

Legislative Committee Meeting

Committee
Supervisor Erin Hannigan (Chair)
Supervisor John M. Vasquez

Staff Michelle Heppner

May 21, 2018 1:30 p.m.

Solano County Administration Center Sixth Floor Conference Center, Room 6003 675 Texas Street Fairfield, CA 94533

AGENDA

- i. Introductions (Attendees)
- ii. Public Comment (Items not on the agenda)
- iii. Federal Legislative update (Paragon Government Relations)
 - Fiscal Year 2019 Appropriations Update
 - Interior-Environment-CA WaterFix Language
 - Energy and Water
 - Commerce-Justice-Science
 - Department of Justice grants
 - Transportation-HUD
 - WRDA Reauthorization
 - Farm Bill Reauthorization
 - TANF Reauthorization
- iv. Update from Solano County Legislative Delegation (Representative and/or staff)
- v. State Legislative Update and Governor's May Revision to State Budget (Karen Lange)

Action Items

- <u>AB 1971</u> (<u>Santiago</u> D) Mental health services: involuntary detention: gravely disabled. Current Analysis: 05/14/2018 Assembly Appropriations (<u>link</u>)
- <u>AB 998 (Grayson</u> D) Multidisciplinary teams: human trafficking and domestic violence. Current Analysis: 06/01/2017 Assembly Floor Analysis (link)
- vi. Future Scheduled Meetings: June 18, 2018
- vii. Adjourn

AMENDED IN ASSEMBLY APRIL 12, 2018 AMENDED IN ASSEMBLY MARCH 15, 2018

CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

ASSEMBLY BILL

No. 1971

Introduced by Assembly Members Santiago and Friedman Santiago,
Chen, and Friedman
(Coauthors: Assembly Members Maienschein and McCarty)
(Coauthor: Senator Dodd)

January 31, 2018

An act to amend Section 1799.111 of the Health and Safety Code, and to amend Sections 5008, 5250, and 5350 of the Welfare and Institutions Code, relating to mental health.

LEGISLATIVE COUNSEL'S DIGEST

AB 1971, as amended, Santiago. Mental health services: involuntary detention: gravely disabled.

Existing law, 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 himself or herself, or is gravely disabled, he or she may, upon probable cause, be taken into custody by a peace officer, a member of the attending staff of an evaluation facility, designated members of a mobile crisis team, or another designated professional person, and placed in a facility designated by the county and approved by the State Department of Social Services as a facility for 72-hour treatment and evaluation. For these purposes, existing law defines "gravely disabled" to mean either a condition in which a person, as a result of a mental

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health disorder or chronic alcoholism, is unable to provide for his or her basic personal needs for food, clothing, or shelter, or a condition in which a person has been found mentally incompetent, as specified. Existing law also provides immunity from civil and criminal liability for the 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, including that the detained person cannot be safely released from the hospital because, in the opinion of treating staff, the person, as a result of a mental health disorder, presents a danger to himself or herself, or others, or is gravely disabled, as defined.

This bill would expand that the definition of "gravely disabled" for these purposes to also include a condition in which a person, as a result of a mental health disorder or chronic alcoholism, as applicable, is unable to provide for his or her medical treatment, as specified. The bill would make conforming changes. The bill would make certain legislative findings and declarations related to mental health.

Existing law prohibits a person from being tried or adjudged to punishment while that person is mentally incompetent. Existing law establishes a process by which a defendant's mental competency is evaluated and by which the defendant is committed to a facility for treatment. If the defendant is gravely disabled, as defined above, upon his or her return to the committing court, existing law requires the court to order the conservatorship investigator of the county to initiate conservatorship proceedings on the basis that the indictment or information pending against the person charges a felony involving death, great bodily harm, or a serious threat to the physical well-being of another person.

By expanding the above definition of "gravely disabled," the bill would increase the duties on local agencies, and would therefore impose a state-mandated local program.

The California Constitution requires the state to reimburse local agencies and school districts for certain costs mandated by the state. Statutory provisions establish procedures for making that reimbursement.

This bill would provide that, if the Commission on State Mandates determines that the bill contains costs mandated by the state, reimbursement for those costs shall be made pursuant to the statutory provisions noted above.

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Vote: majority. Appropriation: no. Fiscal committee: yes. State-mandated local program: yes.

The people of the State of California do enact as follows:

- 1 SECTION 1. The Legislature finds and declares all of the 2 following:
- (a) The large and growing number of persons with mental health
 disabilities living on the streets and revolving in and out of
 hospitals, jails, and prisons in the state is a problem of serious
 concern for California counties.

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- (b) Data from the State Department of Health Care Services for the 2015–16 fiscal year identified 94,133 individuals received outpatient mental health services in county jails and 2,356 individuals were admitted to jail-based psychiatric inpatient units. The Department of Corrections and Rehabilitation estimates that among the 129,000 inmates receiving prison-based mental health services, approximately 35,000 individuals have severe mental illness.
- (c) Expert consensus identifies a number of factors contributing to the crises of homelessness and the criminalization of persons with severe mental illness, among which are insufficient community resources, including both psychiatric inpatient and outpatient treatment options, as well as appropriate affordable housing options.
- (d) Among the population of homeless persons with a severe mental illness, there are increasing reports of untreated medical conditions that endanger the health and well-being of those individuals. In far too many cases, these conditions worsen into serious medical emergencies, a number of which tragically result in death.
- (e) Data from the State Department of Health Care Services for the 2015–16 fiscal year also identifies the following involuntary detentions for persons with severe mental illness by category:
- (1) 72-hour adult holds for evaluation and treatment for 136,874 individuals.
- (2) 14-day intensive treatment holds for 55,870 individuals.
- (3) 30-day intensive treatment holds for 3,514 individuals.
- 34 (4) Temporary conservatorships for 1,955 individuals.
- 35 (5) Permanent conservatorships for 4,643 individuals.

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(f) The criteria for grave disability, which is defined as an inability to provide for one's own basic personal needs for food, clothing, and shelter as a basis for detention and treatment under these holds, has been identified as a source of concern for several reasons.

- (1) The grave disability criteria is subject to various interpretations statewide, resulting in unequal application of the law from county to county.
- (2) Existing law does not recognize the inability of an individual to provide for his or her own basic personal needs for health as an element contributing to grave disability, resulting in many avoidable tragedies that directly stem from the neglect of medical conditions.
- (g) It is therefore the intent of the Legislature to include a person's inability to provide for his or her basic personal needs for health as an additional element of the grave disability standard, consistent with the original aims of the Lanterman-Petris-Short Act, which seeks to:
- (1) Provide prompt evaluation and treatment of persons with mental health disorders.
- (2) Provide individualized treatment, supervision, and placement services by conservatorship for persons gravely disabled.
 - (3) Safeguard individual rights through judicial review.
- (4) Provide services in the least restrictive setting appropriate to the needs of each person receiving services.
- (h) The Legislature recognizes that application of this clarifying standard may provide earlier intervention than what is currently possible. It is the intent of the Legislature in applying this clarifying standard to prevent the further deterioration of a person's health and mental health condition, avoid the need for more intensive and costly interventions later on, avoid increased morbidity and mortality, reduce homelessness, and decrease the prevalence of severe mental illness in our jails and prisons. This standard will allow more efficient use of existing resources to treat more people at lower levels of care, effectively freeing up dollars formerly spent on higher levels of care for use in the mental health system generally.
- (i) The Legislature also recognizes that this clarifying standard will allow some individuals who are now neglected because they do not fall under the current varying interpretations of the gravely

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disabled standard, to access substitute decisionmakers in the form of conservators appointed to assist them in stabilizing their illnesses and support them on their path of recovery.

(j) In order to provide more consistent interpretations of the definition of "gravely disabled," the Legislature also declares that counties should consider, to the extent possible, the individual's ability to make informed decisions about providing for his or her own basic needs for food, clothing, shelter, or medical treatment. SECTION 1.

SEC. 2. Section 1799.111 of the Health and Safety Code is amended to read:

1799.111. (a) Subject to subdivision (b), a licensed general acute care hospital, as defined in subdivision (a) of Section 1250, that is not a county-designated facility pursuant to Section 5150 of the Welfare and Institutions Code, a licensed acute psychiatric hospital, as defined in subdivision (b) of Section 1250, that is not a county-designated facility pursuant to Section 5150 of the Welfare and Institutions Code, licensed professional staff of those hospitals, or any physician and surgeon, providing emergency medical services in any department of those hospitals to a person at the hospital is not civilly or criminally liable for detaining a person if all of the following conditions exist during the detention:

- (1) The person cannot be safely released from the hospital because, in the opinion of the treating physician and surgeon, or a clinical psychologist with the medical staff privileges, clinical privileges, or professional responsibilities provided in Section 1316.5, the person, as a result of a mental health disorder, presents a danger to himself or herself, or others, or is gravely disabled. For purposes of this paragraph, "gravely disabled"—means an inability to provide for his or her basic personal needs for food, elothing, shelter, or medical treatment, if the lack of, or failure to receive, that treatment may result in substantial physical harm or death. has the same meaning as that term is defined in paragraph (1) of subdivision (h) of Section 5008 of the Welfare and Institutions Code.
- (2) The hospital staff, treating physician and surgeon, or appropriate licensed mental health professional, have made, and documented, repeated unsuccessful efforts to find appropriate mental health treatment for the person.

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(A) Telephone calls or other contacts required pursuant to this paragraph shall commence at the earliest possible time when the treating physician and surgeon has determined the time at which the person will be medically stable for transfer.

- (B) In no case shall the contacts required pursuant to this paragraph begin after the time when the person becomes medically stable for transfer.
 - (3) The person is not detained beyond 24 hours.
 - (4) There is probable cause for the detention.
- (b) If the person is detained pursuant to subdivision (a) beyond eight hours, but less than 24 hours, both of the following additional conditions shall be met:
- (1) A discharge or transfer for appropriate evaluation or treatment for the person has been delayed because of the need for continuous and ongoing care, observation, or treatment that the hospital is providing.
- (2) In the opinion of the treating physician and surgeon, or a clinical psychologist with the medical staff privileges or professional responsibilities provided for in Section 1316.5, the person, as a result of a mental health disorder, is still a danger to himself or herself, or others, or is gravely disabled, as defined in paragraph (1) of subdivision (a).
- (c) In addition to the immunities set forth in subdivision (a), a licensed general acute care hospital, as defined in subdivision (a) of Section 1250 that is not a county-designated facility pursuant to Section 5150 of the Welfare and Institutions Code, a licensed acute psychiatric hospital as defined by subdivision (b) of Section 1250 that is not a county-designated facility pursuant to Section 5150 of the Welfare and Institutions Code, licensed professional staff of those hospitals, or any physician and surgeon, providing emergency medical services in any department of those hospitals to a person at the hospital shall not be civilly or criminally liable for the actions of a person detained up to 24 hours in those hospitals who is subject to detention pursuant to subdivision (a) after that person's release from the detention at the hospital, if all of the following conditions exist during the detention:
- (1) The person has not been admitted to a licensed general acute care hospital or a licensed acute psychiatric hospital for evaluation and treatment pursuant to Section 5150 of the Welfare and Institutions Code.

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- (2) The release from the licensed general acute care hospital or the licensed acute psychiatric hospital is authorized by a physician and surgeon or a clinical psychologist with the medical staff privileges or professional responsibilities provided for in Section 1316.5, who determines, based on a face-to-face examination of the person detained, that the person does not present a danger to himself or herself or others and is not gravely disabled, as defined in paragraph (1) of subdivision (a). In order for this paragraph to apply to a clinical psychologist, the clinical psychologist shall have a collaborative treatment relationship with the physician and surgeon. The clinical psychologist may authorize the release of the person from the detention, but only after he or she has consulted with the physician and surgeon. In the event of a clinical or professional disagreement regarding the release of a person subject to the detention, the detention shall be maintained unless the hospital's medical director overrules the decision of the physician and surgeon opposing the release. Both the physician and surgeon and the clinical psychologist shall enter their findings, concerns, or objections in the person's medical record.
- (d) This section does not affect the responsibility of a general acute care hospital or an acute psychiatric hospital to comply with all state laws and regulations pertaining to the use of seclusion and restraint and psychiatric medications for psychiatric patients. Persons detained under this section shall retain their legal rights regarding consent for medical treatment.
- (e) A person detained under this section shall be credited for the time detained, up to 24 hours, in the event he or she is placed on a subsequent 72-hour hold pursuant to Section 5150 of the Welfare and Institutions Code.
- (f) The amendments to this section made by the act adding this subdivision shall not be construed to limit any existing duties for psychotherapists contained in Section 43.92 of the Civil Code.
- 33 (g) This section does not expand the scope of licensure of 34 clinical psychologists. 35
 - SEC. 2.

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- SEC. 3. Section 5008 of the Welfare and Institutions Code is 36 37 amended to read:
- 38 5008. Unless the context otherwise requires, the following 39 definitions shall govern the construction of this part:

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(a) "Evaluation" consists of multidisciplinary professional analyses of a person's medical, psychological, educational, social, financial, and legal conditions as may appear to constitute a problem. Persons providing evaluation services shall be properly qualified professionals and may be full-time employees of an agency providing face-to-face, which includes telehealth, evaluation services or may be part-time employees or may be employed on a contractual basis.

- (b) "Court-ordered evaluation" means an evaluation ordered by a superior court pursuant to Article 2 (commencing with Section 5200) or by a superior court pursuant to Article 3 (commencing with Section 5225) of Chapter 2.
- (c) "Intensive treatment" consists of hospital and other services as may be indicated. Intensive treatment shall be provided by properly qualified professionals and carried out in facilities qualifying for reimbursement under the California Medical Assistance Program (Medi-Cal) set forth in Chapter 7 (commencing with Section 14000) of Part 3 of Division 9, or under Title XVIII of the federal Social Security Act and regulations thereunder. Intensive treatment may be provided in hospitals of the United States government by properly qualified professionals. This part does not prohibit an intensive treatment facility from also providing 72-hour evaluation and treatment.
- (d) "Referral" is referral of persons by each agency or facility providing assessment, evaluation, crisis intervention, or treatment services to other agencies or individuals. The purpose of referral shall be to provide for continuity of care, and may include, but need not be limited to, informing the person of available services, making appointments on the person's behalf, discussing the person's problem with the agency or individual to which the person has been referred, appraising the outcome of referrals, and arranging for personal escort and transportation when necessary. Referral shall be considered complete when the agency or individual to whom the person has been referred accepts responsibility for providing the necessary services. All persons shall be advised of available precare services that prevent initial recourse to hospital treatment or aftercare services that support adjustment to community living following hospital treatment. These services may be provided through county or city mental health departments, state hospitals under the jurisdiction of the

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State Department of State Hospitals, regional centers under contract with the State Department of Developmental Services, or other public or private entities.

Each agency or facility providing evaluation services shall maintain a current and comprehensive file of all community services, both public and private. These files shall contain current agreements with agencies or individuals accepting referrals, as well as appraisals of the results of past referrals.

- (e) "Crisis intervention" consists of an interview or series of interviews within a brief period of time, conducted by qualified professionals, and designed to alleviate personal or family situations which present a serious and imminent threat to the health or stability of the person or the family. The interview or interviews may be conducted in the home of the person or family, or on an inpatient or outpatient basis with such therapy, or other services, as may be appropriate. The interview or interviews may include family members, significant support persons, providers, or other entities or individuals, as appropriate and as authorized by law. Crisis intervention may, as appropriate, include suicide prevention, psychiatric, welfare, psychological, legal, or other social services.
- (f) "Prepetition screening" is a screening of all petitions for court-ordered evaluation as provided in Article 2 (commencing with Section 5200) of Chapter 2, consisting of a professional review of all petitions; an interview with the petitioner and, whenever possible, the person alleged, as a result of a mental health disorder, to be a danger to others, or to himself or herself, or to be gravely disabled, to assess the problem and explain the petition; when indicated, efforts to persuade the person to receive, on a voluntary basis, comprehensive evaluation, crisis intervention, referral, and other services specified in this part.
- (g) "Conservatorship investigation" means investigation by an agency appointed or designated by the governing body of cases in which conservatorship is recommended pursuant to Chapter 3 (commencing with Section 5350).
- (h) (1) For purposes of Article 1 (commencing with Section 5150), Article 2 (commencing with Section 5200), and Article 4 (commencing with Section 5250) of Chapter 2, and for the purposes of Chapter 3 (commencing with Section 5350), "gravely disabled" means either of the following:

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 (A) A condition in which a person, as a result of a mental health disorder, is unable to provide for his or her basic personal needs for food, clothing, shelter, or medical treatment, if the lack of, or failure to receive, that treatment may result in substantial physical harm or death failure to receive medical treatment results in a deteriorating physical condition or death. For purposes of this subdivision, "medical treatment" means the administration or application of remedies for a mental health condition, as identified by a licensed mental health professional, or a physical health condition, as identified by a licensed medical professional.

- (B) A condition in which a person, has been found mentally incompetent under Section 1370 of the Penal Code and all of the following facts exist:
- (i) The complaint, indictment, or information pending against the person at the time of commitment charges a felony involving death, great bodily harm, or a serious threat to the physical well-being of another person.
- (ii) There has been a finding of probable cause on a complaint pursuant to paragraph (2) of subdivision (a) of Section 1368.1 of the Penal Code, a preliminary examination pursuant to Section 859b of the Penal Code, or a grand jury indictment, and the complaint, indictment, or information has not been dismissed.
- (iii) As a result of a mental health disorder, the person is unable to understand the nature and purpose of the proceedings taken against him or her and to assist counsel in the conduct of his or her defense in a rational manner.
- (iv) The person represents a substantial danger of physical harm to others by reason of a mental disease, defect, or disorder.
- (2) For purposes of Article 3 (commencing with Section 5225) and Article 4 (commencing with Section 5250), of Chapter 2, and for the purposes of Chapter 3 (commencing with Section 5350), "gravely disabled" means a condition in which a person, as a result of impairment by chronic alcoholism, is unable to provide for his or her basic personal needs for food, clothing, or shelter.
- (3) The term "gravely disabled" does not include persons with intellectual disabilities by reason of that disability alone.
- (i) "Peace officer" means a duly sworn peace officer as that term is defined in Chapter 4.5 (commencing with Section 830) of Title 3 of Part 2 of the Penal Code who has completed the basic training course established by the Commission on Peace Officer

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Standards and Training, or any parole officer or probation officer specified in Section 830.5 of the Penal Code when acting in relation to cases for which he or she has a legally mandated responsibility.

- (j) "Postcertification treatment" means an additional period of treatment pursuant to Article 6 (commencing with Section 5300) of Chapter 2.
 - (k) "Court," unless otherwise specified, means a court of record.
- (*l*) "Antipsychotic medication" means any medication customarily prescribed for the treatment of symptoms of psychoses and other severe mental and emotional disorders.
- (m) "Emergency" means a situation in which action to impose treatment over the person's objection is immediately necessary for the preservation of life or the prevention of serious bodily harm to the patient or others, and it is impracticable to first gain consent. It is not necessary for harm to take place or become unavoidable prior to treatment.
- (n) "Designated facility" or "facility designated by the county for evaluation and treatment" means a facility that is licensed or certified as a mental health treatment facility or a hospital, as defined in subdivision (a) or (b) of Section 1250 of the Health and Safety Code, by the State Department of Public Health, and may include, but is not limited to, a licensed psychiatric hospital, a licensed psychiatric health facility, and a certified crisis stabilization unit.

SEC. 3.

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- SEC. 4. Section 5250 of the Welfare and Institutions Code is amended to read:
- 5250. If a person is detained for 72 hours under the provisions of Article 1 (commencing with Section 5150), or under court order for evaluation pursuant to Article 2 (commencing with Section 5200) or Article 3 (commencing with Section 5225) and has received an evaluation, he or she may be certified for not more than 14 days of intensive treatment related to the mental health disorder or impairment by chronic alcoholism, under the following conditions:
- (a) The professional staff of the agency or facility providing evaluation services has analyzed the person's condition and has found the person is, as a result of a mental health disorder or impairment by chronic alcoholism, a danger to others, or to himself or herself, or gravely disabled.

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(b) The facility providing intensive treatment is designated by the county to provide intensive treatment, and agrees to admit the person. No facility shall be designated to provide intensive treatment unless it complies with the certification review hearing required by this article. The procedures shall be described in the county Short-Doyle plan as required by Section 5651.3.

- (c) The person has been advised of the need for, but has not been willing or able to accept, treatment on a voluntary basis.
- (d) (1) Notwithstanding paragraph (1) of subdivision (h) of Section 5008, a person is not "gravely disabled" if that person can survive safely without involuntary detention with the help of responsible family, friends, or others who are both willing and able to help provide for the person's basic personal needs for food, clothing, or shelter, or medical treatment.
- (2) However, unless they specifically indicate in writing their willingness and ability to help, family, friends, or others shall not be considered willing or able to provide this help.
- (3) The purpose of this subdivision is to avoid the necessity for, and the harmful effects of, requiring family, friends, and others to publicly state, and requiring the certification review officer to publicly find, that no one is willing or able to assist a person with a mental health disorder in providing for the person's basic needs for food, clothing, or shelter, or medical treatment.

SEC. 4.

- SEC. 5. Section 5350 of the Welfare and Institutions Code is amended to read:
- 5350. A conservator of the person, of the estate, or of the person and the estate may be appointed for a person who is gravely disabled as a result of a mental health disorder or impairment by chronic alcoholism.

The procedure for establishing, administering, and terminating a conservatorship under this chapter shall be the same as that provided in Division 4 (commencing with Section 1400) of the Probate Code, except as follows:

- (a) A conservator may be appointed for a gravely disabled minor.
- (b) (1) Appointment of a conservator under this part, including the appointment of a conservator for a person who is gravely disabled, as defined in subparagraph (A) of paragraph (1) of subdivision (h) of Section 5008, shall be subject to the list of

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priorities in Section 1812 of the Probate Code unless the officer providing conservatorship investigation recommends otherwise to the superior court.

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- (2) In appointing a conservator, as defined in subparagraph (B) of paragraph (1) of subdivision (h) of Section 5008, the court shall consider the purposes of protection of the public and the treatment of the conservatee. Notwithstanding any other provision of this section, the court shall not appoint the proposed conservator if the court determines that appointment of the proposed conservator will not result in adequate protection of the public.
- (c) No conservatorship of the estate pursuant to this chapter shall be established if a conservatorship or guardianship of the estate exists under the Probate Code. When a gravely disabled person already has a guardian or conservator of the person appointed under the Probate Code, the proceedings under this chapter shall not terminate the prior proceedings but shall be concurrent with and superior thereto. The superior court may appoint the existing guardian or conservator of the person or another person as conservator of the person under this chapter.
- (d) (1) The person for whom conservatorship is sought shall have the right to demand a court or jury trial on the issue of whether he or she is gravely disabled. Demand for court or jury trial shall be made within five days following the hearing on the conservatorship petition. If the proposed conservatee demands a court or jury trial before the date of the hearing as provided for in Section 5365, the demand shall constitute a waiver of the hearing.
- (2) Court or jury trial shall commence within 10 days of the date of the demand, except that the court shall continue the trial date for a period not to exceed 15 days upon the request of counsel for the proposed conservatee.
- (3) This right shall also apply in subsequent proceedings to reestablish conservatorship.
- (e) (1) Notwithstanding subparagraph (A) of paragraph (1) of subdivision (h) of Section 5008, a person is not "gravely disabled" if that person can survive safely without involuntary detention with the help of responsible family, friends, or others who are both willing and able to help provide for the person's basic personal needs for food, clothing, or shelter, or medical treatment.

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(2) However, unless they specifically indicate in writing their willingness and ability to help, family, friends, or others shall not be considered willing or able to provide this help.

- (3) The purpose of this subdivision is to avoid the necessity for, and the harmful effects of, requiring family, friends, and others to publicly state, and requiring the court to publicly find, that no one is willing or able to assist a person with a mental health disorder in providing for the person's basic needs for food, clothing, or shelter, or medical treatment.
- (4) This subdivision does not apply to a person who is gravely disabled, as defined in subparagraph (B) of paragraph (1) of subdivision (h) of Section 5008.
- (f) Conservatorship investigation shall be conducted pursuant to this part and shall not be subject to Section 1826 or Chapter 2 (commencing with Section 1850) of Part 3 of Division 4 of the Probate Code.
- (g) Notice of proceedings under this chapter shall be given to a guardian or conservator of the person or estate of the proposed conservatee appointed under the Probate Code.
 - (h) As otherwise provided in this chapter.
- 21 SEC. 5.

SEC. 6. If the Commission on State Mandates determines that this act contains costs mandated by the state, reimbursement to local agencies and school districts for those costs shall be made pursuant to Part 7 (commencing with Section 17500) of Division 4 of Title 2 of the Government Code.

AMENDED IN SENATE MAY 14, 2018 AMENDED IN ASSEMBLY MARCH 28, 2017

CALIFORNIA LEGISLATURE—2017–18 REGULAR SESSION

ASSEMBLY BILL

No. 998

Introduced by Assembly Member Grayson

February 16, 2017

An act to add Section 1052 to the Military and Veterans Code, relating to veterans. An act to amend the heading of Title 5.3 (commencing with Section 13750) of, to add the heading of Chapter 1 (commencing with Section 13750) to Title 5.3 of, and to add Chapter 2 (commencing with Section 13752) to Title 5.3 of, Part 4 of the Penal Code, relating to crime victims.

LEGISLATIVE COUNSEL'S DIGEST

AB 998, as amended, Grayson. Veterans homes: Internet Web site. *Multidisciplinary teams: human trafficking and domestic violence.*

Existing law authorizes a city, county, city and county, or community-based nonprofit organization to establish a family justice center to assist victims of domestic violence, sexual assault, elder or dependent adult abuse, and human trafficking, to ensure that victims of abuse are able to access all needed services in one location in order to enhance victim safety, increase offender accountability, and improve access to services for victims of domestic violence, sexual assault, elder or dependent adult abuse, and human trafficking. Existing law also authorizes counties to establish multidisciplinary personnel teams regarding issues like child abuse to allow various agencies to collaborate.

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This bill would authorize a city, county, city and county, or community-based nonprofit organization to establish a domestic violence multidisciplinary personnel team and a human trafficking multidisciplinary personnel team consisting of two or more persons who are trained in the prevention, identification, management, or treatment of domestic violence or human trafficking cases and who are qualified to provide a broad range of services related to domestic violence or human trafficking. The bill would authorize members of those multidisciplinary personnel teams to disclose to one another information and records that may be confidential but that are relevant to the prevention, identification, management, or treatment of those crimes. The bill would make discussions relating to the disclosure or exchange of that information or records during team meetings confidential, unless required by law, and would prohibit testimony concerning those discussions from being admissible in any criminal, civil, or juvenile court proceeding.

Existing law provides for the establishment and operation of the Veterans' Home of California at various sites, and for an administrator for each home or homesite. Existing law authorizes the Department of Veterans Affairs to accept and process applications from veterans seeking residency at a home.

This bill would require the Department of Veterans Affairs on or before January 1, 2019, to create an admissions page on its Internet Web site that incorporates an online application option for veterans seeking admission to a home, a user-friendly wait list, contact information for an applicant to ask for assistance regarding the application process, and information on the number of veterans currently on the wait list for each level of care at each home.

Vote: majority. Appropriation: no. Fiscal committee: <u>yes-no</u>. State-mandated local program: no.

The people of the State of California do enact as follows:

SECTION 1. The heading of Title 5.3 (commencing with Section 13750) of Part 4 of the Penal Code is amended to read:
 TITLE 5.3. FAMILY JUSTICE CENTERS AND MULTIDISCIPLINARY TEAMS

3 AB 998

SEC. 2. The heading of Chapter 1 (commencing with Section 13750) is added to Title 5.3 of Part 4 of the Penal Code, to read:

Chapter 1. Family Justice Centers

SEC. 3. Chapter 2 (commencing with Section 13752) is added to Title 5.3 of Part 4 of the Penal Code, to read:

CHAPTER 2. MULTIDISCIPLINARY TEAMS

- 13752. (a) Notwithstanding any other law, a city, county, city and county, or community-based nonprofit organization may establish a domestic violence multidisciplinary personnel team consisting of two or more persons who are trained in the prevention, identification, management, or treatment of domestic violence cases and who are qualified to provide a broad range of services related to domestic violence.
- (b) (1) The members of the team may disclose and exchange information and records to and with one another relating to incidents of domestic violence that may be confidential if the member of the team having that information or records reasonably believes it is generally relevant to the prevention, identification, management, or treatment of domestic violence or the provision of domestic violence services and support.
- (2) All discussions relating to the disclosure or exchange of that information or records during team meetings are confidential unless disclosure is required by law.
- (3) Notwithstanding any other law, testimony concerning those discussions is not admissible in any criminal, civil, or juvenile court proceeding.
- (c) A domestic violence multidisciplinary team may include, but need not be limited to, any of the following:
 - (1) Law enforcement personnel.
 - (2) Medical personnel.
- (3) Psychiatrists, psychologists, marriage and family therapists, or other trained counseling personnel.
- (4) District attorneys and city attorneys.
 - (5) Victim-witness program personnel.
- (6) Domestic violence shelter service staff.

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1 (7) Sexual assault counselors, as defined in Section 1035.2 of the Evidence Code.

- 3 (8) Domestic violence counselors, as defined in Section 1037.1 4 of the Evidence Code.
 - (9) Social service agency staff members.
 - (10) Child welfare agency social workers.
- 7 (11) County health department staff.
- 8 (12) City or County welfare and public assistance workers.
 - (13) Nonprofit agency counseling professionals.
- 10 (14) Civil legal service providers.
- 11 (15) Human trafficking caseworkers.
 - 13753. (a) Notwithstanding any other law, a city, county, city and county, or community-based nonprofit organization may establish a human trafficking multidisciplinary personnel team consisting of two or more persons who are trained in the prevention, identification, management, or treatment of human trafficking cases and who are qualified to provide a broad range of services related to human trafficking.
 - (b) (1) The members of the team may disclose and exchange information and records to and with one another relating to incidents of human trafficking that may be confidential if the member of the team having that information or records reasonably believes it is generally relevant to the prevention, identification, management, or treatment of human trafficking or the provision of human trafficking recovery services and support.
 - (2) All discussions relative to the disclosure or exchange of that information or records during team meetings are confidential unless disclosure is required by law.
 - (3) Notwithstanding any other law, testimony concerning those discussions is not admissible in any criminal, civil, or juvenile court proceeding.
 - (c) A human trafficking multidisciplinary team may include, but need not be limited to, any of the following:
 - (1) Law enforcement personnel.
 - (2) Medical personnel.
- 36 *(3) Psychiatrists, psychologists, marriage and family therapists,* 37 *or other trained counseling personnel.*
- 38 (4) District attorneys and city attorneys.
- 39 (5) Victim-witness program personnel.
- 40 (6) Domestic violence shelter service staff.

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- 1 (7) Sexual assault counselors, as defined in Section 1035.2 of 2 the Evidence Code.
- 3 (8) Domestic violence counselors, as defined in Section 1037.1 4 of the Evidence Code.
- 5 (9) Social service agency staff members.
 - (10) Child welfare agency social workers.
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- (15) Human trafficking caseworkers.
- SECTION 1. Section 1052 is added to the Military and 12 13 Veterans Code, to read:
 - 1052. The department shall, on or before January 1, 2019, ereate an admissions page on its Internet Web site for the purpose of increasing transparency in the process for admission to the homes. The admissions page shall incorporate all of the following:
 - (a) An online application option for veterans seeking admission to a home.
 - (b) A user-friendly wait list showing an applicant's current spot on a home's wait list relative to other applicants, updated whenever there is a change, and with a mechanism that preserves applicant privacy.
 - (c) Contact information for an applicant to ask for assistance regarding the application process.
- 26 (d) Information on the number of veterans currently on the wait list for each level of care at each home.