

California Behavioral Health Planning Council

Legislation and Public Policy Committee Agenda

Wednesday, June 17, 2026

1:30 p.m. to 5:00 p.m.

[Marriott Riverside at the Convention Center](#)

3400 Market Street,
Riverside, CA 92501
Embassy Room

[Zoom Meeting Link](#)

Meeting ID: 989 8698 2392

Passcode: 143112

Join by phone: 1-669-900-6833

Passcode: 143112

- 1:30 p.m.** **Welcome, Introductions, and Housekeeping**
Javier Moreno, Chairperson and Maydy Lo, Council Staff
- 1:35 p.m.** **Review and Accept April 2026 and May 2026 Meeting Minutes (Action)** **Tab 1**
Javier Moreno, Chairperson
- Committee Discussion
 - Public Comment
 - Accept Minutes
- 1:40 p.m.** **CBHPC Legislative Positions List** **Tab 2**
Maydy Lo, Council Staff and All LPPC Members
- 1:45 p.m.** **Consent Agenda (Action)** **Tab 3**
Maydy Lo, Council Staff and All LPPC Members
- 1:50 p.m.** **Assembly Bill 1556 (Action)** **Tab 4**
Barbara Mitchell, Council Member
- Committee Discussion
 - Public Comment
 - Roll Call Vote
- 2:10 p.m.** **Assembly Bill 1899 Presentation** **Tab 5**
Office of Assemblymember Jessica M. Caloza (Invited)
- Presentation (20 minutes)
 - Committee Question-and-Answer (10 minutes)
- 2:40 p.m.** **Break**

If reasonable accommodations are required, please contact the Council at (916) 701-8211 at least 5 working days prior to the meeting date.

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- 2:50 p.m.** **Committee Discussion on Assembly Bill 1899 (Action)**
Javier Moreno, Chairperson and All LPPC Members
- Committee Discussion
 - Public Comment
 - Roll Call Vote
- 3:00 p.m.** **The Governor’s 2026-2027 California State Budget: May Revision** **Tab 6**
Gail Gronert, Director of Strategic Initiatives, County Behavioral Health Directors Association
- Presentation (20 minutes)
 - Committee Question-and-Answer (10 minutes)
- 3:30 p.m.** **Behavioral Health Provider Perspective on the Governor’s May Revision** **Tab 7**
Carli Stelzer, Senior Policy and Legislative Affairs Advisor, California Behavioral Health Association
- Presentation (15 minutes)
 - Committee Question-and-Answer (10 minutes)
- 3:55 p.m.** **Break**
- 4:05 p.m.** **Senate Bill 926 (Action)** **Tab 8**
Javier Moreno, Chairperson and All LPPC Members
- Committee Discussion
 - Public Comment
 - Roll Call Vote
- 4:20 p.m.** **Senate Bill 1401 (Action)** **Tab 9**
Patient Rights Committee Representative
- Committee Discussion
 - Public Comment
 - Roll Call Vote
- 4:30 p.m.** **Assembly Bill 1825 (Action)** **Tab 10**
Javier Moreno, Chairperson and All LPPC Members
- Committee Discussion
 - Public Comment
 - Roll Call Vote
- 4:40 p.m.** **General Public Comment**
Members of the public can comment on any non-action agenda item that did not have public comment or any other general item.
- 4:50 p.m.** **Meeting Wrap-Up and Next Steps**
Javier Moreno, Chairperson

If reasonable accommodations are required, please contact the Council at (916) 701-8211 at least 5 working days prior to the meeting date.

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5:00 p.m. Adjourn

All agenda items are subject to action.

The scheduled times on the agenda are estimates and subject to change.

Public Comment: Limited to a **2-minute maximum** to ensure all are heard.

Committee Members

Chairperson: Javier Moreno

Chair-Elect: Deborah Starkey

Amanda Andrews, Karen Baylor, Jason L. Bradley, Monica Caffey, Erin Franco, Ian Kemmer, Barbara Mitchell, Catherine Moore, Noel O'Neill, Liz Oseguera, Danielle Sena, Karrie Sequeira, Daphne Shaw, Tony Vartan, Susan Wilson, Milan Zavala, Uma Zykofsky

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TAB 1

**California Behavioral Health Planning Council
Legislation and Public Policy Committee**

Wednesday, June 17, 2026

Agenda Item: Review and Accept April 2026 and May 2026 Meeting Minutes (Action)

Enclosures: April 2026 Draft Meeting Minutes

May 2026 Draft Meeting Minutes

Background/Description:

Committee members will have the opportunity to review the draft minutes, ask questions, request edits, and provide other feedback before the minutes are accepted.

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Legislation and Public Policy Committee Quarterly Meeting

April 15, 2026
Meeting Minutes
DRAFT

Members Present:

Javier Moreno, Chairperson	Deborah Starkey, Chair-Elect
Karen Baylor*	Liz Oseguera*
Monica Caffey	Danielle Sena
Erin Franco	Daphne Shaw
Ian Kemmer	Tony Vartan
Barbara Mitchell	Susan Wilson
Catherine Moore	Uma Zykofofsy
Noel O'Neill	

Staff Present: Jenny Bayardo, Maydy Lo, Naomi Ramirez

* = *Virtual Attendance*

Agenda Item: **Welcome, Introductions, and Review and Accept January 2026 Meeting Minutes (Action)**

Chairperson Javier Moreno called the meeting to order and welcomed Council Members and attendees. Council Members, Council staff, and attendees were invited to introduce themselves. A quorum was established with 15 of 20 members present.

The draft meeting minutes for the January 2026 Quarterly Meeting were accepted with no revisions.

Agenda Item: **Assembly Bill 2161 (Action)**

Assemblymember Mia Bonta was unable to present to the Committee on Assembly Bill (AB) 2161, which aims to update California's Medi-Cal statutes to align with federal Medicaid changes enacted under the House of Representatives (H.R.) 1 bill. AB 2161 would shift Medi-Cal redeterminations to a six-month cycle and establish a state process for implementing federal work and community engagement requirements for identified Medi-Cal populations.

Although the author was not available, the Committee proceeded with a discussion of the bill. Committee members expressed the following points:

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- Additional assistance should be made available to beneficiaries completing required recertification documents online as they may encounter errors such as submitting incorrect information or uploading the wrong documents, which could result in inappropriate denials or lapses in coverage. Safeguards should also be established to prevent interruptions caused by administrative mistakes.
- It is important to establish safety-net measures and contingency plans.
- There is a need for a clear and accessible method for beneficiaries recertifying by telephone to provide a valid signature, ensuring compliance without adding barriers.
- Applying for exemptions for beneficiaries with behavioral health conditions may be challenging if individuals do not agree that they meet an exempted category under new requirements.
- Approximately 60 percent of the Medi-Cal expansion population is engaged in substance use disorder (SUD) treatment and may be at heightened risk of losing coverage under more frequent recertification requirements. The Affordable Care Act (ACA) expansion significantly increased access to services, including a substantial rise in SUD treatment admission rates, and remains critical to maintain.
- Many counties relied on ACA expansion funding to implement the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver, making coverage stability especially important for individuals with SUD needs.
- While AB 2161 may not resolve all structural issues, it does help establish a framework for addressing gaps that could contribute to interruptions in services as a result of H.R. 1, however, accessibility barriers should be proactively addressed to reduce the likelihood of coverage loss.

Motion: Barbara Mitchell made a motion to support AB 2161 and send recommendations to the author's office. Daphne Shaw seconded the motion.

Vote: A roll call vote was taken. The motion passed with 14 members voting "Yes". Tony Vartan abstained.

Designated Priority Tier: The bill was assigned as a high priority (tier 1) bill.

Public Comment:

Stacy Dalgleish expressed appreciation that the Committee is taking time to thoughtfully consider the bill and shared that she has repeatedly asked her department about their plans to address and support beneficiaries who may lose coverage. She noted that she is consistently told that beneficiaries with behavioral health conditions will not have work requirements, although she is concerned that some will. She encouraged the Committee to educate and inform counties and remain vigilant in addressing the risks of beneficiaries losing coverage.

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Agenda Item: Consent Agenda (Action)

The committee reviewed the Consent Agenda which outlined the following proposed positions and bills:

- Position: **SUPPORT**
 - Assembly Bill 1970 (Harabedian): Health care coverage: mental health or substance use disorders.
 - Assembly Bill 2352 (Valencia): Medi-Cal providers: nonprofit public benefit corporations.
 - Assembly Bill 2460 (Rodriguez, Celeste): Pupil Health: mental health framework.
 - Senate Bill 903 (Padilla): Mental health professionals: artificial intelligence.
 - Senate Concurrent Resolution 145 (Weber Pierson): Mental Health Peer Appreciation Week
- Position: **OPPOSE**
 - Senate Bill 490 (Umberg): Alcohol and drug programs.

Motion: Susan Wilson made a motion to approve the Consent Agenda. Uma Zykofsky seconded the motion.

Vote: A roll call vote was taken. The motion unanimously passed.

Public Comment: There were no public comments.

Committee members also recommended improving the formatting of the Consent Agenda and meeting tab, including clarifying the number of fact sheets provided compared to the total number of bills on the Consent Agenda, and ensuring that the proposed positions for the bills are clearly indicated.

Agenda Item: Pending Legislation Discussion (Action)

Due to time constraints, the Committee was only able to discuss some of the listed bills on the Pending Legislative Positions Chart.

Assembly Bill 46 (Nguyen)

The Committee discussed Assembly Bill (AB) 46 (Nguyen) which seeks to remove the super strike limitation from the diversion denial standard and allows courts to deny diversion when a defendant poses a public safety risk.

Committee members expressed the following points during the discussion:

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- The bill would limit behavioral health departments' ability to conduct clinical assessments. They emphasized the importance of ensuring that individuals are clinically evaluated to determine whether they meet the criteria for mental health diversion and noted that shifting decision-making authority from clinicians to district attorneys or other non-clinical actors could be problematic.
- Some individuals may be misusing the mental health diversion program to prolong legal proceedings and delay or avoid incarceration.

Motion: Ian Kemmer made a motion to oppose AB 46. Tony Vartan seconded the motion.

Vote: A roll call vote was taken. The motion passed with 11 members voting "Yes". Liz Oseguera abstained. Erin Franco and Barbara Mitchell voted "No". Karen Baylor was not present during the roll call vote, therefore, did not vote.

Designated Priority Tier: The bill was not assigned a tier.

Public Comment: There were no public comments.

Senate Bill 1221 (Stern)

Council Member, Daphne Shaw, shared that the Patient Rights Committee discussed Senate Bill (SB) 1221 (Stern), which seeks to prioritize the placement of Murphy conservatees by the Department of State Hospitals over other Lanterman-Petris-Short Act conservatees. The bill would also designate the District Attorney as the public safety and victim representative, giving the District Attorney a formal role in commitment and placement decisions for individuals subject to a Murphy Conservatorship. Daphne shared that after review and discussion, the Patient Rights Committee recommended an oppose position on the bill.

Motion: Daphne Shaw made a motion to oppose SB 1221. Susan Wilson seconded the motion.

Vote: A roll call vote was taken. The motion passed with 13 members voting "Yes". Erin Franco abstained. Catherine Moore voted "No".

Designated Priority Tier: The bill was assigned as a high priority (tier 1) bill.

Public Comment: There were no public comments.

Agenda Item: Assembly Bill 1540: Implementation Framework

Kyle Johnson, Legislative Assistant from Assemblymember Mark Gonzalez's office, provided an overview of the recent amendments to the bill. Bridget McCarthy, Public Policy Chair for the American Foundation for Suicide Prevention and the primary witness during the bill hearings, also offered personal testimony underscoring the need

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for the legislation. Bridget shared that her son died by suicide in September 2020, two weeks after his sixteenth birthday, and explained that during his crisis he had reached out for connection from a friend but did not receive the help he needed.

Bridget also highlighted that suicide is the second leading cause of death for children and youth in California, and that suicide attempt rates for transgender youth are three times higher than those of their peers.

Kyle explained that the bill had been substantially revised through recent amendments. Under the updated language, the state would submit a request to the federal government to authorize a distinct crisis line for Lesbian, Gay, Bisexual, Transgender, Queer, plus (LGBTQ+) youth. He noted that there is precedent for this request, citing the State of Washington's "press 4" option for a crisis hotline specifically serving Native and Indigenous communities.

The Committee subsequently engaged in a question-and-answer with Kyle. Some of the key discussion points, responses, and additional information included:

- The recent amendments reflect the practical reality that federal approval is required to reinstate the distinct hotline option.
- There is no predetermined organization that would automatically be contracted to implement the bill. Instead, a competitive Request for Proposals (RFP) process would occur, and any selected entity would be required to become a 988 center to qualify for state funding
- The Trevor Project previously answered approximately 50 percent of all national calls made to the LGBTQ+ crisis line. During the three years that the "press 3" option was active, an estimated 1.5 million contacts were made through calls, texts, and chats, with the Trevor Project being one of seven participating providers.
- The Trevor Project estimated that roughly 10 percent of all "press 3" contacts originated from California. Based on that call volume, they projected that serving California's share would cost approximately \$2.5 million.
- Kyle noted that the implementation timelines outlined in the bill may be adjusted depending on whether additional time for technical assistance will be allowed.

Agenda Item: Assembly Bill 2003 (Action)

Dani Fischer, Chief of Legislative and External Affairs and Katie McKenzie, Health Program Specialist II, at the Commission for Behavioral Health (Commission) as well as Ellon Hou Green, Legislative Director from Assemblymember Marc Berman's office, presented Assembly Bill (AB) 2003 to the committee. This bill, sponsored by the Commission, would require the them, in consultation with the California Department of Education and the California Department of Public Health, to develop a free, permanent statewide online suicide prevention training program for students ages 13 and older,

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kindergarten to twelfth grade school staff including teachers, counselors, administrators, and parents.

The presenters explained that the bill also requires schools already conducting suicide-risk screenings to annually report two data points to the California Department of Education: (1) the number of students screened, and (2) which screening tool was used. This reporting requirement is intended to help the state better understand local practices and identify statewide trends. The bill includes an urgency clause to allow for immediate implementation in response to the ongoing youth mental health crisis.

Ellen outlined the need for the bill, noting that suicide is the second leading cause of death among California youth ages 10–25, with rates continuing to rise over the past two decades. She emphasized that schools are uniquely positioned to support students because of the amount of time young people spend there.

Katie highlighted that the required training will be evidence-based, trauma-informed, and culturally and linguistically competent. It would also align with the California Department of Education's model pupil suicide prevention policies and address the needs of high-risk populations. She noted a key improvement which is that parents and caregivers would be included in the access to the training, addressing a gap identified in previous statewide efforts.

Dani discussed the importance of collecting consistent data, noting that many schools already conduct suicide-risk screenings, but the state currently lacks a statewide picture, making it difficult to compare or assess local practices. The bill does not require schools to conduct screenings; it only requires reporting from schools that already do so. She also noted that the training platform would be able to track aggregate statewide usage and assess knowledge gained before and after training.

The presenters explained that the bill supports equity by ensuring training is accessible, culturally responsive, and attentive to populations disproportionately affected by suicide, including Lesbian, Gay, Bisexual, Transgender, Queer, plus (LGBTQ+) youth, students of color, and youth experiencing homelessness.

They also shared outcomes from the previous statewide free training program, which operated from 2020 to 2024 and reached more than 20,000 students and staff. Evaluation results showed that 98 percent of staff and 95 percent of students reported feeling confident in helping someone who might be considering suicide, and 96 percent of students reported knowing how to access resources. That program expired in 2024, leaving the state without a free, standardized option.

Finally, the presenters stated that the Commission would use existing Behavioral Health Student Services Act administrative funds to develop and implement the statewide training, meaning no new appropriations would be required.

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Following the presentation, the Committee engaged in a question-and-answer discussion with the presenters. Some of the key discussion points, responses, and additional information included:

- The presenters clarified that the training program would not be entirely rebuilt; instead, the Commission anticipates collaborating with the previous training developer to implement the bill's requirements.
- Schools and districts that conduct suicide-risk screenings would be required to publicly share the two reported data points each year.
- The training program is a voluntary resource rather than a mandate. Only students aged 13 and older may participate, but teachers, parents, and caregivers of younger children may complete the training.
- The presenters shared that in conversations with the California Department of Education, they expressed that the cost of collecting and compiling the required data is expected to be minimal and absorbable within existing resources and would not require additional funding or staffing.

Motion: Tony Vartan made a motion to support AB 2003. Susan Wilson seconded the motion.

Vote: A roll call vote was taken. The motion passed with 13 members voting "Yes". Erin Franco and Barbara Mitchell abstained.

Designated Priority Tier: The bill was assigned as a medium priority (tier 2) bill.

Public Comment: There were no public comments.

Agenda Item: Review Policy Priorities for 2026

The committee did not have sufficient time to address this agenda item.

**Agenda Item: Senator Catherine Blakespear: Senate Bill 936 and 2026
Legislative Package (Action)**

Senate Bill 936

Senator Catherine Blakespear presented to the Committee on Senate Bill (SB) 936, which seeks to prohibit the public retail sale of nitrous oxide (laughing gas or N₂O) tanks or canisters larger than the standard 8-gram size. The bill includes limited exemptions for medical, dental, culinary, and automotive applications.

The Senator explained that nitrous oxide, also commonly referred to as "Whippets", is increasingly being abused by youth. The canisters are widely accessible and easy to

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obtain, contributing to misuse. She noted that the bill aims to ban the retail sale of larger canisters due to their illicit use. Nitrous oxide is a colorless, odorless gas, and its addictive potential has been compared to that of crack cocaine. Its rising popularity as a recreational drug poses significant public safety and waste-management concerns.

The Senator highlighted that improper inhalation of nitrous oxide can cause dizziness, impaired brain function, loss of motor control, asphyxia, and even death. Repeated exposure has been linked to long-term neurological damage. Nitrous oxide inactivates vitamin B-12, disrupting key metabolic pathways necessary for normal nerve function. This disruption can cause symptoms ranging from short-lived euphoria to numbness, weakness, difficulty walking, spinal cord injuries, cognitive changes, and psychiatric symptoms. The Senator also emphasized that emergency room visits related to nitrous oxide use increased by 246 percent from 2018 to 2023.

The Senator noted that several cities and counties, including Orange County, Costa Mesa, and Newport Beach, have already begun regulating and restricting the retail sale of large nitrous oxide tanks. SB 936 builds upon these local efforts by establishing a statewide standard. The bill does not target small 8-gram “whippet” canisters due to the significant impact such restrictions would have on small businesses, such as coffee shops, that rely on them for legitimate purposes.

Following the presentation of SB 936, the Committee engaged in a question-and-answer discussion with the Senator. Some of the key discussion points, responses, and additional information included:

- The bill would ban retail sales both in physical storefronts and online, though the Senator acknowledged that enforcement of online sales may pose challenges.
- Breathalyzers cannot detect nitrous oxide, making it difficult for law enforcement to identify individuals impaired by its use.
- Several other states have passed similar legislation restricting access to nitrous oxide.

Motion: Erin Franco made a motion to support SB 936. Noel O'Neill seconded the motion.

Vote: A roll call vote was taken. The motion unanimously passed.

Designated Priority Tier: The bill was assigned as a medium priority (tier 2) bill.

Public Comment:

Tom Renfree at the California Association of Alcohol and Drug Program Executives (CAADPE) stated that CAADPE is in support of the bill.

2026 Legislative Package: Behavioral Health Bills

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The Senator also provided a brief overview of two behavioral health bills in her legislative package: Senate Bill (SB) 989 and Senate Bill (SB) 1016.

Sponsored by the California Professional Firefighters, SB 989 would allow first responders to request that county behavioral health agencies file a petition on their behalf to initiate the Community Assistance, Recovery, and Empowerment (CARE) Court process. The Senator explained that when firefighters encounter individuals who may benefit from CARE Court, they currently must navigate a complex court-filing process, obtain sensitive medical records, and appear in court which they are often unable to perform. SB 989 would create a standardized referral form, provide clear guidance for first responders, and establish data-reporting requirements to improve transparency and program performance. The intent of the bill is to reduce administrative barriers for first responders, align responsibilities with appropriate expertise, and create a more accessible pathway for referring individuals who repeatedly come to the attention of emergency personnel.

SB 1016 would allow petitioners of a CARE Act petition to request that the court order a mental health evaluation under the Lanterman-Petris-Short (LPS) Act when the petitioner believes that the individual may be unwilling or unable to participate in the CARE process, a CARE plan, or a CARE agreement due to the severity of their mental disorder or a lack of insight into their condition.

The committee engaged in a question-and-answer discussion with the Senator about the two additional bills. Some of the key discussion points, responses, and additional information included:

- Petitioners would submit requests directly to the court to authorize a judge to order a mental health evaluation.
- The Senator highlighted that individuals are falling out of the CARE Act due to conditions too severe for participation, resulting in people exiting the program and returning to the streets.
- Some counties are reportedly using CARE Act processes to exit individuals from conservatorship by stepping them down to lower levels of care.
- Members raised concerns regarding patient rights, noting that the bills may shift authority away from clinical assessments toward judicial determination.
- The Senator expressed interest in having a deeper conversation with the Committee to receive recommendations that would help make both bills more implementable.

Agenda Item: CBHPC Legislative Positions List (Action)

Maydy Lo, Council Staff, provided an overview of advocacy activities completed since the January 2026 meeting. Maydy reported that an updated position letter was submitted to the author for Assembly Bill 96 (Jackson) and two support letters were

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submitted to the Legislature for Assembly Bill 1540 (Gonzalez). In addition, the Council signed onto a coalition letter in support of Assembly Bill 1626 (Gabriel).

Agenda Item: General Public Comment

There were no public comments.

Agenda Item: Meeting Wrap-up, Next Steps, and Adjourn

In closing, the Committee acknowledged the challenges related to reviewing the proposed legislation for consideration and expressed continued efforts to improve the process. The Committee also discussed positioning the Council as a key resource and partner for legislative offices and increasing engagement with legislators through more frequent outreach and guest speaker invitations.

The Committee expressed the need to hold an in-between meeting to discuss the remaining bills on the Pending Legislative Positions Chart. Council staff will work with the committee to schedule an in-between meeting prior to the June 2026 Quarterly Meeting.

The meeting adjourned at 4:20 p.m.

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Legislation and Public Policy Committee In-Between Meeting

May 20, 2026
Meeting Minutes
DRAFT

Members Present:

Javier Moreno, Chairperson

Karen Baylor	Daphne Shaw
Erin Franco	Susan Wilson
Barbara Mitchell	Milan Zavala
Noel O'Neill	Uma Zykofksy
Liz Oseguera	

Staff Present: Jenny Bayardo, Maydy Lo, Naomi Ramirez

Agenda Item: Welcome and Introductions

Chairperson Javier Moreno called the meeting to order and welcomed Council Members and attendees. A quorum was established with 10 of 19 members present.

Agenda Item: Legislative Prioritization

Chairperson Javier Moreno emphasized the need for the committee to concentrate on bills that align with the Policy Priorities for 2026 and the Council Focus for 2026. Given the large volume of behavioral health bills during the legislative session, the committee will prioritize those that directly support these guiding documents. As time permits, additional bills that fall outside of these priorities may be incorporated. Javier also noted that future meetings would no longer include an overly large list of bills for the committee to consider, as the committee intends to narrow the list to a more manageable set of bills for intentional review.

Javier also highlighted that for bills that do not align with either guiding document but still significantly affect the public behavioral health system, In-Between Meetings may be used to discuss their importance and determine whether they should be placed on the agenda for the next quarterly meeting. These meetings can also be used to begin shaping the upcoming agenda.

Executive Officer Jenny Bayardo further explained that focusing on a smaller, more strategic list of bills will allow the committee to have greater impact. Chairs will identify

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which bills require the committee's attention. As meetings progress, staff and members who become aware of bills not already identified should bring them forward so the Chairs can determine whether they align with the Policy Priorities for 2026 and the Council Focus for 2026.

Council Staff Maydy Lo also reviewed the Policy Priorities for 2026 with the committee, outlining the priorities that the committee suggested for the year.

The committee provided other recommendations to improve the process:

- Develop a document or other method where committee members can submit bills for consideration in advance of meetings.
- Ensure that equity and inclusion are incorporated into the process of selecting bills.

Additionally, committee members asked about the Council's Policy Platform and how it will continue to be used. Jenny explained that the Policy Platform will remain a resource for identifying bills the Council has historically tracked or taken positions on. While most areas of the Policy Platform are reflected in the Policy Priorities for 2026 and the Council Focus for 2026, any bill that does not align with these documents, but does fall within the Policy Platform, will be brought to the Chairpersons for further discussion.

Agenda Item: Proposed Legislation for Committee Consideration (Action)

Due to time constraints, the Committee was only able to discuss some of the listed bills on the Pending Legislative Positions Chart.

Senate Bill 989 (Blakespear)

The committee discussed Senate Bill (SB) 989 (Blakespear) which would allow first responders to request county behavioral health agencies to file a petition to commence the Community Assistance, Recovery, and Empowerment (CARE) Act process to assess a person's eligibility. It would also require the requested county behavioral health agency to complete a review of the request within 30 days and determine whether to file a petition. Additionally, county behavioral health agencies would be required to provide the requesting first responder with an update about the outcome of the request.

Committee members expressed the following points during the discussion:

- The bill would expand involuntary treatment of individuals.
- It would place additional responsibilities on counties, who are already overwhelmed, including filing the petition on behalf of the firefighter and notifying the first responder of the outcome.

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Motion: Daphne Shaw made a motion to oppose SB 989. Susan Wilson seconded the motion.

Vote: A roll call vote was taken. The motion passed with 6 members voting “Yes”. Erin Franco, Javier Moreno, Noel O’Neill, and Milan Zavala abstained.

Designated Priority Tier: The bill was assigned as a high priority (tier 1) bill.

Public Comment: There were no public comments.

Senate Bill 1016 (Blakespear)

The Committee discussed Senate Bill (SB) 1016 (Blakespear) would, among other things, authorize a petitioner of a Community Assistance, Recovery, and Empowerment (CARE) Act petition to request that the court order a mental health evaluation under the Lanterman-Petris-Short (LPS) Act if the petitioner believes that the person may not be willing or able to participate in the CARE process and a CARE plan or CARE agreement due to the severity of their mental disorder or lack of insight into their mental disorder, and would require the Judicial Council to include on the mandatory petition form an option for the petitioner to request that evaluation.

Committee members expressed the following points during the discussion:

- It would expand a great deal the number of 5150s that will process that will have to occur
- CARE has not been implemented long enough to allow for a thorough evaluation, yet the bill proposes significant changes. These changes would shift the philosophy and parameters of how care is delivered within community systems before the current model has been fully assessed.
- It also takes away significant rights from individuals to choose treatment from the community system.
- It would reduce engagement and hinder efforts made to connect people with treatment and services.
- Many individuals are unaware that they have a serious mental health condition, particularly those living with schizophrenia, who may lack insight into their condition. Because their experiences feel normal to them, they often do not seek treatment voluntarily. It is therefore essential for others to help connect them with the care and treatment needed to support their safety and well-being.

Motion: Daphne Shaw made a motion to oppose SB 1016. Susan Wilson seconded the motion.

Vote: A roll call vote was taken. The motion passed with 7 members voting “Yes”. Liz Oseguera and Milan Zavala abstained. Erin Franco voted “No”.

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Designated Priority Tier: The bill was assigned as a high priority (tier 1) bill.

Public Comment: There were no public comments.

Assembly Bill 1556 (Haney)

The committee discussed Assembly Bill (AB) 1556 (Haney) which would require a recovery residence, defined as a residence that, among other things, satisfies the core components of Housing First as described above, to meet specified requirements in order to be eligible for state funding, including that residency is initiated by the resident and the resident is additionally offered at least one harm-reduction housing placement option, relapse is not cause for eviction and residents receive relapse support.

Committee members expressed the following points during the discussion:

- The concerns with this bill appear to stem from the state's current guidance, so the Housing and Homelessness Committee will re-examine the California Interagency Council on Homelessness (Cal ICH) guidance and develop recommendations for modifications.
- Recovery Housing providers would be required to offer a transfer to another permanent housing or transitional housing option; however, members noted that it is unrealistic to transfer someone who is actively using substances into another recovery housing placement.
- Recovery Residences are not qualified to provide treatment and should not be placed in a position where they are expected to do so, as this could categorize them as unlicensed treatment facilities. This is an approach the Council has consistently opposed.
- For individuals in recovery housing who continue to use substances, members stated that they may be more appropriately placed in a residential treatment program, and referrals may be a more realistic option.
- Individuals who use substances offsite without creating disruptions for other residents should not be evicted solely for that reason; however, those who violate their lease agreements should be discharged from the recovery housing.
- Members expressed support for the overall concept of recovery residences, noting that the state is not funding the development or expansion of recovery housing options within the substance use disorder care system.

The committee did not have sufficient time to take a position on the bill.

Agenda Item: General Public Comment

There were no public comments.

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Agenda Item: Meeting Wrap-up, Next Steps, and Adjourn

The committee will continue discussions on the remaining bills and determine positions at the June Quarterly Meeting.

The meeting adjourned at 10:05 a.m.

California Behavioral Health Planning Council Legislation and Public Policy Committee

Wednesday, June 17, 2026

Agenda Item: CBHPC Legislative Positions List (Action)

Enclosures: [CBHPC May 2026 Legislative Positions List](#)

Assembly Bill 96 (Jackson) Support Letter to the Senate Health Committee

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

The Legislation and Public Policy Committee uses the Policy Platform and the annual Policy Priorities list to guide its legislative positions on behalf of the CBHPC. The annual Policy Priorities list was developed in alignment with the Council's 2026 Focus Areas. Together, these tools support the Council's advocacy efforts and help inform the public, the behavioral health community, and legislators about issues affecting individuals with Serious Mental Illness (SMI), Serious Emotional Disturbances (SED), and Substance Use Disorders (SUD).

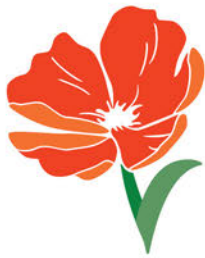
Background/Description:

The CBHPC Legislative Positions List outlines legislation that the Council has taken a position on during the 2025-2026 legislative session. Changes to the Legislative Positions List since the April 2026 Quarterly Meeting are outlined below:

- The committee held an In-Between Meeting on May 20, 2026, and took positions on the following bills:
 - Senate Bill 989 (Blakespear): Community Assistance, Recovery, and Empowerment (CARE) Court Program.
 - Position: Oppose
 - Senate Bill 1016 (Blakespear): Community Assistance, Recovery, and Empowerment (CARE) Court Program and court-ordered evaluations.
 - Position: Oppose
- The following bills have died:
 - Senate Bill 1221 (Stern): Lanterman-Petris-Short Act: conservatorships.

- Position Taken: Oppose
- Date Position Taken: 04/15/2026

During this agenda item, Council Staff Maydy Lo will provide updates on active bills, including advocacy activities since the April 2026 meeting. The committee may review amended bills, update priorities, and identify further advocacy actions when appropriate.



**California
Behavioral Health
Planning Council**

ADVOCACY • EVALUATION • INCLUSION

CHAIRPERSON
Tony Vartan

EXECUTIVE OFFICER
Jenny Bayardo

May 12, 2026

The Honorable Akilah Weber Pierson, Chair

Senate Health Committee

1021 O Street, Suite 7310

Sacramento, CA 95814

RE: Support for AB 96 – Mental health services: peer support specialist certification.

Dear Senator Weber Pierson:

On behalf of the California Behavioral Health Planning Council (CBHPC), I am writing to express our support for Assembly Bill (AB) 96 (Jackson).

The CBHPC serves as an advisory body to the Legislature and the Administration on behavioral health policies and priorities. Our diverse membership includes individuals with lived experience of serious mental illness and substance use disorders, family members, service providers, professionals, and representatives from state departments whose work intersects with California's behavioral health system. Their perspectives are essential to our evaluation of the public behavioral health system and shape the Council's recommendations.

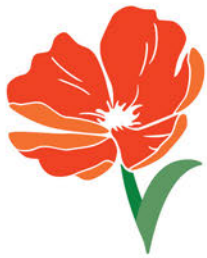
Under Welfare and Institutions Code §§ 5771 and 5772, the Council is responsible for advising the Legislature and Administration on mental health policy development, including education and training programs for mental health professionals and other workforce initiatives. The Council also provides input on the Five-Year Workforce Education and Training (WET) Plan, which includes strategies for peer workforce development. Additionally, Senate Bill 803, Section 14045.17, requires the Department of Health Care Services to engage the California Behavioral Health Planning Council in stakeholder input and consultation on the implementation of the peer certification bill. For this reason, the Council has been closely monitoring the implementation of Medi-Cal Peer Support Specialists Certification, engaging with stakeholders who have identified

ADDRESS
P.O. Box 997413
Sacramento, CA
95899-7413

PHONE
(916) 701-8211

FAX
(916) 319-8030

MS 2706



California Behavioral Health Planning Council

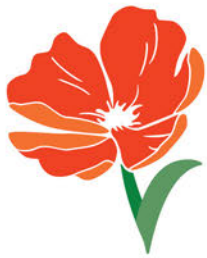
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the education requirement as an unnecessary barrier for persons with lived experience as consumers of specialty mental health services.

Federal guidance from the Centers for Medicare & Medicaid Services (CMS) confirms that there is no federal requirement for Certified Medi-Cal Peer Support Specialists (CMPSS) to hold a high school diploma or GED, and that states define provider qualifications. AB 96 seeks to remove the requirement that applicants for the CMPSS certification hold a high school diploma or equivalent in the State of California. This requirement is not essential to meeting state-defined core competencies for CMPSS. Removal of the education component expands access to qualified peers, advances equity for communities facing language and technology barriers, and bolsters the workforce amid persistent shortages.

Certified Medi-Cal Peer Support Specialists have invaluable lived experiences of behavioral health conditions that enable them to effectively support individuals with mental health and/or substance use disorders in their recovery. Their lived experience contributes to their credibility and fosters trust among community members, enabling meaningful engagement and collaboration. The Substance Abuse and Mental Health Services Administration (SAMHSA) released a Technical Assistance Brief for Peer Support Across the Crisis Continuum (2024), which highlights the role of peers in building trust and engagement during crisis and recovery by leveraging lived experience to improve outcomes for individuals with mental health and substance use disorders. A systematic review article from the American Journal of Preventive Medicine (2021) found significant improvements in social functioning, quality of life, and patient activation when peers were integrated into the behavioral health system. Additionally, a Peer Support Issue Brief from the American Hospital Association (2026) demonstrates that peer support reduces inpatient stays, improves engagement, and lowers costs while building trust through shared lived experience.

Amid the shortage of behavioral health professionals in California, Peer Support Specialists are instrumental in bridging service gaps and strengthening the behavioral health workforce by providing essential peer support services. SAMHSA's Peer Support Specialist Fact Sheet (2024) confirms that Peer Support Specialists are a rapidly expanding critical workforce segment that addresses the provider shortages as they provide much needed advocacy, mentoring, and system navigation. Additionally, the California Policy Brief on Workforce Shortages from the California Health Care Foundation (2024) recommends peer-to-peer programs as a solution to expand access and fill workforce shortage gaps.



California Behavioral Health Planning Council

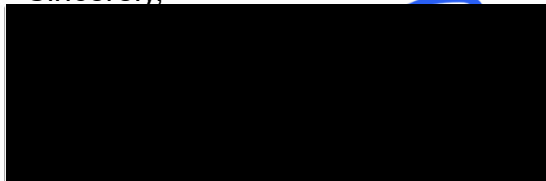
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While a high school diploma may be considered valuable in some contexts, it does not enhance Certified Medi-Cal Peer Support Specialists' ability to fulfill their role. We believe that community knowledge and lived experience are most important for these roles. This is consistent with the Medi-Cal Traditional Healers and Natural Helpers service model, which does not include an educational requirement. The Medi-Cal Peer Support Specialist Certification Program already requires rigorous standards, including completion of DHCS-approved training, successful passage of the California Mental Health Services Authority (CalMHSA) certification exam, and adherence to the DHCS Code of Ethics. CalMHSA's Core Competencies and Certification Guidelines also emphasize that lived experience and cultural competence are the foundation of effective peer support, enabling CMPSS to build trust, credibility, and meaningful engagement with individuals in recovery. These requirements encompass all essential core competencies, such as hope and recovery, person-driven care, cultural responsiveness, integrity and professionalism, and confidentiality and safety. These competencies, combined with ethical standards and exam-based validation, provide a robust framework for quality and accountability.

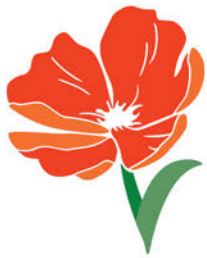
Requiring a high school diploma or equivalent does **not** add measurable value to peer roles; instead, it creates unnecessary barriers that exclude qualified individuals whose lived experience is their greatest asset. Aligning certification standards with the Medi-Cal Traditional Healers and Natural Helpers service model, which does not impose an educational requirement, will reduce barriers, promote equity, and ensure cultural responsiveness over academic credentials. Removing the high school diploma or equivalent requirement for Medi-Cal Peer Support Specialist certification is both logical and necessary to expand access to qualified peers and strengthen California's behavioral health workforce.

For these reasons, the Council proudly supports AB 96. If you have any questions, please contact Jenny Bayardo, Executive Officer, at (916) 750-3778 or via e-mail at Jenny.Bayardo@cbhpc.dhcs.ca.gov.

Sincerely,



Tony Vartan
Chairperson



**California
Behavioral Health
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cc: The Honorable Assemblymember Dr. Corey Jackson
Honorable Members, Senate Health Committee
Latifah Alexander, Legislative Assistant
Mitchell Mattos, Legislative Director
Gail Gronert, Director of Strategic Initiatives, County Behavioral
Health Directors Association
Meron Agonafer, Policy Director, Cal Voices

California Behavioral Health Planning Council Legislation and Public Policy Committee

Wednesday, June 17, 2026

Agenda Item: Consent Agenda (Action Item)

Enclosures: CBHPC Consent Agenda

[Assembly Bill \(AB\) 1586 Fact Sheet](#)

Assembly Bill (AB) 1932 Fact Sheet*

[Assembly Bill \(AB\) 2150 Fact Sheet](#)

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

The CBHPC is mandated to advocate for an accountable system of responsive services that are strength-based, recovery-oriented, culturally, and linguistically responsive, and cost-effective. To achieve these ends in an effective manner, the Council's Legislation and Public Policy Committee review and discuss legislation identified as aligning with the annual Policy Priorities, the Council's Focus Areas for 2026, and/or the Council's Policy Platform to determine potential action (positions).

Background/Description:

To expedite meetings and reserve time for bills that need to be discussed, the Legislation and Public Policy Committee utilizes a "Consent Agenda." Fact Sheets are provided for bills only when Council staff receive them from the authors' offices on time. As a result, fact sheets may not be available for all bills listed on the Consent Agenda. Bills on the Consent Agenda are non-controversial and align with the approved Policy Platform, so no discussion is needed. This allows the committee to group such bills together and vote on them at one time. If a member feels that a discussion is needed on any of the bills listed on the Consent Agenda, they may request the removal of the bill/bills for a separate discussion. Removal of a bill enables it to be considered and voted upon separately if a discussion is needed during the pending legislation discussion later in the agenda. The committee can also remove a bill if they decide it does not fall within the Policy Platform and a position will not be taken.

Information about the identified bills below are reviewed by Council Members in advance of the meeting to ensure a smooth voting process:

- [AB 1586 \(Ramos\) – Opioid overdose reversal medication: school resource officers.](#)
 - This is a fiscal bill.
 - *Organizations in Support:* Alameda County Office of Education, American Academy of Pediatrics, California District, Arcadia Police Officers' Association, Brea Police Association, Burbank Police Department, California Association for Health, Physical Education, Recreation and Dance, California Association of Alcohol and Drug Program Executives (sponsor), California Association of School Police Chiefs, California Coalition of School Safety Professionals, California Foundation for the Advancement of Addiction Professionals, California Federation of Teachers, AFL-CIO, California Narcotic Officers' Association, California Reserve Peace Officers Association, California Youth Empowerment Network, Claremont Police Officers' Association, Corona Police Officers' Association, County Behavioral Health Directors Association of California, Culver City Police Officers Association, Fullerton Police Officers' Association, Los Angeles School Police Association, Los Angeles School Police Association, Murrieta Police Officers' Association, Newport Beach Police Association, Palos Verdes Police Officers Association, Placer County Deputy Sheriff's Association, Pomona Police Officers Association, Riverside Police Officers' Association, Riverside Sheriffs' Association
 - *Organizations in Opposition:* None identified at this time.

- [AB 1932 \(Elhawary\) – Department of Social Services: C.R.I.S.E.S. Grant Pilot Program.](#)
 - This is a fiscal bill.
 - *Organizations in Support:* A New PATH (Parents for Addiction Treatment and Healing), All of Us or None, Alliance for Boys and Men of Color (co-sponsor), Anti-Police-Terror Project (co-sponsor), Bend the Arc: Jewish Partnership for Justice, Black Arts Movement Business District CDC (BAMD-CDC)(co-sponsor), Black Lives Matter California (co-sponsor), Buen Vecino, California Voices for Progress, California Coalition for Women Prisoners, California Faculty Association, California Peer Watch, California United for a Responsible Budget, Californians for Safety and Justice (CSJ), Center on Juvenile and Criminal Justice, Communities United for Restorative Youth Justice (co-sponsor), Community Coalition, Courage Campaign, Disability Rights California, Ella Baker Center for Human Rights, Empowering Marginalized Asian Communities, Felony Murder Elimination Project, The Glide Foundation, Greater Sacramento Urban League, Haywood Burns Institute, Health Care for US, Healthy Partnerships, Inc., Justice Teams Network (co-sponsor), Justice2Jobs

Coalition, Kindred, La Defensa, Legal Services for Prisoners with Children (LSPC), Mental Health America of California, National Compadres Network, Next Door Solutions to Domestic Violence, Orange County Rapid Response Network, Peace and Justice Law Center, Prevention Institute, San Francisco Public Defender, Silicon Valley Debug (co-sponsor), Sister Warriors Freedom Coalition, South Bay People Power, Street Level Health Project, Collective for Liberatory Lawyering, Collective Healing and Transformation Project, Trabajadores Unidos Workers United, Transformative Programming Works (TPW), Transitions Clinic, Urban Peace Institute, Youth Justice Coalition (co-sponsor), Youth Leadership Institute

- *Organizations in Opposition:* None identified at this time.
- [AB 2150 \(Haney\) – Employment: training requirements: opioid overdose reversals.](#)
 - This is a fiscal bill.
 - *Organizations in Support:* California Association of Alcohol and Drug Program Executives (sponsor), Everyday Responder Project, The Glide Foundation, Young People in Recovery
 - *Organizations in Opposition:* None identified at this time.

Motion: To approve the Consent Agenda.

*For a copy of the Fact Sheet, please contact Maydy Lo at maydy.lo@cbhpc.dhcs.ca.gov.



California Behavioral Health Planning Council

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Consent Agenda June 2026

[AB 1586](#)

(Ramos, D) Opioid overdose reversal medication: school resource officers.

Current Text: 03/23/2026 - Amended

Status: 05/14/2026 - Read third time. Passed. Ordered to the Senate. (Ayes 77. Noes 0.) In Senate. Read first time. To Com. on RLS. for assignment.

Location: 05/14/2026 - Senate Rules

Summary: Would enact the School Safety and Opioid Overdose Prevention Act, and commencing with the 2027–28 school year, would require a school resource officer, as defined, to (1) upon assignment to a schoolsite, and at least every 2 years thereafter, complete an opioid overdose recognition and response training, as specified, and (2) annually report to the Commission on Peace Officer Standards and Training, among other things, the number of times the school resource officer administered an opioid antagonist while serving at a schoolsite. The bill would prohibit a school resource officer who administers an opioid antagonist while assigned to a schoolsite, and their employing or contracting entity, from being held liable in a civil action or being subject to criminal prosecution for the school resource officer's acts or omissions, unless those acts or omissions constitute gross negligence or willful and wanton misconduct, as provided. (Based on 03/23/2026 text)

Proposed Position: Support

Proposed Priority Tier: 3 – Lower

[AB 1932](#)

(Elhawary, D) Department of Social Services: C.R.I.S.E.S. Grant Pilot Program.

Current Text: 04/16/2026 - Amended

Status: 05/21/2026 - Read third time. Urgency clause adopted. Passed. Ordered to the Senate. (Ayes 68. Noes 2.). In Senate. Read first time. To Com. on RLS. for assignment.

Location: 05/21/2026 - Senate Rules

Summary: Existing law, until June 30, 2026, enacts the Community Response Initiative to Strengthen Emergency Systems Act, or the C.R.I.S.E.S. Act, for purposes of creating, implementing, and evaluating the C.R.I.S.E.S. Grant Pilot Program, which the act establishes. Existing law requires the State Department of Social Services to administer the program if appropriate funding is made available to the department. Existing law requires, on or before January 1, 2023, the department to award grants to qualified grantees, which include city, county, and tribal departments of social services, disability services, health services, public health, or behavioral health, based on grant eligibility criteria developed in partnership with a stakeholder workgroup. This bill would extend the C.R.I.S.E.S. Grant Pilot Program to June 30, 2032. The bill would require the department to administer the program if appropriate funding is made available in the annual Budget



California Behavioral Health Planning Council

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Act. The bill would require the department to award grants to grantees, which are community-based organizations, in consultation with stakeholders prior to January 1, 2027, and annually thereafter subject to appropriate funding. The bill would require the department, upon allocation of funding to eligible entities, to report to the Legislature and to post publicly on its internet website information about the grants funded, as specified. The bill would require the stakeholder workgroup to meet at least quarterly and perform specified functions, including partnering with the department to evaluate and make appropriate changes to criteria for qualified grantees. The bill would require the department to review and fill vacancies for appointments to the stakeholder workgroup, as specified. (Based on 04/16/2026 text)

Proposed Position: Support

Proposed Priority Tier: 3 – Lower

[AB 2150](#)

(Haney, D) Employment: training requirements: opioid overdose reversals.

Current Text: 05/18/2026 - Amended

Status: 05/27/2026 - In Senate. Read first time. To Com. on RLS. for assignment.

Location: 05/27/2026 - Senate Rules

Summary: Existing law establishes the Emergency Medical Services Authority and requires the authority to coordinate state activities concerning emergency medical services. Existing law grants the Division of Occupational Safety and Health, which is within the Department of Industrial Relations, jurisdiction over all employment and places of employment, and the power necessary to enforce and administer all occupational health and safety laws and standards. Existing law, the California Occupational Safety and Health Act of 1973 (OSHA), requires employers to comply with certain safety and health standards, as specified, and charges the division with enforcement of the act. Under OSHA, certain violations of the act are punishable as a crime. Existing law requires the division, before December 1, 2027, to submit a draft rulemaking proposal to revise specified regulations on first aid materials and emergency medical services to require first aid materials in a workplace to include naloxone hydrochloride or another opioid antagonist approved by the United States Food and Drug Administration to reverse opioid overdose and instructions for using the opioid antagonist. Existing law requires the standards board to consider for adoption revised standards for the standards described above on or before December 1, 2028. This bill would require an employer operating in this state that requires cardiopulmonary resuscitation (CPR) certification training of its employees to also require those employees to take an online video module training on the use of naloxone to increase the rate of opioid overdose reversals, as prescribed. (Based on 05/18/2026 text)

Proposed Position: Support

Proposed Priority Tier: 3 – Lower

**California Behavioral Health Planning Council
Legislation and Public Policy Committee**

Wednesday, June 17, 2026

Agenda Item: Assembly Bill 1556 (Action)

Enclosure: None

How This Agenda Item Relates to Council Mission

To review, evaluate, and advocate for an accessible and effective behavioral health system.

The CBHPC is mandated to advocate for an accountable system of responsive services that are strength-based, recovery-oriented, culturally, and linguistically responsive, and cost-effective. To achieve these ends in an effective manner, the Council's Legislation and Public Policy Committee review and discuss legislation identified as aligning with the annual Policy Priorities and the Council Focus Areas for 2026 to determine potential action (positions). Assembly Bill 1556 (Haney) aligns with both the Committee's and Council's priorities on housing for individuals with behavioral health needs.

Background/Description:

The Housing and Homelessness Committee (HHC) is examining Recovery Housing and the opportunities for it to be funded under the Behavioral Health Services Act. Recovery housing is recognized by both Substance Abuse and Mental Health Services Administration (SAMHSA) and the U.S. Department of Housing and Urban Development (HUD) as an important housing option for individuals with substance use disorders. The state guidance on Recovery Housing, released by the Interagency Council on Homelessness (Cal ICH), clarified that Recovery Housing is an eligible use of state funds, which creates new opportunities for counties and programs to expand or develop Recovery Housing.

HHC has been monitoring and tracking legislation related to recovery housing, including Assembly Bill (AB) 255 (Haney) which was vetoed by the Governor during the first year of the 2025-2026 legislative session as well as Assembly Bill (AB) 1556 (Haney) which was introduced this year. AB 1556 builds on the provisions of AB 255 by expanding eligibility for state funding to include recovery residences.

AB 1556 would define a recovery residence as housing in a residence that serves individuals who seek a cooperative living arrangement that supports personal recovery from a substance use disorder and that does not require licensure or does not provide licensable services. It would also specify requirements that recovery residences would have to meet in order to be eligible for state funding, including that: (1) the residence satisfies the core components of Housing First, (2) relapse is not, unless there is another lease violation, grounds for eviction and residents receive relapse support, (3) the residence provides emergency preparedness and overdose prevention and response training to staff and residents and makes overdose reversal medication available and readily accessible to staff and residents onsite, (4) the residence has consent and confidentiality protections for its residents consistent with state and federal law, and (5) the residence adopts and maintains a written return-to-use policy

Additional information about the bill is below:

- *Current Text:* Amended – 5/22/2026
- *Status:* 5/28/2026 In Senate. Read first time. To Com. on RLS. for assignment.
- *Fiscal Effect:* According to the Assembly Committee on Appropriations, the estimated ongoing General Fund costs to the California Department of Social Services (CDSS) of approximately \$200,000 annually for one staff position to establish new mechanisms to track utilization of CDSS funding on recovery residence programs, provide formal guidance and technical assistance to grantees, and monitor compliance and data collection to track implementation and outcomes. The Legislative Analyst's Office recently warned of General Fund structural deficits of around \$35 billion per year in the 2027-28 fiscal year and ongoing.
- *Organizations in Support:* Bay Area Council, California Foundation for the Advancement of Addiction Professionals, DignityMoves, Mayor Daniel Lurie, City and County of San Francisco, National Association of Minority Contractors Northern California, Santa Rosa YIMBY
- *Organizations in Opposition:* None identified at this time.
- *Council Priority Alignment:* Policy Priorities for 2026
- *Recommended Position:* Support, with recommendations

Below is a summary of recommendations from the HHC that have been discussed with the Legislation and Public Policy Committee (LPPC) Chair:

- Deletion of the provision that would require recovery residences to obtain approval from an affiliate of the National Alliance for Recovery Residences (NARR) for the residence's written return-to-use policy.
- Replace the requirement for recovery residences to secure tenants another permanent housing placement option, with requiring residences to refer tenants to other housing placement options that does not have to only be permanent.

- Add the provision that recovery residences do not have to provide referrals to other housing placements if tenants are in violation of their lease or rental agreement.
- Eliminate all mentions of “permanent supportive housing” when referring to recovery residences.

An additional recommendation was to remove the provision that recovery residences would provide treatment, however, this issue has already been addressed in the latest version of the bill.

At the interim meeting on May 20, 2026, the LPPC had a preliminary discussion on AB 1556 but did not have sufficient time to take a position. During this agenda item, Barbara Mitchell, Chairperson of the Housing and Homelessness Committee, will discuss AB 1556 and the recommendations surrounding the bill with the committee. The Legislation and Public Policy Committee will then determine a position, if appropriate.

Action: To take a position on AB 1556.

Additional Resources:

[Assembly Bill 1556 \(Haney\): Recovery Residences: funding](#)

**California Behavioral Health Planning Council
Legislation and Public Policy Committee**

Wednesday, June 17, 2026

Agenda Item: Assembly Bill 1899 Presentation

Enclosures: [Assembly Bill 1899 Fact Sheet](#)

How This Agenda Item Relates to Council Mission

To review, evaluate, and advocate for an accessible and effective behavioral health system.

The CBHPC is mandated to advocate for an accountable system of responsive services that are strength-based, recovery-oriented, culturally, and linguistically responsive, and cost-effective. To achieve these ends in an effective manner, the Council's Legislation and Public Policy Committee review and discuss legislation identified as aligning with the annual Policy Priorities and the Council Focus Areas for 2026 to determine potential action (positions). Assembly Bill 1899 (Caloza) aligns with both the Council's priorities on housing for individuals with behavioral health needs.

Background/Description:

Assemblymember Jessica Caloza was invited to present to the committee on Assembly Bill (AB) 1899. This bill intends to establish the Office of Youth Prevention (office) within the California Interagency Council on Homelessness. The office would be responsible for coordinating funding, policy, and practices across federal and state agencies to prevent youth homelessness, particularly within the child welfare, foster care, juvenile justice, education, and workforce systems. Additionally, the office would be required to consult with a 12-member advisory committee appointed by the Secretary of California Housing and Homelessness. Additional information about the bill can be found below:

- *Current Text:* Amended – 5/18/2026
- *Status:* 5/22/2026 Read third time. Passed. Ordered to the Senate. (Ayes 74. Noes 0.) In Senate. Read first time. To Com. on RLS. for assignment.
- *Fiscal Effect:* According to the Assembly Appropriations analysis, Cal ICH estimates General Fund costs of \$1.22 million in the first year and \$1.15 million annually thereafter for staff to lead statewide coordination across various stakeholders, develop a framework with measurable goals, and align funding and policy toward achieving functional zero youth homelessness. The Legislative

Analyst's Office recently warned of General Fund structural deficits of around \$35 billion per year in the 2027-28 fiscal year and ongoing.

- *Organizations in Support:* Inner City Law Center (sponsor), AIDS Healthcare Foundation, American Academy of Pediatrics, California District, Aspiranet, Bill Wilson Center, Black Women United, Bright Futures for Youth, California Behavioral Health Association, California Coalition for Youth, Children Now, Destination: Home, Fostering Promise, The Glide Foundation, John Burton Foundation for Children without Homes, Larkin Street Youth Services, League of California Cities, Legacy Bridge Community Development Corporation, Los Angeles Unified School District, National Center for Youth Law, Orangewood Children's Foundation, Public Counsel, Safe Place for Youth, Stanford Sierra Youth and Families, Steinberg Institute, Silicon Valley At Home, Village Family Services, Unity Care Group, YMCA of San Diego County, Youth Law Center
- *Organizations in Opposition:* None identified at this time.
- *Council Priority Alignment:* Policy Priorities for 2026
- *Recommended Position:* Support

Action: To take a position on AB 1899.

Additional Resources:

[Assembly Bill 1899 \(Caloza\) – Office of Youth Homelessness Prevention](#)

Biography:



Assemblymember Jessica Caloza serves as the Assistant Majority Whip, and was sworn into office in December 2024 and proudly represents the 52nd District which is home to South Glendale, East Los Angeles, and Northeast Los Angeles.

Jessica is a proud immigrant, lifelong public servant, and an advocate for working families throughout her various roles at the federal, state, and local levels. She believes in the power of government and how it can transform lives when it works. Jessica worked on education policy issues in President Barack Obama's Administration, helping underfunded schools get more resources. She went on to serve in senior positions in the City of Los Angeles with the Los Angeles Mayor's Office and expanded critical services to working families, especially immigrants, women, seniors, and children.

In 2019, Jessica was appointed as a Public Works Commissioner where she led infrastructure projects, expanded good-paying union jobs, raised wages for workers, and required equal pay for women while increasing transparency and accountability. She went on to serve as Deputy Chief of Staff to the Attorney General at the California Department of Justice, where she worked to reduce crime and gun violence, helped survivors of sexual assault receive justice, and taken bold action to protect the environment.

In the Assembly, Jessica will prioritize reducing the cost of living, building more affordable housing, investing in public education, supporting small businesses, protecting a woman's right to choose, and ensuring California leads the nation and world in fighting the climate crisis.

Jessica is a proud product of public schools and is a graduate of UC San Diego. She is the first Filipina elected to the State Legislature and lives in Eagle Rock with her family.

**California Behavioral Health Planning Council
Legislation and Public Policy Committee**

Wednesday, June 17, 2026

Agenda Item: The Governor's 2026-2027 California State Budget: May Revision

Enclosure: None

How This Agenda Item Relates to Council Mission

To review, evaluate, and advocate for an accessible and effective behavioral health system.

This presentation is intended to inform the committee on the state's budget process and the potential impacts on areas such as services, workforce, and local system capacity that county behavioral health departments may face due to the Governor's May Revision. This information will support the Council's role in evaluating system impacts and advising the Department of Health Care Services and the Legislature on statewide behavioral health needs.

Background/Description:

The [May Revision](#), released May 14, 2026, is part of Governor Newsom's broader \$1.8 billion General Fund cut intended to eliminate the state's structural deficit through July 2028. The Department of Health Care Services (DHCS) is adjusting to federal policy changes due to the House of Representatives (H.R.) 1 bill and aligning expenditures with available revenue. The DHCS May Revision aims to maintain core Medi-Cal and behavioral health funding while introducing targeted investments in special education, workforce support, and healthcare affordability, within a broader statewide fiscal-restraint framework.

Details about DHCS's proposals can be found in the [2026-27 May Revision Highlights](#) from the Department of Health Care Services. Below are some May Revision items directly related to the scope of the Council and items committees have been tracking and advocating for this year:

- **Behavioral Health Services Act Funding**
 - The Governor proposes utilizing the Behavioral Health Services Fund (from Proposition 1) to support prevention and workforce programs

administered by the California Department of Public Health (CDPH) and the Department of Health Care Access and Information (HCAI).

- **\$174.8 million** total for CDPH, including **\$119.8 million** for new behavioral-health population-based prevention programs.
- **\$131.1 million** total for HCAI, including **\$94.3 million** for new workforce programs and continuation of BH-CONNECT.
- **\$10 million** from the Behavioral Health Services Fund for the Commission for Behavioral Health.
- ***Enhanced Care Management Reduction***
 - General Fund reduction of **\$41.4 million** in 2026–27 and **\$99.2 million** ongoing.
- ***Community Supports Reductions***
 - General Fund reduction of **\$26.9 million** in 2026–27, **\$58.8 million** in 2027–28, and **\$51 million** ongoing.
- ***Medi-Cal Support to Counties***
 - **\$2.8 billion** in 2026–27 to support county administration of Medi-Cal.
 - Includes a proposed **one-time investment of \$262 million** to support county workload for implementation of Medi-Cal eligibility changes, including optional surge staffing capacity.
- ***Community-Based Mobile Crisis Services***
 - Proposes shifting community-based mobile crisis services from a statewide benefit to an **optional Medi-Cal benefit** beginning April 2027, following the expiration of enhanced federal funding in December 2026.
 - The budget includes **\$431.5 million** total funds for this benefit across 2025–26 and 2026–27:
 - \$50.7 million Proposition 35 funds
 - \$347 million federal funds
 - \$28.2 million 988 funds
 - \$5.6 million General Fund
- ***Behavioral Health Services Oversight and Accountability Commission (BHSOAC/CBH)***
 - Reduces the **Innovation Partnership Fund (IPF)** from **\$20 million to \$10 million**, cutting this BHSA innovation investment in half.
 - Eliminates **\$6.7 million ongoing** for the Commission for Behavioral Health’s Community Advocacy Program.

During this agenda item, Gail Gronert, Director of Strategic Initiatives at the County Behavioral Health Directors’ Association, will provide the committee with an overview of the state budget process and discuss the potential impact that the May Revise may have on county behavioral health departments. Following the presentation, the committee will have an opportunity to engage in a question-and-answer discussion with the guest speaker.

Additional Resources:

[Department of Health Care Services May Revision Highlights](#)

[Governor's Budget Summary](#)

[LAO 2026–27 Budget Resources](#)

[California Budget and Policy Center: First Look: Understanding the Governor's 2026-27 May Revision](#)

**California Behavioral Health Planning Council
Legislation and Public Policy Committee**

Wednesday, June 17, 2026

Agenda Item: Behavioral Health Provider Perspective on the Governor's May Revision

Enclosure: [CBHA Responds to Governor Newsom's 2026-27 May Revise Budget Proposal](#)

How This Agenda Item Relates to Council Mission

To review, evaluate, and advocate for an accessible and effective behavioral health system.

This presentation is intended to inform the committee of the potential impacts that the Governor's May Revision may have on the public behavioral health system. This information will support the Council's role in evaluating system impacts and advising the Department of Health Care Services and the Legislature on statewide behavioral health needs.

Background/Description:

The [May Revision](#), released May 14, 2026, is part of Governor Newsom's broader \$1.8 billion General Fund cut intended to eliminate the state's structural deficit through July 2028. The Department of Health Care Services (DHCS) is adjusting to federal policy changes due to the House of Representatives (H.R.) 1 bill and aligning expenditures with available revenue. The [DHCS May Revision](#) aims to maintain core Medi-Cal and behavioral health funding while introducing targeted investments in special education, workforce support, and healthcare affordability, within a broader statewide fiscal-restraint framework.

During this agenda item, Carli Stelzer, Senior Policy and Legislative Affairs Advisor at the California Behavioral Health Association (CBHA), will provide an overview of the potential impacts to the state's public behavioral health system resulting from the Governor's proposals in the May Revise. Following the presentation, the committee will have an opportunity to engage in a question-and-answer discussion with the guest speaker.

Biography:



Carli Stelzer is a public health policy professional with extensive experience advancing community-based health and human services through policy development, advocacy, and coalition-building. Currently serving as a Senior Policy and Legislative Affairs Advisor, Carli leads legislative strategy from concept to enactment, working closely with organizational leadership, boards, and member agencies to strengthen service delivery and systems of care.

Carli's background includes roles in grassroots advocacy, legislative lobbying, and campaign management, where she has built strong relationships with policymakers, regulators, and diverse stakeholders while supporting mission-driven organizations navigating complex policy environments. Her work consistently centers on elevating practitioner voices, supporting nonprofit and community-based providers, and translating policy into meaningful outcomes.

With a foundation in public health policy and management and a commitment to developing inclusive, sustainable leadership pipelines, Carli brings a collaborative and forward-looking approach to strengthening the next generation of leaders in the health and human services field.

**California Behavioral Health Planning Council
Legislation and Public Policy Committee**

Wednesday, June 17, 2026

Agenda Item: Senate Bill 926 (Action)

Enclosure: None

How This Agenda Item Relates to Council Mission

To review, evaluate, and advocate for an accessible and effective behavioral health system.

The CBHPC is mandated to advocate for an accountable system of responsive services that are strength-based, recovery-oriented, culturally, and linguistically responsive, and cost-effective. To achieve these ends in an effective manner, the Council's Legislation and Public Policy Committee review and discuss legislation identified as aligning with the annual Policy Priorities and the Council Focus Areas for 2026 to determine potential action (positions). Senate Bill 926 (Strickland) aligns with both the Committee's and Council's priorities on Proposition 36.

Background/Description:

Senate Bill (SB) 926 (Strickland) would create the California Public Safety Services Support Fund to be used to implement Proposition 36. The bill would require the funds to be administered by the Board of State and Community Corrections and would require the Governor to annually include a proposed transfer from the General Fund to the California Public Safety Services Support Fund of an amount sufficient to fund the ongoing administration of Proposition 36 as part of the Governor's proposed budget to the Legislature. Additional information about the bill is below:

- *Current Text:* Amended – 4/23/2026
- *Status:* 5/14/2026 May 14 hearing: Held in committee and under submission.
- *Fiscal Effect:* According to the Senate Appropriations Committee, there are very major annual cost pressure to fund Proposition 36 related activities (General Fund).
- *Organizations in Support:* Arcadia Police Officers' Association, Brea Police Association, Burbank Police Department, California Association of School Police

Chiefs, California Coalition of School Safety Professionals, California Narcotic Officers' Association, California Reserve Peace Officers Association, California State Association of Counties, Claremont Police Officers' Association, Corona Police Officers' Association, Culver City Police Officers Association, Fullerton Police Officers' Association, Los Angeles School Police Association, Los Angeles School Police Association, Murrieta Police Officers' Association, Newport Beach Police Association, Orange County Sheriff, Palos Verdes Police Officers Association, Peace Officers Research Association of California (PORAC), Placer County Deputy Sheriff's Association, Pomona Police Officers Association, Riverside County District Attorney, Riverside Police Officers' Association, Riverside Sheriffs' Association, San Diego County Sheriff, The California Baptist Ministry

- *Organizations in Opposition:* ACLU California Action, California Public Defenders Association, Californians for Safety and Justice (CSJ), Center on Juvenile and Criminal Justice, Contra Costa County Public Defender, Courage Campaign, Disability Rights California, Drug Policy Alliance, Ella Baker Center for Human Rights, Justice2Jobs Coalition, La Defensa, Los Angeles County Public Defenders Association, Smart Justice of California, Vera Institute of Justice
- *Council Priority Alignment:* Policy Priorities for 2026
- *Recommended Position:* Defer to Committee

During this agenda item, the committee will discuss the provisions of the bill, its potential impact on the public behavioral health system, and determine a position, if appropriate.

Action: Take a position on SB 926.

Additional Resources:

[Senate Bill 926 \(Strickland\) Public safety: Funding of Proposition 36 Act.](#)

**California Behavioral Health Planning Council
Legislation and Public Policy Committee**

Wednesday, June 17, 2026

Agenda Item: Senate Bill 1401 (Action)

Enclosures: [Senate Bill 1401 Fact Sheet](#)

How This Agenda Item Relates to Council Mission

To review, evaluate, and advocate for an accessible and effective behavioral health system.

The CBHPC is mandated to advocate for an accountable system of responsive services that are strength-based, recovery-oriented, culturally, and linguistically responsive, and cost-effective. To achieve these ends in an effective manner, the Council's Legislation and Public Policy Committee review and discuss legislation identified as aligning with the annual Policy Priorities and the Council Focus Areas for 2026 to determine potential action (positions). Senate Bill 1401 (Stern) aligns with the Council's priorities on the Community Assistance, Recovery & Empowerment (CARE) Act.

Background/Description:

Senate Bill (SB) 1401 (Stern) would revise criminal procedures for felony defendants who are incompetent to stand (IST) and ineligible for mental health diversion, including: (1) specifying timelines for the dismissal of felony charges for a defendant who is IST (2) and referred to specific county programs. This bill would make related changes including permitting a court to refer a misdemeanor IST defendant to a county conservatorship investigator for possible conservatorship proceedings if in its opinion the defendant appears gravely disabled. Additional information about the bill is below:

- *Current Text:* Introduced – 2/20/26
- *Status:* 5/22/2026 Read third time. Passed. (Ayes 33. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.
- *Fiscal Effect:* According to the Senate Appropriations Committee, this bill will have moderate to significant cost pressure on the trial courts up to \$600,000 annually. There would be calendaring cost pressures from felony IST cases referred back to court, which would then require additional hearings. Hearing workload costs are difficult to estimate as the courts are not funded based on workload but instead funded largely based on judicial positions and needed staff,

which may include additional security costs for IST cases. Estimating anticipated populations is difficult, as well. This analysis estimates that up to 700 felony IST cases statewide may come back to the courts though these cases are not expected to be lengthy. Court costs are based on an hourly rate of \$1,300 (this rate does not include clerk and staff time outside of the hearing time).

- *Organizations in Support:* California District Attorneys Association, California Psychiatric Association, Family Advocates for Individuals with Serious Mental Illness in the Sacramento Region, National Alliance on Mental Illness, California (NAMI), Riverside County District Attorney
- *Organizations in Opposition:* ACLU California Action, Disability Rights California, Los Angeles County Public Defenders Association
- *Council Priority Alignment:* Council Focus for 2026
- *Recommended Position:* Defer to Patient Rights Committee

During this agenda item, a member from the Patient Rights Committee (PRC) will provide an overview of PRC's discussions surrounding the bill and recommendations. The Legislation and Public Policy Committee will then determine a position, if appropriate.

Action: Take a position on SB 1401.

Additional Resources:

[Senate Bill 1401 \(Stern\) Criminal procedure: competence to stand trial.](#)

**California Behavioral Health Planning Council
Legislation and Public Policy Committee**

Wednesday, June 17, 2026

Agenda Item: Assembly Bill 1825 (Action)

Enclosure: None

How This Agenda Item Relates to Council Mission

To review, evaluate, and advocate for an accessible and effective behavioral health system.

The CBHPC is mandated to advocate for an accountable system of responsive services that are strength-based, recovery-oriented, culturally, and linguistically responsive, and cost-effective. To achieve these ends in an effective manner, the Council's Legislation and Public Policy Committee review and discuss legislation identified as aligning with the annual Policy Priorities and the Council Focus Areas for 2026 to determine potential action (positions). Assembly Bill 1825 (Krell) aligns with the Council's priorities on justice involved individuals with a behavioral health condition.

Background/Description:

Assembly Bill (AB) 1825 (Krell) would make changes to the Offenders with Mental Health Disorders (OMHD) Program, including adding criteria for determining whether an offender poses a substantial risk of physical harm to others. For an offender who is being released, this bill requires the California Department of Corrections and Rehabilitation (CDCR) to create an exit plan that includes submission of an application for Medi-Cal benefits, as appropriate, and referral for certain county resources and programs. Additional information about the bill is below:

- *Current Text:* Amended – 4/16/2026
- *Status:* 5/21/2026 Read third time. Passed. Ordered to the Senate. (Ayes 74. Noes 0.) In Senate. Read first time. To Com. on RLS. for assignment.
- *Fiscal Effect:* According to the Assembly Appropriations Committee analysis:
 - The County Behavioral Health Directors Association (CBHDA) estimates costs to county behavioral health programs of \$209,000 to \$889,000 statewide to coordinate with CDCR on an offender's exit plan, making clinical determinations, and providing subsequent treatment. These costs

are potentially reimbursable by the state, subject to a determination by the Commission on State Mandates (General Fund).

- DSH states this bill will increase DSH's OMHD patient population by increasing OMHD commitments and decreasing OMHD decertifications. The average cost of treatment for a patient at DSH is \$1,121 per day (\$409,165/year). The average length of stay for OMHD patients is 259 days, for an average cost of \$290K per patient. Although it is difficult to determine the extent to which this bill will increase DSH's OMHD patient population and related costs, DSH estimates an increase in new OMHD commitments to DSH up to 5% and a reduction of OMHD decertifications up to 10% of its population of 1,132 OMHDs (including those on conditional release), which would result in costs of up to tens of millions of dollars annually to activate additional beds to treat the increased OMHD population (General Fund). DSH notes that it has limited available capacity to activate beds for this purpose.
 - Costs to CDCR of an unknown amount, potentially absorbable or in the low hundreds of thousands of dollars annually.
 - Costs to DHCS of an unknown but likely significant amount, to the extent providing coverage for an inmate of DSH is allowable.
 - The Legislative Analyst's Office recently warned of General Fund structural deficits of around \$35 billion per year in the 2027-28 fiscal year and ongoing.
- *Organizations in Support:* California Psychiatric Association (sponsor)
 - *Organizations in Opposition:* None identified at this time.
 - *Council Priority Alignment:* Council Focus for 2026
 - *Recommended Position:* Defer to Committee

During this agenda item, the committee will discuss the provisions of the bill, its potential impact on the public behavioral health system, and determine a position, if appropriate.

Action: Take a position on AB 1825.

Additional Resources:

[Assembly Bill 1825 \(Krell\) – Health care: state hospitals.](#)