



## California Behavioral Health Planning Council

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### 2025 Year-End Legislative Report

#### AB 73

##### **(Jackson, D) Mental Health: Black Mental Health Navigator Certification.**

**Current Text:** 12/12/2024 - Introduced

**Status:** 05/23/2025 - Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/9/2025)(May be acted upon Jan 2026)

**Summary:** Current law establishes, within the Health and Welfare Agency, the Department of Health Care Access and Information, which is responsible for, among other things, administering various health professions training and development programs. Current law requires the department to develop and approve statewide requirements for community health worker certificate programs. Current law defines "community health worker" to mean a liaison, link, or intermediary between health and social services and the community to facilitate access to services and to improve the access and cultural competence of service delivery. This bill would require the department to develop criteria for a specialty certificate program and specialized training requirements for a Black Mental Health Navigator Certification, as specified. (Based on 12/12/2024 text)

**Position:** Support

#### AB 255

##### **(Haney, D) The Supportive-Recovery Residence Program.**

**Current Text:** 10/01/2025 - Vetoed

**Status:** 10/01/2025 - Vetoed by Governor.

**Summary:** Current law establishes the California Interagency Council on Homelessness to oversee the implementation of Housing First guidelines and regulations, and, among other things, identify resources, benefits, and services that can be accessed to prevent and end homelessness in California. Current law requires a state agency or department that funds, implements, or administers a state program that provides housing or housing-related services to people experiencing homelessness or who are at risk of homelessness to revise or adopt guidelines and regulations to include enumerated Housing First policies. Current law specifies the core components of Housing First, including services that are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants' lives and where tenants are engaged in nonjudgmental communication regarding drug and alcohol use. This bill would authorize state programs to fund supportive-recovery residences, as defined, that emphasize abstinence under these provisions as long as the state program meets specified criteria, including that at least 90% of program funds awarded to each jurisdiction is used for housing or housing-based



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services using a harm-reduction model. This bill would specify requirements for applicants seeking funds under these programs and would require the state to perform periodic monitoring of select supportive-recovery residence programs to ensure that the supportive-recovery residences meet certain requirements, including that core outcomes of the supportive-recovery housing emphasize long-term housing stability and minimize returns to homelessness. The bill would also prohibit eviction on the basis of relapse, as specified. (Based on 09/11/2025 text)

### Position: Support

#### AB 339

**(Ortega, D) Local public employee organizations: notice requirements.**

**Current Text:** 10/13/2025 - Chaptered

**Status:** 10/13/2025 - Approved by the Governor. Chaptered by Secretary of State - Chapter 687, Statutes of 2025.

**Summary:** The Meyers-Milias-Brown Act contains various provisions that govern collective bargaining of local represented employees and delegates jurisdiction to the Public Employment Relations Board to resolve disputes and enforce the statutory duties and rights of local public agency employers and employees. Current law requires the governing body of a public agency to meet and confer in good faith regarding wages, hours, and other terms and conditions of employment with representatives of recognized employee organizations. Current law requires the governing body of a public agency, and boards and commissions designated by law or by the governing body, to give reasonable written notice, except in cases of emergency, as specified, to each recognized employee organization affected of any ordinance, rule, resolution, or regulation directly relating to matters within the scope of representation proposed to be adopted by the governing body or the designated boards and commissions. This bill would require the governing body of a public agency, and boards and commissions designated by law or by the governing body of a public agency, to give the recognized employee organization no less than 45 days' written notice before issuing a request for proposals, request for quotes, or renewing or extending an existing contract to perform services that are within the scope of work of the job classifications represented by the recognized employee organization, subject to certain exceptions. The bill would require the notice to include specified information, including the anticipated duration of the contract. (Based on 09/10/2025 text)

### Position: Oppose

#### AB 384

**(Connolly, D) Health care coverage: mental health and substance use disorders: inpatient admissions.**



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**Current Text:** 03/17/2025 - Amended

**Status:** 05/23/2025 - Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/14/2025)(May be acted upon Jan 2026)

**Summary:** Current law requires a health care service plan or health insurer to ensure that processes necessary to obtain covered health care services, including, but not limited to, prior authorization processes, are completed in a manner that assures the provision of covered health care services to an enrollee or insured in a timely manner appropriate for the enrollee's or insured's condition, as specified. This bill, the California Mental Health Protection Act, would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2027, that provides coverage for mental health and substance use disorders from requiring prior authorization (1) for an enrollee or insured to be admitted for medically necessary 24-hour care in inpatient settings for mental health and substance use disorders, as specified, and (2) for any medically necessary health care services provided to an enrollee or insured while admitted for that care. The bill would authorize the Director of the Department of Managed Health Care or the Insurance Commissioner, as applicable, to assess administrative or civil penalties, as specified, for violations of these provisions. (Based on 03/17/2025 text)

**Position:** Support

### AB 416

**(Krell, D) Involuntary commitment.**

**Current Text:** 10/13/2025 - Chaptered

**Status:** 10/13/2025 - Approved by the Governor. Chaptered by Secretary of State - Chapter 691, Statutes of 2025.

**Summary:** Under the Lanterman-Petris-Short Act, when a person, as a result of a mental health disorder, is a danger to self or others, or gravely disabled, the person may, upon probable cause, be taken into custody by specified individuals, including, among others, by a peace officer, a designated member of a mobile crisis team, or a professional person designated by the county, and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. Current law authorizes county behavioral health director to develop procedures for the county's designation and training of professionals who will be designated to perform the above-described provisions. Current law authorizes the procedures to include, among others, the license types, practice disciplines, and clinical experience of the professionals eligible to be designated by the county. Current law exempts specified individuals, including a peace officer responsible for the detainment of a person under these provisions from criminal and civil liability for an action by a person who is released at or before the end of the period for which they were detained. This bill would require a county behavioral



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health director to include an emergency physician, as defined, as one of the practice disciplines eligible to be designated by the county when developing and implementing procedures for the designation and training of those professionals. (Based on 09/08/2025 text)

### Position: Oppose

#### AB 669

#### **(Haney, D) Substance use disorder coverage.**

**Current Text:** 07/15/2025 - Amended

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

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

### Position: Support

#### AB 1037

#### **(Elhawary, D) Public health: substance use disorder.**



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**Current Text:** 10/10/2025 - Chaptered

**Status:** 10/10/2025 - Approved by the Governor. Chaptered by Secretary of State - Chapter 569, Statutes of 2025.

**Summary:** Under current law, a licensed health care provider who is authorized by law to prescribe an opioid antagonist may issue standing orders for the distribution of an opioid antagonist to a person at risk of an opioid-related overdose or to a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose. Current law exempts a health care provider who acts with reasonable care in issuing a prescription or order for an opioid antagonist from professional review, civil action, or criminal prosecution, under certain circumstances. Current law requires that a person who receives an opioid antagonist pursuant to a standing order or otherwise possesses an opioid antagonist receive training, as specified. Current law provides that a person who is trained in the use of an opioid antagonist and acts with reasonable care and in good faith is not subject to professional review, liable in a civil action, or subject to criminal prosecution. This bill would expand the above-described authorizations to those who are at risk of or any person who may be in a position to assist a person experiencing any overdose and would strike the requirement that those who receive and possess opioid antagonists receive training. The bill would authorize a person in a position to assist a person at risk of an overdose to possess an opioid antagonist and subsequently dispense or distribute an opioid antagonist to a person at risk of an overdose or another person in a position to assist a person at risk of an overdose. (Based on 10/10/2025 text)

**Position:** Support

[AB 1328](#)

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

**Current Text:** 07/17/2025 - Amended

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

**Summary:** The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under this bill, commencing on July 1, 2027, and subject to an appropriation, Medi-Cal fee-for-service reimbursement for nonemergency ambulance transportation services, as defined, would be in an amount equal to 80% of the amount set forth in the federal Medicare ambulance fee schedule for the corresponding level of service, adjusted by the Geographic Practice Cost Index, as specified. The bill would require the department to establish a Medi-Cal managed care directed payment program for nonemergency ambulance transportation services, with the reimbursement rates set in an amount equal to at least the amount set forth under fee-for-service reimbursement. The



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bill would require the department to maximize federal financial participation in implementing the above-described provisions to the extent allowable. To the extent that federal financial participation is unavailable, the bill would require the department to implement the provisions using state funds, as specified. (Based on 07/17/2025 text)

### Position: Support

#### [AB 1387](#)

**(Quirk-Silva, D) Behavioral health multidisciplinary personnel team.**

**Current Text:** 08/28/2025 - Vetoed

**Status:** 08/28/2025 - Vetoed by the Governor

**Summary:** Current law authorizes a county to establish a homeless adult and family multidisciplinary personnel team, as defined, with the goal of facilitating the expedited identification, assessment, and linkage of homeless individuals to housing and supportive services within that county and to allow provider agencies to share confidential information for the purpose of coordinating housing and supportive services to ensure continuity of care. This bill would authorize a county to also establish a behavioral health multidisciplinary personnel team, as defined, with the goal of facilitating the expedited identification, assessment, and linkage of a justice-involved person, as defined, diagnosed with a mental illness to supportive services within that county while incarcerated and upon release from county jail and to allow provider agencies and members of the personnel team to share confidential information, as specified, for the purpose of coordinating supportive services to ensure continuity of care. (Based on 08/20/2025 text)

### Position: Support

#### [ACR 23](#)

**(Quirk-Silva, D) Mental Health Peer Appreciation Week.**

**Current Text:** 06/25/2025 - Chaptered

**Status:** 06/25/2025 - Chaptered by Secretary of State - Chapter 87, Statutes of 2025

**Summary:** This bill would recognize the 3rd week of May 2025 as Mental Health Peer Appreciation Week in California. (Based on 06/25/2025 text)

### Position: Support

#### [AJR 3](#)

**(Schiavo, D) Public social services: Social Security, Medicare, and Medicaid.**

**Current Text:** 09/05/2025 - Chaptered

**Status:** 09/05/2025 - Chaptered by Secretary of State - Chapter 168, Statutes of 2025



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**Summary:** Would call on the state's Representatives in Congress to support legislation to repeal all of the provisions of the federal One Big Beautiful Bill Act that adversely affect Social Security, Medicare, and Medicaid programs, to oppose privatization of these programs, and to protect and improve these programs, and would call on the President of the United States to immediately restore program staffing levels, to work with Congress to protect and improve these programs, and to disavow any efforts to privatize Social Security. (Based on 09/05/2025 text)

### Position: Support

#### SB 27

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

**Current Text:** 10/10/2025 - Chaptered

**Status:** 10/10/2025 - Approved by the Governor. Chaptered by Secretary of State. Chapter 528, Statutes of 2025.

**Summary:** The Community Assistance, Recovery, and Empowerment (CARE) Act authorizes specified adult persons to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan and implement services, to be provided by county behavioral health agencies, to provide behavioral health care, including stabilization medication, housing, and other enumerated services, to adults who are currently experiencing a severe mental illness and have a diagnosis identified in the disorder class schizophrenia and other psychotic disorders, and who meet other specified criteria. Current law authorizes a specified individual to commence the CARE process, known as the original petitioner. Current law authorizes the court to dismiss a case without prejudice when the court finds that a petitioner has not made a *prima facie* showing that they qualify for the CARE process. Current law requires the court to take prescribed actions if it finds that a *prima facie* showing has been made, including, but not limited to, setting the matter for an initial appearance on the petition. Current law requires the court, if it determines the parties have entered or are likely to enter into a CARE agreement, to either approve or modify the CARE agreement and continue the matter at a progress hearing in 60 days, or continue the matter for 14 days to allow the parties additional time to enter into an agreement. Current law prohibits a person from being tried or adjudged to punishment while that person is mentally incompetent. Current law authorizes a court to refer an individual from, among other things, assisted outpatient treatment or conservatorship proceedings, as specified, to CARE Act proceedings. Current law provides that if the individual is referred from assisted outpatient treatment, the county behavioral health director or their designee shall be the petitioner, whereas if the referral is from conservatorship proceedings, the conservator or proposed conservator is the petitioner.



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This bill would allow the court to make a *prima facie* determination without conducting a hearing. The bill, in the first hearing to determine competence to stand trial, would authorize the court to consider the petitioner's eligibility for both diversion and the CARE program. The bill would authorize the court to refer the petitioner to the CARE Act court if the defendant or counsel for the defendant agrees to the referral and the court has reason to believe the petitioner may be eligible for the CARE program. (Based on 10/10/2025 text)

### Position: Oppose

**SB 35**

**(Umberg, D) Alcohol and drug programs.**

**Current Text:** 07/17/2025 - Amended

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

**Summary:** Current law provides for the licensure and regulation of adult alcohol or other drug recovery or treatment facilities by the State Department of Public Health and prohibits the operation of one of those facilities without a current valid license. Current law requires the department, if a facility is alleged to be in violation of that prohibition, to conduct a site visit to investigate the allegation. Current law requires, if the department's employee or agent finds evidence that the facility is providing services without a license, the employee or agent to take specified actions, including, among others, submitting the findings of the investigation to the department and issuing a written notice to the facility that includes the date by which the facility is required to cease providing services. This bill would require the department, if it determines it has jurisdiction over the allegation, to initiate that investigation within 10 days of receiving the allegation and, except as specified, complete the investigation within 60 days of initiating the investigation. The bill would require the department, if it receives a complaint that does not fall under its jurisdiction, to notify the complainant that it does not investigate that type of complaint. The bill would require the employee or agent to provide the notice described above within 10 days of the employee or agency submitting their findings to the department and to conduct a followup site visit to determine whether the facility has ceased providing services as required. The bill would authorize, in counties that elect to administer the Drug Medi-Cal organized delivery system and that provide optional recovery housing services, the county behavioral health agency to request approval from the department to conduct a site visit of a recovery residence that is alleged to be operating without a license. (Based on 07/17/2025 text)

### Position: Oppose



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### SB 319

#### **(Ashby, D) Criminal justice statistics: reporting.**

**Current Text:** 04/24/2025 - Amended

**Status:** 05/23/2025 - Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/5/2025)(May be acted upon Jan 2026)

**Summary:** Current law requires criminal justice agencies to compile records and data, including a summary of arrests, pretrial proceedings, the nature and disposition of criminal charges, sentencing, incarceration, rehabilitation, and release, about criminal offenders. Current law requires agencies to report this information to the Department of Justice for each arrest made. This bill would require the Department of Justice to collect and publish, as specified, on its internet website annual statistical reports providing monthly information for each county related to convictions of certain statutes pertaining to, among other things, petty theft and possession of a hard drug, including, by month, the number of people convicted of these statutes and, for each conviction, whether the conviction was classified as a misdemeanor or a felony. (Based on 04/24/2025 text)

**Position:** Support if amended

### SB 331

#### **(Menjivar, D) Substance abuse.**

**Current Text:** 05/23/2025 - Amended

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

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

**Position:** Oppose



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### SB 530

#### **(Richardson, D) Medi-Cal: time and distance standards.**

**Current Text:** 10/06/2025 - Chaptered

**Status:** 10/06/2025 - Chaptered by Secretary of State - Chapter 418, Statutes of 2025

**Summary:** The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Current law establishes, until January 1, 2026, certain time and distance and appointment time standards for specified Medi-Cal managed care covered services, consistent with federal regulations relating to network adequacy standards, to ensure that those services are available and accessible to enrollees of Medi-Cal managed care plans in a timely manner, as specified. This bill would extend the operation of those standards to January 1, 2029. The bill would also require a managed care plan to ensure that each subcontractor network complies with certain appointment time standards unless already required to do so. The bill would require a plan to demonstrate to the department each subcontractor network's compliance with time or distance and appointment time standards, as specified. (Based on 10/06/2025 text)

**Position: Support**

### SB 531

#### **(Rubio, D) Course of study: mental health education.**

**Current Text:** 02/20/2025 - Introduced

**Status:** 05/01/2025 - Failed Deadline pursuant to Rule 61(a)(2). (Last location was ED. on 3/5/2025)(May be acted upon Jan 2026)

**Summary:** Current law requires the adopted course of study for grades 1 to 6, inclusive, to include certain areas of study, including, among others, health. Current law requires the adopted course of study for grades 7 to 12, inclusive, to offer courses in specified areas of study, including, among others, English, social sciences, and mathematics. This bill, with respect to the adopted course of study for grades 1 to 6, inclusive, would require the health area of study to also include mental health education, as provided. The bill, with respect to the adopted course of study for grades 7 to 12, inclusive, would add mental health education, as provided, to the adopted course of study. (Based on 02/20/2025 text)

**Position: Support**

### SB 812

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

**Current Text:** 07/17/2025 - Amended

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



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**Summary:** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on or after January 1, 2024, that provides coverage for medically necessary treatment of mental health and substance use disorders to cover the provision of those services to an individual 25 years of age or younger when delivered at a schoolsite. This bill would expand the definition of schoolsite to additionally require a contract or policy that provides coverage for medically necessary treatment of mental health and substance use disorders to cover the provision of those services to an individual 25 years of age or younger when delivered at a qualified youth drop-in center. Because a violation of this requirement relative to health care service plans would be a crime, the bill would create a state-mandated local program. This bill contains other related provisions and other existing laws. (Based on 07/17/2025 text)

**Position: Support**

### [SB 820](#)

**(Stern, D) Inmates: mental health.**

**Current Text:** 10/03/2025 - Chaptered

**Status:** 10/03/2025 - Chaptered by Secretary of State - Chapter 330, Statutes of 2025

**Summary:** Current law prohibits a person from being tried or adjudged to punishment while that person is mentally incompetent. Current law establishes a process by which a defendant's mental competency is evaluated. Current law, in the case of a misdemeanor charge in which the defendant is found incompetent, requires the court to hold a hearing to determine if the defendant is eligible for diversion. Current law requires, if the defendant is not eligible for diversion, the court to hold a hearing to determine whether the defendant will be referred to outpatient treatment, conservatorship, or the CARE program, or if the defendant's treatment plan will be modified. Current law requires the court to dismiss the case if a defendant does not qualify for the above-described services. Current law prohibits, except as specified, a person confined in a county jail from being administered any psychiatric medication without prior informed consent. Current law authorizes a county department of mental health, or other designated county department, to involuntarily administer psychiatric medication to an inmate on a nonemergency basis only after the inmate is provided, among other things, a hearing before a superior court judge, a court-appointed commissioner or referee, or a court-appointed hearing officer. Current law also provides for the involuntary administration of psychiatric medication to an inmate in an emergency situation. Current law limits the duration during which an inmate can be



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involuntarily administered psychiatric medication on an emergency basis and requires that, except as specified, the inmate be provided the same due process protections they would be entitled to when psychiatric medication is involuntarily administered on a nonemergency basis. Current law specifies that an emergency exists for these purposes when there is a sudden and marked change in an inmate's mental condition so that action is immediately necessary for the preservation of life or the prevention of serious bodily harm to the inmate or others and it is impractical, due to the seriousness of the emergency, to first obtain informed consent. This bill would, if an individual has been found incompetent to stand trial after having been charged with a misdemeanor, additionally authorize the administration of antipsychotic medication to the individual without their prior informed consent on an emergency basis when treatment is necessary to address the emergency condition and the medication is administered in the least restrictive manner, as specified. (Based on 10/03/2025 text)

### **Position: Oppose**

#### **SB 823**

**(Stern, D) Mental health: the CARE Act.**

**Current Text:** 02/21/2025 - Introduced

**Status:** 05/23/2025 - Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/28/2025)(May be acted upon Jan 2026)

**Summary:** Existing law, the Community Assistance, Recovery, and Empowerment (CARE) Act, authorizes specified adult persons to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan and implement services, to be provided by county behavioral health agencies, to provide behavioral health care, including stabilization medication, housing, and other enumerated services, to adults who are currently experiencing a severe mental illness and have a diagnosis identified in the disorder class schizophrenia and other psychotic disorders, and who meet other specified criteria. This bill would include bipolar I disorder in the criteria for a person to receive services under the CARE Act. By increasing the duties on the county behavioral health agencies, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. (Based on 02/21/2025 text)

### **Position: Oppose**



## OFFICE OF THE GOVERNOR

OCT 01 2025

To the Members of the California State Assembly:

I am returning Assembly Bill 255 without my signature.

This bill would create a new category of "supportive recovery residences," allow up to 25 percent of state homelessness funds to support them, and set up a new certification and oversight system.

Recovery-focused housing is an essential part of a comprehensive homelessness response, and California recognizes the value these programs provide individuals seeking support and stability. Current law already permits local jurisdictions to receive funding within the Housing First framework, and recent guidance allows support for recovery housing without creating a duplicative and costly new statutory category. Establishing a separate certification and oversight process wrongly suggests incompatibility with Housing First, while imposing fees that would not cover implementation costs.

California remains committed to advancing recovery housing within Housing First. I encourage the author and stakeholders to continue working with my Administration to strengthen these options in ways that complement, rather than complicate, the state's approach. Any broader programmatic changes, if



warranted, should be considered holistically through the annual budget process.

For these reasons, I cannot sign this bill.

Since /

Gavin Newsom



## OFFICE OF THE GOVERNOR

**AUG 28 2025**

To the Members of the California State Assembly:

I am returning Assembly Bill 1387 without my signature.

This bill would authorize counties to establish a behavioral health multidisciplinary personnel team to serve justice-involved (JI) individuals with mental illness and allow provider agencies to share information to coordinate supportive services.

Last year, I vetoed a nearly identical bill, stating it was both premature and duplicative of the Department of Health Care Services (DHCS) CalAIM JI Initiative. Through this initiative, counties are already allowed to establish multidisciplinary teams and share confidential information among providers to ensure JI individuals have continuity of coverage upon release and access to essential health services that will help them successfully return to their communities.

While I appreciate the author's commitment to this issue, like its predecessor, this bill remains duplicative of these existing efforts. It would be more timely to assess this proposal following full implementation of the CalAIM JI Initiative and once data is available to identify any remaining gaps.

For these reasons, I cannot sign this bill.

Sincerely,

A handwritten signature in black ink, appearing to read "Gavin Newsom", is written over a large black rectangular redaction box.

GOVERNOR GAVIN NEWSOM • SACRAMENTO, CA 95814 • (916) 445-2841

