



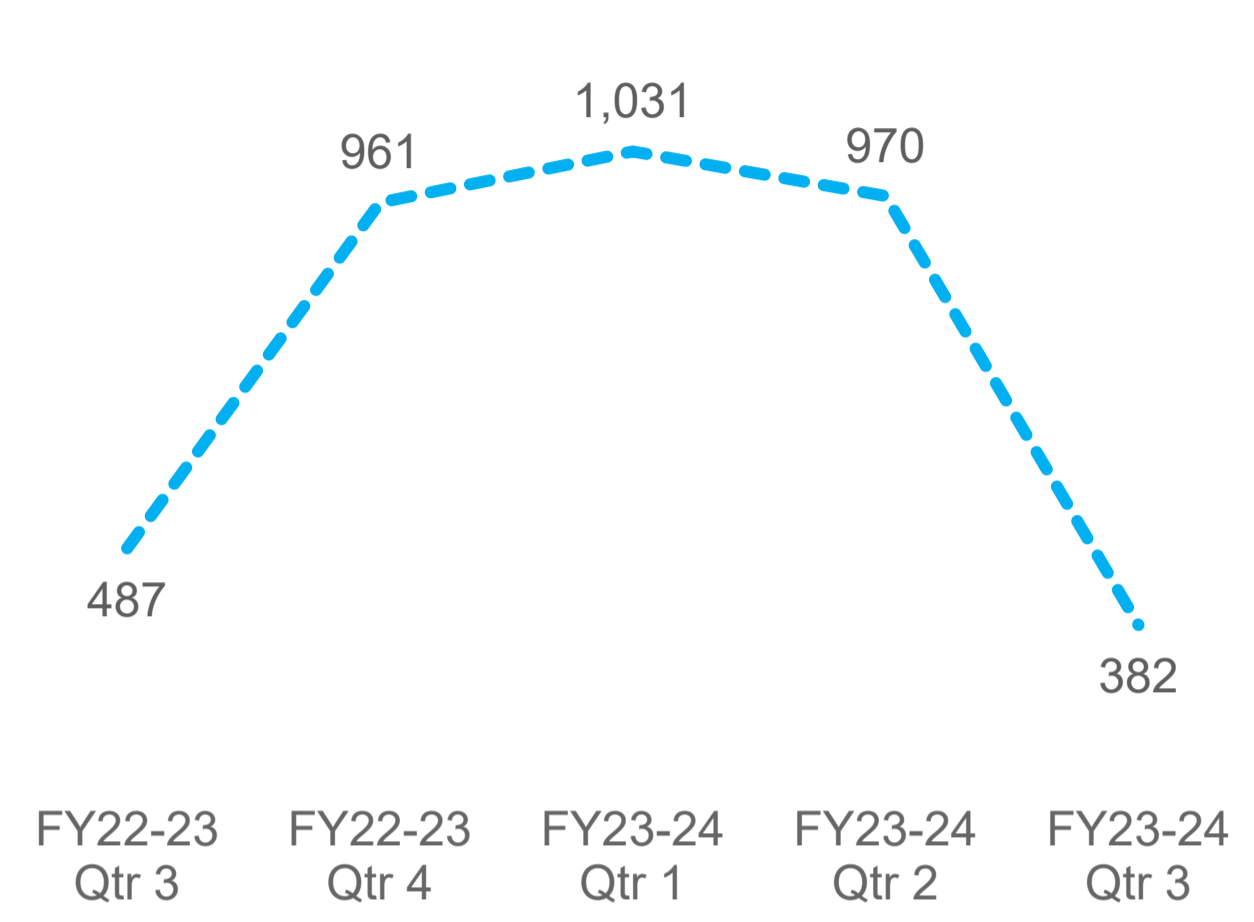
MCRT | Client Characteristics

8,715
Calls Responded To Since Progra...

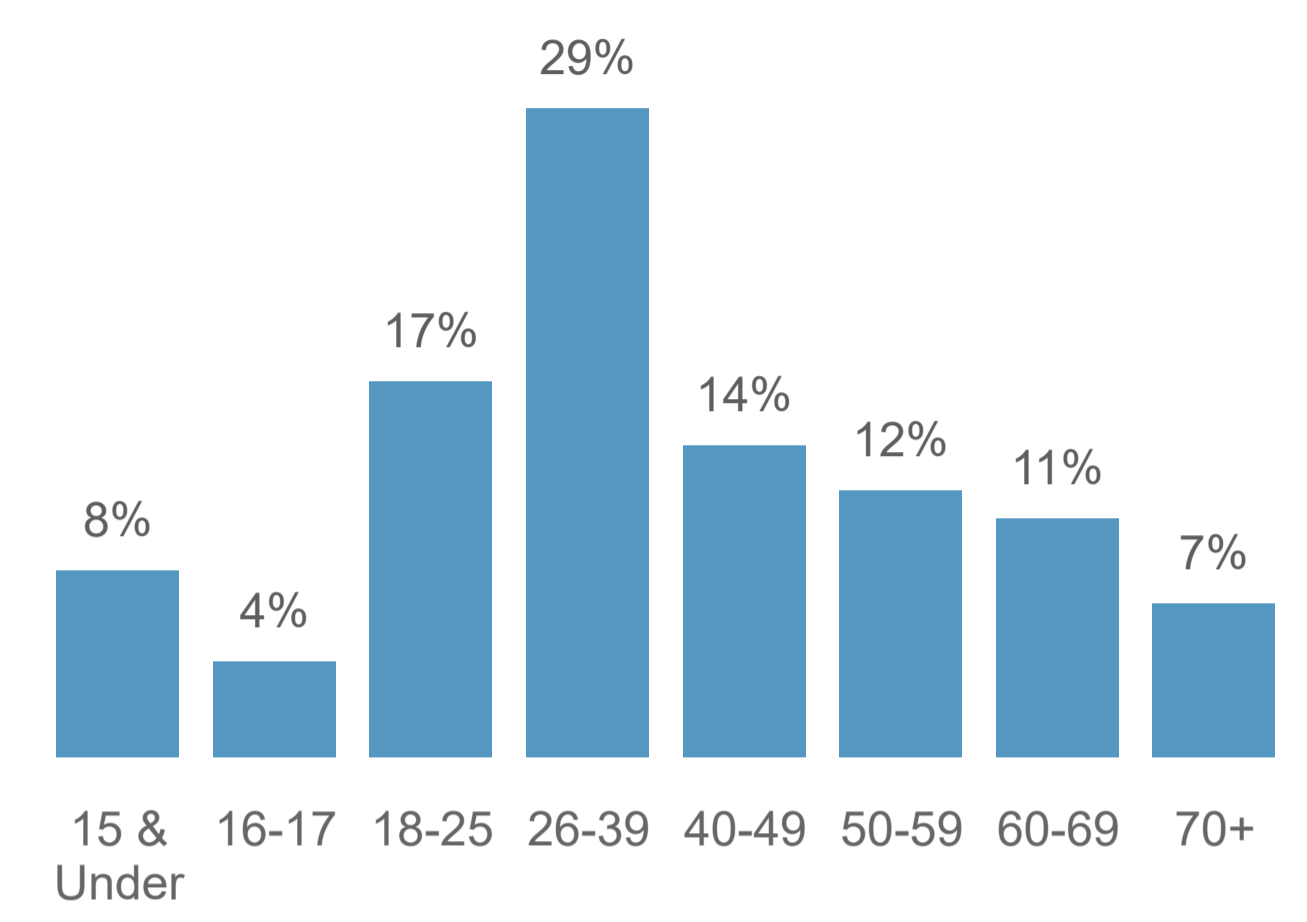
6,112
Unique Clients Since Program St...

Reporting Period
2/1/2023 to 1/31/2024

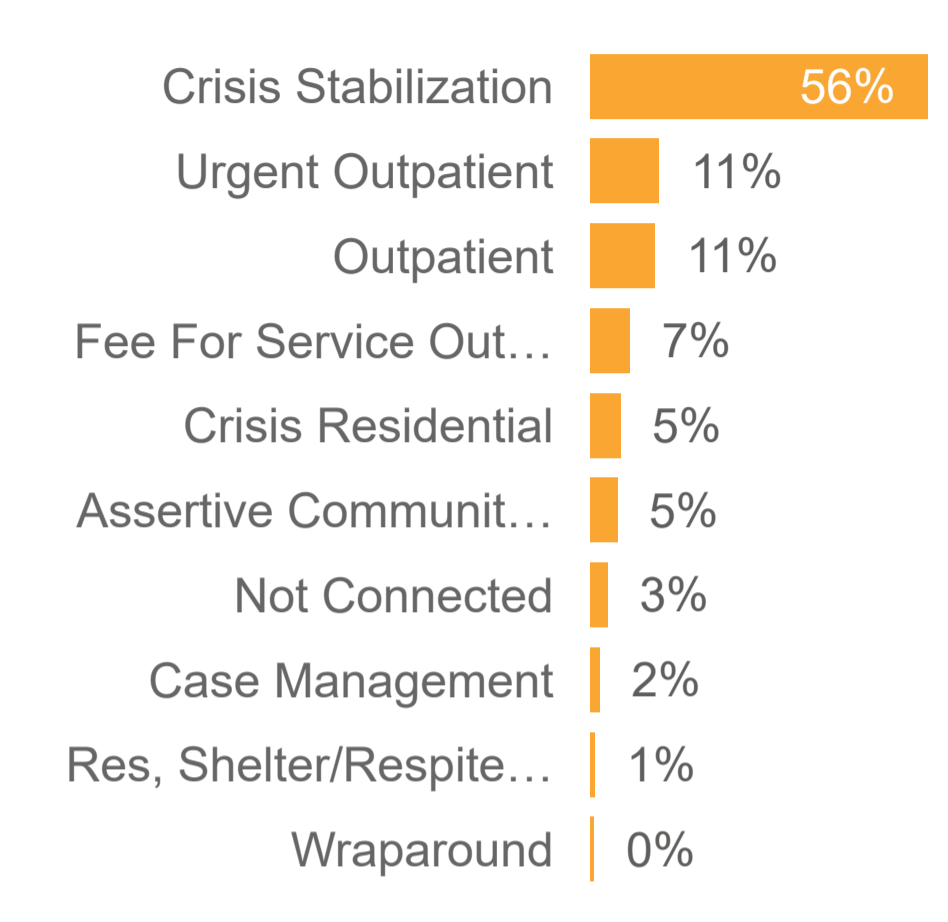
Unique Clients Served over Time



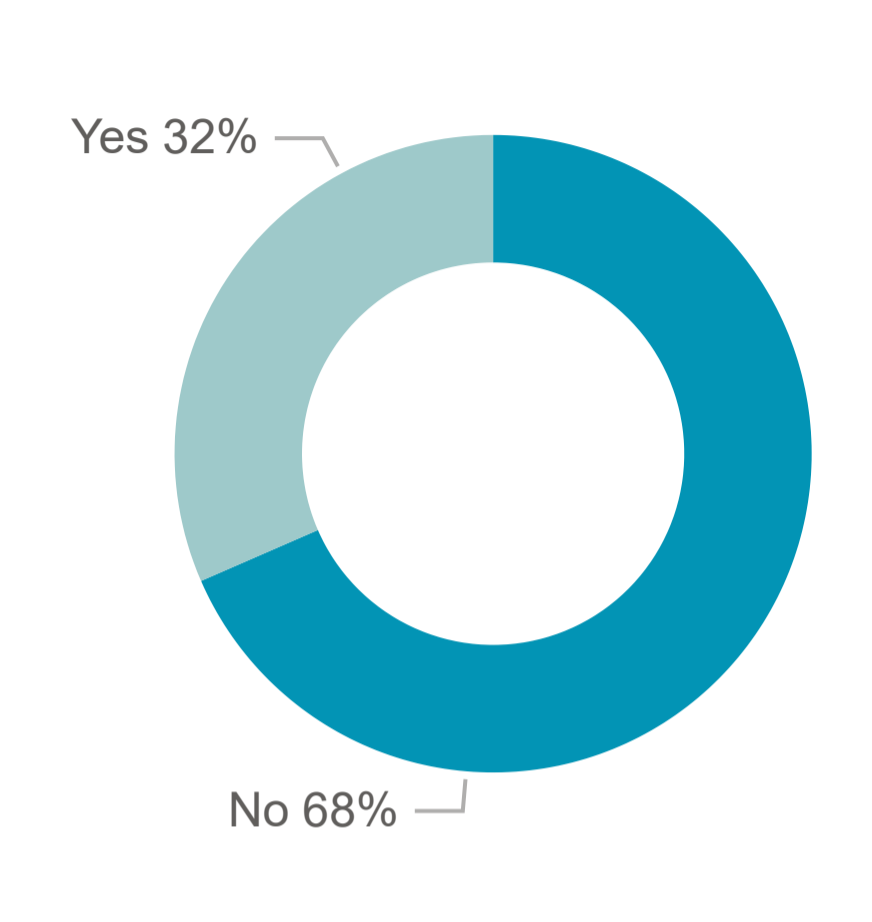
Age



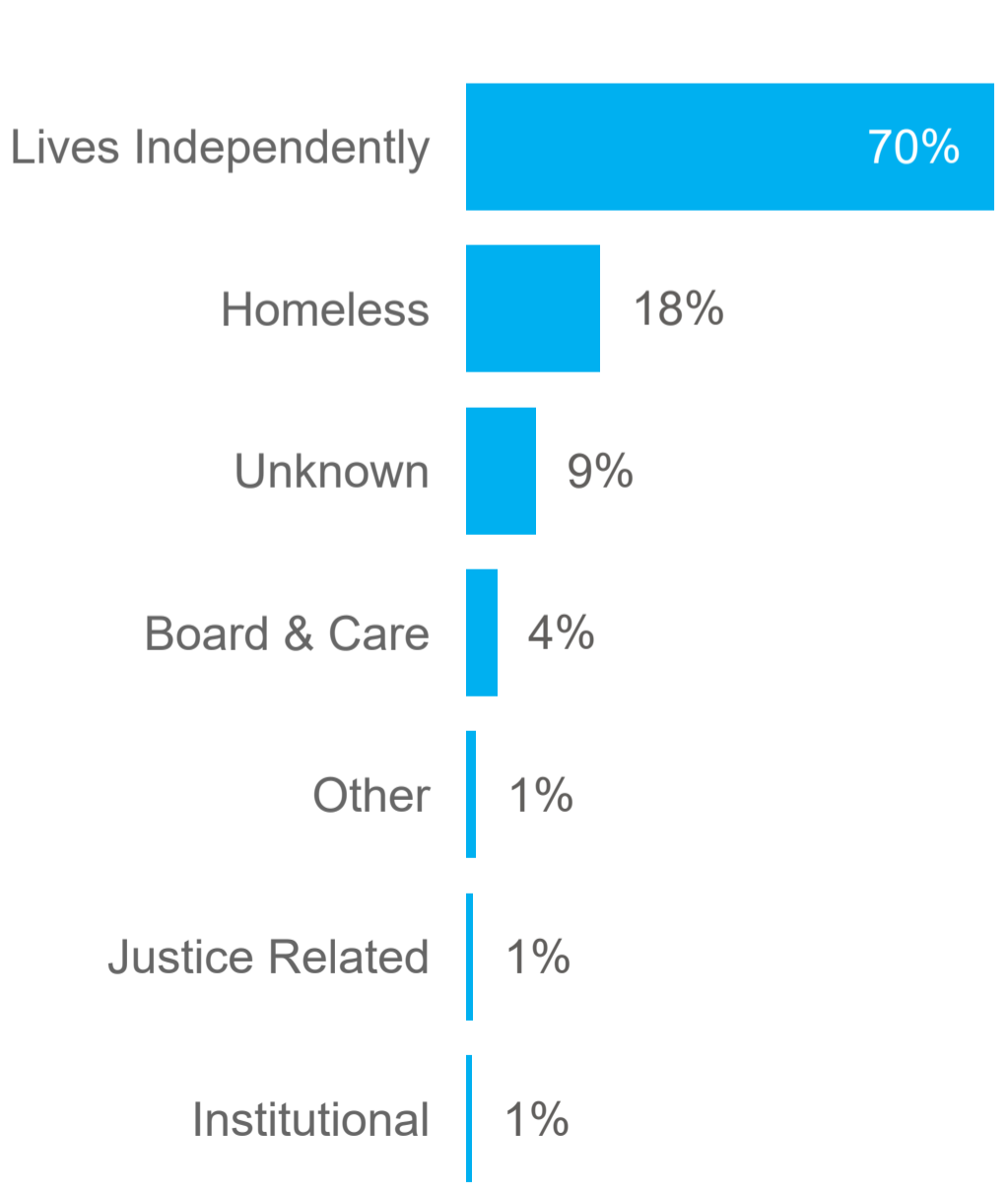
Connecting Programs**



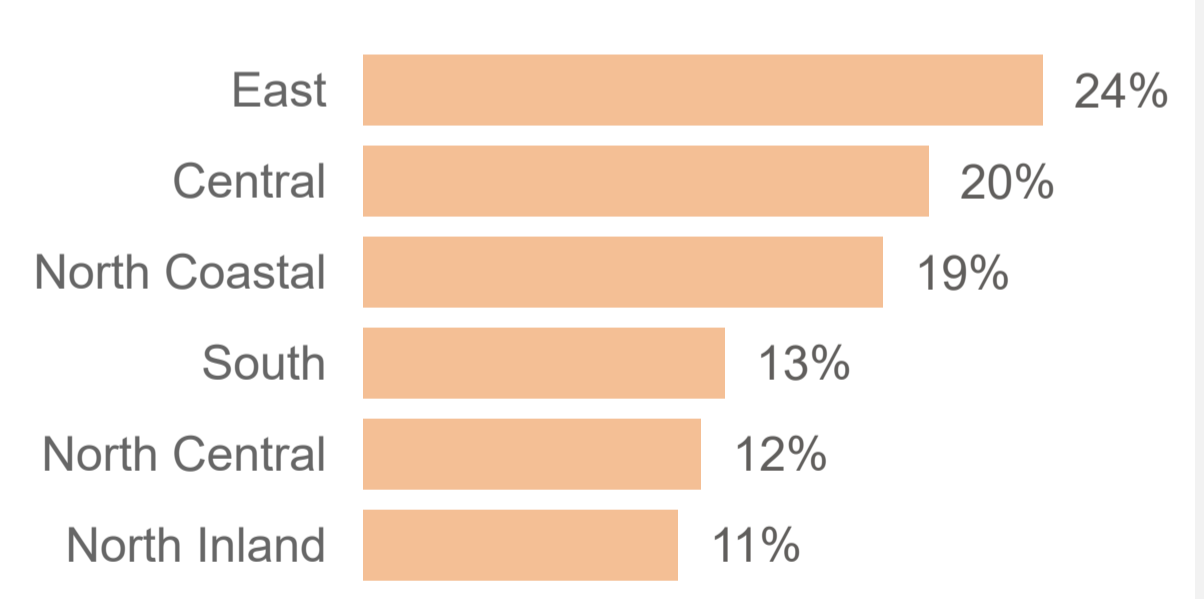
Previous Justice Involvement



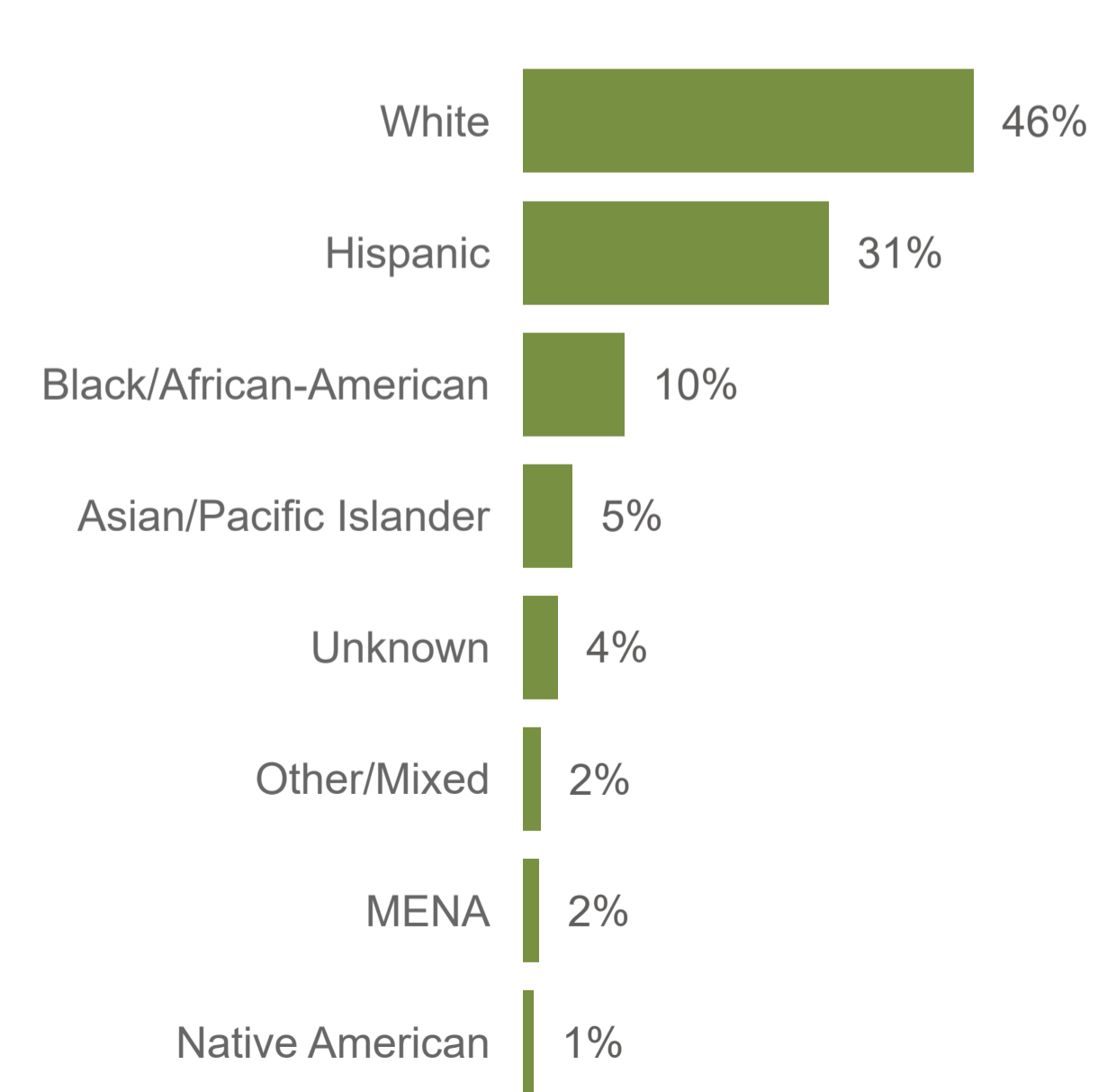
Housing Status



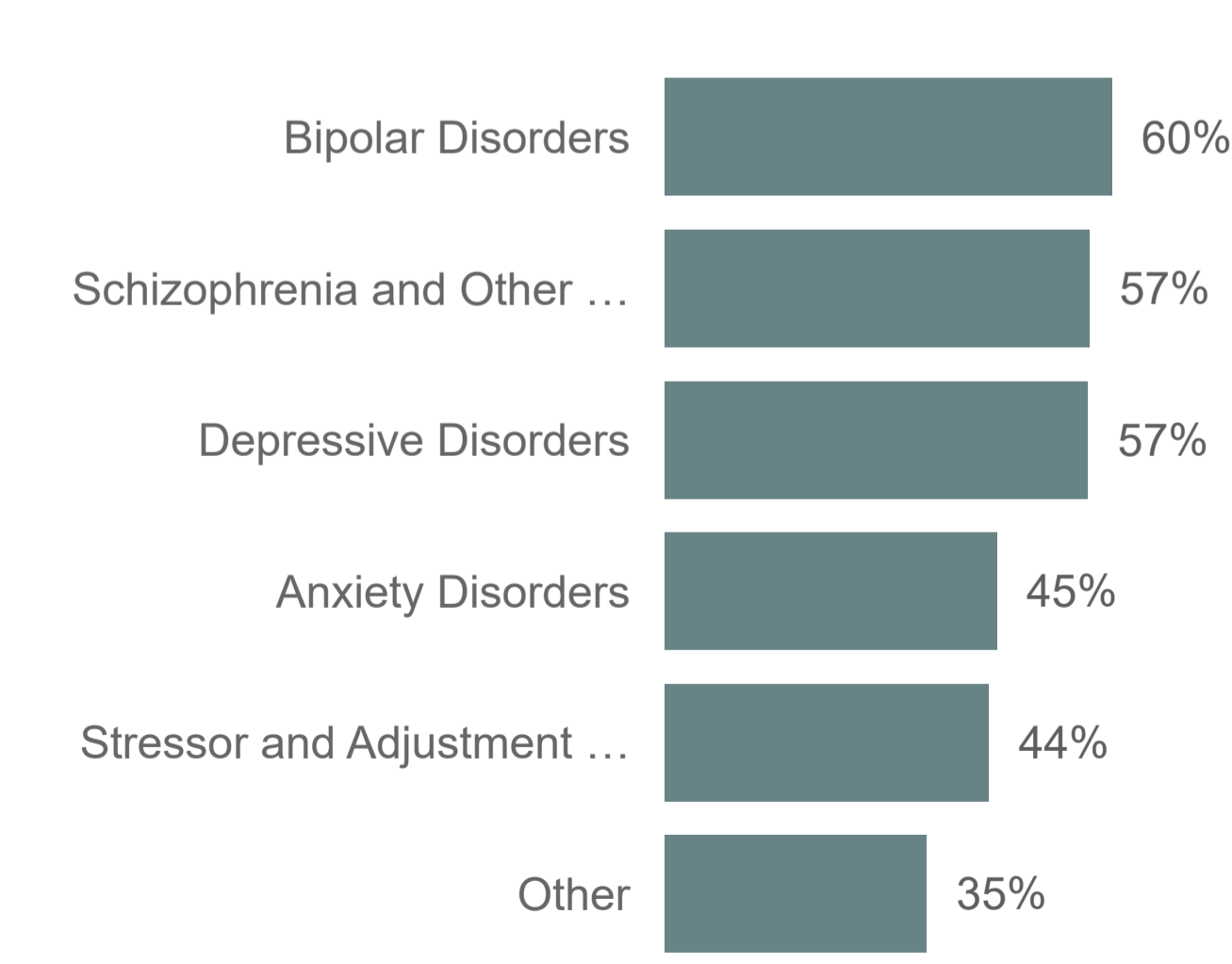
Region of Intervention



Race/Ethnicity



Presenting Mental Health Diagnoses*



*MCRT does not diagnose clients. Diagnoses are determined when clients are either identified as existing BHS clients, or subsequently connected to the BHS system of care, and provided a diagnosis by program

BEHAVIORAL HEALTH DASHBOARD INDICATORS

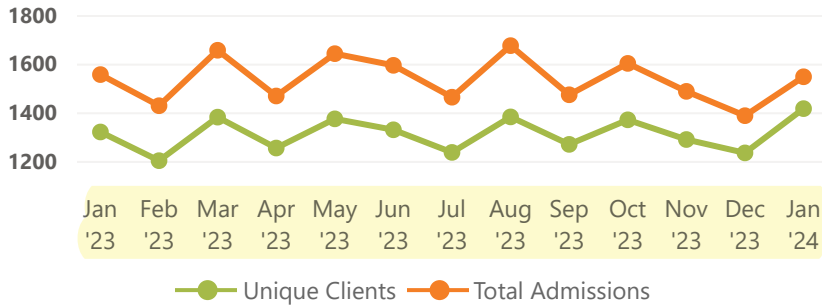
County of San Diego Behavioral Health Services

SUBSTANCE USE SERVICES INDICATORS

Report Month: January 2024



TOTAL ADMISSIONS



Current Trends

January '24 vs. January '23 -0.6% (1,546 vs. 1,555)
 January '24 vs. December '23 +11.5% (1,546 vs. 1,386)

January '24 Admissions

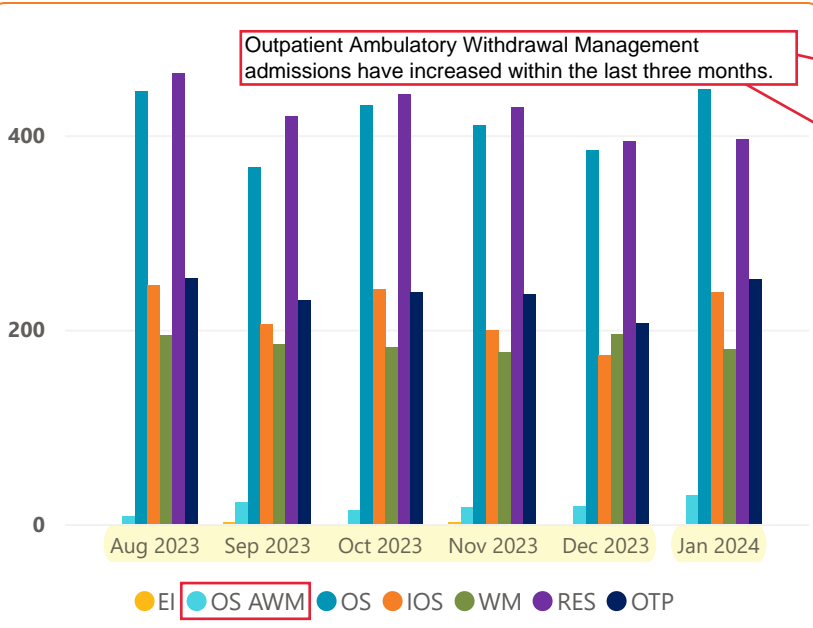
55 Adolescent, 1,491 Adult

Annual Trends

Year	Admissions	Average Per Month
FY 2023-24	10,627	1,518
FY 2022-23	18,081	1,507



ADMISSIONS BY LEVEL OF CARE



Jan '24	29%	15%	12%	26%	16%
Adolescent - Admissions		LOC		Adult - Admissions	
0	0	0	0	0	N/A
N/A	0	0	0	0	29
36	0	0	0	0	411
10	0	0	0	0	228
N/A	0	0	0	0	180
9	0	0	0	0	387
0	0	0	0	0	252
Adolescent - Unique Admissions		LOC		Adult - Unique Admissions	
0	0	0	0	0	N/A
N/A	0	0	0	0	29
36	0	0	0	0	410
10	0	0	0	0	225
N/A	0	0	0	0	177
9	0	0	0	0	375
0	0	0	0	0	248
Recovery Services		January 2024 = 4		FYTD = 270	

Note: There are no OS AWM nor WM levels of care for adolescents and no EI for adults.

CLIENT TRANSITIONS BY LOC - DECEMBER DISCHARGES WITH REFERRAL

		Receiving LOC							
		REC	OS AWM	OS	IOS AWM	IOS	WM	RES	OTP
Discharging LOC	REC	0%	0%	100%	0%	0%	0%	0%	0%
	OS AWM	0%	0%	0%	0%	0%	100%	0%	0%
	OS	0%	0%	50%	0%	50%	0%	0%	0%
	IOS AWM	0%	0%	0%	0%	0%	0%	0%	0%
	IOS	7%	0%	93%	0%	0%	0%	0%	0%
	WM	4%	0%	9%	0%	6%	1%	80%	0%
	RES	1%	0%	62%	0%	35%	1%	1%	0%
	OTP	0%	0%	0%	0%	0%	0%	0%	100%

Note: Clients discharged with a referral must transition to a program within 10 days of discharge to be considered connected. Not all discharges need a referral to further care.

Discharging LOC	Not Connected Within 0 to 10 Days		Not Connected Within 0 to 30 Days	
	Count	Percentage	Count	Percentage
OS AWM	0	0%	0	0%
OS	64	97%	64	97%
IOS AWM	0	0%	0	0%
IOS	4	12%	4	12%
WM	40	36%	30	27%
RES	100	55%	84	46%
OTP	8	89%	8	89%

All Discharges: 1,429
 Discharges with Referral: 32% (452/1,429)
 Referred Discharges with 10 Day Connection: 41% (186/452)
 Referred Discharges without 10 Day Connection: 59% (266/452)
 *Note: Due to reporting requirement, data for client transitions by LOC and discharges reflect a two month delay.

REC = Recovery Services | EI = Early Intervention | OS AWM = Outpatient Ambulatory Withdrawal Management | OS = Outpatient Services | IOS AWM = Intensive Outpatient Ambulatory Withdrawal Management | IOS = Intensive Outpatient Services | WM = Withdrawal Management | RES = Residential Services | OTP = Opioid Treatment Program

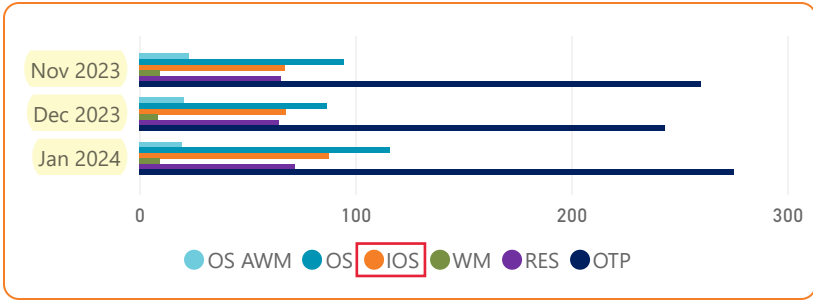
KEY: Red = Concern?
 Yellow = Review?
 Green = Positive?

Please note: Data may be impacted starting March 2020 due to COVID-19.



CLIENTS AVERAGE LENGTH OF STAY BY LOC (DAYS)

Over the last three months there has been an increase in client's average length of stay in IOS.



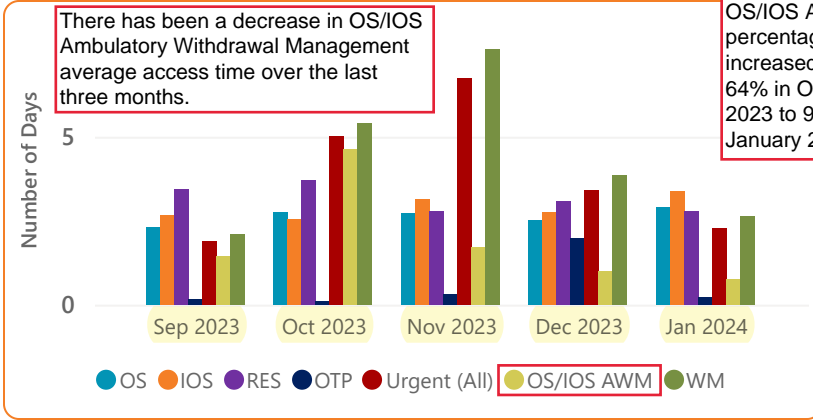
LOC	Current Month	FYTD
OS AWM	20 Days	20 Days
OS	116 Days	98 Days
IOS	88 Days	69 Days
WM	10 Days	9 Days
RES	72 Days	66 Days
OTP	275 Days	273 Days



AVERAGE ACCESS TIME (DAYS) BY LOC



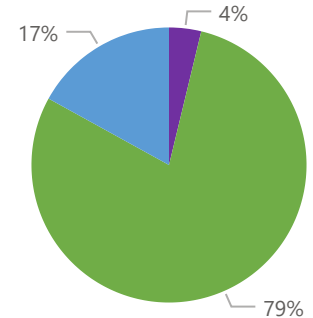
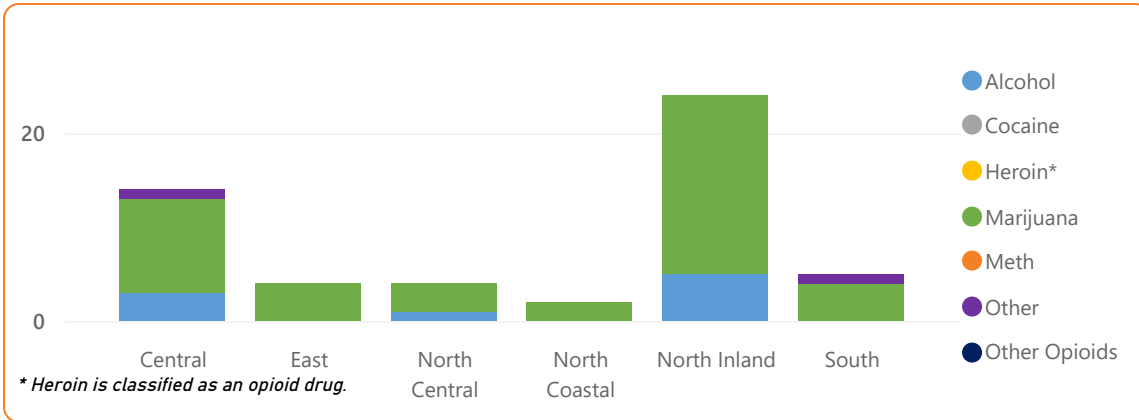
PERCENT OF CLIENT CONTACTS THAT MET ACCESS TIME STANDARDS BY LOC



LOC	Current Month	FYTD
OS	96%	99%
IOS	92%	96%
RES	95%	93%
OTP	100%	99%
Urgent (All)	86%	85%
OS/IOS AWM	90%	84%
WM	85%	84%

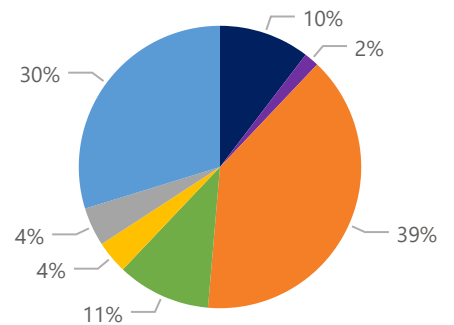
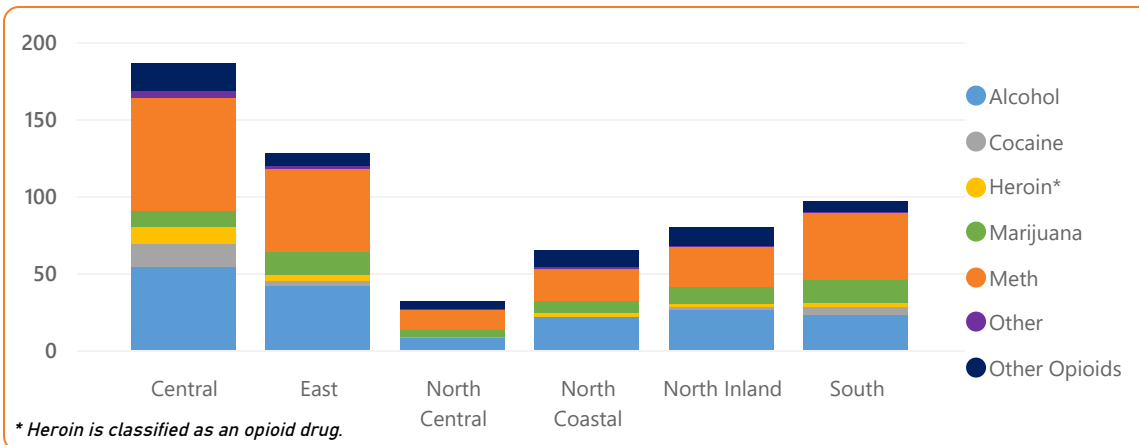
OS and IOS Access Compliance Time is 10 Business Days. Residential Access Compliance Time is 10 Calendar Days. OTP Access Compliance Time is 3 Calendar Days. OS/IOS AWM, WM, and URGENT Access Compliance Time is 48 hours (2 Calendar days).

SELF REPORTED PRIMARY SUBSTANCE USE BY REGION - ADOLESCENTS



Note: "Other" (3.77%) includes Tranquilizers (e.g. Benzodiazepine) (1.89%) and Other Sedatives or Hypnotics (1.89%).

SELF REPORTED PRIMARY SUBSTANCE USE BY REGION - ADULTS (EXCLUDING OTP PROGRAMS)



When OTP programs are accounted for, the top three self reported primary substance use for all regions are Meth (30%), Other Opioids (25%), and Alcohol (23%). "Other Opioids" includes Other Opiates or Synthetics (23.3%) and OxyCodone/OxyContin (1.4%).

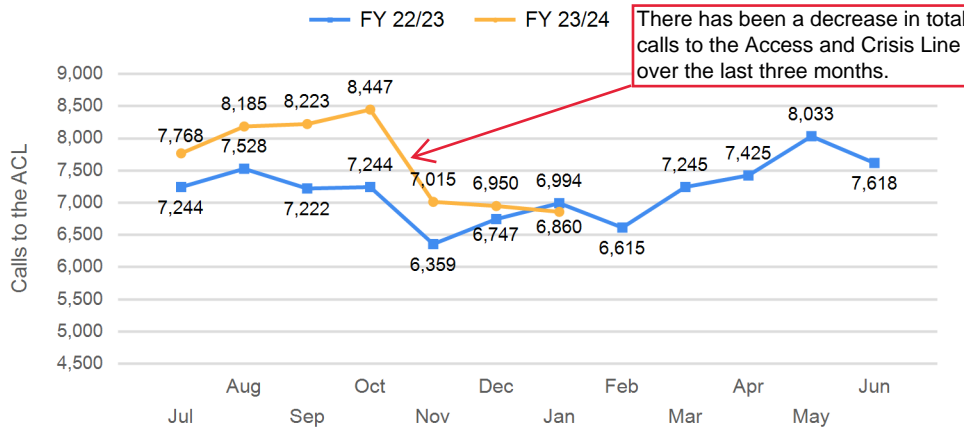
Note: Region is determined by the zip code of client residence at admission. "Other Opioids" (10.37%) includes Other Opiates or Synthetics (10.20%) and OxyCodone/OxyContin (0.17%). "Other" includes Other Sedatives or Hypnotics, Tranquilizers (e.g. Benzodiazepine), Inhalants, PCP, Other Hallucinogens, Other Club Drugs, and Other (specify).

Please note: Data may be impacted starting March 2020 due to COVID-19.

FOR OFFICIAL USE ONLY

KEY: Red = Concern?
Yellow = Review?
Green = Positive?

Fig. 1. TOTAL CALLS TO THE ACCESS AND CRISIS LINE



Current Trends:

Months Compared		Calls Count		% Increase/Decrease
Jan 2024	Jan 2023	6,860	6,994	-2%
Jan 2024	Dec 2023	6,860	6,950	-1%

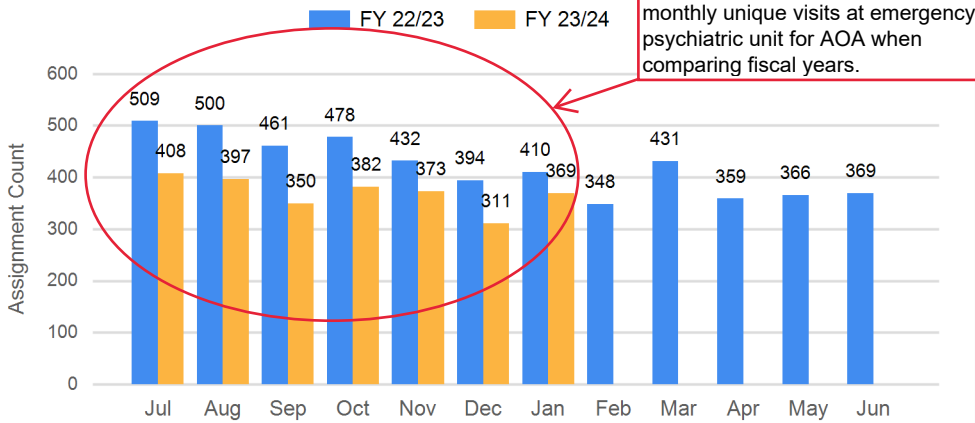
Annual Trends:

FY	Mean	Total Calls
FY 23/24	7,635	53,448
FY 22/23	7,190	86,274
FY 21/22	6,673	80,080

SOC	Jan 2024	FYTD
MH Access	2,688	20,881
MH Crisis	3,835	30,361
SUD	337	2,206

*Please note: The 988 Suicide & Crisis Lifeline went live in July 2022. Calls are routed through the Access and Crisis Line (ACL) locally.

Fig. 2. (ADULT/OLDER ADULT) - MONTHLY UNIQUE VISITS @EMERGENCY PSYCHIATRIC UNIT



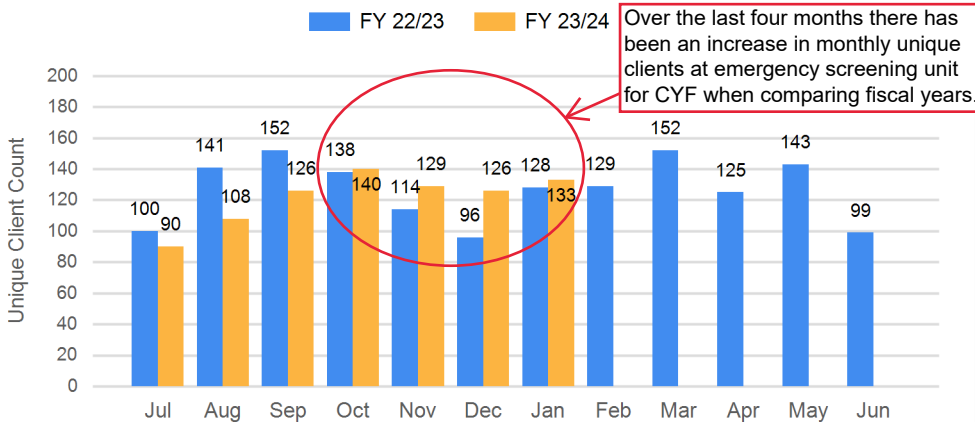
Current Trends:

Months Compared		Assignment Count		% Increase/Decrease
Jan 2024	Jan 2023	369	410	-10%
Jan 2024	Dec 2023	369	311	19%

Annual Trends:

FY	Mean	Total Assignments
FY 23/24	370	2,590
FY 22/23	421	5,057
FY 21/22	535	6,425

Fig. 3. (CHILDREN YOUTH & FAMILIES) - MONTHLY UNIQUE CLIENTS @EMERGENCY SCREENING UNIT



Unique Current Trends:

Months Compared		Unique Client Count		% Increase/Decrease
Jan 2024	Jan 2023	133	128	4%
Jan 2024	Dec 2023	133	126	6%

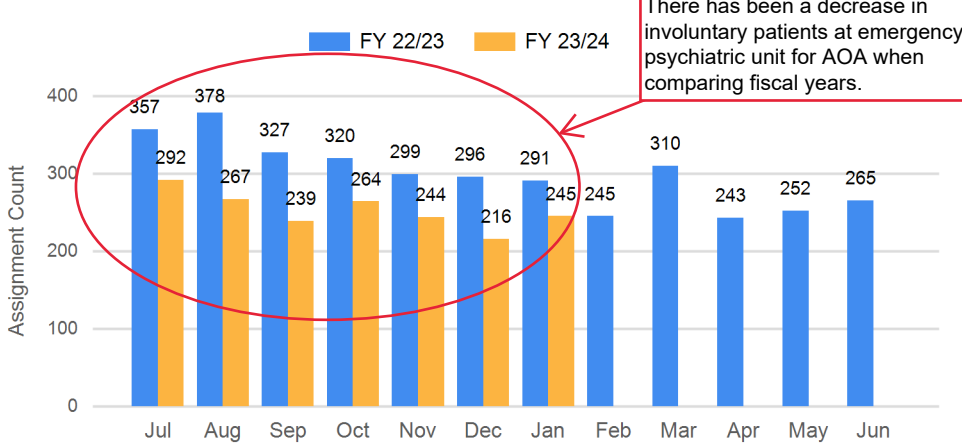
Unique Annual Trends:

FY	Mean	Total Unique Clients
FY 23/24	98	689
FY 22/23	98	1,173
FY 21/22	109	1,305

KEY: Red = Concern?
Yellow = Review?
Green = Positive?

Please note: Data may be impacted starting March 2020 due to COVID-19.

Fig. 4. (ADULT/OLDER ADULT) - INVOLUNTARY PATIENTS @EMERGENCY PSYCHIATRIC UNIT



Current Trends:

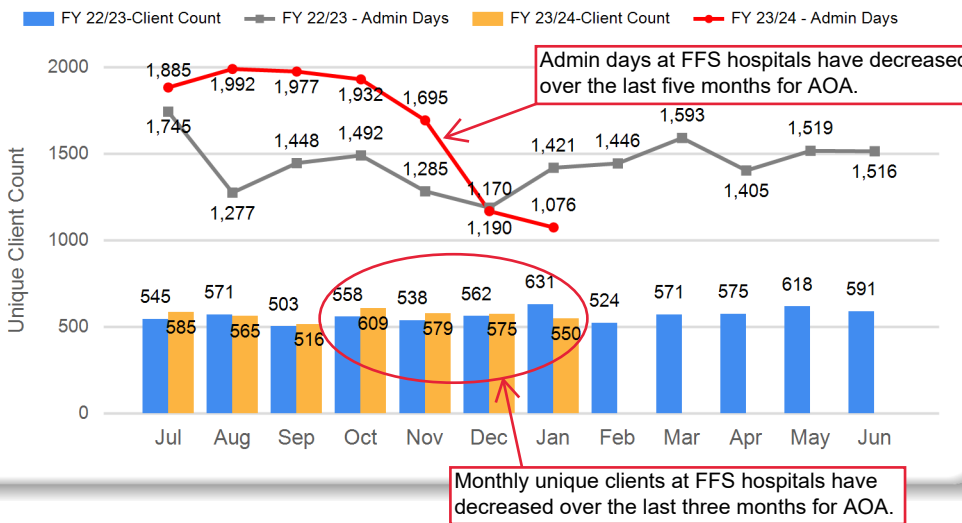
Months Compared		Assignment Count		% Increase/Decrease
Jan 2024	Jan 2023	245	291	-16%
Jan 2024	Dec 2023	245	216	13%

Annual Trends:

FY	Mean	Total Clients
FY 23/24	252	1,767
FY 22/23	299	3,583
FY 21/22	358	4,290

Please Note: This data excludes assignments when a client's CSI Legal Status at admission is listed as either Voluntary (1A) or Unknown (9A).

Fig. 5. (ADULT/OLDER ADULT) - MONTHLY UNIQUE CLIENTS @FFS HOSPITALS



Unique Current Trends:

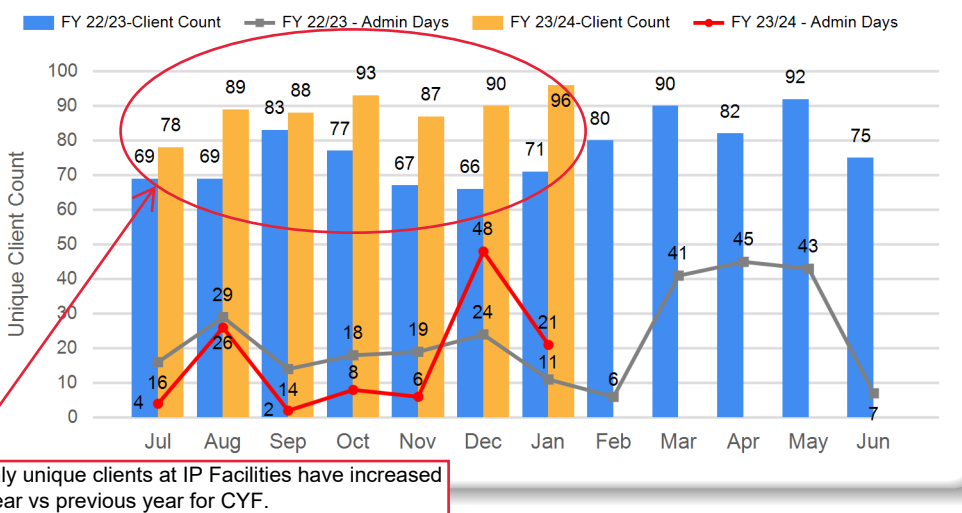
Months Compared		Unique Client Count		% Increase/Decrease
Jan 2024	Jan 2023	550	631	-13%
Jan 2024	Dec 2023	550	575	-4%

Months Compared		Admin Days		% Increase/Decrease
Jan 2024	Jan 2023	1,076	1,421	-24%
Jan 2024	Dec 2023	1,076	1,170	-8%

Unique Annual Trends:

FY	Mean	Total Unique Clients
FY 23/24	334	2,338
FY 22/23	312	3,745
FY 21/22	293	3,517

Fig. 6. (CHILDREN YOUTH & FAMILIES) - MONTHLY UNIQUE CLIENTS @IP FACILITIES



Unique Current Trends:

Months Compared		Unique Client Count		% Increase/Decrease
Jan 2024	Jan 2023	96	71	35%
Jan 2024	Dec 2023	96	90	7%

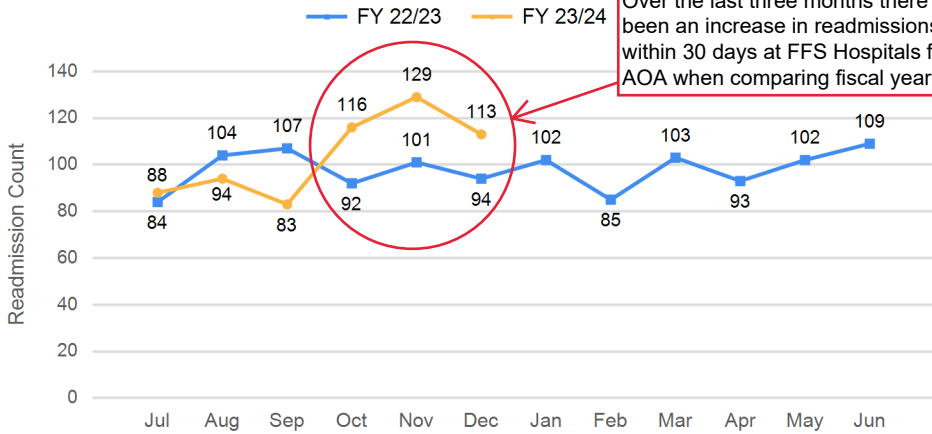
Months Compared		Admin Days		% Increase/Decrease
Jan 2024	Jan 2023	21	11	91%
Jan 2024	Dec 2023	21	48	-56%

Unique Annual Trends:

FY	Mean	Total Unique Clients
FY 23/24	61	428
FY 22/23	51	606
FY 21/22	48	577

Please Note: Graph expanded from just FFS hospitals effective in July 2022.

Fig. 7. (ADULT/OLDER ADULT) - READMISSIONS WITHIN 30 DAYS @FFS HOSPITALS



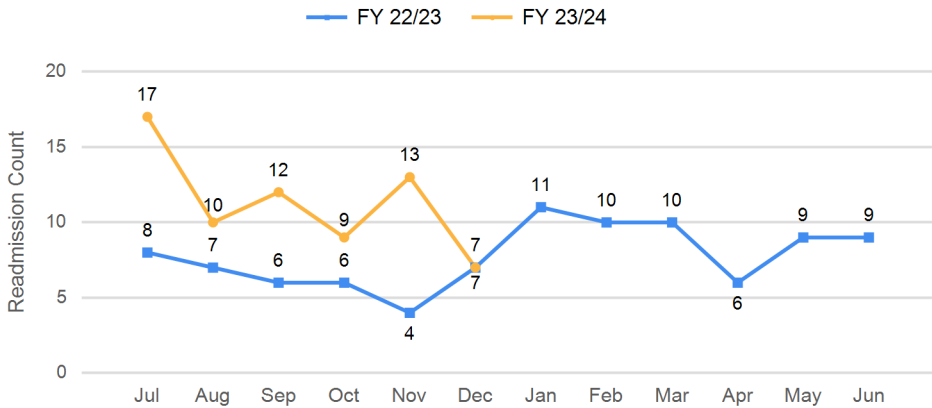
Current Trends:

Months Compared		Readmission Count		% Increase/Decrease
Dec 2023	Dec 2022	113	94	20%
Dec 2023	Nov 2023	113	129	-12%

Annual Trends:

FY	Mean	Total Readmissions
FY 23/24	104	623
FY 22/23	98	1,176
FY 21/22	96	1,153

Fig. 8. (CHILDREN YOUTH & FAMILIES) - READMISSIONS WITHIN 30 DAYS @CYF INPATIENT HOSPITALS



Current Trends:

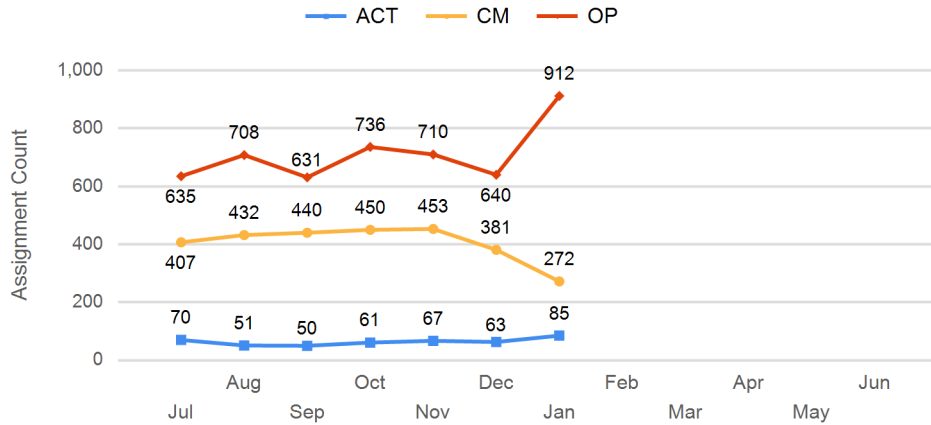
Months Compared		Readmission Count		% Increase/Decrease
Dec 2023	Dec 2022	7	7	0%
Dec 2023	Nov 2023	7	13	-46%

Annual Trends:

FY	Mean	Total Readmissions
FY 23/24	11	68
FY 22/23	8	93
FY 21/22	7	81

Please Note: Graph expanded from just FFS hospitals effective in July 2022.

Fig. 9. (ADULT/OLDER ADULT) - OUTPATIENT, CASE MANAGEMENT, ACT

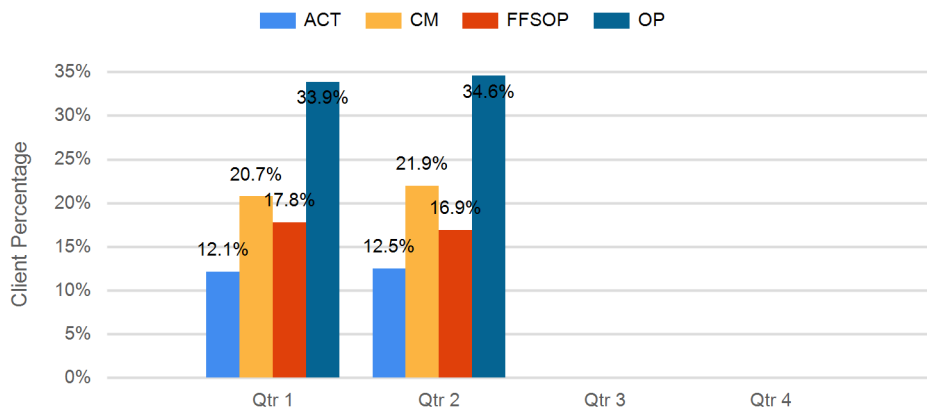


OP Current Trends:					CM Current Trends:					ACT Current Trends:				
Months Compared		Assignment Count		% Increase/Decrease	Months Compared		Assignment Count		% Increase/Decrease	Months Compared		Assignment Count		% Increase/Decrease
Jan 2024	Jan 2023	912	603	51%	Jan 2024	Jan 2023	272	217	25%	Jan 2024	Jan 2023	85	68	25%
Jan 2024	Dec 2023	912	640	43%	Jan 2024	Dec 2023	272	381	-29%	Jan 2024	Dec 2023	85	63	35%

OP Annual Trends:			CM Annual Trends:			ACT Annual Trends:		
FY	Mean	Total Assignments	FY	Mean	Total Assignments	FY	Mean	Total Assignments
FY 23/24	710	4,972	FY 23/24	405	2,835	FY 23/24	64	447
FY 22/23	675	8,094	FY 22/23	309	3,709	FY 22/23	68	810
FY 21/22	595	7,145	FY 21/22	208	2,500	FY 21/22	99	1,185

*Please note: In FY 21-22, some clients shifted subunits for ACT, which caused an increase in assignment counts; however, these were the same clients.

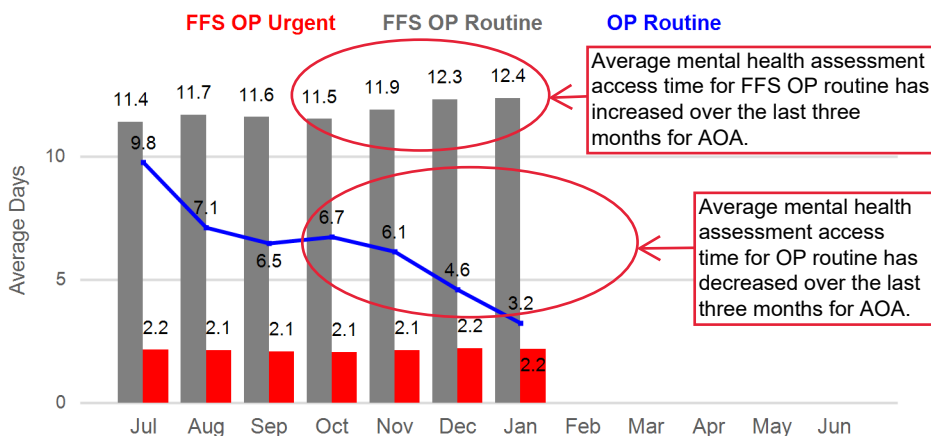
Fig. 10. (OLDER ADULT) - OUTPATIENT SERVICE COMPONENTS For: FY 23/24



LOC	Qtr 2	
ACT	516	12.5%
CM	907	21.9%
FFSOP	698	16.9%
OP	1,428	34.6%

% of Older Adults using OP:			
Qtr	OP	Total	%
Qtr 1	3,362	4,217	79.7%
Qtr 2	3,347	4,133	81.0%

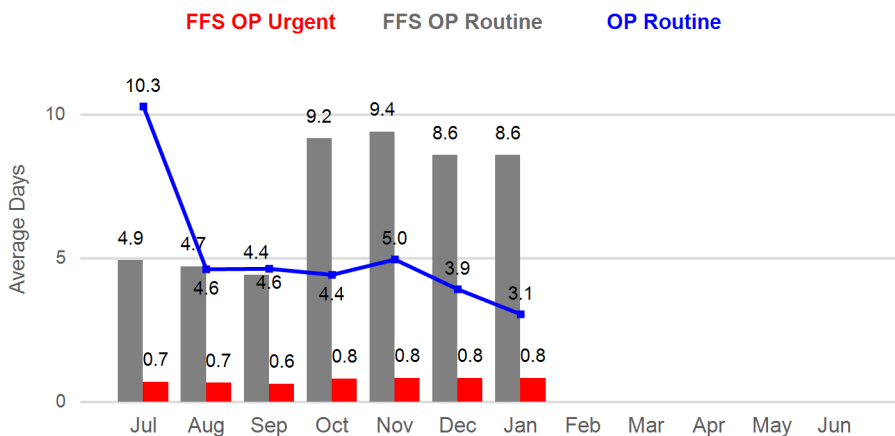
Fig. 11. (Adult/Older Adult) - Average Mental Health Assessment Access Time



	Jan 2024		FYTD	
Response Type	Avg	%Made Standard	Avg	%Made Standard
FFS OP Routine	12.4	78%	11.8	81%
FFS OP Urgent	2.2	90%	2.1	91%
OP Routine	3.2	92%	6.4	84%

Note: The access time standard for routine mental health assessments is 10 business days. The standard is 48 hours for urgent requests. While the urgent requests are recorded in hours, they are converted to days on the chart.
Note: OP Urgent data has been excluded as BHS works to address data entry errors.

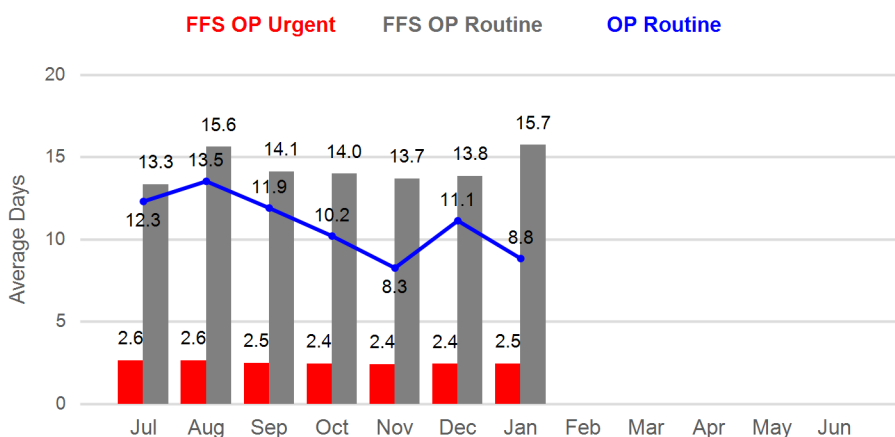
Fig. 12. (Adult/Older Adult) - Average Psychiatric Assessment Access Time



	Jan 2024		FYTD	
Response Type	Avg	%Made Standard	Avg	%Made Standard
FFS OP Routine	8.6	92%	7.1	91%
FFS OP Urgent	0.8	92%	0.7	95%
OP Routine	3.1	94%	5.0	89%

Note: The access time standard for routine psychiatric assessments is 15 business days. The standard is 48 hours for urgent requests. While the urgent requests are recorded in hours, they are converted to days on the chart.
Note: OP Urgent data has been excluded as BHS works to address data entry errors.

Fig. 13. (Children, Youth & Families) - Average Mental Health Assessment Access Time



	Jan 2024		FYTD	
Response Type	Avg	%Made Standard	Avg	%Made Standard
FFS OP Routine	15.7	84%	14.3	84%
FFS OP Urgent	2.5	89%	2.5	88%
OP Routine	8.8	78%	11.1	75%

Note: The access time standard for routine mental health assessments is 10 business days. The standard is 48 hours for urgent requests. While the urgent requests are recorded in hours, they are converted to days on the chart.
Note: OP Urgent data has been excluded as BHS works to address data entry errors.

Prepared By: Optum PS SD Data
 Source: CCBH, CMS, TRES
 Date: February 06, 2024
 SD County Report: CO-24

CBHDA 2019-2020 Legislative Update As of 2/28/2024

Bill	Description	Position
<p>AB 79 Author Committee on Budget</p>	<p>Human services omnibus. (Chaptered: 6/29/2020) Current federal law provides for the allocation of federal funds through the federal Temporary Assistance for Needy Families (TANF) block grant program to eligible states. Existing law provides for the California Work Opportunity and Responsibility to Kids (CalWORKs) program under which, through a combination of state and county funds and federal funds received through the TANF program, each county provides cash assistance and other benefits to qualified low-income families. Existing law, until January 1, 2021, requires the State Department of Social Services to implement and maintain a nonbiometric identity verification method in the CalWORKs program. This bill would repeal the January 1, 2021, repeal date, thereby extending that provision indefinitely, and would also provide, commencing July 1, 2020, that the methods approved by the department as of July 1, 2018, satisfy that requirement for nonbiometric identity verification methods in the CalWORKs program. Status: 6/29/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 11, Statutes of 2020.</p>	<p>Support</p>
<p>AB 91 Committee on Budget</p>	<p>Public health funding: health facilities and services. (Chaptered: 6/29/2020) Would establish various enforcement mechanisms for the State Department of Health Care Services to collect delinquent quality assurance fees, such as requiring the department to assess interest on a skilled nursing facility that fails to pay all or part of the quality assurance fee within 60 days of the date that payment is due, beginning on the 61st calendar day from the date the payment is due, until the unpaid amount due and any interest is paid in full, and authorizing the department to deduct unpaid assessments, including any interest and penalties owed, attributable to a debtor facility from any Medi-Cal payments made to a related facility or entity by common ownership or control to the debtor facility. Status: 6/29/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 13, Statutes of 2020.</p>	<p>Support</p>
<p>AB 465 Eugene D</p>	<p>Mental health workers: supervision. (Chaptered: 9/25/2020) Current law regulates provision of programs and services relating to mental health and requires the creation of community programs to increase access to, and quality of, community-based mental health services. This bill would require any program permitting mental health professionals to respond to emergency mental health crisis calls in collaboration with law enforcement to ensure the program is supervised by a licensed mental health professional, including, among others, a licensed clinical social worker, except as specified. Status: 9/25/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 137, Statutes of 2020.</p>	<p>Support</p>
<p>AB 890 Wood D</p>	<p>Nurse practitioners: scope of practice: practice without standardized procedures. (Chaptered: 9/29/2020) Would establish the Nurse Practitioner Advisory Committee to advise and give recommendations to the Board of Registered Nursing on matters relating to nurse practitioners. The bill would require the committee to provide recommendations or guidance to the board when the board is considering disciplinary action against a nurse practitioner. The bill would require the board, by regulation, to define minimum standards for a nurse practitioner to transition to practice independently. The bill would authorize a nurse practitioner who meets certain education, experience, and certification requirements to perform, in certain settings or organizations, specified functions without standardized procedures, including ordering, performing, and interpreting diagnostic procedures, certifying disability, and prescribing, administering, dispensing, and furnishing controlled substances. Status: 9/29/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 265, Statutes of 2020.</p>	<p>Support</p>
<p>AB 1304 Waldron R</p>	<p>California MAT Re-Entry Incentive Program. (Chaptered: 9/30/2020) Current law makes specified persons subject to parole supervision by the Department of Corrections and Rehabilitation, including a person who has been released from a state prison after conviction for a serious or violent felony or a crime for which the person is classified as a high-risk sex offender, and specifies the length of time the person is required to be supervised on parole. This bill, contingent upon the appropriation to the State Department of Health Care Services of funds received pursuant to a specified federal grant, would establish the California MAT Re-Entry Incentive Program, which would make a person released from prison on parole, with specified exceptions, who has been enrolled in, or successfully completed, an institutional substance abuse program, eligible for a reduction in the period of parole if the person successfully participates in a substance abuse treatment program that employs a multifaceted approach to treatment, including the use of United States Food and Drug Administration approved medically assisted treatment (MAT). Status: 9/30/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 325, Statutes of 2020.</p>	<p>Support</p>
<p>AB 1766 Bloom D</p>	<p>Licensed adult residential facilities and residential care facilities for the elderly: data collection: residents with a serious mental disorder. (Chaptered: 9/29/2020) Would require the State Department of Social Services to collect information and send a report to each county's department of mental health or behavioral health, beginning May 1, 2021, and annually thereafter, of all licensed adult residential facilities and residential care facilities for the elderly, as described, that accept a specified federal rate and accept residents with a serious mental disorder, as defined, and the number of licensed beds at each facility. The bill would require the department, beginning May 1, 2021, and quarterly thereafter, to send to those county departments a report of licensed adult residential facilities and residential care facilities for the elderly that closed permanently in the prior quarter, as specified. The bill would require the department to notify the county mental or behavioral health department within 3 business days upon receiving notice that a licensed adult residential facility or residential care facility for the elderly intends to close permanently. Status: 9/29/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 139, Statutes of 2020.</p>	<p>Support</p>
<p>AB 1945 Rivas, Luz D</p>	<p>Homelessness: Office to End Homelessness. (Vetted: 9/29/2020) Would create, within the Governor's office, the Office to End Homelessness, which would be administered by the Secretary on Homelessness appointed by the Governor. The bill would require that the office serve the Governor as the lead entity for ending homelessness in California and would task the office with coordinating homeless programs, services, data, and policies between federal, state, and local agencies, among other responsibilities. The bill would require the office to exercise various powers and duties, including, among others, making recommendations to the</p>	<p>7. Neutral</p>

<p>AB 1929 Rubio, Blanca D</p>	<p>Governor and the Legislature regarding new state policies, programs, and actions on homelessness. Status: 9/28/2020 - Vetoed by Governor.</p>	<p>7. Neutral</p>
<p>AB 2037 Wicks D</p>	<p>Child abuse and neglect reporting. (Chaptered: 9/29/2020) Current law, only until January 1, 2021, authorizes certain county welfare agencies to develop a pilot program for internet-based reporting of child abuse and neglect, as specified, by specified mandated reporters. Existing law, only until January 1, 2021, also requires the State Department of Social Services to consult with the County Welfare Directors Association of California and the county welfare agencies of the individual counties to determine which counties may be involved in the pilot program and to oversee and administer the pilot program. Existing law requires a county that chooses to participate in the pilot program to hire an evaluator to monitor implementation of the program, to develop outcome measures that determine the effectiveness of the pilot program of the county, as specified, and to report to specified committees of the Legislature on or before January 1, 2020, on the effectiveness of the pilot program. Current law authorizes the department to conclude a county pilot program prior to January 1, 2021, if the evaluation and monitoring indicate that implementation of the program compromises the safety of children. This bill would extend operation of the pilot program indefinitely and would permit the reporting system developed to receive reports from any mandated reporter. Status: 9/29/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 242, Statutes of 2020.</p>	<p>2. Oppose</p>
<p>AB 2100 Wood D</p>	<p>Mental health services: assisted outpatient treatment. (Chaptered: 9/25/2020) The Assisted Outpatient Treatment Demonstration Project Act of 2002, known as Laura's Law, until January 1, 2022, authorizes each county to elect to offer specified mental health programs either through a resolution adopted by the county board of supervisors or through the county budget process, if the county board of supervisors makes a finding that specified mental health programs will not be reduced as a result of participating. 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. This bill, commencing July 1, 2021, would instead require a county or group of counties to offer those mental health programs, unless a county or group of counties opts out by a resolution passed by the governing body stating the reasons for opting out and any facts or circumstances relied on in making that decision. Status: 9/25/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 140, Statutes of 2020.</p> <p>Health facilities: notices. (Chaptered: 9/18/2020) Would require a hospital that provides emergency medical services to provide notice, as specified, at least 180 days before a planned reduction or elimination of the level of emergency medical services. The bill would require a health facility to provide at least 120 days' notice, as specified, prior to closing the health facility and at least 90 days prior to eliminating or relocating a supplemental service, except as specified. The bill would require the mandatory public notice to include specific notifications, including, among others, a continuous notice posted in a conspicuous location within the internet website of a newspaper of general circulation serving the local geographical area in which the hospital or health facility is located. Status: 9/18/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 95, Statutes of 2020.</p>	<p>7. Neutral</p>
<p>AB 2112 Ramos D</p>	<p>Medi-Cal: pharmacy benefits. (Vetoed: 9/29/2020) Would require the State Department of Health Care Services to establish the Independent Prescription Drug Medical Review System (IPDMRS), commencing on January 1, 2021, which generally models specified requirements of the Knox-Keene Health Care Service Plan Act. The bill would provide that any Medi-Cal beneficiary grievance involving a disputed health care service is eligible for review under the IPDMRS, and would define "disputed health care service" as any outpatient prescription drug eligible for coverage and payment by the Medi-Cal program that has been denied, modified, or delayed by a decision of the department, or by one of its contracting fiscal intermediaries for the administration of the prescription drug benefit if that entity makes a final decision, in whole or in part, due to a finding that the service is not medically necessary. Status: 9/29/2020 - Vetoed by Governor.</p> <p>Homeless multidisciplinary personnel teams. (Chaptered: 9/25/2020) Would additionally authorize the Counties of Yuba and Sutter to jointly establish a homeless adult and family multidisciplinary personnel team. This bill would make legislative findings and declarations as to the necessity of a special statute for the Counties of Yuba and Sutter. Status: 9/25/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 143, Statutes of 2020.</p>	<p>Support</p>
<p>AB 2218 Santiago D</p>	<p>Transgender Wellness and Equity Fund. (Chaptered: 9/26/2020) Would establish the Transgender Wellness and Equity Fund, under the administration of the office, for the purpose of funding grants, upon appropriation by the Legislature, to organizations serving people that identify as transgender, gender nonconforming, or intersex (TGI), to create or fund TGI-specific housing programs and partnerships with hospitals, health care clinics, and other medical providers to provide TGI-focused health care, as defined, and related education programs for health care providers. Status: 9/26/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 181, Statutes of 2020.</p>	<p>Support</p>
<p>AB 2265 Quirk-Silva D</p>	<p>Mental Health Services Act: use of funds for substance use disorder treatment. (Chaptered: 9/25/2020) The Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, funds a system of county mental health plans for the provision of mental health services, as specified. The act establishes the Mental Health Services Fund, which is continuously appropriated to, and administered by, the State Department of Health Care Services to fund specified county mental health programs. This bill would authorize the services for adults, older adults, and children, as well as innovative programs and prevention and early intervention programs that are provided by counties as part of the MHSA to include substance use disorder</p>	<p>Support</p>

AB 2275 Nazarian D	<p>State armories: homeless shelters: security. (Chaptered: 9/25/2020) Current law makes specified state armories located in specified counties available to those counties, or a city in one of those counties, for the purpose of providing temporary shelter for homeless persons from October 15 through April 15 each year, and authorizes any county or city not listed, subject to the approval of the Adjutant General, to use an armory within its jurisdiction, in accordance with specified requirements. Current law requires that a county or city that elects to use an armory as a temporary shelter obtain a license that meets specified requirements. This bill would instead require, prior to shelter services commencing, that the county or city notify local law enforcement officers and request that officers make periodic visits to the armory on each night of operation.</p> <p>Status: 9/25/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 144, Statutes of 2020.</p>	7. Neutral
AB 2360 Majenschein D	<p>Telehealth: mental health. (Vetoed: 9/26/2020) Would require health care service plans and health insurers, by July 1, 2021, 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.</p> <p>Status: 9/26/2020 - Vetoed by Governor.</p>	8. Support of the measure
AB 2377 Chiu D	<p>Residential facilities. (Chaptered: 9/25/2020) Would require an applicant or licensee of an adult community care facility or a residential care facility for persons with chronic life-threatening illness to maintain an email address of record with the State Department of Social Services and notify the department in writing of the email address and any change to that address, as specified.</p> <p>Status: 9/25/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 146, Statutes of 2020.</p>	7. Support of the measure
AB 2405 Burke D	<p>Right to safe, decent, and affordable housing. (Vetoed: 9/29/2020) Would declare that it is the policy of the state that every individual has the right to safe, decent, and affordable housing, and would require the policy to consider homelessness prevention, emergency accommodations, and permanent housing, as specified. The bill would, among other things, require all relevant state agencies and departments, including, but not limited to, the Department of Housing and Community Development, the State Department of Social Services, and the Office of Emergency Services to consider that state policy when revising, adopting, or establishing policies, regulations, and grant criteria when those policies, regulations, and criteria are pertinent to advancing the guidelines listed as core components of Housing First. The bill would make these provisions operative on January 1, 2026, and would make implementation of these provisions subject to an appropriation of funds in the annual Budget Act for these purposes.</p> <p>Status: 9/28/2020 - Vetoed by Governor.</p>	7. Neutral
AB 2944 Stone Mark D	<p>Foster care. (Chaptered: 9/18/2020) Current law, as part of the Continuum of Care Reform (CCR), requires the State Department of Social Services to implement a resource family approval process, and directs counties and foster family agencies, to approve resource families, as defined, in lieu of licensing foster family homes, certifying foster homes by foster family agencies, approving relatives and nonrelative extended family members as foster care providers, and approving guardians and adoptive families. Current law requires a foster family agency to, and authorizes a county to, conduct a reference check of a resource family applicant before approval by contacting specified entities, including any foster family agencies that have certified the applicant. This bill would, among other things, clarify that the reference check is to determine whether it is safe and appropriate to approve the resource family, and would require that a foster family agency that has previously certified the applicant or approved the applicant as a resource family to divulge information, as specified, regarding the applicant within 20 business days of being contacted by a foster family agency or county conducting a reference check.</p> <p>Status: 9/18/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 104, Statutes of 2020.</p>	7. Neutral
AB 3242 Iwin D	<p>Mental health: involuntary commitment. (Chaptered: 9/25/2020) 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. Under the act, if a person, as a result of a mental health disorder, is a danger to others, or to themselves, or is gravely disabled, the person may, upon probable cause, be taken into custody for a period of up to 72 hours for assessment, evaluation, and crisis intervention, or placement for evaluation and treatment. Current law requires persons providing the evaluation services to be properly qualified professionals, and authorizes those professionals to provide telehealth evaluation services. Current law also provides immunity from civil and criminal liability for similar detention by 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. This bill would authorize an examination, assessment, or evaluation specified, required, or authorized by the above-mentioned provisions to be conducted using telehealth.</p> <p>Status: 9/25/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 149, Statutes of 2020.</p>	8. Support of the measure
SB 275 Pan D	<p>Health Care and Essential Workers: personal protective equipment. (Chaptered: 9/29/2020) Current law establishes the State Department of Public Health to implement various programs throughout the state relating to public health, including licensing and regulating health facilities and control of infectious diseases. This bill would require the State Department of Public Health and the Office of Emergency Services, in coordination with other state agencies, to, upon appropriation and as necessary, establish a personal protective equipment (PPE) stockpile. The bill would require the department to establish guidelines for the procurement, management, and distribution of PPE, taking into account, among other things, the amount of each type of PPE that would be required for all health care workers and essential workers in the state during a 90-day pandemic or other health emergency.</p> <p>Status: 9/29/2020 - Approved by the Governor. Chaptered by Secretary of State, Chapter 301, Statutes of 2020.</p>	8. Watch
SB 803 Beall D	<p>Mental health services: peer support specialist certification. (Chaptered: 9/25/2020) Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income persons receive health care benefits. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Existing law establishes a schedule of benefits under the Medi-Cal program and provides for various services, including behavioral and mental health services that are rendered by Medi-Cal enrolled providers. This bill would require the department, by July 1, 2022, subject to</p>	7. Support of the measure

<p>SB 823 Committee on Budget and Fiscal Review</p>	<p>any necessary federal waivers or approvals, to establish statewide requirements for counties or their representatives to use in developing certification programs for the certification of peer support specialists, who are individuals who self-identify as having lived experience with the process of recovery from mental illness, substance use disorder, or both. Status: 9/25/2020 - Approved by the Governor. Chaptered by Secretary of State. Chapter 150, Statutes of 2020.</p>	<p>2. Oppose</p>
<p>SB 855 Wiener D</p>	<p>Juvenile justice realignment: Office of Youth and Community Restoration. (Chaptered: 9/30/2020) Current law establishes the Division of Juvenile Justice within the Department of Corrections and Rehabilitation to operate facilities to house specified juvenile offenders. Current law, commencing July 1, 2020, establishes the Department of Youth and Community Restoration in the California Health and Human Services Agency and vests the Department of Youth and Community Restoration with all the powers, functions, duties, responsibilities, obligations, liabilities, and jurisdiction of the Division of Juvenile Justice. An existing executive order delays the deadline for transferring the Division of Juvenile Justice to the Department of Youth and Community Restoration from July 1, 2020, to July 1, 2021, inclusive. This bill would repeal the provisions that would have created the Department of Youth and Community Restoration and the provisions that would have transferred the responsibilities of the Division of Juvenile Justice to that department. Among other things, the bill would, commencing July 1, 2021, prohibit further commitment of wards to the Division of Juvenile Justice, except as specified, and would require that all wards committed to the division prior to that date remain within the custody of the division until the ward is discharged, released, or transferred. Status: 9/30/2020 - Approved by the Governor. Chaptered by Secretary of State. Chapter 337, Statutes of 2020.</p>	<p>2. Oppose</p>
<p>SB 912 Beall D</p>	<p>Health coverage: mental health or substance use disorders. (Chaptered: 9/25/2020) The California Mental Health Parity Act requires every health care service plan contract or disability insurance policy issued, amended, or renewed on or after July 1, 2000, that provides hospital, medical, or surgical coverage 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 under the same terms and conditions applied to other medical conditions, as specified. Existing law requires those benefits to include, among other things, outpatient services, inpatient hospital services, partial hospital services, and prescription drugs, if the plan contract or policy includes coverage for prescription drugs. This bill would revise and recast those provisions, and would instead require a health care service plan contract or disability insurance policy issued, amended, or renewed on or after January 1, 2021, provide coverage for medically necessary treatment of mental health and substance use disorders, as defined, under the same terms and conditions applied to other medical conditions. Status: 9/25/2020 - Approved by the Governor. Chaptered by Secretary of State. Chapter 151, Statutes of 2020.</p>	<p>7. Neutral</p>
<p>SB 1065 Hertzberg D</p>	<p>California Fostering Connections to Success Act. (Vetoed: 9/29/2020) On March 4, 2020, the Governor proclaimed a state of emergency to exist in California as a result of the threat of COVID-19. Executive Order No. N-53-20, signed by the Governor on April 17, 2020, and as extended by Executive Order No. N-69-20, signed by the Governor on June 15, 2020, authorizes temporary waivers of certain foster youth program requirements to ensure continuity of care in response to the COVID-19 pandemic. Under this bill, a nominor dependent who turned 21 years of age between March 4, 2020, and June 30, 2021, inclusive, would be eligible to continue receiving extended foster care support through June 30, 2021. Status: 9/28/2020 - Vetoed by the Governor. In Senate. Consideration of Governor's veto pending.</p>	<p>7. Neutral</p>
<p>CAWORKS: homeless assistance. (Chaptered: 9/25/2020) Current federal law provides for allocation of federal funds through the federal Temporary Assistance for Needy Families (TANF) block grant program to eligible states. Current state law provides for the California Work Opportunity and Responsibility to Kids (CAWORKS) program, under which, through a combination of state and county funds and federal funds received through the TANF program, each county provides cash assistance and other benefits to qualified low-income families. Current law entitles a family to receive an allowance for specified nonrecurring special needs after a family has used all available liquid resources in excess of \$100, as specified, with the exception of funds deposited in a certain restricted account. This bill would except homeless assistance from that \$100 liquid resources limit. Status: 9/25/2020 - Approved by the Governor. Chaptered by Secretary of State. Chapter 152, Statutes of 2020.</p>		

Total Measures: 27

Total Tracking Forms: 27

2/28/2024 11:14 29 AM

Bill	Description	Position
<p>Author</p> <p>AB 5 Gonzalez D</p>	<p>Worker status: employees and independent contractors. (Chapterred: 9/18/2019) Would state the intent of the Legislature to codify the decision in the Dynamex case and clarify its application. The bill would provide that for purposes of the provisions of the Labor Code, the Unemployment Insurance Code, and the wage orders of the Industrial Welfare Commission, a person providing labor or services for remuneration shall be considered an employee rather than an independent contractor unless the hiring entity demonstrates that the person is free from the control and direction of the hiring entity in connection with the performance of the work, the person performs work that is outside the usual course of the hiring entity's business, and the person is customarily engaged in an independently established trade, occupation, or business. The bill, notwithstanding this provision, would provide that any statutory exception from employment status or any extension of employer status or liability remains in effect, and that if a court rules that the 3-part test cannot be applied, then the determination of employee or independent contractor status shall be governed by the test adopted in S. G. Borello & Sons, Inc. v. Department of Industrial Relations (1989) 48 Cal.3d 341 (Borello). The bill would exempt specified occupations from the application of Dynamex, and would instead provide that these occupations are governed by Borello.</p> <p>Status: 9/18/2019 - Approved by the Governor. Chapterred by Secretary of State - Chapter 296, Statutes of 2019.</p>	<p>8. Watch</p>
<p>AB 333 Equaman D</p>	<p>Whistleblower protection: county patients' rights advocates (Chapterred: 10/2/2019) Current law relating to mental health advocacy requires each local mental health director to appoint, or contract for the services of, one or more county patients' rights advocates to perform prescribed duties. Current law prohibits the knowing obstruction of a county patients' rights advocate in the performance of the advocate's duties. This bill would establish similar whistleblower protections specifically for county patients' rights specifically for county patients' rights advocates.</p> <p>Status: 10/2/2019 - Approved by the Governor. Chapterred by Secretary of State - Chapter 423, Statutes of 2019.</p>	<p>8. Watch</p>
<p>AB 819 Stone, Mark D</p>	<p>Foster care. (Chapterred: 10/12/2019) Current law requires foster family agencies to prepare a written report on an applicant's capacity to foster, adopt, and provide legal guardianship of a child based on information gathered through the resource family application and assessment processes, and requires counties and foster family agencies, when a resource family seeks approval by a subsequent foster family agency or transfer of their approval to a county, to request or provide the above-specified written report, including any updates to the report. This bill would require counties and foster family agencies, when a resource family seeks approval by a subsequent foster family agency or transfer of their approval to a county, to request or provide documents in the resource family file maintained by a county or the resource family case record maintained by a foster family agency, including any updates to the file or record.</p> <p>Status: 10/12/2019 - Approved by the Governor. Chapterred by Secretary of State - Chapter 777, Statutes of 2019.</p>	<p>8. Watch</p>
<p>AB 984 Lacker R</p>	<p>Personal income taxes: voluntary contributions: Suicide Prevention Voluntary Tax Contribution Fund. (Chapterred: 10/2/2019) Would allow a taxpayer to designate an amount in excess of personal income tax liability to be transferred into the Suicide Prevention Voluntary Contribution Fund, which the bill would create. The bill would require the Franchise Tax Board to revise the tax return to include a space for this fund when another voluntary contribution designation is removed or space becomes available, whichever occurs first. The bill would require the fund to meet an annual minimum contribution amount of \$250,000, as specified.</p> <p>Status: 10/2/2019 - Approved by the Governor. Chapterred by Secretary of State - Chapter 445, Statutes of 2019.</p>	<p>8. Watch</p>
<p>AB 1004 McCarty D</p>	<p>Developmental screening services. (Chapterred: 9/30/2019) Would require, consistent with federal law, that screening services provided as an EPSDT benefit include developmental screening services for individuals zero to 3 years of age, inclusive, and would require Medi-Cal managed care plans to ensure that providers who contract with these plans render those services in conformity with specified standards. The bill would require the State Department of Health Care Services to ensure a Medi-Cal managed care plan's ability and readiness to perform these developmental screening services, and to adjust a Medi-Cal managed care plan's capitation rate.</p> <p>Status: 9/30/2019 - Approved by the Governor. Chapterred by Secretary of State - Chapter 387, Statutes of 2019.</p>	<p>8. Watch</p>
<p>AB 1085 McCarty D</p>	<p>After school programs: substance use prevention: funding: cannabis revenue. (Vetted: 10/7/2019) Current law establishes the After School Education and Safety Program under which participating public schools receive grants to operate before and after school programs serving pupils in kindergarten or any of grades 1 to 9, inclusive. The After School Education and Safety Program requires each program component to consist of an education and literacy element and an educational enrichment element, as specified. This bill would specifically authorize for inclusion within the educational enrichment element youth development activities that promote healthy choices and behaviors in order to prevent and reduce substance use and improve school retention and performance.</p> <p>Status: 1/21/2020 - Consideration of Governor's veto stricken from file.</p>	<p>8. Watch</p>
<p>AB 1235 Chu D</p>	<p>Youth homelessness prevention centers. (Chapterred: 9/26/2019) The California Community Care Facilities Act provides for the licensing and regulation of runaway and homelessness youth shelters by the State Department of Social Services. Current law requires these shelters to offer short-term, 24-hour, nonmedical care and supervision and personal services to homeless youth and runaway youth, as those terms are defined, who voluntarily enter the shelter. Current law defines "short-term" to mean no more than 21 consecutive days. This bill would rename these facilities "youth homelessness prevention centers," and would expand the categories of youth for which the center is required to provide services to also include youth at risk of homelessness and youth exhibiting status offender behavior, as those terms are defined by the bill.</p> <p>Status: 9/26/2019 - Approved by the Governor. Chapterred by Secretary of State - Chapter 341, Statutes of 2019.</p>	<p>8. Watch</p>

<p>AB 1287 Nazarian D</p>	<p>Universal assessments: No Wrong Door system. (Chapterred: 10/12/2019) By executive order, the Governor ordered that a master plan for aging be developed and issued to serve as a blueprint to implement strategies and partnerships that promote healthy aging and prepare the state for upcoming demographic changes. This bill would require the master plan for aging developed pursuant to that executive order to consider the efficacy of utilizing a No Wrong Door System. The bill would specify the purpose of the No Wrong Door system as assisting older adults, people with disabilities, and caregivers in obtaining accurate information and timely referrals to appropriate community services and supports. Status: 10/12/2019 - Approved by the Governor. Chapterred by Secretary of State - Chapter 825, Statutes of 2019.</p>	<p>8. Watch</p>
<p>AB 1454 Jones-Sawyer D</p>	<p>Trauma-informed diversion programs for youth. (Chapterred: 10/8/2019) Would, commencing with the 2019-20 fiscal year and thereafter, additionally authorize grants to be awarded to nonprofit organization applicants to administer the diversion programs, as specified. The bill would increase the maximum grant award to \$2,000,000 and would require an applicant to provide a cash or in-kind match, as specified. The bill would make the board solely responsible for administration oversight and accountability of the grant program, and would require the board to set aside up to \$250,000, exclusive of the 3% of funds set aside for administrative costs, to contract with a research firm or university to conduct a statewide evaluation of the grant program. By changing the purpose of existing appropriations for the program, the bill would make an appropriation. Status: 10/8/2019 - Approved by the Governor. Chapterred by Secretary of State - Chapter 584, Statutes of 2019.</p>	<p>8. Watch</p>
<p>AB 1544 Gibson D</p>	<p>Community Paramedicine or Triage to Alternate Destination Act (Chapterred: 9/25/2020) Would establish within the Emergency Medical Services System and the Prehospital Emergency Medical Care Personnel Act until January 1, 2024, the Community Paramedicine or Triage to Alternate Destination Act of 2020. The bill would authorize a local EMS agency to develop a community paramedicine or triage to alternate destination program, as defined, to provide specified community paramedicine services. The bill would require the authority to develop, and after approval by the Commission on Emergency Medical Services, adopt regulations and establish minimum standards for the development of those programs. The bill would require the director of the authority, on or before March 1, 2021, to establish a community paramedicine and triage to alternate destination oversight advisory committee to advise the authority on the development and oversight of specialists for those programs. Status: 9/25/2020 - Approved by the Governor. Chapterred by Secretary of State - Chapter 138, Statutes of 2020.</p>	<p>8. Watch</p>
<p>AB 2741 Rubio, Blanca D</p>	<p>Children's advocacy centers (Chapterred: 9/30/2020) Would authorize a county, in order to implement a multidisciplinary response to investigate reports involving child physical or sexual abuse, exploitation or maltreatment, to use a children's advocacy center that includes representative from specified disciplines and provides dedicated child-focused settings for interviews and other services. The bill would authorize members of a multidisciplinary team associated with a children's advocacy center to share with each other information in their possession concerning the child, the family of the child, and the person who is the subject of the abuse or neglect investigation, as specified. The bill would exempt an employee or designated agent of the center from liability under specified circumstances. Status: 9/30/2020 - Approved by the Governor. Chapterred by Secretary of State - Chapter 353, Statutes of 2020.</p>	<p>8. Watch</p>
<p>AB 2805 Eggman D</p>	<p>Funding accountability: state funding for homelessness. (Vetoed: 9/29/2020) Would require a recipient, as defined, that receives state funds for specified CalWORKS programs related to homeless assistance, the Housing and Disability Income Advocacy Program, or state funds appropriated in the Budget Act of 2019 for a Whole Person Care pilot program, to submit a report containing specified information regarding the use of state funds to the appropriate agency. The bill would require the recipient to submit that report on a form and method provided by the agency annually. Status: 9/29/2020 - Vetoed by Governor.</p>	<p>8. Watch</p>
<p>SB 40 Wiener D</p>	<p>Juveniles: reunification. (Chapterred: 9/30/2020) Current law prohibits a court from ordering reunification services when the child was under 5 years of age and suffered severe physical abuse by a parent or guardian unless the court finds, based on competent testimony, that the services are likely to prevent reabuse or continued neglect of the child or that failure to try reunification will be detrimental to the child because the child is closely and positively attached to that parent. This bill would instead require the court to make that finding based on competent evidence. Status: 9/30/2020 - Approved by the Governor. Chapterred by Secretary of State - Chapter 356, Statutes of 2020.</p>	<p>8. Watch</p>
<p>SB 165 Atkins D</p>	<p>Conservatorship: serious mental illness and substance use disorders. (Chapterred: 10/2/2019) Would authorize the court to establish a temporary conservatorship for a period of 28 days or less if the court is satisfied that the person is presently incapable of caring for the person's own health and well-being due to a serious mental illness and substance use disorder, as those terms are defined by the bill, the person has been detained 8 times for evaluation and treatment in a 12-month period pursuant to existing law authorizing the detention of mentally disordered persons who are a danger to self or others or gravely disabled, without reference to evidence of frequent detention for evaluation and treatment, the temporary conservatorship is necessary, and the county health director, or their designee, has met specified requirements relating to those previous detentions. Status: 10/2/2019 - Approved by the Governor. Chapterred by Secretary of State. Chapter 467, Statutes of 2019.</p>	<p>8. Watch</p>
<p>SB 394 Skinner D</p>	<p>Medical interpretation services. (Chapterred: 9/27/2019) Current law, until July 1, 2020, among other things, requires the State Department of Health Care Services to work with stakeholders to conduct a study to identify current requirements for medical interpretation services and make recommendations on strategies that may be employed regarding the provision of medical interpretation services for Medi-Cal beneficiaries who are limited English proficient (LEP). Current law requires that the department work with stakeholders to establish a pilot project based on the recommendations of the study, as specified. This bill would instead require the department to establish a pilot project concurrent with the study, as specified. The bill would, among other things, require that the pilot project be designed to evaluate certain factors, including whether disparities in care are reduced, with respect to LEP Medi-Cal beneficiaries compared with Medi-Cal beneficiaries who are proficient in English. Status: 9/27/2019 - Approved by the Governor. Chapterred by Secretary of State. Chapter 365, Statutes of 2019.</p>	<p>8. Watch</p>
<p>SB 394 Skinner D</p>	<p>Criminal procedure: diversion for primary caregivers of minor children. (Chapterred: 10/8/2019) Would authorize the presiding judge of the superior court, in consultation with the presiding juvenile court judge and criminal court judges and together with the prosecuting entity and the public defender, to create a pretrial diversion program for defendants who are primary caregivers of a child under 18 years of age, as specified, who are charged with a misdemeanor or a nonserious, nonviolent felony, and who are not being placed into diversion for a crime alleged to have been committed against a person for whom the defendant is the primary caregiver. The bill would set the period of diversion at not less than 6 months, but not more than 24 months. The bill would require the defendant to participate in</p>	<p>8. Watch</p>

	<p>classes relating to subjects that may include parenting, anger management, and financial literacy, and to receive services relating to housing, employment, and drug, alcohol, and mental health treatment, among others.</p> <p>Status: 10/8/2019 - Approved by the Governor. Chaptered by Secretary of State. Chapter 593, Statutes of 2019.</p>	8. Watch
SB 542 Stem D	<p>Workers' compensation. (Chaptered: 10/1/2019) Under current law, a person injured in the course of employment is generally entitled to receive workers' compensation on account of that injury. Current law provides that, in the case of certain state and local firefighting personnel and peace officers, the term "injury" includes various medical conditions that are developed or manifested during a period while the member is in the service of the department or unit, and establishes a disputable presumption in this regard. This bill would provide, only until January 1, 2025, that in the case of certain state and local firefighting personnel and peace officers, the term "injury" also includes post-traumatic stress that develops or manifests itself during a period in which the injured person is in the service of the department or unit. The bill would apply to injuries occurring on or after January 1, 2020.</p> <p>Status: 10/1/2019 - Approved by the Governor. Chaptered by Secretary of State. Chapter 390, Statutes of 2019.</p>	8. Watch
SB 591 Galbiani D	<p>Incarcerated persons: mental health evaluations. (Chaptered: 10/8/2019) Would require that psychiatrists or psychologists from the State Department of State Hospitals, the Department of Corrections and Rehabilitation, or the Board of Parole Hearings be given access to prisoners being temporarily held at a county correctional facility, a county medical facility, or a state-assigned mental health provider.</p> <p>Status: 10/8/2019 - Approved by the Governor. Chaptered by Secretary of State. Chapter 649, Statutes of 2019.</p>	8. Watch
SB 656 Hueso D	<p>San Diego-Coronado Bridge: physical suicide deterrent system. (Chaptered: 10/8/2019) Would require the Director of Transportation to select members for an advisory committee to provide input into the selection of a physical suicide deterrent system for the San Diego-Coronado Bridge that would include, but would not be limited to, a representative from the Department of the California Highway Patrol, a mental health advocate, a member of a local suicide prevention group, residents of specified cities, and representatives of specified city and county governments. The bill would also provide for the selection to the advisory committee of one representative each by the Assembly Members or State Senators whose districts include the San Diego-Coronado Bridge.</p> <p>Status: 10/8/2019 - Approved by the Governor. Chaptered by Secretary of State. Chapter 651, Statutes of 2019.</p>	8. Watch
SB 687 Rubio D	<p>Homeless Coordinating and Financing Council. (Chaptered: 9/26/2019) Current law requires the Governor to create the Homeless Coordinating and Financing Council to, among other things, identify mainstream resources, benefits, and services that can be accessed to prevent and end homelessness in California and to serve as a statewide facilitator, coordinator, and policy development resource on ending homelessness in California. Current law requires the Governor to appoint up to 17 members of the council, including representatives from specified state agencies and departments, and a formerly homeless person and a formerly homeless youth who both live in California. Current law requires the Business, Consumer Services, and Housing Agency to provide staff for the council. This bill would additionally require the Governor to appoint a representative of the state public higher education system to the council, as specified.</p> <p>Status: 9/26/2019 - Approved by the Governor. Chaptered by Secretary of State. Chapter 345, Statutes of 2019.</p>	8. Watch
SCR 64 Bates R	<p>Drug abuse awareness. (Chaptered: 9/9/2019) This measure would designate the month of September 2019 as Opioid, Heroin, Fentanyl, and Prescription Drug Abuse Awareness Month, as specified.</p> <p>Status: 8/30/2019 - Chaptered by Secretary of State- Chapter 141, Statutes of 2019</p>	8. Watch

Total Measures: 21

Total Tracking Forms: 21