



Office of the Mayor

CONSENT CALENDAR

April 11, 2023

To: Members of the City Council

From: Mayor Jesse Arreguín, Councilmember Taplin (Co-Sponsor),
Councilmember Bartlett (Co-Sponsor)

Subject: Resolution to Support AB 1001

RECOMMENDATION

Adopt a Resolution in support of Assembly Bill 1001, introduced by Assembly Member Matt Haney, and send a copy of the Resolution to Governor Gavin Newsom, State Senator Nancy Skinner, and Assembly Members Matt Haney and Buffy Wicks.

SUMMARY

If adopted, Assembly Bill 1001 would require a general acute care hospital to adopt behavioral health emergency service policies related to minimum staffing requirements, response times, and data management and reporting. It would also establish the Behavioral Health Emergency Response and Training Fund to support staffing increases in general acute care hospitals.

BACKGROUND

The State's Department of Public Health (DPH) provides licensing, regulation, and inspection of various types of health facilities, including general acute care hospitals¹. DPH upholds standards that encompass sanitation, staffing of qualified and licensed staff and services, and the use of data given to hospital officials to make informed decisions. Currently, the Department of Health Care Access and Information (DHCAI) is responsible for administering various programs with respect to health care professions and establishes various programs to facilitate the expansion of the health care workforce. The board of supervisors in each county establishes and maintains a county hospital to provide public health care services within the county, authorizing the board to prescribe rules for the hospital's government and management, and to appoint a county physician and other necessary officers and employees of the hospital, as needed.

While both state and federal law requires health plans to provide behavioral health care treatment, there exists no policy within the context of workforce standards when providing care at acute health hospitals. California maintains no unified standard for

¹ An acute care hospital can be defined as a hospital that provides inpatient medical care for those seeking or needing services in the form of surgery and/or treatment for acute medical conditions or injuries. County hospitals are the typical service providers delivering public care at the local level.

providing behavioral health emergency services at acute care hospitals with respect to staffing requirements, service delivery wait and response times, and data management and reporting to DHCAI. This may leave patients seeking behavioral health emergency services to wait for an undetermined time without no expectation that they will receive care within a set period of time. In addition, patients who seek such treatment may not receive the adequate level of care from an appropriately licensed provider, leading patients to receive inadequate or subpar services, hospitals referring out such care to off-site providers, and/or hospital systems relying on more expensive administrative and staffing methods to provide needed services.

DHCS notes that the COVID-19 pandemic has exacerbated behavioral health challenges, both in terms of mental health and substance use disorder(s), placing significant demands on the existing system of care and workforce capacity. Governor Newsom has made behavioral health a top priority for his administration, and, as such, the Department of Healthcare Services (DHCS) has updated its assessment of California's behavioral health system². DHCS has found that nearly one in ten California adults suffer from a substance use disorder, with another one in 20 suffering from a mental illness. Those living with the most serious behavioral health conditions are often served through the public hospital system. One in 13 suffer from serious emotional disturbance, with higher rates seen among low-income children and those who are Black and Latinx. About 43% of California residents reported it was "somewhat or very difficult" for them to obtain an appointment with a provider for a behavioral health condition who accepts their insurance. This reality places additional strains and demand on the local level to provide the most intensive care to those most needy, marginalized, and distressed, while further exasperating the limited ability to receive quality care outside private insurance providers through county hospital systems.

The lack of universal data collection and dissemination standards presents a challenge in pinpointing the exact numbers of Berkeley residents who seek behavioral health services in emergency scenarios at acute hospitals, let alone the number of residents who engage in subpar treatment experiences at these locations. Nonetheless, we know Alameda County experiences the state's highest rate of involuntary 72-hour psychiatric holds, with John George Psychiatric Hospital viewed as the primary mental health treatment center in the County³.

To better match the level of help needed, while maintaining standards of adequacy, safety, and sanitation for staffing, services, and hospitals with the type of needs required by those being served, AB 1001 seeks to establish policies for behavioral health emergency services. It would specifically:

- require protocols to meet standards established by DPH and consist of various parameters such as minimum staffing requirements for behavioral health

² Update provided in their report published on January 10, 2022 titled "Assessing the Continuum of Care for Behavioral Health Services in California".

³ John George therefore receives several redirected calls for inpatient behavioral health service when patients are seen at Highland Hospital, our county's primary acute hospital.

emergency services, procedures for response by behavioral health emergency services personnel in a timely manner, and annual training;

- require the department to adopt regulations on standards for general acute care hospitals related to behavioral health emergency services;
- require all hospitals to maintain records related to certain data on behavioral health emergency services provided for a period of 3 years and to report that data to the department on a quarterly basis, requiring DPH to post quarterly reports on that data on its internet website;
- establish the Behavioral Health Emergency Response and Training Fund to provide grants to qualifying applicants for the purpose of funding a new program or supporting an existing program that increases the staffing in general acute care hospitals of direct care personnel who are trained in behavioral health care and behavioral health emergency services response or intervention; and
- require DPH to evaluate the program and report to the Legislature annually.

AB 1001 directly connects to our City's commitment to building a holistic and comprehensive response to our resident's behavioral health needs. The implementation of our new Speciated Care Unit⁴ is one of the many multi-pronged commitments we've made in our efforts to reimagining our approach to public safety. AB 1001 would not only align with the City's direction in responding to behavioral health crises and needs, but would also allow for the collection and analysis of treatment delivery data, and ultimately improve the standard by which our residents receive behavioral care at hospitals overseen by our county officials.

ENVIRONMENTAL SUSTAINABILITY AND CLIMATE IMPACTS

No environmental impact.

CONTACT PERSON

Mayor Jesse Arreguín, 510-981-7100
Anthony Rodriguez, Senior Legislative Assistant

Attachments:

- 1: Resolution (SUPPORT OF CALIFORNIA ASSEMBLY BILL 1001)
- 2: Text of AB 1001 (as of March 16, 2023)

⁴ The Specialized Care Unit Program is currently being designed through our contract with Bonita House approved by Council in December 2022.

RESOLUTION NO. ##,###-N.S.

SUPPORTING ASSEMBLY BILL 1001

WHEREAS, according to statewide data, a) nearly one in ten California adults suffer from a substance use disorder, with another one in 20 suffering from a mental illness, b) one in 13 adults suffer from serious emotional disturbance, and c) roughly 43% of California residents reported it was “somewhat or very difficult” for them to obtain an appointment with a provider for a behavioral health condition who accepts their insurance; and

WHEREAS, the City of Berkeley recognizes the mental health crisis exacerbated by the COVID-19 pandemic and its effects on our society’s wellbeing; and

WHEREAS, the City seeks opportunities to support efforts that align with our Specialized Care Unit programming and efforts to Reimagining Public safety at brought forth at the local, regional, and state level; and

WHEREAS, the City of Berkeley calls for greater data collection, monitoring, analysis, and dissemination to understand the scope of the need for improved behavior health service delivery at acute hospital systems to better serve its residents appropriately; and

WHEREAS, Assembly Bill 50, introduced by Assembly Member Matt Haney, would amend state law to require general acute care hospitals to adopt behavioral health emergency service policies related to minimum staffing requirements, response times, and data management and reporting, and instruct the Department of Public Health to establish the Behavioral Health Emergency Response and Training Fund to support staffing increases in general acute care hospitals; and

WHEREAS, in 2022, the City Council approved funding and the execution of a contract with Bonita House to build a Specialized Care Unit program, which will provide a non-police response for anyone experiencing a mental health crisis in Berkeley; and

WHEREAS, the City of Berkeley continues to undergo efforts in its Reimagining Public Safety process to transform the City’s role and response to our community’s need to maintain and uphold public safety, including a new standard to community-centered approaches to safety, and

NOW THEREFORE, BE IT RESOLVED by the Council of the City of Berkeley that it hereby supports AB 1001.

BE IT FRUTHER RESOLVED that copies of the Resolution be sent to Governor Gavin Newsom, State Senator Nancy Skinner, and Assembly Members Matt Haney and Buffy Wicks.

ASSEMBLY BILL

No. 1001

Introduced by Assembly Member Haney

February 15, 2023

An act to add Section 128740.1 to, and to add Article 7.1 (commencing with Section 1323.2) and Article 7.15 (commencing with Section 1323.4) to Chapter 2 of Division 2 of, the Health and Safety Code, relating to health facilities.

LEGISLATIVE COUNSEL'S DIGEST

AB 1001, as introduced, Haney. Health facilities: behavioral health emergency services.

Existing law provides for the licensing, regulation, and inspection of various types of health facilities by the State Department of Public Health, including general acute care hospitals. Existing law requires certain building standards and regulations to prescribe standards of adequacy, safety, and sanitation of the physical plant, of staffing with duly qualified licensed personnel, and of services, based on the type of health facility and the needs of the persons served. Existing law requires specified financial and utilization data to be reported to the department by a hospital at the end of a calendar quarter.

Existing law generally makes a violation of the licensure provisions for health facilities a misdemeanor.

This bill would require a general acute care hospital to adopt policies to respond to a patient requiring behavioral health emergency services, as defined. The bill would require that these protocols meet standards established by the department and consist of various parameters such as minimum staffing requirements for behavioral health emergency services, procedures for response by behavioral health emergency

AB 1001

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services personnel in a timely manner, and annual training, as specified. The bill would require the department to adopt regulations on standards for general acute care hospitals related to behavioral health emergency services. The bill would require all hospitals to maintain records related to certain data on behavioral health emergency services provided for a period of 3 years and to report that data to the department on a quarterly basis. The bill would require the department to post quarterly reports on that data on its internet website.

Existing law establishes the Department of Health Care Access and Information, which is responsible for administering various programs with respect to health care professions and establishes various programs to facilitate the expansion of the health care workforce.

Existing law authorizes the board of supervisors in each county to establish and maintain a county hospital to provide public health care services within the county. Existing law authorizes the board to prescribe rules for the hospital's government and management, and to appoint a county physician and other necessary officers and employees of the hospital, as specified.

This bill would establish the Behavioral Health Emergency Response and Training Fund to provide grants to qualifying applicants for the purpose of funding a new program or supporting an existing program that increases the staffing in general acute care hospitals of direct care personnel who are trained in behavioral health care and behavioral health emergency services response or intervention.

The bill would also require the department to evaluate the program and report to the Legislature annually.

By expanding the scope of a crime under the above paragraphs, this bill would 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 no reimbursement is required by this act for a specified reason.

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. Article 7.1 (commencing with Section 1323.2)
2 is added to Chapter 2 of Division 2 of the Health and Safety Code,
3 to read:

4
5 Article 7.1. Behavioral Health Emergency Services
6

7 1323.2. (a) The Legislature finds and declares all of the
8 following:

9 (1) Direct patient care in general acute care facilities currently
10 involves patients who have behavioral health needs, including
11 needs related to mental health and substance use, and behavioral
12 health emergencies.

13 (2) Patient care outcomes in general acute care hospitals are
14 dependent upon safe staffing levels and the competence of direct
15 care personnel who staff those facilities.

16 (3) Insufficient staffing levels of direct patient care personnel,
17 including registered nurses, who have the specialized competency
18 to provide, and are appropriately trained in, behavioral health and
19 behavioral health emergency response results in unsafe patient
20 care and increased occurrences of workplace violence.

21 (4) To ensure the availability of direct patient care personnel
22 who have the specialized competency to provide, and are
23 appropriately trained in, behavioral health and behavioral health
24 emergency response in general acute care hospitals, the Legislature
25 intends that all such facilities in this state adopt policies and
26 protocols on behavioral health emergency response and training
27 in compliance with standards established in this article.

28 (b) This article does not expand the scope of licensure for
29 licensed persons providing services pursuant to this article.

30 1323.21. For the purposes of this article, the following
31 definitions apply:

32 (a) (1) "Behavioral health emergency condition" means a
33 psychiatric emergency medical condition, as defined in paragraph
34 (1) of subdivision (k) of Section 1317.1, or a cognitive, mental
35 health, substance use, or stress-related crisis that manifests itself
36 by acute symptoms of sufficient severity that it renders the patient
37 as being either of the following:

1 (A) An immediate danger or risk of danger to themselves or to
2 others.

3 (B) Immediately unable to provide for, or utilize, food, shelter,
4 or clothing, due to a cognitive, mental health, substance use, or
5 stress-related condition.

6 (2) A behavioral health emergency condition does not require
7 a psychological evaluation or a psychiatric or mental health
8 diagnosis.

9 (3) This subdivision does not expand, restrict, or otherwise
10 affect the scope of licensure or clinical privileges for clinical
11 psychologists or medical personnel.

12 (b) (1) “Behavioral health emergency services” means services
13 provided by a general acute care hospital for medical screening,
14 examination, and evaluation by a physician and surgeon or, to the
15 extent permitted by applicable law, by other appropriate licensed
16 persons under the supervision of a physician and surgeon, to
17 determine if a behavioral health emergency condition exists, and
18 if it does, the care, treatment, and surgery, if within the scope of
19 that person’s license, necessary to relieve or eliminate the
20 behavioral health emergency condition, within the capability of
21 the facility.

22 (2) Behavioral health emergency services may include the use
23 of a bed, monitoring by nursing and other staff, and any other
24 services that are reasonable and necessary to safely assess a
25 patient’s condition or determine the need for response and
26 intervention by behavioral health emergency services personnel
27 to respond to a behavioral health emergency condition or for a
28 possible inpatient admission to the hospital that has a behavioral
29 health emergency condition.

30 (3) This subdivision does not expand, restrict, or otherwise
31 affect the scope of licensure or clinical privileges for clinical
32 psychologists or other medical personnel.

33 (c) “General acute care hospital” has the same meaning as
34 defined in subdivision (a) of Section 1250.

35 1323.23. (a) By January 1, 2025, each general acute care
36 hospital shall adopt policies and protocols to respond to patients
37 requiring behavioral health emergency services that meet standards
38 established by the department and that shall consist of all of the
39 following:

1 (1) The names or job titles of the hospital staff responsible for
2 implementing the behavioral health emergency services policies
3 and protocols.

4 (2) Minimum staffing requirements for behavioral health
5 emergency services in accordance with subdivision (f), including
6 all of the following:

7 (A) At least two registered nurses who have experience and
8 competency in providing psychiatric care.

9 (B) At least one staff member, in addition to subparagraph (A),
10 who is licensed to provide direct patient care and has experience
11 and competency in providing psychiatric care. Additional staff
12 under this subparagraph may include an additional registered nurse,
13 or a physician and surgeon or a psychiatric technician.

14 (C) At least one staff member who can respond to the
15 psychosocial needs of patients who have a behavioral health
16 emergency condition. Staff under this subparagraph may include
17 a licensed clinical social worker or clinical psychologist.

18 (3) Procedures to ensure the availability of behavioral health
19 emergency services personnel in each patient care area at all times,
20 including a requirement that behavioral health emergency services
21 personnel are not considered to be available if those personnel
22 have other assignments that prevent them from participating in
23 behavioral health emergency services response in a timely manner.

24 (4) Procedures for identifying and assessing a patient's condition
25 to determine the need for response or intervention by behavioral
26 health emergency services personnel.

27 (5) Procedures for response by behavioral health emergency
28 services personnel in a timely manner.

29 (6) Procedures to ensure timely transfers or admissions as
30 required under subdivision (g).

31 (7) Training and education on a continuing annual basis for
32 behavioral health emergency services personnel who provide direct
33 patient care to ensure competency in existing and new skills in
34 psychiatric care, behavioral health, and substance use treatment
35 services.

36 (8) Training and education on a continuing annual basis for all
37 behavioral health emergency services personnel on behavioral
38 health emergency services response, including on providing
39 trauma-informed care and ensuring access to linguistically and
40 culturally competent care.

1 (9) Annual training and education for all hospital staff who are
2 required to be present in a patient care area to recognize patient
3 interactions that require response by behavioral health emergency
4 services personnel and how to obtain that response or intervention.

5 (10) Procedures to ensure the provision of linguistically and
6 culturally competent behavioral health emergency services to each
7 patient with a behavioral health emergency condition.

8 (11) Procedures to evaluate a behavioral health emergency
9 services patient for substance use treatment and counseling needs
10 and to ensure the provision of that treatment and counseling.

11 (12) Procedures for hospital staff to report concerns regarding
12 the availability of sufficient staff to perform behavioral health
13 emergency services and concerns regarding the availability,
14 condition, storage, and maintenance of equipment.

15 (13) Procedures to coordinate implementation of response and
16 intervention by behavioral health emergency services personnel
17 with the workplace violence prevention plan adopted by a hospital
18 as required in the standard adopted by the Occupational Safety
19 and Health Standards Board under Section 6401.8 of the Labor
20 Code, including methods of reporting and investigating any
21 incidents of workplace violence related to a patient receiving
22 behavioral health emergency services.

23 (b) Policies and protocols adopted under subdivision (a) shall
24 be maintained and implemented at all times in all units of the
25 general acute care hospitals where patient care is provided and
26 shall be available to all hospital staff at all times.

27 (c) By July 1, 2024, the department shall develop procedures
28 to evaluate existing programs utilized by general acute care
29 hospitals to provide behavioral health emergency services response
30 and training for compliance with the requirements under the article.

31 (d) Every general acute care hospital shall designate a licensed
32 registered nurse or physician who has experience and competence
33 in psychiatric services as a director who shall be responsible for
34 the management of the policies and protocols adopted under
35 subdivision (a).

36 (e) Policies and protocols adopted under subdivision (a) shall
37 be developed, implemented, and reviewed annually with the
38 meaningful input and active involvement of the following general
39 acute care hospital staff, including their recognized collective
40 bargaining agent or agents, if any:

1 (1) Registered nurses who provide emergency medical services.

2 (2) Registered nurses who provide psychiatric nursing care or
3 provide care in a psychiatric unit, if any.

4 (3) Psychiatrists and other physicians who provide inpatient
5 psychiatric services or provide care in a psychiatric unit, if any.

6 (4) Ancillary staff who provide inpatient psychiatric services
7 or provide care in a psychiatric unit, including psychiatric
8 technicians.

9 (5) Behavioral health emergency services personnel as identified
10 in hospital policies and protocols adopted under subdivision (a).

11 (6) Hospital staff who are required to be present in a patient
12 care area that are reasonably anticipated to require response by
13 behavioral health emergency services personnel.

14 (f) Development, implementation, and annual review of policies
15 and protocols pursuant to subdivision (e) shall include the
16 participation of general acute care hospital staff in evaluating the
17 effectiveness of the policies and protocols in providing timely
18 access to care for behavioral health services patients, reducing
19 rates of workplace violence, and designing and implementing
20 training on behavioral health emergency services response.

21 (g) (1) Training and education required by this article shall be
22 provided in person and shall be designed to provide an opportunity
23 for interactive questions and answers with a person knowledgeable
24 about the behavioral health emergency response and training
25 policies and protocols adopted by the general acute care hospital
26 under subdivision (a).

27 (2) Each general acute care hospital shall develop, implement,
28 and annually review training and education required by this article
29 with the meaningful input and active involvement of general acute
30 care hospital staff identified in subdivision (e), including
31 development of curricula and training materials, and review and
32 revision of the training program.

33 (3) Training materials developed to meet the requirements of
34 this article shall be appropriate in content and vocabulary to the
35 educational level, literacy, and language of general acute care
36 hospital staff receiving the training.

37 (h) Notwithstanding subdivisions (d) and (e) of Section 1275,
38 behavioral health emergency services provided to patients receiving
39 services shall comply with the same licensed registered
40 nurse-to-patient ratios as supplemental emergency services or, if

1 the patient is in an inpatient bed or unit, the licensed registered
2 nurse-to-patient ratio of that bed or unit, whichever ratio is lower.
3 This subdivision does not alter or amend the effect of any
4 regulation adopted pursuant to Section 1276.4 as of the effective
5 date of the act that added this subdivision.

6 (i) A patient who requires behavioral health emergency services
7 with an order by a provider for admission to a general acute care
8 hospital or transfer to another health facility, as defined in Section
9 1250, shall not be provided care and treatment as a patient receiving
10 observation services, as defined in subdivision (a) of Section
11 1253.7, or in an observation unit, as defined in subdivision (c) of
12 Section 1253.7, for more than 24 hours.

13 (j) The department shall adopt regulations on standards for
14 general acute care hospital on behavioral health emergency
15 services, including on behavioral health emergency services
16 response and training.

17 1323.24. (a) All general acute care hospitals shall maintain
18 records of the following for a period of three years:

19 (1) Each transfer of a behavioral health emergency services
20 patient.

21 (2) Each admission of a behavioral health emergency services
22 patient to an inpatient psychiatric unit of the hospital, if any.

23 (3) Each patient readmission within 30 days of being discharged
24 or transferred after receiving behavioral health emergency services
25 at the hospital.

26 (4) Each patient who received behavioral health emergency
27 services in an observation unit or while receiving observation
28 services.

29 (b) (1) All hospitals providing behavioral health emergency
30 services shall file with the department quarterly reports on forms
31 prescribed by the department that describe the aggregate number
32 for each of the data listed in subdivision (a) and reasons for transfer,
33 admission, readmission, or placement in an observation unit or
34 receipt of observation services.

35 (2) The department shall post quarterly reports pursuant to this
36 subdivision on the department's publicly accessible internet website
37 within five calendar days of receipt by the department.

38 (c) The department, in consultation with the Department of
39 Health Care Services, the Department of Health Care Access and
40 Information, and the Division of Occupational Safety and Health,

1 shall inspect a representative sample of behavioral health
2 emergency response and training programs utilized by general
3 acute care hospitals. In evaluating a behavioral health emergency
4 response and training program, the department shall examine
5 patient outcomes and rates of workplace violence at each facility.
6 If the department determines that a program is not complying with
7 Section 1323.23 or regulations or is not meeting goals related to
8 timely access to care or to workplace violence rate reduction
9 established by the department pursuant to subdivision (d), the
10 department shall be immediately notify a general acute care
11 hospital that utilized the program in writing. The department's
12 district offices shall inspect facility-based behavioral health
13 emergency response and training programs as utilized by general
14 acute care hospitals as part of their annual survey.

15 (d) (1) The department, in consultation with the Department
16 of Health Care Services and the Department of Health Care Access
17 and Information, shall establish goals related to timely access to
18 care for behavioral health emergency services in general acute
19 care hospitals.

20 (2) The department, in consultation with the Division of
21 Occupational Safety and Health, shall establish goals to reduce
22 the rates of workplace violence related to behavioral health
23 emergency services in general acute care facilities.

24 (e) Training components of behavioral health emergency
25 response and training programs shall be conducted during the
26 normal working hours of the hospital staff unless the staff receives
27 at least the normal hourly wage for any additional time spent in
28 the training component of the approved program.

29 SEC. 2. Article 7.15 (commencing with Section 1323.4) is
30 added to Chapter 2 of Division 2 of the Health and Safety Code,
31 to read:

32

33 Article 7.15. The Behavioral Health Emergency Response and
34 Training Fund

35

36 1323.4. (a) For the purposes of this article, the following
37 definitions apply:

38 (1) "Department" means the Department of Health Care Access
39 and Information.

1 (2) “Fund” means the Behavioral Health Emergency Response
2 and Training Fund.

3 (3) “Program” means a program for the behavioral health
4 emergency response and training of general acute care hospital
5 staff that meets the criteria established and approved under this
6 chapter.

7 (b) The Behavioral Health Emergency Response and Training
8 Fund is hereby established in the State Treasury for the purpose
9 of providing grants to support programs described in Section
10 1323.41 and shall be administered by the department.

11 (c) The department shall annually establish the total amount of
12 funding necessary to support programs described in Section
13 1323.41. It is the intent of the Legislature to provide sufficient
14 supplemental funding for these programs pursuant to this article
15 in the annual Budget Act and to deposit that funding in the fund
16 in 2025.

17 (d) Notwithstanding any other law, the department may receive
18 and deposit moneys in the fund from the following entities:

19 (1) Nonstate entities, such as private sector or philanthropic
20 entities.

21 (2) Local and federal governmental agencies.

22 (e) No more than 5 percent of the moneys in the fund shall be
23 available for the department’s administrative activities related to
24 planning and production of grants.

25 (f) Beginning no later than July 1, 2024, the fund shall be
26 available to receive moneys from nonstate entities.

27 1323.41. (a) The department shall use moneys in the fund to
28 administer grants to general acute care hospitals in California that
29 are designated public hospitals, county hospitals, or hospitals that
30 are operated by nonprofit organizations in California that are
31 exempt from taxation under Section 501(c) of the Internal Revenue
32 Code. A grant recipient under this subdivision shall use the funds
33 awarded to fund a new program or support an existing program
34 that increases the staffing in general acute care hospitals of direct
35 care personnel who are trained in behavioral health care and
36 behavioral health emergency services response or intervention.
37 By way of nonlimiting examples, the program and the awarded
38 funds may be used for any of the following:

39 (1) Behavioral health emergency response training programs.

1 (2) Costs associated with hiring or retaining behavioral health
2 emergency services personnel who provide behavioral health
3 emergency services that meet the requirements of Section 1323.23.

4 (3) Costs associated with training hospital staff in the provision
5 behavioral health emergency services that meet the requirements
6 of Section 1323.23.

7 (4) Costs associated with implementation of policies and
8 procedures adopted by a hospital to meet the requirements of
9 Section 1323.23.

10 (b) (1) Unless otherwise specified by the department, grants
11 made pursuant to this article are for a period of one year and may
12 be renewed.

13 (2) An application for a grant shall be made on a form to be
14 developed by the department.

15 (3) Decisions regarding the grants and the funding level of the
16 grant shall be made after consideration of all relevant factors, such
17 as the grantee's anticipated level of need and the availability of
18 funds.

19 (c) To administer this section, the department shall use moneys
20 in the fund to pay direct and indirect costs of the department,
21 including hiring or administrative costs.

22 (d) The department shall use moneys in the fund to maintain a
23 system of financial reporting on all aspects of the fund. The
24 financial reporting shall include, but is not limited to, information
25 from the grantees on their expenditures and activities using grant
26 funds associated with this article as the department deems
27 necessary to ensure the use of the funds are consistent with the
28 purposes of this article and the terms of any grant award.

29 (e) For purposes of this section, the department shall not require
30 the submission of any identifying personal information about
31 individuals receiving behavioral health or emergency services as
32 part of an application for a grant or reporting of expenditures and
33 activities using grant funds under this article. Information required
34 by the department, or its contracted vendor, may only include
35 information in summary, statistical, or other forms that do not
36 identify particular individuals.

37 (f) Contracts entered into or amended pursuant to this article
38 are exempt from Chapter 6 (commencing with Section 14825) of
39 Part 5.5 of Division 3 of Title 2 of the Government Code, Section
40 19130 of the Government Code, Part 2 (commencing with Section

1 10100) of Division 2 of the Public Contract Code, and the State
2 Administrative Manual, and are exempt from the review or
3 approval of any division of the Department of General Services.

4 1323.42. The department shall conduct an evaluation of the
5 grant program implemented pursuant to Section 1323.41 and shall
6 report its findings to the Legislature no later than January 1, 2026,
7 and on an annual basis no later than each January 1 thereafter. The
8 first annual report shall cover the period before July 1, 2025. Each
9 subsequent annual report shall cover the previous fiscal year. The
10 department may use moneys in the fund, upon appropriation by
11 the Legislature, for the evaluation of the program. The report shall
12 be submitted in compliance with Section 9795 of the Government
13 Code.

14 SEC. 3. Section 128740.1 is added to the Health and Safety
15 Code, to read:

16 128740.1. (a) The quarterly summary utilization data reported
17 to the department by a hospital pursuant to Section 128740, shall
18 include all of the following:

19 (1) Number of inpatient psychiatric visits and number of hours
20 of services provided.

21 (2) Number of behavioral health emergency service visits and
22 number of hours of services provided.

23 (3) Number of observation service visits and the number of
24 hours of services provided, including the number of behavioral
25 health emergency service hours provided during observation service
26 visits.

27 (4) Number of behavioral health emergency service inpatient
28 admissions, including the number of behavioral health emergency
29 service admissions to an inpatient psychiatric unit.

30 (5) Number of behavioral health emergency service readmissions
31 within 30 days of discharge or transfer.

32 (b) All hospitals shall maintain records of aggregate data listed
33 in subdivision (a) for a period of three years.

34 SEC. 4. No reimbursement is required by this act pursuant to
35 Section 6 of Article XIII B of the California Constitution because
36 the only costs that may be incurred by a local agency or school
37 district will be incurred because this act creates a new crime or
38 infraction, eliminates a crime or infraction, or changes the penalty
39 for a crime or infraction, within the meaning of Section 17556 of
40 the Government Code, or changes the definition of a crime within

- 1 the meaning of Section 6 of Article XIII B of the California
- 2 Constitution.

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