



DATE: February 9, 2026

Behavioral Health Information Notice No: 26-006

TO: California Alliance of Child and Family Services  
California Association for Alcohol/Drug Educators  
California Association of Alcohol & Drug Program Executives, Inc.  
California Association of DUI Treatment Program  
California Association of Mental Health Peer Run Organizations  
California Association of Social Rehabilitation Agencies  
California Consortium of Addiction Programs and Professional  
California Behavioral Health Association  
California Hospital Association  
California Opioid Maintenance Providers  
California State Association of Counties  
Coalition of Alcohol and Drug Associations  
County Behavioral Health Directors  
County Behavioral Health Directors Association of California  
County Drug & Alcohol Administrators

SUBJECT: Admission Agreements and "Return to Use" Plans for Substance Use Disorder (SUD) Recovery or Treatment Facilities

PURPOSE: To notify SUD facilities of updates to requirements for admission agreements and "return to use" plans.

REFERENCE: [Assembly Bill \(AB\) 1037](#) (Elhawary, Chapter 569, Statutes of 2025); Health and Safety Code (Health & Saf. Code), Division 10.5, Part 2, Chapter 7.5, (commencing with section 11834.01).



## BACKGROUND:

The Department of Health Care Services (DHCS) has the sole authority to license and oversee alcohol or other drug (AOD) recovery or treatment facilities (also known as “SUD recovery or treatment facilities”) and certify and monitor AOD programs.<sup>1</sup> DHCS is responsible for ensuring licensed facilities and certified programs comply with statutory and regulatory requirements. DHCS also investigates client-related health and safety issues. AB 1037, which went into effect on January 1, 2026, amended several sections of the Health and Safety Code. This BHIN identifies statutory changes that are relevant to SUD recovery or treatment facilities.

## POLICY:

AB 1037 amended the Health and Safety Code, as follows:

### **Combined Applications**

AB 1037 amended Health and Safety Code section 11834.01 to include subdivision (d) which requires DHCS to offer a combined application for entities seeking licensure as an SUD recovery or treatment facility to simultaneously apply to provide incidental medical services. DHCS already offers this option to applicants. See the [Licensing and Certification website](#) for information on the combined application process.

### **Admission Agreements**

AB 1037 amended Health and Safety Code section 11834.26, subdivision (c)(2) to state that a licensee shall not deny admission to any person seeking treatment based solely on that person having consumed, used, or otherwise been under the influence of alcohol or other drugs. AB 1037 also added language in subdivision (c)(2) that acknowledges that these circumstances represent symptoms of the condition of a SUD. AB 1037 further amended section 11834.026, subdivision (c)(4) (addressing incidental medical services (IMS)) to prohibit DHCS from requiring an admission agreement that requires a person to have been abstinent, to not be intoxicated, or to otherwise not be under the influence in order to be admitted into care, be considered for treatment, or continue treatment.

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<sup>1</sup> Health & Saf. Code, §§ 11832 and 11834.01.

SUD recovery and treatment facilities must obtain and keep a signed admission agreement.<sup>2</sup> This admission agreement is not required to contain an abstinence or sobriety requirement, thus ensuring that care is accessible to a wider range of individuals with SUD.<sup>3</sup>

### **“Return to Use” Plan**

Health and Safety Code section 11834.26(d) requires a licensee to develop a plan to address when a resident “relapses” (also referred to as a “return to use”), including when a resident is on the licensed premises after using alcohol or other drugs. AB 1037 added subdivision (d)(2), which clarifies that subdivision (d) does not require a licensee to discharge a resident, as relapse, lapses, and momentary reengagement with alcohol or other drugs are symptoms of the condition of SUD. Additionally, AB 1037 added subdivision (d)(3), which states that, in developing a plan pursuant to subdivision (d), the licensee shall prioritize the individual maintaining some level of connection to treatment and shall consider options to avoid complete disconnection of the resident from treatment. SUD recovery and treatment facilities shall develop and maintain policies that address when a resident returns to use, including when that occurs on the licensed premises.<sup>4</sup>

More information on DHCS Licensing and Certification functions may be found on the [Licensing and Certification Division website](#). If you have questions about this Behavioral Health Information Notice, please contact the Licensing and Certification Officer of the Day at (916) 322-2911 or by email at [LCDQuestions@DHCS.CA.gov](mailto:LCDQuestions@DHCS.CA.gov).

Sincerely,

Original signed by

Janelle Ito-Orille, Chief  
Licensing and Certification Division

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<sup>2</sup> C.C.R., tit. 9, § 10566(b)-(c), (e).

<sup>3</sup> See *id.*, § 10566(b).

<sup>4</sup> MHSUDS Information Notice No. 19-003