

California Behavioral Health Planning Council

Legislation and Public Policy Committee Agenda

Wednesday, October 15, 2025

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

[Embassy Suites by Hilton San Francisco Airport Waterfront](#)

150 Anza Boulevard

Burlingame, California 94010

Ambassador A Meeting Room

[Zoom Meeting Link](#)

Join by phone: 1-669-900-6833

Meeting ID: 880 0190 6662

Passcode: 622215

- | | | |
|-----------|--|-------|
| 1:30 p.m. | Welcome, Introductions, and Housekeeping
<i>Barbara Mitchell, Chairperson</i> | |
| 1:35 p.m. | Review and Accept June 2025 and July 2025 Meeting Minutes (Action)
<i>Barbara Mitchell, Chairperson</i> <ul style="list-style-type: none">• Committee Discussion• Public Comment• Accept Minutes | Tab 1 |
| 1:40 p.m. | Nomination of Chair-Elect for 2026 (Action Item)
<i>Barbara Mitchell, Chairperson and All LPPC Members</i> <ul style="list-style-type: none">• Committee Discussion• Public Comment• Vote on nomination | Tab 2 |
| 1:45 p.m. | Year-End Legislative Report and Advocacy Activities Update
<i>Maydy Lo, Council Staff</i> | Tab 3 |
| 1:55 p.m. | Peer Voices: Perspectives on Recent State Behavioral Health Legislation and Federal Actions
<i>Samuel Jain, Senior Mental Health Policy Attorney and Monica Porter Gilbert, Senior Mental Health Policy Advocate, Disability Rights California</i> | Tab 4 |
| 2:35 p.m. | Break | |
| 2:45 p.m. | CAADPE Legislative Priorities
<i>Trent Murphy, Legislative Policy Analyst, California Association of Alcohol and Drug Program Executives, INC. (CAADPE)</i> | Tab 5 |

If reasonable accommodations are required, please contact the Council at (916) 701-8211 not less than 5 working days prior to the meeting date.

California Behavioral Health Planning Council

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| 3:00 p.m. | Senate Bill 28
<i>Senator Thomas Umberg (Invited)</i> | Tab 6 |
| 3:25 p.m. | Harm Reduction in California: Framework, Principles, and Impacts
<i>Ilana Rub, Assistant Division Chief, Community Services Division, Department of Health Care Services</i> | Tab 7 |
| 4:00 p.m. | Break | |
| 4:10 p.m. | Housing First in California: Policy Foundations and Impacts
<i>Jason Bradley, Branch Chief of Project Origination Branch, California Department of Housing and Community Development</i> | Tab 8 |
| 4:45 p.m. | General Public Comment
<i>Members of the public can comment on any general item.</i> | |
| 4:50 p.m. | Meeting Wrap Up & Next Steps | |
| 5:00 p.m. | Adjourn | |

Notice: All agenda items are subject to action. 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

Barbara Mitchell, Chairperson

Javier Moreno, Chair-Elect

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

If reasonable accommodations are required, please contact the Council at (916) 701-8211 not less than 5 working days prior to the meeting date.

TAB 1

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting**

Wednesday, October 15, 2025

Agenda Item: Review and Accept June 2025 and July 2025 Meeting Minutes

Enclosures: June 2025 Meeting Minutes Draft

July 2025 Meeting Minutes Draft

Background/Description:

Enclosed are the draft meeting minutes for the June 2025 quarterly meeting and the July 2025 in-between meeting. Committee members will have the opportunity to ask questions, request edits, and provide other feedback before the minutes are accepted.

California Behavioral Health Planning Council Legislation and Public Policy Committee Meeting

June 18, 2025
Meeting Minutes

DRAFT

Members Present:

Barbara Mitchell, Chairperson
Karen Baylor
Jason Bradley
Monica Caffey
Erin Franco
Ian Kemmer
Noel O'Neill
Liz Oseguera
Danielle Sena

Javier Moreno, Chair-Elect
Karrie Sequeira
Daphne Shaw
Deborah Starkey
Tony Vartan
Susan Wilson
Milan Zavala
Uma Zykofsky

Staff Present: Jenny Bayardo, Maydy Lo

Agenda Item: Welcome, Introductions, and Housekeeping

Chairperson Barbara Mitchell called the meeting to order and welcomed Council Members and attendees. Council Members, Council staff, and attendees were invited to introduce themselves. A quorum was established with 17 of 21 members present.

Agenda Item: Review and Accept April 2025 Meeting Minutes

The committee reviewed the meeting minutes from April 2025. The minutes were accepted with no revisions.

Agenda Item: Review of Committee's Updated Legislation Process

Council Staff Maydy Lo provided an overview of the updates made to the committee's legislation process based on the committee's recommendations during the April 2025 meeting. The updates included steps for responding to significant amendments made to legislation that the Council has already taken a position on. The updates were accepted with no revisions.

Agenda Item: June 2025 Legislative Positions List and Advocacy Activities Update

Council Staff Maydy Lo highlighted advocacy activities accomplished for bills that the Council took positions on, including Assembly Concurrent Resolution 23 (Quirk-Silva), Assembly Joint Resolution 3 (Schiavo), and Senate Bill 531 (Rubio). Letters outlining the Council's support position were sent to the legislature.

Chairperson Barbara Mitchell explained that bills the Council has taken a position on had not yet been assigned a priority tier. Priority tiers indicate the level of advocacy activities to be implemented for each bill; therefore, Barbara led a discussion with the committee to determine priority tiers for the bills on the Legislative Positions List. Due to time limits, the committee was only able to assign priority tier numbers to the following bills:

- Assembly Bill 73 (Jackson): Tier 3 – Lower Priority
- Assembly Bill 255 (Haney): Tier 2 – Medium Priority
- Assembly Bill 339 (Ortega): Tier 2 – Medium Priority

Agenda Item: Assembly Bill 255 (Action Item)

This agenda item was canceled as the invited guest speaker did not confirm attendance.

Agenda Item: Assembly Bill 1037 (Action Item)

Kyle Kennedy, Policy and Strategic Initiatives Section Manager, and Denise Tugade, Legislative Unit Manager of the Substance Abuse Prevention and Control (SAPC) Bureau from the Los Angeles County Department of Public Health, presented to the committee on their sponsored bill, Assembly Bill (AB) 1037 (Elhawary).

AB 1037 aims to address two goals: (1) update outdated requirements within existing California statutes, and (2) align statutes with current best practices that will lead to increased access to substance use disorder treatment. AB 1037 would allow anyone to use opioid overdose reversal medication to help someone who is at risk of an overdose. It would also protect these individuals from legal liability if they act in good faith, even if they have not received formal training. The bill also intends to support counties to expend drug program funds by allowing primary prevention programs to include activities aligned with evidenced-based practices and prohibits a substance use recovery or treatment facility from requiring abstinence as a condition for admission of care or continued treatment. Additionally, it would require the Department of Health Care Services (DHCS) to offer a combined application for entities to be certified as an

alcohol or other drug program and to provide incidental medical services on or before July 1, 2026.

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

- Outpatient services typically do not have medical staff on-site to support individuals who have used substances within the last 24 hours. As a result, these individuals are generally unable to be admitted for treatment as this would increase the liability for providers.
- Although the bill would remove the requirement of abstinence for treatment admission, providers still have discretion to admit individuals as appropriate.
- Los Angeles County has been communicating with DHCS regarding the proposed provisions in the bill.
- DHCS can utilize Behavioral Health Information Notices to share updated regulations while regulatory packages are finalized.

Motion: Tony Vartan made a motion to support AB 1037 with an assigned priority tier number two. Danielle Sena seconded the motion.

Vote: A roll call vote was taken. The motion passed with 15 members voting “Yes”. Jason Bradley abstained. 1 member in attendance was not present during the roll call vote.

Public Comment:

There was no public comment.

Agenda Item: A Peer Perspective on Assembly Bill 348 (Action Item)

Karen Vicari, Director of Public Policy from Mental Health America of California (MHAC) presented to the committee on their support for Assembly Bill (AB) 348 (Krell). AB 348 would establish presumptive eligibility for individuals with a serious mental illness who, among other things, may be transitioning to the community after six months or more in state prison or county jail, for Full-Service Partnership (FSP) services.

Mental Health America of California (MHAC) is a peer-run organization for the statewide affiliate of National Mental Health America. MHAC advocates and supports voluntary community-based services and believes in upstream services that keep people out of involuntary treatment. MHAC supports the expansion of Full-Service Partnership (FSP) programs as they are an effective community-based service. Karen shared that eligibility criteria for FSPs have not yet been established. The bill would contribute to the development of FSP criteria and remove barriers for individuals who typically do not

access services. This includes those who are unhoused or transitioning out of carceral settings, therefore encouraging greater utilization.

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:

- Given the current inconsistencies across counties in FSP implementation, the passage of the bill is expected to support the Department of Health Care Services (DHCS) in developing guidelines that help reduce barriers for the population.
- Members expressed concerns about the increased restrictions that the bill would place on counties. It was emphasized that counties would not have flexibility in how they respond to the needs of the local community and clinical oversight to determine the appropriate level of care and services for beneficiaries.
- Members expressed that although there are positive intentions with the bill, presumptive eligibility has not been determined to increase access to treatment.
- Members stated that the bill would create additional challenges for counties with the inclusion of the eligibility criteria of individuals placed on 72-hour psychiatric holds five or more times over the last five years, due to the lack of a statewide database for recording and tracking these holds.

The committee decided not to take any action on the bill.

Agenda Item: Pending Legislation Discussion (Action Item)

Due to time limits, the committee was only able to discuss some of the bills on the Pending Legislative Positions Chart. The following is a summary of legislations discussed, and actions taken:

Senate Bill 331 (Menjivar)

Current Chairperson for the Patient Rights Committee, Mike Phillips, led a discussion on Senate Bill 331 (Menjivar), which seeks to align the definition of “mental health disorder” within the Lanterman-Petris-Short (LPS) Act with the current Diagnostic and Statistical Manual of Mental Disorders (DSM). It also expands “gravely disabled” to include those with chronic alcoholism.

Mike shared the following reasons for the Patient Rights Committee’s opposition to the bill:

- The Diagnostic and Statistical Manual of Mental Disorders (DSM) contains nearly 300 different disorders, including conditions such as gender dysphoria, restless leg syndrome, and insomnia disorder, which do not constitute appropriate grounds for detention or involuntary commitment.

- The diagnosis of intellectual disability (intellectual developmental disorder) included in the DSM conflicts with the statutory provision that intellectual disability alone cannot warrant involuntary commitment.
- The expansion of the definition of grave disability to include chronic alcoholism further obscures an already broad standard.

Motion: Daphne Shaw made a motion to oppose Senate Bill 331 with an assigned priority tier number two. Susan Wilson seconded the motion.

Vote: A roll call vote was taken. The motion passed with 16 members voting “Yes”. and Jason Bradley abstained.

Public Comment:

There were no public comments.

Senate Bill 820 (Stern)

Current Chairperson for the Patient Rights Committee, Mike Phillips, led a discussion on Senate Bill 820 (Stern), which would, among other things, expand the authority to administer psychiatric medication to defendants who have been found incompetent to stand trial without consent. Under the bill, emergency involuntary medication could continue for up to one year after the date of the initial determination of the emergency or ninety days after referral to a mental health diversion program, whichever occurs first.

Mike shared the Patient Rights Committee’s concerns and opposition to the bill:

- Forcing medication on individuals without the standard protections afforded under the law for up to a year is excessive and undermines current legal rights of those confined in a correctional facility.
- SB 820 also attempts to address California’s shortage of inpatient treatment capacity to support the behavioral health needs of these individuals, but expanding involuntary medication protocols in jails is neither justified nor an appropriate solution.

Motion: Daphne Shaw made a motion to oppose Senate Bill 820 with an assigned priority tier number two. Susan Wilson seconded the motion.

Vote: A roll call vote was taken. The motion passed with 10 members voting “Yes”. Ian Kemmer, Jason Bradley, Karrie Sequeira, Tony Vartan, and Milan Zavala abstained. Erin Franco and Danielle Sena voted “No”.

Public Comment:

There were no public comments.

Assembly Bill 669 (Haney)

The committee discussed Assembly Bill 669 (Haney), which intends to prohibit concurrent or retrospective review of medical necessity for the first 28 days of substance use disorder inpatient and outpatient care. It would additionally prohibit concurrent review after 28 days from being conducted more frequently than two-week intervals and establishes an expedited appeal process for denials of continued inpatient care.

Committee members expressed the following points during the discussion:

- In many cases, non-specialist clinicians are making determinations for medical necessities in the interest of insurance companies, rather than the patients.
- When insurance companies deny authorization for the medically recommended treatment plan of patients, it creates challenges for the continued care of patients.
- It is important for medical providers to be able to maintain patients in treatment for a sufficient amount of time to stabilize them before they are transitioned out. Disrupting treatment prior to patients stabilizing can increase the risk of relapse.

Motion: Danielle Sena made a motion to support Assembly Bill 669. Erin Franco seconded the motion. A priority tier number was not assigned.

Vote: A roll call vote was taken. The motion passed unanimously with all present 17 members voting “Yes”.

Public Comment:

There were no public comments.

Senate Bill 812 (Allen)

The committee discussed Senate Bill 812 (Allen) which seeks to expand existing law that requires health care service plan contracts or health insurance policies to cover medically necessary treatment of mental health and substance use disorders for individuals aged 25 or younger when delivered at a school site, by additionally requiring coverage when such services are provided at a qualified youth drop-in center.

Some key points from the committee’s discussion included the following:

- Parents have expressed concerns that if school districts are billing for services, there is the possibility that health care insurances may not cover services their children might receive from external private practitioners.
- There are challenges at the state level for the Children and Youth Behavioral Health Initiative (CYBHI) that still need to be addressed.
- Committee members questioned whether local educational agencies are billing the Department of Health Care Services directly or counties for the services rendered. The committee also questioned who is responsible for paying the match if counties are being billed for the services.

Motion: Susan Wilson made a motion to support Senate Bill 812 with an assigned priority tier number two. Erin Franco seconded the motion.

Vote: A roll call vote was taken. The motion passed with 6 members voting “Yes”. Karen Baylor, Barbara Mitchell, Liz Oseguera, Jason Bradley, Danielle Sena, and Daphne Shaw abstained. Karrie Sequeira, Deborah Starkey, Susan Wilson, and Uma Zykofsky voted “No”.

Public Comment:

There were no public comments.

Agenda Item: Recovery Housing in California’s Public Behavioral Health System

Christopher Martin, Policy Director from Housing California, presented to the committee about recovery housing and their position for Assembly Bill (AB) 255 (Haney). Housing California is a statewide nonprofit advocacy organization focused on the production of affordable housing and supportive housing, ending homelessness, and protecting renters.

Christopher provided an overview of Housing First and explained the concept of recovery housing. In a policy brief published by the U.S. Housing and Urban Development, recovery housing is defined as “a housing model that uses substance use specific services, peer support, and physical design features to support individuals and families on a particular path to recovery from addiction, typically emphasizing abstinence.” The core components of recovery housing include: (1) voluntary participation unless court ordered, (2) long term housing stability is a primary goal for individuals, (3) low barrier access for participation, (4) tailored services for individual needs, and (5) relapse alone is not grounds for eviction.

Following the overview of recovery housing, Christopher spoke about AB 255 which seeks to allow each county jurisdiction to use up to 25% of state funding from the Homeless Housing Assistance and Prevention Program toward supportive recovery residences. Housing California initially opposed the bill. Christopher highlighted a key concern about the use of the term “automatic” in the provision that “relapse is not an automatic cause for eviction”. He emphasized that precise wording is crucial in state statutes, as vague terminology can lead to inconsistent interpretation and enforcement.

Housing California, in collaboration with Corporation for Supportive Housing, and National Alliance to End Homelessness proposed the following amendments to the bill: (1) reduce percentage to be used on recovery housing from 25% to 10%, and (2) remove “automatic” in “relapse is not an automatic cause for eviction”.

The Senate Housing Committee is accepting the proposed amendments; therefore, Housing CA will take a neutral position on the bill.

Agenda Item: Behavioral Health Services Act: Housing Interventions

Ilana Rub, Assistant Division Chief of the Community Services Division from the Department of Health Care Services, presented on Housing Interventions under the Behavioral Health Services Act (BHSA). Ilana shared that under BHSA, 30 percent of each county's allocation must be used for Housing Interventions and 50 percent of these funds must be used for persons who are chronically homeless, with a focus on individuals living in encampments. Additionally, counties are allowed to use up to 25 percent of the Housing Interventions fund for Capital Development Projects such as infrastructure, purchasing, and renovating properties. Capital Development Projects that prioritize chronically homeless individuals would contribute toward the 50 percent requirement. Counties are also allowed flexibility to move seven percent of funds to or from Housing Interventions into Full-Service Partnership programs or Behavioral Health Services Supports. In addition, counties with a population of less than 200,000 may request an exemption from the required 30 percent allocation toward Housing Interventions.

Ilana explained that Housing Interventions are not limited to only individuals enrolled in Full-Service Partnership programs or Medi-Cal. Housing Intervention funds may not be used for housing services that are covered by Medi-Cal Managed Care Plans (MCP). Counties are required to collaborate with MCPs to ensure that funds are used to complement, not supplant, MCP-covered services. Additionally, Housing Interventions must be combined with access to clinical and supportive behavioral health care and housing services.

The Department of Health Care Services (DHCS) has identified and developed guidelines in alignment with Transitional Rent benefits for allowable settings under Housing Interventions. Although emphasis is on helping individuals find permanent supportive housing, DHCS recognizes the integral role of interim time-limited settings and allows the use of funds for both non-time-limited permanent settings and interim time-limited housing. Eligible individuals receiving transitional rent benefits may receive up to six months of rent support in an interim setting. It can be extended with Housing Interventions funds for an additional six months if more time is needed to identify permanent supportive housing. Individuals who are not Medi-Cal recipients but are otherwise receiving Housing Intervention services may receive up to 12 months of support in an interim setting.

Assisted living settings are the only allowable setting that is not consistent between Housing Interventions and Transitional Rent benefits. These are licensed facilities that are not time-limited for which Housing Intervention funds may be used to support individuals with serious behavioral health conditions, require assistance with activities of daily living, or have severe cognitive impairment. Examples of assisted living settings include adult residential facilities, residential care facilities for the elderly, board and care facilities, and license-exempt room and board facilities.

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

- DHCS has come to an agreed definition for “License Exempt Room and Board” with the Department of Social Services, which Ilana expressed that can be shared with the Council.
- Technical assistance and guidance for assisted residential facilities to access behavioral health services through Medi-Cal or the Behavioral Health Services and Supports bucket are still under development.

Public Comment:

Barbara Wilson from Los Angeles County expressed gratitude for the presentation and inquired if the slide deck would be made available to the public. Barbara also inquired if reimbursement rates for assisted residential facilities would be increased under the Behavioral Health Transformation.

Agenda Item: General Public Comment

Patricia Wentzel from Sacramento County expressed that the National Alliance on Mental Illness (NAMI) California has been working on addressing challenges regarding the Sacramento County Sheriff’s Department’s recent policy change to no longer respond to mental health crisis calls and provide support with transporting individuals for a 5150 hold. Patricia encouraged the committee to monitor legislation that may include the use of similar practices.

Agenda Item: Meeting Wrap-Up & Next Steps

The committee provided comments and recommendations for the planning of the next meeting, which included the following:

- Using the Consent Agenda to get through bills more efficiently.
- Setting time aside on the agenda for a report out from the Patients’ Rights Committee regarding legislative requests.

The committee had previously agreed to hold more in-between meetings to discuss legislation. Council staff will work with the committee to schedule an in-between meeting before the October 2025 quarterly meeting.

Agenda Item: Adjourn

The meeting was adjourned at 4:51pm.

**California Behavioral Health Planning Council
Legislation and Public Policy Committee
In-Between Meeting**

July 18, 2025
Meeting Minutes

DRAFT

Members Present:

Barbara Mitchell, Chairperson
Karen Baylor
Jason Bradley
Monica Caffey
Catherine Moore
Noel O'Neill
Liz Oseguera

Javier Moreno, Chair-Elect
Daphne Shaw
Deborah Starkey
Susan Wilson
Milan Zavala
Uma Zykovsky

Staff Present: Jenny Bayardo, Maydy Lo, Naomi Ramirez

Agenda Item: Welcome, Introductions, and Housekeeping

Chairperson Barbara Mitchell called the meeting to order and welcomed Council Members and attendees. Council Members, Council staff, and attendees were invited to introduce themselves. A quorum was established with 13 members present.

Agenda Item: Pending Legislation Discussion (Action Item)

The committee reviewed bills on the Pending Legislative Positions Chart and determined positions for each. The following is a summary of legislation discussed and actions taken:

Assembly Bill 348 (Krell)

The committee discussed Assembly Bill 348, which seeks to establish presumptive eligibility for individuals with a serious mental illness who may be transitioning to the community after six months or more in state prison or county jail, for Full-Service Partnership (FSP) services.

The following highlights key points from the committee's discussion:

- Most of the time, individuals with substance use disorders also have a co-occurring mental health disorder. Their mental health disorder may or may not

meet the severity criteria required to be eligible for Full-Service Partnership services.

- Establishing presumptive eligibility can create false expectations that there is an open door to services when there are other factors, such as funding or capacity, that determine access to services.
- Additional paths have been created for more individuals to access FSPs without presumptive eligibility.

The committee did not take any action.

Senate Bill 28 (Umberg)

The committee discussed Senate Bill 28 which would require that a drug addiction expert conduct a substance abuse and mental health evaluation for defendants under treatment court. It also requires a treatment program that complies with existing judicial standards to be offered to a person who is eligible for treatment pursuant to the Treatment-Mandated Felony Act.

The following highlights key points from the committee's discussion:

- The bill would help standardize treatment court eligibility across all counties. It has been historically inconsistent from county to county.
- The bill would help ensure stronger clinical oversight in determining the level of care for individuals and increase access to treatment court programs.
- Although there is a shortage in the behavioral health workforce, the bill would set the framework and foundation for more developments to be made.
- Committee members expressed interest in discussing the bill further and hearing more about it at a future meeting, if the bill becomes a two-year bill.

Motion: Catherine Moore made a motion to watch Senate Bill 28. Daphne Shaw seconded the motion.

Vote: A roll call vote was taken. The motion passed with 11 members voting "Yes". Jason Bradley and Noel O'Neill abstained.

Public Comment:

There were no public comments.

Senate Bill 35 (Umberg)

The committee discussed Senate Bill 35, which would establish timelines for the Department of Health Care Services to investigate allegations of treatment at unlicensed sober living homes. The bill would also allow cities and counties to request approval from the Department to conduct site visits and enforce compliance with existing state licensing requirements.

The following highlights key points from the committee's discussion:

- Counties do not hold any authority, oversight, or code enforcement jurisdiction over unlicensed facilities.

- The bill does not include funding allocations that would enable counties to receive reimbursement for work performed under the bill.
- There is the possibility that the responsibilities may eventually be delegated to respective counties where the alleged unlicensed facility is located, which would overburden counties.
- Given the already strained behavioral health workforce, it would be challenging for counties to dedicate staff to administer these duties and adhere to the tightened timelines.
- There should be consideration for a board and cares model that utilizes liaisons to evaluate and conduct investigations into these programs.

Motion: Susan Wilson made a motion to oppose Senate Bill 35 with an assigned priority tier number two. Uma Zykofsky seconded the motion.

Vote: A roll call vote was taken. The motion passed with 8 members voting “Yes”. Jason Bradley, Barbara Mitchell, Liz Oseguera, and Milan Zavala abstained. Catherine Moore voted “No”.

Public Comment:

There were no public comments.

Assembly Bill 1328 (Rodriguez, M)

The committee discussed Assembly Bill 1328 which would require Medi-Cal to reimburse nonemergency ambulance transportation at 80 percent of the Medicare rate, adjusted for local costs. It would also require the Department of Health Care Services to establish a Medi-Cal managed care directed payment program for nonemergency ambulance transports with rates equal to the amount set forth under fee-for-service reimbursement.

The following highlights key points from the committee’s discussion:

- This bill would help ensure that individuals are able to access nonemergency transportation to other facilities for necessary treatment and care.
- Medi-Cal reimbursement rates for ambulatory services have been historically low.

Motion: Uma Zykofsky made a motion to support Assembly Bill 1328 with an assigned priority tier number two. Catherine Moore seconded the motion.

Vote: A roll call vote was taken. The motion passed with 10 members voting “Yes”. Jason Bradley and Monica Caffey abstained. Susan Wilson voted “No”.

Public Comment:

There were no public comments.

Assembly Bill 1387 (Quirk-Silva)

The committee discussed Assembly Bill 1387, which would authorize counties to establish a behavioral health multidisciplinary personnel team to facilitate the provision of services for justice-involved individuals during incarceration and upon release.

The following highlights key points from the committee's discussion:

- Multidisciplinary teams already exist as a method for supporting other populations and allow for more effective communication between all members of the team.
- Incorporating multidisciplinary teams would allow for more effective in-reach efforts and coordination of critical supports such as housing, for individuals with a behavioral health challenge reentering the community from incarceration.

Motion: Noel O'Neill made a motion to support Assembly Bill 1387 with an assigned priority tier two. Uma Zykofsky seconded the motion.

Vote: A roll call vote was taken. The motion passed with 10 members voting "Yes". Jason Bradley and Milan Zavala abstained. One member in attendance was not present during the roll call vote.

Public Comment:

There were no public comments.

Agenda Item: General Public Comment

There were no public comments.

Agenda Item: Meeting Wrap-Up & Adjourn

Daphne Shaw informed the committee that the Council took an urgent opposition position on July 7, 2025, to Senate Bill 27 (Umbert), which would expand the populations eligible under the Community Assistance, Recovery, and Empowerment (CARE) Act to include individuals with a Bipolar I Disorder with psychotic features. Daphne shared that Council staff Maydy Lo and Naomi Ramirez attended the second hearing in the Assembly Health Committee on July 8, 2025, to state the Council's position.

The committee does not anticipate having an additional in-between meeting before the October quarterly meeting, unless a critical issue arises that requires an emergency meeting.

The meeting adjourned at 10:00am.

TAB 2

California Behavioral Health Planning Council Legislation and Public Policy Committee (LPPC) Meeting

Wednesday, October 15, 2025

Agenda Item: Nomination of Chair-Elect for 2026 (Action)

Enclosures: None

How This Agenda Item Relates to Council Mission

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

This agenda item provides the opportunity for committee members to nominate the next Chair-Elect for the Legislation and Public Policy Committee. The Chair-Elect is responsible for supporting the Chairperson with leading committee activities.

Background/Description:

Each standing committee shall have a Chairperson and Chair-Elect. The Chairperson serves a term of one year with the option for re-nomination for one additional year. Current Chair-Elect, Javier Moreno, will become the Chairperson of the Legislation and Public Policy Committee at the January 2026 meeting. The committee shall nominate a Chair-Elect to be submitted to the Officer Team for appointment in 2026.

The role of the Chair-Elect is outlined below:

- Facilitate the committee meetings as needed, in the absence of the Chairperson.
- Assist the Chairperson and staff with setting the committee meeting agendas and other committee planning.
- Participate in the Executive Committee Meetings.
 - Wednesday of every quarterly meeting from 8:30 a.m. – 10:00 a.m.
- Participate in the Mentorship Forums.

Motion: Nomination of a committee member as the Chair-Elect.

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting**

Wednesday, October 15, 2025

Agenda Item: Year-End Legislative Report and Advocacy Activities Update

Enclosures: Advocacy Letters for [Assembly Bill 255](#), [Assembly Bill 416](#),
[Assembly Bill 339](#), [Assembly Bill 669](#), [Assembly Bill 1037](#),
[Assembly Bill 1328](#), [Assembly Bill 1387](#), [Senate Bill 27](#), [Senate Bill 35](#),
[Senate Bill 331](#), [Senate Bill 812](#), and [Senate Bill 820](#)

How This Agenda Item Relates to Council Mission

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

The Council's legislative activities included in the Year-End Legislative Report document the Council'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) through the positions taken on numerous bills this session.

Council Staff Maydy Lo will provide an update on legislative advocacy activities completed since the last quarterly meeting. Additionally, committee members will have an opportunity to provide feedback on the Year-End Legislative Report and identify key committee work to highlight in the Council's Annual Report.

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 2025 session.

California Behavioral Health Planning Council Legislation and Public Policy Committee (LPPC) Meeting

Wednesday, October 15, 2025

Agenda Item: Peer Voices: Perspectives on Recent State Behavioral Health Legislation and Federal Actions

Enclosures: [Federal Executive Order - *Ending Crime and Disorder on America's Streets*](#)

How This Agenda Item Relates to Council Mission

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

This presentation will provide Council members with a peer perspective on behavioral health legislation introduced during the first year of the 2025-2026 session and recent federal actions impacting California's public behavioral health system. It also provides a framework to guide discussion about potential advocacy efforts the Council may need to consider.

Background/Description:

Behavioral health has been a central focus of numerous state legislative efforts during the first year of the 2025-2026 session. Several bills introduced similar initiatives to expand populations eligible for court-facilitated behavioral health support for individuals with a serious mental illness or substance use disorder. These proposals build on current laws such as the Lanterman-Petris-Short Act and the Community Assistance Recovery and Empowerment Act, which focus on different groups of people with behavioral health conditions, guided by separate legal and clinical standards.

In addition to state initiatives, California's public behavioral health system may face significant changes because of recent federal policies. In July 2025, the following actions were initiated:

- House of Representatives Bill 1 ("One Big Beautiful Bill Act,") was signed into law and cuts federal funding for Medicaid by 15 percent, or \$1 trillion, over 10 years.
- The federal executive order *Ending Crime and Disorder on America's Streets* was signed and introduces significant policy changes targeting homelessness and behavioral health across the United States. These include efforts to make it

easier to place individuals with behavioral health conditions into treatment facilities, prioritizes available funding for the expansion of drug courts and mental health courts, and ends federal support for Housing First policies and harm reduction approaches.

During this agenda item, Samuel Jain, Senior Mental Health Policy Attorney, and Monica Porter Gilbert, Senior Mental Health Policy Advocate from Disability Rights California, will speak to recent state and federal initiatives. They will provide a peer perspective on potential implications of recent state behavioral health legislation, anticipated federal Medicaid cuts, and the recent federal executive order. Committee members will have the opportunity to engage in a question-and-answer discussion.

Biographies:



Samuel Jain (he/him) is a Senior Mental Health Policy Attorney at Disability Rights California (DRC). He has a long history of involvement in California's mental health system as an advocate, person with lived experience, family member, and former provider. Prior to joining DRC, Samuel was a Mental Health Patients' Rights Advocate in Santa Clara County for 5.5 years. He was formerly appointed to the Patients' Rights Committee of the California Behavioral Health Planning Council and is currently a member of the Department of Health Care Services' Behavioral Health Stakeholder Advisory Committee. He lives in Sacramento with his partner, daughter, and two cats.



Monica Porter Gilbert (she/her) is a Senior Mental Health Policy Advocate at Disability Rights California (DRC). She brings to her work personal and professional experience with mental health systems. Prior to joining DRC, Monica worked to advance mental health policy at the federal level at the Bazelon Center for Mental Health Law, supported Continuums of Care to end homelessness at Homebase: The Center for Common Concerns, and represented people with mental health disabilities in impact litigation at Disability Rights Advocates. Monica holds a J.D. from the George Washington University Law School and a B.A. from UC Berkeley in Social Welfare, with minors in Public Policy and Disability Studies. A California native, Monica lives in the Bay Area with her husband.

Additional Resources:

["One Big Beautiful Bill Act"](#)

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting**

Wednesday, October 15, 2025

Agenda Item: CAADPE Legislative Priorities

Enclosures: None

How This Agenda Item Relates to Council Mission

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

This presentation is intended to inform the committee on legislative priorities of the California Association of Alcohol and Drug Program Executives, INC. (CAADPE) and assist in the identification of shared priorities that the Council can support and collaborate with during the second year of the legislative session. The committee will use the information provided to advocate for individuals with serious mental illness and substance use disorders and to promote a system of services that are accountable, accessible, and responsive.

Background/Description:

The California Association of Alcohol and Drug Program Executives, INC. (CAADPE), established in 1989, advocates for high-quality services to treat substance use disorders (SUD) and co-occurring mental health disorders, while also promoting the accessibility and availability of care for those seeking help. Through its established committee structure, CAADPE effectively identifies organizational policy priorities and addresses the evolving needs of the SUD field.

During this agenda item, Trent Murphy, Legislative Policy Analyst at CAADPE, will present its legislative priorities. Committee members will have the opportunity to engage in a question-and-answer discussion.

Biography:

Trent Murphy serves as the Legislative Policy Analyst at the California Association of Alcohol and Drug Program Executives (CAADPE), where he leads the organization's direct advocacy and lobbying efforts before the California State Legislature. In this capacity, Trent is instrumental in shaping and advancing CAADPE's legislative and regulatory agenda. He provides strategic policy analysis, coordinates stakeholder engagement, and ensures that CAADPE's advocacy initiatives are informed by the practical needs of California's behavioral health providers.

In addition to his role at CAADPE, Trent serves as Secretary for the California Coalition for Behavioral Health (CCBH), a statewide alliance of family and consumer organizations, nonprofit service providers, professional associations, hospitals, and other stakeholders committed to improving access and ensuring parity in the delivery of behavioral health services across California. CCBH continues to be a leading voice in the implementation of the Behavioral Health Services Act, focusing on critical areas such as housing, parity, and workforce development.

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting**

Wednesday, October 15, 2025

Agenda Item: Senate Bill 28

Enclosure: Fact Sheet for Senate Bill 28*

How This Agenda Item Relates to Council Mission

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

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

Background/Description:

Senator Thomas Umberg was invited to present to the committee about Senate Bill (SB) 28. Committee members will have the opportunity to engage in a question-and-answer discussion.

SB 28 was last amended on May 23, 2025. It seeks to require that a drug addiction expert conduct a substance abuse and mental health evaluation for defendants under treatment court and that a treatment program that complies with existing judicial standards be offered to a person eligible for treatment pursuant to the Treatment-Mandated Felony Act. SB 28 may become a two-year bill, allowing the author to continue advancing it in the second year of the 2025-2026 legislative session.

The committee discussed SB 28 during the July 2025 In-between meeting, citing the following key points:

- The bill would help standardize treatment court eligibility across all counties, as it has been historically inconsistent from county to county.
- The bill would help ensure stronger clinical oversight in determining the level of care for individuals and increase access to treatment court programs.

- Although there is a shortage in the behavioral health workforce, the bill would set the framework and foundation for more developments to be made.

The committee voted to take a watch position and expressed interest in hearing more about the bill.

Biography:



State Senator Thomas J. Umberg is the Chair of the Senate's Judiciary Committee. He is a retired U.S. Army Colonel, former federal criminal prosecutor, four-term state legislator, small business owner, and was the Deputy Drug Czar for President Clinton.

Senator Umberg began his military service at the Korean DMZ and was deployed overseas for three tours – totaling over five years. In addition to his overseas deployments, Colonel Umberg was assigned as a paratrooper with the Army Special Operations Command and the XVIII Airborne Corps.

As a federal and military prosecutor, Senator Umberg prosecuted numerous white collar, civil rights, murder, and sexual assault crimes. He successfully tried over 100 cases to verdict or judgment.

Senator Umberg served as Deputy Drug Czar for President Bill Clinton where he was responsible for foreign drug interdiction, counter-drug intelligence, and international drug policy. Umberg has a deep understanding of the strategies and resources we need to stop the current opioid epidemic and to put an end to senseless gun violence in our communities.

Senator Umberg also served three terms in the State Assembly, representing central Orange County. During this time, he worked across party lines, authored 76 laws, and brought more than \$563 million in funds to Orange County.

Senator Umberg founded and built a successful veteran-owned small business in Orange County, recognized as one of California's preeminent boutique law firms by Best Lawyers and The Daily Journal. Senator Umberg knows how to run a business and is a strong advocate for local business owners helping them to cut red tape and streamline unnecessary regulation.

Senator Umberg and his wife, Brigadier General (retired) Robin Umberg, have three children and seven grandchildren.

Additional Resources:

[Senate Bill 28](#)

*For a copy of this document, please contact Maydy Lo at maydy.lo@cbhpc.dhcs.ca.gov.

TAB 7

California Behavioral Health Planning Council Legislation and Public Policy Committee (LPPC) Meeting

Wednesday, October 15, 2025

Agenda Item: Harm Reduction in California: Framework, Principles, and Impacts

Enclosures: None

How This Agenda Item Relates to Council Mission

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

This presentation will inform Council members about the state's harm reduction approach that has informed aspects of the public behavioral health system. The committee will use the information provided to advocate for individuals with serious mental illness and substance use disorders and to promote a system of services that are accountable, accessible, and responsive.

Background/Description:

Harm reduction is a concept of strategies and interventions aimed at reducing the harm associated with certain behaviors, such as substance use. Harm reduction in substance use acknowledges the likelihood of continued use and encourages meeting individuals where they are in their readiness for change and recovery. It focuses on reducing adverse consequences—such as overdoses and the transmission of bloodborne diseases like Human Immunodeficiency Virus and hepatitis—while emphasizing improvements in health, social, and economic outcomes.

California has embedded harm reduction practices and principles into its prevention, treatment, and recovery efforts. Among the state's ongoing initiatives is the State Opioid Response (SOR) IV grant, awarded in September 2024 by the Substance Abuse and Mental Health Services Administration (SAMHSA). This grant supports California to, in part, expand access to evidence-based harm reduction approaches, including overdose education, access to naloxone, counseling, and referral to treatment for Opioid Use Disorder and Substance Use Disorder, over a three-year period.

Ilana Rub, Assistant Division Chief of the Community Services Division from the Department of Health Care Services, will present to the committee on the state's harm reduction model. Ilana will provide a general overview of the framework and principles as well as the impact it has had on California's efforts in addressing substance use. Committee members will have the opportunity to engage in a question-and-answer discussion.

TAB 8

California Behavioral Health Planning Council Legislation and Public Policy Committee (LPPC) Meeting

Wednesday, October 15, 2025

Agenda Item: Housing First in California: Policy Foundations and Impacts

Enclosures: None

How This Agenda Item Relates to Council Mission

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

This presentation will inform Council members about the state's Housing First policy, which has informed aspects of the public behavioral health system. The committee will use the information provided to advocate for individuals with serious mental illness and substance use disorders and to promote an accountable, accessible, and responsive system of services.

Background/Description:

In 2016, Senate Bill 1380 (Mitchell) was passed to adopt a Housing First policy in California. It requires all state-funded housing and homelessness programs to adhere to the policy for supporting individuals experiencing homelessness or at risk of homelessness. The Housing First model emphasizes immediate access to housing without requiring sobriety or engagement in treatment as a condition for participation.

Council Member Jason Bradley, who is also the Branch Chief at the California Department of Housing and Community Development (HCD), will provide an overview of the state's Housing First policy and its impact on homelessness and behavioral health. Committee members will have the opportunity to engage in a question-and-answer discussion.