

California Behavioral Health Planning Council

Legislation and Public Policy Committee Agenda

Wednesday, April 16, 2025

1:30 pm to 5:00 pm

Lake Natoma Inn
702 Gold Lake Drive
Folsom, CA 95630
Natoma/Folsom Meeting Room

[Zoom Meeting Link](#)

Meeting ID: 856 2571 7997

Passcode: LPPC25

Join by phone: 1-669-900-6833

Passcode: 040746

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|----------------|--|--------------|
| 1:30 pm | Welcome, Introductions and Housekeeping
<i>Barbara Mitchell, Chairperson</i> | |
| 1:35 pm | Meeting Minutes for October 2024, January 2025, and February 2025
<i>Barbara Mitchell, Chairperson</i> | Tab 1 |
| 1:40 pm | CBHPC Updated Policy Platform (Action Item)
<i>Barbara Mitchell, Chairperson</i> | Tab 2 |
| 1:45 pm | Review of Committee's Updated Legislation Process
<i>Maydy Lo, Council Staff</i> | Tab 3 |
| 1:55 pm | Committee Policy Priorities for 2025
<i>Barbara Mitchell, Chairperson and Javier Moreno, Chair-Elect</i> | Tab 4 |
| 2:00 pm | Consent Agenda (Action Item)
<i>Barbara Mitchell, Chairperson, and All LPPC Members</i> | Tab 5 |
| 2:05 pm | Senate Bill 319 (Action Item)
<i>Barbara Mitchell, Chairperson, and All LPPC Members</i> | Tab 6 |
| 2:15 pm | Senate Bill 530 (Action Item)
<i>Barbara Mitchell, Chairperson, and All LPPC Members</i> | Tab 7 |
| 2:25 pm | Break | |
| 2:35 pm | Assembly Bill 73 (Action Item)
<i>Council Member Monica Caffey and All LPPC Members</i> | Tab 8 |

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

2:45 pm	Senate Bill 823 (Action Item) <i>Council Members Daphne Shaw and Mike Phillips</i>	Tab 9
2:55 pm	The Impact of Federal Cuts to California's Public Behavioral Health System <i>Tara Gamboa-Eastman, Director of Government Affairs, Steinberg Institute</i>	Tab 10
3:15 pm	Assembly Bill 348 (Action Item) <i>Tara Gamboa-Eastman, Director of Government Affairs, Steinberg Institute</i>	Tab 11
3:35 pm	Break	
3:45 pm	Assembly Bill 255 (Action Item) <i>Barbara Mitchell, Chairperson, and All LPPC Members</i>	Tab 12
3:55 pm	Pending Legislation Discussion (Action Item) <i>Barbara Mitchell, Chairperson, and All LPPC Members</i>	Tab 13
4:30 pm	Behavioral Health Transformation Ad-Hoc Update <i>Barbara Mitchell, Chairperson, Javier Moreno, Chair-Elect and Jenny Bayardo, Executive Officer</i>	Tab 14
4:45 pm	General Public Comment <i>Members of the public can comment on any general item.</i>	
4:55 pm	Meeting Wrap Up & Next Steps	
5:00 pm	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, Stephanie Blake, Monica Caffey, Erin Franco, Steve Leoni, Catherine Moore, Noel O'Neill, Liz Oseguera, Sarah Poss, Darlene Prettyman, Danielle Sena, Karrie Sequeira, Daphne Shaw, Deborah Starkey, Tony Vartan, Susan Wilson, Uma Zykofsky

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**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting**
Wednesday, April 16, 2025

Agenda Item: Meeting Minutes for October 2024, January 2025, and February 2025

Enclosures: October 2024 Meeting Minutes Draft

January 2025 Meeting Minutes Draft

February 2025 Meeting Minutes Draft

Background/Description:

Enclosed are the drafts of the meeting minutes from the October 2024, January 2025, and February 2025 meetings, prepared by Council Staff Maydy Lo. 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

October 16, 2024

Meeting Minutes

DRAFT

Members Present:

Javier Moreno, Chair-Elect

Karen Baylor

Stephanie Blake

Jason L. Bradley (*Stand in for Sarah Poss*)

Erin Franco

Ian Kemmer (*Stand in for Veronica Kelley*)

Steve Leoni*

Catherine Moore

Noel O'Neill

Liz Oseguera

Marina Rangel

Danielle Sena

Daphne Shaw

Deborah Starkey

Tony Vartan

Uma Zykovsky

Staff Present: Jenny Bayardo, Naomi Ramirez

* = *Virtual Attendance*

Agenda Item: Welcome, Introductions, and Housekeeping

Chair-Elect Javier Moreno called the meeting to order and welcomed Council Members and attendees. Council Members, staff, and attendees introduced themselves. A quorum was established with 16 of 20 members present.

Agenda Item: Review and Accept June 2024 Meeting Minutes

The committee reviewed the meeting minutes from June 2024. The minutes were accepted as written with no revisions. Chair-Elect Javier Moreno moved to accept the minutes as written.

Agenda Item: CBHPC Year-End Legislative Report

Chief of Operations, Naomi Ramirez, reviewed and discussed the Year-End Legislative Report for 2024 with the committee. Some of the key points from the committee's discussion and feedback included:

- Depending on the topic of each bill, a different committee may take lead on the bill during the implementation phase.
- It may be helpful for the report to include a “next steps” section, documenting information such as the committee that is monitoring the bill and next steps.
- It may be important for the committee to consider possible next steps for dead or vetoed bills that the Council supported or opposed such as reintroducing a bill or working with sponsors to draft language for the upcoming legislative cycle.
- It is important for the Council to assess the sufficiency of current resources in following each piece of legislation and if there is not sufficient resources, the committee should consider the need to prioritize the allocation of resources to priority legislation.

**Agenda Item: Overview of Legislative Cycle and Discussion of
Committee Meeting Structure**

Naomi Ramirez, Chief of Operations, provided an overview of the committee’s current legislation process. Committee members also discussed and provided comments with respect the legislative calendar and the committee’s process. The key points from the discussion included:

- Council members can request specific bills to be included in the list of identified bills to present to the committee by sending Council staff an email.
- It was emphasized that the committee needs to take a more proactive approach rather than a reactive approach during the legislative session to avoid the need to consecutively develop and submit an overwhelming number of letters for pieces of legislation. It is also important to start having conversations about the Council’s interests with partners and authors, working with authors to clean up bill language, and identifying advocacy efforts in opposing bills that were passed.
- It was expressed that the Council is in a unique circumstance with regard to the Behavioral Health Services Act and it was suggested that the Council may not be ready to comment or take action at this time.
- It was identified that the list of partners included within the Overview of the Legislation Process document does not include a partnering organization with expertise in the substance use disorder treatment field. With the integration of substance use disorder into the Behavioral Health Services Act, it was recommended that the Council also partner with California Association of Alcohol and Drug Program Executives (CAADPE) and California Opioid Maintenance Providers (COMP) whom between both organizations, represent nearly all levels of care for substance use disorder, in helping to provide feedback and opinions on legislation related to substance use disorder treatment.

Following the discussion of the committee’s current legislation process, committee members provided recommendations for restructuring and organizing meetings as well as legislation and advocacy activities. Some of the key points from the member’s discussion included:

- The committee was encouraged to utilize the Consent Agenda and reduce the occurrences of pulling bills off the Consent Agenda to save time for discussion on other legislation.
- Committee members agreed to prioritize the discussion of legislation at the beginning of meetings and save presentations for after.
- Committee members expressed the need to have more in-between meetings to discuss legislation. It was also recommended for members to submit questions in advance regarding the bills so that staff has sufficient time to research and obtain the information, prior to the meetings.
- Committee members were encouraged to review legislations identified on the Consent Agenda ahead of time and share any concerns about the bills with staff prior to committee meetings.
- Committee members recommended prioritizing bills into tiers to efficiently allocate advocacy efforts for priority bills.
- It was emphasized that the Council needs to be more visible to the legislature and at hearings. Members suggested the utilization of committee members who are already present at hearings, to also represent and state the Council's position, if staff is not able to attend.

Agenda Item: Public Comment

Lynn Rivas, Executive Director of California Association of Mental Health Peer-Run Organizations, encouraged the committee to make a recommendation to the Department of Health Care Services to remove major mental illness diagnoses or anticipated major mental illness as a requirement for receiving services for early intervention. Lynn emphasized that this requirement is discriminatory against many marginalized communities and provided the example of stigma against the term "mental illness" within the African American community. She highlighted that many organizations do not use "mental illness" in their advertisements for their services and as a result they are serving many individuals who may have had a mental illness diagnoses had they been diagnosed.

Agenda Item: Partner's Voice: Behavioral Health Transformation

Amber Williams, Chief Executive Officer, and Lisa Willmes, Chief Strategy Officer, from Janus of Santa Cruz provided an overview on the organization's programs, services, funding streams, and past advocacy efforts.

Janus currently services 4,500 clients and their families each year, offering a full continuum of care for substance use disorder and co-occurring disorder treatments. Their services include withdrawal management, residential treatment, perinatal

treatment, medicated assisted treatment (MAT), intensive outpatient programs (IOP), and driving under the influence (DUI) services.

Janus has been able to successfully secure various funding opportunities through the years to assist in providing an array of programs and services for community members. The following highlights some of Janus' funding streams and what the funding opportunities have supported:

- *Path Cited*: This funding has assisted Janus with improving and updating data sharing systems and billing processes, ultimately helping to close the technology infrastructure gaps. Additionally, it supports their door-to-door referrals and transportation to withdrawal management and the operations of their Sobering Center that was re-opened in February 2024. The Sobering Center has helped divert individuals from jail and saves law enforcement time from booking people. In partnership with Managed Care Plan and the Sheriff's office, the Sobering Center provides enhanced care management and peer support services to individuals in its 10-bed residential facility. The Sobering Center also has on-site Licensed Vocational Nurses, Nurse Practitioners, and Emergency Medical Technicians. Janus has been able to serve 1,379 individuals from February 2024 to September 2024 in addition to only diverting a total of 17 people to the emergency room because of the Sheriff's mandate that all local law enforcement jurisdictions must use the Sobering Center.
- *Behavioral Health Continuum Infrastructure Program (BHCIP)*: This funding has supported Janus' ability to open a perinatal residential facility in Watsonville for the underserved community of mothers and pregnant women with substance use disorders with children up to age 12 and tailoring services to the Spanish-speaking community.
- *Proposition 47 Passthrough*: This funding has allowed Janus to facilitate coordinating services to low level offenders including case management, housing navigation, peer support, job support, and connecting individuals to community and family resources.
- *The Center at Sierra Health Foundation*: This has allowed Janus to operate 50 locations in the state to coach and mentor 30 substance use disorder treatment providers. It has also assisted Janus with securing two mobile vans to expand their Narcotic Treatment Program (NTP) services and bringing medication assisted treatment and counseling services to patients in the community.
- *Central California Alliance for Health (CCAH)/Alliance Incentive Payment Program (IPP) Funding*: This funding has supported Janus in converting a currently owned and aging building to a fully functioning post hospitalization housing model.

Additionally, in 2015, Janus co-authored Assembly Bill 848 with Assemblymember Mark Stone to bring Incidental Medical Services (IMS) into residential facilities. This bill was passed, and Janus was able to support the Department of Health Care Services in developing the regulatory and licensing requirements. Janus also developed policies and procedures to implement a Medical Model of Care.

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

- Amber shared that there is no incentive for providing perinatal services and explained that the reimbursement rate for their residents who are pregnant mothers with children, is the same rate for a single male.
- Amber shared that they could bill for medicated assisted treatment (MAT) as well as medical services through the Managed Care Plan. She emphasized that this is a disconnect for providers because many do not have contracts with Managed Care Plan.
- Janus receives the highest reimbursement rate for residential services in the state and can justify the rates due to their inclusion of medical staff and services.
- The statewide reimbursement rates are low for providers for many different reasons and are at no expense of the county. The initial negotiation of rates happens at the state level and then are passed down to the counties.
- It is vital for the operational issues to be sorted with the integration and transformation of California's public behavioral health system. Currently, a major barrier is that providers are having to bill in two different systems with each system having different billing requirements and separate regulatory oversight and steps to follow. There is a need to develop one system for providers to bill for all services.

Agenda Item: Public Comment

There was no public comment.

**Agenda Item: Behavioral Health Transformation Ad-Hoc Update and
CBHPC Member Discussion (Action Item)**

Executive Officer Jenny Bayardo provided a brief overview regarding the purpose of the Behavioral Health Transformation Ad-hoc Workgroup which includes assisting the Council in monitoring the implementation of Behavioral Health Transformation and representing the Council's position on related policies and regulations. The members consist of Susan Wilson, Barbara Mitchell, Javier Moreno, and Jenny Bayardo. Jenny shared that the workgroup was able to develop and submit several letters with comments and recommendations to the Department of Housing and Community Development (HCD), the Health and Human Services (HHS) Agency, and to the Department of Health Care Services (DHCS), which are all published to the Council's Advocacy and Legislation webpage. The Ad-hoc has met with the DHCS and HHS leadership teams and have requested to be involved during the development of regulations.

The workgroup's advocacy efforts and recommendations so far have focused on the definitions of chronic homelessness, homelessness, and veterans. The final definition released by DHCS is broad enough, and less restrictive than before, and therefore meets the intent of what the workgroup was striving for. Additionally, the Ad-hoc requested the inclusion of veterans with discharge statuses other than an honorable discharge to ensure that more veterans would be able to access and receive services.

Furthermore, the Ad-hoc shared about the advocacy efforts and concerns with other groups who the Council have not typically been partners with including some veterans' groups. The workgroup intended to write an additional letter to follow up with the definition of veterans, but after meeting with different veterans' associations and not being able to obtain data from the California Department of Veterans Affairs (CalVet), the members determined that there was not enough information to develop the letter at this time. Therefore, the workgroup decided to take a different direction with advocacy efforts.

In August, members of the workgroup met with the Executive Committee to start a discussion and planning of next steps. During this meeting, it was determined that there was a need to identify and prioritize different topics of the Behavioral Health Services Act (BHSA) that the Council is interested in monitoring and advocating for. The Ad-hoc workgroup developed an initial list of topics and created a crosswalk to outline the various topics which was presented to the Executive Committee earlier in the day. The Executive Committee accepted the topics chosen and recommended additional topics to be included in the crosswalk grid. The crosswalk also provides the relevant code sections that cover each topic along with the potential committee or committees that could help to follow the implementation and advise on the identified topics.

Following the update provided from Jenny, committee members were able to provide comments, suggestions, and ask questions. The key points from the discussion included:

- It is important to consider that it may be most effective for some topics on the crosswalk to have more than one committee to oversee and provide input on, rather than identifying one committee per topic.
- Some of the topics identified on the crosswalk needs to be refined to be more accurate and clear.
- It may be helpful to add a column to the crosswalk to document related activities for each topic.
- If the responsibility and topic is clear, there should be some flexibility for the committees to start working on addressing these topics as regulations are released for input so that the Council does not fall behind.

The next steps that were identified are:

- Committee members may provide additional suggestions for topics and/or other input by emailing Jenny and Chief of Operations, Naomi Ramirez, within the next two weeks.
- Staff will work to identify the code sections for the newly added topics and refine the topics.

Agenda Item: Public Comment

Steve McNally from Orange County shared that he found the crosswalk helpful in understanding better the Behavioral Health Services Act. Steve also expressed his concerns which includes transparency, the lack of involvement and input from the community, and the absence of discussions about the budget fluctuation and supplantation. Steve emphasized that there seems to be more discussion on the Behavioral Health Services Act and not the coordinated group of budgets and questioned the relationship between the Behavioral Health Services Oversight and Accountability Commission (BHSOAC) and the Council. He also indicated that there are many people who believe that managed healthcare has what the Behavioral Health Services Act flexible funding housing money should be doing and expressed uncertainty of the effects supplantation would have.

Barbara Wilson from Los Angeles County expressed appreciation for the layout of the Behavioral Health Services Act crosswalk and asked if a copy will be available for the public. Executive Officer Jenny Bayardo shared that the first version of the crosswalk is available on the committee's website and the updated version would be made available upon finalization.

Agenda Item: Proposition 36 Overview

Monica Davalos, Senior Policy Analyst, from the California Budget & Policy Center provided an overview of Proposition 36 and key considerations.

Monica highlighted the current law which is known as Proposition 47 that was passed in 2014, reducing penalties for six nonviolent drug and property crimes from felonies to misdemeanors. Monica also outlined some of the positive impacts it has had within California's justice system which includes the reduction of prison overcrowding and prison costs. In addition, Proposition 47 generates savings that is redirected to the Safe Neighborhoods and Schools fund for supporting crime victims and efforts to reducing recidivism. The Safe Neighborhood and Schools fund allocates 65% of funds for behavioral health services and diversion programs, 25% for K-12 school programs to support vulnerable youth, and 10% to trauma recovery services for crime victims. Proposition 47 has reinvested more than 800 million in state savings toward these efforts.

The passing of Proposition 36 would increase penalties for drug crimes which includes a “treatment-mandated felony” charge against individuals for possession of illegal drugs, state prison sentences for individuals who sell large quantities of certain drugs including fentanyl, and requiring individuals convicted of possessing fentanyl while armed with a loaded gun to serve up to four years in state prison. Overall, there are various sentencing enhancements that come with Proposition 36 that are not currently part of state statute.

Proposition 36 would also increase penalties for theft crimes, including people with multiple prior theft convictions to be charged with a felony if they subsequently commit petty theft or shoplifting, which reverses a key reform implemented by Proposition 47. Additionally, it creates sentencing add-ons or enhancements that apply to people convicted of a felony involving damaged or stolen property valued at more than \$50,000.

The following are key considerations about Proposition 36 from the California Budget & Policy Center:

- It would create substantial new costs for both the prison system and court system at the local and state levels. There are no new revenues or funding sources to pay for these new expenses, therefore, state and local leaders may have to limit existing public services in order to fund the costs associated with Proposition 36.
- The increased penalties would reduce the state prison savings and in turn, defund the Safe Neighborhood and Schools fund which provides behavioral health treatment, housing, and other critical diversion supports for Californians who are currently being diverted from our justice system.
- It could increase homelessness in California because of the deep link between incarceration and homelessness. The statewide study from the University of California San Francisco (UCSF) on homelessness showed that nearly 20% of unhoused Californians entered homelessness directly from an institutionalized setting, primarily a jail or prison, because of the defunded critical programs aimed to support these individuals.
- It does not follow effective evidenced based interventions that have been proven successful in helping individuals to obtain mental health and substance use treatment.
- A key flaw in the court mandated treatment program is the absence of emphasis on simultaneously supporting these individuals experiencing homelessness with securing housing placements. Housing is a key component for those who are homeless and have a mental health or substance use disorder.

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

- The California Budget & Policy Center did not put together the data and estimated increased costs directly. Information regarding the estimates was

gathered from various state organizations and community organizations to illustrate the estimated costs for the state.

- Mandated treatment is not the most effective method and the rebounding rates for individuals who are mandated to treatment are very low.
- Proposition 47 is not linked to retail theft or shoplifting. There have been reports that organized retail theft have been greatly exaggerated by realtors and rose to predominance following the isolation and social breakdown from the pandemic, which was long after Proposition 47 was passed. There are many underlying factors that have influenced the rise in these types of crimes, including the increase of poverty.
- Research and data indicate that harsher penalties, such as incarceration, does not help reduce recidivism or behaviors like drug use. Intervention programs, economic security, and affordable housing help reduce recidivism and prevent individuals from committing crimes.

Agenda Item: Public Comment

There was no public comment.

Agenda Item: CBHPC Workgroup Updates

Members of the Reducing Disparities Workgroup, Children and Youth Workgroup, and Substance Use Disorder Workgroup provided updates regarding recent activities and upcoming meeting discussion topics.

Reducing Disparities Workgroup: Committee member Uma Zykovsky shared that the workgroup has completed the equity questions incorporating feedback given from the Executive Committee in June. These questions will be sent out to all the committees to use when requesting presenters for meetings. During the upcoming meeting, members of the workgroup will discuss the intersection of the changes and work of each committee along with potentially electing a new chair.

Children and Youth Workgroup: Committee member Erin Franco shared that the committee is planning a behavioral health awareness event for youth and their caregivers in January. The event will include a screening of *Hiding in Plain Sight*, a panel and focused on behavioral health support for youth.

Substance Use Disorder Workgroup: Chair-Elect Javier Moreno shared that the workgroup will be discussing priorities and topics to cover for 2025. Committee member Steve Leoni recommended for the workgroup to also consider discussing the differentiation of the term “recovery” for individuals with a substance use disorder and

individuals with a mental illness as well as ways to honor the differences as both integrates under the Behavioral Health Services Act.

Agenda Item: Adjourn

The meeting was adjourned at 4:52pm.

California Behavioral Health Planning Council Legislation and Public Policy Committee Meeting

January 15, 2025

Meeting Minutes

DRAFT

Members Present:

Barbara Mitchell, Chairperson

Karen Baylor

Jason Bradley (*stand in for Sarah Poss*)

Monica Caffey

Erin Franco

Ian Kemmer

Catherine Moore

Noel O'Neill

Javier Moreno, Chair-Elect*

Liz Oseguera

Danielle Sena

Daphne Shaw

Deborah Starkey

Susan Wilson

Milan Zavala

Staff Present: Jenny Bayardo, Maydy Lo, Gabriella Sedano*

* = *Virtual Attendance*

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 introduced themselves, their roles, and organizations associated with, as applicable. A quorum was established with 15 of 20 members present.

Barbara also shared about the departure of Council member Walter Shwe from the Council with the committee.

Agenda Item: Committee “Meet & Greet” with new CBHPC Staff

New Council staff person and Behavioral Health Public Policy Consultant, Maydy Lo, introduced herself to the committee and shared about her educational and career background.

Agenda Item: October 2024 Meeting Minutes

There were no minutes to review and approve.

Agenda Item: Partner's Voice: Behavioral Health Transformation

Stan Galperson, Director of Residential Outpatient and Housing Services for Tarzana Treatment Centers in the San Fernando Valley, presented on the services and programs that Tarzana offers to individuals in Los Angeles County and provided responses to the preset questions from the committee.

Tarzana currently has 60 inpatient detox beds and 4 residential programs with 360 beds at the Long Beach and Antelope Valley locations. Additionally, they operate 13 intensive outpatient programs servicing 978 individuals and 3 outpatient treatment program clinics servicing 251 individuals. Furthermore, Tarzana operates 30 recovery bridge housing/recovery housing for 208 individuals and 9 transitional houses for 46 individuals with Human Immunodeficiency Virus (HIV). Lastly, through a partnership and funding from Providence Hospital, Tarzana was able to open 3 houses with 21 beds for individuals who frequent the emergency room with chronic medical conditions and untreated substance use and mental health disorders. While housed, individuals can access and engage in case management services, care coordination, and mental health and substance use services. Tarzana also offers primary health care through their primary health care clinics and provides mental health services at all service locations.

Individuals can be referred to Tarzana for services in various ways including, but not limited to, substance use disorder providers in other areas, law enforcement, and the courts. Individuals will start at one end of the continuum and engage in the respective program and services for the allotted duration before they are evaluated and considered for participation in a transitional home or to be enrolled into one of the intensive outpatient programs. Funding for Tarzana's substance use disorder housing is covered through Parkland Healthcare in the county, not directly through Medi-Cal.

Stan mentioned that counties are individually working on systems to meet the need of a housing continuum to support individuals with substance use disorders, but there is no overarching substance use disorder housing system statewide. He also expressed the need for more effective housing models, including models that are not abstinence based and emphasized the shortage of housing availability.

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

- To Stan's knowledge, Tarzana is not currently considering housing models that are not time limited and provides individuals with a lease and tenant rights.

- Stan highlighted two factors that he believes are factors contributing to the residential housing shortage in California, including the overall shortage of housing and limited properties in the real estate market and challenges with landlords agreeing to enter into a lease agreement once they learn about the mission, purpose and services offered.
- Stan explained that the requirement is 50 square feet per resident, per room and indicated that their houses are annually inspected by the county and health department for basic safety requirements. Depending on the size of their properties, they can have more than six people in a house.
- Stan shared that Tarzana does have designated men and women's houses, but do not designate beds for specific purposes such as women with children or pregnant women with children. However, they do provide services to women and pregnant women with children when there is a need and availability.
- Stan shared Tarzana's efforts and activities in providing education to the surrounding communities regarding the population being served which includes the company's attendance at the Chamber of Commerce meetings, involvement with various efforts at the county and city level, and interactions with law enforcement agencies.

Agenda Item: Public Comment on Partner Presentation Behavioral

Barbara Wilson from Los Angeles County expressed gratitude for the presentation and to Chairperson Barbara Mitchell for the questions that were asked of the presenter. Barbara further stated support and advocacy for licensed adult residential facilities. She shared concerns about the lack of effort toward the identification and accountability of unlicensed providers who are unable to effectively support individuals they house in addition to housing individuals in uninhabitable environments such as garages without proper heating and air conditioning. Barbara emphasized the lack of visibility these individuals have to organizations that would be better suited to provide support and services to them due to their housed status. Barbara encouraged more attention and identification of these unlicensed facilities to address these issues.

Agenda Item: Auditor's Report on Drug and Alcohol Treatment Facilities Discussion

The committee provided comments, questions, and recommendations for the State Auditor's report on Drug and Alcohol Treatment Facilities that was released in October 2024. The key points of the discussion included:

- Danielle Sena asked about how the Department of Health Care Services monitors and prevents treatment providers that have been indicted and/or

convicted, from using different company names and owners to open other facilities.

- Danielle Sena asked about the Department of Health Care Services' timeline for when the audited facilities need to make the corrections.
- Chairperson Barbara Mitchell highlighted that some providers have 10 facilities within three blocks of each other, operating under one administration. Barbara asked if the state should consider limiting how many licenses providers can possess in a geographic area.
- Ian Kemmer shared that although there are many providers in Orange County, many of them are not willing to contract for Medi-Cal services due to the requirements of the Medi-Cal system including regulation, oversight, and payment structure. He suggested incentivizing providers to partner with the county to create a better system and create more access for beneficiaries.
- Ian Kemmer clarified that the facilities reviewed in this report are not county contractors and explained that Orange County has a different process for monitoring contractors providing residential housing and treatment services through the Drug Medi-Cal Organized Delivery System (DMC-ODS). He expressed that the county could offer information and guidance on how they monitor these facilities to the Department of Health Care Services.
- Chair-Elect Javier Moreno emphasized that there is insufficient residential treatment capacity in California and any efforts to limit and restrict access to treatment would be undermining the work that the Council has been doing over the years. He encouraged the Council to review legislation that may further strain the behavioral health system in limiting access to treatment.
- Javier Moreno shared the Department of Health Care Services is making some progress toward addressing and reducing complaints through the passage of a trailer bill in 2023 that granted funding for the Department to build on their resources. He also shared that the Department has been able to open the Southern California Licensing and Certification Division branch.
- Barbara Mitchell suggested for the Council to look at unlicensed providers that are not providing treatment but are billing insurances.
- Erin Franco clarified that outpatient facilities are not licensed but are certified through the state. She emphasized the need for more accountability and monitoring of substance use residential facilities.
- Erin Franco expressed the need for, and importance of substance use treatment facilities to adopt a model similar to that of hospitals, in providing equitable access to services and not denying treatment to individuals based on insurance and/or physical appearances.

Agenda Item: Behavioral Health Transformation Ad-Hoc Update

Chairperson Barbara Mitchell provided an update to the committee regarding the activities of the Behavioral Health Transformation Ad-Hoc workgroup. The workgroup is comprised of Barbara Mitchell, Chair Elect Javier Moreno, Susan Wilson, and Uma

Zykofsky. Barbara added that Walter Shwe was a member of the workgroup prior to his departure from the Council, but a new member has yet to be identified to join the Ad-Hoc workgroup.

The workgroup has been focused on reviewing draft regulations and responding with comments and recommendations to the Department of Health Care Services. Some of the focus areas the workgroup has been able to comment and provided recommendations on include the bonds, housing, structure and levels of Full Service Partnerships (FSPs), expanding the definition of chronic homelessness, and the stakeholder engagement process, specifically the limited time given to provide comments to the proposed regulations. The Council's letters were sent to the Department, shared with partners, and posted to the Council's website.

Barbara shared that the workgroup did not pursue the issue of the exclusion of individuals who served in the military for less than six months prior to their discharge, and as a result, are not recognized as veterans. The workgroup attempted to gather more information and support from partners to effectively advocate and provide recommendations for amendments, however, were unable to.

Catherine Moore asked if there were any major issues or concerns that the workgroup has been able to identify regarding the state's process so far. Barbara stated that there was in terms of regulations, public input, and use of money. She reiterated that the major concern is insufficient input from the public.

Agenda Item: Behavioral Health Transformation Discussion

Chairperson Barbara Mitchell canceled this agenda item.

Agenda Item: Public Comment on Behavioral Health Transformation

There was no public comment.

Agenda Item: Follow-up Discussion: 2025 Committee Meeting Structure & Legislative Activities

Executive Officer, Jenny Bayardo, reviewed a brief summary of the October 2024 meeting with the committee. Some of the key points from the committee's discussion included the following:

- Liz Oseguera stated the need to monitor and identify legislation that involves specific ethnic populations, immigration statuses, and behavioral health.
- Chairperson Barbara Mitchell emphasized the need for the committee to review the Policy Platform by the April meeting to develop a list of priority areas of interests.
- Chair-Elect Javier Moreno recommended that the committee have an In-Between meeting prior to the April meeting to identify the priorities for the year. He also emphasized the potential need for advocacy efforts to protect services, funding, and programs for behavioral health services as a result of the new federal administration.
- Javier Moreno expressed optimism and support of a fully funded structured housing continuum concept in California, where individuals can move from homelessness to emergency shelter, transitional housing, and toward home ownership.

Additionally, committee members discussed possible priorities for the year that included:

- The Behavioral Health Services Act.
- Monitor federal action that may impact California's behavioral health system.
- Licensing, oversight, and accountability at the state and local level for residential treatment facilities.
- Monitor the implementation of Proposition 36 and the effects it may have on the behavioral health and criminal justice systems.
- Identify a recovery housing model that can be incorporated under the Housing First policy, where individuals can have a lease and have tenant rights.
 - Develop a definition for recovery/supportive housing before making a decision.
- Monitor at-risk policy and/or funding cuts within the state's budget to determine if the Council needs to advocate.
- Increase the availability and access of residential treatment facilities within the public behavioral health system.
- Follow up on the October 2024 California State Auditor's report on Drug and Alcohol Treatment Facilities regarding specific committee questions.

Public Comment:

Tondra Mosley asked about the policies and safety net related to house managers residing and managing sober living homes, whose roles are considered "volunteers" and are not provided with documentation regarding their roles and responsibilities. The committee was unable to provide an answer due to complex labor laws and the various policies based on each employer.

Barbara Wilson expressed gratitude for the discussion regarding housing and a housing continuum model in California. Barbara encouraged more discussion and aggressive advocacy for licensed adult residential facilities as part of the process. Barbara emphasized that a different level of care, aside from Housing First, is needed and encouraged the Council to look into staffing requirements for residential facilities.

Steve McNally, a family member from Orange County, shared that he participated in the group that conducted the audits on the residential facilities. Steve stated that there is a lot of confusion between recovery homes, sober living environments and treatment facilities. Steve encouraged the committee to meet sooner to determine priorities and meet with Legislators to discuss the Council's interests. Lastly, Steve encouraged a discussion with the Behavioral Health Services Oversight and Accountability Commission during the General Session regarding theirs and the Council's roles.

Agenda Item: CBHPC Workgroup Updates

Erin Franco and Noel O'Neill who are part of the Children and Youth Workgroup shared about the event that the workgroup is hosting on Thursday, January 16, 2025, called "Out in the Open, Honest Conversations About Youth Mental Health and Drug Use (No Cap)." The event will be taking place at the San Diego County Department of Education and includes a screening of the film *Hiding in Plain Sight* and a panel discussion with two individuals who were featured in the film along with transition aged youth and transition aged youth provider panel members. There will also be 10 agencies tabling to provide information and resources to attendees.

There were no updates from the Substance Use Disorder Workgroup and the Reducing Disparities Workgroup as they have not yet had their meeting.

Agenda Item: General Public Comment

There was no public comment.

Agenda Item: Meeting Wrap-up and Next Steps

The committee will hold an In-Between meeting before the next quarterly meeting in April to discuss the Policy Platform and determine priorities.

Agenda Item: Adjourn

The meeting was adjourned at 4:35pm.

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

February 18, 2025

Meeting Minutes

DRAFT

Members Present:

Barbara Mitchell, Chairperson

Stephanie Blake

Monica Caffey

Erin Franco

Catherine Moore

Noel O'Neill

Javier Moreno, Chair-Elect

Liz Oseguera

Danielle Sena

Daphne Shaw

Deborah Starkey

Uma Zykovsky

Staff Present: Jenny Bayardo, Maydy Lo

Agenda Item: Welcome and Introductions

Chairperson Barbara Mitchell called the meeting to order and welcomed Council Members and attendees. Council Members, Council staff, and attendees introduced themselves, their roles, and organizations associated with, as applicable. A quorum was established with 12 of 20 members present.

Agenda Item: CBHPC Policy Platform Review

The committee reviewed the current Policy Platform and made recommendations for minor edits. Committee members discussed the need to update item six under the Overarching Behavioral Health Principles section that states, "Monitor the implementation of the Behavioral Health Services Act," to accurately reflect the Council's role, therefore, it was recommended to include "advise" into this statement. Additionally, members agreed that there needs to be more emphasis of family and consumer voices in the implementation of the Behavioral Health Services Act. Chairperson Barbara Mitchell highlighted that the Policy Platform does not include language about advocating for or supporting sustainable, long-term, and cost-effective policies and preserving consumer choice. The committee agreed that an updated Policy Platform with the recommended edits would be reviewed and approved during April's meeting.

Additionally, the purpose of the Policy Platform was reiterated and clarified for members. Executive Officer, Jenny Bayardo, explained that the Policy Platform outlines

the Council's ongoing priorities and is reevaluated every 2 years to ensure accuracy and relevancy. The Policy Platform also defines the priority areas of other Council committees and assists Council staff with identifying legislation that aligns with the Council's priorities. Chairperson Barbara Mitchell added that the Council historically attempts to update and modify the document at the beginning of the year when needed.

Chair-Elect Javier Moreno, stated his initial understanding of the Policy Platform to be the principles and foundations that the Council prioritizes and that a separate short-list would be created to identify priorities for the respective year. Javier expressed support for a process that reflects these steps, incorporating a short-list of annual priorities that is updated each year, rather than the Policy Platform. The short-list of annual priorities would drive the list of identified bills that the committee would review to prevent an overwhelming number of bills that the committee would have to consider. The committee expressed agreement with this recommendation.

Agenda Item: Committee Policy Priorities for 2025-2026

The committee agreed the Council will develop a short list of priorities annually. This year's priorities will be developed by staff based on the committee discussion and suggestions, then forwarded to the Chairperson and Chair-Elect for review and approval. The list will be provided to all committee members prior to the meeting in April. Committee members made the following suggestions for the annual priorities during the meeting:

- Behavioral Health Services Act (BHSA): Ensure funds are not used for non-BHSA purposes.
- Federal funding: Monitor the impact of federal funding and potential funding cuts to California's public behavioral health.
- Community Assistance Recovery Empowerment (CARE) Act: Monitor the implementation and evaluate the cost-effectiveness of the CARE Act.
- Prop 36: Monitor the implementation and potential implications it may have on the behavioral health and justice systems.

Committee members were also encouraged to email suggestions after the meeting ends.

During the October 2024 meeting, the committee considered the suggestion to prioritize newly introduced bills into three tiers to help create a more efficient process in determining the level of effort and advocacy that would be devoted to each bill the Council may decide to take action on. Executive Officer, Jenny Bayardo, explained that the tiers and their associated advocacy activities were developed based on the committee's previous discussions.

Members expressed the need for clarification of the quantity of advocacy activities within Tier 1. Jenny Bayardo stated that the quantity would be something the committee

would determine. Chairperson Barbara Mitchell emphasized that it will not always be possible for all activities listed under Tier 1 to be accomplished. The committee requested Tier 1 to include “all or some” language to more accurately reflect the quantity of advocacy activities for those bills identified as high priority.

Public Comment:

Theresa Comstock, from California Association of Local Behavioral Health Boards and Commissions (CALBHB/C) and California Coalition for Behavioral Health (CCBH), shared concerns of the potential for the state to tap into Behavioral Health Services Act (BHSA) funds. Theresa further added that although there is uncertainty about the legitimacy of this concern, there appears to be ways to borrow against the BHSA funds, therefore, CCBH will be establishing a work group to examine the text of the statute in more detail. Theresa emphasized the importance to ensure sustainable funding for BHSA and provided a link to CCBH’s Agenda for Fairness document.

Agenda Item: Review of Newly Introduced Legislative Bills

The committee discussed the Consent Agenda and began a preliminary discussion on the newly introduced bills to consider taking a position on.

The Consent Agenda initially included Assembly Bill (AB) 96, Assembly Concurrent Resolution (ACR) 23, and Assembly Bill (AB) 348, however, the committee was informed that AB 96 was pulled from the Consent Agenda due to Council staff receiving information that other peer support organizations have not yet taken a position on this bill. The Consent Agenda only included ACR 23 and AB 348 to be discussed and considered.

Chair-Elect Javier Moreno expressed concerns about taking positions early in the legislative session as changes and amendments can occur throughout the next several months. Liz Oseguera emphasized that any positions taken for the bills during the meeting will be for the introduced version of the bills. Should amendments be made after a position has been taken, the Council would reevaluate if the current position remains accurate.

Motion: Noel O’Neill made a motion to approve the Consent Agenda and support ACR 23 and AB 384. Catherine Moore seconded the motion.

Vote: A roll call vote was taken. The motion passed with 8 members voting “Yes”. Javier Moreno, Liz Oseguera, and Uma Zykovsky abstained. 1 member in attendance was not present during the roll call vote.

Due to time constraints and the abundance of bills to consider, the committee was only able to discuss Assembly Bill (AB) 255. Some of the key points raised by members regarding this bill, included:

- Due to the laws that California has adopted, the state cannot spend money on “drug-free” housing. The bill would allow for a recovery housing model, that the federal level has also approved and incorporated into their Housing First policy, to be an option for individuals who are seeking and electing to be in “drug-free” housing. This model would be different from Sober Living Environments in that it would not necessarily be short-term housing or peer run (Barbara Mitchell).
- Chairperson Barbara Mitchell expressed strong support for options as such to be made available to people.
- The bill is still being analyzed by those working in the field and examining how the changes would impact the rights of those receiving services (Javier Moreno).
- Since the Behavioral Health Services Act is allocating a third of funds toward housing, there needs to be more flexibility in allowing for funds to be used for other types of housing outside of Housing First models, including supportive housing options that incorporate programs, therapeutic communities, and/or offer health services (Catherine Moore).

It was determined that the committee was not ready to take positions for the listed bills including AB 255 but agreed to discuss further during April’s meeting. The following are the bills that the committee identified as priority for the April 2025 meeting, to thoroughly discuss and potentially hear more about from the author’s office:

- Assembly Bill 96 (Jackson) – Community health workers.
- Assembly Bill 255 (Haney) – The Supportive-Recovery Residence Program.
- Assembly Bill 348 (Krell) – Full service partnerships.
- Assembly Bill 416 (Krell) – Involuntary commitment.
- Assembly Bill 73 (Jackson) – Mental Health: Black Mental Health Navigator Certification.

In addition, the following bills were not included in the agenda item, however, were raised by committee members to add for further discussion in April:

- Assembly Bill 276 (Bennett) – Background checks.
- Assembly Bill 534 (Schiavo) – Transitional housing placement providers.
- Assembly Bill 339 (Ortega) – Local public employee organizations: notice requirements. To be put on for April – further discussion

Agenda Item: General Public Comment

There was no public comment.

Agenda Item: Meeting Wrap-up & Adjourn

Liz Oseguera asked if there would be any benefit to the committee meeting in March to discuss legislations to create more time to discuss other matters, including other legislations, in April. Barbara Mitchell expressed that it will be considered, but it may not be possible due to insufficient time for Council staff to prepare and be compliant with the Bagley-Keene Open Meeting Act rules.

In preparation for future In-Between meetings, members expressed wanting only the web links to the respective bills to consider and discuss rather than a print copy in the meeting packet. Additionally, members requested a more digestible method for sharing information about bills and shared the idea for committee members to help lead presentations and discussions on the more complex bills.

Barbara Mitchell suggested a meeting to discuss ways to share and present bills with Javier Moreno, Executive Officer, Jenny Bayardo, and Behavioral Health Public Policy Consultant, Maydy Lo.

The meeting was adjourned at 9:00 am.

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting
Wednesday, April 16, 2025**

Agenda Item: CBHPC Updated Policy Platform (**Action Item**)

Enclosures: Updated Policy Platform Draft

How This Agenda Item Relates to Council Mission

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

The CBHPC 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 utilizes the Policy Platform and an annual Policy Priorities list to guide the policy consideration of newly introduced legislation during the legislative session.

Background/Description:

The Policy Platform was last updated in September 2024 and reflected edits that the committee recommended during the meeting in April 2024. At the January 2025 meeting, members discussed the need for the committee to review the Policy Platform to assist in determining legislative priorities for the year and considered the need for further revisions due to the implementation of Behavioral Health Transformation and other new behavioral health initiatives.

During the In-between meeting in February 2025, the committee determined that there were minor changes needed on the Policy Platform. Committee members discussed the need to update the document to include:

- Accurate reflection of the Council's role in Overarching Principle six.
- Emphasis of family and consumer voices in the implementation of the Behavioral Health Services Act.
- Inclusion of language regarding advocacy for supporting sustainable, long-term, and cost-effective policies.

Other minor edits made included the replacement of “consumer” with person-first language to more accurately reflect the recent changes to the Council’s appointment categories.

Revisions on the updated Policy Platform are identified as follows:

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

During this agenda item, Chairperson Barbara Mitchell will review and discuss the revisions with the committee.

Action: To adopt the revised Policy Platform.



Policy Platform

DRAFT AMENDMENTS

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.

Consumer 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 dually diagnosed with substance use disorders. The Platform is intended to be used by staff to identify legislation of interest to the Council and inform stakeholders of the Council's perspective on priority policy areas. All aspects of the guiding principles are considered in the positions the Council takes.

The perspective of the Council 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 ~~consumers~~ 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 Council 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 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.
5. Effective training for Patients' Rights Advocates.
6. Whistleblower protections for all Patients' Rights Advocates.

BEHAVIORAL HEALTH SYSTEM ACCOUNTABILITY AND EVALUATION

The Planning Council 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 on data and support the work of the Council.

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/behavioral health services.

HOUSING AND HOMELESSNESS

The Council actively engages with stakeholder organizations to influence policy and ensure access to programs by homeless individuals who are served by the public behavioral health system. The Council also advocates on legislation and regulatory matters related to the housing crisis in California and funding and programs to serve persons who have mental illness and are homeless.

The Housing and Homelessness Committee (HHC) intends to monitor, review, evaluate and recommend improvements in the delivery of housing services and addressing the state's homeless 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), California Interagency Council on Homelessness (CAL ICH) and Behavioral Health Services Act (BHSA) Housing Programs. Additionally, the committee is leading the Council's efforts in addressing the current crisis with Adult Residential Facilities.

SUPPORT

1. Lowering costs by eliminating duplicative, unnecessary, or ineffective regulatory or licensing mechanisms of programs or facilities.
2. Lowering of costs to build and operate affordable housing by eliminating unnecessary building and zoning restrictions and removal of barriers imposed by CEQA.
3. 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.
4. Expanding affordable housing and affordable supportive housing.
5. 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 Institution Code provides the Council with specific responsibilities in 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) works closely with HCAI staff to provide input, feedback and guidance and acts as the conduit for presenting information to the full Council 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 ~~consumers~~ 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 ~~consumers~~ individuals living with serious mental illness and substance use disorders served in the Public Behavioral Health System.
4. Support programs providing stipends, loan forgiveness and other incentives and scholarships for persons committed to working in the public behavioral health system.

BEHAVIORAL HEALTH SYSTEM/CONTINUUM OF CARE

Substance Use Disorders

The Council is committed to fostering a healthier California by supporting activities focused on substance use prevention, 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 supports efforts to reach the 95% of individuals who need care but today do not receive it. The Council advocates for a comprehensive system of care that provides integrated whole person care for substance use disorder treatment and recovery services for all Californians. The Council advocates for a comprehensive system of care that offers integrated substance use disorder treatment and recovery services to all Californians. Prioritizing the closure of equity gaps, the Council seeks to ensure unbiased and equal access to high-quality treatment and established connections

between individuals and personalized services, with a lessened emphasis on incarceration.

In pursuit of these goals, the Council is grounded in the following principles:

1. The Council supports efforts aimed at preventing the development of substance use-related problems through community-based education, awareness campaigns, and evidence-based prevention programs.
2. The Council supports policies and practices that 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. The Council supports policies, evidenced based practices (EDPs), and community-defined evidence practices (CDEPs) to increase access to medications for addiction treatment.
4. The Council supports policies and practices aimed at reducing overdose incidents and fatalities through preventive measures, naloxone distribution, and training.
5. The Council supports advancing 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. The Council supports destigmatizing substance use disorders and improving treatment access by removing unnecessary barriers and policy requirements not typical in general healthcare.
7. The Council supports 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. The Council supports actions that 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.
9. The Council supports actions to meet the complex needs of individuals, youth, and families with co-occurring mental health and substance use disorders across all levels of care, supporting new approaches to ensure everyone gets the care they need, no matter where they enter the healthcare system.

The Council 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 Council's membership includes the voice of ~~consumers~~ persons with lived experience and family members in its statewide policy development. In addition to the federal planning duties, state law mandates additional responsibilities and duties that include:

- Advising the Legislature, Department of Health Care Services, and county boards on mental health and substance use disorder issues and the policies and priorities that this state should be pursuing.
- Make recommendations to the Department on awarding grants to county programs to reward and stimulate innovation.
- Advise the Director on the development of the State behavioral health plan and its priorities.
- Conduct public hearings on the State behavioral health plan, Community Mental Health Services Block Grant, and on other topics as needed.

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. 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.
2. Safeguard legal requirements for behavioral health care parity and advocate for the improvement of behavioral health treatments to full parity with all other healthcare.
3. Provide comprehensive health care and improved quality of life for people living with mental illness and oppose any elimination of health benefits for low income beneficiaries, and advocate for reinstatement of benefits that have been eliminated.
4. Reduce disparities and improving access to behavioral health services, particularly to unserved, underserved populations, and maintain or improve quality of services.

5. Reduce the use of seclusion and restraint to the least extent possible.

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting**
Wednesday, April 16, 2025

Agenda Item: Review of Committee's Updated Legislation Process

Enclosures: LPPC Legislation Process Overview

LPPC Legislation Process Flow Chart

Tiers for Prioritizing Bills Diagram

How This Agenda Item Relates to Council Mission

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

The CBHPC 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 established a process for the identification and prioritization of legislation to adequately take positions on and advocate for those positions throughout the legislative session.

Background/Description:

At the February 2025 In-between meeting, the committee reviewed and provided feedback on the Tiers for Prioritizing Bills Diagram that was developed to assist the committee in determining the priority of each bill that the committee has taken a position on and the associated advocacy activities.

Additionally, committee members requested a more effective format to present legislation, therefore, the "Pending Legislative Positions Chart" was created with recommendations from Chairperson Barbara Mitchell and Chair-Elect Javier Moreno. Due to the addition of the chart and diagram, updates to the committee's Legislation Process Overview document and Legislation Process Flow Chart were required.

During this agenda item, Council Staff Maydy Lo, will highlight the important changes made, including the addition of the Pending Legislative Positions Chart.

California Behavioral Health Planning Council Legislation and Public Policy Committee Legislation Process Overview

The California Behavioral Health Planning Council (CBHPC) provides support for legislation and policy that furthers the Council's Vision. This includes increasing public behavioral health awareness through collaboration with local consumer advocacy agencies for access and improved quality of care and by responding to proposed legislation, rulemaking, and budget bills based on the CBHPC Policy Platform.

In reaching a decision on a position to be taken on a bill, the Legislation and Public Policy Committee may consider the following options:

- *Support* – This means there is absolute support, no issues or questions.
- *Support in concept* – This means there are a few questions, however the CONCEPT or INTENT is what is being supported. The concern(s) can be documented in any following written communication to the bill's author(s)/sponsor(s) and/or the Assembly/Senate Committee the legislation will be heard in.
- *Support if amended* – This means there is general support, but certain changes/amendments must be made to the bill. If the requested amendments are made, the bill will be supported. If the amendments are not incorporated, support may be withheld or an oppose position may be taken on the bill.
- *Neutral/Watch* – This means that due to 1) not obtaining a consensus on position; 2) there is hesitation on providing a negative position; 3) there remains too much ambiguity, or 4) the bill is known to be a 'spot' or placeholder bill, the Legislation Committee can vote to "watch" the progression of the legislation and to revisit at future Legislation Committee meetings. In cases of "Neutral" vote, no letter is sent to the Legislature.
- *Oppose* – This means there is absolute opposition and there are no ways/means to rectify the position.
- *Oppose unless amendments* – This occurs when suggested language can be provided in the letter to effect a change in the content and/or language that would then cause a position change from opposition to support.

To cover as many bills as possible, the Council often partners with other organizations, who also monitor and take positions on legislation, to identify bills, share information/analyses with each other. Organizations such as County Behavioral Health Directors Association of California (CBHDA), CA Association of Social Rehab Agencies (CASRA), CA Coalition of Community BH Agencies (CBHA), Mental Health America California (MHAC), California State Association of Counties (CSAC), and many others.

For the Legislation Committee and Public Policy to be able to take positions on bills in a timely manner, a consistent and timely process has been established.

California Behavioral Health Planning Council

Legislation and Public Policy Committee

Legislation Process Overview

The process to facilitate the decision-making on as many bills as possible is outlined below:

1. Council staff will primarily identify bills that align with the Council's annual Policy Priorities, to present to the Legislation and Public Policy Committee for consideration. Staff will also include critical bills that do not necessarily fall within the annual Policy Priorities but are in alignment with the Policy Platform, if the bill is determined to need the committee's consideration. In addition, Council members and other CBHPC committees may request specific bills to be included for the committee's consideration by sending an email to the committee Chair and staff.
2. For each Legislation and Public Policy Committee meeting, staff will prepare a list of identified bills titled "CBHPC Pending Legislative Positions Chart". The list will include the bill number (linked to current version), the author, status, fiscal impact, organizations in support, organizations in opposition, Council priority alignment, recommended position, and priority tier number. Staff will also provide a separate document that includes the bill summaries for each of the identified bills. When available, staff will provide a Fact Sheet for each bill under consideration. Legislation and Public Policy Committee members have the option to request hardcopies of any of the bills listed in the chart, otherwise the current version of the bill can be accessed through the link included in the bill number.
3. Once a position is taken, staff will move the bill information to a second list titled "CBHPC Legislative Positions List". This list will include the bill number, author, a brief summary, position taken, and date the position was taken. This list will be posted to the Council's website to serve as a tool for members to use when attending outside meetings and reporting the Council's positions. If the committee takes a watch position on a bill, it will remain on the "CBHPC Pending Legislative Positions Chart". Additionally, at staff's discretion, bills that the Legislation and Public Policy Committee took an oppose position on may return to the "Pending Legislative Positions Chart" if they are amended, for reconsideration by the committee. The "Legislative Positions List" will be provided at each Legislation and Public Policy Committee meeting alongside the "Pending Legislative Positions Chart".
4. To determine the priority of each bill that the Council takes a position on, the Legislation and Public Policy Committee will use the Tiers for Prioritizing Bills Diagram. The diagram outlines three tiers: the top tier includes the highest priority bills, the middle tier includes bills of medium priority, and the bottom tier includes the lowest priority bills. By categorizing bills into tiers, the committee can more effectively allocate resources and advocacy for higher priority bills while still providing an appropriate level of advocacy efforts toward the medium and lower priority bills.

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

5. To expedite meetings and reserve time for bills that need to be discussed, the Legislation and Public Policy Committee will have a section on the agenda labeled “Consent Agenda.” Items on the consent agenda will be non-controversial items that do not appear to require much, if any, discussion. The consent agenda allows the Legislation and Public Policy Committee to group such bills together under one heading and vote on them at one time. If a member feels discussion is needed on any of the bills on the consent agenda, they may request removal of that bill from the consent agenda for separate discussion. Removal enables the bill to be considered and voted upon separately, if discussion is needed.
6. The Legislation and Public Policy Committee will take the lead on all legislation, including legislation that falls under the Council’s structured priority areas (Workforce and Education, Systems and Medicaid, Housing and Homelessness, Patients’ Rights). The Chairperson and Chair-Elect of the Legislation and Public Policy Committee will collaborate with other committees, as needed. When another committee identifies a bill for action, the Legislation and Public Policy Committee must be notified so staff can include it on the Pending Legislative Positions Chart for consideration.
7. The Legislation and Public Policy Committee determined it will meet outside the Council Quarterly Meetings as needed. To achieve a quorum, one more than half of the total number of committee members must be present. The primary purpose of the in between meetings will be to vote on bills that need action *prior* to the next Quarterly Meeting.

The Council must uphold the [Bagley-Keene Open Meeting Act](#). Thus, the staff will work with the Legislation and Public Policy Committee to assure dates are known well in advance due to public noticing requirements.

California Behavioral Health Planning Council Legislation Process

Council Member/Staff Identify Bill

Review Analysis and
Positions of Other
Organizations

MHAC CBHDA
CBHA CASRA CSAC

Analyze Bill/
Determine Placement

Consider Information
Shared at Meetings

Irregulars Access Coalition
CCMH BHT Partners Forum
Connection Coalition

Place on
Consent
Agenda

Determine
Bill
Category

Place on
Pending
Legislative
Positions Chart

Bill File Sent in
Meeting Packet

Bill File Sent in
Meeting Packet

LPPC
Makes
Decision

Identify
Priority Tier
Number

Identify
Priority Tier
Number

LPPC
Makes
Decision

Watch

Support/
Oppose

Moves to
Positions List

Support/
Oppose

Watch

Moves to Pending
Chart/No Action

Implement
Priority Tier
Advocacy
Activities

Implement
Priority Tier
Advocacy
Activities

Moves to Pending
Chart/No Action

Tier 1:
Send letter,
testify and
state position
at hearing

Tier 2:
Send letter,
post letter to
website

Tier 3:
Sign on to
letters with
partners,
post letters

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

Tiers for Prioritizing Bills Diagram

Tier 1: High Priority (FULL ADVOCACY)
--

May include all or some of the following:

- | |
|---|
| <ul style="list-style-type: none">• Send a letter on behalf of the Council to the Legislature• Council Members meet with members of the Assembly and/or Senate• Council Staff or Council Members testify at hearings upon request• Council Staff state the Council's position at hearings• Partner with other organizations in efforts to gain more support for the Council's positions/recommendations |
|---|

Tier 2: Medium Priority

- | |
|--|
| <ul style="list-style-type: none">• Send a letter on behalf of the Council to the Legislature• Post the Council's position letter on the website• Include legislation on the Council's position list |
|--|

Tier 3: Lower Priority

- | |
|--|
| <ul style="list-style-type: none">• Sign on to letters with partners, if asked• Share sign-on letter with Council Members and Partners• Post the Council's position letter on the website• Include on the Council's position list |
|--|

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting
Wednesday, April 16, 2025**

Agenda Item: Committee Policy Priorities for 2025

Enclosures: CBHPC Policy Priorities for 2025

How This Agenda Item Relates to Council Mission

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

The CBHPC 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 utilizes the Policy Platform and an annual Policy Priorities list to guide the policy consideration of newly introduced legislation during the legislative session.

Background/Description:

At the January 2025 meeting, the committee identified the need to establish policy priorities for the year and agreed that a meeting was needed to further discuss and finalize the priorities prior to the April meeting. During the February 2025 meeting, the committee revisited the purpose of the Council's Policy Platform. It was determined that a short-list of annual priorities be developed and updated each year to further guide the committee's advocacy. The committee delegated finalization and approval of the policy priorities for 2025 to Chairperson Barbara Mitchell and Chair-Elect Javier Moreno.

The Policy Priorities for the year was developed based on the committee's discussion and recommendations made at the January 2025 and February 2025 meetings with additional input and approval from Barbara Mitchell and Javier Moreno. The Policy Priorities will serve as a guide for the committee's priority legislative activities for the year. The document will be used to assist committee members and Council staff in identifying legislation that aligns with the annual priorities that the Council may consider in taking a position on.

During this agenda item, Barbara Mitchell and Javier Moreno will review the Policy Priorities for 2025 with the committee.



Policy Priorities for 2025

1. Behavioral Health Services Act (BHSA)

- Assist the Council with tracking, reviewing, evaluating, and advising on the Behavioral Health Transformation implementation.
- Ensure adequate and equitable funding of BHSA and oppose the use of BHSA funds for non-BHSA purposes.
- Advance initiatives that promote full integration of substance use disorder services and eliminates systemic barriers to access and care.
- Advocate for funding flexibility to allow housing options outside of Housing First models, to be made available for individuals with a Serious Mental Illness and/or a substance use disorder.

2. Proposition 36

- Monitor the implementation and the implications Proposition 36 may have on the behavioral health and criminal justice systems.
- Track incarceration rates for drug related offenses and evaluate treatment accessibility for justice involved individuals.

3. Federal Action

- Monitor federal actions that may negatively impact California's public behavioral health system.
- Advocate for the protection and sustained federal funding of Medi-Cal and other critical funding streams that support California's public behavioral health system.
- Protect access to behavioral health services for all Californians, including individuals with immigration statuses.

4. Substance Use Disorder

- Eliminate barriers to accessing substance use disorder treatment by advocating for policies, funding and system improvements.
- Advocate for more comprehensive licensing, oversight, and accountability for non-licensed substance use disorder residential treatment programs.
- Advocate for recovery housing to be funded under BHSA and for a recovery housing model that can effectively support individuals with mental health and/or substance use disorders and provides a permanent housing option under the Housing First policy.

5. Children and Youth

- Advocate for equitable access of behavioral health services for justice impacted children and youth who are entering into the criminal justice system and/or reentering into the community and schools.

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting**
Wednesday, April 16, 2025

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

Enclosures: CBHPC Consent Agenda

[Assembly Joint Resolution 3 \(AJR 3\)](#)

How This Agenda Item Relates to Council Mission

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

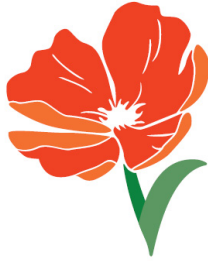
The CBHPC is mandated to advocate for an accountable system of responsive services that are strength-based, recovery-oriented, culturally, and linguistically responsive, and cost-effective. To achieve these ends in an effective manner, the Council's Legislation and Public Policy Committee reviews and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

Background/Description:

To expedite meetings and reserve time for bills that need to be discussed, the Legislation and Public Policy Committee utilizes a "Consent Agenda."

Bills identified on the Consent Agenda are determined to be non-controversial items that do not appear to require much discussion, if any, and allows the committee to group such bills together under one heading and vote on them at one time. However, should a member feel that a discussion is needed on any of the bills listed on the Consent Agenda, they may request the removal of the bill/bills for a separate discussion. Removal of a bill enables it to be considered and voted upon separately if a discussion is needed. The committee can also remove a bill if they decide it does not fall within the Policy Platform and will not be taking a position.

Motion: To approve the Consent Agenda.



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

Consent Agenda April 2025

Support

AJR 3

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

Current Text: 03/03/2025 - Introduced

Status: 03/04/2025 - From printer.

Location: 03/03/2025 - Assembly PRINT

Summary: This measure would call on the state's Representatives in Congress to vote against cuts to, and proposals to privatize, Social Security, Medicare, and Medicaid and would call on the President of the United States to veto any legislation to cut or privatize these programs. (Based on 03/03/2025 text)

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting
Wednesday, April 16, 2025**

Agenda Item: Senate Bill 319 (**Action Item**)

Enclosures: Senate Bill 319 (SB 319) Fact Sheet*

How This Agenda Item Relates to Council Mission

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

The CBHPC 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 review and discuss legislation identified as aligning with the annual Policy Priorities and/or the Council's Policy Platform to determine potential action (positions).

Background/Description:

Senate Bill 319 (Ashby) introduced on February 11, 2025, seeks to centralize and standardize data collection to ensure successful and accurate implementation of Proposition 36 that voters passed in November 2024. This bill also intends to assist the Legislature with assessing program outcomes and appropriate allocation of resources. Although SB 319 would create an unfunded local mandate, it would assist in the evaluation of the overall effectiveness of Proposition 36.

The Council has been asked to consider taking a support position from one of the bill sponsors to help support statewide efforts to decriminalize mental illness and substance use disorders. The implementation of Proposition 36 is one of the committees priorities for the year.

During this agenda item, the committee will discuss the bill and determine if a support position is appropriate. Upon making this determination, the Legislation and Public Policy Committee will recommend the appropriate action to the Officer Team regarding the letter of support before the bill is anticipated to be heard on April 22nd, 2025.

Additional information for the bill including location, status, or any identified organizations in support or opposition of, may be found in the Pending Legislative

Positions Chart for April 2025 enclosure in addition to the bill summary located in the April 2025 Pending Legislations Bill Summaries enclosure within Tab 13.

Action: Take a position on SB 319.

Additional Resources:

[Senate Bill 319](#)

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

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting
Wednesday, April 16, 2025**

Agenda Item: Senate Bill 530 (**Action Item**)

Enclosures: Senate Bill 530 (SB 530) Fact Sheet*

How This Agenda Item Relates to Council Mission

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

The CBHPC 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 review and discuss legislation identified as aligning with the annual Policy Priorities and/or the Council's Policy Platform to determine potential action (positions).

Background/Description:

Senate Bill 530 (Richardson) was introduced on February 20, 2025, and seeks to strengthen and improve access to Medi-Cal providers for beneficiaries by enhancing the alternative access standards and permanently extending Medi-Cal plan provider standards.

Systems and Medicaid Committee (SMC) Chairpersons have expressed no objections to the bill as introduced, indicating that the bill would benefit individuals receiving services.

During this agenda item, the committee will discuss the bill and determine if a position will be taken. The committee will also identify the priority tier of this bill, correlating to the advocacy activities that may be implemented. Should a "neutral/watch" position be taken, the bill will remain on the Pending Legislative Positions Chart for monitoring and no priority tier will be assigned.

Additional information for the bill including location, status, or any identified organizations in support or opposition of, may be found in the Pending Legislative Positions Chart for April 2025 enclosure in addition to the bill summary located in the April 2025 Pending Legislations Bill Summaries enclosure within Tab 13.

Action: To support SB 530.

Additional Resources:

[Senate Bill 530](#)

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

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting
Wednesday, April 16, 2025**

Agenda Item: Assembly Bill 73 (**Action Item**)

Enclosures: [Assembly Bill 73 \(AB 73\) Fact Sheet](#)

How This Agenda Item Relates to Council Mission

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

The CBHPC 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 review and discuss legislation identified as aligning with the annual Policy Priorities and/or the Council's Policy Platform to determine potential action (positions).

Background/Description:

Assembly Bill 73 (Jackson) was introduced on December 12, 2024, and seeks to improve mental health support for Black communities through the development of a specialty certificate program and specialized training requirements for a Black Mental Health Navigator.

Council Member Monica Caffey, who represents the Council on the Black Health Equity Advisory Group, will lead the committee discussion on AB 73. Members of the Reducing Disparities Workgroup have provided comments to Council staff including a recommendation to support the bill.

Comments include:

- The Black Health Equity Advisory Group is supporting AB 73 as introduced.
- Substance use disorder should be emphasized and incorporated into the bill to align with the Behavioral Health Transformation/Behavioral Health Services Act.
- The advisory of Black Health Professionals provided an overview of data that reflected the need to have a separate certificate that does not fall under any government agencies defined beliefs regarding the need for the certifications nor how the certification will be implemented. The entire aspect of the bill is giving priority to a population that has community defined practices embedded in data.

Comments from other committee members provided to staff include:

- Amend the certificate name to include “Behavioral Health” which would encompass a broader scope of work, including substance use disorder.
- The bill should have provided more detailed descriptions such as the criteria and timeframes. It is also unclear whether applicants need to become Community Health Workers before applying for this specialty certificate or if this would be an entirely separate navigator certification program.
- It may be more appropriate to establish this bill under the Peer Support Specialist designation since multiple specialty certificates already live within the role.

During this agenda item, Council Member Monica Caffey will provide an overview of AB 73. The committee will discuss the bill and determine if a position will be taken.

The committee will also identify the priority tier of this bill, correlating to the advocacy activities that may be implemented. Should a “neutral/watch” position be taken, the bill will remain on the Pending Legislative Positions Chart for monitoring and no priority tier will be assigned.

Additional information for the bill including location, status, or any identified organizations in support or opposition of, may be found in the Pending Legislative Positions Chart for April 2025 enclosure in addition to the bill summary located in the April 2025 Pending Legislations Bill Summaries enclosure within Tab 13.

Action: To support AB 73.

Additional Resources:

[Assembly Bill 73](#)

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting
Wednesday, April 16, 2025**

Agenda Item: Senate Bill 823 (**Action Item**)

Enclosures: Senate Bill 823 (SB 823) Factsheet*

How This Agenda Item Relates to Council Mission

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

The CBHPC 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 review and discuss legislation identified as aligning with the annual Policy Priorities and/or the Council's Policy Platform to determine potential action (positions).

Background/Description:

Senate Bill 823 (Stern) was introduced on February 21, 2025, and seeks to add bipolar I disorder to the list of qualifying diagnoses within the Community Assistance, Recovery, and Empowerment (CARE) Court program to ensure these individuals experiencing mental health crises are able to access and receive treatment and support.

During this agenda item, Council Member Daphne Shaw, who represents the Council on the California Coalition for Behavioral Health, and current Chairperson for the Patient Rights Committee (PRC), Mike Phillips, will lead the committee discussion on SB 823 and determine if a position will be taken. The committee will identify the priority tier of this bill, correlating to the advocacy activities that may be implemented. Should a "neutral/watch" position be taken, the bill will remain on the Pending Legislative Positions Chart for monitoring and no priority tier will be assigned.

Additional information for the bill including location, status, or any identified organizations in support or opposition of, may be found in the Pending Legislative Positions Chart for April 2025 enclosure in addition to the bill summary located in the April 2025 Pending Legislations Bill Summaries enclosure within Tab 13.

Action: To oppose SB 823.

Additional Resources:

[Senate Bill 823](#)

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

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting**
Wednesday, April 16, 2025

Agenda Item: The Impact of Federal Cuts to California's Public Behavioral Health System

Enclosures: [Steinberg Institute Policy Brief: Federal Actions and Uncertainty Place California's Behavioral Health Reforms at Risk](#)

How This Agenda Item Relates to Council Mission

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

Federal law requires CBHPC to review, monitor, and evaluate the allocation and adequacy of mental health services in California. This presentation will help inform Council members of the potential implications that recent federal actions may have on California's public behavioral health system and provide a framework for future discussions on potential advocacy efforts that the Council may need to employ.

Background/Description:

During the February 2025 In-between meeting, the committee discussed a list of annual priorities. The list included monitoring federal action that may negatively impact California's public behavioral health system and advocating for the protection and sustained federal funding of Medi-Cal and other critical funding streams that support California's public behavioral health system.

Steinberg Institute recently published a Policy Brief, *Federal Actions and Uncertainty Place California's Behavioral Health Reforms at Risk*, highlighting recent federal executive orders and anticipated budget cuts to federal programs that could include Medicaid. The report also indicates potential risks to the progression of two key state initiatives: California Advancing and Innovating Medi-Cal (CalAIM) and the Behavioral Health Services Act (BHSA).

Tara Gamboa-Eastman, Director of Government Affairs at Steinberg Institute, will provide an overview of the potential impact that the federal cuts may have on California's public behavioral health system to the committee.

Biography:



Tara Gamboa-Eastman is a seasoned policy and advocacy professional with a deep commitment to advancing public policy solutions that drive meaningful change. Currently serving as the Director of Government Affairs at the Steinberg Institute, Tara leads integrated advocacy campaigns, leveraging her expertise in policy analysis, strategic communications, and coalition building. She plays a key role in shaping legislative, budget, and regulatory priorities, ensuring that critical mental health and social policy issues remain at the forefront of policymaking.

At the Steinberg Institute, Tara has spearheaded numerous legislative and budgetary initiatives. She was the lead advocate for AB 988 (Bauer-Kahan), a groundbreaking bill establishing a statewide mental health crisis response system. Additionally, she played a pivotal role in securing hundreds of millions of dollars in workforce funding through the state budget to address our behavioral health workforce shortage.

Before joining the Steinberg Institute, Tara served in the California State Assembly in the Office of Assemblymember Phil Ting, where she managed legislative efforts related to housing, homelessness, and human services. Over her career, she has also held impactful roles with the San Francisco Treasurer's Financial Justice Project, Western Center on Law & Poverty, and the California Work & Family Coalition, driving research, advocacy, and policy development in areas of economic and social justice.

Tara holds a Master in Public Policy from Harvard University and a Bachelor of Arts in Political Science from UC Berkeley. With a track record of policy innovation and legislative success, she remains dedicated to fostering equitable and effective public policies that improve the lives of all Californians.

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting**
Wednesday, April 16, 2025

Agenda Item: Assembly Bill 348 (**Action Item**)

Enclosures: Assembly Bill 348 Fact Sheet*

How This Agenda Item Relates to Council Mission

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

The CBHPC 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 review and discuss legislation identified as aligning with the annual Policy Priorities and/or the Council's Policy Platform to determine potential action (positions).

Background/Description:

Assembly Bill 348 (Krell), sponsored by Steinberg Institute, was introduced on January 29, 2025, and seeks to establish presumptive eligibility for Full Service Partnership (FSP) programs for persons with Serious Mental Illness and substance use disorder who are experiencing homelessness, being released from incarceration, or being discharged from involuntary hospitalization.

Tara Gamboa-Eastman, Director of Government Affairs at Steinberg Institute, will provide an overview of the bill to the committee. Committee members will also have the opportunity to ask questions, discuss the bill, and determine if a position will be taken.

Additional information for the bill including location, status, or any identified organizations in support or opposition of, may be found in the Pending Legislative Positions Chart for April 2025 enclosure in addition to the bill summary located in the April 2025 Pending Legislations Bill Summaries enclosure within Tab 13.

Action: Take a position on AB 348

Additional Resources:

[Assembly Bill 348](#)

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

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting
Wednesday, April 16, 2025**

Agenda Item: Assembly Bill 255 (**Action Item**)

Enclosures: Assembly Bill 255 (AB 255) Fact Sheet*

How This Agenda Item Relates to Council Mission

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

The CBHPC 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 review and discuss legislation identified as aligning with the annual Policy Priorities and/or the Council's Policy Platform to determine potential action (positions).

Background/Description:

Assembly Bill 255 (Haney) was introduced on January 16, 2025, and seeks to amend the Housing First policy in California and align California's regulation with the Federal Department of Housing and Urban Development (HUD) by allowing up to 25 percent of supportive housing in any county to be drug free recovery housing.

The following are points and questions for the committee's consideration and discussion:

- The bill has language that needs to be refined and clarified. For example, the bill states, "The supportive-recovery residence otherwise complies with all other components of Housing First in this section, including low barrier to entry," however, proposes the criterion for previous tenants wanting to reenter to express a "renewed commitment to living in a housing setting targeted to people in recovery with an abstinence focus."
- There are concerning components of this bill for those who would be operating the housing programs including the eviction of tenants. The bill states that tenants may only be evicted from the supportive-recovery residence when their behaviors substantially disrupt or impact the welfare of other tenants, however, the housing program would be held to local and state landlord-tenant laws governing grounds for eviction which would make it difficult to evict a resident.

- Because counties would be responsible for reimbursing owners of these housing programs for beneficiaries, what are the potential impacts on owners should counties stop payments and the eviction process for a tenant is prolonged?

During this agenda item, the committee will discuss the bill and determine if a position will be taken. The committee will identify the priority tier of this bill, correlating to the advocacy activities that may be implemented. Should a “neutral/watch” position be taken, the bill will remain on the Pending Legislative Positions Chart for monitoring and no priority tier will be assigned.

Additional information for the bill including location, status, or any identified organizations in support or opposition of, may be found in the Pending Legislative Positions Chart for April 2025 enclosure in addition to the bill summary located in the April 2025 Pending Legislations Bill Summaries enclosure within Tab 13.

Action: Take a position on AB 255.

Additional Resources:

[Assembly Bill 255](#)

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

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting**
Wednesday, April 16, 2025

Agenda Item: Pending Legislations Discussion (**Action Item**)

Enclosures: CBHPC April 2025 Legislative Positions List

[Assembly Bill 384 Amended Bill Language](#)

CBHPC Pending Legislative Positions Chart for April 2025

April 2025 Pending Legislations Bill Summaries

Fact Sheets for Assembly Bill 3*, Assembly Bill 4*, Senate Bill 28*,
Senate Bill 35*, Senate Bill 38*, Senate Bill 43*, Senate Bill 812*,
Assembly Bill 276*, Assembly Bill 416*, [Assembly Bill 534](#), Assembly Bill
1328*, [Senate Bill 531](#), Assembly Bill 339*

How This Agenda Item Relates to Council Mission

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

The CBHPC positions on legislation guide the Council's advocacy for an effective behavioral health system and assist in educating the public, behavioral health constituency, and legislators on issues that impact individuals with Serious Mental Illness (SMI), Serious Emotional Disturbances (SED), and Substance Use Disorders (SUD).

Background/Description:

The CBHPC Legislative Positions List is used to provide an overview of legislation that the Council has already taken a position on including the date that the position was taken to assist the committee in determining if a position for a bill needs to be reevaluated based on any amendments made to the bill language since it was introduced or last amended.

During the In-between Meeting in February 2025, the committee approved the Consent Agenda which included Assembly Bill 384 and Assembly Concurrent Resolution 23. On March 17, 2025, amendments were made to Assembly Bill 384, to define and specify "24-hour care in inpatient settings" to include a general acute care hospital and a rural

general acute care hospital, an acute psychiatric hospital, a psychiatric health facility, a chemical dependency recovery hospital, and a psychiatric residential treatment facility. Committee members requested a more effective format for the presentation of identified legislation; therefore, the Pending Legislative Positions Chart was created with recommendations from Chairperson Barbara Mitchell and Chair-Elect Javier Moreno.

The new Pending Legislative Positions Chart outlines proposed legislation identified by Council staff, Council members, and/or other CBHPC committees as aligning with the Policy Priorities for 2025 or with the Council's Policy Platform.

The chart includes relevant bill information along with any identified organizations that are in support or opposition of the bills, in addition to the following information:

- *Council Priority Alignment:* This indicates if the bill aligns with the Policy Priorities for 2025, the Policy Platform but does not appear to align with the annual priorities or is requested by a Council member or other CBHPC committee.
- *Recommended Position:* This indicates the recommended position that the Council may take. Recommendations may be made by Council members, CBHPC committees, and/or Council staff and are determined based on a combination of the Council's Policy Platform, annual Policy Priorities, information gathered from partnering organizations, and Council members and/or CBHPC committees.
- *Priority Tier Number:* Upon taking any variation of a support or opposing position, the committee will classify the tier for which the bill will be prioritized, based on the Tiers for Prioritizing Bills Diagram. Should a "neutral/watch" position be taken, the bill will remain on the Pending Legislative Positions Chart for monitoring and no priority tier will be assigned. The tier numbers and associated priority levels are as follow:
 - 1 – High Priority
 - 2 – Medium Priority
 - 3 – Lower Priority

The Pending Legislative Positions Chart is organized first with bills that have been identified as aligning with the Policy Priorities for 2025, followed by bills that are in alignment with the Council's Policy Platform only, and then bills requested for the Council's consideration by Council members and/or other CBHPC committees. Should there be updates or amendments made to any of the identified bills, committee members will receive an updated chart to reflect the most current information prior to the meeting.

Committee members are encouraged to submit questions regarding specific bills on the Pending Legislative Positions Chart to Council staff Maydy Lo, in advance to allow staff sufficient time to obtain the information to provide during the discussion.

During this agenda item, the committee will reconsider the support position taken during the February meeting for Assembly Bill 384. Committee members will discuss and take positions on the bills listed in the Pending Legislative Positions Chart as time allows. Council members may also request bills to be added for the committee's consideration during the current two-year legislative bill cycle.

*For copies of these documents, please contact Maydy Lo at maydy.lo@cbhpc.dhcs.ca.gov.



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

Legislative Positions List

April 2025

[AB 384](#)

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

Current Text: 03/17/2025 – Amended

Introduced: 02/03/2025

Status: 3/18/2025 Re-referred to Com. on Health.

Location: 02/18/2025 - Assembly Health

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

Date Position Taken: 02/18/2025

[ACR 23](#)

([Quirk-Silva, D](#)) Mental Health Peer Appreciation Week.

Current Text: 01/30/2025 – Introduced

Introduced: 01/30/2025

Status: 02/10/2025 - Referred to Com. on RLS.

Location: 02/10/2025 - Assembly Rules



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

Summary: Would recognize the 3rd week of May 2025 as Mental Health Peer Appreciation Week in California. (Based on 01/30/2025 text)

Position: Support

Date Position Taken: 02/18/2025

California Behavioral Health Planning Council - Pending Legislative Positions Chart April 2025

Bill Number	Author	Bill Topic	Current Text	Status	Fiscal Impact	Organizations in Support and Opposition	Council Priority Alignment	Rec. Position	Priority Tier Number
AB 3	Dixon	Alcohol and drug treatment facilities: local regulation.	03/20/2025 Amended	03/24/2025 Re-referred to Com. on Health.	No	SUPPORT: None identified at this time. OPPOSE: California Association of Alcohol and Drug Program Executive, Inc. (CAADPE)	1 - Policy Priorities for 2025	Watch	To Be Decided
AB 4	Arambula	Covered California expansion.	12/02/2024 Introduced	02/03/2025 Referred to Com. on Health.	Yes	SUPPORT: None identified at this time. OPPOSE: None identified at this time.	1 - Policy Priorities for 2025	Support	To Be Decided
AB 18	DeMaio	California Secure Borders Act of 2025.	12/02/2024 Introduced	12/03/2024 From printer. May be heard in committee January 2.	No	SUPPORT: None identified at this time. OPPOSE: None identified at this time.	1 - Policy Priorities for 2025	Watch	To Be Decided

Bill Number	Author	Bill Topic	Current Text	Status	Fiscal Impact	Organizations in Support and Opposition	Council Priority Alignment	Rec. Position	Priority Tier Number
AB 20	DeMaio	Homelessness: People First Housing Act of 2025.	03/24/2025 Amended	3/24/2025 Referred to Coms. on H. & C.D. and HUM. S. From committee chair, with author's amendments: Amend, and re-refer to Com. on H. & C.D. Read second time and amended.	Yes	SUPPORT: None identified at this time. OPPOSE: Disability Rights California (DRC)	1 - Policy Priorities for 2025	Watch	To Be Decided
AB 255	Haney	The Supportive-Recovery Residence Program.	01/16/2025 Introduced	02/10/2025 Referred to Coms. on H. & C.D. and Health.	Yes	SUPPORT: Bay Area Council (<i>Co-Sponsor</i>); The Salvation Army (<i>Co-Sponsor</i>) OPPOSE: Disability Rights California (DRC)	1 - Policy Priorities for 2025	Watch	To Be Decided

Bill Number	Author	Bill Topic	Current Text	Status	Fiscal Impact	Organizations in Support and Opposition	Council Priority Alignment	Rec. Position	Priority Tier Number
AB 348	Krell	Full service partnerships.	01/29/2025 Introduced	02/18/2025 Referred to Com. on Health.	No	SUPPORT: Steinberg Institute (<i>Sponsor</i>); California Association of Alcohol and Drug Program Executive, Inc. (CAADPE); Psychiatric Physicians Alliance of California (PPAC); California Hospital Association (CHA) OPPOSE: None identified at this time.	1 - Policy Priorities for 2025	Watch	To Be Decided
SB 16	Blakespear	Homeless Housing, Assistance, and Prevention program: housing element: Integrated Plan for Behavioral Health Services and Outcomes.	03/25/2025 Amended	03/25/2025 From committee with author's amendments. Read second time and amended. Re-referred to Com. on RLS.	Yes	SUPPORT: None identified at this time. OPPOSE: None identified at this time.	1 - Policy Priorities for 2025	Watch	To Be Decided

Bill Number	Author	Bill Topic	Current Text	Status	Fiscal Impact	Organizations in Support and Opposition	Council Priority Alignment	Rec. Position	Priority Tier Number
SB 28	Umberg	Treatment court program standards.	03/10/2025 Amended	03/10/2025 From committee with author's amendments. Read second time and amended. Re-referred to Com. on PUB. S.	Yes	SUPPORT: None identified at this time. OPPOSE: None identified at this time.	1 - Policy Priorities for 2025	Watch	To Be Decided
SB 35	Umberg	Alcohol and drug programs.	03/10/2025 Amended	03/19/2025 Re-referred to Coms. on HEALTH and JUD.	Yes	SUPPORT: None identified at this time. OPPOSE: None identified at this time.	1 - Policy Priorities for 2025	Support	To Be Decided
SB 38	Umberg	Second Chance Program.	02/05/2025 Amended	02/14/2025 Re-referred to Com. on PUB. S.	Yes	SUPPORT: Chief Probation Officers of California (<i>Sponsor</i>) OPPOSE: None identified at this time.	1 - Policy Priorities for 2025	Support	To Be Decided

Bill Number	Author	Bill Topic	Current Text	Status	Fiscal Impact	Organizations in Support and Opposition	Council Priority Alignment	Rec. Position	Priority Tier Number
SB 43	Umberg	Substance use disorder: certified programs and licensed facilities.	03/06/2025 Amended	03/06/2025 From committee with author's amendments. Read second time and amended. Re-referred to Com. on HEALTH.	Yes	SUPPORT: California Consortium of Addiction Programs and Professionals (CCAPP) (<i>Sponsor</i>); Shatterproof (<i>Sponsor</i>) OPPOSE: None identified at this time.	1 - Policy Priorities for 2025	Watch	To Be Decided
SB 319	Ashby	Criminal justice statistics: reporting.	03/26/2025 Amended	03/26/2025 From committee with author's amendments. Read second time and amended. Re-referred to Com. on RLS.	Yes	SUPPORT: Californians for Safety and Justice (<i>Sponsor</i>); Steinberg Institute (<i>Sponsor</i>) OPPOSE: None identified at this time.	1 - Policy Priorities for 2025	Watch	To Be Decided

Bill Number	Author	Bill Topic	Current Text	Status	Fiscal Impact	Organizations in Support and Opposition	Council Priority Alignment	Rec. Position	Priority Tier Number
SB 812	Allen	Qualified youth drop-in center health care coverage	02/21/2025 Introduced	03/12/2025 Referred to Com. on HEALTH.	Yes	SUPPORT: Beach Cities Health District (<i>Sponsor</i>) OPPOSE: None identified at this time.	1 - Policy Priorities for 2025	Support	To Be Decided
AB 73	Jackson	Mental Health: Black Mental Health Navigator Certification.	12/12/2024 Introduced	02/03/2025 Referred to Com. on Health.	Yes	SUPPORT: Black Health Equity Advisory Group; Disability Rights California (DRC) OPPOSE: None identified at this time.	2 - Policy Platform	Support	To Be Decided
AB 276	Bennett	Background checks.	01/21/2025 Introduced	03/11/2025 From committee: Do pass and re-refer to Com. on PUB. S. (Ayes 6. Noes 0.) (March 11). Re-referred to Com. on PUB. S.	Yes	SUPPORT: California Alliance of Child and Family Services (<i>Sponsor</i>) OPPOSE: None identified at this time.	2 - Policy Platform	Support	To Be Decided

Bill Number	Author	Bill Topic	Current Text	Status	Fiscal Impact	Organizations in Support and Opposition	Council Priority Alignment	Rec. Position	Priority Tier Number
AB 416	Krell	Involuntary commitment.	02/05/2025 Introduced	02/18/2025 Referred to Coms. on Health and JUD.	No	SUPPORT: California Chapter of the American College of Emergency Physicians (California ACEP) (<i>Sponsor</i>) OPPOSE: Disability Rights California (DRC)	2 - Policy Platform	Oppose	To Be Decided
AB 534	Schiavo	Transitional housing placement providers.	02/11/2025 Introduced	02/24/2025 Referred to Com. on HUM. S.	Yes	SUPPORT: California Alliance of Child and Family Services (<i>Co-Sponsor</i>); Good River Partners (<i>Co-Sponsor</i>) OPPOSE: None identified at this time.	2 - Policy Platform	Support	To Be Decided

Bill Number	Author	Bill Topic	Current Text	Status	Fiscal Impact	Organizations in Support and Opposition	Council Priority Alignment	Rec. Position	Priority Tier Number
AB 1328	Rodriguez, Michelle	Medi-Cal reimbursements: nonemergency interfacility transfers.	03/24/2025 Amended	03/24/2025 Referred to Com. on Health. From committee chair, with author's amendments: Amend, and re-refer to Com. on Health. Read second time and amended.	Yes	SUPPORT: None identified at this time. OPPOSE: None identified at this time.	2 - Policy Platform	Watch	To Be Decided
SB 530	Richardson	Medi-Cal: time and distance standards.	02/20/2025 Introduced	03/05/2025 Referred to Com. on HEALTH.	Yes	SUPPORT: Western Center on Law and Poverty; National Health Law Program OPPOSE: None identified at this time.	2 - Policy Platform	Support	To Be Decided

Bill Number	Author	Bill Topic	Current Text	Status	Fiscal Impact	Organizations in Support and Opposition	Council Priority Alignment	Rec. Position	Priority Tier Number
SB 531	Rubio	Course of study: mental health education.	02/20/2025 Introduced	03/05/2025 Referred to Com. on ED.	Yes	<p>SUPPORT: California Academy of Child and Adolescent Psychiatry (<i>Co-Sponsor</i>); California Alliance of Child and Family Services (<i>Co-Sponsor</i>); National Center for Youth Law (<i>Co-Sponsor</i>); National Alliance on Mental Illness (NAMI) (<i>Co-Sponsor</i>); The Children's Partnership (<i>Co-Sponsor</i>); Occupational Therapy Association of California; California Coalition for Behavioral Health (CCBH)</p> <p>OPPOSE: None identified at this time.</p>	2 - Policy Platform	Support in concept	To Be Decided
SB 823	Stern	Mental health: the CARE Act.	02/21/2025 Introduced	03/12/2025 Referred to Com. on HEALTH.	Yes	<p>SUPPORT: California State Association of Psychiatrists (CSAP) (<i>Sponsor</i>)</p> <p>OPPOSE: Western Center on Law and Poverty</p>	2 - Policy Platform	Oppose	To Be Decided

Bill Number	Author	Bill Topic	Current Text	Status	Fiscal Impact	Organizations in Support and Opposition	Council Priority Alignment	Rec. Position	Priority Tier Number
AB 339	Ortega	Local public employee organizations: notice requirements.	01/28/2025 Introduced	03/19/2025 From committee: Do pass and re-refer to Com. on APPR. (Ayes 4. Noes 0.) (March 19). Re-referred to Com. on APPR.	Yes	SUPPORT: AFSCME, AFL CIO (<i>Co-Sponsor</i>); California Labor Federation (<i>Co-Sponsor</i>); SEIU California (<i>Co-Sponsor</i>) OPPOSE: None identified at this time.	3 - Council Member / Committee Request	Oppose	To Be Decided



Legislative and Public Policy Committee Meeting April 2025 Pending Legislations Bill Summaries

- AB 3** **(Dixon, R) Alcohol and drug treatment facilities: local regulation.**
Current Text: 12/02/2024 - Introduced
Summary: Existing law declares that it is the policy of the state that each county and city shall permit and encourage the development of sufficient numbers and types of alcoholism or drug abuse recovery or treatment facilities as are commensurate with local need. Existing law requires an alcoholism or drug abuse recovery or treatment facility that serves 6 or fewer persons to be considered a residential use of property for the purposes of local regulation, regardless of whether or not unrelated persons are living together. This bill would exempt an alcoholism or drug abuse recovery or treatment facility from being considered a residential use of property for the purposes of local regulation if multiple single-family dwellings are being used as a licensed or unlicensed alcohol or other drug recovery or treatment facility, they share an owner, a director, programs, or amenities with another facility, and any of the dwellings are within 300 feet of that facility, or if a single-family dwelling being used as an alcohol or other drug recovery or treatment facility shares an owner, a director, programs, or amenities with another facility that is commercially owned, operated, and licensed that is located anywhere in the state. (Based on 03/20/2025 text)
- AB 4** **(Arambula, D) Covered California expansion.**
Current Text: 12/02/2024 - Introduced
Summary: Current federal law, the Patient Protection and Affordable Care Act (PPACA), requires each state to establish an American Health Benefit Exchange to facilitate the purchase of qualified health benefit plans by qualified individuals and qualified small employers. Current state law creates the California Health Benefit Exchange, also known as Covered California, to facilitate the enrollment of qualified individuals and qualified small employers in qualified health plans as required under PPACA. Current law requires the Exchange to apply for a federal waiver to allow persons otherwise not able to obtain coverage through the Exchange because of their immigration status to obtain coverage from the Exchange. This bill would delete that requirement and would instead require the Exchange, no sooner than January 1, 2027, and upon appropriation by the Legislature for this purpose, to administer a program to allow persons otherwise not able to obtain coverage by reason of immigration status to enroll in health insurance coverage in a manner as substantially similar to other Californians as feasible, consistent with federal guidance and given existing federal law and rules. The bill would require the Exchange to undertake outreach, marketing, and other efforts to ensure enrollment, which would begin on October 1, 2028. (Based on 12/02/2024 text)
- AB 18** **(DeMaio, R) California Secure Borders Act of 2025.**
Current Text: 12/02/2024 - Introduced



Summary: Current law generally prohibits law enforcement from providing information regarding the release date of an individual from custody or from transferring an individual to immigration authorities without a warrant or judicial probable cause determination. This bill, the California Secure Borders Act of 2025, would state the intent of the Legislature to combat illegal immigration and secure the border by repealing those provisions, prohibiting the use of state funds for various welfare, health, housing, and other services for undocumented immigrants, requiring public disclosure of information on the impact of illegal immigration on crime rates and state and local services, providing cross-deputization training for local law enforcement to support federal border security actions, and providing standards for deployment of the State Guard to the border. (Based on 12/02/2024 text)

[AB 20](#)

([DeMaio, R](#)) Homelessness: Housing First.

Current Text: 12/02/2024 - Introduced

Summary: Would state the intent of the Legislature to enact legislation to reduce homelessness by ending the Housing First model, as specified. (Based on 12/02/2024 text)

[AB 255](#)

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

Current Text: 01/16/2025 - Introduced

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. Existing 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 the applicant for funding provides certification from the county in which the project is located indicating that the project would not result in supportive-recovery residence units exceeding 25% of the total inventory of permanent supportive housing within the county. (Based on 01/16/2025 text)

[AB 348](#)

([Krell, D](#)) Full service partnerships.

Current Text: 01/29/2025 - Introduced

Summary: The Mental Health Services Act (MHSA) establishes the Mental Health Services Fund, a continuously appropriated fund, which is administered by the State Department of Health Care Services (department), to fund specified county mental health programs. The Behavioral Health Services Act (BHSA), a legislative act amending the MHSA that was approved by the voters as Proposition 1 at the March 5, 2024, statewide



primary election, recast the MHSA by, among other things, renaming the fund to the Behavioral Health Services Fund and reallocating how moneys from that fund may be spent. The BHSA requires each county to establish and administer a full-service partnership program that includes, among other things, outpatient behavioral health services, as specified, and housing interventions. This bill would establish criteria for an individual with a serious mental illness to be presumptively eligible for a full-service partnership, including, among other things, the person is transitioning to the community after 6 months or more in the state prison or county jail. The bill would specify that a county is not required to enroll an individual who meets that presumptive eligibility criteria if doing so would exceed full-service partnership funding. (Based on 01/29/2025 text)

SB 16

([Blakespear, D](#)) Homeless Housing, Assistance, and Prevention program: housing element: Integrated Plan for Behavioral Health Services and Outcomes.

Current Text: 03/25/2025 - Amended

Summary: This bill introduces new requirements and updates existing programs on land use and homelessness in California. It mandates cities and counties to include detailed assessments of housing needs and inventories of resources, especially concerning the unhoused population, in their general land use plans. If not funded by specific state programs, local governments must report data and actions to address homelessness, creating a state-mandated local program. The bill also establishes Round 7 of the Homeless Housing, Assistance, and Prevention (HHAP) program, requiring jurisdictions to work regionally and contribute funds to shelter costs, submitting updates to the Department of Housing and Community Development by the 2025–26 fiscal year. Adjustments to these contributions can be made if financial feasibility is challenged. Furthermore, the bill requires mental health service plans to incorporate HHAP Round 7 programs, aligning with the Behavioral Health Services Act. Statewide applicability is emphasized, and any mandated state costs will be reimbursed following statutory procedures if identified by the Commission on State Mandates. (Based on 03/25/2025 text)

SB 28

([Umberg, D](#)) Treatment court program standards.

Current Text: 03/10/2025 - Amended

Summary: The Drug Court Programs Act authorizes counties to implement a drug court program, that, if implemented, requires a county alcohol and drug program administrator and the presiding judge in the county to develop a plan that includes, among other things, drug courts for juvenile offenders and drug courts for parents of children in certain family law cases. Current law requires counties and courts that opt to have treatment court programs to design and operate the programs in accordance with state and national guidelines. Current law requires the Judicial Council to, by no later than January 1, 2026, revise the standards of judicial administration to reflect state and nationally recognized best practices and guidelines for collaborative programs including those described in these provisions. The Treatment-Mandated Felony Act, an initiative measure enacted by the voters as Proposition 36 at the November 5, 2024, statewide general election, authorizes certain defendants convicted of specified felonies or misdemeanors to participate in a treatment program, upon court approval, in lieu of a jail or prison sentence, or grant of



probation with jail as a condition of probation, if specified criteria are met. The Legislature may amend this initiative by a statute passed in each house by a rollcall vote entered in the journal, 2/3 of the membership concurring, or by a statute that becomes effective only when approved by the voters. This bill would instead require that treatment court programs be available to all eligible California defendants. The bill would include a new standard that, as part of the treatment court program, a drug addiction expert, as defined, conducts a substance abuse and mental health evaluation of the defendant, and submits the report to the court and the parties. The bill would remove the requirement that the Judicial Council revise the standards of judicial administration. (Based on 03/10/2025 text)

SB 35

(Umberg, D) Alcohol and drug programs.

Current Text: 03/10/2025 - Amended

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 to initiate that investigation within 10 days of receiving the allegation and complete the investigation within 60 days of initiating the investigation. 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 by the date specified in the notice. (Based on 03/10/2025 text)

SB 38

(Umberg, D) Second Chance Program.

Current Text: 02/05/2025 - Amended

Summary: Current law establishes the Second Chance Program to support mental health treatment, substance use treatment, and diversion programs for persons in the criminal justice system with an emphasis on programs that reduce recidivism of persons convicted of less serious crimes and persons who have substance use and mental health problems. Current law also establishes the Second Chance Fund, a continuously appropriated fund, which is administered by the board. Existing law, the Treatment-Mandated Felony Act, makes it a crime for a person, who has 2 or more prior convictions for a felony or misdemeanor violation of specified controlled substances crimes, to possess a hard drug, as defined, unless it has been prescribed by a doctor, among others. Under current law, a defendant who has been charged with this crime can elect treatment, in lieu of a jail or prison sentence or probation, by pleading guilty or no contest and admitting the alleged prior convictions, waiving time for sentencing and the pronouncement of judgment, and agreeing to participate in, and complete, a detailed treatment program developed by a drug addiction expert and approved by the court. This bill would require the Second Chance



grant program to authorize eligibility for proposals that offer mental health or behavioral health services and drug court or collaborative court programs, including the treatment program under the Treatment-Mandated Felony Act. The bill would prohibit the program from specifying percentage allocations in applying for, or awarding, a grant. (Based on 02/05/2025 text)

SB 43

(Umberg, D) Substance use disorder: certified programs and licensed facilities.

Current Text: 03/06/2025 - Amended

Summary: Current law requires the State Department of Health Care Services to regulate and license adult alcohol or other drug recovery or treatment facilities and programs. Current law requires a licensee to provide specified nonmedical services. Current law requires all programs certified and facilities licensed by the department to make specified disclosures to the department regarding, among other things, ownership or control of, or financial interest in, a recovery residence, as defined. This bill, in addition to existing disclosure requirements, would require all programs certified and all facilities licensed, no later than July 15, 2026, and annually each July 15 thereafter, to submit to the department a report of all money transfers between the program or facility and a recovery residence during the previous fiscal year. (Based on 03/06/2025 text)

SB 319

(Ashby, D) Criminal justice statistics: reporting.

Current Text: 03/26/2025 - Amended

Summary: Existing law mandates that the Judicial Council collect and publish statistics annually on each county's compliance with case disposition standards. Criminal justice agencies are required to compile and report data on various aspects of criminal cases to the Department of Justice. This bill expands these requirements by mandating the Department of Justice to publish annual statistical reports online, with monthly data on convictions related to specific crimes like theft and narcotics possession, classified by misdemeanor or felony. It also requires counties to submit detailed data on the allocation and expenditure of funds for law enforcement and court activities, which will be publicly available on the Department's website. Additionally, the bill requires superior courts to provide specific metrics to the Judicial Council for cases involving certain statutes. The Judicial Council must then publish an annual report online. The bill imposes a state-mandated program on local counties by requiring data submission, with a reimbursement procedure established if the Commission on State Mandates identifies state-imposed costs. (Based on 03/26/2025 text)

SB 812

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

Current Text: 02/21/2025 - Introduced

Status: 03/12/2025 - Referred to Com. on HEALTH.

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 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 02/21/2025 text)

[AB 73](#)

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

Current Text: 12/12/2024 - Introduced

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)

[AB 276](#)

(Bennett, D) Background checks.

Current Text: 01/21/2025 - Introduced

Summary: The California Community Care Facilities Act provides for the licensure and regulation of community care facilities, including foster family homes and foster family agencies, by the State Department of Social Services. Current law requires a criminal record check of applicants for a license, special permit, or certificate of approval for a foster family home or certified family home, and other persons, including nonclients who reside in those homes and staff and employees. Current law requires the department to check the child abuse and neglect registry of a different state for a licensee of a community care facility who has lived in another state in the preceding 5 years. Current law generally makes violations of these requirements a crime. This bill would authorize a licensee of a community care facility to approve an individual to care for children before the completion of another state’s child abuse and neglect registry check if certain specified conditions are met, including that the community care facility has submitted a request for the out-of-state abuse and neglect registry check to the department. The bill would require a licensee to remove an applicant from the community care facility immediately upon receipt of information that would disqualify the applicant from approval and notify the department of the removal within 3 business days. (Based on 01/21/2025 text)

[AB 416](#)

(Krell, D) Involuntary commitment.

Current Text: 02/05/2025 - Introduced



Summary: The Lanterman-Petris-Short Act authorizes the involuntary commitment and treatment of persons with specified mental disorders. Under the 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 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. 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 additionally authorize a person to be taken into custody, pursuant to those provisions, by an emergency physician, as defined. (Based on 02/05/2025 text)

AB 534 **(Schiavo, D) Transitional housing placement providers.**

Current Text: 02/11/2025 - Introduced

Summary: The California Community Care Facilities Act requires the State Department of Social Services to license and regulate transitional housing placement providers as community care facilities. Current law defines a “transitional housing placement provider” to mean an organization licensed by the department to provide transitional housing to foster children who are at least 16 years of age. Current law defines “Transitional Housing Program-Plus” to mean a provider certified by the applicable county to provide transitional housing services to former foster youth who have exited the foster care system on or after their 18th birthday. Current law exempts Transitional Housing Program-Plus providers from licensure under the California Community Care Facilities Act if they are certified and have obtained a local fire clearance. This bill would require contracts for a transitional housing placement provider or a Transitional Housing Program-Plus provider to have an initial term of 10 years. The bill would authorize the county to terminate a contract or a portion of the contracted services prior to the end of the contract term by providing at least 90 days’ notice to the contractor. The bill would authorize the county and contractor to agree to enter into an extension of the contract, either at the time of the initial contract or at any time thereafter. (Based on 02/11/2025 text)

AB 1328 **(Rodriguez, Michelle, D) Medi-Cal reimbursements: nonemergency interfacility transfers.**

Current Text: 02/21/2025 - Introduced

Summary: Current law sets forth various provisions relating to nonemergency medical or nonmedical transportation with regard to scope, prior authorization, reimbursement rates, and payments, and other provisions relating to transfers between facilities. This bill would state the intent of the Legislature to enact legislation that would, upon appropriation, provide an unspecified amount of additional funding for Medi-Cal reimbursements for nonemergency interfacility transfers. (Based on 02/21/2025 text)

SB 530 **(Richardson, D) Medi-Cal: time and distance standards.**

Current Text: 02/20/2025 - Introduced



Summary: Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, under fee-for-service or managed care delivery systems. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would extend the operation of those standards indefinitely. 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 set forth related reporting requirements with regard to subcontractor networks. This bill contains other related provisions and other existing laws. (Based on 02/20/2025 text)

SB 531

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

Current Text: 02/20/2025 - Introduced

Summary: Existing law mandates that the curriculum for grades 1 to 6 includes specific study areas, such as health, and for grades 7 to 12, includes areas like English, social sciences, and mathematics. This bill proposes adding mental health education to the health curriculum for grades 1 to 6 and as a component for grades 7 to 12. The bill could require local educational agencies to take on additional responsibilities, which would qualify as a state-mandated local program. According to the California Constitution, if the state mandates costs, it must reimburse local agencies and school districts. The bill states that if the Commission on State Mandates identifies state-imposed costs, reimbursement will follow established legal procedures. (Based on 02/20/2025 text)

SB 823

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

Current Text: 02/21/2025 - Introduced

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)

AB 339

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

Current Text: 01/28/2025 - Introduced

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 120 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. The bill would require the notice to include specified information, including the anticipated duration of the contract. (Based on 01/28/2025 text)

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting**
Wednesday, April 16, 2025

Agenda Item: Behavioral Health Transformation Ad-Hoc Update

Enclosures: None

Background/Description:

In June of 2024, the Officer team established an Ad-Hoc working group to guide the California Behavioral Health Planning Council's advocacy efforts around the implementation of Proposition 1, now referred to as the Behavioral Health Transformation.

Members from the Ad-Hoc working group will provide an update on activities since the January 2025 meeting and respond to any questions members may have.