

GOVERNOR'S VETO
AB 1387 (Quirk-Silva)
As Enrolled August 20, 2025
2/3 vote

SUMMARY

Authorizes counties to establish a behavioral health multidisciplinary personnel team.

Major Provisions:

- 1) Allows a county to establish a behavioral health multidisciplinary personnel team with the goal of facilitating the expedited identification, assessment, and linkage of justice-involved (JI) persons diagnosed with a behavioral 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 for the purpose of coordinating supportive services to ensure continuity of care.
- 2) Defines the following terms:
 - a) "Justice-involved person" as "an individual who is currently incarcerated within a county jail or who has been incarcerated in an county jail";
 - b) "Behavioral health multidisciplinary personnel team" as "any team of two or more persons who are trained in the identification and treatment of individuals with behavioral illness, and who are qualified to provide a broad range of services related to behavioral health." The team may include, but not be limited to, all of the following:
 - i) Behavioral health and substance abuse services personnel and practioners or other trained counseling personnel;
 - ii) Medical personnel with sufficient training to provide health services;
 - iii) Social services workers with experience or training in the provision of services to adults with behavioral illness and eligibility for services; and,
 - iv) Case managers or case coordinators responsible for referral, linkage, or coordination of care and services provided to adults
 - c) "Provider agency" as "any governmental or other agency that has, as one of its purposes, the identification, assessment, and linkage of housing or supportive services to individuals with behavioral illness." The provider agencies serving adults that may share information under this section include, but are not limited to, all of the following entities or service agencies:
 - i) Social services;
 - ii) Health services;
 - iii) Behavioral health services;

- iv) Substance abuse services;
 - v) Probation;
 - vi) Law enforcement;
 - vii) Legal counsel for the adult or family representing them in a criminal matter;
 - viii) Veterans services and counseling; and,
 - ix) Homeless services.
- 3) Authorizes members of a behavioral health multidisciplinary personnel team to disclose and exchange information and writings with one another that relate to any information that may be designated as confidential under state law if the member of the team reasonably believes it is generally relevant to the identification of behavioral illness and the provision of services.
 - 4) Provides that any discussion between team members, is confidential and, notwithstanding any other law, testimony concerning that discussion is not admissible in any criminal, civil, or juvenile court proceeding.
 - 5) Provides that the disclosure and exchange of information of the multidisciplinary personnel team may occur electronically if there is adequate verification of the identity of the behavioral health multidisciplinary personnel who are involved in that disclosure or exchange of information.
 - 6) Requires the disclosure and exchange of information between the multidisciplinary personnel team not be made to anyone other than members of the behavioral health multidisciplinary personnel team, and designated persons qualified to receive information by the team.
 - 7) Allows a multidisciplinary personnel team to designate persons qualified to be a member of the team for a particular case.
 - 8) Permits a person designated as a team member to receive and disclose relevant information and records, subject to confidentiality provisions, as specified.
 - 9) Requires the sharing of information permitted, as specified, to be governed by protocols developed in each county describing how and what information may be shared by the behavioral health multidisciplinary personnel team to ensure that confidential information gathered by the team is not disclosed in violation of state or federal law.
 - 10) Requires a copy of the protocols be distributed to each participating agency and to persons in those agencies who participate in the multidisciplinary personnel team, and be posted on the county's website within 30 days of adoption.
 - 11) Requires each participating county to provide a copy of its protocols to the State Department of Healthcare Services (DHCS).
 - 12) States the sharing of information by behavioral health multidisciplinary personal team members shall not be construed to require the DHCS to review or approve any multidisciplinary personnel team county protocols it receives.

- 13) Requires a protocol developed in a county, as specified, to include, but not be limited to, all of the following:
- a) The items of information or data elements that will be shared;
 - b) The participating agencies;
 - c) A description of how the information shared will be used by the behavioral health multidisciplinary personnel team only for the intended purposes as specified;
 - d) The information retention schedule that participating agencies shall follow;
 - e) A requirement that no confidential information or writings be disclosed to persons who are not members of the multidisciplinary personnel team except to the extent required or permitted under applicable law;
 - f) A requirement that participating agencies develop uniform written policies and procedures that include security and privacy awareness training for employees who will have access to information pursuant to this protocol;
 - g) A requirement that all persons who have access to information shared by participating agencies sign a confidentiality statement that includes, at a minimum, general use, security safeguards, acceptable use, and enforcement policies;
 - h) A requirement that participating agencies employ security controls that meet applicable federal and state standards, including reasonable administrative, technical, and physical safeguards to ensure data confidentiality, integrity, and availability and to prevent unauthorized or inappropriate access, use, or disclosure; and,
 - i) A requirement that participating agencies take reasonable steps to ensure information is complete, accurate, and up to date to the extent necessary for the agency's intended purposes and that the information has not been altered or destroyed in an unauthorized manner.
- 14) Subjects every member of the behavioral health multidisciplinary personnel team members who receives information or records regarding a JI person in that member's capacity as a member of the team to be under the same privacy and confidentiality obligations and subject to the same confidentiality penalties as the person disclosing or providing the information or records.
- 15) Requires the information obtained to be maintained in a manner that ensures the maximum protection of privacy and confidentiality rights.
- 16) Provides that these provisions shall not be construed to restrict guarantees of confidentiality provided under state or federal law.
- 17) Requires information and records communicated or provided to the team members by all providers and agencies to be deemed private and confidential and to be protected from discovery or disclosure by all applicable statutory and common law protections.

- 18) States that existing civil and criminal penalties shall apply to the inappropriate disclosure of information held by the team members.

Governor's Veto Message

"This bill would authorize counties to establish a behavioral health multidisciplinary personnel team to serve justice-involved [JI] individuals with mental illness and allow provider agencies to share information to coordinate supportive services.

"Last year, I vetoed a nearly identical bill, stating it was both premature and duplicative of the Department of Health Care Services (DHCS) CalAIM JI Initiative. Through this initiative, counties are already allowed to establish multidisciplinary teams and share confidential information among providers to ensure JI individuals have continuity of coverage upon release and access to essential health services that will help them successfully return to their communities.

"While I appreciate the author's commitment to this issue, like its predecessor, this bill remains duplicative of these existing efforts. It would be more likely to assess this proposal following full implementation of the CalAIM JI Initiative and once data is available to identify any remaining gaps.

"For these reasons, I cannot sign this bill."

COMMENTS

According to the Author

"California's justice system cannot achieve true rehabilitation without addressing the behavioral health crisis in our correctional facilities. More than half of those incarcerated struggle with behavioral health challenges, yet too many do not receive the care they need. AB 1387 ensures that every individual receives consistent, coordinated treatment from the beginning of incarceration through release. By breaking down barriers to information-sharing and prioritizing continuity of care, this bill strengthens public safety, reduces recidivism, and upholds our commitment to a more just and effective rehabilitation system"

Arguments in Support

According to the *California State Sheriffs' Association*: In recent years, the initiative known as California Advancing and Innovating Medi-Cal (CalAIM) was introduced to improve health outcomes for Medi-Cal enrollees, including those with complex health and behavioral health needs. A key component of CalAIM is the Prerelease/In-reach Care initiative, which allows Medi-Cal to provide limited services to incarcerated individuals for up to 90 days before their release.

While CalAIM seeks to improve outcomes for justice-involved individuals and focuses on a limited set of Medi-Cal services in the 90 days before release, AB 1387 ensures continuous behavioral health assessment and treatment from the start of incarceration through release. Unlike CalAIM's traditional service model, AB 1387 facilitates real-time, legally compliant information sharing between behavioral health and correctional staff, ensuring timely

interventions and more effective treatment. Additionally, this proposal grants local control to counties, allowing them to tailor services beyond Medi-Cal eligibility constraints.

Arguments in Opposition

None submitted.

FISCAL COMMENTS

According to the Assembly Appropriations Committee, "No significant state costs."

VOTES

ASM PUBLIC SAFETY: 9-0-0

YES: Schultz, Alanis, Mark González, Haney, Harabedian, Lackey, Nguyen, Ramos, Sharp-Collins

ASM PRIVACY AND CONSUMER PROTECTION: 13-0-2

YES: Bauer-Kahan, Bennett, Bryan, Flora, Irwin, Lowenthal, Ortega, Patterson, Pellerin, Petrie-Norris, Ward, Wicks, Wilson

ABS, ABST OR NV: Dixon, DeMaio

ASM APPROPRIATIONS: 15-0-0

YES: Wicks, Sanchez, Arambula, Calderon, Caloza, Dixon, Elhawary, Fong, Mark González, Hart, Pacheco, Pellerin, Solache, Ta, Tangipa

ASSEMBLY FLOOR: 76-0-3

YES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Jackson, Kalra, Krell, Lackey, Lee, Lowenthal, Macedo, McKinnor, Muratsuchi, Ortega, Pacheco, Papan, Patel, Patterson, Pellerin, Petrie-Norris, Quirk-Silva, Ramos, Ransom, Celeste Rodriguez, Michelle Rodriguez, Rogers, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas

ABS, ABST OR NV: Bennett, Jeff Gonzalez, Nguyen

SENATE FLOOR: 35-0-5

YES: Allen, Archuleta, Arreguín, Ashby, Blakespear, Cabaldon, Caballero, Cervantes, Choi, Cortese, Dahle, Durazo, Gonzalez, Grayson, Grove, Hurtado, Jones, Laird, Limón, McGuire, McNERney, Menjivar, Niello, Ochoa Bogh, Pérez, Richardson, Rubio, Seyarto, Smallwood-Cuevas, Stern, Strickland, Valladares, Wahab, Weber Pierson, Wiener

ABS, ABST OR NV: Alvarado-Gil, Becker, Padilla, Reyes, Umberg

UPDATED

VERSION: August 20, 2025

CONSULTANT: Kimberly Horiuchi / PUB. S. / (916) 319-3744

FN: 0001440