

California Behavioral Health Planning Council

Legislation and Public Policy Committee Agenda

Wednesday, October 21, 2026

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

[Embassy Suites San Francisco Airport-South San Francisco](#)

250 Gateway Boulevard,
South San Francisco, CA 94080
Stanley Room

[Zoom Meeting Link](#)

Meeting ID: 937 2604 3964

Passcode: 987847

Join by phone: 1-669-900-6833

Passcode: 987847

- 1:30 p.m. Welcome, Introductions, and Housekeeping**
Javier Moreno, Chairperson and Maydy Lo, Council Staff
- 1:35 p.m. Review and Accept June 2026 and July 2026 Meeting Minutes (Action)** **Tab 1**
Deborah Starkey, Chairperson
- Committee Discussion
 - Public Comment
 - Accept Minutes
- 1:40 p.m. CBHPC 2026 Advocacy and Policy Update** **Tab 2**
Jenny Bayardo, Executive Officer and Maydy Lo, Council Staff
- 2:00 p.m. CBHPC Year-End Legislative Report** **Tab 3**
Maydy Lo, Council Staff
- 2:10 p.m. Review Policy Platform (Action)** **Tab 4**
Javier Moreno, Chairperson and All LPPC Members
- 2:25 p.m. 10-minute Break**
- 2:35 p.m. Discussion on 2027 Policy Priorities** **Tab 5**
Javier Moreno, Chairperson and All LPPC Members
- 3:10 p.m. Commission on Aging: Legislative Priorities** **Tab 6**
Karol Swartzlander, Executive Director, California Commission on Aging
- Presentation
 - Committee Question-and-Answer
- 3:35 p.m. 10-minute Break**

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

California Behavioral Health Planning Council

- 3:45 p.m. Discussion of Committee Legislative Strategies and Public Policy Activities for 2027-2028 Legislative Cycle** Tab 7
Javier Moreno, Chairperson and All LPPC Members
- 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
- 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

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

TAB 1

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

Wednesday, October 21, 2026

Agenda Item: Review and Accept June 2026 and July 2026 Meeting Minutes (Action)

Enclosures: June 2026 Draft Meeting Minutes

July 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.

California Behavioral Health Planning Council

Legislation and Public Policy Committee Quarterly Meeting

June 17, 2026
Meeting Minutes
DRAFT

Members Present:

Javier Moreno, Chairperson

Deborah Starkey, Chair-Elect

Karen Baylor

Danielle Sena

Erin Franco*

Daphne Shaw

Ian Kemmer

Tony Vartain

Barbara Mitchell

Susan Wilson

Catherine Moore

Milan Zavala

Noel O' Neill

Uma Zykovsky

Liz Oseguera

Staff Present: Jenny Bayardo, Maydy Lo, Naomi Ramirez

* = *Virtual Attendance*

Agenda Item: Welcome, Introductions, and Housekeeping

Chairperson Javier Moreno called the meeting to order and welcomed Council Members and attendees. A quorum was established with 15 of 19 members present.

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

The committee reviewed the draft minutes for the April 2026 and May 2026 meetings.

The draft minutes for the April 2026 Quarterly Meeting were accepted with a revision to reflect that Deborah attended virtually.

The draft minutes for the May 2026 In-Between Meeting were accepted with no revisions.

Agenda Item: CBHPC Legislative Positions List (Action)

California Behavioral Health Planning Council

Chairperson Javier Moreno outlined the committee's intentional approach to review selected bills that align with both the Council's Focus and the committee's Policy Priorities for the year. He provided a summary of the committee's current Legislative Positions List, noting that the Council took action on a total of 22 bills, including 14 "Support" positions, 7 "Oppose" positions, and 1 "Watch" position. Javier also informed the committee that two bills had significant changes in bill language and overall concept which may require reconsideration of the current positions. Council Staff Maydy Lo then presented an overview of the two bills requiring review and highlighted the major amendments.

Assembly Bill 1267 (Pellerin)

The Council previously supported Assembly Bill (AB) 1267 (Pellerin) which originally intended to require a consolidated license and certification that would allow alcohol or other drug recovery or treatment facilities to operate more than one facility within the same geographic location. The bill has since been amended and now proposes to prohibit minors under 18 years of age from being issued a marriage license or from establishing a domestic partnership. The Committee agreed to remove the bill from the Legislative Positions List as it is no longer relevant to behavioral health.

Senate Bill 28 (Umberg)

The Council previously took a watch position on Senate Bill (SB) 28 (Umberg), which introduced provisions related to Proposition 36. The most recent bill language introduces significant provisions to the Community Assistance, Recovery, and Empowerment (CARE) Act and the Lanterman-Petris-Short Act. Among other provisions, SB 28 intends to authorize conservators to request the court refer conservatees to CARE Court, upon termination of a conservatorship. The bill would additionally authorize an individual to qualify for the CARE Act if, among the other existing requirements, the person has not been clinically stabilized in ongoing voluntary treatment for more than 90 days prior to the CARE court filing.

Committee members expressed the following points during the discussion:

- The CARE Act has not been in implementation long enough to allow for a meaningful evaluation of its impact, making the bill's proposed significant changes premature and unreasonable.
- When an individual does not appear to be stabilized, it is not appropriate for individuals to come off conservatorship and then referred to CARE. This indicates that conservatorship has failed to facilitate the person's treatment.
- The bill provisions are changing the original framework of CARE and how it is coordinated.
- The numerous provisions to CARE will make it difficult for the state to evaluate or meaningfully incorporate data on program effectiveness, as ongoing changes will prevent data from aligning in a way that supports reliable measurement or analysis.

California Behavioral Health Planning Council

- The CARE program was established to engage individuals in voluntary services. However, given the low number of individuals currently participating, it appears that considerable effort is being directed toward demonstrating the program's success rather than addressing its underlying challenges. Existing processes already serve individuals with serious mental illness (SMI) who are unable to care for themselves through conservatorship. When individuals stabilize under conservatorship, they can be released and stepped down to a lower level of care, such as a full-service partnership. The provision allowing conservatees to be referred to CARE Court upon termination of conservatorship fundamentally undermines the original intent of CARE, which was designed to function as a voluntary pathway distinct from the conservatorship system.
- By broadening the definition of a 'licensed behavioral health professional' to disciplines without expertise in clinical assessments, the bill appears to weaken the safeguards intended to ensure appropriate clinical evaluations in attempts to increase the number of individuals.
- When someone wants to transition out of an institute for mental disease (IMD) but is not ready yet for independent living, they can be stepped down to a less restrictive setting. Although the conservatorship remains in place, these settings allow individuals more community access and opportunities to re-establish daily living skills and routines.

Motion: Daphne Shaw made a motion to oppose SB 28. Tony Vartan seconded the motion.

Vote: A roll call vote was taken. The motion passed with 9 members voting "Yes". Ian Kemmer, Javier Moreno, Liz Oseguera, Danielle Sena, and Milan Zavala abstained. Erin Franco voted "No".

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

Public Comment: There were no public comments.

Maydy also highlighted the legislative advocacy activities completed since the April meeting for bills that the Council has taken positions on which included the following:

- Support Letters were sent out for Assembly Bill 96 (Jackson), Senate Bill 936 (Blakespear), and Assembly Bill 2003 (Berman).
- An Opposition Letter was sent out for Senate Bill 1016 (Blakespear).
- A recommendations letter was sent to Assemblymember Bonta's office regarding recommended amendments to Assembly Bill 2161.
- Council Staff attended hearings for Senate Bill 1221 (Stern) and Senate Bill 989 (Blakespear) to state the Council's opposition.

Agenda Item: **Consent Agenda (Action)**

California Behavioral Health Planning Council

The committee reviewed the Consent Agenda which outlined the proposed position and priority tier for the following bills:

- Position: **SUPPORT** Priority Tier: **3 – LOWER**
 - Assembly Bill 1586 (Ramos): Opioid overdose reversal medication: school resource officers.
 - Assembly Bill 1932 (Elhawary): Department of Social Services: C.R.I.S.E.S Grant Pilot Program.
 - Assembly Bill 2150 (Haney): Employment: training requirements: opioid overdose reversals.

Motion: Barbara Mitchell made a motion to approve the Consent Agenda. Daphne Shaw seconded the motion.

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

Public Comment: There were no public comments.

Agenda Item: **Assembly Bill 1556 (Action)**

The Committee revisited Assembly Bill (AB) 1556 (Haney), which was briefly discussed during the May 2026 In-Between meeting. The Committee was unable to take a position at that time due to time constraints. AB 1556 intends to define a recovery residence and specify requirements that recovery residences would have to meet in order to be eligible for state funding, including, but not limited to, the residence satisfies the core components of Housing First and relapse is not, unless there is another lease violation, grounds for eviction and residents receive relapse support.

The Housing and Homelessness Committee (HHC) Chairperson Barbara Mitchell shared that a brief discussion was held between her and Chairperson Javier Moreno about the bill. Barbara outlined the modifications to the bill that were identified during this discussion and provided to the author's office, which included:

- 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.

California Behavioral Health Planning Council

- Eliminate all mentions of “permanent supportive housing” when referring to recovery residences.

Committee members expressed the following points during the discussion:

- The proposed changes would shift the definition of recovery residences from a substance use disorder (SUD) focused model to one centered more heavily on homelessness. The current definition describes recovery residences as primary housing for individuals seeking a cooperative living arrangement that supports recovery from SUD. The proposed language adds a new eligibility criterion for individuals to be experiencing, or at risk of, homelessness. This reframes eligibility around housing status rather than the presence of a SUD, which could lead to individuals not being able to access recovery residences without an unhoused or at risk of homelessness status.
 - It was recommended that the bill include clarifying language to ensure that individuals with a SUD may continue to access recovery residences regardless of their housing status.
- There remains a need for abstinence-based housing options for individuals with behavioral health needs, as Housing First only models do not meet everyone’s needs.
- With ongoing housing shortages, providers may face challenges securing alternative placements for tenants who wish to leave a residence or for those who have violated lease agreements. Other programs may be reluctant to accept individuals with lease violations, further limiting placement options.
- Currently, there are no statutes that enable California to fund recovery housing. AB 1556 would establish the framework needed to allow the state to do so.

Motion: Barbara Mitchell made a motion to support AB 1556 if amended. The support would be contingent upon the inclusion of the previously provided amendments and clarification language to ensure individuals with a SUD are able to continue accessing recovery residences regardless of their housing status.

Danielle Sena seconded the motion.

Vote: A roll call vote was taken. The motion passed with 13 members voting “Yes”. Erin Franco abstained. Susan Wilson 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 1899 Presentation**

This agenda item was cancelled as Assemblymember Jessica Caloza was unable to attend as a guest speaker.

California Behavioral Health Planning Council

Agenda Item: Committee Discussion on Assembly Bill 1899 (Action)

The Committee proceeded with a discussion on Assembly Bill (AB) 1899 (Caloza) which 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.

Committee members expressed the following points during the discussion:

- The Department of Housing and Community Development (HCD) is currently undergoing reorganization and should complete this process before creating and funding additional advisory offices.
- Youth in foster care often become lost in the system and struggle to achieve housing stability, including those who are pursuing higher education.
- There is a significant gap in care and services, particularly housing, for youth aging out of the foster system. Establishing this office would help address the needs of this population by coordinating statewide solutions rather than relying on county-by-county efforts.
- The bill does not seem to include emphasis on supporting individuals with substance use disorders.
- The proposed advisory committee composition does not meaningfully include youth with lived experience or their families who should be the majority stakeholders.
- More information is needed on the outcome measures and how they will be evaluated.

Motion: Ian Kemmer made a motion to watch AB 1899. Catherine Moore seconded the motion.

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

Designated Priority Tier: Not applicable.

Public Comment: There were no public comments.

California Behavioral Health Planning Council

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

Gail Gronert, Director of Strategic Initiatives at the County Behavioral Health Directors Association (CBHDA), provided an overview of key proposals in the Governor's May Revision of the 2026-2027 state budget and outlined what to expect next in the budget process.

The Governor released the May Revision on May 15, 2026, and Gail noted that it did not just include an update to the January budget proposal but introduced several significant new items. Both the Assembly and Senate have since released their versions of the budget. Following these releases, the two houses reached a joint budget agreement that reflects shared priorities. Once a budget agreement is released, it must be available for public review for 72 hours before a vote may occur.

The legislature voted on the budget bill on June 15, 2026, and the Governor then has 12 days to sign or veto the Legislature's budget bill. However, because the 12th day falls on a weekend, the effective deadline is June 29, 2026. The Governor may veto the bill in full or reduce or eliminate individual appropriations.

The legislature and Governor may reach agreement on the entire budget by the deadline, or they may agree on core elements and continue negotiating changes through subsequent budget bills amending the June 15 bill. Depending on the negotiations, there may be one "budget bill junior" or several additional vehicles. Negotiations with the Administration continue until a final plan is reached, allowing additional time for the Legislature to consider the proposed trailer bills. Trailer bill language contains new or amended statutory provisions that continue beyond a single fiscal year, updating state law until further changed.

Gail outlined several behavioral health proposals in the legislature's budget bill, which included:

- Preservation of the Medi-Cal Mobile Crisis Benefit.
- Funding of 988 call centers.
- Restoration of the Community Advocacy Program grants managed by the Commission on Behavioral Health.
- Allocation of \$50 million to fund Proposition 36 activities, although there are no details about the allocation of how this would be spent.

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

- As a result of how Proposition 1 is structured, wellness centers are shifted to the Department of Public Health which is not yet prepared to administer or allocate the associated prevention funds.

California Behavioral Health Planning Council

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

Carli Stelzer, Senior Policy and Legislative Affairs Advisor at the California Behavioral Health Association (CBHA), offered a provider perspective on the May Revision and outlined other major behavioral health proposals within the legislature's budget including:

- Rejection of the proposal to redirect Behavioral Health Services Fund resources away from the Children and Youth Behavioral Health Initiative's Behavioral Health Services and Supports Platforms.
 - This proposal raised concerns among advocates and individuals who rely on these funds to support wellness coaches in school-based settings. Such a redirection could reduce the supports available to providers who depend on wellness coaches to deliver services to children and youth.
- Redirection of \$4.5 million Behavioral Health Services Fund to Department of Health Care Access and Information (HCAI) to support the Title IV-E Stipend Program.
- \$5 million General Fund for a behavioral health pilot program to treat individuals with severe schizophrenia.
- Approval of the redirection of Opioid Settlements Fund to support the non-federal share of expenditures on the Drug Medi-Cal Organized Delivery System (DMC-ODS) services in Medi-Cal.

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

- CBHA has been in communication with the Department of Health Care Services (DHCS) regarding federal guidance on the community and work engagement requirements and will be meeting with the Department to obtain further clarity.
- CBHA members have expressed concerns about the sustainability of services and the need to leverage additional funding sources to maintain service levels.
- There is anticipation of increased demand for high-acuity substance use disorder services including residential treatment, crisis stabilization, emergency department care, inpatient psychiatric services, and detox, which may place additional strain on county behavioral health departments and, in turn, on community-based providers.
- It is anticipated that adult behavioral health populations would be most affected by coverage losses associated with the community and work requirements beginning in 2027.

Agenda Item: Senate Bill 926 (Action)

California Behavioral Health Planning Council

The Committee discussed Senate Bill (SB) 926 which 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.

Committee members expressed the following points during the discussion:

- Diversion programs may generate cost savings when individuals choose diversion over incarceration, potentially reducing expenditures for law enforcement departments. These savings could serve as a funding source for Proposition 36.
- Given recent state budget proposals redirecting Behavioral Health Services Act (BHSA) funds to offset General Fund shortfalls, this bill may set a precedent for using BHSA dollars to backfill this commitment.
- Although the bill highlights where the funding will be allocated to, there is a lack of transparency regarding the specific dollar amounts that would be allocated to each identified sector.

Motion: Liz Oseguera made a motion to watch SB 926. Karen Baylor seconded the motion.

Vote: A roll call vote was taken. The motion passed with 13 members voting "Yes". Ian Kemmer and Susan Wilson abstained.

Designated Priority Tier: Not applicable.

Public Comment: There were no public comments.

Agenda Item: Senate Bill 1401 (Action)

Council Member Daphne Shaw highlighted the Patient Rights Committee's (PRC) discussion and recommendations for Senate Bill (SB) 1401 (Stern). SB 1401 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.

California Behavioral Health Planning Council

PRC has concerns regarding courts making clinical determinations without the appropriate clinical expertise or background. Based on these concerns, the PRC recommended taking an oppose position on SB 1401.

Committee members expressed the following points during the discussion:

- Records related to an individual's substance use treatment history have traditionally been highly protected. IST cases typically involve a small, specialized group of professionals, and the bill's expansion of those authorized to make clinical determinations would significantly broaden the number of people with access to this sensitive information.
- Allowing professionals outside of a clinical team to make clinical determinations is problematic and can potentially lead to a slippery slope.

Motion: Daphne Shaw made a motion to oppose SB 1401. Susan Wilson seconded the motion.

Vote: A roll call vote was taken. The motion passed with 12 members voting "Yes". Catherine Moore voted "No". Tony Vartan and Erin Franco were not present for the roll call vote.

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

Public Comment: There were no public comments.

Agenda Item: Assembly Bill 1825 (Action)

The Committee discussed Assembly Bill (AB) 1825 (Krell) which would specify factors that a chief psychiatrist within the California Department of Corrections and Rehabilitation (CDCR) would consider when determining whether the incarcerated individual with a severe mental health condition poses a substantial danger of physical harm to others. It also specifies components within exit plans for incarcerated individuals who are eligible for release, including the submission of a Medi-Cal application, and recommendations for services such as Assisted outpatient treatment, the Community Assistance, Recovery, and Empowerment (CARE) Act, and consideration for Lanterman-Petris-Short (LPS) Act proceedings.

Committee members expressed the following points during the discussion:

- The bill appears to be automatically restricting individuals' options upon release solely based on them having a mental health disorder which constitutes a non-parity practice. This approach is prejudicial and represents an overreach.

Motion: Susan Wilson made a motion to oppose AB 1825. Daphne Shaw seconded the motion.

California Behavioral Health Planning Council

Vote: A roll call vote was taken. The motion passed with 6 members voting “Yes”. Ian Kemmer, Barbara Mitchell, Noel O’Neill, Liz Oseguera, Danielle Sena, and Milan Zavala abstained. Catherine Moore voted “No”. Erin Franco and Tony Vartan were not present for the roll call vote.

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

Public Comment: There were no public comments.

Agenda Item: General Public Comment

There were no public comments.

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

The Committee expressed interest in holding an in-between meeting to discuss legislation. Therefore, Council staff will work with the committee to schedule an in-between meeting for July 2026.

The meeting adjourned at 4:48 p.m.

California Behavioral Health Planning Council

Legislation and Public Policy Committee In-Between Meeting

July 21, 2026
Meeting Minutes
DRAFT

Members Present:

Javier Moreno, Chairperson

Deborah Starkey, Chair-Elect

Karen Baylor
Monica Caffey
Erin Franco
Barbara Mitchell
Noel O'Neill

Danielle Sena
Daphne Shaw
Susan Wilson
Milan Zavala
Uma Zykovsky

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 12 of 19 members present.

Agenda Item: **Review of Committee Processes for Legislative Discussions**

Chairperson Javier Moreno emphasized the need for committee members to clearly understand legislative positions and voting options. Javier also noted that, moving forward, the committee will review the standards at the start of each meeting to ensure members are well-informed and prepared to discuss legislation.

Council Staff Maydy Lo then outlined the committee's standards for reviewing legislation, including how motions are made, the available voting options, and the process for prioritizing bills. Javier highlighted the importance of thoughtfully considering priority tiers for bills and emphasized the need for the committee to provide comments or the rationale that clearly supports its chosen position, ensuring that Council staff have sufficient information to accurately represent the Council's perspective.

Committee members expressed the following points during the discussion:

- Robert's Rules of Order does not provide specific guidance for situations in which one committee sends a recommendation to another. The Legislation and Public

California Behavioral Health Planning Council

Policy Committee (LPPC) could establish a practice in which a recommendation that has been discussed and voted on during another committee meeting is treated as the motion itself. The LPPC would then only need a second to proceed.

- Robert's Rules of Order have been recently updated regarding abstentions. It now clarifies that abstentions do not count as a yes or no vote, nor are they factored into the tally determining the majority or quorum. This means that abstentions do not count towards the majority unless it is clearly outlined in the voting process. Committee leadership and Council staff will review the recent version of Robert's Rules and make changes to the committee's voting processes accordingly.

Agenda Item: **Consent Agenda (Action)**

The committee reviewed the Consent Agenda which outlined the proposed position and priority tier for the following bills:

- Position: **SUPPORT** Priority Tier: **3 – LOWER**
 - Assembly Bill 2343 (Patel): Alcohol and other drug programs: consumer protection platform.
 - Senate Bill 1202 (Weber Pierson): Medi-Cal: dashboard and outreach.

Motion: Erin Franco made a motion to approve the Consent Agenda. Noel O'Neill seconded the motion.

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

Public Comment: There were no public comments.

Agenda Item: **Assembly Bill 2093 (Action)**

The Committee discussed Assembly Bill (AB) 2093 (Bauer-Kahan) which would require the Office of Emergency Services, in consultation with the Department of Health Care Services (DHCS), to develop and adopt mandatory statewide protocols governing the transfer of calls and communications from 911 to 988 centers, including coordination standards between 988 centers, emergency medical services providers, mobile crisis teams, and public safety agencies.

Committee members expressed the following points during the discussion:

- AB 2093 supports key Council priorities such as prevention, early intervention, and person-centered care, reinforcing the bill's relevance to the Council's broader policy goals.

California Behavioral Health Planning Council

- The California Behavioral Health Directors Association (CBHDA) withdrew its support for the bill primarily because it is not included in the governance board the bill establishes. Given CBHDA's role in managing the public behavioral health system at the local level, CBHDA believed its representation is essential.
- Users of the 988 services have reported experiencing barriers including extended hold times, therefore, establishing a governance board could help address these ongoing issues within the 988 system.

Motion: Uma Zykofsky made a motion to support AB 2093 if amended. The support would be contingent upon the inclusion of individuals with lived experience of the 988 system and/or organizations that represent the voices of those with lived experience on the 988 System Governance Board as well as clarification of the funding allocations for each partner entity.

Daphne Shaw seconded the motion.

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

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

Public Comment: There were no public comments.

Agenda Item: Senate Bill 1242 (Action)

The Committee discussed Senate Bill (SB) 1242 (Choi) which intends to allow the original petitioner of a Community Assistance, Recovery, and Empowerment (CARE) Act petition to provide information regarding the respondent to the CARE team and the court throughout the proceedings. Information about the respondent that may be shared includes the individual's treatment history, housing status, engagement in services, and compliance with a CARE agreement or a CARE plan. The information provided by the original petitioner may be considered by the court in evaluating the individual's progress.

Committee members expressed the following points during the discussion:

- Beyond the initial communications, family members can provide additional information about the respondent to the county behavioral health departments. Families can also share information and participate in care coordination when appropriate release forms are signed. Therefore, further clarification is needed regarding what the bill truly intends to accomplish.
- Family members often have the longest and most consistent history supporting individuals with behavioral health conditions, making them a valuable source of information for the courts and care teams. They are also frequently the people individuals return home to live with, underscoring their ongoing role in care and stability. However, many families with loved ones involved in the CARE process often feel excluded from key stages of that process which can also create

California Behavioral Health Planning Council

barriers to meaningful engagement. This is especially important because individuals typically experience higher recovery rates when their families are actively involved in their treatment.

- Once a case reaches the court and a care team is established for a client, it is important that all team members stay informed about the client's progress, or any regression, so they can provide consistent and effective support. If the team is not working cohesively, the client ultimately does not benefit.
- Although outside information can be beneficial and may support the recovery of individuals who are incapacitated, there are no safeguards to ensure that information provided by family members is factual, accurate, or properly validated. Questions remain regarding how such information would be verified, how long family members may continue providing input, and whether the individual has an opportunity to challenge or correct what has been shared.

Motion: Erin Franco made a motion to support SB 1242. Noel O'Neill seconded the motion.

Vote: A roll call vote was taken. The motion did not pass with 3 members voting "Yes". Karen Baylor, Barbara Mitchell, Javier Moreno, Danielle Sena, Daphne Shaw, Deborah Starkey, Susan Wilson, and Uma Zykofofsy voted "No". Milan Zavala Abstained.

Designated Priority Tier: Not Applicable.

Public Comment: There were no public comments.

Agenda Item: Assembly Bill 2201 (Action)

The Committee discussed Assembly Bill (AB) 2201 (Boerner) which intends to restore key flexibilities within California's Medi-Cal program to streamline the eligibility process and support county efficiency for renewal processing. AB 2201 would require counties to verify countable income and assets renewal without requesting additional verification or documentation if any of the specified sets of conditions are met for annual or six-month redeterminations.

Committee members expressed the following points during the discussion:

- The bill provisions could be expanded to include individuals with incomes outside of Supplemental Security Income, such as those receiving General Assistance. However, the bill does create a pathway to address this gap moving forward.
- The bill would help reduce the loss of coverage.

Motion: Uma Zykofofsy made a motion to support AB 2201. Daphne Shaw seconded the motion.

California Behavioral Health Planning Council

Vote: A roll call vote was taken. The motion passed with 9 members voting “Yes”. Erin Franco voted “No”. Deborah Starkey and Daneille Sena were not present for the roll call vote.

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

Public Comment: There were no public comments.

Agenda Item: **General Public Comment**

There were no public comments.

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

Chairperson Javier Moreno thanked the committee members for their attendance and participation.

The meeting adjourned at 11:02 a.m.

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

Wednesday, October 21, 2026

Agenda Item: CBHPC 2026 Advocacy and Policy Update

Enclosure: [California Advancing and Innovating Medi-Cal \(CalAIM\) Recommendations](#)

[Behavioral Health Services Act Housing Policy Recommendations](#)

[State Guidance on Recovery Housing Recommendations](#)

[Draft Housing Development and Finance Committee \(HDFC\) Regulations
Recommendations](#)

[Coalition Letter in Opposition to the U.S. Housing and Urban Development
on Verification of Eligible Status](#)

[Behavioral Health Services Act County Policy Manual Module Six
Recommendations](#)

[Behavioral Health Services Act Integrated Plan Public Forum Summary
Report](#)

[CBHPC Advocacy and Impact on Peer Support Specialist Certification Fact
Sheet](#)

[Patients' Rights Committee Fact Sheet](#)

Connection to Council Mission

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

The California Behavioral Health Planning Council (CBHPC) is mandated by federal and state statutes to advocate for children with serious emotional disturbance and their families and for adults and older adults with serious mental illness. The CBHPC also reviews and reports on outcomes for the public behavioral health system and advises the Department of Health Care Services, the Legislature, and county mental health boards on policies and priorities the state should pursue in developing its behavioral health system. To fulfill these statutory responsibilities, staff facilitates the committees' work and carry out a wide range of activities that advance the CBHPC's mission and statewide behavioral health priorities.

Background/Description:

During this agenda item, Executive Officer Jenny Bayardo and Council Staff Maydy Lo will provide an overview of CBHPC's advocacy efforts throughout the year, including work related to policy recommendations, strengthening legislative relationships, and elevating the visibility and voice of the CBHPC.

The presentation will include three major components: Behavioral health policy activities, CBHPC representation and advocacy, and CBHPC public policy recommendations.

Behavioral Health Policy Activities: Staff support CBHPC's broader policy priorities and statutory responsibilities.

- *Coordinate the Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant activities:* Public Law 102-321 requires the CBHPC to review bi-annual State applications and annual Implementation Reports. CBHPC staff facilitates the required activities such as gathering Council Member input to prepare the CBHPC's recommendations for submission to the Department of Health Care Services.
- *Engage with legislative staff on policy positions and recommendations:* CBHPC Staff responds to inquiries directly received from legislative personnel regarding CBHPC positions and recommendations on behavioral health policy issues or bills.
- *Monitor the Governor's Budget proposals and advocate for priority issues:* CBHPC staff track updates related to the Governor's budget and implement advocacy activities as needed to ensure the budget adequately supports an accessible and effective public behavioral health system.
- *Plan and coordinate public forums:* Public forums give community members the opportunity to gain insight into policy changes and share feedback with the CBHPC. The input gathered through these forums informs the CBHPC's recommendations. CBHPC staff lead in the planning and coordination of public forums, including organizing logistics, developing materials, supporting in the facilitation of stakeholder participation, and preparing reports to reflect input gathered from community members.

CBHPC Representation and Advocacy: Staff represent CBHPC in meetings, forums, workshops, and stakeholder engagements, ensuring the CBHPC's perspectives are communicated and visibility across the behavioral health space is strengthened.

- *Develop relationships with the Legislature:* In partnership with the Executive Officer and Chief of Operations, staff coordinates and meets with Legislators and legislative staff, including committee consultants, to elevate the voice of the CBHPC and advance the priorities.

- *Develop informational materials to support efforts in educating the public, stakeholders, and the Legislature on CBHPC responsibilities and priorities:* CBHPC staff create literature such as fact sheets that outline the CBHPC's roles, responsibilities, and priorities. These materials are provided to members of the Legislature to inform them of the CBHPC's mission and policy recommendations.
- *Attend external meetings:* CBHPC staff attend various meetings to support cross-agency collaboration, remain informed on statewide behavioral health developments, and promote the CBHPC's perspectives and priorities.
- *Participate in speaking engagements:* The Executive Officer participates in panel discussions as a panel member to uplift the CBHPC's perspectives, share about the CBHPC's work, and support informed dialogue across the behavioral health system.
- *Attend workshops and conferences:* CBHPC staff participate in external learning engagements to stay up to date on behavioral health trends to support informed CBHPC decision-making and policy recommendations.
- *Attend other events:* CBHPC staff attend a variety of relevant external events to represent and elevate the visibility of the CBHPC, strengthen relationships with partners, and gather insights on emerging behavioral health issues. Staff also participate in public-facing activities that promote awareness, community engagement, and connection with Californians affected by behavioral health policies.

CBHPC Public Policy Recommendations: The CBHPC's broader policy recommendations are developed through the other committees and the ad-hoc committee. CBHPC staff gather members' inputs and prepare the recommendations for submission to the appropriate entities. During the past year, the CBHPC staff facilitated the development of policy letters that convey the CBHPC's feedback for the following initiatives and priorities:

- *Behavioral Health Services Act (BHSA)*
 - *BHSA housing policy:* The CBHPC submitted recommendations to the Department of Health Care Services (DHCS) to strengthen the BHSA housing policies on the length of stay in interim housing and income-based tenant contributions in transitional housing.
 - *BHSA County Policy Manual Module Six:* The CBHPC provided comments to the DHCS on the BHSA County Policy Manual Module Six, which included components such as the Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR).
 - *BHSA Integrated Plan Public Forum Summary Report:* CBHPC hosted public forums to hear from behavioral health consumers and their families regarding their experiences with the BHSA Integrated Plan process. Feedback provided by community members is essential to understand how counties can better support meaningful engagement in the planning process for the next three-year Integrated Plan. CBHPC developed a

report with stakeholder feedback from the three public forums and recommendations for improving the community planning process.

- *California Advancing and Innovating Medi-Cal (CalAIM):* The CBHPC submitted recommendations to the DHCS for the draft CalAIM 1115 Demonstration Waiver Renewal Application that was released in February 2026.
- *Recovery Housing:* The CBHPC submitted a letter to the California Interagency Council on Homelessness (Cal ICH) regarding the state guidance, "[Implementing Recovery Housing Programs in Alignment with California Housing First Requirements](#)." It outlined the CBHPC's recommendations to strengthen resident safety, support recovery outcomes, and promote consistent implementation across programs.
- *Housing Development and Finance Committee (HDFC) Regulations:* In August 2026, the HDFC released its [draft regulatory framework](#) aimed at streamlining and modernizing California's affordable housing finance system simpler for public comment. The CBHPC submitted recommendations and feedback intended to strengthen coordination across systems, expand access to supportive housing, and promote stability for Californians with behavioral health needs.
- *Verification of Eligible Status:* The CBHPC signed onto a coalition letter to oppose the Department of Housing and Urban Development's (HUD) proposed rule targeting lawfully present immigrants and U.S. citizens in immigrant families. The proposed rule would worsen the nation's housing affordability crisis and have significant impacts for families.

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

Wednesday, October 21, 2026

Agenda Item: CBHPC Year-End Legislative Report

Enclosure: [Assembly Bill \(AB\) 1626 Letter to the Governor](#)

[Assembly Bill \(AB\) 1825 Opposition Letter to the Senate Health Committee](#)

[Assembly Bill \(AB\) 2161 Support Letter to the Senate Health Committee](#)

[Assembly Bill \(AB\) 2460 Support Letter to the Senate Education Committee](#)

[Senate Bill \(SB\) 28 Opposition Letter to the Assembly Appropriations](#)

[Senate Bill \(SB\) 490 Opposition Letter to the Assembly Health Committee](#)

Connection to Council Mission

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

The California Behavioral Health Planning Council's (CBHPC) legislative activities included in the Year-End Legislative Report document some of the CBHPC's effort to advocate for an adequate behavioral health system. It also informs the public, behavioral health constituents, and legislators on issues that impact individuals with Serious Mental Illness (SMI), Serious Emotional Disturbances (SED), and Substance Use Disorders (SUD).

Background/Description:

The Legislation and Public Policy Committee's activities throughout the year have assisted the Council in fulfilling its statutory responsibility to advocate for individuals with Serious Mental Illness (SMI), Serious Emotional Disturbances (SED), and Substance Use Disorders (SUD).

The Year-End Legislative Report provides a summary of the bills reviewed during the second half of the 2025-2026 legislative session, CBHPC's positions, and the outcome. The report also includes two-year bills that the committee took positions on during the first year of the legislative session and were carried over into the second year. Committee members will have an opportunity to provide feedback on the Year-End

Legislative Report and may consider potential advocacy strategies for supported bills that did not advance or were vetoed. The committee may also identify key committee work to highlight in the CBHPC's Annual Report.

Council Staff Maydy Lo will also outline advocacy activities completed since the June 2026 meeting for bills that the Council took positions on.

The Year-End Legislative Report will be distributed to members no less than seven days before the meeting to ensure the inclusion of the most up-to-date information on legislative outcomes for the 2026 session.

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

Wednesday, October 21, 2026

Agenda Item: Review Policy Platform (Action)

Enclosure: Draft Revised Policy Platform

Connection 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 California Behavioral Health Planning Council (CBHPC). The annual Policy Priorities list is developed in alignment with the CBHPC's Focus. Together, these tools support the CBHPC'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 Policy Platform was developed as a tool for staff to use in the identification of legislation to be brought forward for the committee's consideration. It outlines the CBHPC's perspectives on priority issues and legislation to effectively advocate for access to timely and appropriate care to improve the quality of life for people with behavioral health conditions. The platform also provides the public with an overview of the CBHPC's policy priorities.

The committee last reviewed and revised the Policy Platform during the April 2025 meeting. In March 2026, committee leadership and Council Staff made minor updates including more accurate terminology, reordered sections, and grammatical edits.

During this agenda item, the committee will review a draft revised Policy Platform. The recommended edits incorporate changes reflected in updated charters and workplans across all CBHPC committees. The committee may also recommend additional revisions to ensure the Policy Platform accurately reflects the committee's priorities.

Revisions on the updated Policy Platform are identified as follows:

- Added language is designated with underline.
- Deleted language is designated with a strike out.

Action: To adopt the revised Policy Platform.



Policy Platform

Draft

The California Behavioral Health Planning Council (CBHPC) is mandated by federal and state statutes to advocate for children with serious emotional disturbance and their families and for adults and older adults with serious mental illness; to review and report on outcomes for the public behavioral health system; and to advise the Department of Health Care Services and the Legislature on policies and priorities the state should pursue in developing its behavioral health and substance use disorder systems.

MISSION

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

VISION

A behavioral health system that makes it possible for individuals to lead full and purposeful lives.

GUIDING PRINCIPLES

Wellness and Recovery: Wellness and recovery may be achieved through multiple pathways that support an individual to live a fulfilled life and reach their full potential.

Resiliency Across the lifespan: Resilience emerges when individuals of all ages are empowered and supported to cope with life events.

Advocacy and Education: Effective advocacy for policy change statewide starts with educating the public and decision makers on behavioral health issues.

Persons with Lived Experience and Family Voice: Individuals and family members are included in all aspects of policy development and system delivery.

Cultural Humility and Responsiveness: Services must be delivered in a way that is responsive to the needs of California's diverse populations and respects all aspects of an individual's culture.

Parity and System Accountability: A quality public behavioral health system includes stakeholder input, parity and performance measures that improve services and outcomes.

INTRODUCTION

The purpose of the Policy Platform is to outline CBHPC's perspectives on priority issues and legislation to effectively advocate for access to timely and appropriate care to improve the quality of life for persons with serious mental illness/emotional disturbance, ~~including those diagnosed with~~ and substance use disorders. The Platform is intended to be used by staff to identify legislation of interest to the ~~Council~~ CBHPC and inform stakeholders of the CBHPC's perspective on priority policy areas. All aspects of the guiding principles are considered in the positions the CBHPC takes.

The perspective of the CBHPC on overarching behavioral health issues as well as priority policy areas are outlined in the sections below.

OVERARCHING BEHAVIORAL HEALTH PRINCIPLES

1. Reduce and eliminate stigma and discrimination.
2. Augment behavioral health funding, consistent with the principles of least restrictive quality evidence-based care and easy, timely access to services for all Californians eligible for care in the public behavioral health system.
3. Promote appropriate services to be delivered in the least restrictive setting possible.
4. Support the mission, training and resources for local behavioral health boards and commissions.
5. Encourage a stakeholder process that fully embraces the participation and voice of persons with lived experience of serious mental illness and substance use disorders, family members, and providers, and fully represents the diversity and inclusion of persons served by the California public behavioral health system.
6. Monitor and advise on the implementation of the Behavioral Health Services Act, and advocate for further engagement of persons with lived experience and family members in the decision-making process.
7. Advocate for policies that result in long-term and sustainable funding.

PRIORITY POLICY AREAS

PATIENT RIGHTS

The CBHPC is mandated to monitor and report on the access, depth, sufficiency, and effectiveness of advocacy services provided to psychiatric patients. Additionally, to advise the directors of CA Department of State Hospitals and CA Department of Health Care Services on policies and practices that affect patients' rights at the county and state-level public behavioral health system provider sites.

Furthermore, the Patient's Rights Committee (PRC) intends to monitor the implementation of the Community Assistance, Recovery, and Empowerment (CARE) Act and evaluate its cost-effectiveness.

SUPPORT

1. Consistent application of Welfare and Institutions Code (WIC) Sections regarding the duties of Patients' Rights Advocates, especially WIC sections 5150, 5151, and 5152.
2. Attaining information from Patients' Rights Advocates on activities, procedures and priorities.
3. Informing local Behavioral Health Boards on the duties of Patients' Rights Advocates.
4. ~~Addressing the ratio of Patients' Rights Advocates to the general population.~~
Increasing Patient's Rights Advocate staffing and support in understaffed counties.
5. Effective training for Patients' Rights Advocates.
6. Whistleblower protections for all Patients' Rights Advocates.
7. Ensuring patients' rights protections for patients in substance use disorder (SUD) treatment facilities.

BEHAVIORAL HEALTH SYSTEM ACCOUNTABILITY AND EVALUATION

The CBHPC is mandated in state law to review and report on the public behavioral health system, to advocate for adults and older adults with serious mental illnesses and children and youth with serious emotional disturbances and their families, and to make recommendations regarding behavioral health policy development and priorities. This duty includes the following:

- Reviewing, assessing, and making recommendations regarding all components of the behavioral health and substance use disorder systems.
- Reviewing and approving performance indicators.
- Reviewing and reporting annually on the performance of behavioral health and substance use disorder programs based on data from performance indicators.
- Periodically reviewing the State's data systems and paperwork requirements to ensure they are reasonable.

~~The Performance Outcomes Committee (POC) surveys all counties annually through the Data Notebook. The theme of each notebook is determined by members and the information collected is intended to assist in closing the gaps in data and supporting the work of the CBHPC.~~

Local behavioral health boards/commissions are required to review performance outcomes data for their county and to report their findings to the CBHPC. To provide structure for the

report and to make the reporting easier, each year a Data Notebook is created for the boards/commissions to complete and submit to the CBHPC. Discussion questions seek input from the county behavioral health departments and boards/commissions. CBHPC staff analyze these responses to create annual reports to inform legislators, policy makers, and the public.

SUPPORT

1. Require increased use and coordination of data and evaluation processes at all levels of behavioral health services.
2. Adequate funding of evaluation of mental health/substance use disorder services.

HOUSING AND HOMELESSNESS

The CBHPC actively engages with stakeholder organizations to influence policy and ensure access to programs by unhoused individuals housing and supportive services for individuals experiencing or at-risk of homelessness who are served by the public behavioral health system. CBHPC's work covers the full age spectrum and recognizes that housing needs differ significantly for children, transitional age youth (TAY), adults, and older adults.

The CBHPC Housing and Homelessness Committee (HHC) also advocates on for legislation, and regulatory matters related to the housing crisis in California and funding and programs to serve persons who have mental illness and are unhoused. regulations, and funding that addresses California's housing crisis, with a focus on supporting individuals with behavioral health conditions. HHC monitors and recommends improvements to housing services and statewide homelessness strategies. The Committee also highlights exemplary service programs to promote effective models across the state. In addition, HHC supports the integration of cultural and linguistic competence in all programs, reviews fiscal impacts on service delivery, and addresses emerging issues to ensure inclusive, responsive, and sustainable housing solutions for diverse populations across the lifespan.

The Housing and Homelessness Committee (HHC) intends to monitor, review, evaluate and recommend improvements in the delivery of housing services and address the state's unhoused population. The committee intends to highlight and recognize outstanding service delivery programs, so that effective programs can be duplicated and shared throughout the state of California. Existing efforts for this committee's consideration include Housing First Policy, No Place Like Home (NPLH), state guidance on Recovery Housing, California Interagency Council on Homelessness (CAL Cal ICH), California Housing and Homelessness Agency (CHHA), and Behavioral Health Services Act (BHSA) Housing Programs Interventions, and Behavioral Health Infrastructure Bond Act. Additionally, the

~~committee is leading the CBHPC's efforts in addressing the current crisis with Adult Residential Facilities.~~

SUPPORT

1. Promoting a wide variety of housing options to meet the needs of people with serious behavioral health issues, including but not limited to serious mental illness and substance use disorders.
2. Lowering costs by eliminating duplicative, unnecessary, or ineffective regulatory or licensing mechanisms of programs or facilities.
3. Lowering costs to build and operate affordable housing by eliminating unnecessary building and zoning restrictions and removal of barriers imposed by the California Environmental Quality Act (CEQA).
4. Development of housing subsidies and resources so that housing is affordable to people living on Social Security Income (SSI)/Social Security Disability Insurance (SSDI) and people with similar limited incomes.
5. Expanding affordable housing and affordable supportive housing.
6. Initiative/policies to mitigate "Not in My Back Yard" (NIMBY) and restrictions on housing and siting facilities for providing behavioral health services.

WORKFORCE AND EMPLOYMENT

The Welfare and Institutions Code provide the CBHPC with specific responsibilities to advise the Department of Health Care Access and Information (HCAI) on education and training policy development and to provide oversight for the development of the Five-Year Workforce Education and Training Development (WET) Plan, as well as review and approval authority of the final plan.

The Workforce and Employment Committee (WEC) in conjunction with the Workforce Education and Training (WET) Steering Committee works closely with HCAI staff to provide input, feedback, and guidance and acts as the conduit for presenting information to the full CBHPC membership as it relates to its responsibilities set in law. Additionally, the committee leads efforts to secure funding for the WET plan. Aside from the activities related to the WET Plan, the committee is focused on addressing the employment of individuals with psychiatric disabilities and substance use disorders, as well as advocating for an adequate supply of and funding for behavioral health professionals across various provider types. Additionally, the WEC tracks, participates, and comments on workforce initiatives created by the Department of Health Care Services (DHCS), California Health and Human Services Agency (CalHHS), advocacy groups, educational institutions, and other partner organizations.

SUPPORT

1. Expand employment options for people with psychiatric disabilities, particularly processes that lead to certification and more professional status and establish stable career paths.
2. Address the human resources problem in the public behavioral health system with specific emphasis on increasing cultural diversity in efforts to reduce disparities and promote the employment of persons with lived experience and family members.
3. Ensure an adequate supply of and funding for behavioral health professionals to provide timely access to high-quality, culturally responsive, and equitable health care services for individuals living with serious mental illness and substance use disorders served in the public behavioral health system.
4. Support programs and engage with educational institutions providing stipends, loan forgiveness and other incentives and scholarships for persons committed to working in the public behavioral health system.
5. Support building the workforce of individuals with lived behavioral health experience through monitoring the success of statewide certification, training, and Medicaid reimbursement for Peer Support Specialists, Community Health Workers, and Wellness Coaches, including the promotion of equitable opportunities for career growth, at the state and local levels.
6. Advocate best practices that may be standardized across local agencies for County-specific workforce development initiatives and their successes and challenges.
7. Monitor and determine advocacy needs regarding data that shows the gaps of the hard-to-fill behavioral health professions on a statewide level including information about local partnerships providing education and training opportunities.

BEHAVIORAL HEALTH SYSTEM/CONTINUUM OF CARE

The CBHPC is statutorily required to advocate for timely access and continuity of care for persons with SMI and SED, addressing all levels of care from acute care to recovery of vocation and functionality across the lifespan.

The Systems and Medicaid Committee (SMC) is focused on Medicaid reform and transformation of California's public behavioral health system. The SMC is currently tracking California's Medicaid Infrastructure via the CalAIM 1115 and 1915(b) Waivers which provide the bulk of California's Medicaid Infrastructure, as well as the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative, and Behavioral Health Services Act (BHSA). The committee's activities include exploring options for the future system, engaging with various behavioral health stakeholders, and soliciting input to develop recommendations for the Department

of Health Care Services. Additionally, the committee is interested in promoting collaboration with areas of intersection with behavioral health and other systems including:

- Physical Health Care
- Child Welfare
- Juvenile Justice
- Criminal Justice
- Education
- Developmental Disabilities
- Vocational Rehabilitation
- Employment
- Aging
- Social Services
- Housing

SUPPORT

1. Promote the integration of mental health, substance use disorders and physical health care services for individuals with SMI/SED and individuals who intersect with the systems listed above such as criminal and juvenile justice, aging, and child welfare populations.
2. Monitor the use of data and cross-systems collaboration to support individuals with behavioral health conditions served by multiple care systems.
3. Safeguard legal requirements for behavioral health care parity and advocate for the improvement of behavioral health treatments to full parity with all other healthcare.
4. Provide comprehensive health care and improved quality of life for people living with ~~mental illness~~ behavioral health conditions and oppose any elimination of health benefits for low-income beneficiaries, and advocate for reinstatement of benefits that have been eliminated.
5. Reduce disparities and improve access to behavioral health services, particularly to unserved, underserved populations, and maintain or improve quality of services.
6. ~~Reduce the use of seclusion and restraint to the least extent possible.~~

Substance Use Disorders

The CBHPC is committed to fostering a healthier California by supporting activities focused on prevention of substance use, overdose reduction, and expanded access to a full continuum of care for individuals at risk of developing or who have developed a substance use disorder. The ~~Council~~ CBHPC supports efforts to reach the 95% of individuals who currently need care but do not receive it now. We advocate for a comprehensive integrated system that delivers whole person care for substance use disorder treatment and recovery services for all Californians. Prioritizing the closure of equity gaps, CBHPC aims to ensure

unbiased and equal access to high-quality treatment and established connections between individuals and personalized services, with a lessened emphasis on incarceration.

SUPPORT

1. Advance strategies that prevent the development of substance use-related problems through community-based education, awareness campaigns, and evidence-based prevention programs.
2. Ensure expanded access to a comprehensive continuum of care for individuals with substance use disorders, encompassing prevention, early intervention, treatment, recovery support, low barrier access to care including harm reduction services.
3. Promote the use of evidenced based practices (EDPs) and community-defined evidence practices (CDEPs) to increase access to medications for addiction treatment.
4. Policies and practices aimed at reducing overdose incidents and fatalities through preventive measures, naloxone distribution, and training.
5. Advance principles of equity in treatment access and quality to eliminate disparities and ensure that all Californians, regardless of demographic or socioeconomic factors, have equal access to effective substance use disorder care.
6. Destigmatize substance use disorders and improve treatment access by removing unnecessary barriers and policy requirements not typical in general healthcare.
7. A multi-strategic approach to address the shortage of trained professionals in the substance use disorder (SUD) workforce ensuring the sustainability of the delivery system.
8. Secure and protect full and permanent funding for the substance use disorder (SUD) delivery system, prioritizing allocating new funding rather than diverting existing funding away from other essential Behavioral Health services.

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

Wednesday, October 21, 2026

Agenda Item: Discussion on 2027 Policy Priorities

Enclosure: [Policy Priorities for 2026](#)

[Council Focus for 2026](#)

Connection to Council Mission

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

The Legislation and Public Policy Committee is responsible for reviewing legislation and addressing issues impacting the effectiveness of the state's public behavioral health system and the quality of life for individuals with Serious Mental Illness (SMI), Serious Emotional Disturbances (SED), and Substance Use Disorders (SUD). The committee's advocacy efforts are guided by the CBHPC's Focus for 2026, Policy Priorities for 2026, and the Policy Platform to advance policies that promote accessible, equitable, and high-quality behavioral health services statewide.

Background/Description:

The Policy Priorities outline policy issues the committee prioritizes when considering bills during the legislative session. It also highlights public policies that the committee will monitor, advocate, and engage with throughout the year. Priorities are established in alignment with the CBHPC's Focus and statutory requirements. This approach enables the committee to engage in more thorough discussion, make well-informed determinations regarding positions, and be better positioned to influence legislation.

During this agenda item, the committee will discuss and determine the Policy Priorities for 2027 ahead of the 2027-2028 legislative session. The committee will also identify public policies of interest to prioritize and track during the year.

This discussion will include a review of the Policy Priorities for 2026, CBHPC's Focus for 2026 and the focus areas identified by the Executive Committee for 2027. The committee may decide to carry over priorities requiring additional advocacy and identify new priority areas for the upcoming session.

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

Wednesday, October 21, 2026

Agenda Item: Commission on Aging: Legislative Priorities

Enclosure: None

Connection to Council Mission

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

This presentation will inform the committee on legislative priorities of the California Commission on Aging and support the identification of shared priorities we can collaborate on during the upcoming legislative session. The committee will use the information to advocate for individuals with behavioral health conditions and to promote a system of services that are accountable, accessible, and responsive.

Background/Description:

The California Commission on Aging (CCoA) was established in 1973 by the Burton Act and consists of 18 commissioners appointed by the Governor, the Speaker of the Assembly, and the Senate Rules Committee. The CCoA serves as the principal advisory body to the Governor, State Legislature, and State, Federal and local departments and agencies on issues affecting older individuals to ensure a quality of life for older Californians so they may live with dignity in their chosen environment. The CCoA engages in the following policy areas as they relate to older adults and people with disabilities, and caregivers: behavioral health, housing and homelessness, emergency preparedness, workforce development/health and aging workforce, workforce development/economic opportunities, and bridging concepts.

During this agenda item, Karol Swartzlander, Executive Director at the California Commission on Aging, will present the CCoA's legislative priorities. Following the presentation, committee members will have the opportunity to engage in a question-and-answer discussion.

Biography:

Karol Swartzlander has served as Executive Director of the California Commission on Aging since August 2019 and brings nearly 25 years of state service focused on aging and long-term services and supports. She has held positions in the Departments of Aging, Health Care Services, and Social Services, and led major federal initiatives under the California Health and Human Services Agency. Her work emphasizes innovative, collaborative solutions that support Californians in aging with choice and independence. She previously worked in international development and education in Asia and the U.S. and holds a Master of Public and International Affairs from the University of Pittsburgh (PA) and a Bachelor of Arts in International-Intercultural Studies from the University of Montevallo (AL).

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

Wednesday, October 21, 2026

Agenda Item: Discussion of Committee Legislative Strategies and Public Policy Activities for 2027-2028 Legislative Cycle

Enclosure: Potential Legislation Concepts

Connection to Council Mission

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

The Legislation and Public Policy Committee is responsible for reviewing legislation and addressing public issues impacting the effectiveness of the state's public behavioral health system and the quality of life for individuals with Serious Mental Illness (SMI), Serious Emotional Disturbances (SED), and Substance Use Disorders (SUD). The committee's advocacy efforts are guided by CBHPC's Focus for 2026, Policy Priorities for 2026, and the Policy Platform to advance policies that promote accessible, equitable, and high-quality behavioral health services statewide.

Background/Description:

Given the large volume of behavioral health bills during past legislative sessions, the committee has been intentional about prioritizing and reviewing legislation directly aligned with CBHPC's Focus for 2026 and the Policy Priorities for 2026. The committee can engage in more thorough discussion, make well-informed determinations regarding positions, and influence legislation by focusing on a smaller strategic list of bills.

In alignment with these efforts, committee leadership and CBHPC staff have identified the need to limit the number of high and medium priority bills. A high or medium priority level indicates additional advocacy efforts to be implemented for each bill to advance CBHPC's positions. Throughout the 2026 legislative session, the committee took positions on 29 bills and categorized 15 as either a high or medium priority. Due to limited resources and the extensive work involved in higher priority legislation, determining the capacity for each priority tier will help maximize time and ensure sufficient resources are allocated to legislation of highest importance to the CBHPC.

Committee leadership and CBHPC staff recommend increasing engagement with public policy issues and encourage the committee to lead the CBHPC's efforts to sponsor or co-sponsor legislation in the upcoming legislative session. The CBHPC has not sponsored legislation since 2019. Examples of past legislation include two pieces of legislation with former Assemblymember Susan Eggman during the second half of the 2017-2018 legislative session: Assembly Bill (AB) 2316 and Assembly Bill (AB) 2317. Both bills were introduced to establish mandatory training for newly hired Patient's Rights Advocates (PRAs) and create whistleblower protections for PRAs. Although only AB 2316 was chaptered that year, the Assemblymember continued the effort to advance whistleblower protections and introduced Assembly Bill (AB) 333 in the following legislative session. AB 333 was chaptered in October 2019. The Patient Rights Committee (PRC) led the CBHPC's collaboration and advocacy efforts with the Assemblymember's office on these bills, contributing to the successful advancement of these legislative proposals.

During this agenda item, Chairperson Javier Moreno will facilitate a discussion with the committee regarding the following:

1. Establish a limit for the number of bills categorized as high or medium priority.

- Goal: The committee will discuss and determine the appropriate capacity for high and medium priority bills during the upcoming legislative session.

2. Sponsor or co-sponsor legislation in 2027-2028 legislative session.

- Goal: The committee will consider sponsoring or co-sponsoring legislation in the upcoming session.
 - Committee leadership will lead a discussion on potential benefits and impact of sponsoring legislation during this legislative session.
 - CBHPC staff will review a list of potential ideas based on policy issues identified by various committees during meetings for the committee's consideration.
 - Committee members will also have the opportunity to share recommendations.

In recent years the CBHPC has proactively engaged with legislators and increased written communications regarding official positions of the CBHPC. The next step is to more strategically advance our legislative priorities and start working with legislators on solutions to issues impacting California's public behavioral health system and individuals with lived experiences served.



Legislation and Public Policy Committee Potential Legislation Concepts

Concept #1: Establish a statewide framework for pre- and post-release care coordination for the justice involved population.

Concept #2: Update the Behavioral Health Services Act (BHSA) housing policy to allow counties greater flexibility to extend transitional housing assistance to better support stabilization and successful transitions.

Concept #3: Expand patient's rights advocacy services within substance use disorder treatment facilities and strengthen county oversight for facility monitoring of services.

Concept #4: Require the Legislative Analyst's Office to prepare a comprehensive report on the current state of patient's rights advocacy and develop statewide standards for Patient Rights Advocates based on that analysis.

Concept #5: Require formal cross-agency data-sharing agreements between the California Department of Health Care Services (DHCS), the California Department of Education (CDE), the California Department of Corrections and Rehabilitation (CDCR), the Department of State Hospitals (DSH), the California Department of Social Services (CDSS), county governments, and other relevant state entities, and establish statewide data-sharing standards.

Concept #6: Require the Department of Health Care Services (DHCS) to provide hardcopies of patient's rights handbooks to county advocacy programs upon request.

Concept #7: Require the Department of State Hospitals to release data relevant to patient rights to the California Behavioral Health Planning Council's Patient Rights Committee.

Concept #8: Establish incentives to encourage substance use disorder (SUD) treatment providers to enter into contracts with county behavioral health departments

Concept #9: Require licensed substance use disorder (SUD) treatment facilities to implement an intake model consistent with hospital emergency care standards.