



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

Legislative Positions List June 2026

AB 46

(Nguyen, D) Diversion.

Current Text: 06/29/2026 - Chaptered

Status: 06/29/2026 Approved by the Governor. Chaptered by Secretary of State - Chapter 18, Statutes of 2026.

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 06/22/2026 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: 06/16/2026 - Read second time. Ordered to third reading.

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 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,



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

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: 06/15/2026 - Amended

Status: 06/15/2026 - From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on E.M.

Summary: 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. Existing law, the Miles Hall Lifeline and Suicide Prevention Act, requires, among other things, the Office of Emergency Services (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 the California Health and Human Services Agency (agency) to annually determine whether an adequate specialized LGBTQ+ suicide prevention hotline is activated by the federal government under 988 and would make implementation of this bill contingent on the agency's determination, as specified. (Based on 06/15/2026 text)

Position: Support

Date Position Taken: 01/21/2026

[AB 1556](#)

(Haney, D) Recovery residences: funding.

Current Text: 06/25/2026 - Amended

Status: 06/25/2026 From committee: Do pass and re-refer to Com. on HEALTH. (Ayes 10. Noes 0.) (June 24). Re-referred to Com. on HEALTH. From committee chair, with author's



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on HEALTH.

Summary: Existing law specifies the core components of Housing First, including services that are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants' lives and where tenants are engaged in nonjudgmental communication regarding drug and alcohol use. This bill would require a program that provides recovery housing, defined 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, to meet specified requirements in order to be eligible for state funding, including that the program satisfies the core components of Housing First, relapse is not, unless there is another lease violation, grounds for eviction and residents receive relapse support, the program 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, the program has consent and confidentiality protections for its residents consistent with state and federal law, and the program adopts and maintains a written return-to-use policy, as specified. The bill would make related findings and declarations. (Based on 06/25/2026 text)

Position: Support if amended

Date Position Taken: 06/17/2026

[AB 1579](#)

([Ramos, D](#)) Children's Crisis Continuum Pilot Program.

Current Text: 04/29/2026 - Amended

Status: 06/24/2026 In committee: Set, first hearing. Hearing canceled at the request of author.

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



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

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

[AB 1586](#)

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

Current Text: 06/18/2026 - Amended

Status: 06/18/2026 - Read second time and amended. Re-referred to Com. on PUB. S.

Summary: Existing law authorizes a school district, county office of education, and charter school to provide emergency naloxone hydrochloride or another opioid antagonist to school nurses and trained personnel who have volunteered, and authorizes school nurses and trained personnel to use naloxone hydrochloride or another opioid antagonist to provide emergency medical aid to persons suffering, or reasonably believed to be suffering, from an opioid overdose. This bill, to be known as 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) report, on or before July 1, 2028, and annually thereafter until July 1, 2030, to the State Department of Public Health, 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 06/18/2026 text)

Position: Support

Date Position Taken: 06/17/2026

[AB 1626](#)

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

Current Text: 06/11/2026 - Amended

Status: 06/29/2026 From committee: Be ordered to second reading file pursuant to Senate Rule 28.8 and ordered to Consent Calendar.

Summary: Existing law requires the governing board of each school district to have general control of, and be responsible for, all aspects of the interscholastic athletic policies, programs, and activities in its school district, as provided, and requires the governing board



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

of a school district to ensure that all interscholastic policies, programs, and activities in the school district are in compliance with state and federal law. Existing law authorizes the governing board of a school district to enter into associations or consortia with other governing boards for purposes of governing regional or statewide interscholastic athletics, as provided. 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 06/11/2026 text)

Position: Support

Date Position Taken: 02/18/2026

[AB 1825](#)

(Krell, D) Health care: state hospitals.

Current Text: 04/16/2026 - Amended

Status: 06/16/2026 - From committee: Do pass and re-refer to Com. on HEALTH with recommendation: To Consent Calendar. (Ayes 6. Noes 0.) (June 16). Re-referred to Com. on HEALTH.

Summary: Existing law requires that, as a condition of parole, a prisoner who has a severe mental health disorder, as specified, be treated by the State Department of State Hospitals, if the prisoner meets certain requirements, including, among others, that the person in charge of treating the prisoner and a practicing psychiatrist or psychologist from the State Department of State Hospitals have evaluated the prisoner and that a chief psychiatrist of the Department of Corrections and Rehabilitation certify to the Board of Parole Hearings that by reason of the prisoner's severe mental health disorder, the prisoner represents a substantial danger of physical harm to others. This bill would require that certain factors be considered in determining whether an offender poses a substantial danger of physical harm to others, including, but not limited to, a history of violent behavior and prior history of state hospital commitment. (Based on 04/16/2026 text)



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

Position: Oppose

Date Position Taken: 06/17/2026

[AB 1899](#)

(Caloza, D) Office of Youth Homelessness Prevention.

Current Text: 05/18/2026 - Amended

Status: 06/25/2026 From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 10. Noes 0.) (June 24). Re-referred to Com. on APPR.

Summary: Existing law, the Governor's Reorganization Plan No. 1 of 2025, beginning July 1, 2026, eliminates the Business, Consumer Services, and Housing Agency and instead establishes the Business and Consumer Services Agency and the California Housing and Homelessness Agency. The plan also, among other things, establishes the California Interagency Council on Homelessness as an independent entity within the California Housing and Homelessness Agency and renames the existing council as the California Interagency Executive Council on Homelessness, which it establishes within the California Interagency Council on Homelessness. Existing law requires the Interagency Council on Homelessness to set and measure progress toward goals to prevent and end homelessness among youth in California by setting specific, measurable goals aimed at preventing and ending homelessness among youth in the state, as provided. This bill would establish within the California Interagency Council on Homelessness the Office of Youth Homelessness Prevention (office), with the mission of reducing youth homelessness in the state to functional zero, defined as the condition in which the number of youth experiencing homelessness does not exceed the capacity to provide youth with permanent housing. (Based on 05/18/2026 text)

Position: Watch

Date Position Taken: 06/17/2026

[AB 1932](#)

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

Current Text: 04/16/2026 - Amended

Status: 06/29/2026 VOTE: Placed on suspense file (PASS)

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



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

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 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)

Position: Support

Date Position Taken: 06/17/2026

[AB 1970](#)

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

Current Text: 06/29/2026 - Amended

Status: 06/29/2026 Read second time and amended. Re-referred to Com. on APPR.

Summary: 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, except as specified. 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. Because a willful violation of this provision by a health care service plan would be a crime, the bill would impose a state-mandated local program. (Based on 06/29/2026 text)

Position: Support

Date Position Taken: 04/15/2026

[AB 2003](#)

([Berman, D](#)) Pupil health: suicide prevention.

Current Text: 05/18/2026 - Amended

Status: 06/29/2026 From committee: Be ordered to second reading file pursuant to Senate Rule 28.8 and ordered to Consent Calendar.



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

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 2150](#)

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

Current Text: 06/25/2026 - Amended

Status: 06/25/2026 From committee chair, with author's amendments: Amend, and re-refer to committee. Read second time, amended, and re-referred to Com. on L., P.E. & R.

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



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

cardiopulmonary resuscitation (CPR) certification training of its employees to also require those employees, except as specified, to take an online video module training on the use of naloxone to increase the rate of opioid overdose reversals, as prescribed. (Based on 06/25/2026 text)

Position: Support

Date Position Taken: 06/17/2026

[AB 2161](#)

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

Current Text: 05/18/2026 - Amended

Status: 06/03/2026 - Referred to Com. on HEALTH.

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 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: 06/25/2026 From committee: Do pass and re-refer to Com. on APPR. with recommendation: To Consent Calendar. (Ayes 11. Noes 0.) (June 24). Re-referred to Com. on APPR.

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



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

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: 06/10/2026 - Referred to Com. on ED.

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 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) Community Assistance, Recovery, and Empowerment (CARE) court program.

Current Text: 06/25/2026 - Amended

Status: 06/25/2026 Read second time and amended. Re-referred to Com. on JUD.

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



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

schizophrenia and other psychotic disorders, and who meet other specified criteria. The Lanterman-Petris-Short Act authorizes a conservator of the person, of the estate, or of the person and the estate to be appointed for a person who is gravely disabled as a result of a mental health disorder or impairment by chronic alcoholism. Existing law requires the officer providing the conservatorship investigation, which may include a public guardian or a county mental health program, to investigate all available alternatives to conservatorship and to recommend conservatorship to the court only if no suitable alternatives are available. Existing law requires a conservatorship under these provisions to terminate after one year and specifies procedures if the conservator determines conservatorship is still required. This bill would authorize a conservator to, upon the termination of a conservatorship, request the court refer the conservatee to CARE court, as specified. (Based on 06/25/2026 text)

Position: Oppose

Date Position Taken: 06/17/2026

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 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



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

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 490](#)

(Umberg, D) Alcohol and drug programs.

Current Text: 01/05/2026 - Amended

Status: 06/18/2026 - Referred to Com. on HEALTH. Pursuant to Assembly Rule 51.

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)



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

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 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: 06/08/2026 - Amended

Status: 06/16/2026 - Coauthors revised. From committee: Do pass and re-refer to Com. on P. & C.P. (Ayes 17. Noes 0.) (June 16). Re-referred to Com. on P. & C.P.

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 client or their authorized representative is informed that artificial intelligence will be used, informed of the purpose of the artificial



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

intelligence tool or system, and the patient or client or their authorized representative provides consent, as specified. The bill would prohibit an individual, corporation, or entity from advertising or otherwise purporting to offer psychotherapy services when the services are provided through the use of companion chatbots. (Based on 06/08/2026 text)

Position: Support

Date Position Taken: 04/15/2026

[SB 926](#)

([Strickland, R](#)) Public safety: Funding of Proposition 36 Act.

Current Text: 04/23/2026 - Amended

Status: 05/14/2026 - May 14 hearing: Held in committee and under submission.

Summary: Existing law generally provides financial support for cities and counties to provide public safety services, including, among other funding, moneys allocated through the Local Revenue Fund 2011 and its accounts. Existing law, enacted by the voters as the Homelessness, Drug Addiction, and Theft Reduction Act (Proposition 36) at the November 5, 2024, statewide general election, authorizes the Board of State and Community Corrections to allocate appropriate funds to counties and local governments for programs under the Treatment-Mandated Felony Act, as specified. This bill, the Funding of Proposition 36 Act, would create the California Public Safety Services Support Fund to be used, upon appropriation by the Legislature, to implement Proposition 36. The bill would, upon appropriation by the Legislature for the 2026–27 fiscal year, require the funds to be administered by the Board of State and Community Corrections, as specified. (Based on 04/23/2026 text)

Position: Watch

Date Position Taken: 06/17/2026

[SB 936](#)

([Blakespear, D](#)) Nitrous oxide: sales.

Current Text: 05/18/2026 - Amended

Status: 06/23/2026 June 23 hearing postponed by committee.

Summary: Existing law makes it a misdemeanor to possess nitrous oxide with the intent of inhaling it for specified purposes, including to cause intoxication. Existing law also makes it a misdemeanor to sell nitrous oxide to any person under 18 years of age. Existing law makes it a misdemeanor to dispense nitrous oxide to a person and knowing that the person will use it for specified prohibited purposes, if that person then causes death or great bodily injury to themselves or another person. Existing law, the Cigarette and Tobacco Products Licensing Act of 2003, requires a retailer, as defined, to hold a license from the California Department of Tax and Fee Administration to engage in the sale of cigarettes or tobacco products. 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



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

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. (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: 06/18/2026 - Amended

Status: 06/23/2026 From committee: Do pass and re-refer to Com. on APPR. (Ayes 11. Noes 0.) (June 23). Re-referred to Com. on APPR. Coauthors revised.

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 06/18/2026 text)

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: 06/16/2026 - Coauthors revised. From committee: Do pass and re-refer to Com. on HEALTH. (Ayes 9. Noes 1.) (June 16). Re-referred to Com. on HEALTH.



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

Summary: The Lanterman-Petris-Short Act (LPS Act) generally provides for the evaluation, treatment, and civil commitment of persons with mental health disorders and other specified persons. Existing law authorizes, under a superior court order, an evaluation of a person alleged, as a result of mental disorder, to be a danger to themselves or others or to be gravely disabled, and authorizes any individual to apply to the person or agency designated by the county for a petition to the court requesting that an evaluation of the person's condition be made. Existing law requires persons who have been detained for evaluation to be released, referred for care and treatment on a voluntary basis, certified for intensive treatment, or recommended for conservatorship under the LPS Act. The CARE Act authorizes a court to terminate a respondent's participation in the CARE process if the court determines that the respondent is not participating in the CARE process or is not adhering to their CARE plan, as specified, and authorizes the court to order the court-ordered evaluation under the LPS Act. 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. The bill would authorize the court to issue an order for a mental health evaluation under the LPS Act if the CARE Act petition or report prepared by the county behavioral health agency establishes probable cause to support the evaluation and the respondent will not voluntarily receive crisis intervention services or an evaluation, as specified. The bill would also make other technical, conforming changes. (Based on 05/14/2026 text)

Position: Oppose

Date Position Taken: 05/20/2026

[SB 1401](#)

(Stern, D) Criminal procedure: competence to stand trial.

Current Text: 06/25/2026 – Amended

Status: 06/25/2026 Read second time and amended. Re-referred to Com. on APPR.

Summary: Existing law prohibits a person from being tried or adjudged to punishment while that person is mentally incompetent. Existing law requires the court to, for a person found mentally incompetent and not charged with certain felony offenses, among other things, determine whether restoring the person to mental competence is in the interests of justice. Existing law requires the court to, if restoring the person to mental competence is not in the interests of justice, conduct a hearing, as specified, and determine the person's eligibility for diversion. Under existing law, if the court determines that the person is ineligible or unsuitable for diversion, the court is authorized to hold a hearing to determine the person's other options, including referral to assisted outpatient treatment, county



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

conservatorship, and the CARE program. Existing law requires a person's charges to be dismissed if the person is accepted into assisted outpatient treatment or the CARE program or upon a filing of either a temporary or permanent conservatorship petition. This bill would authorize a county behavioral health agency to report to the court regarding relevant confidential medical information for the purpose of determining eligibility for behavioral health services pursuant to the above provisions. (Based on 06/25/2026 text)

Position: Oppose

Date Position Taken: 06/17/2026

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