

NAMI CA Positions

[AB 118](#) **(Kamlager D) Emergency services: community response: grant program.**

Introduced: 12/18/2020

Status: 4/7/2021-From committee: Do pass and re-refer to Com. on APPR. (Ayes 6. Noes 0.) (April 5). Re-referred to Com. on APPR.

Location: 4/5/2021-A. APPR.

Summary: Would, until January 1, 2026, enact the Community Response Initiative to Strengthen Emergency Systems Act or the C.R.I.S.E.S. Act for the purpose of creating, implementing, and evaluating the 3-year C.R.I.S.E.S. Grant Pilot Program, which the act would establish. The bill would require the office to establish rules and regulations for the program with the goal of making grants to community organizations, over 3 years, for the purpose of expanding the participation of community organizations in emergency response for specified vulnerable populations. The bill would require that grantees receive a minimum award of \$250,000 per year. The bill would require a community organization receiving funds pursuant to the program to use the grant to stimulate and support involvement in emergency response activities that do not require a law enforcement officer, as specified. The bill would require the Director of Emergency Services (director) to assemble staff and resources to carry out certain duties in support of the program.

Position

Support

[AB 234](#) **(Ramos D) Office of Suicide Prevention**

Introduced: 1/12/2021

Status: 3/24/2021-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 15. Noes 0.) (March 23). Re-referred to Com. on APPR.

Location: 3/23/2021-A. APPR.

Calendar: 4/14/2021 9 a.m. - Assembly Floor ASSEMBLY APPROPRIATIONS, GONZALEZ, LORENA, Chair

Summary: Current law authorizes the State Department of Public Health to establish the Office of Suicide Prevention within the department, and requires the office to perform specified duties, including providing information and technical assistance to statewide and regional partners regarding best practices on suicide prevention policies and programs and reporting on progress to reduce rates of suicide, and authorize the office to apply for and use federal, state, and foundation grants. This bill would remove the limitation that, should the office be established, all duties and responsibilities of the office be carried out using existing staff and resources.

Position

Support

[AB 270](#) **(Ramos D) Core Behavioral Health Crisis Services System.**

Introduced: 1/19/2021

Status: 1/28/2021-Referred to Coms. on HEALTH and C. & C.

Location: 1/28/2021-A. HEALTH

Summary: Would create the Core Behavioral Health Crisis Services System, using the digits "988" for the 988 Suicide Prevention and Behavioral Health Crisis Hotline, in compliance with existing federal law and standards governing the National Suicide Prevention Lifeline. The bill would require the department, as defined, to take specified actions to implement the hotline system. The bill would require the department to charge a fee on each resident of the state that is a subscriber of commercial mobile or IP-enabled voice services to pay for the costs of the program. The bill would create the 988 Fund, a new continuously appropriated fund, and would require the fees to be deposited along with other specified moneys into the 988 Fund.

Position

Support

[AB 552](#) **(Quirk-Silva D) Integrated School-Based Behavioral Health Partnership Program.**

Introduced: 2/10/2021

Last Amend: 4/5/2021

Status: 4/6/2021-Re-referred to Com. on HEALTH.

Location: 3/24/2021-A. HEALTH

Summary: Would establish the Integrated School-Based Behavioral Health Partnership Program to provide prevention and early intervention for, and access to, behavioral health services for pupils. The bill would authorize a county behavioral health agency and the governing board or governing body of a local educational agency to agree to collaborate on conducting a needs assessment on the need for school-based mental health and substance use disorder services, and implement an integrated school-based behavioral health partnership program, to develop a memorandum of understanding outlining the requirements for the partnership program, and to enter into a contract for mental health or substance use disorder services.

Position
Support

[AB 563](#) (Berman D) School-based health programs.

Introduced: 2/11/2021

Last Amend: 4/5/2021

Status: 4/6/2021-Re-referred to Com. on HEALTH.

Location: 3/24/2021-A. HEALTH

Calendar: 4/13/2021 1:30 p.m. - State Capitol, Assembly Chamber ASSEMBLY HEALTH, WOOD, Chair

Summary: Would require the State Department of Education to, no later than July 1, 2022, establish an Office of School-Based Health Programs for the purpose of administering current health-related programs under the purview of the State Department of Education and advising it on issues related to the delivery of school-based Medi-Cal services in the state. The bill would require the office to, among other things, provide technical assistance, outreach, and informational materials to LEAs on allowable services and on the submission of claims. The bill would authorize the office to form advisory groups, as specified, and, to the extent necessary, would require the State Department of Health Care Services to make available to the office any information on other school-based dental, health, and mental health programs, and school-based health centers, that may receive Medi-Cal funding.

Position
Support

[AB 586](#) (O'Donnell D) Pupil health: health and mental health services: School Health Demonstration Project.

Introduced: 2/11/2021

Last Amend: 3/25/2021

Status: 4/7/2021-VOTE: Do pass and be re-referred to the Committee on [Health] (PASS)

Location: 4/7/2021-A. HEALTH

Calendar: 4/13/2021 1:30 p.m. - State Capitol, Assembly Chamber ASSEMBLY HEALTH, WOOD, Chair

Summary: Would establish, within the State Department of Education, the School Health Demonstration Project, a pilot project, to be administered by the department, in consultation with the State Department of Health Care Services, to expand comprehensive health and mental health services to public school pupils by providing training and support services to selected local educational agencies to secure ongoing Medi-Cal funding for those health and mental health services, as provided.

Position
Support

[AB 638](#) (Quirk-Silva D) Mental Health Services Act: early intervention and prevention programs.

Introduced: 2/12/2021

Last Amend: 3/26/2021

Status: 4/7/2021-From committee: Do pass and re-refer to Com. on APPR. (Ayes 15. Noes 0.) (April 6). Re-referred to Com. on APPR.

Location: 4/6/2021-A. APPR.

Calendar: 4/14/2021 9 a.m. - Assembly Floor ASSEMBLY APPROPRIATIONS, GONZALEZ, LORENA, Chair

Summary: The Mental Health Services Act requires counties to establish a program designed to prevent mental illnesses from becoming severe and disabling and authorizes counties to use funds designated for prevention and early intervention to broaden the provision of those community-based mental health services by adding prevention and early intervention services or activities. Current law authorizes the MHSA to be amended by a 2/3 vote of the Legislature if the amendments are consistent with, and further the purposes of, the MHSA. This bill would amend the MHSA by including in the prevention and early intervention services authorized to be provided, prevention and early intervention strategies that address mental health needs, substance misuse or substance use disorders, or needs relating to cooccurring mental health and substance use services. By authorizing a new use for continuously appropriated funds, this bill would make an appropriation. The bill would state the finding and declaration of the Legislature that this change is consistent with, and furthers the intent of, the MHSA.

Position
Support

[AB 681](#) (Ramos D) Mental health: information sharing.

Introduced: 2/12/2021

Status: 2/25/2021-Referred to Com. on HEALTH.

Location: 2/25/2021-A. HEALTH

Summary: Current law prohibits a person detained pursuant to the Lanterman-Petris-Short Act because the person is a danger to self or others, from owning, possessing, controlling, receiving, or purchasing, or attempting to own, possess, control, receive, or purchase, any firearm. In order for the Department of Justice to determine the eligibility of the person to own, possess, control, receive, or

purchase a firearm, existing law requires each designated facility, within 24 hours of admitting an individual subject to that prohibition, to submit a report to the Department of Justice that contains specified information, including the identity of the person. This bill would require the Department of Justice to provide to the State Department of Health Care Services a copy of reports submitted pursuant to those provisions.

Position

Support

[AB 748](#) (Carrillo D) Pupil mental health: mental health assistance posters.

Introduced: 2/16/2021

Status: 2/25/2021-Referred to Com. on ED.

Location: 2/25/2021-A. ED.

Summary: Would require, on or before the start of the 2022–23 school year, each schoolsite in a school district, county office of education, or charter school, serving pupils in any of grades 6 to 12, inclusive, to create a poster that identifies approaches and shares resources regarding pupil mental health. The bill would require the poster to be prominently and conspicuously displayed in each bathroom and locker room at the schoolsite, as provided. By imposing additional duties on school districts, county offices of education, and charter schools, the bill would impose a state-mandated local program.

Position

Support

[AB 935](#) (Maienschein D) Telehealth: mental health.

Introduced: 2/17/2021

Status: 2/25/2021-Referred to Com. on HEALTH.

Location: 2/25/2021-A. HEALTH

Calendar: 4/27/2021 1:30 p.m. - State Capitol, Assembly Chamber ASSEMBLY HEALTH, WOOD, Chair

Summary: Would require health care service plans and health insurers, by July 1, 2022, to provide access to a telehealth consultation program that meets specified criteria and provides providers who treat children and pregnant and certain postpartum persons with access to a mental health consultation program, as specified. The bill would require the consultation by a mental health clinician with expertise appropriate for pregnant, postpartum, and pediatric patients to be conducted by telephone or telehealth video, and to include guidance on the range of evidence-based treatment options, screening tools, and referrals. The bill would require health care service plans and insurers to communicate information relating to the telehealth program at least twice a year in writing. The bill would require health care service plans and health insurers to monitor data pertaining to the utilization of the program to facilitate ongoing quality improvements, as necessary, and to provide a description of the program to the appropriate department.

Position

Support

[AB 988](#) (Bauer-Kahan D) Mental health: mobile crisis support teams: 988 crisis hotline.

Introduced: 2/18/2021

Status: 3/4/2021-Referred to Coms. on HEALTH and C. & C.

Location: 3/4/2021-A. HEALTH

Calendar: 4/20/2021 1:30 p.m. - State Capitol, Assembly Chamber ASSEMBLY HEALTH, WOOD, Chair

Summary: Would establish the 988 Crisis Hotline Center, using the digits "988" in compliance with existing federal law and standards governing the National Suicide Prevention Lifeline. The bill would require the Office of Emergency Services to take specified actions to implement the hotline system, including hiring a director with specified experience and designating a 988 crisis hotline center or centers to provide crisis intervention services and crisis care coordination to individuals accessing the 988.

Position

Support

[AB 998](#) (Lackey R) Incarcerated persons: health records.

Introduced: 2/18/2021

Last Amend: 3/30/2021

Status: 4/7/2021-From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 8. Noes 0.) (April 6). Re-referred to Com. on APPR.

Location: 4/7/2021-A. APPR.

Summary: Would require, when jurisdiction of an inmate is transferred from or between the Department of Corrections and Rehabilitation, the State Department of State Hospitals, and county agencies caring for inmates, those agencies to disclose, by electronic transmission when possible, mental health records, as defined, regarding each transferred inmate who received mental health services while in custody of the transferring facility, at the time of transfer or within 7 days of the

transfer. The bill would require mental health records to be disclosed to ensure sufficient mental health history is available for the purpose of satisfying specified requirements relating to parole and to ensure the continuity of mental health treatment of an inmate being transferred between those facilities.

Position

Support

AB 1065 (Maienschein D) Personal income taxes: voluntary contributions: Mental Health Help Program Voluntary Tax Contribution Fund.

Introduced: 2/18/2021

Last Amend: 3/8/2021

Status: 4/6/2021-From committee: Do pass and re-refer to Com. on APPR. (Ayes 10. Noes 0.) (April 5). Re-referred to Com. on APPR.

Location: 4/6/2021-A. APPR.

Summary: Would allow an individual to designate on their tax return that a specified amount in excess of the taxpayer's personal income tax liability be transferred to the Mental Health Help Program Voluntary Tax Contribution Fund, which would be created by this bill. The bill would conform with those aforementioned administrative requirements by continuously appropriating those funds to the Franchise Tax Board, the Controller, and the Department of the California Highway Patrol for administrative costs and by requiring the Department of the California Highway Patrol to post specified information provided by the National Alliance on Mental Illness about those funds on its internet website.

Position

Sponsor

AB 1178 (Irwin D) Medi-Cal: serious mental illness: drugs.

Introduced: 2/18/2021

Status: 3/4/2021-Referred to Com. on HEALTH.

Location: 3/4/2021-A. HEALTH

Calendar: 4/20/2021 1:30 p.m. - State Capitol, Assembly Chamber ASSEMBLY HEALTH, WOOD, Chair

Summary: The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under existing law, the provision of prescription drugs is a Medi-Cal benefit, subject to the list of contract drugs and utilization controls. After a determination of cost benefit, current law requires the Director of Health Care Services to modify or eliminate the requirement of prior authorization as a control for treatment, supplies, or equipment that costs less than \$100, except for prescribed drugs. This bill would delete the prior authorization requirement for any drug prescribed for the treatment of a serious mental illness, as defined, for a period of 365 days after the initial prescription has been dispensed for a person over 18 years of age who is not under the transition jurisdiction of the juvenile court.

Position

Support

AB 1331 (Irwin D) Mental health: Statewide Director of Crisis Services.

Introduced: 2/19/2021

Last Amend: 4/8/2021

Status: 4/8/2021-Read second time and amended.

Location: 4/6/2021-A. APPR.

Summary: The Lanterman-Petris-Short Act, authorizes, among other things, the involuntary commitment and treatment of persons with specified mental health disorders and the appointment of a conservator of the person, of the estate, or of both, for a person who is gravely disabled as a result of a mental health disorder. The act is administered by the Director of Health Care Services. This bill would require the director to appoint a full-time Statewide Director of Crisis Services. The bill would require the Statewide Director of Crisis Services to establish, monitor, and sustain a comprehensive crisis care system, as specified, and coordinate with the Department of Managed Health Care, the Department of Insurance, and other departments, agencies, and entities, as necessary, to ensure the existence of a comprehensive, integrated, and reliable network of services.

Position

Co-Sponsor

SB 17 (Pan D) Office of Racial Equity.

Introduced: 12/7/2020

Last Amend: 4/5/2021

Status: 4/6/2021-Set for hearing April 13.

Location: 3/23/2021-S. JUD.

Calendar: 4/13/2021 1:30 p.m. - Senate Chamber SENATE JUDICIARY, UMBERG, Chair

Summary: Would, until January 1, 2029, establish in state government an Office of Racial Equity, an independent public entity not affiliated with an agency or department, that shall be governed by a Racial Equity Advisory and Accountability Council. The bill would authorize the council to hire an executive director to organize, administer, and manage the operations of the office. The bill would task the office with coordinating, analyzing, developing, evaluating, and recommending strategies for advancing racial equity across state agencies, departments, and the office of the Governor.

Position
Support

SB 21 **(Glazer D) Specialized license plates: mental health awareness.**

Introduced: 12/7/2020

Last Amend: 4/5/2021

Status: 4/5/2021-From committee with author's amendments. Read second time and amended. Re-referred to Com. on TRANS.

Location: 1/28/2021-S. TRANS.

Calendar: 4/13/2021 9 a.m. - Senate Chambers SENATE TRANSPORTATION, GONZALEZ, LENA, Chair
Summary: Would require the State Department of Education to apply to the DMV to sponsor a mental health awareness license plate program, and would require the DMV to issue the license plates if the State Department of Education meets certain requirements. The bill would also establish the Mental Health Awareness Fund in the State Treasury and would require the revenue generated from the license plates to be deposited in the fund for use, upon appropriation by the Legislature to the State Department of Education, for mental health services in public schools.

Position
Support

SB 106 **(Umberg D) Mental Health Services Act: innovative programs.**

Introduced: 1/5/2021

Last Amend: 3/23/2021

Status: 4/5/2021-April 7 set for first hearing canceled at the request of author.

Location: 3/18/2021-S. HEALTH

Summary: Current law authorizes the MHSA to be amended by a 2/3 vote of the Legislature if the amendments are consistent with, and further the purposes of, the MHSA. This bill would amend the MHSA by authorizing counties to expend funds for their innovative programs without approval by the commission if the program is establishing or expanding a program implementing the full-service partnership model, as defined.

Position
Concerns

SB 221 **(Wiener D) Health care coverage: timely access to care.**

Introduced: 1/13/2021

Last Amend: 3/22/2021

Status: 3/22/2021-Read second time and amended. Re-referred to Com. on APPR.

Location: 3/17/2021-S. APPR.

Summary: Would codify the regulations adopted by the Department of Managed Health Care and the Department of Insurance to provide timely access standards for health care service plans and insurers for nonemergency health care services. The bill would require both a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that appointments with nonphysician mental health and substance use disorder providers are subject to the timely access requirements. The bill would additionally require a health care service plan and a health insurer, including a Medi-Cal Managed Care Plan, to ensure that an enrollee or insured that is undergoing a course of treatment for an ongoing mental health or substance use disorder condition is able to get a followup appointment with a nonphysician mental health care or substance use disorder provider within 10 business days of the prior appointment. The bill would require that a referral to a specialist by another provider meet the timely access standards.

Position
Support

SB 224 **(Portantino D) Pupil instruction: mental health education.**

Introduced: 1/14/2021

Last Amend: 3/17/2021

Status: 4/5/2021-April 5 hearing: Placed on APPR suspense file.

Location: 4/5/2021-S. APPR. SUSPENSE FILE

Summary: Would require each school district, county office of education, state special school, and charter school to ensure that all pupils in grades 1 to 12, inclusive, receive medically accurate, age-appropriate mental health education from instructors trained in the appropriate courses at least once

in elementary school, at least once in junior high school or middle school, as applicable, and at least once in high school. The bill would require that instruction to include, among other things, reasonably designed instruction on the overarching themes and core principles of mental health. The bill would require that instruction and related materials to, among other things, be appropriate for use with pupils of all races, genders, sexual orientations, and ethnic and cultural backgrounds, pupils with disabilities, and English learners.

Position
Co-Sponsor

SB 316 (Eggman D) Medi-Cal: federally qualified health centers and rural health clinics.

Introduced: 2/4/2021

Status: 3/22/2021-March 22 hearing: Placed on APPR suspense file.

Location: 3/22/2021-S. APPR. SUSPENSE FILE

Summary: Current law provides that FQHC and RHC services are to be reimbursed, to the extent that federal financial participation is obtained, to providers on a per-visit basis. "Visit" is defined as a face-to-face encounter between a patient of an FQHC or RHC and specified health care professionals, including a physician and marriage and family therapist. Under existing law, "physician," for these purposes, includes, but is not limited to, a physician and surgeon, an osteopath, and a podiatrist. This bill would authorize reimbursement for a maximum of 2 visits taking place on the same day at a single location if after the first visit the patient suffers illness or injury requiring additional diagnosis or treatment, or if the patient has a medical visit and a mental health visit or a dental visit, as defined. The bill would authorize an FQHC or RHC that currently includes the cost of a medical visit and a mental health visit that take place on the same day at a single location as a single visit for purposes of establishing the FQHC's or RHC's rate to apply for an adjustment to its per-visit rate, and after the department has approved that rate adjustment, to bill a medical visit and a mental health visit that take place on the same day at a single location as separate visits, in accordance with the bill.

Position
Support

SB 340 (Stern D) Lanterman-Petris-Short Act: hearings.

Introduced: 2/9/2021

Last Amend: 3/8/2021

Status: 4/7/2021-Set for hearing April 21.

Location: 3/18/2021-S. HEALTH

Calendar: 4/21/2021 1 p.m. - Senate Chamber SENATE HEALTH, PAN, Chair

Summary: The Lanterman-Petris-Short Act authorizes the involuntary commitment and treatment of persons with specified mental health disorders for the protection of the persons so committed, and authorizes a conservator of the person, of the estate, or of the person and the estate to be appointed for a person who is gravely disabled as a result of a mental health disorder or impairment by chronic alcoholism, or a person who is incapable of caring for their own health and well-being due to a serious mental illness and substance use disorder. The act designates procedures for a hearing under these provisions for a court to receive oral and written evidence. This bill would require a court to allow a family member, friend, or acquaintance who is knowledgeable about a person who is the subject of any hearing under these provisions to testify.

Position
Support

SB 507 (Eggman D) Mental health services: assisted outpatient treatment.

Introduced: 2/17/2021

Last Amend: 4/8/2021

Status: 4/8/2021-Read second time and amended. Re-referred to Com. on APPR.

Location: 4/7/2021-S. APPR.

Summary: The Assisted Outpatient Treatment Demonstration Project Act of 2002, known as Laura's Law, authorizes a court in a participating county to order a person who is suffering from mental illness and is the subject of a petition to obtain assisted outpatient treatment if the court makes various findings including, among others, there has been a clinical determination that the person is unlikely to survive safely in the community without supervision, the person's condition is substantially deteriorating, and, in view of the person's treatment history and current behavior, the person is in need of assisted outpatient treatment in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or to others. Current law requires the petition to be accompanied by an affidavit of a licensed mental health treatment provider. This bill would, among other things, instead require that the above-described findings include either that the person is unlikely to survive safely in the community without supervision and that the person's condition is substantially deteriorating, or that assisted outpatient treatment is needed to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or to others.

Position
Support

SB 508 (Stern D) Mental health coverage: school-based services.

Introduced: 2/17/2021

Status: 4/7/2021-Set for hearing April 21.

Location: 2/25/2021-S. HEALTH

Calendar: 4/21/2021 1 p.m. - Senate Chamber SENATE HEALTH, PAN, Chair

Summary: Current law provides that specified services, including targeted case management services for children with an individual education plan or an individualized family service plan, provided by local educational agencies (LEAs), are covered Medi-Cal benefits, and authorizes an LEA to bill for those services. Existing law requires the department to perform various activities with respect to the billing option for services provided by LEAs. Current law authorizes a school district to require the parent or legal guardian of a pupil to keep current at the pupil's school of attendance certain emergency information. This bill would authorize an LEA to have an appropriate mental health professional provide brief initial interventions at a school campus when necessary for all referred pupils, including pupils with a health care service plan, health insurance, or coverage through a Medi-Cal managed care plan, but not those covered by a county mental health plan.

Position
Support

SB 516 (Eggman D) Certification for intensive treatment: review hearing.

Introduced: 2/17/2021

Last Amend: 4/8/2021

Status: 4/8/2021-Read second time and amended. Re-referred to Com. on HEALTH.

Location: 4/7/2021-S. HEALTH

Calendar: 4/21/2021 1 p.m. - Senate Chamber SENATE HEALTH, PAN, Chair

Summary: Current law authorizes the person to be detained for involuntary care, protection, and treatment related to the mental disorder or impairment by chronic alcoholism if, at the conclusion of the certification review hearing, the person conducting the hearing finds that there is probable cause that the person certified is a danger to self or others or is gravely disabled as a result of a mental disorder or impairment by chronic alcoholism, as specified. This bill would authorize the evidence considered in the certification review hearing to include information on the person's medical condition, as defined, and how that condition bears on certifying the person as a danger to themselves or to others or as gravely disabled.

Position
Support

SB 782 (Glazer D) Assisted outpatient treatment programs.

Introduced: 2/19/2021

Last Amend: 3/25/2021

Status: 4/7/2021-From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 0.) (April 6). Re-referred to Com. on APPR.

Location: 4/7/2021-S. APPR.

Summary: Current law authorizes participating counties to pay for the services provided from moneys distributed to the counties from various continuously appropriated funds, including the Mental Health Services Fund, when included in a county plan, as specified. Current law authorizes a court to order a person who is the subject of a petition filed pursuant to those provisions to obtain assisted outpatient treatment if the court finds, by clear and convincing evidence, that the facts stated in the petition are true and establish that specified criteria are met, including that the person has a history of lack of compliance with treatment for their mental illness, and that there has been a clinical determination that the person is unlikely to survive safely in the community without supervision. Current law authorizes the petition to be filed by the county behavioral health director, or the director's designee, in the superior court in the county in which the person who is the subject of the petition is present or reasonably believed to be present, in accordance with prescribed procedures. This bill would additionally authorize the filing of a petition to obtain assisted outpatient treatment under the existing petition procedures, for a conservatee or former conservatee, as specified, who would benefit from assisted outpatient treatment to reduce the risk of deteriorating mental health while living independently.

Position
Support

Total Measures: 26

Total Tracking Forms: 26