



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

Legislative Positions List May 2026

AB 46

(Nguyen, D) Diversion.

Current Text: 05/14/2026 - Amended

Status: 05/18/2026 - Read second time. Ordered to third reading.

Summary: Existing law authorizes a court to grant pretrial diversion to a defendant suffering from a mental disorder, on an accusatory pleading alleging the commission of a misdemeanor or felony offense, in order to allow the defendant to undergo mental health treatment. Existing law provides that a defendant is eligible for diversion if they have been diagnosed with certain mental disorders and the court finds that the mental disorder was a significant factor in the commission of the charged offense, unless there is clear and convincing evidence that the disorder was not a motivating, causal, or contributing factor to the defendant's involvement in the alleged offense. Existing law prohibits defendants charged with specified offenses, including murder, from being placed in this diversion program. This bill would require that the diagnosis or rediagnosis with a mental disorder be within 5 years before the alleged offense. (Based on 05/14/2026 text)

Position: Oppose

Date Position Taken: 04/15/2026

AB 96

(Jackson, D) Mental health services: peer support specialist certification.

Current Text: 01/05/2026 - Amended

Status: 05/06/2026 - Referred to Com. on HEALTH.

Summary: Current law establishes a schedule of benefits under the Medi-Cal program and provides for various services, including behavioral and mental health services that are rendered by Medi-Cal enrolled providers. Current law authorizes a county, or an agency representing the county, to develop a peer support specialist certification program, subject to department approval. Current law imposes specified requirements on applicants for certification as a peer support specialist, including that the applicant be at least 18 years of age and possess a high school diploma or equivalent degree. This bill would remove the requirement of possessing a high school diploma or equivalent degree from the requirements necessary for an applicant to receive certification. (Based on 01/05/2026 text)

Position: Support

Date Position Taken: 01/06/2026



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

AB 669

(Haney, D) Substance use disorder coverage.

Current Text: 07/15/2025 - Amended

Status: 08/29/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/18/2025)(May be acted upon Jan 2026)

Summary: Current law generally authorizes a health care service plan or health insurer to use prior authorization and other utilization management functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Current law requires health care service plan contracts and health insurance policies that provide hospital, medical, or surgical coverage and are issued, amended, or renewed on or after January 1, 2021, to provide coverage for medically necessary treatment of mental health and substance use disorders under the same terms and conditions applied to other medical conditions, as specified. On and after January 1, 2027, this bill would prohibit concurrent or retrospective review of medical necessity of in-network health care services and benefits (1) for the first 28 days of a treatment plan for inpatient or residential substance use disorder stay at a specified licensed facility during each plan or policy year or (2) for outpatient services provided by specified certified programs for substance use disorder visits, except as specified. The bill would authorize, after the 29th day, in-network health care services and benefits for inpatient or residential substance use disorder care to be subject to concurrent review. On and after January 1, 2027, the bill would prohibit retrospective review of medical necessity for the first 28 days of intensive outpatient or partial hospitalization services for substance use disorder, but would authorize concurrent or retrospective review for day 29 and days thereafter of that stay or service. With respect to health care service plans, the bill would specify that its provisions do not apply to Medi-Cal behavioral health delivery systems or Medi-Cal managed care plan contracts. (Based on 07/15/2025 text)

Position: Support

Date Position Taken: 06/18/2025

AB 1267

(Pellerin, D) Consolidated license and certification.

Current Text: 04/24/2025 - Amended

Status: 09/11/2025 - Failed Deadline pursuant to Rule 61(a)(14). (Last location was INACTIVE FILE on 9/8/2025)(May be acted upon Jan 2026)

Summary: Current law requires the State Department of Health Care Services to license and regulate adult alcohol or other drug recovery or treatment facilities that provide residential nonmedical services, as specified, and further requires the department to certify and regulate alcohol and other drug programs, as specified. Current law requires the department to charge various fees for a license or certification. This bill would, beginning January 1, 2027, require the department to offer a consolidated license and certification



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

that allows the holder to operate more than one facility that requires a license, a program that requires a certification, or a combination thereof, that the holder operates within the same geographic location. This bill would define “same geographic location” as the physical location where clients are generally co-located, intermingle, reside, or receive services in one building or multiple buildings within 1,000 feet of each other in areas not zoned exclusively for residential use under local zoning ordinances. (Based on 04/24/2025 text)

Position: Support

Date Position Taken: 01/21/2026

AB 1328

(Rodriguez, Michelle, D) Medi-Cal reimbursements: nonemergency ambulance and other transportation.

Current Text: 07/17/2025 - Amended

Status: 08/29/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/18/2025)(May be acted upon Jan 2026)

Summary: The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under this bill, commencing on July 1, 2027, and subject to an appropriation, Medi-Cal fee-for-service reimbursement for nonemergency ambulance transportation services, as defined, would be in an amount equal to 80% of the amount set forth in the federal Medicare ambulance fee schedule for the corresponding level of service, adjusted by the Geographic Practice Cost Index, as specified. The bill would require the department to establish a Medi-Cal managed care directed payment program for nonemergency ambulance transportation services, with the reimbursement rates set in an amount equal to at least the amount set forth under fee-for-service reimbursement. The bill would require the department to maximize federal financial participation in implementing the above-described provisions to the extent allowable. To the extent that federal financial participation is unavailable, the bill would require the department to implement the provisions using state funds, as specified. (Based on 07/17/2025 text)

Position: Support

Date Position Taken: 07/18/2025

AB 1540

(González, Mark, D) 988 Suicide & Crisis Lifeline: LGBTQ+ youth.

Current Text: 03/19/2026 - Amended

Status: 05/18/2026 - Read second time. Ordered to third reading.

Summary: Existing federal law, the National Suicide Hotline Designation Act of 2020, designates the 3-digit telephone number “988” as the universal number within the United States for the purpose of the national suicide prevention and mental health crisis hotline system operating through the 988 Suicide and Crisis Lifeline. The Miles Hall Lifeline and Suicide Prevention Act requires, among other things, the Office of Emergency Services



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

(OES) to verify that technology that allows for transfers between 988 centers, as well as between 988 centers and 911 public safety answering points, is available to 988 centers and 911 public safety answering points throughout the state, to appoint a 988 system director, and to verify interoperability between and across 911 and 988. Existing law establishes the 988 State Suicide and Behavioral Health Crisis Services Fund and provides that 988 surcharge revenue in the fund is available, upon appropriation by the Legislature, for purposes of the act. This bill would require OES to, no later than June 1, 2027, request the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to enable a press 3 function for calls originating in the State of California to allow callers to dial 988 and press “3” to be automatically routed to a specialized call center. (Based on 03/19/2026 text)

Position: Support

Date Position Taken: 01/21/2026

AB 1579

(Ramos, D) Children’s Crisis Continuum Pilot Program.

Current Text: 04/29/2026 - Amended

Status: 05/15/2026 - Set for Hearing 5/18/2026

Summary: Existing law requires the State Department of Social Services, jointly with the State Department of Health Care Services (DHCS), to establish the Children’s Crisis Continuum Pilot Program. Existing law requires the department, jointly with DHCS, to award grants under the pilot program and requires participating entities to develop a highly integrated continuum of care for the foster youth served in the pilot program. Under existing law, that continuum of care is required to include certain components, including, among others, a crisis residential program that is operated in accordance with all statutes and regulations governing its licensure category. Existing law requires the department, jointly with DHCS, by April 1, 2027, to submit an interim report on the pilot program to the report to the Assembly Committee on Human Services and the Senate Committee on Human Services. This bill would authorize a participating entity that does not have a crisis residential program as a part of its continuum of care to satisfy the requirement to have a crisis residential program by including in its continuum of care by having a comparable residential treatment component designed to serve children and youth experiencing the highest level of acute behavioral health needs. The bill would require the comparable residential treatment component to satisfy certain requirements, including providing short-term, intensive, and highly individualized services to stabilize youth in crisis. (Based on 04/29/2026 text)

Position: Support

Date Position Taken: 01/21/2026



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

AB 1626

(Gabriel, D) Interscholastic athletics: youth sports: coaches: behavioral and mental health training.

Current Text: 04/08/2026 - 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.

Summary: Existing law describes the California Interscholastic Federation (CIF) as a voluntary organization that consists of school and school-related personnel with responsibility for administering interscholastic athletic activities in secondary schools and states the intent of the Legislature that the CIF, in consultation with the State Department of Education, implement specified policies relating to interscholastic athletics. Existing law, the 1998 California High School Coaching Education and Training Program, declares the intent of the Legislature to establish a California High School Coaching Education and Training Program, to be administered by school districts with an emphasis on specific components, including, among other components, sports psychology. Existing law requires every high school sports coach to complete, at their own expense, a coaching education program that meets the guidelines established by the California High School Coaching Education and Training Program. This bill would require specified trainings for coaches described in AB 1665 of the 2025–26 Regular Session to cover specified mental-health related topics, including, among other topics, trauma-informed care, as provided, and strategies of creating a positive team culture, as provided. (Based on 04/08/2026 text)

Position: Support

Date Position Taken: 02/18/2026

AB 1970

(Harabedian, D) Health care coverage: mental health or substance use disorders.

Current Text: 03/24/2026 - Amended

Status: 05/18/2026 - Read third time. Passed. Ordered to the Senate. (Ayes 69. Noes 0.) In Senate. Read first time. To Com. on RLS. for assignment.

Summary: Existing law also provides for the regulation of health insurers by the Department of Insurance. Existing law authorizes health care service plans and health insurers that cover prescription drugs to utilize reasonable medical management practices, including prior authorization and step therapy, consistent with applicable law. This bill would prohibit a health care service plan contract or a health insurance policy that is issued, amended, or renewed on or after January 1, 2027, from imposing step therapy as a prerequisite to authorizing coverage of any prescription drug used for the treatment of a serious mental illness or substance use disorder, as those terms are defined. The bill would specify that the prohibition on step therapy does not apply when the United States Food and Drug Administration-labeled indications and usage of a drug indicate that some prior medication must be taken. (Based on 03/24/2026 text)



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

Position: Support

Date Position Taken: 04/15/2026

AB 2003

(Berman, D) Pupil health: suicide prevention.

Current Text: 05/18/2026 - Amended

Status: 05/19/2026 - Read second time. Ordered to third reading.

Summary: Existing law requires the State Department of Education to identify an evidence-based online training program that a county office of education, school district, state special school, or charter school that serves pupils in grades 7 to 12, inclusive, can use to train school staff and pupils as part of their policy on pupil suicide prevention. Existing law requires the department, subject to an appropriation for these purposes, to provide a grant to a county office of education to acquire a training program identified by the department and disseminate that training program at no cost to specified educational entities, as specified. This bill would revise and recast these provisions by (1) deleting the requirement to provide the above-described grant, (2) deleting the requirement of the department to identify the above-described evidence-based online training program, (3) instead requiring the Behavioral Health Services Oversight and Accountability Commission to develop an online training program to train school staff, pupils who are 13 years of age or older, and parents, guardians, or caregivers of pupils as part of the policy on pupil suicide prevention adopted by county offices of education, school districts, state special schools, and charter schools that serve pupils in kindergarten or in any of grades 1 to 12, inclusive, as specified. (Based on 05/18/2026 text)

Position: Support

Date Position Taken: 04/15/2026

AB 2161

(Bonta, D) Medi-Cal: redeterminations and work or community engagement.

Current Text: 05/18/2026 - Amended

Status: 05/19/2026 - Read second time. Ordered to third reading.

Summary: Existing federal law, enacted on July 4, 2025, sets forth various changes to Medicaid eligibility with regard to community engagement reporting, redeterminations, cost sharing, and retroactive coverage, among other factors, for certain Medicaid populations, including beneficiaries between 19 and 64 years of age, inclusive, with income up to 138% of the federal poverty level, commonly known as Medicaid expansion adults. For purposes of Medicaid eligibility redeterminations, the above-described federal law requires that a Medicaid expansion adult undergo a redetermination once every 6 months, instead of an annual redetermination, except as specified. Existing state law generally requires a county to perform eligibility redeterminations for Medi-Cal beneficiaries every 12 months and to promptly redetermine eligibility whenever the county receives information about changes in a beneficiary's circumstances, as specified. This bill would make changes to those



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

redetermination provisions to conform to the 6-month redetermination requirement under the above-described federal law for Medicaid expansion adults. The bill would make other conforming changes to related provisions. (Based on 05/18/2026 text)

Position: Support

Date Position Taken: 04/15/2026

AB 2352

(Valencia, D) Medi-Cal providers: nonprofit public benefit corporations.

Current Text: 05/18/2026 - Amended

Status: 05/19/2026 - Read second time. Ordered to third reading.

Summary: Existing law sets forth various procedures, including the submission of an application package, for provider enrollment, continuing enrollment, or enrollment at a new location or a change in location under the Medi-Cal program. Existing law requires an applicant or provider who is a natural person and is licensed or certificated under provisions relating to healing arts, the Osteopathic Initiative Act, or the Chiropractic Initiative Act, or is a professional corporation, to comply with the above-described procedures and to be enrolled in the Medi-Cal program as either an individual provider or as a rendering provider in a provider group for each application package that is submitted and approved. This bill would also apply the above-described provision to a nonprofit public benefit corporation that has been granted tax-exempt status and through which licensed providers enumerated in the Medicaid state plan provide nonspecialty mental health services, as specified. (Based on 05/18/2026 text)

Position: Support

Date Position Taken: 04/15/2026

AB 2460

(Rodriguez, Celeste, D) Pupil health: mental health: model referral protocols.

Current Text: 04/06/2026 - Amended

Status: 05/18/2026 - Read second time. Ordered to third reading.

Summary: Existing law requires a school of a school district or county office of education and a charter school to notify pupils and parents or guardians of pupils no less than twice during the school year on how to initiate access to available pupil mental health services on campus or in the community, or both, as provided. Existing law requires the State Department of Education, on or before June 1, 2025, to develop model referral protocols for addressing pupil behavioral health concerns, as provided. This bill would require the department, in consultation with appropriate stakeholders, to update the model referral protocols to include guidance on providing equity-centered mental health supports in case of a local emergency related to immigration enforcement activities or deportations of pupils or their family members, and would require the department to post the updated model



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

referral protocols on its internet website on or before July 1, 2027. (Based on 04/06/2026 text)

Position: Support

Date Position Taken: 04/15/2026

SB 28

(Umberg, D) Treatment court program standards.

Current Text: 05/23/2025 - Amended

Status: 07/15/2025 - July 15 hearing postponed by committee.

Summary: Current law, the Treatment-Mandated Felony Act, an initiative measure enacted by the voters as Proposition 36 at the November 5, 2024, statewide general election, authorizes certain defendants convicted of specified felonies or misdemeanors to participate in a treatment program, upon court approval, in lieu of a jail or prison sentence, or grant of probation with jail as a condition of probation, if specified criteria are met. The Legislature may amend this initiative by a statute passed in each house by a rollcall vote entered in the journal, 2/3 of the membership concurring, or by a statute that becomes effective only when approved by the voters. This bill would include a new standard that, as part of the treatment court program, a drug addiction expert, as defined, conducts a substance abuse and mental health evaluation of the defendant, and submits the report to the court and the parties. The bill would remove the requirement that the Judicial Council revise the standards of judicial administration. The bill would require that a treatment program that complies with existing judicial standards be offered to a person that is eligible for treatment pursuant to the Treatment-Mandated Felony Act. By requiring the court to implement a treatment program that complies with existing judicial standards, the bill would amend that initiative statute. (Based on 05/23/2025 text)

Position: Watch

Date Position Taken: 07/18/2025

SB 35

(Umberg, D) Alcohol and drug programs.

Current Text: 07/17/2025 - Amended

Status: 08/28/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/20/2025)(May be acted upon Jan 2026)

Summary: Current law provides for the licensure and regulation of adult alcohol or other drug recovery or treatment facilities by the State Department of Public Health and prohibits the operation of one of those facilities without a current valid license. Current law requires the department, if a facility is alleged to be in violation of that prohibition, to conduct a site visit to investigate the allegation. Current law requires, if the department's employee or agent finds evidence that the facility is providing services without a license, the employee or agent to take specified actions, including, among others, submitting the findings of the



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

investigation to the department and issuing a written notice to the facility that includes the date by which the facility is required to cease providing services. This bill would require the department, if it determines it has jurisdiction over the allegation, to initiate that investigation within 10 days of receiving the allegation and, except as specified, complete the investigation within 60 days of initiating the investigation. The bill would require the department, if it receives a complaint that does not fall under its jurisdiction, to notify the complainant that it does not investigate that type of complaint. The bill would require the employee or agent to provide the notice described above within 10 days of the employee or agency submitting their findings to the department and to conduct a followup site visit to determine whether the facility has ceased providing services as required. The bill would authorize, in counties that elect to administer the Drug Medi-Cal organized delivery system and that provide optional recovery housing services, the county behavioral health agency to request approval from the department to conduct a site visit of a recovery residence that is alleged to be operating without a license. (Based on 07/17/2025 text)

Position: Oppose

Date Position Taken: 07/18/2025

SB 331

(Menjivar, D) Substance abuse.

Current Text: 05/23/2025 - Amended

Status: 07/17/2025 - Failed Deadline pursuant to Rule 61(a)(10). (Last location was HEALTH on 6/16/2025)(May be acted upon Jan 2026)

Summary: Under the Lanterman-Petris-Short (LPS) Act, when a person, as a result of a mental health disorder, is a danger to themselves or others, or is gravely disabled, the person may, upon probable cause, be taken into custody by specified individuals, including, among others, a peace officer and a designated member of a mobile crisis team, and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. For the purposes of these provisions, current law defines “gravely disabled” as a condition in which a person, as a result of a mental health disorder, a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder, is unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or necessary medical care. This bill would include in the definition of “gravely disabled” for purposes of the above provisions an individual who is unable to provide for their basic personal needs due to chronic alcoholism, as defined. The bill would further define a “mental health disorder” as a condition outlined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders. (Based on 05/23/2025 text)

Position: Oppose

Date Position Taken: 06/18/2025



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

SB 490

(Umberg, D) Alcohol and drug programs.

Current Text: 01/05/2026 - Amended

Status: 01/26/2026 - Read third time. Passed. (Ayes 39. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.

Summary: Current law provides for the licensure and regulation of adult alcohol or other drug recovery or treatment facilities by the State Department of Public Health and prohibits the operation of one of those facilities without a current valid license. Current law requires the department, if a facility is alleged to be in violation of that prohibition, to conduct a site visit to investigate the allegation. Current law requires, if the department's employee or agent finds evidence that the facility is providing services without a license, the employee or agent to take specified actions, including, among others, submitting the findings of the investigation to the department and issuing a written notice to the facility that includes the date by which the facility is required to cease providing services. Current law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, through fee-for-service or managed care delivery systems. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Current law establishes the Drug Medi-Cal Treatment Program (Drug Medi-Cal) and authorizes the department to enter into a Drug Medi-Cal contract with each county for the provision of alcohol and drug use services within the county service area. This bill would require the department, if it determines it has jurisdiction over the allegation, to initiate that investigation within 10 days of receiving the allegation and, except as specified, complete the investigation within 60 days of initiating the investigation. The bill would require the department, if it receives a complaint that does not fall under its jurisdiction, to notify the complainant that it does not investigate that type of complaint. The bill would require the employee or agent to provide the notice described above within 10 days of the employee or agency submitting their findings to the department and to conduct a followup site visit to determine whether the facility has ceased providing services as required. (Based on 01/05/2026 text)

Position: Oppose

Date Position Taken: 04/15/2026

SB 812

(Allen, D) Qualified youth drop-in center health care coverage.

Current Text: 07/17/2025 - Amended

Status: 08/28/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/20/2025)(May be acted upon Jan 2026)

Summary: Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on or after January 1, 2024, that provides coverage for medically necessary treatment of mental health and substance use disorders to cover the provision of those services to an individual 25 years of age or younger when delivered at a schoolsite. This bill would expand the definition of schoolsite to additionally require a contract or policy that provides coverage for medically necessary treatment of mental health and substance use disorders to cover the provision of those services to an individual 25 years of age or younger when delivered at a qualified youth drop-in center. Because a violation of this requirement relative to health care service plans would be a crime, the bill would create a state-mandated local program. This bill contains other related provisions and other existing laws. (Based on 07/17/2025 text)

Position: Support

Date Position Taken: 06/18/2025

SB 903

(Padilla, D) Mental health professionals: artificial intelligence.

Current Text: 04/07/2026 - Amended

Status: 05/20/2026 - In Assembly. Read first time. Held at Desk.

Summary: Existing law establishes various healing arts boards within the Department of Consumer Affairs that license and regulate various healing arts licensees. Existing laws, including the Licensed Marriage and Family Therapist Act, the Educational Psychologist Practice Act, the Clinical Social Worker Practice Act, and the Licensed Professional Clinical Counselor Act, make a violation of those acts a crime. Existing law regulates the use of artificial intelligence, as defined. Existing law requires a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence to generate written or verbal patient communications pertaining to patient clinical information to ensure those communications include a disclaimer that indicates to the patient that a communication was generated by artificial intelligence and instructions describing how a patient may contact a human health care provider, employee, or other appropriate person. This bill would regulate the use of artificial intelligence by licensed professionals providing psychotherapy services, as defined. The bill, among other things, would prohibit an individual, corporation, or entity from using artificial intelligence to record or transcribe psychotherapeutic communications or sessions or to triage or screen a person for the need for psychotherapy services unless the patient or their authorized representative is informed that artificial intelligence will be used and provides consent, as specified. The bill would prohibit a licensed professional from allowing artificial intelligence to perform certain acts, including making independent therapeutic decisions or detecting emotions or mental states. (Based on 04/07/2026 text)



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

Position: Support

Date Position Taken: 04/15/2026

SB 936

(Blakespear, D) Nitrous oxide: sales.

Current Text: 05/18/2026 - Amended

Status: 05/20/2026 - Ordered to special consent calendar.

Summary: This bill would, except as specifically exempted, prohibit the sale and distribution of a nitrous oxide container that is capable of holding more than 8 grams of nitrous oxide or from which an individual may directly inhale nitrous oxide. The bill would also prohibit the sale and distribution of a nitrous oxide that has, or is marketed as having, the taste or smell of any food. The bill would prohibit knowingly selling or distributing a device that allows an individual to inhale nitrous oxide from the container or hold nitrous oxide for the purposes of inhalation. The bill would punish a violation of these provisions as an infraction, as specified. The bill would also authorize a court to suspend the business license, including a license to sell tobacco products, if the business has a prior conviction for violating these prohibitions. This bill contains other related provisions and other existing laws. (Based on 05/18/2026 text)

Position: Support

Date Position Taken: 04/15/2026

SB 989

(Blakespear, D) Community Assistance, Recovery, and Empowerment (CARE) Court Program.

Current Text: 05/14/2026 - Amended

Status: 05/18/2026 - Read second time. Ordered to third reading.

Summary: The Community Assistance, Recovery, and Empowerment (CARE) Act authorizes specified persons, including a person with whom the respondent resides, family members, and first responders, among others, to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan and implement services, to be provided by county behavioral health agencies, to provide behavioral health care, including stabilization medication, housing, and other enumerated services, to adults who are currently experiencing a severe mental illness and have a diagnosis identified in the disorder class schizophrenia and other psychotic disorders, and who meet other specified criteria. This bill would authorize a first responder to contact the county behavioral health agency in the county in which the individual resides or is found to request the agency file a petition to commence the CARE process. The bill would require the agency to review the request and determine whether to file a petition within 30 business days. The bill would require the agency, upon completion of the review, to notify the first responder that made the referral of specified information, including whether or not a petition was filed. Because the bill would require a higher level of service from county agencies, this bill would create a state-mandated local program (Based on 05/14/2026 text)



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

Position: Oppose

Date Position Taken: 05/20/2026

SB 1016

(Blakespear, D) Community Assistance, Recovery, and Empowerment (CARE) Court Program and court-ordered evaluations.

Current Text: 05/14/2026 - Amended

Status: 05/18/2026 - Read second time. Ordered to third reading.

Summary: the Community Assistance, Recovery, and Empowerment (CARE) Act (CARE Act), authorizes specified persons, including a person with whom the respondent resides, family members, and first responders, among others, to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan and implement services, to be provided by county behavioral health agencies, to provide behavioral health care, including stabilization medication, housing, and other enumerated services, to adults who are currently experiencing a severe mental illness and have a diagnosis identified in the disorder class schizophrenia and other psychotic disorders, or bipolar I disorder with psychotic features, and who meet other specified criteria. Existing law requires the Judicial Council to develop a mandatory form for use to file a CARE process petition with the court and any other forms necessary for the CARE process, to be signed under the penalty of perjury, and requires the form to contain certain information, including either a specified affidavit of a licensed behavioral health professional or evidence the respondent was detained for a minimum of two intensive treatments pursuant to specified provisions of law. This bill would, among other things, authorize a petitioner of a CARE Act petition to request that the court order a mental health evaluation under the 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. (Based on 05/14/2026 text)

Position: Oppose

Date Position Taken: 05/20/2026

SCR 145

(Weber Pierson, D) Mental Health Peer Appreciation Week.

Current Text: 03/11/2026 - Introduced

Status: 03/18/2026 - From committee: Ordered to third reading.

Summary: Would recognize the 3rd week of May 2026 as Mental Health Peer Appreciation Week in California. (Based on 03/11/2026 text)

Position: Support

Date Position Taken: 04/15/2026