LIVE WELL SAN DIEGO

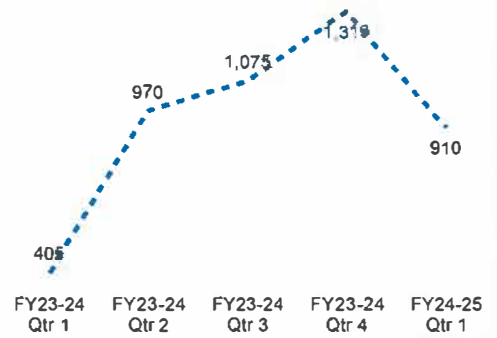
MCRT | Client Characteristics

12K
Calls Responded To Since Progra...

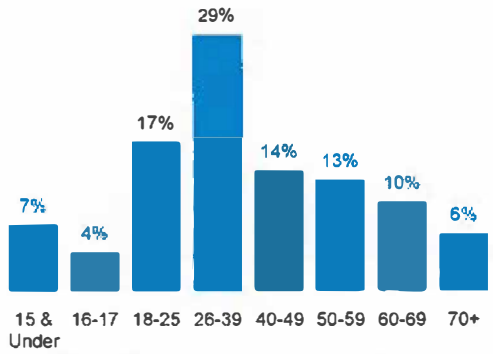
8,217
Unique Clients Since Program St...

Reporting Period
9/1/2023 to 8/31/2024

Unique Clients Served over Time

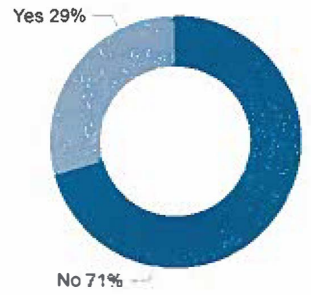


Age

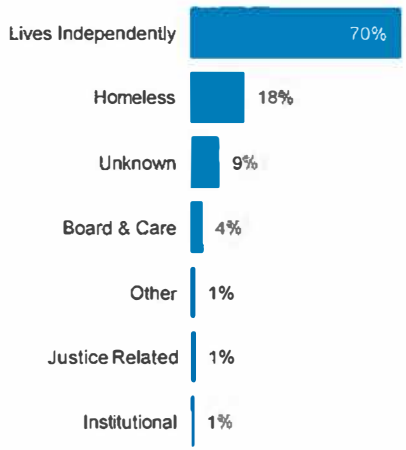


Connecting Programs**

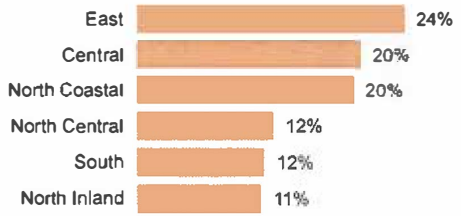
Previous Justice Involvement



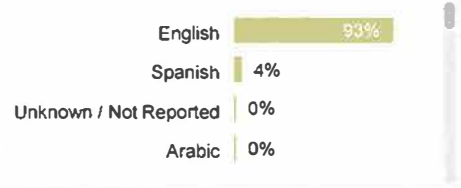
Housing Status



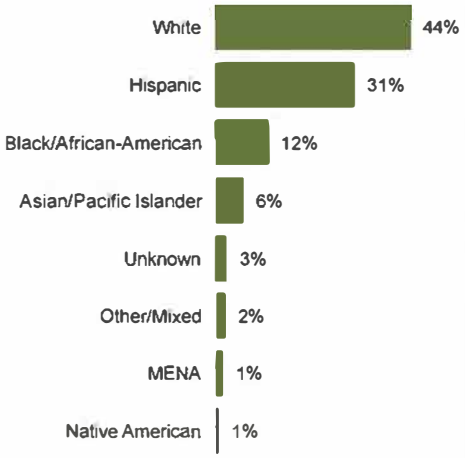
Region of Intervention



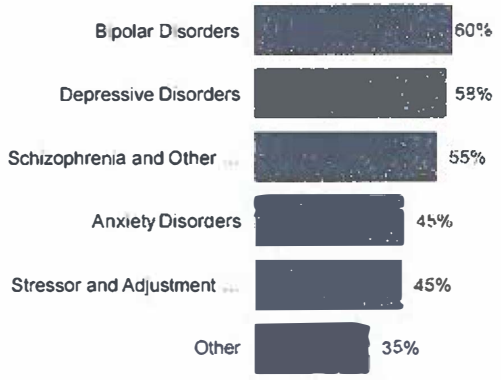
Preferred Language



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

Data from Assignments, Services, Diagnosis, and Demographics data extracts from Optum, updated weekly. **Programs clients connected to within 60

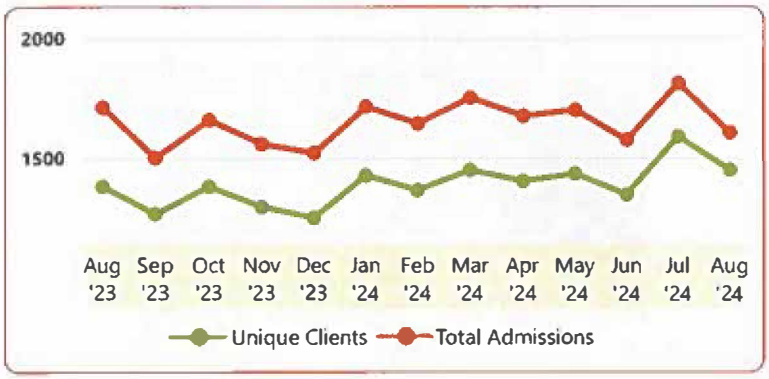
BEHAVIORAL HEALTH DASHBOARD INDICATORS

County of San Diego Behavioral Health Services

SUBSTANCE USE SERVICES INDICATORS

Report Month: August 2024

TOTAL ADMISSIONS



Current Trends

August '24 vs. August '23 -9.4% (1,604 vs. 1,770)

August '24 vs. July '24 -11.3% (1,604 vs. 1,809)

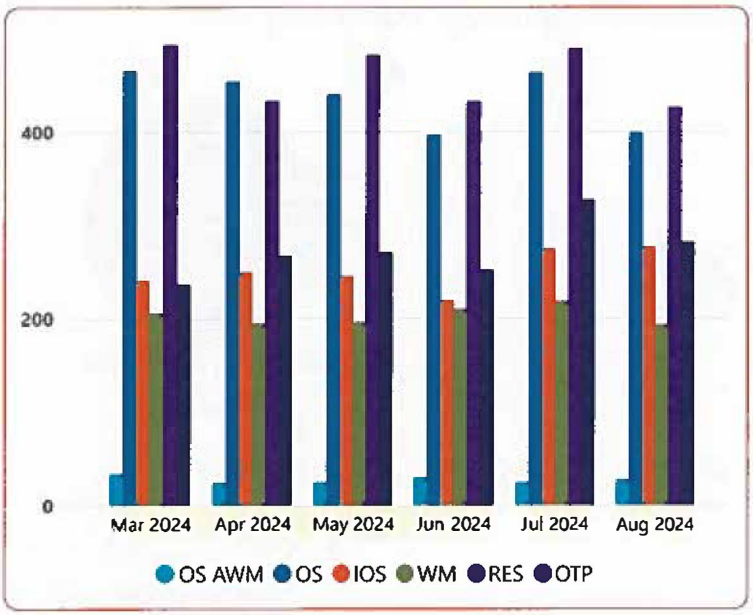
August '24 Admissions

45	1,559
Adolescent	Adult

Annual Trends

Year	Admissions	Average Per Month
FY 2024-25	3,413	1,707
FY 2023-24	19,467	1,622

ADMISSIONS BY LEVEL OF CARE



Adolescent - Admissions	LOC	Adult - Admissions
N/A	OS AWM	27
33	OS	365
5	IOS	271
N/A	WM	93
7	RES	418
0	OTP	281

Adolescent - Unique Admissions	LOC	Adult - Unique Admissions
N/A	OS AWM	27
33	OS	363
5	IOS	269
N/A	WM	88
7	RES	400
0	OTP	274

Recovery Services **August 2024 = 4** **FYTD = 21**

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

CLIENT TRANSITIONS BY LOC - JULY DISCHARGES WITH REFERRAL

Discharging LOC	Connected Within 0 to 10 Days		Connected Within 0 to 30 Days	
IOS	58	89%	60	92%
WM	105	67%	117	75%
RES	142	55%	157	60%

All Discharges: 1,788

Discharges with Referral: 36% (649/1,788)

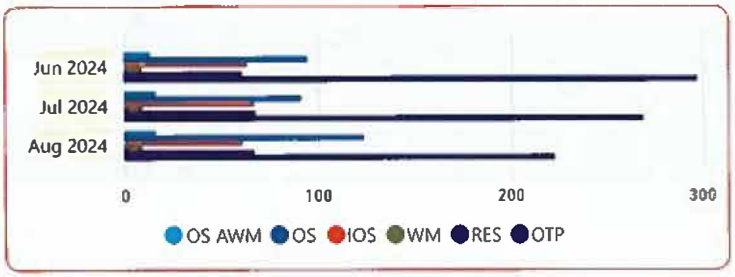
Referred Discharges with 10 Day Connection: 49% (316/649)

Referred Discharges without 10 Day Connection: 51% (333/649)

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

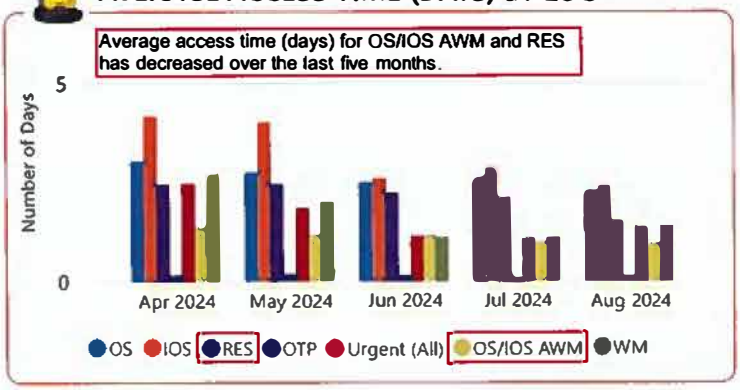
REC = Recovery Services | OS AWM = Outpatient Ambulatory Withdrawal Management | OS = Outpatient Services | IOS AWM = Intensive Outpatient Ambulatory Withdrawal Management | IOS = Intensive Outpatient Services | WM = Withdrawal Management | RES = Residential Services | OTP = Opioid Treatment Program

CLIENTS AVERAGE LENGTH OF STAY BY LOC (DAYS)



LOC	Current Month	FYTD
OS AWM	16 Days	16 Days
OS	123 Days	103 Days
IOS	61 Days	65 Days
WM	9 Days	9 Days
RES	67 Days	67 Days
OTP	223 Days	248 Days

AVERAGE ACCESS TIME (DAYS) BY LOC

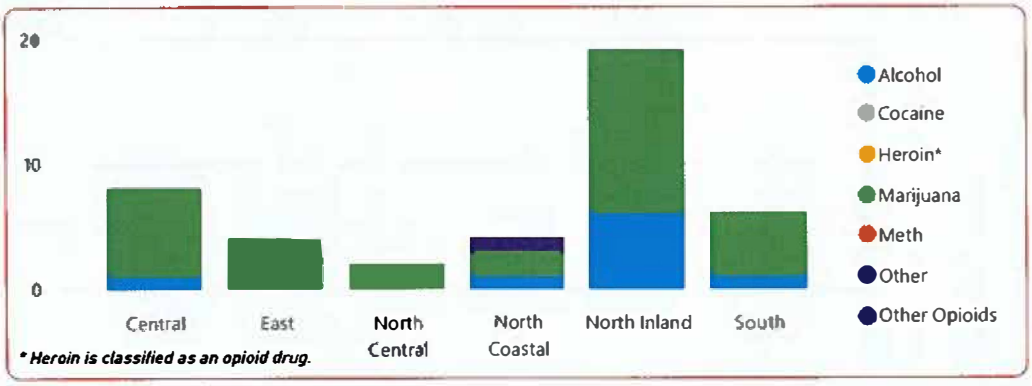


PERCENT OF CLIENT CONTACTS THAT MET ACCESS TIME STANDARDS BY LOC

LOC	Current Month	FYTD
OS	99%	99%
IOS	99%	97%
RES	97%	96%
OTP	100%	100%
Urgent (All)	88%	89%
OS/IOS AWM	78%	84%
WM	89%	90%

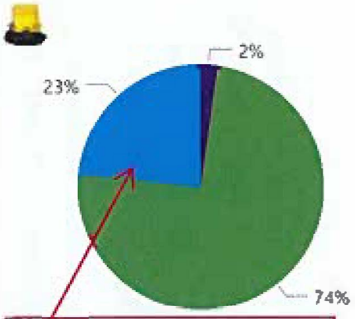
OS and IOS Access Compliance Time is 10 Business Days. Residential Access Compliance Time is 10 Calendar Days. OTP Access Compliance Time is 3 Calendar Days. OS/IOS AWM, WM, and URGENT Access Compliance Time is 48 hours (2 Calendar days).

SELF REPORTED PRIMARY SUBSTANCE USE BY REGION - ADOLESCENTS



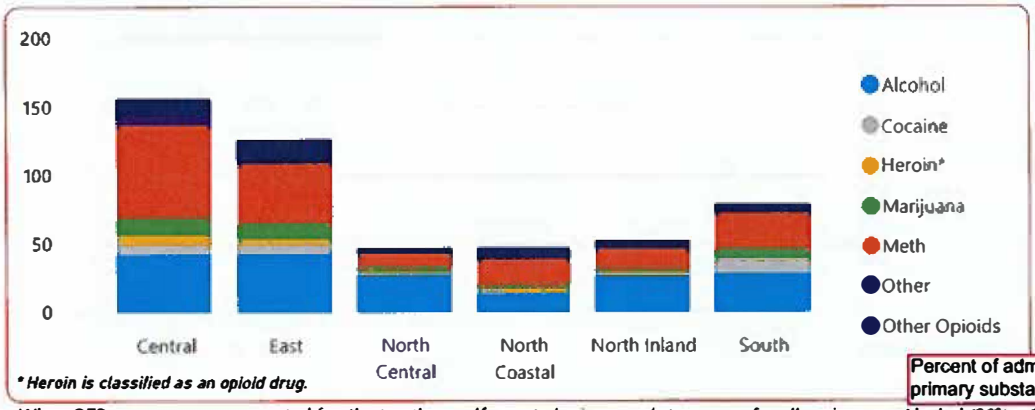
** Heroin is classified as an opioid drug.*

Note: "Other" (2.33%) includes Other (specify).



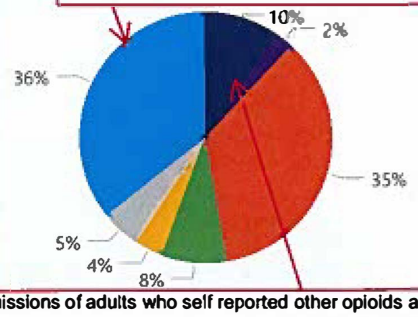
Percent of admissions of adolescents who self reported alcohol as primary substance use has increased over the last four months.

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 increased over the last three months.



Percent of admissions of adults who self reported other opioids 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 Alcohol (26% - 182 admissions), Meth (25% - 178 admissions), and Other Opioids (30% - 207 admissions). "Other Opioids" includes OxyCodone/OxyContin (1.4% - 10 admissions) and Other Opiates or Synthetics (28.1% - 197 admissions) of which Fentanyl accounts for most (26.1% - 183 admissions).

Note: Region is determined by the zip code of client residence at admission. "Other Opioids" (9.78% - 49 admissions) includes OxyCodone/OxyContin (0.40% - 2 admissions) and Other Opiates or Synthetics (9.38% - 47 admissions) of which Fentanyl accounts for most (8.58% - 43 admissions). "Other" includes PCP, Tranquilizers (e.g. Benzodiazepine), Other Hallucinogens, Other Stimulants, and Inhalants.

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

Since March 2024, there has been an increase in total calls to the Access and Crisis Line when comparing fiscal years.

Current Trends:

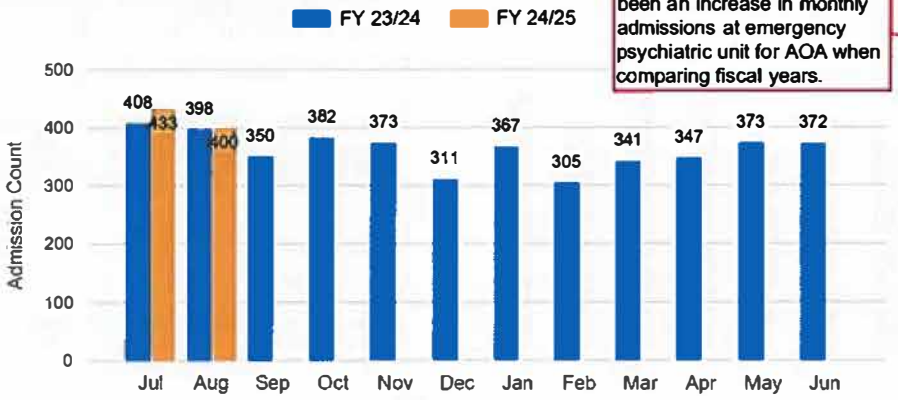
Months Compared		Calls Count		% Increase/ Decrease
Aug 2024	Aug 2023	8,530	8,185	4%
Aug 2024	Jul 2024	8,530	8,502	0%

Annual Trends:

FY	Mean	Total Calls
FY 24/25	8,516	17,032
FY 23/24	7,776	93,316
FY 22/23	7,190	86,274

SOC	Aug 2024	FYTD
MH Access	2,993	6,068
MH Crisis	5,285	10,437
SUD	252	527

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



Since May 2024, there has been an increase in monthly admissions at emergency psychiatric unit for AOA when comparing fiscal years.

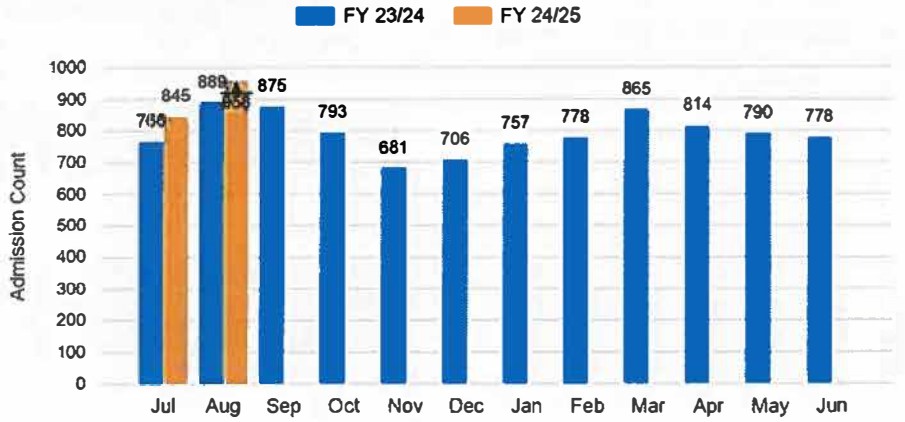
Current Trends:

Months Compared		Admission Count		% Increase/ Decrease
Aug 2024	Aug 2023	400	398	1%
Aug 2024	Jul 2024	400	433	-8%

Annual Trends:

FY	Mean	Total Admissions	Total Uniq Clients
FY 24/25	417	833	698
FY 23/24	361	4,327	3,064
FY 22/23	421	5,057	3,451

Fig. 2.1 (ADULT/OLDER ADULT) - MONTHLY ADMISSIONS @CRISIS STABILIZATION UNIT



Current Trends:

Months Compared		Admission Count		% Increase/ Decrease
Aug 2024	Aug 2023	958	889	8%
Aug 2024	Jul 2024	958	845	13%

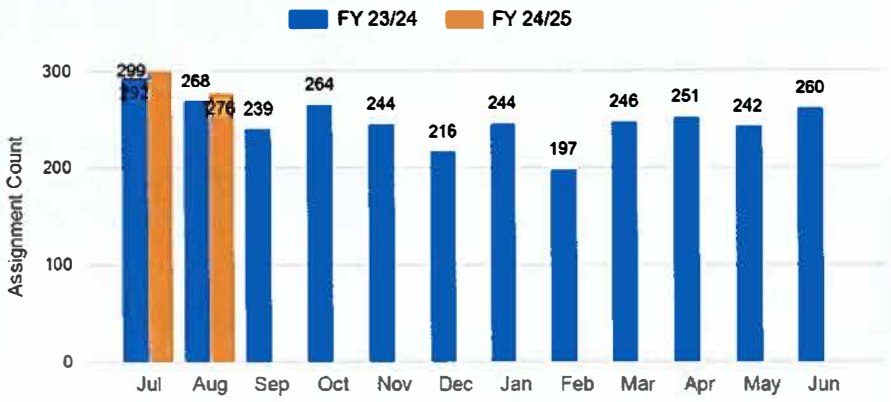
Annual Trends:

FY	Mean	Total Admissions	Total Uniq Clients
FY 24/25	902	1,803	1,393
FY 23/24	791	9,492	6,045
FY 22/23	727	8,723	5,609

KEY: Yellow = Trend

Monthly Admissions at Emergency Screening Unit for Children Youth & Families Report graph is currently being updated, and will be reflected on the next report.

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



Current Trends:

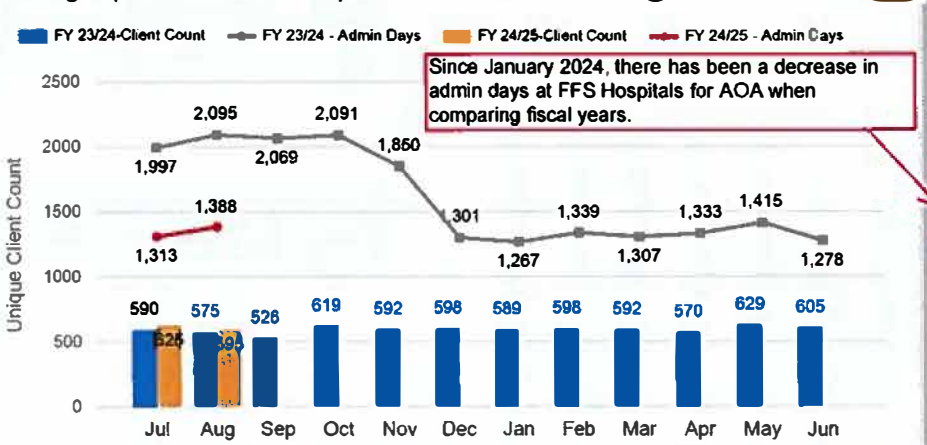
Months Compared		Assignment Count		% Increase/ Decrease
Aug 2024	Aug 2023	276	268	3%
Aug 2024	Jul 2024	276	299	-8%

Annual Trends:

FY	Mean	Total Clients
FY 24/25	288	575
FY 23/24	247	2,963
FY 22/23	299	3,583

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
Aug 2024	Aug 2023	595	575	3%
Aug 2024	Jul 2024	595	625	-5%

Months Compared		Admin Days		% Increase/ Decrease
Aug 2024	Aug 2023	1,388	2,095	-34%
Aug 2024	Jul 2024	1,388	1,313	6%

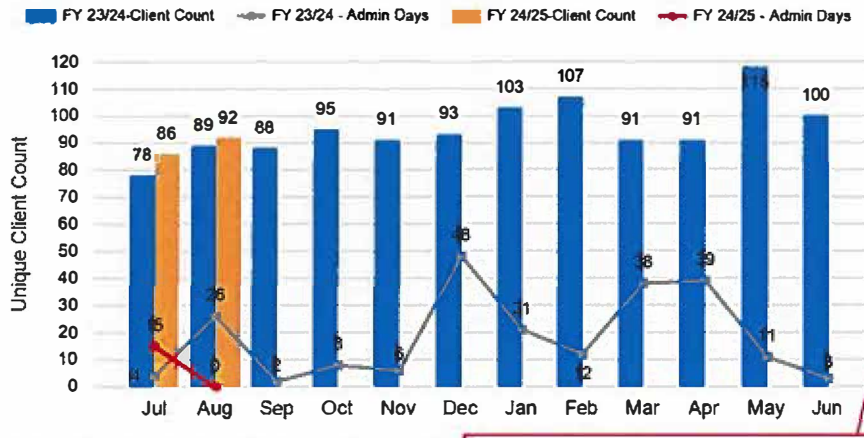
Unique Annual Trends:

FY	Mean	Total Unique Clients
FY 24/25	492	984
FY 23/24	315	3,775
FY 22/23	313	3,751

KEY: Yellow = Trend

MENTAL HEALTH SERVICES INDICATORS

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



Since January 2023, there has been an increase in monthly unique clients at IP facilities for CYF when comparing fiscal years.

Unique Current Trends:

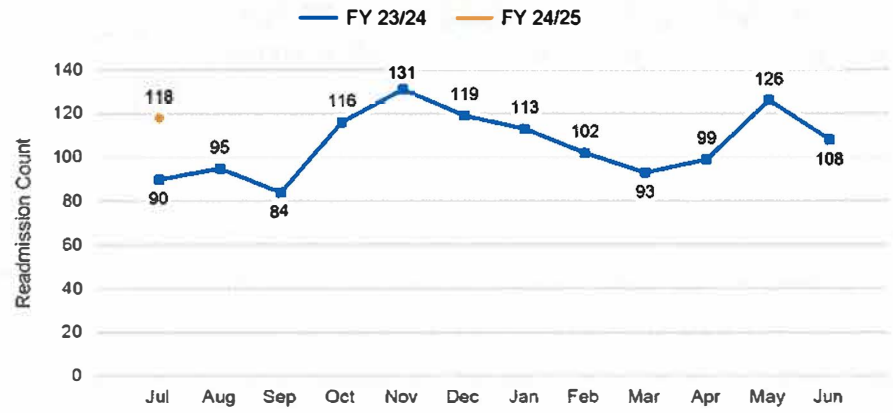
Months Compared		Unique Client Count		% Increase/ Decrease
Aug 2024	Aug 2023	92	89	3%
Aug 2024	Jul 2024	92	86	7%

Months Compared		Admin Days		% Increase/ Decrease
Aug 2024	Aug 2023	0	26	-100%
Aug 2024	Jul 2024	0	15	-100%

Unique Annual Trends:

FY	Mean	Total Unique Clients
FY 24/25	76	151
FY 23/24	59	711
FY 22/23	51	606

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



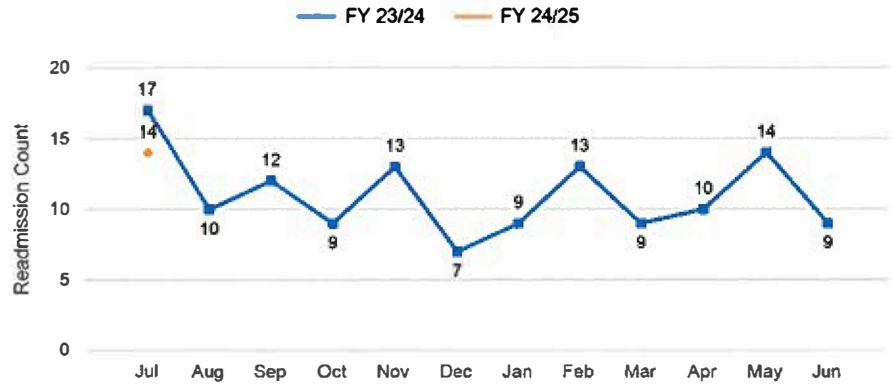
Current Trends:

Months Compared		Readmission Count		% Increase/ Decrease
Jul 2024	Jul 2023	118	90	31%
Jul 2024	Jun 2024	118	108	9%

Annual Trends:

FY	Mean	Total Readmissions
FY 24/25	118	118
FY 23/24	106	1,276
FY 22/23	98	1,179

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



Current Trends:

Months Compared		Readmission Count		% Increase/ Decrease
Jul 2024	Jul 2023	14	17	-18%
Jul 2024	Jun 2024	14	9	56%

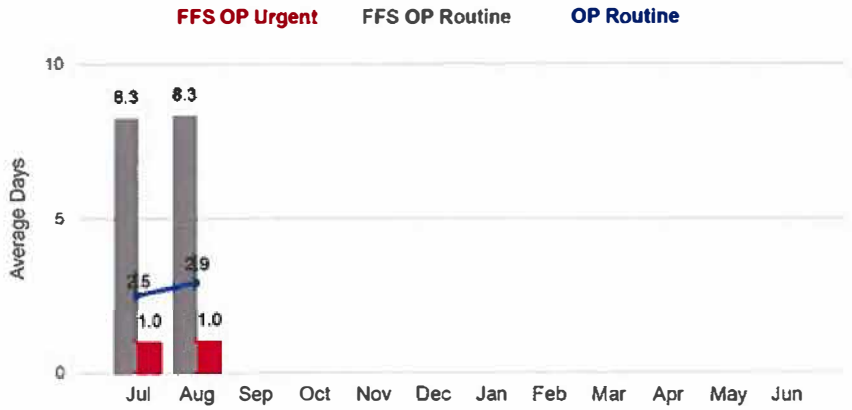
Annual Trends:

FY	Mean	Total Readmissions
FY 24/25	14	14
FY 23/24	11	132
FY 22/23	8	93

KEY: Yellow = Trend

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



	Aug 2024		FYTD	
Response Type	Avg	%Made Standard	Avg	%Made Standard
FFS OP Routine	8.3	88%	8.3	88%
FFS OP Urgent	1.0	97%	1.0	97%
OP Routine	2.9	95%	2.7	97%

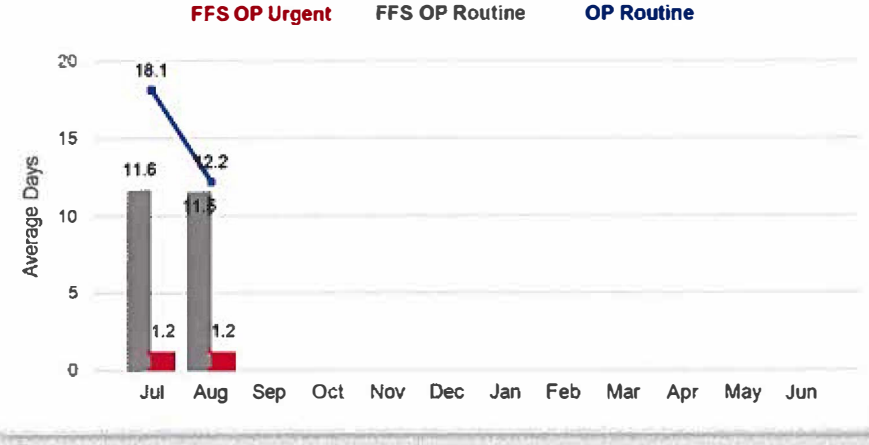
Note: The access time standard for routine mental health assessments is 10 business days. The standard is 48 hours for urgent requests. While the urgent requests are recorded in hours, they are converted to days on the chart.
Note: OP Urgent data has been excluded as BHS works to address data entry errors.

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

	Aug 2024		FYTD	
Response Type	Avg	%Made Standard	Avg	%Made Standard
FFS OP Routine	6.6	94%	6.6	94%
FFS OP Urgent	0.7	94%	0.7	94%
OP Routine	3.8	92%	3.2	96%

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



	Aug 2024		FYTD	
Response Type	Avg	%Made Standard	Avg	%Made Standard
FFS OP Routine	11.5	87%	11.6	87%
FFS OP Urgent	1.2	93%	1.2	93%
OP Routine	12.2	90%	15.1	85%

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: September 16, 2024
SD County Report: CO-24

KEY: Yellow = Trend

August 15, 2024

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: 1,377

Registered Sex Offenders:* 45

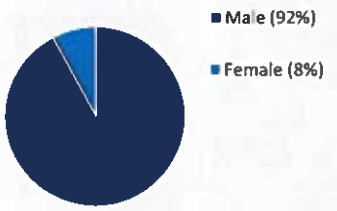
City	Housed	Transient / Homeless	City	Housed	Transient / Homeless
Alpine	2	0	Mount Laguna	0	0
Bonita	1	0	National City	11	1
Bonsall	1	0	Oceanside	49	8
Borrego Springs	0	0	Pala	1	0
Boulevard	1	0	Palomar Mountain	0	0
Camp Pendleton	1	0	Pauma Valley	0	0
Campo	6	0	Pine Valley	0	0
Cardiff By The Sea	0	0	Potrero	0	0
Carlsbad	6	0	Poway	3	2
Chula Vista	30	1	Ramona	6	0
Coronado	0	0	Ranchita	0	0
Del Mar	0	0	Rancho Santa Fe	0	0
Descanso	0	0	San Diego	555	49
Dulzura	0	0	San Luis Rey	0	0
El Cajon	58	8	San Marcos	18	1
Encinitas	1	0	San Ysidro	4	0
Escondido	67	18	Santa Ysabel	0	0
Fallbrook	7	4	Santee	17	0
Guatay	1	0	Solana Beach	0	1
Imperial Beach	5	0	Spring Valley	26	0
Jacumba	1	0	Tecate	0	0
Jamul	2	0	Valley Center	8	1
Julian	1	0	Vista	66	12
La Jolla	2	0	Warner Springs	1	0
La Mesa	12	3	Out of County	16	1
Lakeside	10	2	No Known City	100	54
Lemon Grove	21	1	TOTAL***	1117	167
Lincoln Acres	0	0			

Successful Terminations

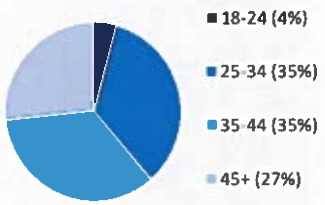
Full Term-No Recidivism	Early Discharge
38	5
Jul 15 – Aug 15	Jul 15 – Aug 15

	In County	Out of County	Unknown
Housed	1001	16	100
	90%	1%	9%
Transient/ Homeless	112	1	54
	67%	1%	32%

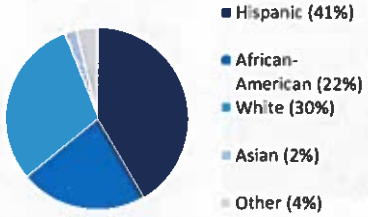
Gender



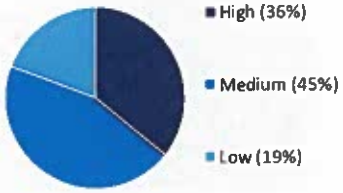
Age



Ethnicity

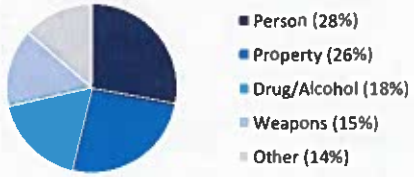


Assessed Risk Level



Committing Offense		DUI	49	Sex Crimes**	60
Arson	19	Escape	1	Theft	114
Assault	313	Forgery/Checks	1	Weapons	203
Auto Theft	82	Hit and Run	7	Other Felonies	233
Burglary	77	Homicide	0	Other Misdemeanors	22
Drugs	189	Robbery	1	Other/Unknown	6

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: 93

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

County of San Diego Probation Department

Date Updated: 8/29/2024

August 15, 2024

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: 377

Registered Sex Offenders:* 2

City	Housed	Transient / Homeless	City	Housed	Transient / Homeless
Alpine	0	0	Mount Laguna	0	0
Bonita	2	0	National City	11	0
Bonsall	0	0	Oceanside	10	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	34	0	Ramona	0	0
Coronado	0	0	Ranchita	0	0
Del Mar	0	0	Rancho Santa Fe	0	0
Descanso	0	0	San Diego	159	1
Dulzura	0	0	San Luis Rey	0	0
El Cajon	8	0	San Marcos	4	0
Encinitas	1	0	San Ysidro	9	0
Escondido	16	0	Santa Ysabel	0	0
Fallbrook	2	0	Santee	3	0
Guatay	0	0	Solana Beach	0	0
Imperial Beach	3	0	Spring Valley	9	0
Jacumba	0	0	Tecate	0	0
Jamul	1	0	Valley Center	0	0
Julian	0	0	Vista	20	0
La Jolla	1	0	Warner Springs	0	0
La Mesa	4	0	Out of County	16	0
Lakeside	3	0	No Known City	0	1
Lemon Grove	5	0	TOTAL***	326	2
Lincoln Acres	0	0			

Successful Terminations

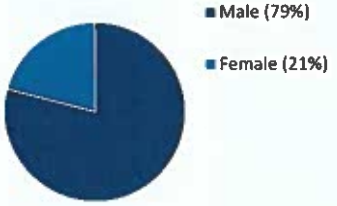
Full Term-No Recidivism

14

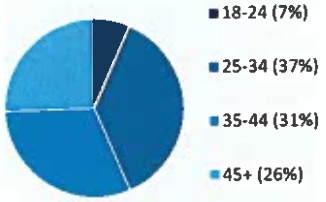
Jul 15 – Aug 15

	In County	Out of County	Unknown
Housed	310	16	0
	95%	5%	0%
Transient/ Homeless	1	0	1
	50%	0%	50%

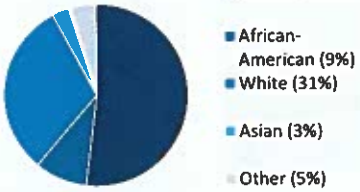
Gender



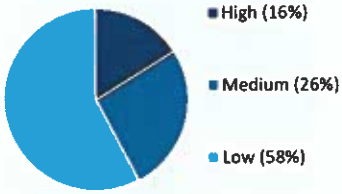
Age



Ethnicity



Assessed Risk Level



Committing Offense		DUI	5	Sex Crimes**	0
Arson	0	Escape	0	Theft	45
Assault	3	Forgery/Checks	8	Weapons	5
Auto Theft	19	Hit and Run	0	Other Felonies	14
Burglary	11	Homicide	1	Other Misdemeanors	0
Drugs	226	Robbery	0	Other/Unknown	0

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: 9

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

cbhda
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION
CALIFORNIA

CBHDA 2023-2024 Legislative Update (position)

As of 9/23/2024

Bill Author	Description	Position
AB 1788 Quirk-Silva D	**Mental health multidisciplinary personnel team. (Enrollment: 9/10/2024)** Current law authorizes a county to establish a homeless adult and family multidisciplinary personnel team, as defined, with the goal of facilitating the expedited identification, assessment, and linkage of homeless individuals to housing and supportive services within that county and to allow provider agencies to share confidential information for the purpose of coordinating housing and supportive services to ensure continuity of care. This bill would authorize counties to also establish mental health multidisciplinary personnel team, as defined, with the goal of facilitating the expedited identification, assessment, and linkage of justice-involved persons diagnosed with a mental illness to supportive services within that county while incarcerated and upon release from county jail and to allow provider agencies and members of the personnel team to share confidential information, as specified, for the purpose of coordinating supportive services to ensure continuity of care. The bill would require the sharing of information permitted under these provisions to be governed by protocols developed in each county, as specified, and would require each county to provide a copy of its protocols to the State Department of Health Care Services. **Status:** 9/10/2024 - Enrolled and presented to the Governor at 4:30 p.m.	8. Watch
AB 1842 Reyes D	**Health care coverage: Medication-assisted treatment. (Enrollment: 9/11/2024)** Current law authorizes health care service plans and health insurers that cover prescription drugs to utilize reasonable medical management practices, including prior authorization and step therapy, consistent with applicable law. This bill would require a group or individual health care service plan or health insurer offering an outpatient prescription drug benefit to provide coverage without prior authorization, step therapy, or utilization review for at least one medication approved by the United States Food and Drug Administration in each of 4 designated categories, including medication for the reversal of opioid overdose, including a naloxone product or another opioid antagonist. Because a willful violation of these provisions by a health care service plan would be a crime, this bill would impose a state-mandated local program. **Status:** 9/11/2024 - Enrolled and presented to the Governor at 4 p.m.	5. Support
AB 2106 McCarty D	**Probation. (Enrollment: 9/11/2024)** Current law authorizes courts to suspend the imposition or execution of punishments in misdemeanor cases and instead enforce the terms of probation for a period not to exceed one year, except for offenses for which current law prescribes specific probation lengths. This bill would require, in instances where a defendant is charged with a controlled substance offense and granted probation, the court to order a drug treatment program or drug education, if an appropriate program with capacity to accept the defendant has been identified by the probation officer, as specified. The bill would authorize a court to revoke probation and impose a new grant of probation if the court determines the defendant has willfully	2. Oppose

	failed to comply with the treatment program or education. **Status:** 9/11/2024 - Enrolled and presented to the Governor at 4 p.m.	
AB 2115 Haney D	**Controlled substances: clinics. (Enrollment: 9/12/2024)** Would authorize a practitioner authorized to prescribe a narcotic drug at a nonprofit or free clinic, as specified, to dispense the narcotic drug from clinic supply for the purpose of relieving acute withdrawal symptoms while arrangements are being made for referral for treatment, as described, and would require the clinic dispensing the narcotic to be subject to specified reporting, labeling, and recordkeeping requirements. The bill would require clinics with a supply of narcotic drugs being dispensed pursuant to these provisions to establish policies or procedures for dispensing the narcotics, as specified. Because the bill would specify additional requirements under the Pharmacy Law, a violation of which would be a crime, it would impose a state-mandated local program. **Status:** 9/12/2024 - Enrolled and presented to the Governor at 4 p.m.	5. Support
AB 2119 Weber D	**Mental health. (Enrollment: 9/11/2024)** Current law makes various references to the descriptive terms "persons with a mental health disorder," "minors with a mental health condition," and "children and adolescents with serious emotional disturbance" in various provisions of the Welfare and Institutions Code. This bill would make conforming changes to these provisions for consistency with those descriptor terms to, among other things, put the person first. The bill would also make other technical changes. **Status:** 9/11/2024 - Enrolled and presented to the Governor at 4 p.m.	1. CBHDA Sponsor
AB 2871 Maienschein D	**Overdose fatality review teams. (Enrollment: 9/5/2024)** Current law requires a county coroner to inquire into and determine the circumstances, manner, and cause of certain deaths. Existing law either requires or authorizes a county coroner, under certain circumstances, to perform, or cause to be performed, an autopsy on a decedent. Current law requires a coroner or medical examiner who evaluates an individual who died, in the coroner's or medical examiner's expert opinion, as the result of an overdose as a contributing factor, to report the incident to the Overdose Detection Mapping Application Program, as specified. This bill would authorize a county or regional group of counties to establish an interagency overdose fatality review team to assist local agencies in identifying and reviewing overdose fatalities, facilitate communication among the various persons and agencies involved in overdose fatalities, and integrate local overdose prevention efforts through strategic planning, data dissemination, and community collaboration. The bill would authorize the overdose fatality review team to be comprised of, among other persons, experts in the field of forensic pathology, coroners and medical examiners, county, local, state, and federal law enforcement, and public health staff, as specified. The bill would make confidential, among other things, an oral or written communication or a document shared within or produced by an overdose fatality review team related to an overdose fatality review, as specified. The bill would authorize an organization represented on an overdose fatality review team to share information in its possession concerning the decedent who is the subject of the review, information received from a person who was in contact with the decedent, or other information deemed by the organization to be pertinent to the review with other members of the team. **Status:** 9/5/2024 - Enrolled and presented to the Governor at 4 p.m.	5. Support
AB 2995 Jackson D	**Public health: alcohol and drug programs. (Enrollment: 9/6/2024)** The State Department of Health Care Services is responsible for administering prevention, treatment, and recovery services for alcohol and drug abuse and problem gambling. Current law defines "alcohol abuser" and "drug abuser," for these purposes, as anyone who has a problem related to the consumption of alcoholic beverages or illicit, illegal, legal, or prescription drugs or over-the-counter medications in a manner other than prescribed, respectively, whether or not it is of a periodic or continuing nature. Current law defines "alcohol and other drug services" as a service that is designed to encourage recovery from the abuse of alcohol and other drugs, and "alcohol and other drug abuse program" as a collection of alcohol and other drug services that are coordinated to achieve specified objectives. Current law also provides for the licensure and regulation of adult alcoholism or drug abuse	1. CBHDA Sponsor

	recovery and treatment facilities by the department and authorizes the department to enforce those provisions. The Bronzan-McCorquodale Act contains provisions governing the operation and financing of community mental health services, including substance abuse services, for persons with mental health disorders in every county through locally administered and locally controlled community mental health programs. The Lanterman-Petris-Short Act provides for the involuntary commitment and treatment of persons with specified mental health disorders for the protection of the persons so committed, including detention of inebriates for evaluation and detoxification treatment, as specified. The Bronzan-McCorquodale Act, Lanterman-Petris-Short Act, and other various provisions of the Welfare and Institutions Code refer to "substance abuse" or "drug abuse" and "substance using adults" or "inebriates." This bill would revise and recast various terms, including alcohol and other drug abuse program, alcohol abuser, drug abuser, and inebriate to use person-first terminology. The bill would also make other technical and conforming changes to remove stigmatization of individuals seeking alcohol or other drug treatment or services. **Status:** 9/6/2024 - Enrolled and presented to the Governor at 4 p.m.	
SB 26 Umberg D	**Mental health professions: CARE Scholarship Program. (Enrollment: 9/4/2024)** The Community Assistance, Recovery, and Empowerment (CARE) Act authorizes specified adult persons to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan and implement services, to be provided by county behavioral health agencies, to provide behavioral health care, including stabilization medication, housing, and other enumerated services, to adults who are currently experiencing a severe mental illness and have a diagnosis identified in the disorder class schizophrenia and other psychotic disorders, and who meet other specified criteria. Current law requires the Department of Health Care Access and Information to perform various duties with respect to implementing health professions scholarship and loan programs. This bill would, upon appropriation, establish the Community Assistance, Recovery, and Empowerment (CARE) Scholarship Program. The bill would require the department to administer the annual scholarship for purposes of increasing the number of culturally competent marriage and family therapists, clinical social workers, professional clinical counselors, and psychologists, as specified. **Status:** 9/4/2024 - Enrolled and presented to the Governor at 4 p.m.	5. Support
SB 1184 Eggman D	**Mental health: involuntary treatment: antipsychotic medication. (Enrollment: 9/4/2024)** The Lanterman-Petris-Short Act provides for the involuntary commitment of persons who are a danger to themselves or others, or who are gravely disabled, due to a mental disorder or chronic alcoholism or drug abuse for 72 hours for evaluation and treatment, as specified. If certain conditions are met after the 72-hour detention, the act authorizes the certification of the person for a 14-day maximum period of intensive treatment and then another 14-day or 30-day maximum period of intensive treatment after the initial 14-day period of intensive treatment. Existing law, during the 30-day period of intensive treatment, as specified, also authorizes up to an additional 30 days of intensive treatment if certain conditions are met. Current law authorizes the administration of antipsychotic medication to a person who is detained for evaluation and treatment for any of those detention periods, except for the second 30-day period. Current law establishes a process for hearings to determine a person's capacity to refuse the treatment. Current law requires a determination of a person's incapacity to refuse treatment with antipsychotic medication to remain in effect only for the duration of the 72-hour period or initial 14-day intensive treatment period, or both, until capacity is restored, or by court determination. Current law generally requires the capacity hearings described above to be held within 24 hours of the filing of a petition to determine a person's capacity to refuse treatment. Current law authorizes the hearing to be postponed in certain circumstances, but prohibits the hearing from being held beyond 72 hours of the filing of the petition. This bill would authorize, except as specified, a person's treating physician to request a hearing for a new determination of a person's capacity to refuse treatment with antipsychotic medication at any time in the 48 hours prior to the end of the duration of the current detention period when it reasonably appears to the treating physician that it is necessary for the person to be detained for a subsequent detention period	8. Watch

	and their capacity has not been restored. **Status:** 9/4/2024 - Enrolled and presented to the Governor at 4 p.m.	
SB 1238 Eggman D	**Health facilities. (Enrollment: 9/4/2024)** Current law defines "health facility" to include a "psychiatric health facility" that is licensed by the State Department of Health Care Services and provides 24-hour inpatient care for people with mental health disorders. Current law requires that such care include, but is not limited to, psychiatry, clinical psychology, psychiatric nursing, social work, rehabilitation, drug administration, and food services for persons whose physical health needs can be met in an affiliated hospital or in outpatient settings. This bill would expand the definition of "psychiatric health facility" to also include a facility that provides 24-hour inpatient care for people with severe substance use disorders, or cooccurring mental health and substance use disorders. The bill would expand that 24-hour inpatient care also include substance use disorder services, as medically necessary and appropriate. The bill would specify that psychiatric health facilities to only admit persons with stand-alone severe substance use disorders involuntarily pursuant to specified requirements. The bill would authorize a psychiatric health facility to admit persons diagnosed only with a severe substance use disorder when specified conditions are met. **Status:** 9/4/2024 - Enrolled and presented to the Governor at 4 p.m.	3. Oppose Unless Amended

Total Measures: 10

Total Tracking Forms: 10

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

As of 9/23/2024

Bill Author	Description	Position
AB 1788 Quirk-Silva D	**Mental health multidisciplinary personnel team. (Enrollment: 9/10/2024)** Current law authorizes a county to establish a homeless adult and family multidisciplinary personnel team, as defined, with the goal of facilitating the expedited identification, assessment, and linkage of homeless individuals to housing and supportive services within that county and to allow provider agencies to share confidential information for the purpose of coordinating housing and supportive services to ensure continuity of care. This bill would authorize counties to also establish mental health multidisciplinary personnel team, as defined, with the goal of facilitating the expedited identification, assessment, and linkage of justice-involved persons diagnosed with a mental illness to supportive services within that county while incarcerated and upon release from county jail and to allow provider agencies and members of the personnel team to share confidential information, as specified, for the purpose of coordinating supportive services to ensure continuity of care. The bill would require the sharing of information permitted under these provisions to be governed by protocols developed in each county, as specified, and would require each county to provide a copy of its protocols to the State Department of Health Care Services. **Status:** 9/10/2024 - Enrolled and presented to the Governor at 4:30 p.m.	8. Watch
SB 1184 Eggman D	**Mental health: involuntary treatment: antipsychotic medication. (Enrollment: 9/4/2024)** The Lanterman-Petris-Short Act provides for the involuntary commitment of persons who are a danger to themselves or others, or who are gravely disabled, due to a mental disorder or chronic alcoholism or drug abuse for 72 hours for evaluation and treatment, as specified. If certain conditions are met after the 72-hour detention, the act authorizes the certification of the person for a 14-day maximum period of intensive treatment and then another 14-day or 30-day maximum period of intensive treatment after the initial 14-day period of intensive treatment. Existing law, during the 30-day period of intensive treatment, as specified, also authorizes up to an additional 30 days of intensive treatment if certain conditions are met. Current law authorizes the administration of antipsychotic medication to a person who is detained for evaluation and treatment for any of those detention periods, except for the second 30-day period. Current law establishes a process for hearings to determine a person's capacity to refuse the treatment. Current law requires a determination of a person's incapacity to refuse treatment with antipsychotic medication to remain in effect only for the duration of the 72-hour period or initial 14-day intensive treatment period, or both, until capacity is restored, or by court determination. Current law generally requires the capacity hearings described above to be held within 24 hours of the filing of a petition to determine a person's capacity to refuse treatment. Current law authorizes the hearing to be postponed in certain circumstances, but prohibits the hearing from being held beyond 72 hours of the filing of the petition. This bill would authorize, except as specified, a person's treating physician to request a hearing for a new determination of a person's capacity to refuse treatment with antipsychotic medication at any	8. Watch

	time in the 48 hours prior to the end of the duration of the current detention period when it reasonably appears to the treating physician that it is necessary for the person to be detained for a subsequent detention period and their capacity has not been restored. **Status:** 9/4/2024 - Enrolled and presented to the Governor at 4 p.m.	
SB 1317 Wahab D	**Inmates: psychiatric medication: informed consent. (Chaptered: 9/20/2024)** Current law prohibits, except as specified, a person sentenced to imprisonment in a county jail from being administered any psychiatric medication without prior informed consent. Current law authorizes a county department of mental health, or other designated county department, to administer to an inmate involuntary medication on a nonemergency basis only after the inmate is provided, among other things, a hearing before a superior court judge, a court-appointed commissioner or referee, or a court-appointed hearing officer. Current law, until January 1, 2025, additionally protects all inmates in a county jail from being administered any psychiatric medication without prior informed consent, with certain exceptions, and imposes additional criteria that must be satisfied before a county department of mental health or other designated county department may administer involuntary medication, including a requirement that the jail first make a documented attempt to locate an available bed for the inmate in a community-based treatment facility, under certain conditions, in lieu of seeking involuntary administration of psychiatric medication. Until January 1, 2025, if an inmate is awaiting resolution of a criminal case, current law requires that a hearing to administer involuntary medication on a nonemergency basis be held before, and that any requests for ex parte orders be submitted to, a judge in the superior court where the criminal case is pending. Current law, also until January 1, 2025, sets limits on the amount of time such orders are valid and requires any court-ordered psychiatric medication to be administered in consultation with a psychiatrist who is not involved in the treatment of the inmate at the jail, if one is available. This bill would extend these provisions until January 1, 2030. The bill would also require any county that, between January 1, 2025, and July 1, 2028, administers involuntary medication to any inmate awaiting arraignment, trial, or sentencing, to prepare and submit a report to the Legislature, as specified. **Status:** 9/20/2024 - Chaptered by Secretary of State - Chapter 326, Statutes of 2024	8. Watch

Total Measures: 3

Total Tracking Forms: 3

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