

## CBHDA 2023-2024 Legislative Bill Matrix- Watch and Under Review

## As of 10/28/2024

Bill Author	Description	Position
AB 1788 Quirk-Silva D	Mental health multidisciplinary personnel team. (Vetoed: 9/28/2024) Current law authorizes a county to establish a homeless adult and family multidisciplinary personnel team, as defined, with the goal of facilitating the expedited identification, assessment, and linkage of homeless individuals to housing and supportive services within that county and to allow provider agencies to share confidential information for the purpose of coordinating housing and supportive services to ensure continuity of care. This bill would authorize counties to also establish mental health multidisciplinary personnel team, as defined, with the goal of facilitating the expedited identification, assessment, and linkage of justice-involved persons diagnosed with a mental illness to supportive services within that county while incarcerated and upon release from county jail and to allow provider agencies and members of the personnel team to share confidential information, as specified, for the purpose of coordinating supportive services to ensure continuity of care. The bill would require the sharing of information permitted under these provisions to be governed by protocols developed in each county, as specified, and would require each county to provide a copy of its protocols to the State Department of Health Care Services.  Status: 9/28/2024 - Vetoed by Governor. Hearing: 11/29/2024 #94 ASSEMBLY VETOED	8. Watch
SB 1184 Eggman D	Mental health: involuntary treatment: antipsychotic medication. (Chaptered: 9/27/2024) The Lanterman-Petris-Short Act provides for the involuntary commitment of persons who are a danger to themselves or others, or who are gravely disabled, due to a mental disorder or chronic alcoholism or drug abuse for 72 hours for evaluation and treatment, as specified. If certain conditions are met after the 72-hour detention, the act authorizes the certification of the person for a 14-day maximum period of intensive treatment and then another 14-day or 30-day maximum period of intensive treatment after the initial 14-day period of intensive treatment. Existing law, during the 30-day period of intensive treatment, as specified, also authorizes up to an additional 30 days of intensive treatment if certain conditions are met. Current law authorizes the administration of antipsychotic medication to a person who is detained for evaluation and treatment for any of those detention periods, except for the second 30-day period. Current law establishes a process for hearings to determine a person's capacity to refuse the treatment. Current law requires a determination of a person's incapacity to refuse treatment with antipsychotic medication to remain in effect only for the duration of the 72-hour period or initial 14-day intensive treatment period, or both, until capacity is restored, or by court determination. Current law generally requires the capacity hearings described above to be held within 24 hours of the filing of a petition to determine a person's capacity to refuse treatment. Current law authorizes the hearing to be postponed in certain circumstances, but prohibits the hearing from being held beyond 72 hours of the filing of the petition. This bill would authorize, except as specified, a person's treating physician to request a hearing for a new determination of a person's capacity to refuse treatment with antipsychotic medication at any time in the 48 hours prior to the end of the duration of the current detention period	n
<b>SB 1317</b> <u>Wahab</u> D	Inmates: psychiatric medication: informed consent. (Chaptered: 9/20/2024) Current law prohibits, except as specified, a person sentenced to imprisonment in a county jail from being administered any psychiatric medication without prior informed consent. Current law authorizes a county department of mental health, or other designated county department to administer to an inmate involuntary medication on a nonemergency basis only after the inmate is provided, among other things, a hearing before a superior court judge, a court-appointed commissioner or referee, or a court-appointed hearing officer. Current law, until January 1, 2025, additionally protects all inmates in a county jail from being administered any	8. Watch

psychiatric medication without prior informed consent, with certain exceptions, and imposes additional criteria that must be satisfied before a county department of mental health or other designated county department may administer involuntary medication, including a requirement that the jail first make a documented attempt to locate an available bed for the inmate in a community-based treatment facility, under certain conditions, in lieu of seeking involuntary administration of psychiatric medication. Until January 1, 2025, if an inmate is awaiting resolution of a criminal case, current law requires that a hearing to administer involuntary medication on a nonemergency basis be held before, and that any requests for ex parte orders be submitted to, a judge in the superior court where the criminal case is pending. Current law, also until January 1, 2025, sets limits on the amount of time such orders are valid and requires any court-ordered psychiatric medication to be administered in consultation with a psychiatrist who is not involved in the treatment of the inmate at the jail, if one is available. This bill would extend these provisions until January 1, 2030. The bill would also require any county that, between January 1, 2025, and July 1, 2028, administers involuntary medication to any inmate awaiting arraignment, trial, or sentencing, to prepare and submit a report to the Legislature, as specified.

Status: 9/20/2024 - Approved by the Governor. Chaptered by Secretary of State. Chapter 326, Statutes of 2024.

**Total Measures: 3** 

**Total Tracking Forms: 3** 

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