**Breaking Barriers Summit – April 27 & 28, 2017**

**Partial List of Pending Legislation Involving Mental Health, Education, Child Welfare, and Criminal Justice**

**Compiled April 13, 2017**

| **Bill Number** | **Summary** | **Status as of 4/13/17** |
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| Senate Bills | | |
| SB 18  Pan | * Would make legislative findings and declarations relating to the needs and well-being of children and youth in California. * Would create, until November 30, 2024, the Joint Legislative Committee on Children and Youth, with 18 members appointed by the Senate Committee on Rules and the Speaker of the Assembly. * Would require the committee to develop “California’s Promise to its Children and Youth,” a framework for the care and welfare of children and youth in various contexts, including, but not limited to, health care, nutrition, homeless assistance, education, and foster care, as specified. * Would require the committee to consider an unspecified Senate Concurrent Resolution, the Bill of Rights for the Children and Youth of California, if it is enacted and takes effect on or before January 1, 2018, for purposes of developing the framework. | Rules Committee |
| SB 72  Mitchell | * Would make appropriations for the support of the government of the State of California and for several public purposes in accordance with the provisions of Section 12 of Article IV of the Constitution of the State of California, relating to the state budget and contains provisions related to the transfer of educationally-related mental health services to special education. (This is the Senate version of the 2017-18 Budget Bill.) | Introduced |
| SB 191  Beall | * Would authorize a county and a local educational agency to enter into a partnership to create a program that includes targeted interventions for pupils with identified social-emotional, behavioral, and academic needs and an agreement to establish a Medi-Cal mental health and substance use disorder provider that is county operated or county contracted for the provision of services to pupils, in which there are provisions for the delivery of campus-based mental health and substance use disorder services. * Would require the Mental Health Services Oversight and Accountability Commission, in consultation with the California Department of Education and the California Department of Health Care Services, to develop guidelines for the use of funds for innovative programs and prevention and early intervention programs to enter into and support the above-mentioned partnerships. * Would Create the County and Local Educational Agency Partnership Fund in the state Treasury. | Appropriations Committee |
| SB 192  Beall | * Would amend the MHSA by requiring that any funds allocated since the 2008-09 fiscal year that have not been spent within three years revert to the state in a newly-established MHSA Reversion Fund, with waivers permitted for small counties. * Would require funding to be for evidenced-based intervention services and supports for prevention, early detection, and treatment of psychosis, mood orders, or other mental health services for youth. | Health Committee |
| SB 220  Pan | * Would revise the qualification criteria for the three positions on the the Medi-Cal Children’s Health Advisory Panel that are filled by parent members to instead require that these positions be filled with three members who are either Medi-Cal enrollees who have received Medi-Cal benefits or services in relation to a pregnancy, or who are a parent, foster parent, relative caregiver, or legal guardian of a Medi-Cal enrollee who is 21 years of age or younger. * Would provide that a member of the advisory panel appointed on or after January 1, 2018, shall serve a term of three years, and would specify a procedure for transitioning existing panel membership to those new terms. * Would authorize the department to remove a member of the advisory panel if the director of the department determines removal is necessary, and would authorize the chair of the panel to recommend removal of a member who obstructs the functions of the panel for cause. * Would require the chair of the panel to notify the department of a vacancy on the panel, as specified. * Would expand the requirement to pay a per-meeting stipend to include a foster parent, relative caregiver, or legal guardian of a Medi-Cal enrollee. | Health Committee |
| SB 233  Beall | * Would add to the information that may be accessed by youth in foster care, parents, caregivers, education rights holders, and juvenile court to include records of attendance, discipline, online communication on platforms established by schools for pupils and parents, and special education assessments. | Human Services Committee |
| SB 688  Moorlach | * Would amend the Mental Health Services Act by requiring the amounts allocated for administration to include amounts sufficient for the department to establish a contract and an interagency data sharing agreement with the University of California to ensure adequate research and evaluation as described above. * Would state the intent of the Legislature that the department model this research and this evaluation on the California Child Welfare Indicators Project. * Would make these provisions apply to the university only to the extent that the Regents of the University of California, by resolution, make any of these provisions applicable to the university. | Health Committee |
| Assembly Bills | | |
| AB 74  Chiu | * Would require the California Housing and Community Development Department to establish the Housing for a Healthy California Program, and, starting in 2019 award grants on a competitive basis to eligible grant applicants. * Would provide that an applicant must meet specified requirements and agree to contribute funding for interim and long-term rental assistance to collect and report data. | Suspense File |
| AB 96  Ting | * Would make appropriations for the support of state government for the 2017–18 fiscal year and other related provisions. (This is the Assembly version of the 2017-18 Budget Bill.) | Introduced |
| AB 254  Thurmond | * Would require the California Department of Education to establish the Local Educational Agency Pilot for Overall Needs for the purpose of improving the mental health outcomes of students through a whole person care approach that is accomplished by providing funding to an eligible participant for the provision of direct health services. * Would require the department to encourage eligible participants to participate in the program, to provide technical assistance to eligible participants, and to develop a request for proposals process to determine funding allocation. * Would require a Local Education Area (LEA) receiving funding through the program to use funds received to increase direct health services provided to all registered students, with a concerted effort toward providing services to students enrolled in the Medi-Cal program. * Would authorize an LEA to provide direct health services through direct employment of health care providers, or by contracting with health care providers or school health centers, as defined. * Would require a school health center that contracts with an LEA under the program to work in partnership with the school nurse to deliver direct health services, to serve all registered students, and to seek reimbursement for services provided from private health insurers or health care service plans, if applicable. * Would provide for implementation of the program upon appropriation of funds for the program and to the extent that any necessary federal approvals have been obtained. * Would require the program to operate for 4 years from the date of that appropriation. * Requires the department, upon termination of the program and depletion of appropriated funds, to report to the Legislature, as specified, on the outcomes of the program and the need for funding school-based health services and their connection to early mental health outcomes. | Health Committee |
| AB 266  Thurmond | * Would require the California Department of Corrections and Rehabilitation, in making an initial inmate housing assignment, to consider whether the inmate is or was eligible for public mental health services due to a serious mental illness or whether the inmate currently is or was eligible for benefits under the federal Social Security Disability Insurance program due to a diagnosed mental illness. | Appropriations Committee |
| AB 340  Arambula | * Would require that screening services under the Early and Periodic Screening, Diagnosis and Treatment (EPSDT) program include screening for trauma. * Would require the California Department of Health Care Services, in consultation with the California Department of Social Services and others, to adopt, employ, and develop, as appropriate, tools and protocols for screening children for trauma and would authorize the department to implement, interpret, or make specific the screening tools and protocols by means of all-county letters, plan letters, or plan or provider bulletins, as specified. This bill contains other existing laws. | Suspense File |
| AB 456  Thurmond | * Would authorize postgraduate hours of experience to be credited toward Clinical Social Work licensure for approved candidates, thus aligning the requirements with licensure for Marriage and Family Therapists. | Appropriations Committee |
| AB 462  Thurmond | * Would declare the intent of the Legislature to authorize the MHSA Commission to receive information held by other state agencies, as it relates to outcomes established under the MHSA or adopted by the commission under the MHSA for the purposes of monitoring those outcomes and improving the mental health system. * Would authorize the Director of Employment Development to share information to enable the commission to receive quarterly wage data to assist the commission in fulfilling its duties under the MHSA. | Consent Calendar |
| AB 470  Arumbula | * Would require the California Department of Health Care Services, in collaboration with the California Health and Human Services Agency, to create a performance outcome dashboard for specialty mental health services provided to eligible Medi-Cal beneficiaries. * Would require the department to convene a quarterly stakeholder advisory committee comprised of specified representatives, including representatives of providers, consumers, and counties, to inform the creation of the performance outcome dashboard for specialty mental health services. * Would require the department to consider specified objectives, including high-quality and accessible specialty mental health services for eligible adults, in developing the performance outcome dashboard, and would require the dashboard to include both statewide and plan-specific data, disaggregated by specified categories, in certain areas, including, among others, mental health disparities and quality indicators. * Would require the department to provide the dashboard to all fiscal committees and appropriate policy committees of the Legislature no later than December 31, 2018. * Would require the department, commencing January 1, 2019, to consult with the stakeholder advisory committee to incorporate additional components into the dashboard and to make recommendations for statewide quality improvement and efforts to reduce mental health disparities, as specified. * Would require the department to provide quarterly updates to the dashboard and to post the updated report on the department’s Internet Web site. * Would authorize the department to implement, interpret, or make specific the requirements of the bill by all-county letters, plan letters, plan or provider bulletins, or similar instructions. | Appropriations Committee |
| AB 477  Ridley-Thomas | * Would establish the Behavioral Health Stakeholder Advisory Panel, an independent, statewide advisory board to provide ongoing advice and assistance on behavioral health program needs and priorities to the California Health and Human Services Agency, including making recommendations on actions to improve the collaboration and processes of the multiple agencies involved in California’s behavioral health delivery system. * Would specify the membership of the panel, as appointed by the Secretary of California Health and Human Services, and members of the advisory panel would serve on a voluntary basis, without compensation. * Would set forth the minimum powers and duties of the advisory panel and the agency. * Would require the panel to annually report to the Legislature on the advisory panel’s accomplishments, effectiveness, efficiency, including any recommendations for statutory changes needed to improve the effective delivery of behavioral health services in the state and the ability of the advisory panel to fulfill its purpose. * Would be implemented only to the extent that funding from non-state sources is received for its purposes. | Health Committee |
| AB 481  Thurmond | * Would provide that the direct contracting provisions for Local Government Agencies and Local Education Consortia shall not preclude a school district with an enrollment of greater than 400,000 students from having a random moment time survey implementation plan that is approved by the federal Centers for Medicare and Medicaid Services. * Would make provisions for the Medi-Cal oversight and monitoring, and administrative claiming processes. | Health and Education Committees |
| AB 488  Kiley | * Would establish the Mental Health Services Fund Transparency and Accountability Office within the California Health and Human Services Agency, as specified. * Would transfer various functions of the State Department of Health Care Services under the act to this office, and the office would succeed to, and be vested with, all the duties, powers, responsibilities, and jurisdiction, vested in the department, regarding oversight of the Mental Health Services Fund. * Would require the office to assume certain duties, including, among others, initiating investigations, advising counties, conducting research, and reporting to the Legislature, by December 31, 2019, of any additional authority it deems necessary to complete its duties and to ensure county compliance with the act. | Health Committee |
| AB 501  Ridley-  Thomas | * Would authorize the California Department of Social Services to, by January 1, 2019, and contingent upon an appropriation in the annual Budget Act for these purposes, license a short-term residential therapeutic program operating as a children’s crisis residential program and would require the department to regulate those programs. * Would require the California Department of Health Care Services, in consultation with the California Department of Social Services and the County Behavioral Health Directors Association of California, among others, to develop a rate for children who are Medi-Cal beneficiaries and who are admitted to a children’s crisis residential program. * Would authorize a short-term residential therapeutic program that is operating as a children’s crisis residential program to accept for admission any child who meets specified requirements, including, among other things, that the child has a serious behavioral health disorder and is referred by a parent or guardian, or by the representative of a public or private entity that has the right to make these decisions on behalf of a child who is experiencing a mental health crisis. * Would require the California Department of Health Care Services, in consultation with certain stakeholders including the California Department of Social Services, to establish program standards and procedures for a children’s crisis residential mental health program approval, and would require the children’s crisis residential mental health program approval to be a condition of continued licensure for a short-term residential therapeutic program operating as a children’s crisis residential program. | Human Services Committee |
| AB 727  Nazarian | * Would clarify that counties may spend MHSA moneys on housing assistance, as defined, for people in the target population. | Assembly third reading |
| AB 824  Lackey | * Would establish the Transitional Housing for Homeless Youth Grant Program to be administered by the Office of Emergency Services to award grants to qualified nonprofit entities to provide transitional living services, such as long-term residential services, access to resources, and counseling services, to homeless youth ages 18 to 24 years of age, inclusive, for a period of up to 36 months. * Would require the office, in consultation with specified stakeholders, to establish minimum standards and procedures for awarding the grant moneys. | Human Services Committee |
| AB 834  O’Donnell | * Would require the California Department of Education to establish an Office of School-Based Health Programs for the purpose of, among other things, administering health-related programs under the purview of the California Department of Education and advising on issues related to the delivery of school-based Medi-Cal services in the state. * Would authorize the office to develop a workgroup for the purpose of assisting the office’s efforts that shall be representative of the diversity of California Local Education Areas (LEAs) and include representatives of specified entities involved in the delivery of school-based Medi-Cal services, as specified. * Would authorize the office to form additional technical advisory groups. * Would require the California Department of Education to make available to the office any information on other school-based dental, health, and mental health programs. | Health Committee |
| AB 850  Chau | * Would require the Governor to appoint an additional member to the commission who has knowledge and experience in reducing mental health disparities, especially for racial and ethnic communities. * Would state the finding and declaration of the Legislature that this change is consistent with and furthers the intent of the act. | Appropriations Committee |
| AB 1164 Thurmond | * Would establish the Emergency Child Care Bridge Program for Foster Children (bridge program). Would authorize, contingent upon an appropriation of $11,000,000 in the 2017–18 fiscal year and $22,000,000 annually thereafter, county welfare departments to administer the bridge program and distribute vouchers to an eligible child who is placed with an approved family, a licensed or certified foster family, or an approved relative or nonrelative extended family member, or who is the child of a young parent involved in the child welfare system. * Would require, for counties that choose to participate, that county welfare departments determine eligibility for the bridge program and provide monthly payment either directly to the family or to the child care provider or provide a monthly voucher for child care, in an amount that is commensurate with the regional market rate, for up to 6 months following the child’s initial placement, unless the child and resource family are able to access long-term, subsidized child care prior to the end of the 6-month period. * Would allow eligibility for a child care payment or voucher to be extended for 6 months, at the discretion of the county welfare department, if the child and resource family have been unable to access long-term, subsidized child care during the initial 6-month period. * Would require that each child receiving a monthly child care payment or voucher be provided with a child care navigator and would authorize the county to establish local priorities in the implementation of the bridge program. * Would require, contingent upon an appropriation of $2,500,000 in the 2017–18 fiscal year and $5,000,000 annually thereafter, each child care resource and referral program to provide a child care navigator to support children in foster care and children previously in foster care upon return to their home of origin. * Would also require, contingent upon an appropriation of $2,000,000 in the 2017–18 fiscal year and $4,000,000 annually thereafter, the child care resource and referral program to provide trauma-informed training and coaching to child care providers working with children in the foster care system. | Human Services Committee |
| AB 1685  Maienschein | * Would make technical, non-substantive changes to the existing Children’s Mental Health Services Act, which establishes an interagency system of care for children with serious emotional and behavioral disturbances that provides comprehensive, coordinated care and state that the programs are intended to ensure services will be provided to severely mentally ill children and that they be part of the children’s system of care. | Assignment pending – possible spot bill? |