



# MCRT | Client Characteristics

11K

Calls Responded To Since Progra...

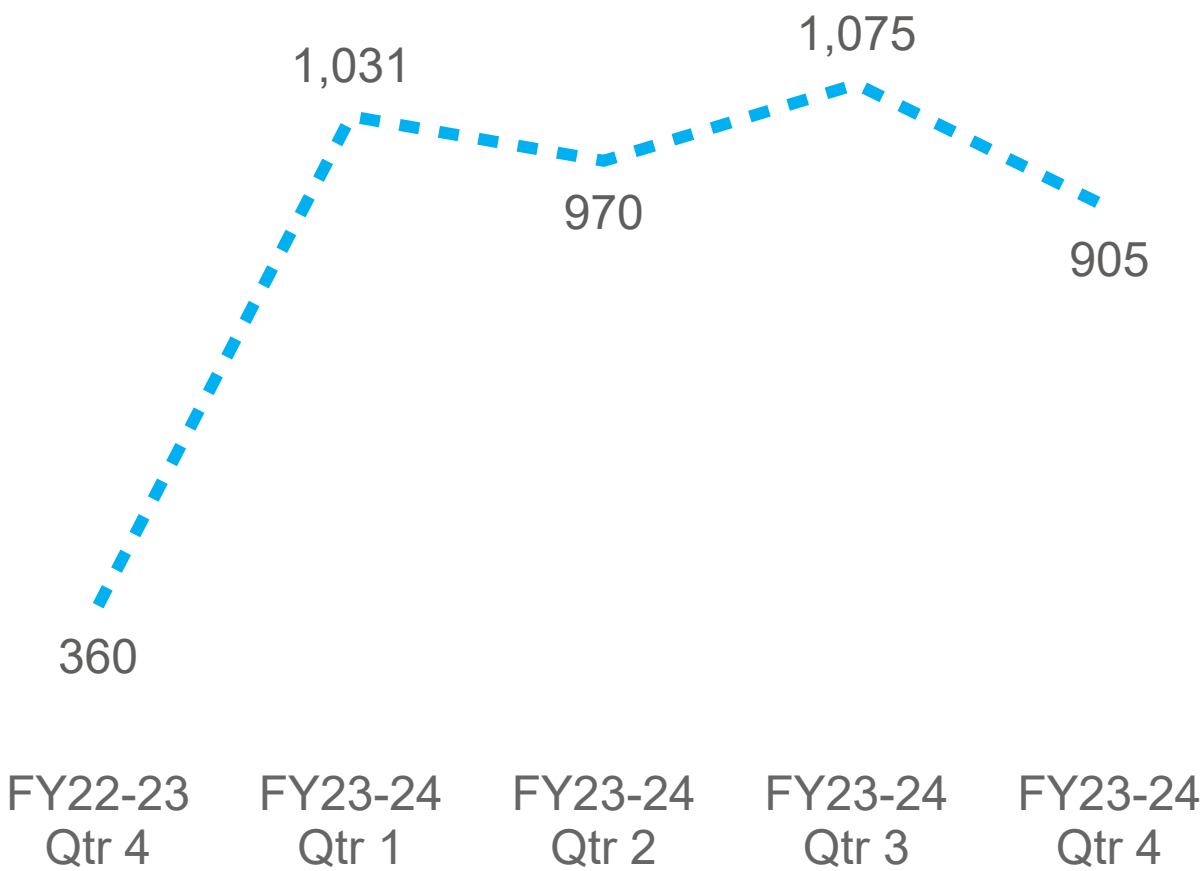
7,423

Unique Clients Since Program St...

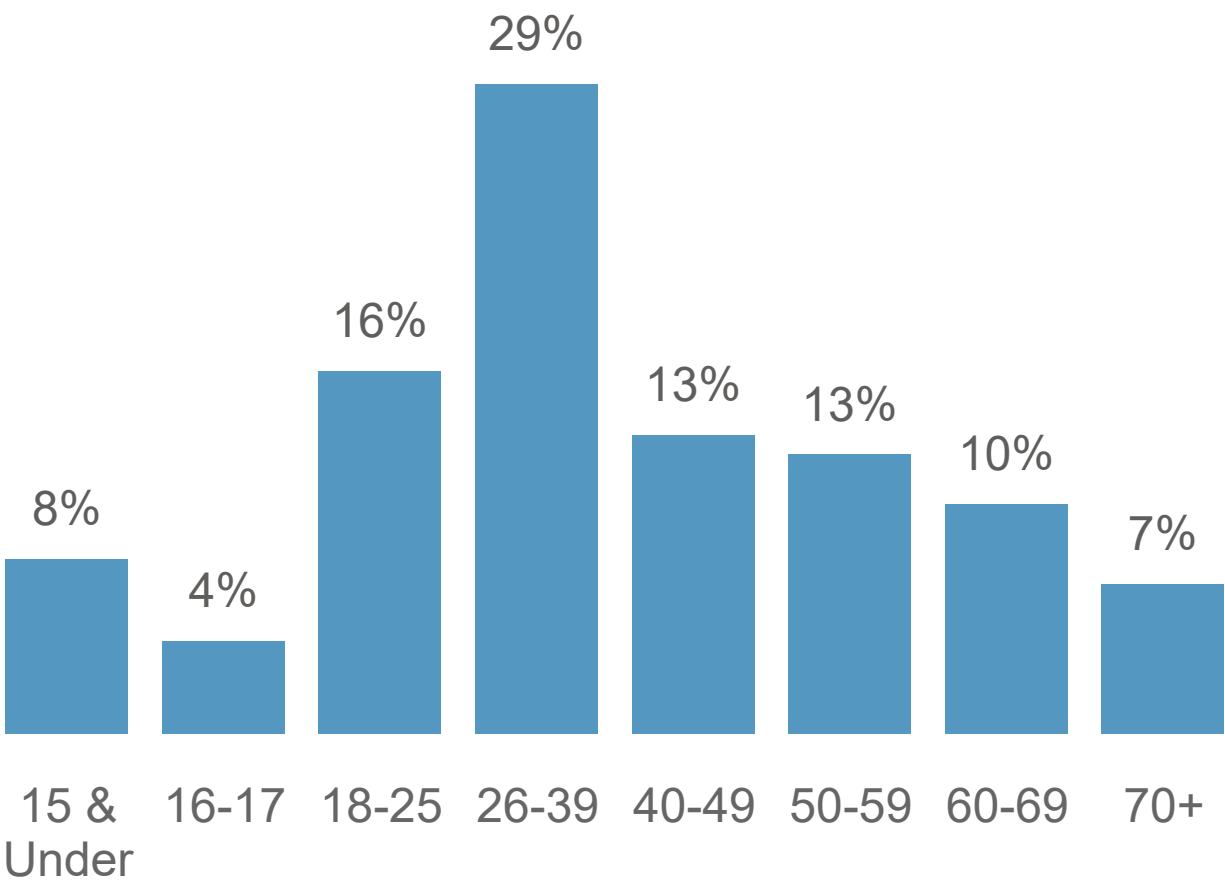
Reporting Period

6/1/2023 to 5/31/2024

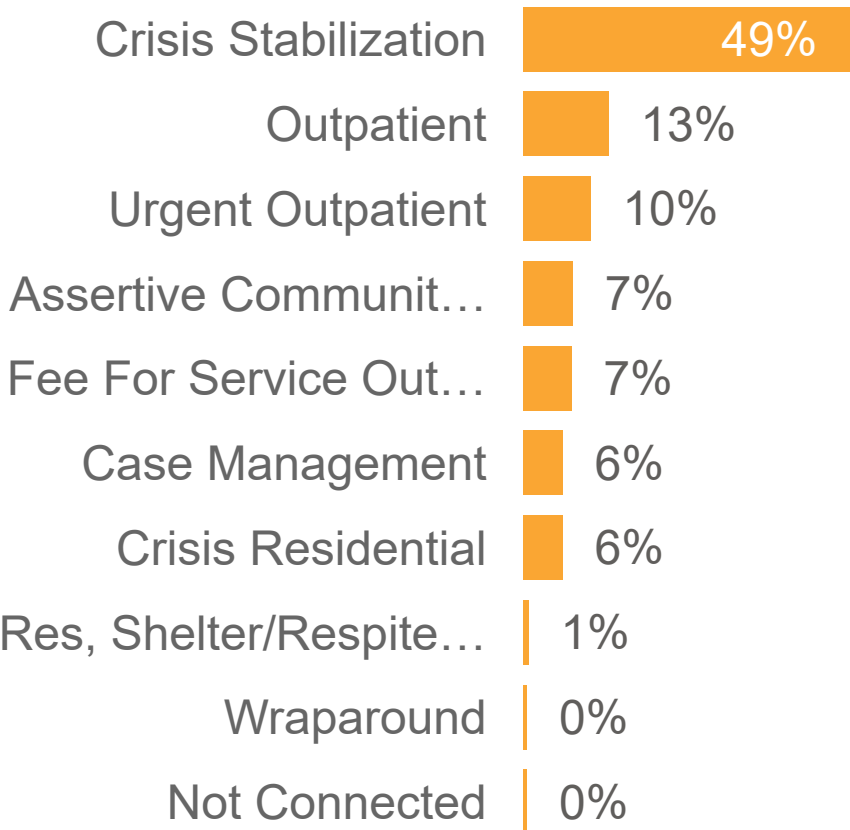
## Unique Clients Served over Time



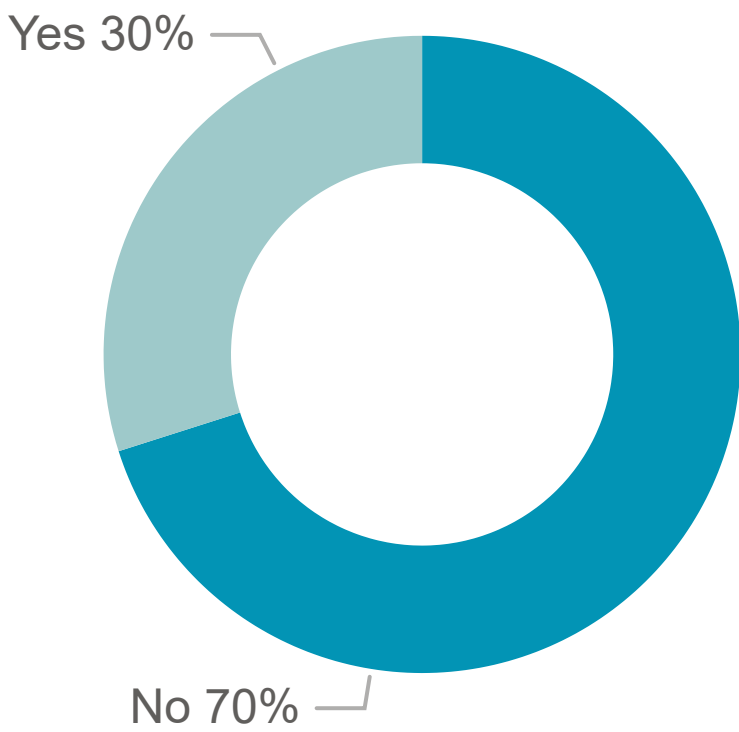
## Age



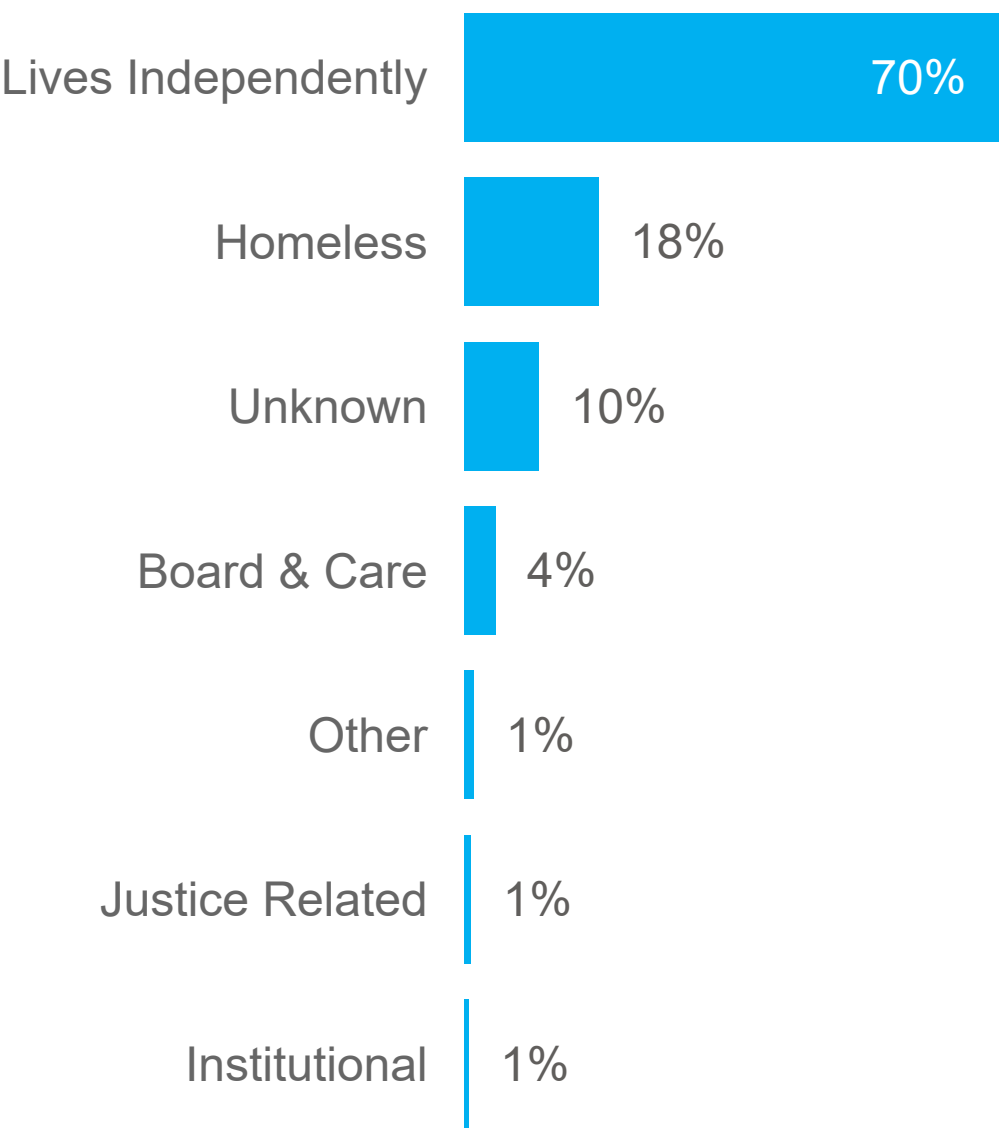
## Connecting Programs\*\*



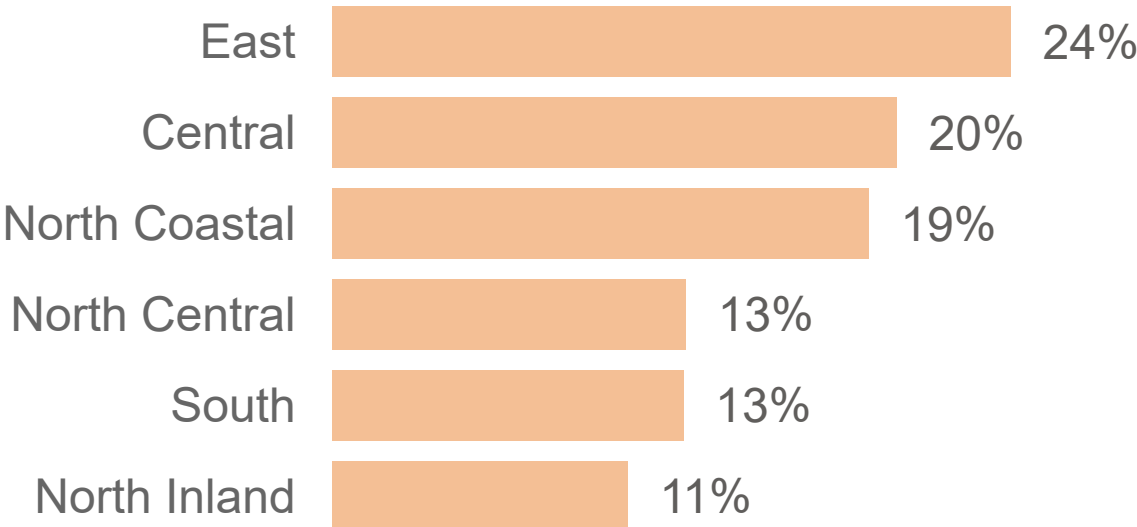
## Previous Justice Involvement



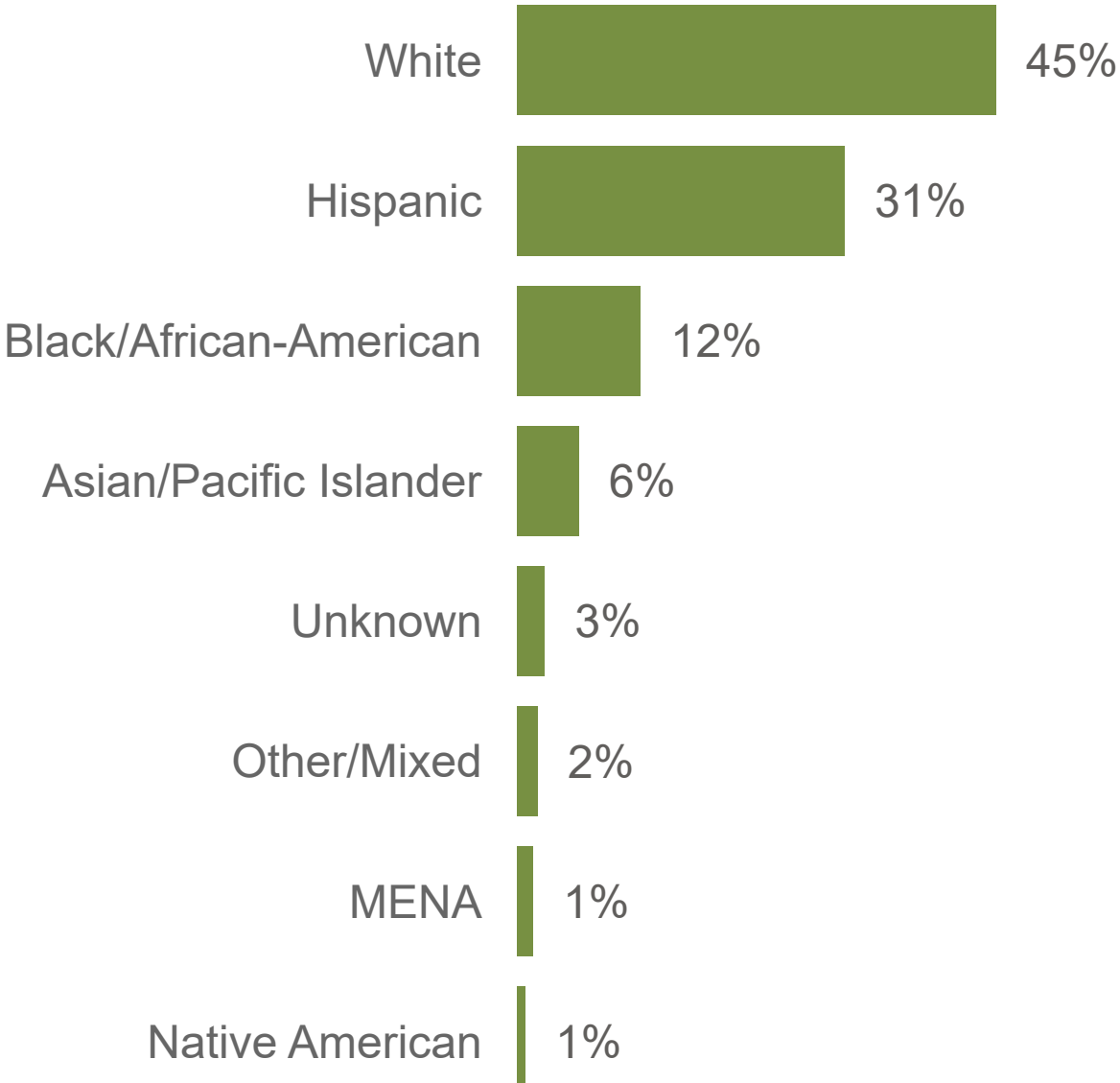
## Housing Status



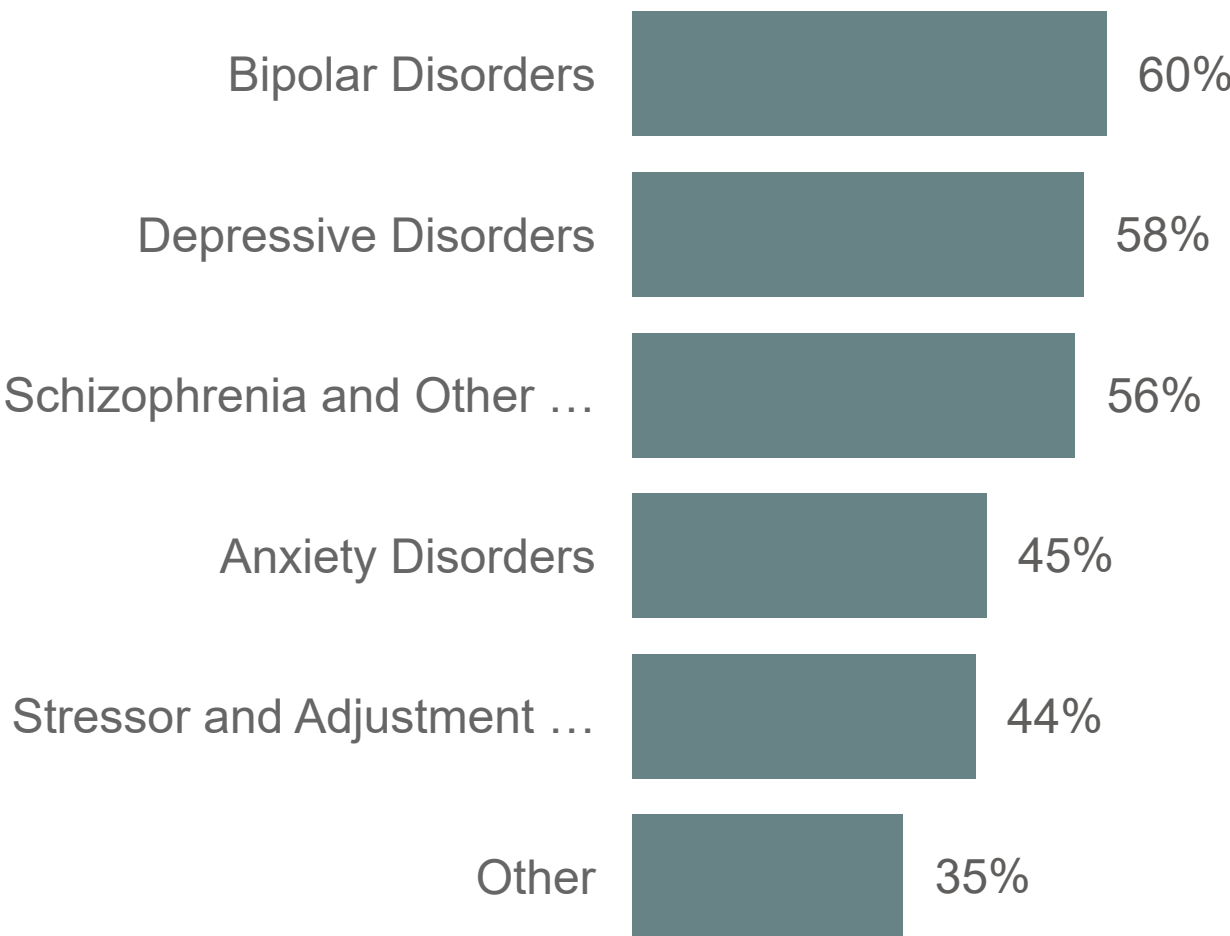
## Region of Intervention



## 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



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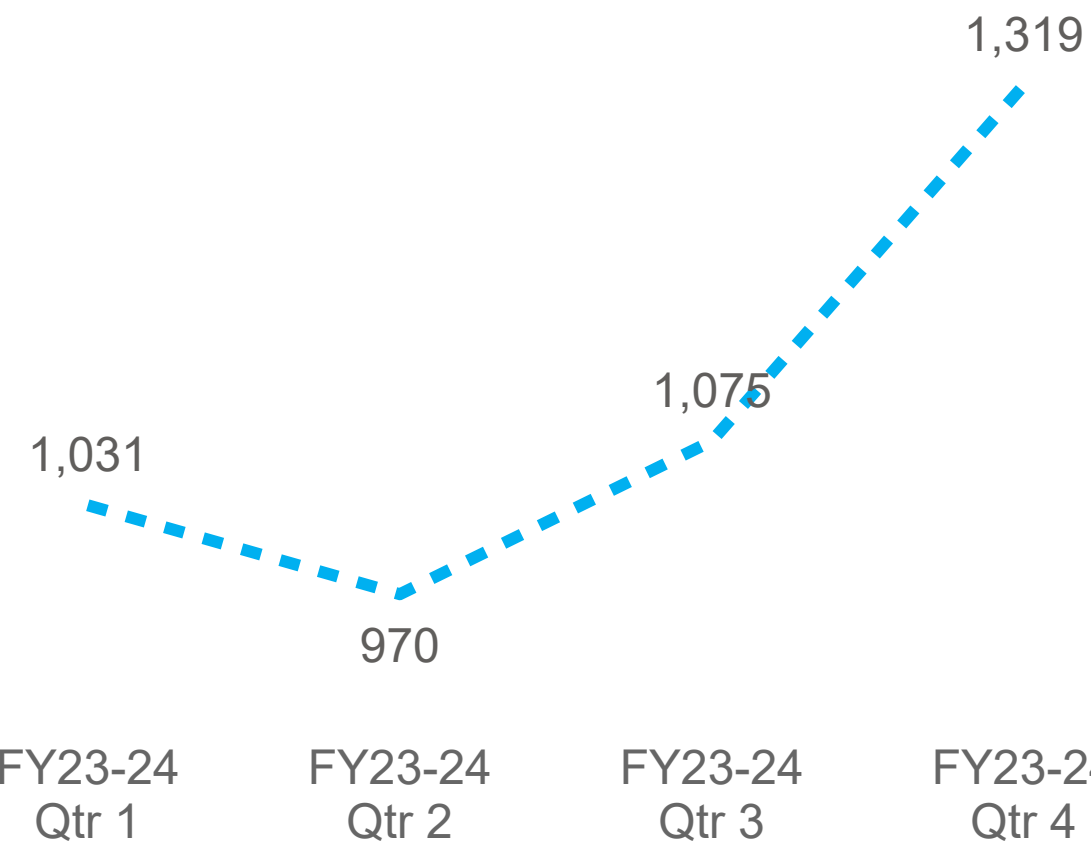
7,642

Unique Clients Since Program St...

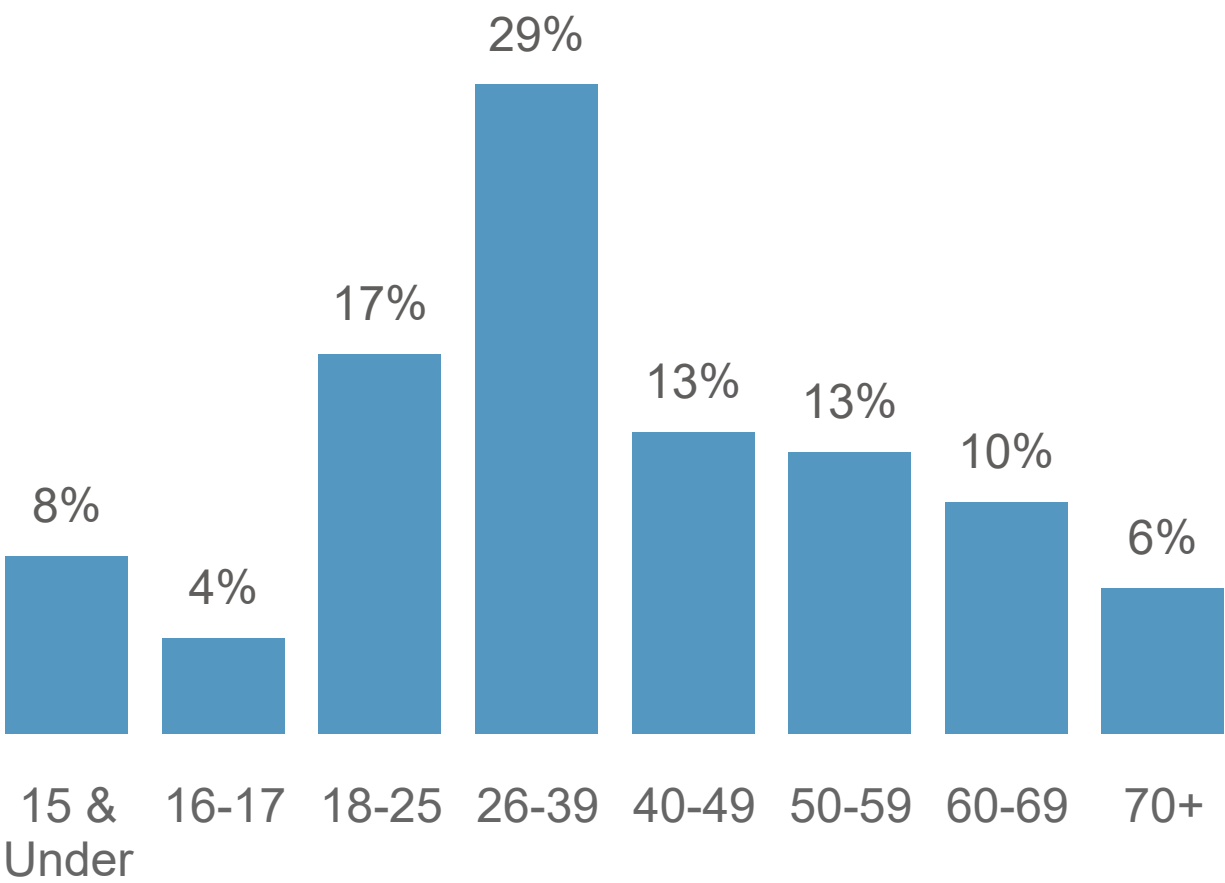
Reporting Period

7/1/2023 to 6/30/2024

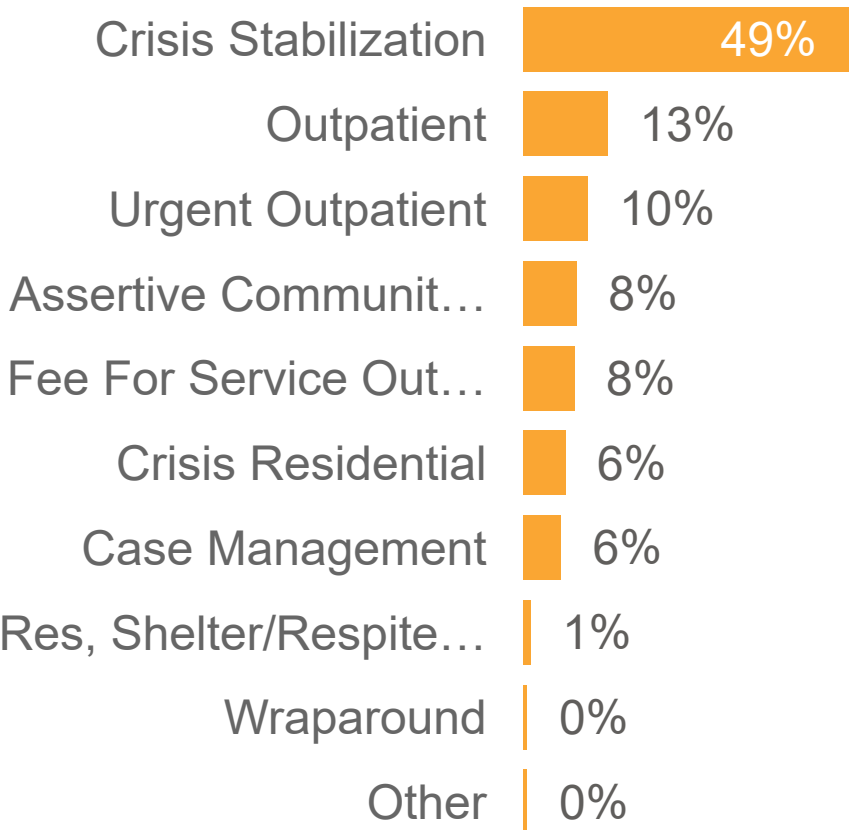
## Unique Clients Served over Time



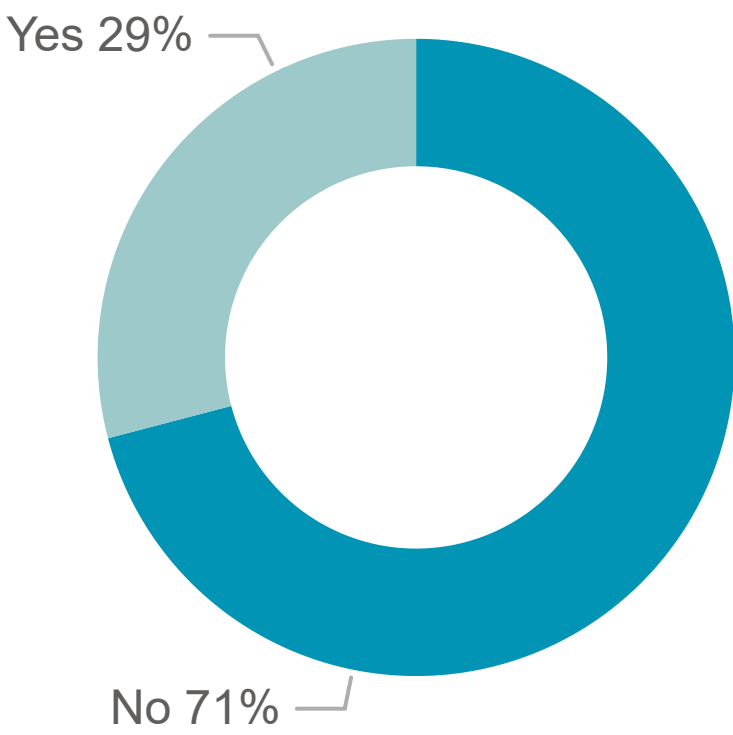
## Age



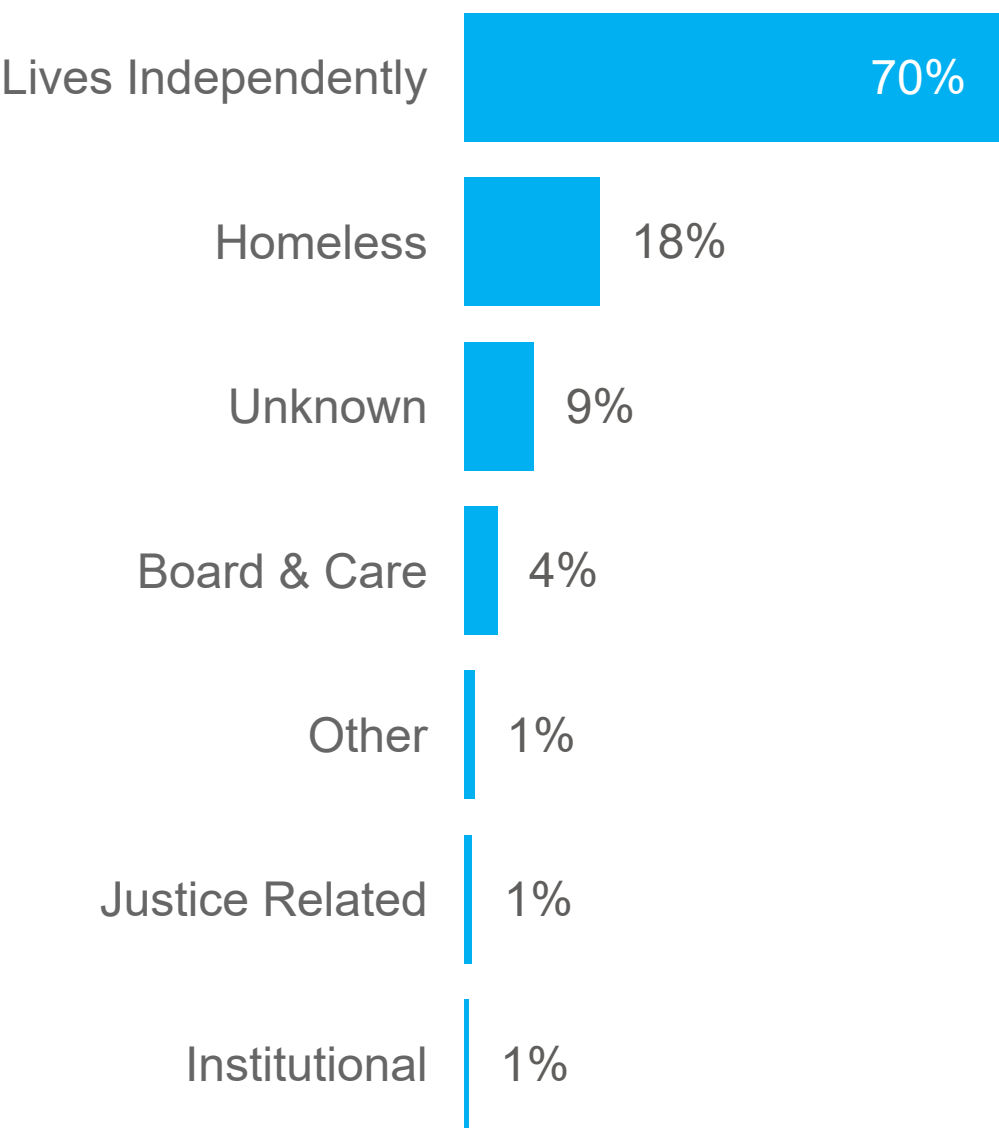
## Connecting Programs\*\*



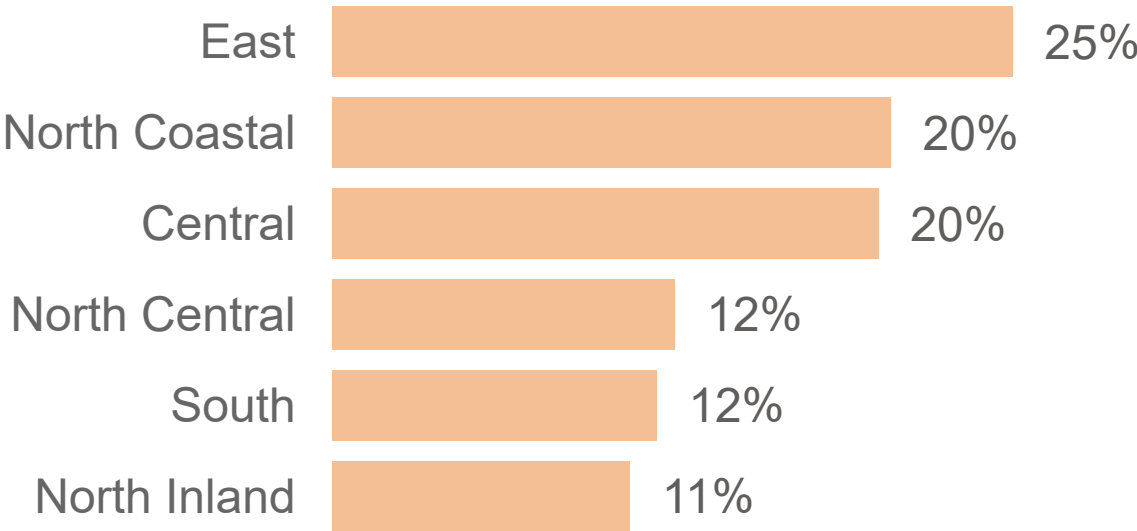
## Previous Justice Involvement



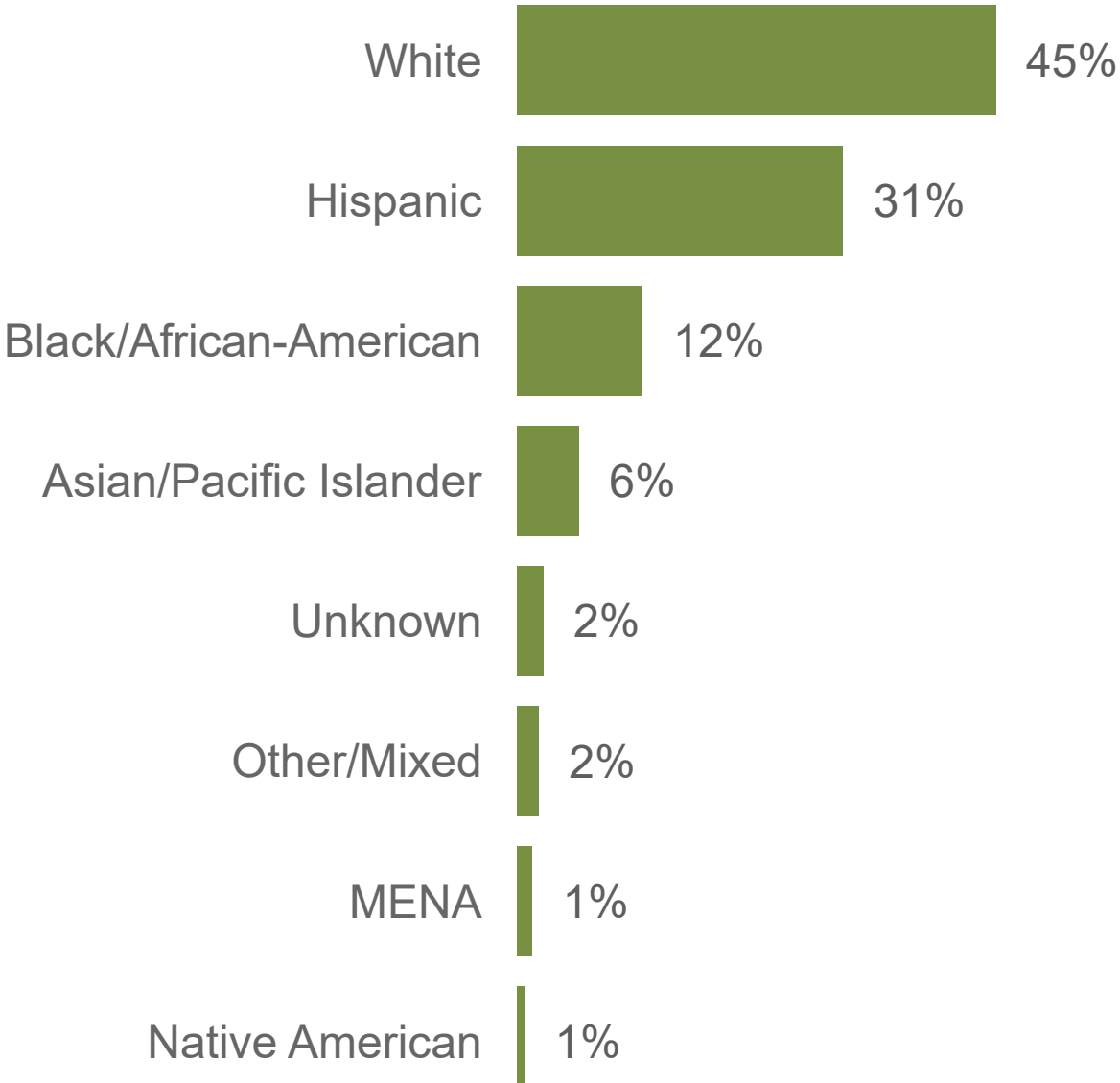
## Housing Status



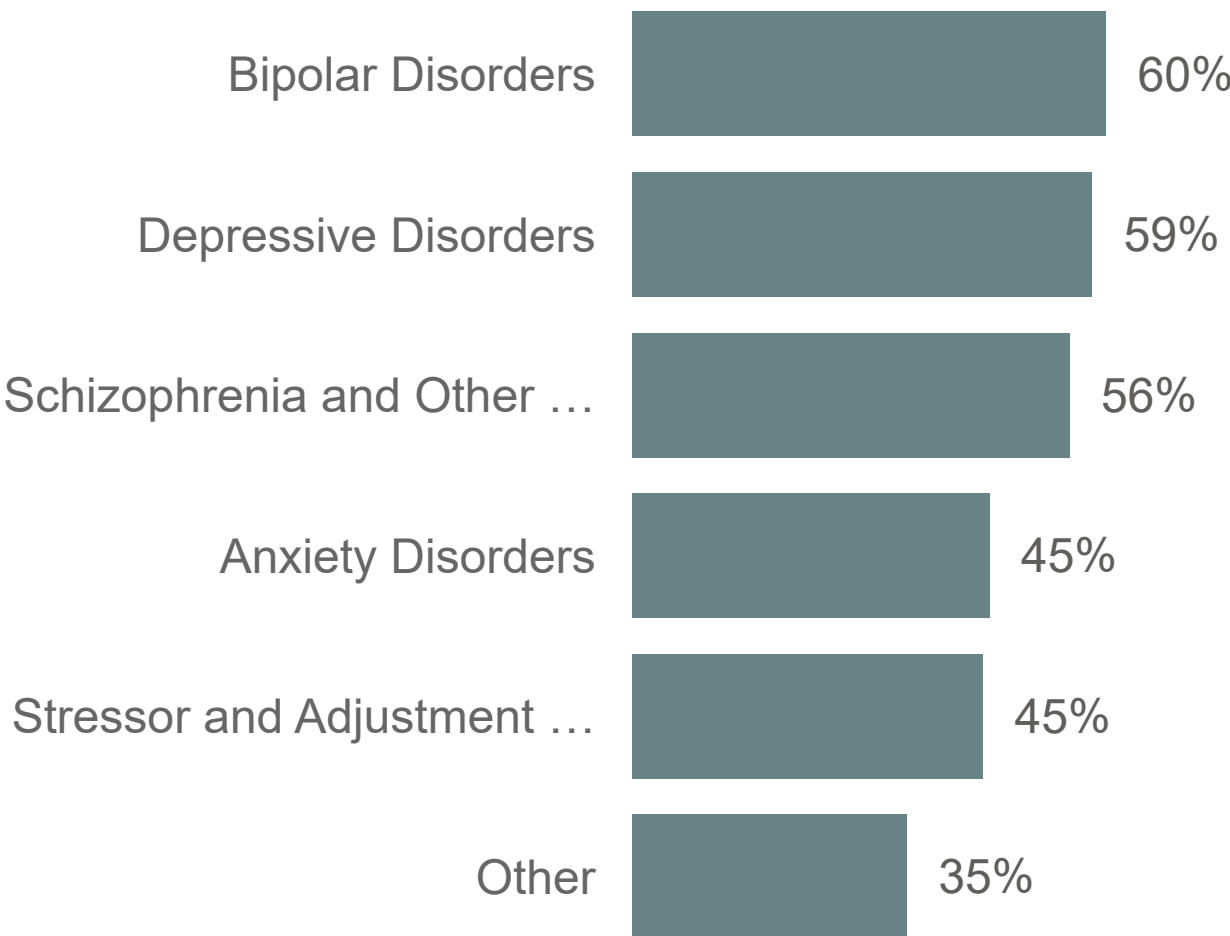
## Region of Intervention



## 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

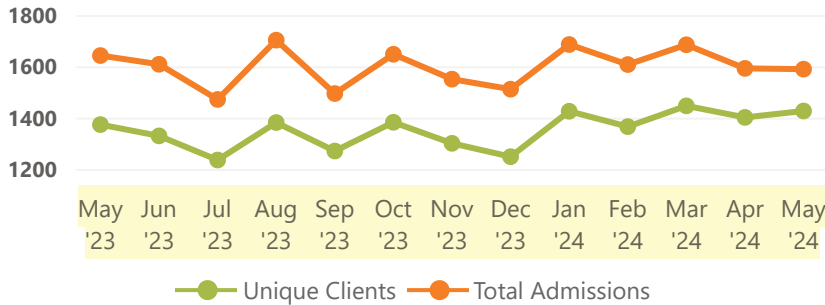
County of San Diego Behavioral Health Services

## SUBSTANCE USE SERVICES INDICATORS

Report Month: May 2024



### TOTAL ADMISSIONS



#### Current Trends

May '24 vs. May '23 -8.0% (1,589 vs. 1,727)  
May '24 vs. April '24 -0.2% (1,589 vs. 1,592)

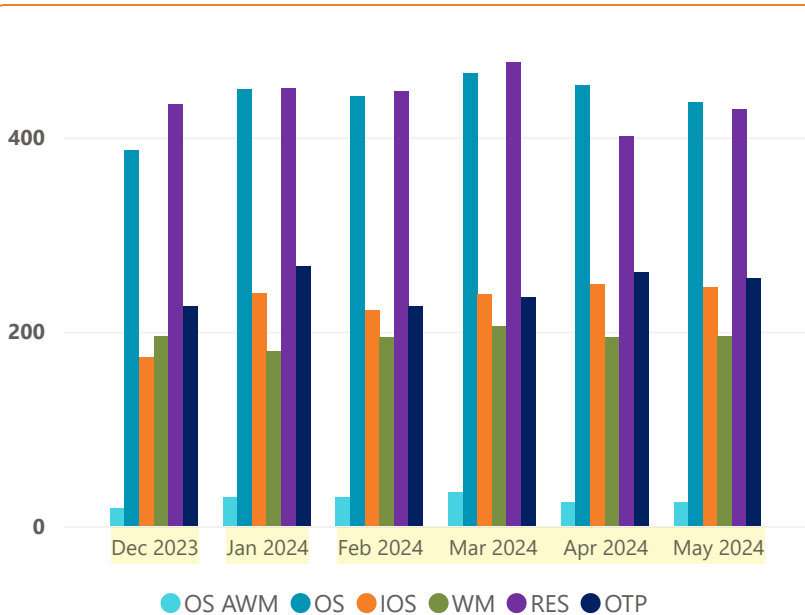
#### May '24 Admissions

72 Adolescent 1,517 Adult

#### Annual Trends

Year	Admissions	Average Per Month
FY 2023-24	17,532	1,594
FY 2022-23	18,124	1,510

### ADMISSIONS BY LEVEL OF CARE



May '24 28% 15% 12% 27% 16%

Adolescent - Admissions		LOC	Adult - Admissions	
N/A		OS AWM		24
56		OS		380
7		IOS		238
N/A		WM		195
9		RES		419
0		OTP		255
Adolescent - Unique Admissions		LOC	Adult - Unique Admissions	
N/A		OS AWM		24
56		OS		380
7		IOS		235
N/A		WM		188
9		RES		398
0		OTP		251

#### Recovery Services

May 2024 = 6

FYTD = 625

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

### CLIENT TRANSITIONS BY LOC - APRIL DISCHARGES WITH REFERRAL

		Receiving LOC							
		REC	OS AWM	OS	IOS AWM	IOS	WM	RES	OTP
Discharging LOC	REC	0%	0%	50%	0%	50%	0%	0%	0%
	OS AWM	0%	0%	0%	0%	0%	0%	0%	0%
	OS	0%	0%	33%	0%	67%	0%	0%	0%
	IOS AWM	0%	0%	0%	0%	0%	0%	0%	0%
	IOS	4%	0%	94%	0%	0%	0%	1%	0%
	WM	0%	0%	4%	0%	8%	2%	86%	0%
	RES	0%	0%	51%	0%	49%	0%	0%	0%
	OTP	50%	0%	0%	0%	0%	0%	0%	50%

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	108	97%	108	97%
IOS AWM	0	0%	0	0%
IOS	8	10%	8	10%
WM	43	32%	34	25%
RES	113	46%	101	41%
OTP	1	33%	0	0%

All Discharges: 1,684

Discharges with Referral: 39% (657/1,684)

Referred Discharges with 10 Day Connection: 46% (301/657)

Referred Discharges without 10 Day Connection: 54% (356/657)

\*Note: Due to reporting requirement, data for client transitions by LOC and discharges reflect a two month delay. For OS level of care, referrals are typically to community support and maintenance, like self-help groups, which is not tracked in our data system.

REC = Recovery Services	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
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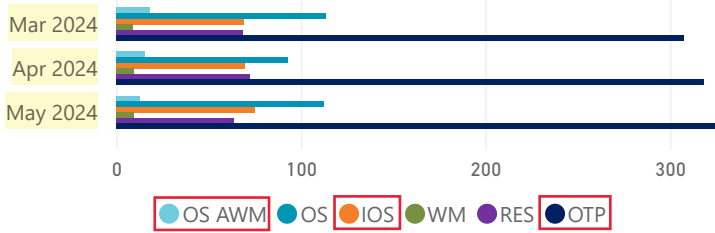
KEY: Red = Concern?  
Yellow = Review?  
Green = Positive?

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



## CLIENTS AVERAGE LENGTH OF STAY BY LOC (DAYS)

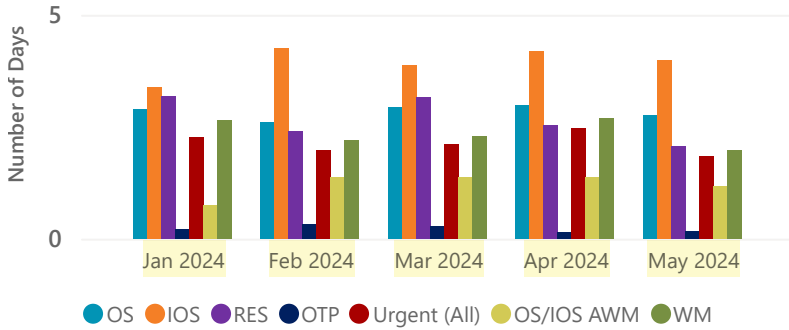
Client's average length of stay in IOS and OTP have increased over the last three months.



Client's average length of stay in OS AWM has decreased over the last six months.

LOC	Current Month	FYTD
OS AWM	13 Days	18 Days
OS	112 Days	99 Days
IOS	75 Days	68 Days
WM	10 Days	9 Days
RES	63 Days	67 Days
OTP	327 Days	283 Days

## AVERAGE ACCESS TIME (DAYS) BY LOC

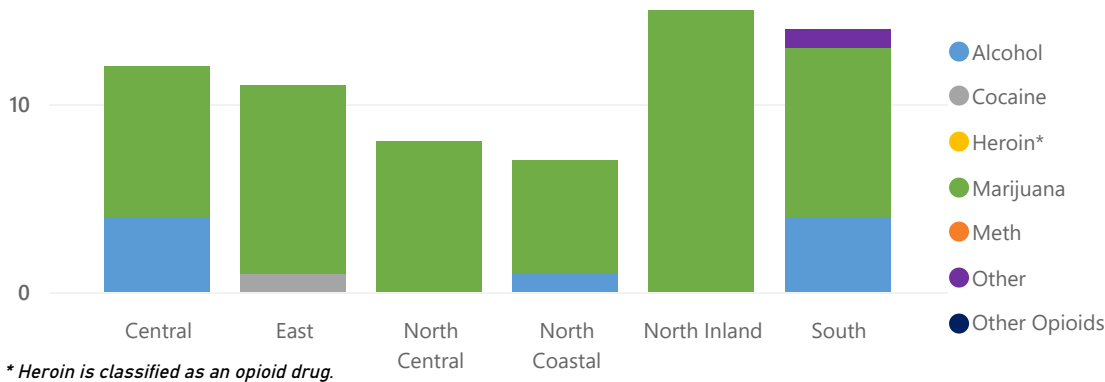


## PERCENT OF CLIENT CONTACTS THAT MET ACCESS TIME STANDARDS BY LOC

LOC	Current Month	FYTD
OS	98%	98%
IOS	95%	94%
RES	96%	94%
OTP	99%	99%
Urgent (All)	86%	85%
OS/IOS AWM	88%	83%
WM	85%	85%

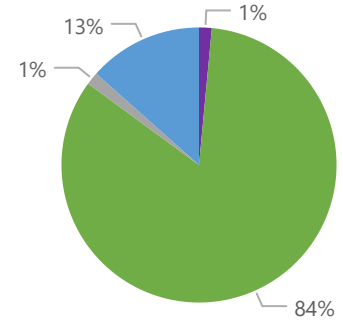
OS and IOS Access Compliance Time is 10 Business Days. Residential Access Compliance Time is 10 Calendar Days. OTP Access Compliance Time is 3 Calendar Days. OS/IOS AWM, WM, and URGENT Access Compliance Time is 48 hours (2 Calendar days).

## SELF REPORTED PRIMARY SUBSTANCE USE BY REGION - ADOLESCENTS

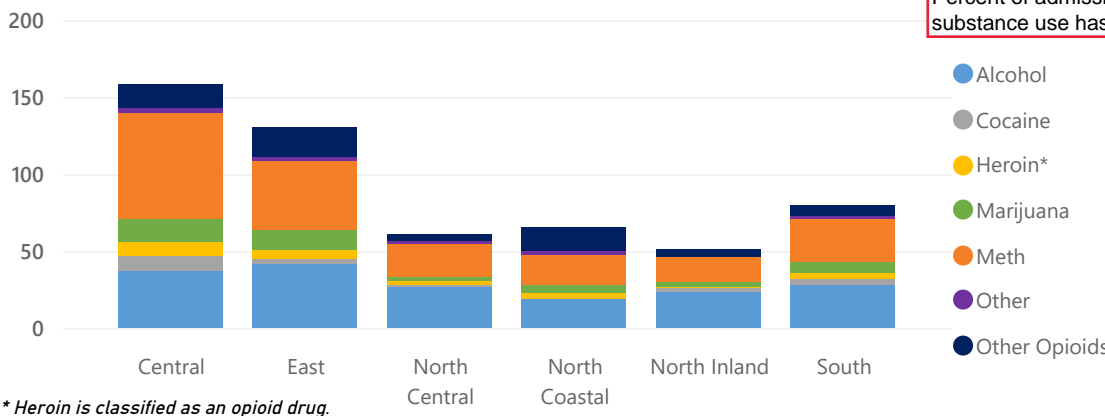


\* Heroin is classified as an opioid drug.

Note: "Other" (1.49%) includes Tranquilizers (e.g. Benzodiazepine).

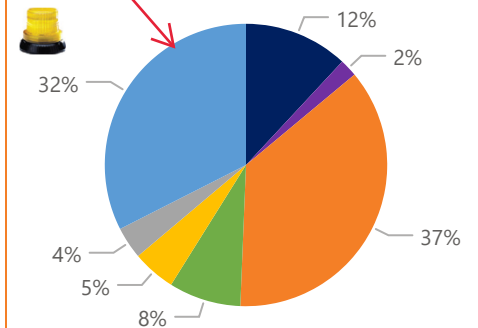


## SELF REPORTED PRIMARY SUBSTANCE USE BY REGION - ADULTS (EXCLUDING OTP PROGRAMS)



\* Heroin is classified as an opioid drug.

Percent of admissions of adults who self reported alcohol as primary substance use has decreased from 39% to 32% over the last three months.



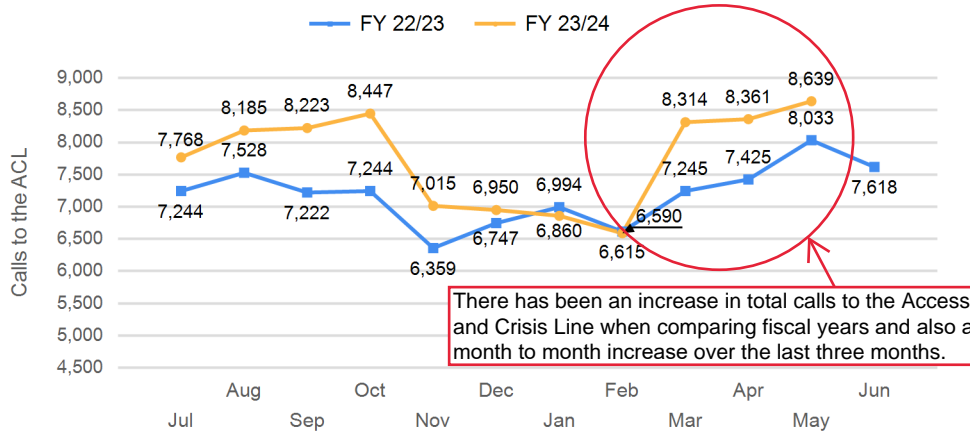
When OTP programs are accounted for, the top three self reported primary substance use for all regions are Meth (28%), Alcohol (25%), and Other Opioids (27%). "Other Opioids" includes Other Opiates or Synthetics (25.4%) and OxyCodone/OxyContin (1.9%).

Note: Region is determined by the zip code of client residence at admission. "Other Opioids" (11.93%) includes Other Opiates or Synthetics (11.56%) and OxyCodone/OxyContin (0.37%). "Other" includes PCP, Other Amphetamines, Other Sedatives or Hypnotics, Over-the-Counter, Other Tranquilizers, and Other Hallucinogens.

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

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

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



There has been an increase in total calls to the Access and Crisis Line when comparing fiscal years and also a month to month increase over the last three months.

## Current Trends:

Months Compared		Calls Count		% Increase/Decrease
May 2024	May 2023	8,639	8,033	8%
May 2024	Apr 2024	8,639	8,361	3%

## Annual Trends:

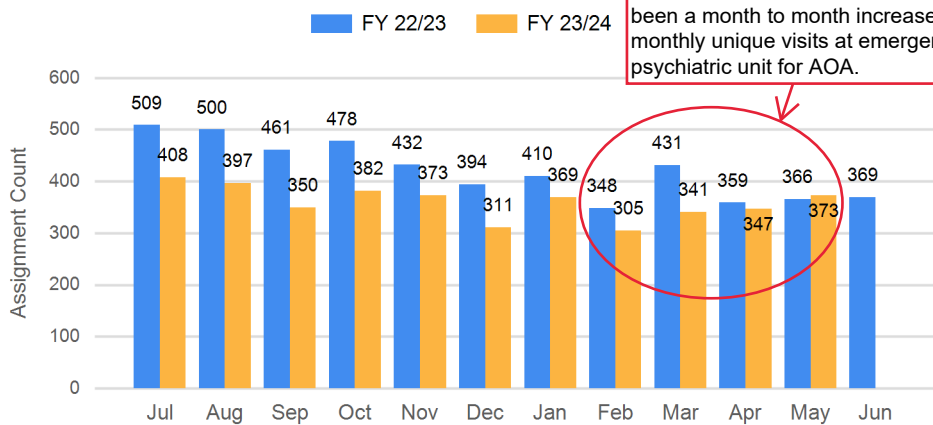
FY	Mean	Total Calls
FY 23/24	7,759	85,352
FY 22/23	7,190	86,274
FY 21/22	6,673	80,080

SOC	May 2024	FYTD
MH Access	2,667	31,674
MH Crisis	5,623	50,194
SUD	349	3,484

\*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**



Over the last three months there has been a month to month increase in monthly unique visits at emergency psychiatric unit for AOA.

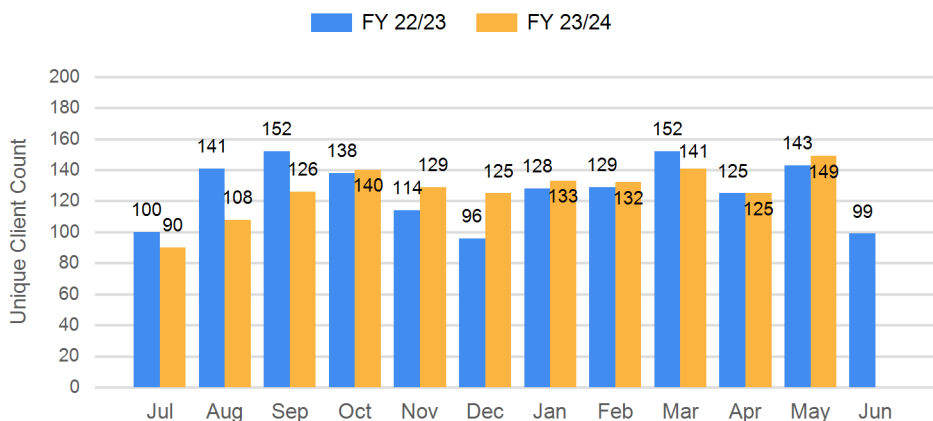
## Current Trends:

Months Compared		Assignment Count		% Increase/Decrease
May 2024	May 2023	373	366	2%
May 2024	Apr 2024	373	347	7%

## Annual Trends:

FY	Mean	Total Assignments
FY 23/24	360	3,956
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:

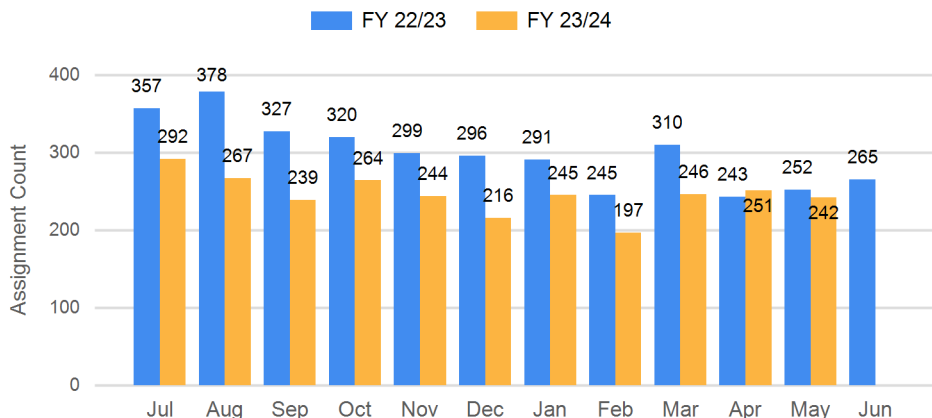
Months Compared		Unique Client Count		% Increase/Decrease
May 2024	May 2023	149	143	4%
May 2024	Apr 2024	149	125	19%

## Unique Annual Trends:

FY	Mean	Total Unique Clients
FY 23/24	97	1,064
FY 22/23	98	1,173
FY 21/22	109	1,305



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



## Current Trends:

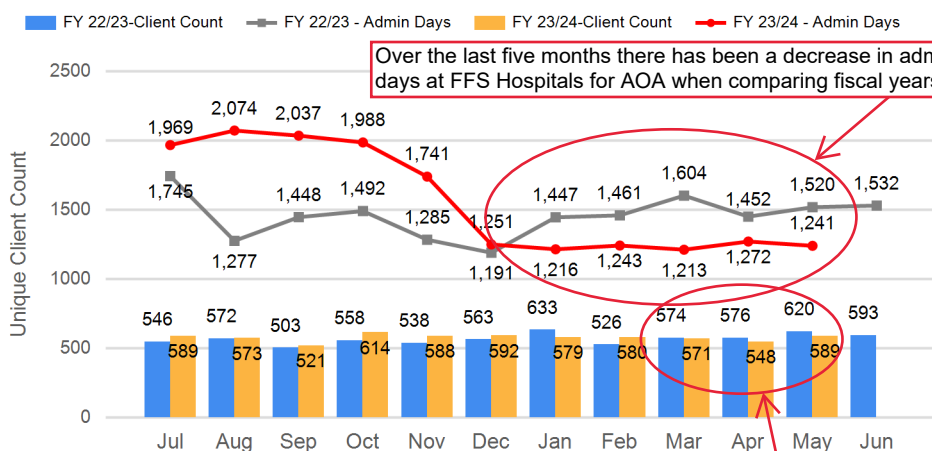
Months Compared		Assignment Count		% Increase/Decrease
May 2024	May 2023	242	252	-4%
May 2024	Apr 2024	242	251	-4%

## Annual Trends:

FY	Mean	Total Clients
FY 23/24	246	2,703
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**



The number of monthly unique clients at FFS hospitals has decreased this year vs previous year for AOA over the last three months.

## Unique Current Trends:

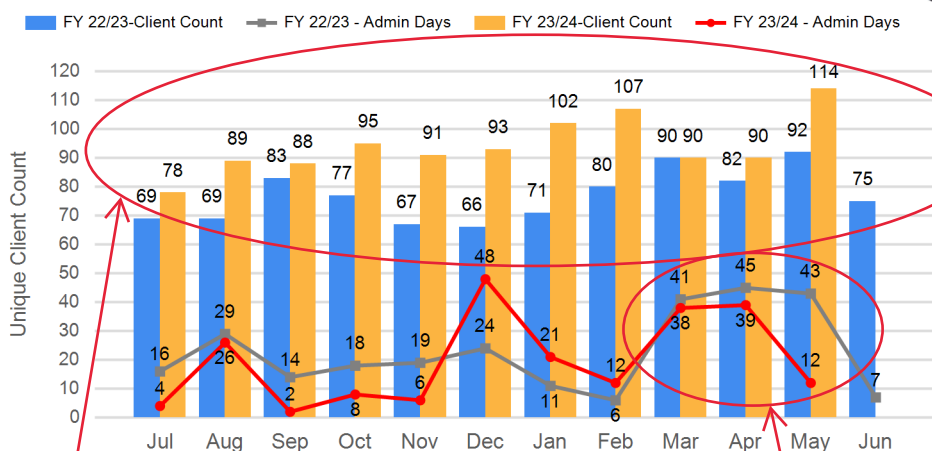
Months Compared		Unique Client Count		% Increase/Decrease
May 2024	May 2023	589	620	-5%
May 2024	Apr 2024	589	548	7%

Months Compared		Admin Days		% Increase/Decrease
May 2024	May 2023	1,241	1,520	-18%
May 2024	Apr 2024	1,241	1,272	-2%

## Unique Annual Trends:

FY	Mean	Total Unique Clients
FY 23/24	315	3,468
FY 22/23	313	3,751
FY 21/22	293	3,518

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



## Unique Current Trends:

Months Compared		Unique Client Count		% Increase/Decrease
May 2024	May 2023	114	92	24%
May 2024	Apr 2024	114	90	27%

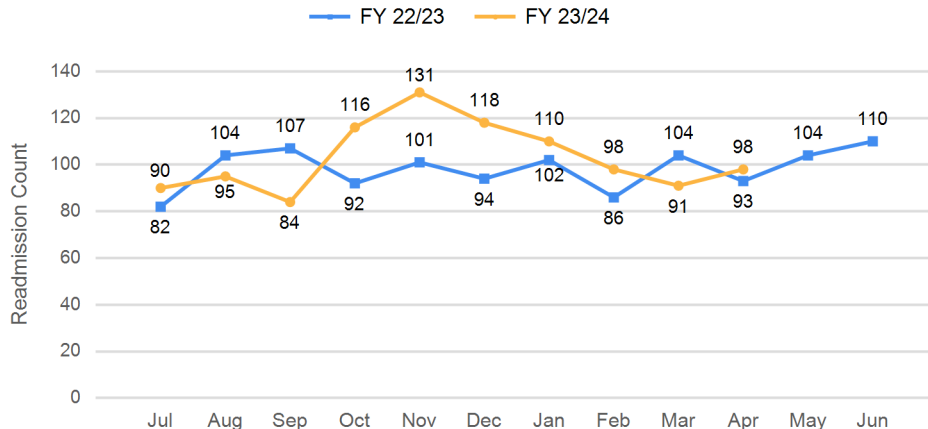
Months Compared		Admin Days		% Increase/Decrease
May 2024	May 2023	12	43	-72%
May 2024	Apr 2024	12	39	-69%

## Unique Annual Trends:

FY	Mean	Total Unique Clients
FY 23/24	60	662
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**



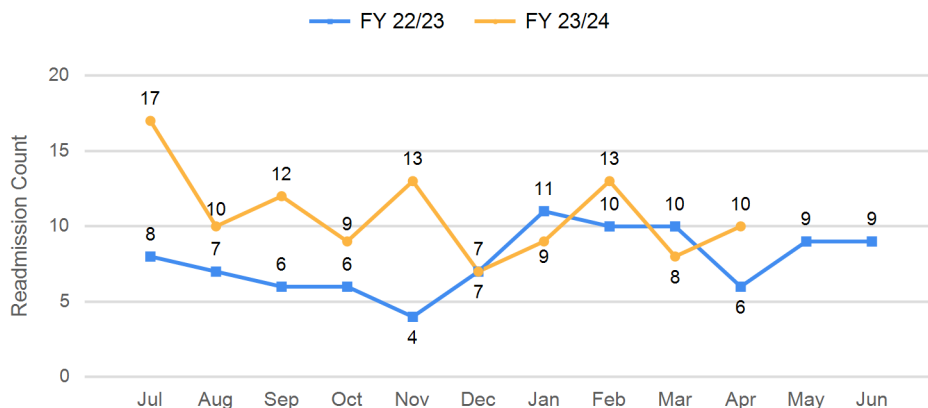
### Current Trends:

Months Compared		Readmission Count		% Increase/Decrease
Apr 2024	Apr 2023	98	93	5%
Apr 2024	Mar 2024	98	91	8%

### Annual Trends:

FY	Mean	Total Readmissions
FY 23/24	103	1,031
FY 22/23	98	1,179
FY 21/22	96	1,149

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



### Current Trends:

Months Compared		Readmission Count		% Increase/Decrease
Apr 2024	Apr 2023	10	6	67%
Apr 2024	Mar 2024	10	8	25%

### Annual Trends:

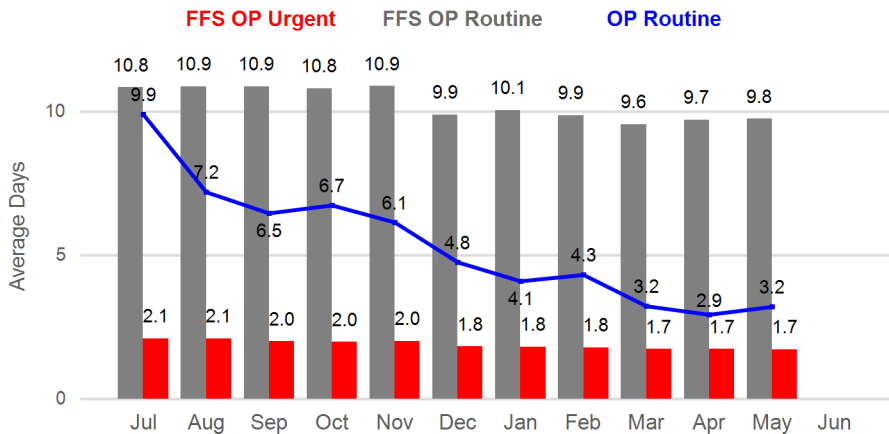
FY	Mean	Total Readmissions
FY 23/24	11	108
FY 22/23	8	93
FY 21/22	7	81

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

Report graphs are currently being reviewed due to recent changes in some Case Management programs level of care determinations.



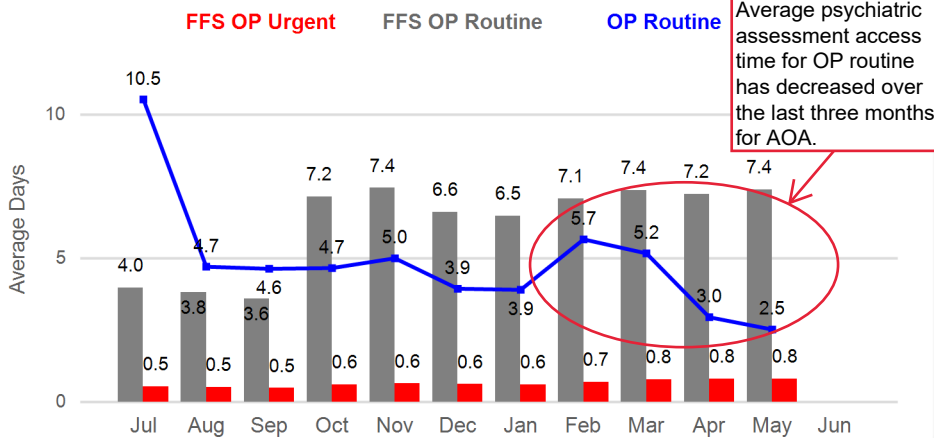
Fig. 11. (Adult/Older Adult) - Average Mental Health Assessment Access Time



	May 2024		FYTD	
Response Type	Avg	%Made Standard	Avg	%Made Standard
FFS OP Routine	9.8	83%	10.2	82%
FFS OP Urgent	1.7	93%	1.9	93%
OP Routine	3.2	95%	5.3	87%

**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.

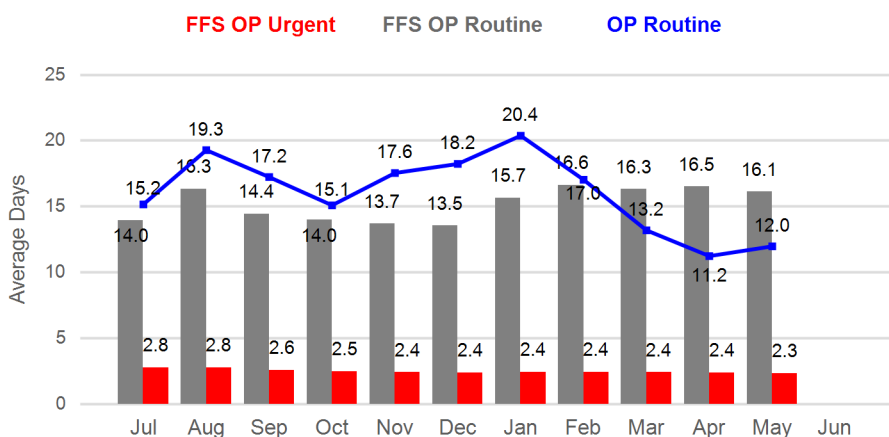
Fig. 12. (Adult/Older Adult) - Average Psychiatric Assessment Access Time



	May 2024		FYTD	
Response Type	Avg	%Made Standard	Avg	%Made Standard
FFS OP Routine	7.4	93%	6.2	93%
FFS OP Urgent	0.8	94%	0.6	95%
OP Routine	2.5	97%	4.9	88%

**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



	May 2024		FYTD	
Response Type	Avg	%Made Standard	Avg	%Made Standard
FFS OP Routine	16.1	85%	15.2	84%
FFS OP Urgent	2.3	90%	2.5	89%
OP Routine	12.0	78%	16.3	70%

**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: June 07, 2024  
SD County Report: CO-24

# BEHAVIORAL HEALTH DASHBOARD INDICATORS

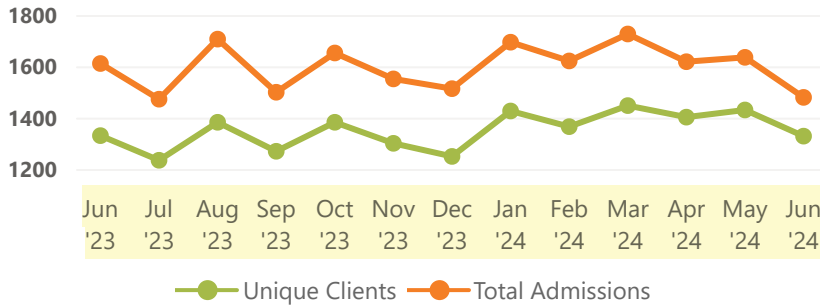
County of San Diego Behavioral Health Services

## SUBSTANCE USE SERVICES INDICATORS

Report Month: June 2024



### TOTAL ADMISSIONS



### Current Trends

June '24 vs. June '23 -8.2% (1,479 vs. 1,611)  
June '24 vs. May '24 -9.5% (1,479 vs. 1,635)

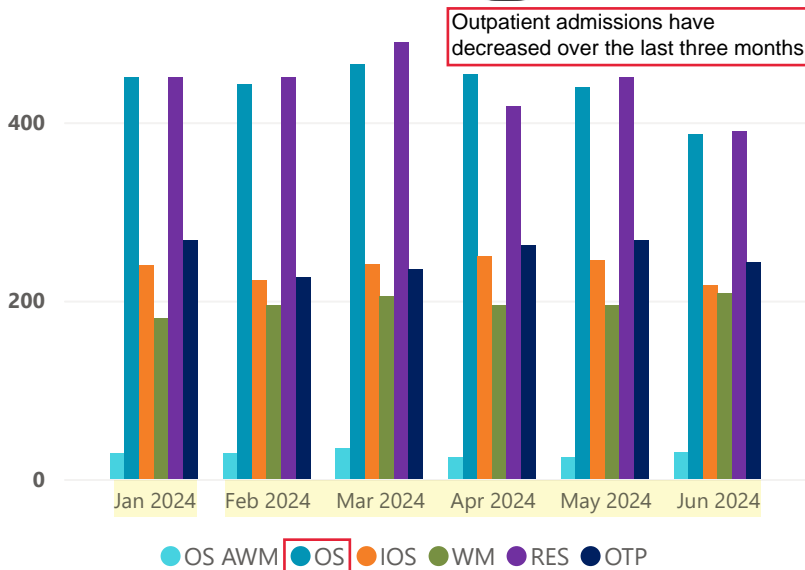
### June '24 Admissions

38 Adolescent 1,441 Adult

### Annual Trends

Year	Admissions	Average Per Month
FY 2023-24	19,166	1,597
FY 2022-23	18,129	1,511

### ADMISSIONS BY LEVEL OF CARE



Outpatient admissions have decreased over the last three months.

Jun '24 26% 15% 14% 26% 16%

Adolescent - Admissions		LOC		Adult - Admissions	
N/A		OS AWM		30	
26		OS		360	
7		IOS		210	
N/A		WM		208	
5		RES		385	
0		OTP		243	

Adolescent - Unique Admissions		LOC		Adult - Unique Admissions	
N/A		OS AWM		29	
26		OS		360	
7		IOS		210	
N/A		WM		200	
5		RES		366	
0		OTP		238	

### Recovery Services

June 2024 = 5

FYTD = 709

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

### CLIENT TRANSITIONS BY LOC - MAY DISCHARGES WITH REFERRAL

		Receiving LOC						
		REC	OS AWM	OS	IOS AWM	IOS	WM	RES
Discharging LOC	REC	0%	0%	50%	0%	0%	50%	0%
	OS AWM	0%	0%	0%	0%	0%	0%	0%
	OS	0%	0%	100%	0%	0%	0%	0%
	IOS AWM	0%	0%	0%	0%	0%	0%	0%
	IOS	4%	0%	96%	0%	0%	0%	0%
	WM	5%	0%	4%	0%	10%	1%	79%
	RES	0%	0%	46%	0%	52%	1%	2%
	OTP	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	1	100%	1	100%
OS	105	98%	103	96%
IOS AWM	0	0%	0	0%
IOS	4	8%	4	8%
WM	44	33%	35	26%
RES	109	46%	89	38%
OTP	1	50%	1	50%

All Discharges: 1,695

Discharges with Referral: 36% (614/1,695)

Referred Discharges with 10 Day Connection: 44% (269/614)

Referred Discharges without 10 Day Connection: 56% (345/614)

\*Note: Due to reporting requirement, data for client transitions by LOC and discharges reflect a two month delay. For OS level of care, referrals are typically to community support and maintenance, like self-help groups, which is not tracked in our data system.

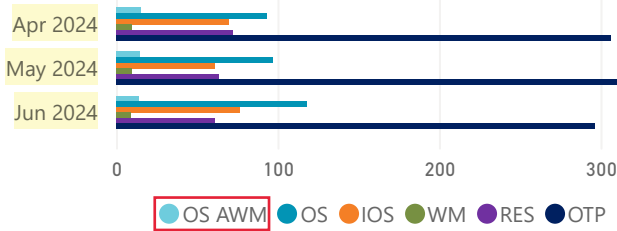
REC = Recovery Services	OS AWM = Outpatient Ambulatory Withdrawal Management	OS = Outpatient Services	IOS AWM = Intensive Outpatient Ambulatory Withdrawal Management	IOS = Intensive Outpatient Services	WM = Withdrawal Management	RES = Residential Services	OTP = Opioid Treatment Program
-------------------------	------------------------------------------------------	--------------------------	-----------------------------------------------------------------	-------------------------------------	----------------------------	----------------------------	--------------------------------

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)

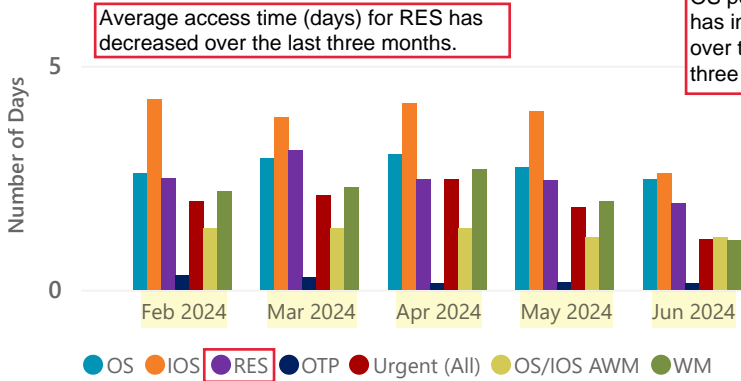


Client's average length of stay in OS AWM has decreased over the last seven months.

LOC	Current Month	FYTD
OS AWM	14 Days	18 Days
OS	118 Days	99 Days
IOS	76 Days	67 Days
WM	9 Days	9 Days
RES	61 Days	67 Days
OTP	296 Days	284 Days



## AVERAGE ACCESS TIME (DAYS) BY LOC



Average access time (days) for RES has decreased over the last three months.

OS percentage has increased over the last three months.

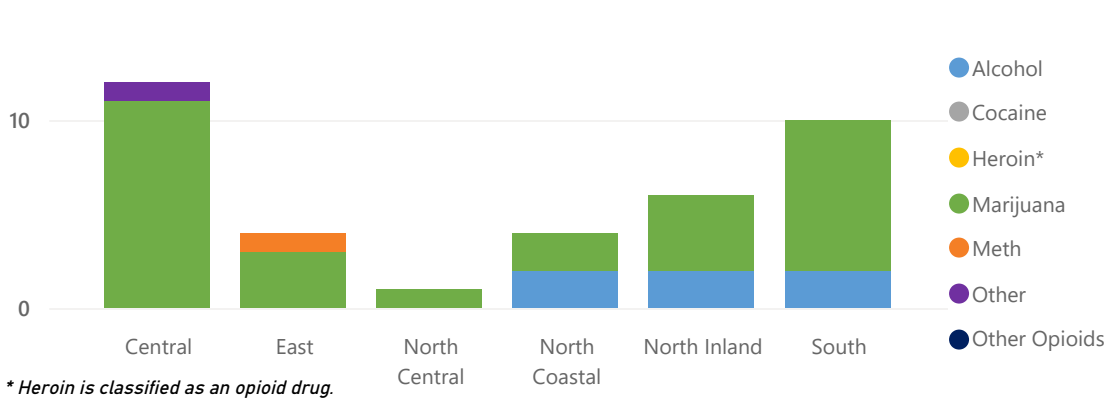


## PERCENT OF CLIENT CONTACTS THAT MET ACCESS TIME STANDARDS BY LOC

LOC	Current Month	FYTD
OS	99%	98%
IOS	99%	94%
RES	96%	94%
OTP	100%	99%
Urgent (All)	91%	86%
OS/IOS AWM	80%	83%
WM	92%	85%

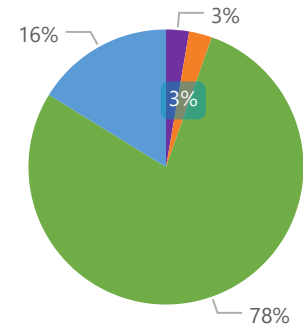
OS and IOS Access Compliance Time is 10 Business Days. Residential Access Compliance Time is 10 Calendar Days. OTP Access Compliance Time is 3 Calendar Days. OS/IOS AWM, WM, and URGENT Access Compliance Time is 48 hours (2 Calendar days).

## SELF REPORTED PRIMARY SUBSTANCE USE BY REGION - ADOLESCENTS

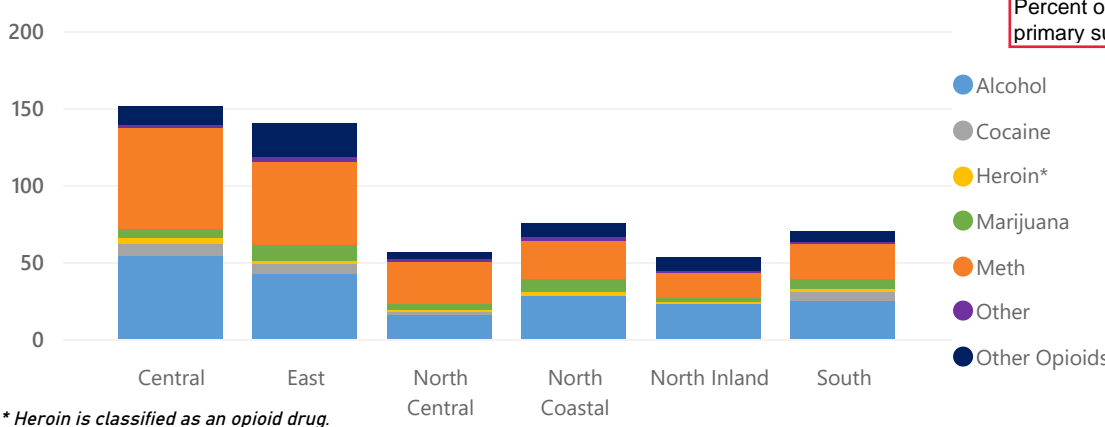


\* Heroin is classified as an opioid drug.

Note: "Other" (2.70%) includes Other Sedatives or Hypnotics.

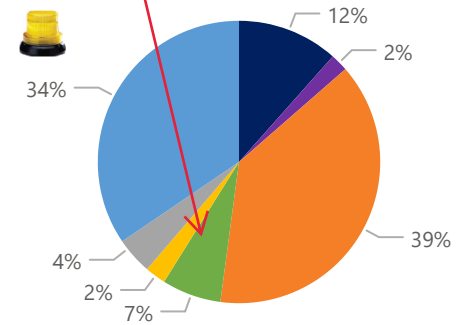


## SELF REPORTED PRIMARY SUBSTANCE USE BY REGION - ADULTS (EXCLUDING OTP PROGRAMS)



\* Heroin is classified as an opioid drug.

Percent of admissions of adults who self reported marijuana as primary substance use has decreased over the last three months.



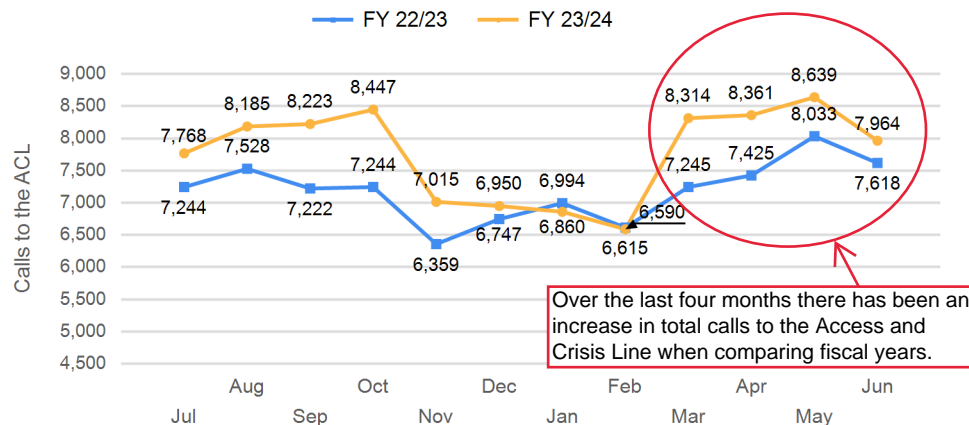
When OTP programs are accounted for, the top three self reported primary substance use for all regions are Meth (30%), Alcohol (27%), and Other Opioids (26%). "Other Opioids" includes Other Opiates or Synthetics (23.9%) and OxyCodone/OxyContin (1.8%).

Note: Region is determined by the zip code of client residence at admission. "Other Opioids" (11.56%) includes Other Opiates or Synthetics (11.01%) and OxyCodone/OxyContin (0.55%). "Other" includes Other Sedatives or Hypnotics, Tranquilizers (e.g. Benzodiazepine), Other Amphetamines, PCP, Other Tranquilizers, and Other (specify).

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

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

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



## Current Trends:

Months Compared		Calls Count		% Increase/Decrease
Jun 2024	Jun 2023	7,964	7,618	5%
Jun 2024	May 2024	7,964	8,639	-8%

## Annual Trends:

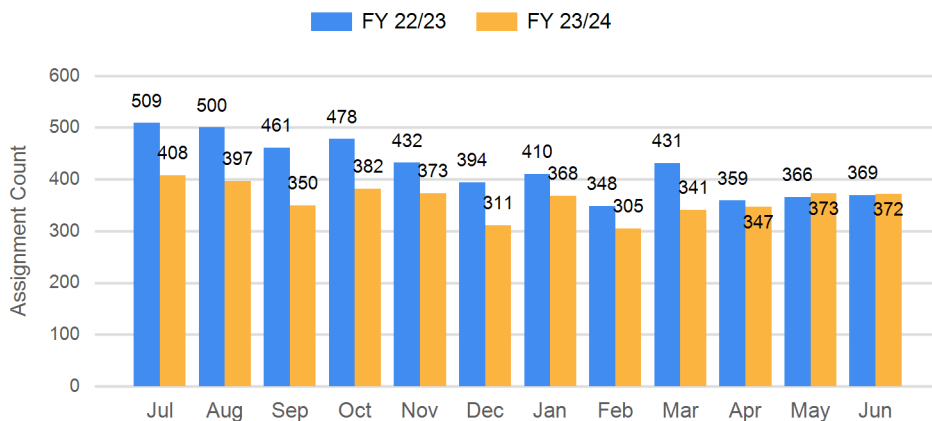
FY	Mean	Total Calls
FY 23/24	7,776	93,316
FY 22/23	7,190	86,274
FY 21/22	6,673	80,080

SOC	Jun 2024	FYTD
MH Access	2,764	34,438
MH Crisis	4,968	55,162
SUD	232	3,716

\*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**



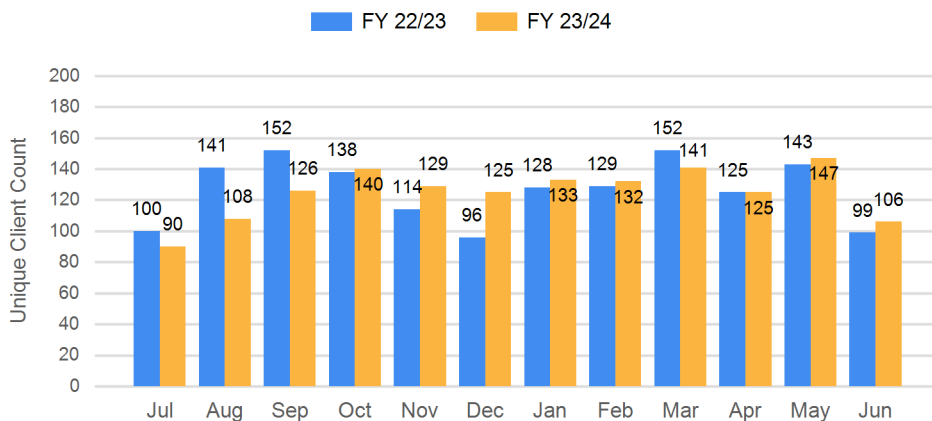
## Current Trends:

Months Compared		Assignment Count		% Increase/Decrease
Jun 2024	Jun 2023	372	369	1%
Jun 2024	May 2024	372	373	0%

## Annual Trends:

FY	Mean	Total Assignments
FY 23/24	361	4,327
FY 22/23	421	5,057
FY 21/22	535	6,425

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



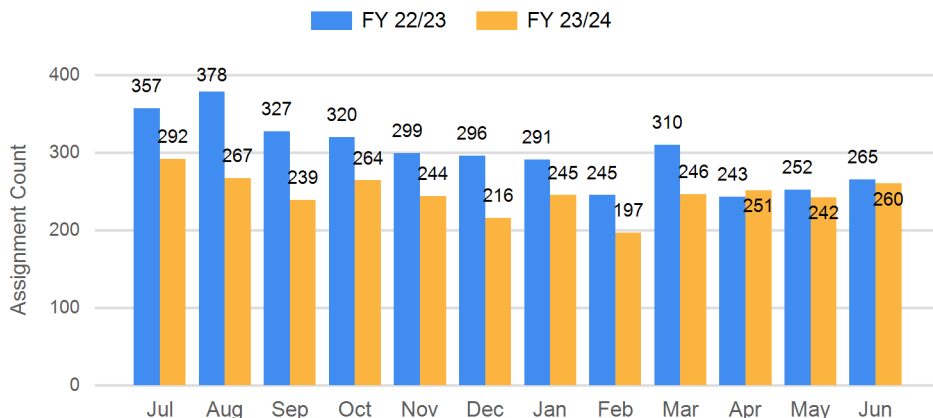
## Unique Current Trends:

Months Compared		Unique Client Count		% Increase/Decrease
Jun 2024	Jun 2023	106	99	7%
Jun 2024	May 2024	106	147	-28%

## Unique Annual Trends:

FY	Mean	Total Unique Clients
FY 23/24	93	1,117
FY 22/23	98	1,173
FY 21/22	109	1,305

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



## Current Trends:

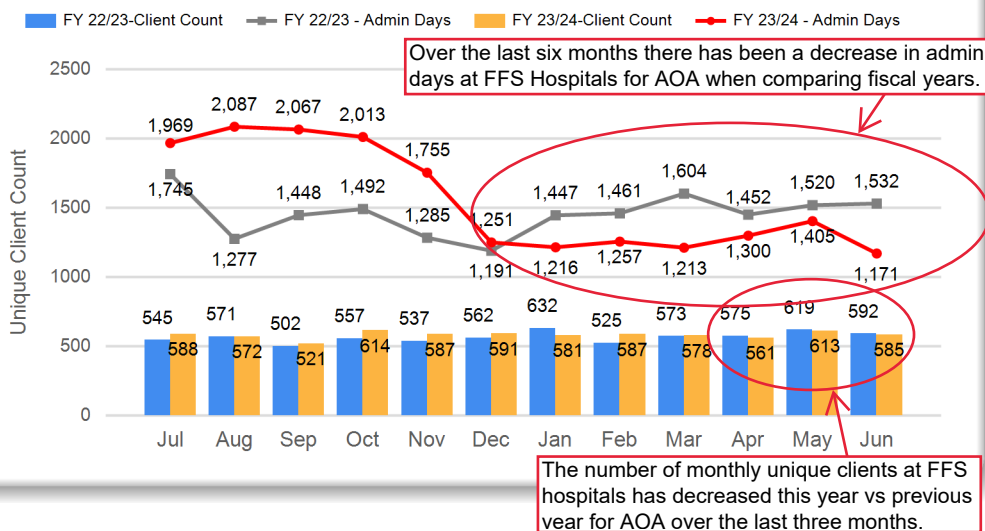
Months Compared		Assignment Count		% Increase/Decrease
Jun 2024	Jun 2023	260	265	-2%
Jun 2024	May 2024	260	242	7%

## Annual Trends:

FY	Mean	Total Clients
FY 23/24	247	2,963
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
Jun 2024	Jun 2023	585	592	-1%
Jun 2024	May 2024	585	613	-5%

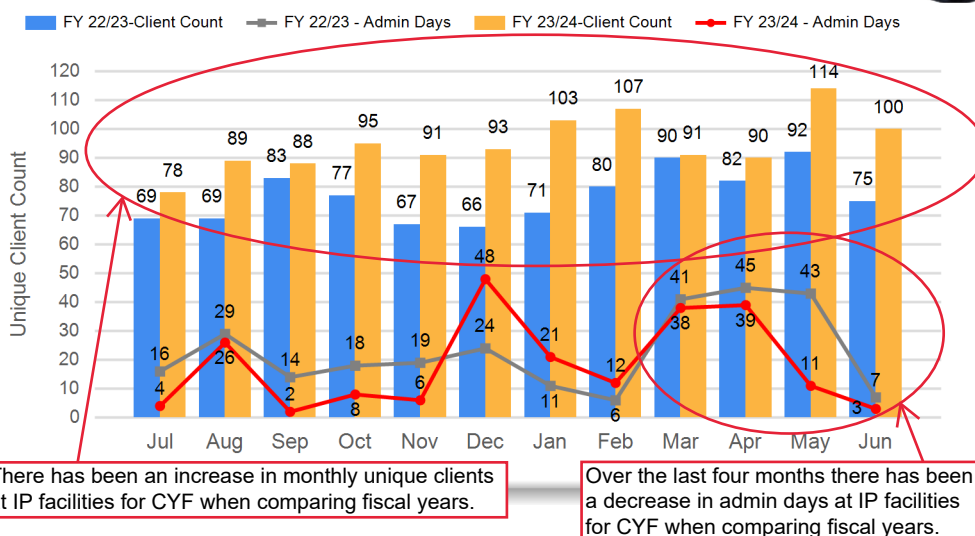
  

Months Compared		Admin Days		% Increase/Decrease
Jun 2024	Jun 2023	1,171	1,532	-24%
Jun 2024	May 2024	1,171	1,405	-17%

## Unique Annual Trends:

FY	Mean	Total Unique Clients
FY 23/24	311	3,731
FY 22/23	313	3,750
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
Jun 2024	Jun 2023	100	75	33%
Jun 2024	May 2024	100	114	-12%

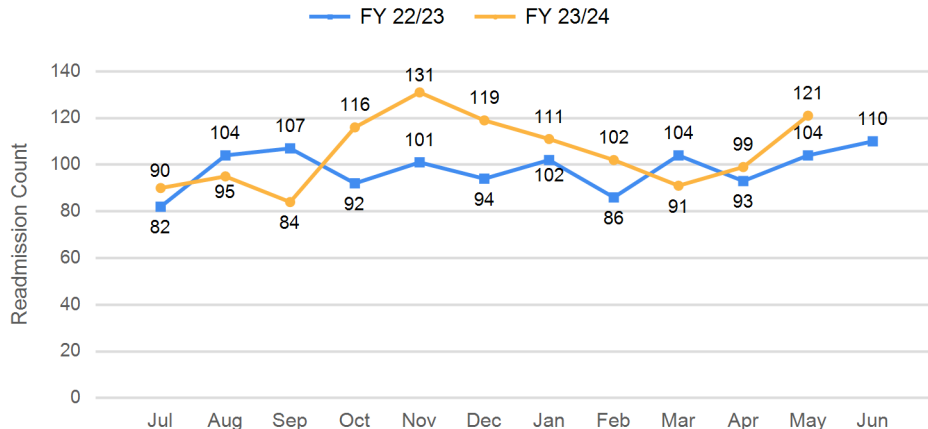
Months Compared		Admin Days		% Increase/Decrease
Jun 2024	Jun 2023	3	7	-57%
Jun 2024	May 2024	3	11	-73%

## Unique Annual Trends:

FY	Mean	Total Unique Clients
FY 23/24	59	709
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**



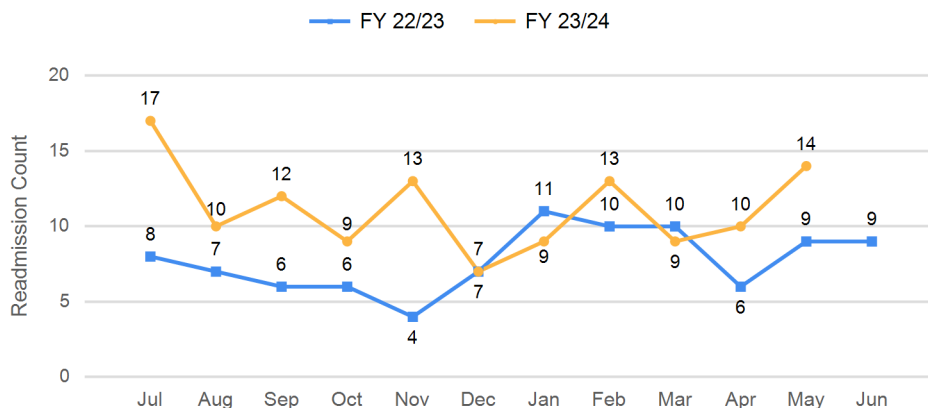
### Current Trends:

Months Compared		Readmission Count		% Increase/Decrease
May 2024	May 2023	121	104	16%
May 2024	Apr 2024	121	99	22%

### Annual Trends:

FY	Mean	Total Readmissions
FY 23/24	105	1,159
FY 22/23	98	1,179
FY 21/22	96	1,149

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



### Current Trends:

Months Compared		Readmission Count		% Increase/Decrease
May 2024	May 2023	14	9	56%
May 2024	Apr 2024	14	10	40%

### Annual Trends:

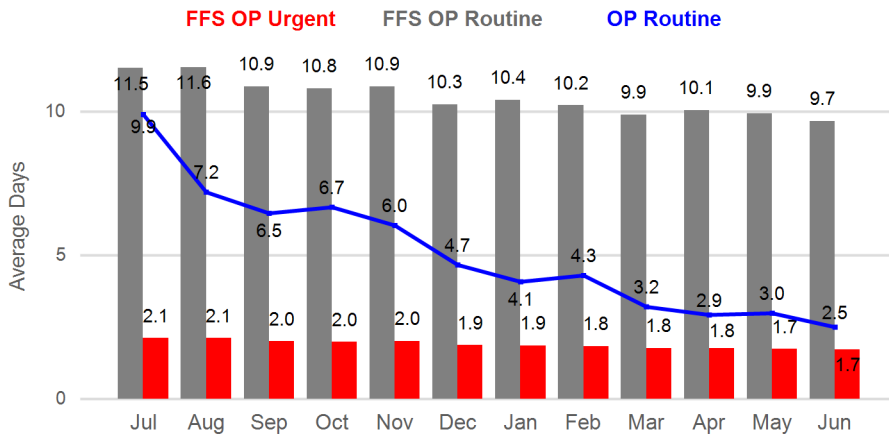
FY	Mean	Total Readmissions
FY 23/24	11	123
FY 22/23	8	93
FY 21/22	7	81

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



Report graphs are currently being reviewed due to recent changes in some Case Management programs level of care determinations.

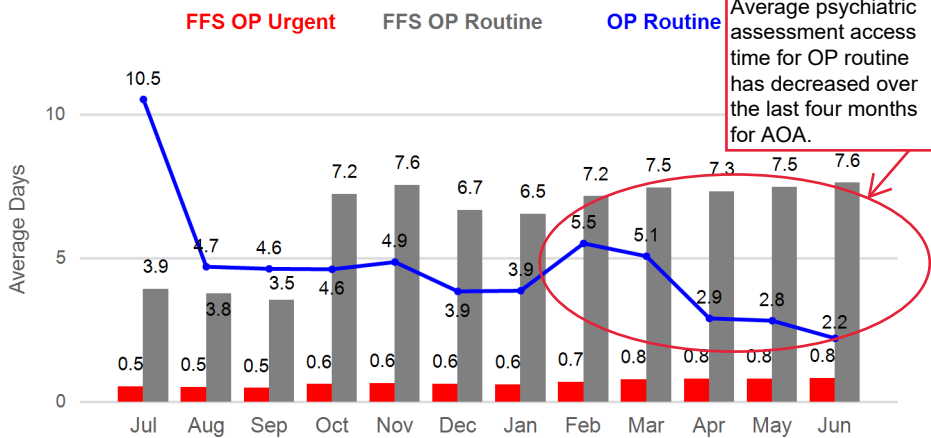
Fig. 11. (Adult/Older Adult) - Average Mental Health Assessment Access Time



	Jun 2024		FYTD	
Response Type	Avg	%Made Standard	Avg	%Made Standard
FFS OP Routine	9.7	84%	10.4	82%
FFS OP Urgent	1.7	93%	1.9	92%
OP Routine	2.5	99%	5.0	88%

**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.

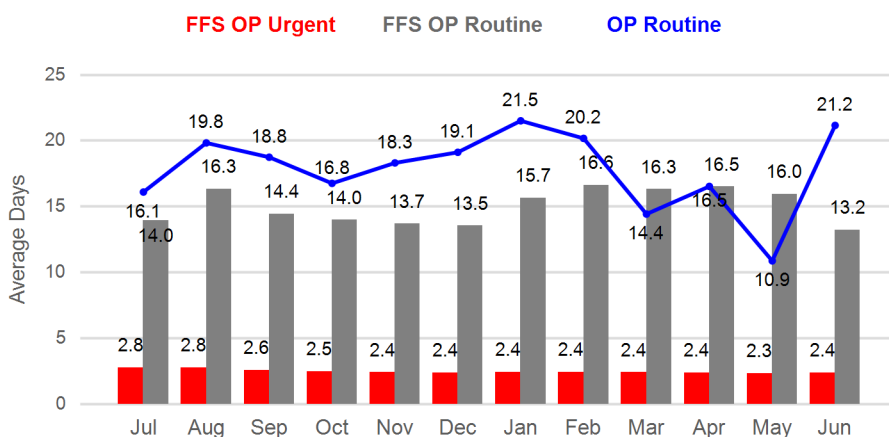
Fig. 12. (Adult/Older Adult) - Average Psychiatric Assessment Access Time



	Jun 2024		FYTD	
Response Type	Avg	%Made Standard	Avg	%Made Standard
FFS OP Routine	7.6	92%	6.4	92%
FFS OP Urgent	0.8	94%	0.7	95%
OP Routine	2.2	100%	4.7	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



	Jun 2024		FYTD	
Response Type	Avg	%Made Standard	Avg	%Made Standard
FFS OP Routine	13.2	84%	15.0	84%
FFS OP Urgent	2.4	90%	2.5	89%
OP Routine	21.2	78%	17.7	69%

**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  
Source: CCBH, CMS, TRES  
Date: July 08, 2024  
SD County Report: CO-24

# Post Release Community Supervision Fact Sheet

Public Safety Realignment (AB109) established a population of *Post Release Community Supervision* (PRCS) clients. PRCS clients are supervised by county probation departments upon their release from state prison. Prior to AB109, PRCS clients were supervised by state parole.



**Individuals Under Supervision: 1,391**



**Registered Sex Offenders:\* 51**

City	Housed	Transient / Homeless	City	Housed	Transient / Homeless
Alpine	2	0	Mount Laguna	0	0
Bonita	2	0	National City	11	1
Bonsall	1	0	Oceanside	51	7
Borrego Springs	1	0	Pala	1	0
Boulevard	0	0	Palomar Mountain	0	0
Camp Pendleton	0	0	Pauma Valley	0	0
Campo	6	0	Pine Valley	0	0
Cardiff By The Sea	0	0	Potrero	0	0
Carlsbad	5	1	Poway	2	2
Chula Vista	37	2	Ramona	4	0
Coronado	0	0	Ranchita	0	0
Del Mar	0	1	Rancho Santa Fe	0	0
Descanso	0	0	San Diego	577	59
Dulzura	1	0	San Luis Rey	0	0
El Cajon	63	7	San Marcos	15	1
Encinitas	2	1	San Yeldro	4	0
Escondido	67	19	Santa Ysabel	0	0
Fallbrook	8	2	Santee	17	0
Guatay	1	0	Solana Beach	0	1
Imperial Beach	9	0	Spring Valley	25	0
Jacumba	1	0	Tecate	0	0
Jamul	1	0	Valley Center	9	1
Julian	2	0	Vista	71	11
La Jolla	1	0	Warner Springs	1	0
La Mesa	12	2	Out of County	16	1
Lakeside	11	2	No Known City	90	56
Lemon Grove	16	1			
Lincoln Acres	0	0	TOTAL ***	1143	178

## Successful Terminations

Full Term-No Recidivism

Early Discharge

13

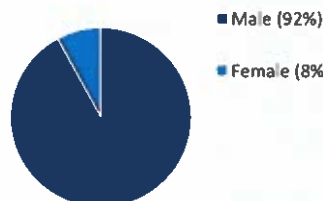
Jun 15 – Jul 15

4

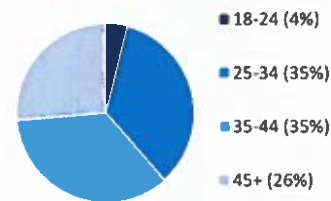
Jun 15 – Jul 15

	In County	Out of County	Unknown
Housed	1037	16	90
	91%	1%	8%
Transient/ Homeless	121	1	56
	68%	1%	31%

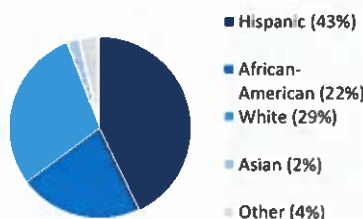
## Gender



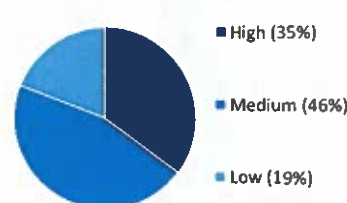
## Age



## Ethnicity

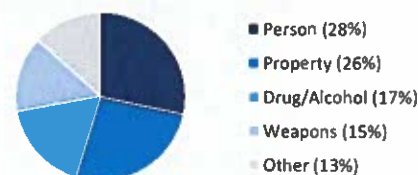


## Assessed Risk Level



Committing Offense		DUI	51	Sex Crimes**	62
Arson	19	Escape	2	Theft	115
Assault	328	Forgery/Checks	0	Weapons	199
Auto Theft	93	Hit and Run	6	Other Felonies	227
Burglary	76	Homicide	0	Other Misdemeanors	21
Drugs	184	Robbery	1	Other/Unknown	7

## Committing Offense Type



\*Low/Medium-Risk per Static 99/SARATSO; subset of overall population

\*\* Not all sex crimes are committed by registered sex offenders

\*\*\*Individuals with no known address: 70

For additional information please go to: <http://www.sdcounty.ca.gov/probation/ccp.html>

# Mandatory Supervision Fact Sheet

Public Safety Realignment (AB109) established a population of *Mandatory Supervision* (MS) clients. MS clients receive a "split" sentence, meaning a portion of their time is completed in local custody, with the remaining balance spent in the community under probation supervision.



**Individuals Under Supervision: 345**



**Registered Sex Offenders:\* 2**

City	Housed	Transient / Homeless	City	Housed	Transient / Homeless
Alpine	1	0	Mount Laguna	0	0
Bonita	2	0	National City	12	0
Bonsall	0	0	Oceanside	11	0
Borrego Springs	0	0	Pala	0	0
Boulevard	0	0	Palomar Mountain	0	0
Camp Pendleton	0	0	Pauma Valley	0	0
Campo	0	0	Pine Valley	0	0
Cardiff By The Sea	1	0	Potrero	0	0
Carlsbad	3	0	Poway	1	0
Chula Vista	31	0	Ramona	0	0
Coronado	0	0	Ranchita	0	0
Del Mar	0	0	Rancho Santa Fe	0	0
Descanso	0	0	San Diego	162	1
Dulzura	0	0	San Luis Rey	0	0
El Cajon	10	0	San Marcos	3	0
Encinitas	0	0	San Ysidro	8	0
Escondido	14	0	Santa Ysabel	0	0
Fallbrook	2	0	Santee	5	0
Guatay	0	0	Solana Beach	0	0
Imperial Beach	3	0	Spring Valley	10	0
Jacumba	0	0	Tecate	0	0
Jamul	2	0	Valley Center	0	0
Julian	0	0	Vista	24	0
La Jolla	1	0	Warner Springs	0	0
La Mesa	6	0	Out of County	17	0
Lakeside	3	0	No Known City	0	0
Lemon Grove	3	0	TOTAL***	335	1
Lincoln Acres	0	0			

## Successful Terminations

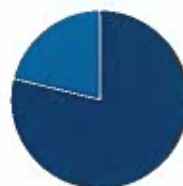
### Full Term-No Recidivism

**3**

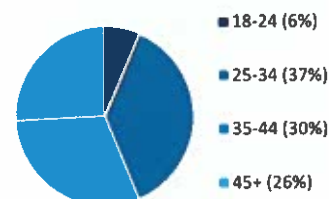
Jun 15 – Jul 15

	In County	Out of County	Unknown
Housed	318	17	0
	95%	5%	0%
Transient/ Homeless	1	0	0
	100%	0%	0%

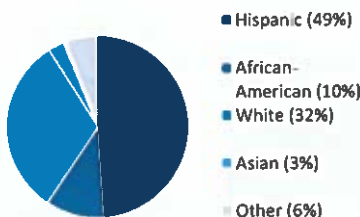
### Gender



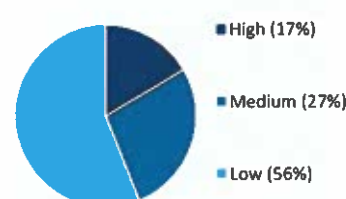
### Age



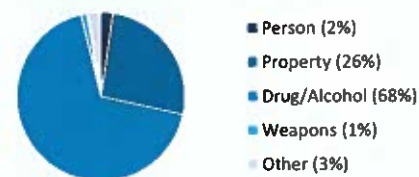
### Ethnicity



### Assessed Risk Level



### Committing Offense Type



Committing Offense		DUI	7	Sex Crimes**	0
Arson	0	Escape	0	Theft	48
Assault	3	Forgery/Checks	9	Weapons	4
Auto Theft	17	Hit and Run	0	Other Felonies	15
Burglary	15	Homicide	1	Other Misdemeanors	0
Drugs	226	Robbery	0	Other/Unknown	0

\*Low/Medium-Risk per Static 99/SARATSO; subset of overall population

\*\* Not all sex crimes are committed by registered sex offenders

\*\*\*Individuals with no known address: 9

For additional information please go to: <http://www.sdcounty.ca.gov/probat on/ccp.html>



CBHDA 2019-2020 Legislative Bill Matrix- Watch and Under Review As of 7/24/2024

Bill Author	Description	Position
<b>AB 5</b> Gonzalez D	<b>Worker status: employees and independent contractors. (Chaptered: 9/18/2019)</b> 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. <b>Status:</b> 9/18/2019 - Approved by the Governor. Chaptered by Secretary of State - Chapter 296, Statutes of 2019.	8. Watch
<b>AB 333</b> Eggman D	<b>Whistleblower protection: county patients' rights advocates. (Chaptered: 10/2/2019)</b> 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. <b>Status:</b> 10/2/2019 - Approved by the Governor. Chaptered by Secretary of State - Chapter 423, Statutes of 2019.	8. Watch
<b>AB 819</b> Stone, Mark D	<b>Foster care. (Chaptered: 10/12/2019)</b> 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. <b>Status:</b> 10/12/2019 - Approved by the Governor. Chaptered by Secretary of State - Chapter 777, Statutes of 2019.	8. Watch
<b>AB 984</b> Lackey R	<b>Personal income taxes: voluntary contributions: Suicide Prevention Voluntary Tax Contribution Fund. (Chaptered: 10/2/2019)</b> 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. <b>Status:</b> 10/2/2019 - Approved by the Governor. Chaptered by Secretary of State - Chapter 445, Statutes of 2019.	8. Watch
<b>AB 1004</b> McCarthy D	<b>Developmental screening services. (Chaptered: 9/30/2019)</b> 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. <b>Status:</b> 9/30/2019 - Approved by the Governor. Chaptered by Secretary of State - Chapter 387, Statutes of 2019.	8. Watch
<b>AB 1085</b> McCarthy D	<b>After school programs: substance use prevention: funding: cannabis revenue. (Vetoed: 10/7/2019)</b> 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	8. Watch

	<p>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><b>Status:</b> 1/21/2020 - Consideration of Governor's veto stricken from file.</p>	
<b>AB 1235</b> Chu D	<p><b>Youth homelessness prevention centers. (Chaptered: 9/26/2019)</b> The California Community Care Facilities Act provides for the licensing and regulation of runaway and homeless 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><b>Status:</b> 9/26/2019 - Approved by the Governor. Chaptered by Secretary of State - Chapter 341, Statutes of 2019.</p>	B. Watch
<b>AB 1287</b> Nazarian D	<p><b>Universal assessments: No Wrong Door system. (Chaptered: 10/12/2019)</b> 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.</p> <p><b>Status:</b> 10/12/2019 - Approved by the Governor. Chaptered by Secretary of State - Chapter 825, Statutes of 2019.</p>	B. Watch
<b>AB 1454</b> Jones- Sawyer D	<p><b>Trauma-informed diversion programs for youth. (Chaptered: 10/8/2019)</b> 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.</p> <p><b>Status:</b> 10/8/2019 - Approved by the Governor. Chaptered by Secretary of State - Chapter 584, Statutes of 2019.</p>	B. Watch
<b>AB 1544</b> Gipson D	<p><b>Community Paramedicine or Triage to Alternate Destination Act. (Chaptered: 9/25/2020)</b> 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 specialties for those programs.</p> <p><b>Status:</b> 9/25/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 138, Statutes of 2020.</p>	B. Watch
<b>AB 2741</b> Rubio, Blanca D	<p><b>Children's advocacy centers. (Chaptered: 9/30/2020)</b> 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 representatives 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.</p> <p><b>Status:</b> 9/30/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 353, Statutes of 2020.</p>	B. Watch
<b>AB 2746</b> Gabriel D	<p><b>Funding accountability: state funding for homelessness. (Vetoed: 9/29/2020)</b> 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.</p> <p><b>Status:</b> 9/29/2020 - Vetoed by Governor.</p>	B. Watch
<b>AB 2805</b> Egman D	<p><b>Juveniles: reunification. (Chaptered: 9/30/2020)</b> 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</p>	B. Watch



	<p>finding based on competent evidence.</p> <p><b>Status:</b> 9/30/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 356, Statutes of 2020.</p>	
<b>SB 40</b> Wiener D	<p><b>Conservatorship: serious mental illness and substance use disorders. (Chaptered: 10/2/2019)</b> 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.</p> <p><b>Status:</b> 10/2/2019 - Approved by the Governor. Chaptered by Secretary of State. Chapter 467, Statutes of 2019.</p>	8. Watch
<b>SB 155</b> Atkins D	<p><b>Medical interpretation services. (Chaptered: 9/27/2019)</b> 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.</p> <p><b>Status:</b> 9/27/2019 - Approved by the Governor. Chaptered by Secretary of State. Chapter 365, Statutes of 2019.</p>	8. Watch
<b>SB 394</b> Skinner D	<p><b>Criminal procedure: diversion for primary caregivers of minor children. (Chaptered: 10/8/2019)</b> 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 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><b>Status:</b> 10/8/2019 - Approved by the Governor. Chaptered by Secretary of State. Chapter 593, Statutes of 2019.</p>	8. Watch
<b>SB 542</b> Stem D	<p><b>Workers' compensation. (Chaptered: 10/1/2019)</b> 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><b>Status:</b> 10/1/2019 - Approved by the Governor. Chaptered by Secretary of State. Chapter 390, Statutes of 2019.</p>	8. Watch
<b>SB 591</b> Galgiani D	<p><b>Incarcerated persons: mental health evaluations. (Chaptered: 10/8/2019)</b> 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><b>Status:</b> 10/8/2019 - Approved by the Governor. Chaptered by Secretary of State. Chapter 649, Statutes of 2019.</p>	8. Watch
<b>SB 656</b> Hueso D	<p><b>San Diego-Coronado Bridge: physical suicide deterrent system. (Chaptered: 10/8/2019)</b> 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><b>Status:</b> 10/8/2019 - Approved by the Governor. Chaptered by Secretary of State. Chapter 651, Statutes of 2019.</p>	8. Watch
<b>SB 667</b> Rubio D	<p><b>Homeless Coordinating and Financing Council. (Chaptered: 9/26/2019)</b> 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</p>	8. Watch

	state public higher education system to the council, as specified. Status: 9/26/2019 - Approved by the Governor. Chaptered by Secretary of State. Chapter 345, Statutes of 2019.	
SCR 64 Bates R	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. Status: 8/30/2019 - Chaptered by Secretary of State- Chapter 141, Statutes of 2019	8. Watch

Total Measures: 21

Total Tracking Forms: 21

7/24/2024 2:49:02 PM

**CBHDA 2019-2020 Legislative Update As of 7/24/2024**

Bill Author	Description	Position
<b>AB 79</b> Committee on Budget	<b>Human services omnibus. (Chaptered: 6/29/2020)</b> 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. <b>Status:</b> 6/29/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 11, Statutes of 2020.	Support
<b>AB 81</b> Committee on Budget	<b>Public health funding: health facilities and services. (Chaptered: 6/29/2020)</b> 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. <b>Status:</b> 6/29/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 13, Statutes of 2020.	Support
<b>AB 465</b> Eggman D	<b>Mental health workers: supervision. (Chaptered: 9/25/2020)</b> 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. <b>Status:</b> 9/25/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 137, Statutes of 2020.	Support
<b>AB 890</b> Wood D	<b>Nurse practitioners: scope of practice: practice without standardized procedures. (Chaptered: 9/29/2020)</b> 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. <b>Status:</b> 9/29/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 265, Statutes of 2020.	Support
<b>AB 1304</b> Maldon R	<b>California MAT Re-Entry Incentive Program. (Chaptered: 9/30/2020)</b> 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). <b>Status:</b> 9/30/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 325, Statutes of 2020.	Support



AB 1766 Bloom D	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: 9/25/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 139, Statutes of 2020.	7. Support
AB 1845 Rivas, Luz D	Homelessness: Office to End Homelessness. (Vetoed: 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 Governor and the Legislature regarding new state policies, programs, and actions on homelessness. Status: 9/28/2020 - Vetoed by Governor.	7. Neutral
AB 1929 Rubio, Blanca D	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.	7. Neutral
AB 1976 Egsmann D	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.	7. Oppose
AB 2037 Wicks D	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.	7. Neutral
AB 2100 Wood D	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.	7. Support

AB 2112 Ramos D	<b>Suicide prevention. (Chaptered: 9/25/2020)</b> Would authorize the State Department of Public Health to establish the Office of Suicide Prevention within the department, would require 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. The bill would require the office to consult with the Mental Health Services Oversight and Accountability Commission to implement suicide prevention efforts. The bill would require that the duties and responsibilities of the office be accomplished with existing staff and resources. The bill would make these provisions operative subject to an appropriation for these purposes in the annual Budget Act or another statute. <b>Status:</b> 9/25/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 142, Statutes of 2020.	Support
AB 2174 Gallagher R	<b>Homeless multidisciplinary personnel teams. (Chaptered: 9/25/2020)</b> 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. <b>Status:</b> 9/25/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 143, Statutes of 2020.	Support
AB 2218 Santiago D	<b>Transgender Wellness and Equity Fund. (Chaptered: 9/26/2020)</b> 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. <b>Status:</b> 9/26/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 181, Statutes of 2020.	Support
AB 2265 Quirk-Silva D	<b>Mental Health Services Act: use of funds for substance use disorder treatment. (Chaptered: 9/25/2020)</b> 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 treatment for children, adults, and older adults with cooccurring mental health and substance use disorders who are eligible to receive mental health services pursuant to those programs. <b>Status:</b> 9/25/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 144, Statutes of 2020.	Support
AB 2275 Nazarian D	<b>State armories: homeless shelters: security. (Chaptered: 9/25/2020)</b> 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. <b>Status:</b> 9/25/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 145, Statutes of 2020.	Neutral
AB 2260 Majors-Schein D	<b>Telehealth: mental health. (Vetoed: 9/26/2020)</b> 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. <b>Status:</b> 9/26/2020 - Vetoed by Governor.	Support
AB 2377 Chiu D	<b>Residential facilities. (Chaptered: 9/25/2020)</b> 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. <b>Status:</b> 9/25/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 146, Statutes of 2020.	Support



AB 2405 Burke D	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.  Status: 9/28/2020 - Vetoes by Governor.	7. Neutral
AB 2944 Storke, Mark D	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 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.  Status: 9/18/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 104, Statutes of 2020.	7. Neutral
AB 3242 Iwain D	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.  Status: 9/25/2020 - Approved by the Governor. Chaptered by Secretary of State - Chapter 149, Statutes of 2020.	Support
SB 275 Pan D	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.  Status: 9/29/2020 - Approved by the Governor. Chaptered by Secretary of State. Chapter 301, Statutes of 2020.	8. Watch
SB 803 Beall D	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 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.	9. CARRIA Foster Support
SB 823 Committee on Budget and Fiscal Review	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	9. Oppose



	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. <b>Status:</b> 9/30/2020 - Approved by the Governor. Chaptered by Secretary of State. Chapter 337, Statutes of 2020.	
<b>SB 955</b> Wiener D	<b>Health coverage: mental health or substance use disorders. ( Chaptered: 9/25/2020)</b> 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. <b>Status:</b> 9/25/2020 - Approved by the Governor. Chaptered by Secretary of State. Chapter 151, Statutes of 2020.	Support
<b>SB 912</b> Beall D	<b>California Fostering Connections to Success Act. ( Vetoed: 9/29/2020)</b> 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 nonminor 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. <b>Status:</b> 9/28/2020 - Vetoed by the Governor. In Senate. Consideration of Governor's veto pending.	7. Neutral
<b>SB 1065</b> Hertzberg D	<b>CalWORKs: homeless assistance. ( Chaptered: 9/25/2020)</b> 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 (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. 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. <b>Status:</b> 9/25/2020 - Approved by the Governor. Chaptered by Secretary of State. Chapter 152, Statutes of 2020.	7. Neutral

Total Measures: 27

Total Tracking Forms: 27

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