and be operated specifically to divert children experiencing a mental health crisis from psychiatric hospitalization. The bill set a limit on the stay to 10 consecutive days and no more than 20 total days within a six-month period.

Background: AB 741 was sponsored by the California Alliance for Child and Family Services and supported by the California Welfare Directors Association, NAMI California, and California Mental Health Advocates for Children and Youth.

California has few crisis diversion programs for adolescents and few options in a mental health crisis. According to a 2015 paper published by six mental health advocacy organizations, the lack of crisis options for children and teens results in untreated mental health issues which worsen over time. "Kids in Crisis: California's Failure to Provide Appropriate services for Youth Experiencing a Mental Health Crisis," described California's system as inconsistent statewide with many families turning to local hospital emergency rooms for help. The report advocated for the creation of community-based crisis facilities for children and youth. CBHDA held a watch position on the bill. AB 741 was vetoed.

Governor's Message: I am returning Assembly Bill 741 without my signature. This bill establishes a licensing category for children's crisis residential centers which would be regulated by the Department of Social Services. The licensing category proposed by this bill limits the length of treatment stays and the size of the centers. These restrictions are not consistent with federal rules and put funding in jeopardy. I recognize there is an acute shortage of residential programs that provide crisis mental health treatment for children and teens. Therefore, I am directing the Departments of Social Services and Health Care Services to work with county behavioral health directors and children's advocates to develop a more viable licensing category.

AB 2017 (McCarty): College Mental Health Services Program

What it Does: This bill establishes the College Mental Health Services Program and creates a grant program for public community colleges, colleges, and universities to improve access to mental health, early identification and intervention programs.

Background: This bill was sponsored by the Steinberg Institute and the California State Student Association. According to the author, college students often have significant mental health access problems. This bill, if funded, will increase the resources available on some college campuses. CBHDA held a watch position on this bill. AB 2017 was vetoed.

Governor's Message: I am returning Assembly Bill 2017 without my signature. This bill requires the Mental Health Services Oversight and Accountability Commission to establish a grant program for mental health services at public colleges and universities, subject to a future appropriation. While well-intentioned, the bill is premature as it commits to a particular program structure without specifying the amount or source of funding. Without this pertinent information, I cannot give this matter full consideration, given the complexities of mental health funding.

AB 2279 (Cooley): Mental Health Services Act: county-by-county spending reports

What it Does: This bill would have required DHCS to annually compile county revenue and expenditure information related to the Mental Health Services Act (MHSA) based on the existing Annual MHSA Revenue and Expenditure Report. Further, the bill would have required that the information compiled be made available by DHCS to the Mental Health Services Oversight and Accountability Commission (MHSOAC), and requires the MHSOAC to make the information publicly available online.

Background: The bill was author-sponsored, and supported by the Steinberg Institute, the MHSAOC, and the Little Hoover Commission. The concern from the author's office was that there is no single repository with county-by-county and state-wide information about how MHSA funds are spent. The author believed that the lack of information made available to the public makes it difficult for consumers to compare services to identify programs that best address their needs, for county programs to identify best practices, and to ensure effective oversight and accountability to the public. CBHDA held a watch position on the bill. AB 2279 was vetoed.

Governor's Message: I am returning Assembly Bill 2279 without my signature. This bill requires the Department of Health Care Services to annually compile and publicly report financial data and program information from counties on their Mental Health Services Act expenditures. The department is already in the process of collecting and posting county revenue and expenditure reports as well as updated three year program expenditure plans, which will provide much of the information outlined in this bill. I encourage the Legislature and interested stakeholders to continue to work with the department to identify useful information that can be integrated into the existing reports to improve transparency and accountability in the use of these funds.

AB 2821 (Chiu): Housing for a Healthy California Program

What it Does: This bill creates the Housing for a Healthy California Program to provide rental assistance to individuals who are homeless and receive services from the Whole Person Care pilot program, Health Homes, or another locally controlled and funded program. By April 1, 2018 and annually thereafter, subject to the availability of funding, grants will be awarded on a competitive basis to eligible counties and regions participating in a Whole Person Care pilot or counties and regions with Medi-Cal managed care plans administering the Health Home Program. Competitive grant funding will be subject to appropriation by the Legislature.

Background: This bill was sponsored by the Corporation for Supportive Housing. The California Section 1115 Medicaid Waiver includes the Whole Person Care pilot program, which allows counties to access federal funds for care management supports, services to find housing and services promoting housing stability. DHCS is also implementing a new Health Home Program that will fund services for high-cost homeless beneficiaries. CBHDA held a support position on this bill. AB 2821 was vetoed.

Governor's Message: I am returning Assembly Bill 2821 without my signature. This bill establishes a new program to provide rental assistance to homeless Medi-Cal beneficiaries. While the goal of this bill is laudable and the policy could lead to savings in the health care system, codifying a program without an identified funding source raises false expectations. This grant program, like any new expenditure, is best left to budget discussions.