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AB-268 Board of State and Community Corrections. (2023-2024)

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Date Published: 10/04/2023 09:00 PM

Assembly Bill No. 268

CHAPTER 298

An act to amend Section 6025 of, and to add Article 7 (commencing with Section 6048) to Chapter 5 of Title 7 of Part 3 of, the Penal Code, relating to the Board of State and Community Corrections.

[Approved by Governor October 04, 2023. Filed with Secretary of State October 04, 2023.]

LEGISLATIVE COUNSEL'S DIGEST

AB 268, Weber. Board of State and Community Corrections.

Existing law establishes and regulates the state prison for the confinement of persons convicted of certain felony offenses. Existing law also regulates county jails used for the confinement of persons awaiting trial and persons convicted of misdemeanors and certain felony offenses.

Existing law establishes the Board of State and Community Corrections to provide statewide leadership, coordination, and technical assistance to promote effective state and local efforts and partnerships in California's adult and juvenile criminal justice system. The duties of the board, among others, include establishing standards for local correctional facilities and correctional officers.

Under existing law, the board is composed of 13 members, as specified.

This bill would, commencing July 1, 2024, add 2 additional members to the board, a licensed health care provider and a licensed mental or behavioral health care provider, appointed by the Governor and subject to confirmation by the Senate.

The bill would also, commencing July 1, 2024, require the board to develop and adopt regulations pertaining to standards of care for incarcerated persons with mental health issues by local correctional facilities, including requirements for training of correctional staff, requirements for mental health screening, and requirements for safety checks of incarcerated persons.

Vote: majority Appropriation: no Fiscal Committee: yes Local Program: no

THE PEOPLE OF THE STATE OF CALIFORNIA DO ENACT AS FOLLOWS:

SECTION 1. The Legislature finds and declares all of the following:

(a) Standards of care for incarcerated persons should be adequate and consistent across the state.

(b) Clinical decisions and actions regarding medical and mental health care provided to incarcerated persons to meet their serious medical and mental health needs should solely be the responsibility of qualified medical and mental health professionals without interference from other personnel, unless there is an immediate risk to life or security.

(c) The delivery of medical and mental health care should be a collaborative effort between medical and mental health, correctional, and administrative staffs, and is best achieved through cooperation among each of these entities.

(d) Correctional officers should have adequate training to recognize when it is necessary to refer an incarcerated person to a medical or mental health care professional.

(e) Correctional officers assigned to special mental health housing areas and those performing screening, medication administration, or health care liaison functions need preservice training and routine refresher training in the recognition and management of inmates with significant mental illness.

SEC. 2. Section 6025 of the Penal Code is amended to read:

6025. (a) Commencing July 1, 2012, the Board of State and Community Corrections shall be composed of 12 members, as follows:

(1) The Chair of the Board of State and Community Corrections, who shall be the Secretary of the Department of Corrections and Rehabilitation.

(2) The Director of the Division of Adult Parole Operations for the Department of Corrections and Rehabilitation.

(3) A county sheriff in charge of a local detention facility which has a Corrections Standards Authority rated capacity of 200 or fewer inmates, appointed by the Governor, subject to Senate confirmation.

(4) A county sheriff in charge of a local detention facility which has a Corrections Standards Authority rated capacity of over 200 inmates, appointed by the Governor, subject to Senate confirmation.

(5) A county supervisor or county administrative officer. This member shall be appointed by the Governor, subject to Senate confirmation.

(6) A chief probation officer from a county with a population over 200,000, appointed by the Governor, subject to Senate confirmation.

(7) A chief probation officer from a county with a population under 200,000, appointed by the Governor, subject to Senate confirmation.

(8) A judge appointed by the Judicial Council of California.

(9) A chief of police, appointed by the Governor, subject to Senate confirmation.

(10) A community provider of rehabilitative treatment or services for adult offenders, appointed by the Speaker of the Assembly.

(11) A community provider or advocate with expertise in effective programs, policies, and treatment of at-risk youth and juvenile offenders, appointed by the Senate Committee on Rules.

(12) A public member, appointed by the Governor, subject to Senate confirmation.

(b) Commencing July 1, 2013, the Board of State and Community Corrections shall be composed of 13 members, as follows:

(1) The Chair of the Board of State and Community Corrections, who shall be appointed by the Governor, subject to Senate confirmation.

(2) The Secretary of the Department of Corrections and Rehabilitation.

(3) The Director of the Division of Adult Parole Operations for the Department of Corrections and Rehabilitation.

(4) The individuals listed in paragraphs (3) to (12), inclusive, of subdivision (a), who shall serve or continue to serve terms as provided in subdivision (e).

(c) Commencing July 1, 2024, the Board of State and Community Corrections shall be composed of 15 members, as follows:

(1) The individuals described in subdivision (b), who shall serve or continue to serve terms as provided in subdivision (e).

(2) A licensed health care provider, appointed by the Governor, subject to Senate confirmation.

(3) A licensed mental or behavioral health care provider, appointed by the Governor, subject to Senate confirmation.

(d) The Chair of the Board of State and Community Corrections shall serve full time.

(e) Members shall hold office for terms of three years, each term to commence on the expiration date of the predecessor. Any appointment to a vacancy that occurs for any reason other than expiration of the term shall be for the remainder of the unexpired term. Members are eligible for reappointment.

(f) The board shall select a vice chairperson from among its members, who shall be either a chief probation officer or a sheriff. Seven members of the board shall constitute a quorum.

(g) When the board is hearing charges against any member, the individual concerned shall not sit as a member of the board for the period of hearing of charges and the determination of recommendations to the Governor.

(h) If any appointed member is not in attendance for three meetings in any calendar year, the board shall inform the appointing authority, which may remove that member and make a new appointment, as provided in this section, for the remainder of the term.

SEC. 3. Article 7 (commencing with Section 6048) is added to Chapter 5 of Title 7 of Part 3 of the Penal Code, to read:

Article 7. Standards for Mental Health Care in Local Correctional Facilities

6048. Commencing July 1, 2024, the board shall develop and adopt regulations setting minimum standards for mental health care at local correctional facilities that meet or exceed the standards for health services in jails established by the National Commission on Correctional Health Care, as follows:

(a) Safety checks of incarcerated persons shall be sufficiently detailed to determine the safety and well-being of the incarcerated person, and that they are not in distress. This determination shall not require facility staff to disturb or wake incarcerated persons during sleeping hours.

(b) Correctional officers shall be certified in cardiopulmonary resuscitation (CPR) and shall be required, when safe and appropriate to do so, to begin CPR on a nonresponsive person without obtaining approval from supervisors or medical staff.

(c) Jail supervisors shall be required to conduct random audits of safety checks which shall include a review of logs and video footage, if available, to ensure that safety checks are properly performed.

(d) In-service training of correctional officers shall include no fewer than four hours of training on mental and behavioral health annually. Training requirements prescribed in this subdivision shall be developed by Board of State and Community Corrections standards of training for corrections.

(e) Mental health screening or evaluation conducted at booking or intake shall be conducted by a qualified mental health care professional, if available. Mental health screening or evaluation that is conducted by anybody other than a qualified mental health care professional shall be reviewed by a qualified mental health care professional as soon as reasonably practicable.

(f) Jail staff shall review the medical and mental health history and the county electronic health record, if available, of any person booked or transferred into the jail to determine any history of mental health issues.

6048.5. As used in this article, "qualified mental health care professional" means a physician, physician assistant, nurse, nurse practitioner, psychologist licensed by the Board of Psychology, registered psychologist, postdoctoral psychological assistant, postdoctoral psychology trainee employed in an exempt setting pursuant to Section 2910 of the Business and Professions Code or employed pursuant to a State Department of Health Care Services waiver pursuant to Section 5751.2 of the Welfare and Institutions Code, marriage and family therapist, associate marriage and family therapist, licensed clinical social worker, associate clinical social worker, licensed professional clinical counselor, associate professional clinical counselor, or other person who, by virtue of their credentials, is permitted by law to evaluate and care for patients, and who, by virtue of their credentialing, or in addition to their credentialing, has received instruction, training, or expertise in identifying and interacting with persons in need of mental health services.