California Behavioral Health Planning Council

Legislation and Public Policy Committee Agenda

Wednesday, January 21, 2026
1:30 p.m. to 5:00 p.m.

Bahia Resort Hotel
998 West Mission Bay Drive
San Diego, California 92104
Shell Room

Zoom Meeting Link
Join by phone: 1-669-900-6833
Meeting ID: 832 8998 1604
Passcode: 638809

1:30 p.m. **Welcome, Introductions, and Housekeeping**
Barbara Mitchell, Chairperson

1:35 p.m. **Nomination of Chair-Elect for 2026 (Action Item)** **Tab 1**
Barbara Mitchell, Chairperson and All LPPC Members
- **Committee Discussion**
- **Public Comment**
- **Vote on Nomination**

1:45 p.m. **Change of Officers**
Barbara Mitchell, Chairperson

1:50 p.m. **Review and Accept October 2025 Meeting Minutes (Action Item)** **Tab 2**
Javier Moreno, Chairperson
- **Committee Discussion**
- **Public Comment**
- **Accept Minutes**

1:55 p.m. **Committee Discussion on Trends in Recent State Behavioral Health Legislation** **Tab 3**
Javier Moreno, Chairperson and All LPPC Members

2:05 p.m. **Committee Annual Policy Priorities** **Tab 4**
Javier Moreno, Chairperson and All LPPC Members

2:15 p.m. **CBHPC Legislative Positions List (Action Item)** **Tab 5**
Maydy Lo, Council Staff

2:25 p.m. **Break**

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

2:35 p.m. **Pending Legislation Discussion (Action Item)** **Tab 6**
Javier Moreno, Chairperson and All LPPC Members
- **Committee Discussion**
- **Public Comment**
- **Vote on Positions**

3:15 p.m. **Break**

3:25 p.m. **Proposition 36: Preliminary Court Data and Implementation Updates** **Tab 7**
Francine Byrne, Director of Criminal Justice Services, Judicial Council of California
Ian Kemmer, Behavioral Health Director, Behavioral Health Services, Orange County Health Care Agency

4:10 p.m. **House of Representatives (H.R.) 1 Bill: Advocacy and Policy Recommendations** **Tab 8**
Deborah Steinberg, Senior Health Policy Attorney, Legal Action Center

4:40 p.m. **General Public Comment**
Members of the public can comment on any general item.

4:50 p.m. **Meeting Wrap Up & Next Steps**

5:00 p.m. **Adjourn**

Notice: All agenda items are subject to action. Scheduled times on the agenda are estimates and subject to change.

Public Comment: Limited to a **2-minute maximum** to ensure all are heard.

Committee Members

Barbara Mitchell, Chairperson Javier Moreno, Chair-Elect

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

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TAB 1

California Behavioral Health Planning Council
Legislation and Public Policy Committee

Wednesday, January 21, 2026

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

How This Agenda Item Relates to Council Mission
To review, evaluate, and advocate for an accessible and effective behavioral health system.

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

Background/Description:

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

The role of the Chair-Elect is outlined below:

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

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

TAB 2

California Behavioral Health Planning Council
Legislation and Public Policy Committee

Wednesday, January 21, 2026

Agenda Item: Review and Accept October 2025 Meeting Minutes (Action Item)

Enclosures: October 2025 Draft Meeting Minutes

Background/Description:

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

California Behavioral Health Planning Council

Legislation and Public Policy Committee
Quarterly Meeting

October 15, 2025
Meeting Minutes
DRAFT

Members Present:

Barbara Mitchell, Chairperson
Javier Moreno, Chair-Elect

Karen Baylor
Jason L. Bradley
Monica Caffey
Erin Franco
Ian Kemmer
Catherine Moore
Noel O'Neill
Liz Oseguera
Danielle Sena
Daphne Shaw
Deborah Starkey
Tony Vartan
Susan Wilson
Milan Zavala
Uma Zykofsky

Staff Present: Jenny Bayardo, Maydy Lo, Naomi Ramirez

Agenda Item: **Welcome, Introductions, and Housekeeping**

Chairperson Barbara Mitchell called the meeting to order and welcomed Council Members and attendees. Council Members, Council staff, and attendees were invited to introduce themselves. A quorum was established with 17 of 20 members present.

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

The meeting minutes for the June 2025 Quarterly Meeting and July 2025 In-between Meeting were accepted with no revisions.

Agenda Item: **Nomination of Chair-Elect for 2025 (Action Item)**

The committee decided to withdraw this agenda item and defer it to the January 2026 meeting.

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

Council Staff Maydy Lo reviewed the 2025 Year-End Legislative Report with the committee and highlighted priority bills that the Council took a position on, as well as legislative outcomes, which included:

- Assembly Bill 255 (Haney) was supported by the Council but vetoed by the Governor. It proposed allowing 10 percent of state homelessness funds to be used toward supportive recovery residences.
- Assembly Bill 1037 (Elhawary) was supported by the Council and chaptered. It clarifies that anyone can obtain and carry over-the-counter Naloxone and extends Good Samaritan protection to people who in good faith administer the medication to someone at risk of overdose.
- Senate Bill 27 (Umberg) was opposed by the Council, but chaptered. It expands the eligibility for the Community Assistance, Recovery, and Empowerment (CARE) Act to include those with Bipolar I Disorder with psychotic features.
- Senate Bill 820 (Stern) was opposed by the Council, but chaptered. It authorizes the least restrictive administration of antipsychotic medication to individuals found incompetent to stand trial after having been charged with a misdemeanor, without prior informed consent on an emergency basis when treatment is necessary to address emergency conditions.
- Senate Bill 28 (Umberg) was watched by the Council and became a two-year bill. Among its provisions, the bill would require a drug addiction expert to conduct substance abuse and mental health evaluations for individuals participating in treatment court programs. It would also require treatment programs to be offered to eligible individuals under the Treatment Mandated Felony Act of Proposition 36. The committee was informed that this bill was not included in the report, and that an updated version would be provided.

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

Samuel Jain, Senior Mental Health Policy Attorney and Monica Porter Gilbert, Senior Mental Health Policy Advocate from Disability Rights California (DRC) presented to the committee on the federal executive order *Ending Crime and Disorder on America's Streets*, the House of Representatives (H.R.) 1 federal bill, and DRC high priority behavioral health bills for 2025. The following are key points from the presentation:

***Ending Crime and Disorder on America's Streets* Federal Executive Order**

- An executive order is a directive from the President of the United States (U.S.); it is not legislation and does not require approval from Congress, therefore

Congress cannot overturn an executive order. Only a sitting U.S. President can overturn an existing executive order by issuing another executive order to that effect. An executive order does not have any legal effects, and its enforcement is limited to the President's ability to discipline the officials it directed to if they do not carry out the actions outlined in executive orders. The executive order itself does not require action unless specific federal guidance is issued.

- The National Alliance to End Homelessness has filed a lawsuit against the Department of Housing and Urban Development (HUD) Secretary Scott Turner. They have also obtained a temporary restraining order to ensure providers are not barred from competing for HUD grants on the basis of being aligned with the administration's objectives.

House of Representatives (H.R.) 1 Federal Bill

- States that broadened eligibility for Medicaid under the Affordable Care Act are anticipated to have the most significant impact from the federal Medicaid cuts.
- Medi-Cal serves 15 million Californians, which is approximately 35 percent of the state's population. As a result of the Medicaid cuts, it is expected that approximately 3 million Medi-Cal beneficiaries will lose coverage.
- The changes to federal reimbursements that states receive from Medicaid would result in California receiving a reduction in federal revenue for services.
- California could lose up to $30 billion a year in federal funding due to the elimination and reduction of income streams that states can use to pay for their share of Medicaid.
- Optional Medi-Cal services such as peer support, mobile crisis, and crisis residential could be cut either by county behavioral health plans or at the state level.
- Providers could also receive lower reimbursement rates for services, which could lead to lower quality of care or termination of operations altogether.

High Priority Behavioral Health Bills

- Senate Bill 27 (Umberg): This bill expands the eligibility for the Community Assistance, Recovery, and Empowerment (CARE) Act to include those with Bipolar I Disorder with psychotic features. DRC has been involved with the implementation of the CARE Act since its inception. Their concerns about this legislation include:
    - The bill does not include additional funding and expands eligible populations without addressing gaps in housing, the behavioral health workforce, and behavioral health services.
    - It was analyzed that the estimated costs per CARE Act participant for 2023-2024 were $713,000, which is over 40 times the cost of Full-Service Partnership programs.
    - CARE Act participants are placed on the same waiting list for behavioral health services and housing as those who are not CARE participants.
    - It can take 10 to 200 days before an initial contact with a participant is successful.

- Senate Bill 820 (Stern): The bill authorizes the least restrictive administration of antipsychotic medication to individuals found incompetent to stand trial after having been charged with a misdemeanor, without prior informed consent on an emergency basis when treatment is necessary to address emergency conditions. It also reverses the author's previous 2021 bill, Senate Bill 317, which eliminated involuntary medication for the population. The bill also requires jails to make a documented attempt to transfer individuals to a community-based facility before moving forward with involuntary medication. Their concerns about this legislation include:
    - The bill expands the use of involuntary medication for individuals outside of clinically appropriate settings and without consistent monitoring.
    - Under this bill, courts can move forward with ordering involuntary medication if they "have considered the due process protections". DRC is concerned about the lack of clarity with this language.

Committee members also engaged in a question-and-answer discussion with the presenters. Some of the key discussion points, responses, and additional information included:

- Disability Rights California (DRC) is advocating for automatic Medi-Cal renewals for specific populations receiving certain services, eliminating the need to recertify Medicaid eligibility every six months as outlined under H.R. 1.
- Work reporting requirements already exist in various states, including Arkansas, and have been associated with confusion among beneficiaries and a lack of clarity regarding reporting expectations. Additionally, the work reporting requirements under H.R. 1 add administrative burdens on recipients who are already employed.

Public Comment:

Lynn Rivas, Executive Director for California Association of Mental Health Peer-Run Organizations, stated that peer-run organizations have experienced significant financial impacts by Proposition 1/the Behavioral Health Services Act. These organizations are billing Med-Cal in attempts to recover costs for services. However, they are only allowed to bill Medi-Cal for individuals with serious mental illness. Those with mild to moderate mental illnesses and receiving services through Managed Care Plans are unable to be billed under those codes. Lynn encouraged the committee to support legislation in the next year that helps to resolve these challenges.

Agenda Item: CAADPE Legislative Priorities

Trent Murphy, Legislative Policy Analyst from California Association of Alcohol and Drug Program Executives, INC. (CAADPE), presented to the committee on CAADPE's recent legislative priorities and the upcoming policy focus areas.

CAADPE is a professional association representing executives from community-based, nonprofit substance use disorder (SUD) treatment agencies. Its membership is composed of local providers who deliver SUD treatment services to Californians. Their collective experience and expertise help shape and inform CAADPE's advocacy efforts. The organization is governed by a member-elected board and structured into committees and regional chapters, each focusing on specific issues and geographic areas, all working toward the shared goal of improving SUD treatment systems across the state.

During the 2025 legislative session, CAADPE sponsored Assembly Bill 1267 (Pellerin) which proposed to streamline the state licensing process for SUD programs that are co-located in the same geographic locations. Trent emphasized that the current licensing process and paperwork are duplicative for providers who operate facilities in close proximity to each other. Streamlining this process could help reduce administrative costs and allow providers to redirect more resources toward care and services. Trent highlighted that this bill has become a two-year bill.

Additionally, CAADPE opposed Assembly Bill 3 (Dixon), which proposed to restrict where recovery residences can be. Trent highlighted that opposing legislation promoting "Not in My Backyard" (NIMBY) policies is a key CAADPE priority. CAADPE also opposed Assembly Bill 396 (Tangipa) which would have required all Syringe Service Programs (SSPs) to serialize each distributed needle and proposed monetary penalties for programs unable to account for all syringes. Although both bills did not advance by the required deadlines for this year's legislation session, they have become two-year bills that CAADPE will continue to monitor.

Trent also shared CAADPE's legislative priorities for 2026 which include the following:

- Monitor Proposition 36 implementation and system alignment.
- Expand access to opioid antagonists and overdose training.
- Protect treatment resources amid federal healthcare cuts.

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

- CAADPE frequently collaborates with other associations, such as the California Consortium of Addiction Programs and Professionals (CCAPP). For example, CAADPE worked closely with CCAPP on Assembly Bill 2473 (Nazarian) during the 2022 legislative session, which introduced a new 80-hour training requirement for SUD counselors. Additionally, CAADPE supported Assembly Bill 669 (Haney) during this year's legislative session which was co-sponsored by CCAPP. The bill proposed to ensure 28 days of uninterrupted medical treatment for substance use. Trent highlighted CAADPE's contribution to an amendment that ensured the bill would include residential facilities, not just inpatient settings.
- Current Syringe Service Programs (SSPs) provide designated drop-off locations for the safe disposal of used needles.

- Assembly Bill 396 (Tangipa) would impose requirements that are not applied universally to all individuals who use syringes, which would further contribute to the stigma surrounding substance use disorders.

Agenda Item: Patients' Rights Committee Meeting Update

Council Member Daphne Shaw provided an update from the Patients' Rights Committee (PRC) meeting, where members discussed ways to improve the Council's legislative process to be more proactive in responding to patient rights-related legislation. Representatives from Disability Rights California (DRC) and the California Association of Mental Health Patients' Rights Advocates (CAMHPRA) were present during PRC's meeting and expressed willingness to maintain communication with the committee on relevant bills that both agencies are monitoring. The committee also discussed the possibility of holding interim meetings to ensure timely responses to legislative developments.

Agenda Item: Committee Discussion on 2025 Policy Priorities

Chairperson Barbara Mitchell facilitated a discussion with committee members to generate recommendations for next year's policy priorities and key activities.

Council Chairperson, Tony Vartan, shared that the Executive Committee identified four strategic areas of focus for the Council, which will guide committee activities and priorities moving forward. These focus areas include:

1) **Integration of Mental Health and Substance Use Disorders (SUD)** – addressing issues such as the impacts of Medicaid cuts and enhancing SUD education for Council members.
2) **Stakeholder Engagement** – involving key partners such as the Behavioral Health Services Act (BHSA) stakeholders, County Integrated Plans, and advancing peer certification efforts.
3) **Patient Rights and Lanterman-Petris-Short Act Reform** – examining the implications of involuntary treatment, Senate Bill 43 (Eggman), the Community Assistance, Recovery, and Empowerment (CARE) Act, and ensuring adequate patient rights advocates in both community and correctional settings.
4) **Justice-Involved Populations** – exploring resource limitations, the shift of responsibilities back to counties without adequate support, the potential increase in conservatorships, Proposition 36, and federal policy changes that may impact housing.

Committee member recommendations included:

- Early episodes of psychosis in children and youth.

- Provision of services and support for individuals with substance use disorders (SUD) throughout the continuum of care.
- Increase partnerships with agencies and organizations such as California Association of Alcohol and Drug Program Executives (CAADPE), California Association of Mental Health Peer-Run Organizations (CAMHPRO), and Housing California to collaboratively identify, shape, and advocate for legislative and policy initiatives that reflect and advance the Council's mission and goals.
- Review two-year bills that the Council took positions on and categorize them into key legislative priority areas, or 'buckets'—such as Housing, Substance Use Disorder (SUD), Patients' Rights, Peer Support/Health Navigators, and Behavioral Health Funding. To ensure focused and effective advocacy, the committee should include a process to identify one to two high-priority bills within each bucket to prioritize.
- Identify additional state behavioral health funding opportunities.
- Continue efforts to schedule interim meetings, as quorum allows, to discuss and take action on legislative matters.

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

Ilana Rub, Assistant Division Chief of the Community Services Division at the Department of Health Care Services (DHCS), provided an overview of California's harm reduction strategies to address substance use, including their impact on state efforts and state and federal policies that have shaped these initiatives.

Patient-centered care respects and prioritizes patients' unique needs, goals, and values, fostering a shared responsibility between patients and their providers. In substance use disorder (SUD) treatment, a uniform approach to addressing individual needs is ineffective. Patient-centered care emphasizes what is most important to patients and by doing so, providers can build deeper trust, enhance engagement, and improve outcomes. This approach empowers patients to become active participants in their care, which is an essential component of sustained recovery.

Research shows that when patients are treated as partners in their care, they become more actively engaged, which leads to a deeper understanding of their condition and available treatment options. In the context of SUD treatment, patient-centered care empowers individuals to make informed decisions and take ownership of their recovery. This approach improves treatment retention, builds trust, fosters open communication, and strengthens provider-client relationships, which leads to increased satisfaction with care and encourages long-term commitment to treatment.

Ilana highlighted the release of 10 strategies for treatment programs to adopt to better serve and retain non-abstinent patients by the American Society of Addiction Medicine (ASAM) in 2024. These strategies are outlined below:

1) Cultivate patient trust by creating a welcoming, nonjudgmental, and trauma-sensitive environment
2) Do not require abstinence as a condition of treatment initiation or retention
3) Optimize clinical interventions to promote patient engagement and retention.
4) Only administratively discharge patients from treatment as a last resort.
5) Seek to re-engage individuals who disengage from care.
6) Build connections to people with SUD who are not currently seeking treatment.
7) Cultivate staff acceptance and support.
8) Prioritize retention of front-line staff.
9) Align program policies and procedures with the commitment to improve engagement and retention of all patients, including non-abstinent patients.
10) Measure progress and strive for continuous improvement of engagement and retention.

Ilana shared that the seven regional summits hosted by the Department of Health Care Services from October 2024 to September 2025 across California, aimed to: (1) reduce stigma in SUD treatment, (2) educate SUD treatment providers and staff on integrating non-abstinent and patient-centered care approaches, and (3) support implementation of the American Society of Addiction Medicine's guidance on engaging and retaining non-abstinent patients.

Ilana discussed California's overdose prevention model and efforts and highlighted the various partnerships between state agencies and community-based organizations (CBOs). California Department of Public Health Office of Aids and Harm Reduction Branch oversees syringe services authorization, technical assistance, and naloxone distribution. County health departments and CBOs implement services such as on-the-ground mobile outreach, naloxone training, syringe exchange, and linkages to care. DHCS manages the Naloxone Distribution Project (NDP), launched in 2018, which distributes free naloxone medication directly to organizations statewide. This initiative has distributed over 5 million doses of life-saving medication and 7 million kits of naloxone, which have resulted in over 380,000 overdose reversals.

Ilana also addressed the "Dear Colleague" letter published by the Substance Abuse and Mental Health Services Administration (SAMHSA) on July 29, 2025. The letter clarifies the current administration's position on harm reduction, as outlined in the July 2025 Executive Order titled "Ending Crime and Disorder on America's Streets." It also provides guidance to state agencies and grantees of new award terms and conditions that specify which supplies and services may or may not be supported with SAMHSA funding. She elaborated that DHCS' current implementation of SAMHSA grants is consistent with existing federal guidance related to harm reduction activities including both the Executive Order and "Dear Colleague" letter. DHCS does not authorize subcontractors or subrecipient use of SAMHSA funds for any supplies or services

identified as unallowable in the letter. DHCS will continue to engage with stakeholders to ensure ongoing alignment with the federal guidance.

Committee members also engaged in a question-and-answer discussion with the guest speaker. Some of the key discussion points, responses, and additional information included:

- DHCS is shifting away from using the term 'harm reduction' and instead prefers terminology such as 'life-saving overdose prevention and response services' or 'infectious disease prevention services,' to reflect the scope and intent of these efforts.
- The state's activities, as currently conducted and managed, remain allowable and not impacted by the Executive Order or the SAMHSA "Dear Colleague" letter. Grantees and programs continue to operate in compliance with federal guidance and are not affected by the recent updates.

Public Comment:

Vanessa Ramos, Senior Advisor at Disability Rights California, requested the presenter to speak about the community planning process within the Behavioral Health Services Act (BHSA), including the California Mental Health Services Authority's (CalMHSA) community planning document, with a focus on meaningfully engaging communities and advocating for substance use disorder treatment. She emphasized the importance of advocacy and the need to evolve the medical model to better support individuals with SUD.

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

Council Member Jason L. Bradley, Branch Chief of the Project Origination Branch at the California Department of Housing and Community Development (HCD), provided an overview of the foundational principles of Housing First and its impact on the state's efforts to address homelessness and behavioral health needs.

Housing First under California law is defined as an evidence-based model that uses housing as a tool for recovery. Housing First requires four components for state funded housing based programs to adhere to: (1) low barrier access to permanent housing, (2) standard lease and tenant rights, (3) voluntary, client-driven services that are not a condition of maintaining housing, and (4) harm and risk reduction approach, to promote safety and wellness while supporting stability.

Jason highlighted that evaluations across various settings consistently show that when Housing First is implemented with fidelity, individuals are more likely to obtain and maintain stable housing, with significantly fewer returning to homelessness.

At the statewide level, population-level outcomes are influenced by the availability of sufficient housing units, service providers, and rental assistance vouchers. In areas

where Point-in-Time (PIT) counts do not show improvement, the issue is typically due to insufficient system throughput, not a failure of the Housing First model itself.

Housing First is based on the premise that behavioral health recovery is more effective when individuals transition from crisis settings into stable housing with access to voluntary, collaborative services. Systems that implement this approach often see reduced reliance on crisis care, increased use of planned care, and fewer emergencies, as individuals engage in ongoing outpatient support. This leads to improved daily functioning and housing stability. Behavioral health improvements often emerge gradually—typically before noticeable changes in physical health, which is a pattern consistently reported by providers across the state.

While the Executive Order provides federal guidance, Jason explained that it does not carry the force of law. The U.S. Department of Housing and Urban Development (HUD) must still translate this guidance into actionable funding requirements consistent with applicable federal laws. Meanwhile, California's Housing First statute remains in effect for state-funded programs. If federal requirements shift, providers may face dual compliance pressures from both state and federal mandates. Jason recommended that the committee continue to monitor forthcoming agency guidance for any new requirements that may require reconciliation with existing policies.

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

- Recovery housing models operating under the Housing First framework can become problematic when continued tenancy is contingent upon meeting clinical sobriety requirements, as this conflicts with the model's core principle of low-barrier, non-conditional housing.
- The committee was encouraged to advocate for recovery housing options that support sobriety-focused environments, allowing individuals who choose to pursue abstinence to live in settings aligned with their recovery goals. This can be challenging to achieve within mixed-population housing models that serve individuals with varying levels of readiness for sobriety.
- There is no known timeline for when HUD may release guidance regarding any changes to Housing First policies.
- In 2024, the national Point-in-Time (PIT) count showed an 18% increase in homelessness, while California reported a comparatively smaller increase of 3%.
- Housing First is a tool that can be integrated with other supportive services and braided funding sources to support individuals with behavioral health needs who are also experiencing homelessness. First, offering what individuals most often seek, such as stable housing, creates an opportunity to build trust and rapport, which can lead to greater engagement in voluntary services.

Public Comment:

Barbara Wilson, a resident of Los Angeles County, shared several concerns in regard to the implementation of Housing First. She expressed her observation that the model appears primarily tailored for individuals with substance use challenges and noted an overall lack of coordination and awareness between housing providers and the

Department of Behavioral Health. Barbara emphasized the challenges when individuals with primary substance use disorders are placed in housing originally intended for those with mental health conditions. She shared that, especially in Licensed Board and Care facilities, staff often lack the training and skills necessary to support individuals with substance use disorders. She further stated that there seems to be a high dropout rate among individuals with psychosis living in Housing First settings, many of whom are not engaged in supportive services. Barbara encouraged increased communication between the HCD and service providers to better address these challenges.

Agenda Item: General Public Comment

Vanessa Ramos, Senior Advisor at Disability Rights California (DRC), shared that DRC investigates reports of abuse and neglect. She highlighted that some instances of harm, which include deaths, have occurred in housing settings, some of which identify as Housing First homes or facilities. She emphasized that when there is a lack of fidelity to Housing First principles, it is often not the model itself that fails residents, but rather the failure of providers to deliver the core supportive services. She drew a parallel to Full-Service Partnerships (FSPs) and noted that when wraparound services are not effectively provided, individuals are left without the support they need. Vanessa encouraged the committee to consider examining the fidelity of service delivery and offered to share DRC's efforts and collaborate with the Council.

Agenda Item: Meeting Wrap Up and Next Steps

Agenda items for the next quarterly meeting in January 2026 will include the nomination of Chair-Elect and a discussion of the Council's annual Policy Priorities.

Members emphasized the importance of proactive engagement in the legislative process to enable quicker responses to emerging bills and advocacy opportunities.

The meeting adjourned at 4:58 p.m.

TAB 3

California Behavioral Health Planning Council
Legislation and Public Policy Committee

Wednesday, January 21, 2026

Agenda Item: Committee Discussion on Trends in Recent State Behavioral Health Legislation

How This Agenda Item Relates to Council Mission

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

This agenda item will provide a framework for the committee's discussion on annual policy priorities and identification of key areas of advocacy during the second year of the 2025-2026 legislative session.

Background/Description:

Behavioral health has been a central focus of numerous state legislative efforts during the first year of the 2025-2026 session. Several bills introduced similar initiatives to expand populations eligible for court-facilitated behavioral health support for individuals with a serious mental illness or substance use disorder. These proposals build on current laws such as the Lanterman-Petris-Short Act and the Community Assistance Recovery and Empowerment Act. Both statutes focus on different groups of people with behavioral health conditions and have separate legal and clinical standards. Other bills advanced policies permitting treatment without prior informed consent.

These behavioral health bills include:

- Senate Bill 27 (Umberg) expands the eligibility for the Community Assistance, Recovery, and Empowerment (CARE) Act to include those with Bipolar I Disorder with psychotic features. This bill was chaptered.
- Senate Bill 820 (Stern) authorizes the least restrictive administration of antipsychotic medication to individuals found incompetent to stand trial after having been charged with a misdemeanor, without prior informed consent on an emergency basis when treatment is necessary to address emergency conditions. This bill was chaptered.
- Senate Bill (Menjivar) 331 proposed to expand the definition of "gravely disabled" under the Lanterman-Petris-Short Act to include individuals with chronic alcoholism who are unable to provide for their basic needs and further define a

"mental health disorder" as a condition outlined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders. The bill became a two-year bill.

- Senate Bill (Stern) 823 proposed to expand eligibility for the CARE Act to individuals with Bipolar I Disorder. The bill became a two-year bill.
- Senate Bill (Allen) 367 proposed to, among other provisions, authorize recommendations for an LPS conservatorship if a determination is made that the gravely disabled person has demonstrated an inability to accept voluntary treatment due apparent incapacity. The bill became a two-year bill.

During this agenda item, the committee will discuss observed trends in behavioral health legislation that impact individuals with behavioral health conditions. The committee will also identify areas where the Council may consider implementing additional advocacy efforts during the second year of the 2025-2026 legislative session.

TAB 4

California Behavioral Health Planning Council
Legislation and Public Policy Committee

Wednesday, January 21, 2026

Agenda Item: Committee Annual Policy Priorities

Enclosures: CBHPC Policy Platform

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 this 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:

During the October 2025 quarterly meeting, the committee had a preliminary discussion on potential policy priorities for 2026. The following are recommendations made by committee members:

- Advocate for more comprehensive services and support for children and youth with early episodes of psychosis.
- Support policies that strengthen the provision of services and supports across the continuum of care for individuals with substance use disorders (SUD), including assistance with navigating homelessness and achieving housing stability.
- Increase collaboration with agencies and organizations to jointly identify, shape, and advocate for legislative and policy initiatives that reflect and advance the Council's mission and goals.
- Advocate for the State to proactively pursue additional behavioral health funding opportunities in response to federal budget cuts.

During this agenda item, the committee will discuss and determine the Policy Priorities for 2026. This discussion will include a review of the 2025 Policy Priorities and the Executive Committee’s approved areas of focus for the Council, consideration of recommendations from the October meeting, and identification of any additional recommendations.

TAB 5

California Behavioral Health Planning Council
Legislation and Public Policy Committee

Wednesday, January 21, 2026

Agenda Item: CBHPC Legislative Positions List (Action Item)

Enclosures: CBHPC Legislative Positions List

How This Agenda Item Relates to Council Mission

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

The Legislation and Public Policy Committee takes positions on legislation on behalf of the CBHPC to 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 outlines legislation that the Council took positions on during the first year of the 2025-2026 legislative session.

During this agenda item, Council Staff Maydy Lo, will provide updates on the two-year bills including amendments and statuses. The committee will have an opportunity to discuss the bills that have been amended, reassign priority levels, and/or identify additional advocacy activities.

Action: The committee may vote to change positions on any of the listed bills.

California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

Legislative Positions List
January 2026

AB 73 **(Jackson, D) Mental Health: Black Mental Health Navigator Certification.**

Current Text: 12/12/2024 - Introduced

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

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

Position: Support **Date Position Taken**: 04/16/2025

AB 384 **(Connolly, D) Health care coverage: mental health and substance use disorders: inpatient admissions.**

Current Text: 03/17/2025 - Amended

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

Summary: Current law requires a health care service plan or health insurer to ensure that processes necessary to obtain covered health care services, including, but not limited to, prior authorization processes, are completed in a manner that assures the provision of covered health care services to an enrollee or insured in a timely manner appropriate for the enrollee’s or insured’s condition, as specified. This bill, the California Mental Health Protection Act, would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2027, that provides coverage for mental health and substance use disorders from requiring prior authorization (1) for an enrollee or insured to be admitted for medically necessary 24-hour care in inpatient settings for mental health and substance use disorders, as specified, and (2) for any

medically necessary health care services provided to an enrollee or insured while admitted for that care. The bill would authorize the Director of the Department of Managed Health Care or the Insurance Commissioner, as applicable, to assess administrative or civil penalties, as specified, for violations of these provisions. (Based on 03/17/2025 text)

Position: Support **Date Position Taken**: 02/18/2025

AB 669 **(Haney, D) Substance use disorder coverage.**
Current Text: 07/15/2025 - Amended
Status: 08/29/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/18/2025)(May be acted upon Jan 2026)
Summary: Current law generally authorizes a health care service plan or health insurer to use prior authorization and other utilization management functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Current law requires health care service plan contracts and health insurance policies that provide hospital, medical, or surgical coverage and are issued, amended, or renewed on or after January 1, 2021, to provide coverage for medically necessary treatment of mental health and substance use disorders under the same terms and conditions applied to other medical conditions, as specified. On and after January 1, 2027, this bill would prohibit concurrent or retrospective review of medical necessity of in-network health care services and benefits (1) for the first 28 days of a treatment plan for inpatient or residential substance use disorder stay at a specified licensed facility during each plan or policy year or (2) for outpatient services provided by specified certified programs for substance use disorder visits, except as specified. The bill would authorize, after the 29th day, in-network health care services and benefits for inpatient or residential substance use disorder care to be subject to concurrent review. On and after January 1, 2027, the bill would prohibit retrospective review of medical necessity for the first 28 days of intensive outpatient or partial hospitalization services for substance use disorder, but would authorize concurrent or retrospective review for day 29 and days thereafter of that stay or service. With respect to health care service plans, the bill would specify that its provisions do not apply to Medi-Cal behavioral health delivery systems or Medi-Cal managed care plan contracts. (Based on 07/15/2025 text)

Position: Support **Date Position Taken**: 06/18/2025

California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

AB 1328 **(Rodriguez, Michelle, D) Medi-Cal reimbursements: nonemergency ambulance and other transportation.**

Current Text: 07/17/2025 - Amended

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

Summary: The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under this bill, commencing on July 1, 2027, and subject to an appropriation, Medi-Cal fee-for-service reimbursement for nonemergency ambulance transportation services, as defined, would be in an amount equal to 80% of the amount set forth in the federal Medicare ambulance fee schedule for the corresponding level of service, adjusted by the Geographic Practice Cost Index, as specified. The bill would require the department to establish a Medi-Cal managed care directed payment program for nonemergency ambulance transportation services, with the reimbursement rates set in an amount equal to at least the amount set forth under fee-for-service reimbursement. The bill would require the department to maximize federal financial participation in implementing the above-described provisions to the extent allowable. To the extent that federal financial participation is unavailable, the bill would require the department to implement the provisions using state funds, as specified. (Based on 07/17/2025 text)

Position: Support **Date Position Taken**: 07/18/2025

SB 28 **(Umberg, D) Treatment court program standards.**

Current Text: 05/23/2025 - Amended

Status: 07/15/2025 - July 15 hearing postponed by committee.

Summary: Current law, 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 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. The bill would require that a treatment program that complies with existing judicial standards be offered to a person that is eligible for treatment pursuant to the Treatment-Mandated Felony Act. By requiring the court to

implement a treatment program that complies with existing judicial standards, the bill would amend that initiative statute. (Based on 05/23/2025 text)

Position: Watch **Date Position Taken**: 07/18/2025

SB 35 **(Umberg, D) Alcohol and drug programs.**
Current Text: 07/17/2025 - Amended
Status: 08/28/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/20/2025)(May be acted upon Jan 2026)
Summary: Current law provides for the licensure and regulation of adult alcohol or other drug recovery or treatment facilities by the State Department of Public Health and prohibits the operation of one of those facilities without a current valid license. Current law requires the department, if a facility is alleged to be in violation of that prohibition, to conduct a site visit to investigate the allegation. Current law requires, if the department's employee or agent finds evidence that the facility is providing services without a license, the employee or agent to take specified actions, including, among others, submitting the findings of the investigation to the department and issuing a written notice to the facility that includes the date by which the facility is required to cease providing services. This bill would require the department, if it determines it has jurisdiction over the allegation, to initiate that investigation within 10 days of receiving the allegation and, except as specified, complete the investigation within 60 days of initiating the investigation. The bill would require the department, if it receives a complaint that does not fall under its jurisdiction, to notify the complainant that it does not investigate that type of complaint. The bill would require the employee or agent to provide the notice described above within 10 days of the employee or agency submitting their findings to the department and to conduct a followup site visit to determine whether the facility has ceased providing services as required. The bill would authorize, in counties that elect to administer the Drug Medi-Cal organized delivery system and that provide optional recovery housing services, the county behavioral health agency to request approval from the department to conduct a site visit of a recovery residence that is alleged to be operating without a license. (Based on 07/17/2025 text)

Position: Oppose **Date Position Taken**: 07/18/2025

SB 319 **(Ashby, D) Criminal justice statistics: reporting.**
Current Text: 04/24/2025 - Amended
Status: 05/23/2025 - Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/5/2025)(May be acted upon Jan 2026)

California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

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

Position: Support if Amended **Date Position Taken**: 04/16/2025

SB 331 **(Menjivar, D) Substance abuse.**
Current Text: 05/23/2025 - Amended
Status: 07/17/2025 - Failed Deadline pursuant to Rule 61(a)(10). (Last location was HEALTH on 6/16/2025)(May be acted upon Jan 2026)
Summary: Under the Lanterman-Petris-Short (LPS) Act, when a person, as a result of a mental health disorder, is a danger to themselves or others, or is gravely disabled, the person may, upon probable cause, be taken into custody by specified individuals, including, among others, a peace officer and a designated member of a mobile crisis team, and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. For the purposes of these provisions, current law defines “gravely disabled” as a condition in which a person, as a result of a mental health disorder, a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder, is unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or necessary medical care. This bill would include in the definition of “gravely disabled” for purposes of the above provisions an individual who is unable to provide for their basic personal needs due to chronic alcoholism, as defined. The bill would further define a “mental health disorder” as a condition outlined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders. (Based on 05/23/2025 text)

Position: Oppose **Date Position Taken**: 06/18/2025

SB 531 **(Rubio, D) Course of study: mental health education.**
Current Text: 02/20/2025 - Introduced

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

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

Position: Support **Date Position Taken**: 04/16/2025

SB 812 **(Allen, D) Qualified youth drop-in center health care coverage.**

Current Text: 07/17/2025 - Amended

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

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

Position: Support **Date Position Taken**: 06/18/2025

SB 823 **(Stern, D) Mental health: the CARE Act.**

Current Text: 02/21/2025 - Introduced

California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

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

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

Position: Oppose **Date Position Taken**: 04/16/2025

TAB 6

California Behavioral Health Planning Council
Legislation and Public Policy Committee

Wednesday, January 21, 2026

Agenda Item: Pending Legislation Discussion (Action Item)

Enclosures: Tiers for Prioritizing Bills Diagram

CBHPC Pending Legislative Positions Chart for January 2026

January 2026 Pending Legislations Bill Summaries

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:

The 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 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, and then bills requested for the Council's consideration by Council members, Council staff, and/or other CBHPC committees.

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 review and discuss the bills listed in the Pending Legislative Positions Chart, as time permits. The committee may choose to take positions or elect to take no action on any of the proposed bills. Additionally, Council members may request bills to be added for the committee's consideration during the current two-year legislative bill cycle.

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:

- 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

- 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

- Sign on to letters with partners, if asked
- Share sign-on letter with Council Members and Partners
- Post the position letter on the website
- Include on the Council's position list

California Behavioral Health Planning Council - Pending Legislative Positions Chart January 2026									
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	05/08/2025 - Failed Deadline pursuant to Rule 61(a)(3). (Last location was HEALTH on 2/3/2025)(May be acted upon Jan 2026)	No	**SUPPORT**: None identified at this time. **OPPOSE**: California Association of Alcohol and Drug Program Executive, Inc.	Policy Priorities for 2025	Watch	To Be Decided
AB 425	Davies	Certification of alcohol or other drug programs.	04/24/2025 Amended	05/23/2025 - Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/14/2025)(May be acted upon Jan 2026)	Yes	**SUPPORT**: Advocates for Responsible Treatment *(Sponsor)* ; Association of California Cities, Orange County; Los Alamitos; City of Villa Park; Orange County Board of Supervisors **OPPOSE**: None identified at this time.	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
AB 1267	Pellerin	Consolidated license and certification.	04/24/2025 Amended	09/11/2025 - Failed Deadline pursuant to Rule 61(a)(14). (Last location was INACTIVE FILE on 9/8/2025)(May be acted upon Jan 2026)	Yes	**SUPPORT**: California Association of Alcohol and Drug Program Executives, INC. *(Sponsor)* ; California Behavioral Health Association; Drug Policy Alliance **OPPOSE**: None identifed at this time.	Policy Priorities for 2025	Support	To Be Decided
AB 1432	Hoover	Homelessness Accountability, Recovery, and Treatment Act.	03/28/2025 Amended	05/01/2025 - Failed Deadline pursuant to Rule 61(a)(2). (Last location was H. & C.D. on 3/28/2025)(May be acted upon Jan 2026)	Yes	**SUPPORT**: None identified at this time. **OPPOSE**: Housing California	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
AB 20	DeMaio	Homelessness: People First Housing Act of 2025.	03/24/2025 Amended	05/21/2025 - Failed Deadline pursuant to Rule 61(a)(2). (Last location was H. & C.D. on 3/24/2025)(May be acted upon Jan 2026)	Yes	**SUPPORT:** None identified at this time. **OPPOSE:** including, but not limited to, Corporation for Supportive Housing; Disability Rights California; Drug Policy Alliance; Housing California; National Alliance to End Homelessness; National Homelessness Law Center; Steinberg Institute	Policy Platform	Oppose	To Be Decided
AB 37	Elhawary	Workforce development: mental health service providers: homelessness.	03/13/2025 Amended	05/01/2025 - Failed Deadline pursuant to Rule 61(a)(2). (Last location was L. & E. on 3/13/2025)(May be acted upon Jan 2026)	Yes	**SUPPORT**: Housing California **OPPOSE**: None identified at this time.	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 96	Jackson	Community Health Workers	02/11/2025 Amended	05/01/2025 Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 2/3/2025)(May be acted upon Jan 2026)	Yes	**SUPPORT**: Cal Voices *(Sponsor)* ; County Behavioral Health Directors Association of California *(Co-Sponsor)* **OPPOSE**: None identified at this time.	Policy Platform	Support	To Be Decided
AB 278	Ransom	Health care affordability.	01/21/2025 Introduced	05/01/2025 - Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 2/10/2025)(May be acted upon Jan 2026)	Yes	**SUPPORT**: None identified at this time. **OPPOSE**: None identified at this time.	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 396	Tangipa	Needle and syringe exchange services.	02/03/2025Introduced	05/01/2025 Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 2/18/2025)(May be acted upon Jan 2026)	Yes	**SUPPORT**: None identified at this time. **OPPOSE**: California Association of Alcohol and Drug Program Executives, INC.	Policy Platform	Oppose	To Be Decided
AB 1105	Quirk-Silva	Conservatorships.	07/03/2025 Amended	08/28/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/18/2025)(May be acted upon Jan 2026)	Yes	**SUPPORT**: California Psychiatric Association **OPPOSE**: None identified at this time.	Policy Platform	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 367	Allen	Mental health.	05/01/2025 Amended	05/23/2025 - Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/12/2025)(May be acted upon Jan 2026)	Yes	**SUPPORT**: California Psychiatric Association; Families Advocating for the Seriously Mentally Ill; Todd Gloria, Council President, San Diego City Council **OPPOSE**: including, but not limited to, California Voices for Progress; California Youth Empowerment Network; California Association of Mental Health Peer Run Organizations; County Behavioral Health Directors Association of California; Disability Rights California; Mental Health America of California	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
SB 548	Reyes	California Overdose Death and Addiction Reduction Act of 2025.	05/05/2025 Amended	05/23/2025 - Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/19/2025)(May be acted upon Jan 2026)	Yes	**SUPPORT**: CA Bridge; California Hospital Association; Courage Campaign; Drug Policy Alliance; Smart Justice of California; Steinberg Institute **OPPOSE**: None identified at this time.	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 46	Nguyen	Diversion.	07/10/2025 Amended	08/28/2025 Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. on 7/8/2025)(May be acted upon Jan 2026)	Yes	**SUPPORT**: including, but not limited to, Arcadia Police Officers' Association; California Association of School Police Chiefs; California Coalition of School Safety Professionals; California Narcotic Officers' Association; California Police Chiefs Association **OPPOSE**: including, but not limited to, ACLU California Action; California Attorneys for Criminal Justice; California Public Defenders Association; Central California Alliance for Health Center for Empowering Refugees and Immigrants; Communities United for Restorative Youth Justice; Courage Campaign; Drug Policy Alliance	Council Member / Committee Request	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 320	Limón	Firearms: California Do Not Sell List.	04/09/2025 Amended	05/23/2025 - Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/5/2025)(May be acted upon Jan 2026)	Yes	**SUPPORT**: including, but not limited to, American Foundation for Suicide Prevention; Santa Barbara Sheriff Bill Brown; California State Sheriffs' Association; California Psychiatric Association; Commission for Behavioral Health; Rob Bonta, Attorney General, State of California; San Diegans for Gun Violence Prevention **OPPOSE**: California Rifle and Pistol Association; Gun Owners of California	Council Member / Committee Request	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 483	Stern	Mental health diversion.	07/09/2025 Amended	08/28/2025 Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/20/2025)(May be acted upon Jan 2026)	Yes	**SUPPORT**: including, but not limited to, Alameda County Families Advocating for the Seriously Mentally Ill; Arcadia Police Officers' Association; Brea Police Association; Burbank Police Department; California Behavioral Health Association; California District Attorneys Association; California Narcotic Officers' Association; California Peer Watch; California Public Defenders Association; Family Advocates for Individuals with Serious Mental Illness in the Sacramento Region **OPPOSE**: None identified at this time.	Council Member / Committee Request	Support	To Be Decided

California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

Legislative and Public Policy Committee Meeting
January 2026 Pending Legislations Bill Summaries

1 - Policy Priorities for 2025

AB 3 **(Dixon, R) Alcohol and drug treatment facilities: local regulation.**

Current Text: 03/20/2025 - Amended

Summary: 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 425 **(Davies, R) Certification of alcohol or other drug programs.**

Current Text: 04/24/2025 - Amended

Summary: Current law grants the sole authority in state government to the State Department of Health Care Services to certify alcohol or other drug programs and to license adult alcohol or other drug recovery or treatment facilities. Current law requires the department to adopt the American Society of Addiction Medicine (ASAM) treatment criteria, or an equivalent evidence-based standard, as the minimum standard of care for licensed facilities and requires a licensee to maintain those standards with respect to the level of care to be provided by the licensee. This bill would similarly require the department to adopt the ASAM treatment criteria, or an equivalent evidence-based standard, as the minimum standard of care for alcohol or other drug programs certified by the department. The bill would also require certified programs to maintain those standards with respect to the level of care to be provided by the certified program. (Based on 04/24/2025 text)

AB 1267 **(Pellerin, D) Consolidated license and certification.**

Current Text: 04/24/2025 - Amended

Summary: Current law requires the State Department of Health Care Services to license and regulate adult alcohol or other drug recovery or treatment facilities that provide residential nonmedical services, as specified, and further requires the department to certify and regulate alcohol and other drug programs, as specified. Current law requires the department to charge various fees for a license or certification. This bill would, beginning January 1, 2027, require the department to offer a consolidated license and certification that allows the holder to operate more than one facility that requires a license, a program that requires a certification, or a combination thereof, that the holder operates within the same geographic location. This bill would define “same geographic location” as the

physical location where clients are generally co-located, intermingle, reside, or receive services in one building or multiple buildings within 1,000 feet of each other in areas not zoned exclusively for residential use under local zoning ordinances. (Based on 04/24/2025 text)

AB 1432 **(Hoover, R) Homelessness Accountability, Recovery, and Treatment Act.**
Current Text: 03/28/2025 - Amended
Summary: Current law establishes the core components of Housing First to include, among other things, tenant screening and selection practices that promote accepting applicants regardless of their sobriety or use of substances, completion of treatment, or participation in services. This bill, the Homelessness Accountability, Recovery, and Treatment Act, would authorize a state agency to use up to 40 percent of existing noncontinuously appropriated funds allocated to a homelessness program on recovery housing that does not meet the core components of Housing First. (Based on 03/28/2025 text)

2 - Policy Platform

AB 20 **(DeMaio, R) Homelessness: People First Housing Act of 2025.**
Current Text: 03/24/2025 - Amended
Summary: Would prohibit a homeless encampment from operating within 500 feet of a sensitive community area, including, but not limited to, a school, open space, or transit stop. The bill would prohibit a person from camping, as defined, in any public space, including a sidewalk, if a homeless shelter bed is available in the city where the public space is located. (Based on 03/24/2025 text)

AB 37 **(Elhawary, D) Workforce development: mental health service providers: homelessness.**
Current Text: 03/13/2025 - Amended
Summary: Current law establishes the California Workforce Development Board as the body responsible for assisting the Governor in the development, oversight, and continuous improvement of California's workforce investment system and the alignment of the education and workforce investment systems to the needs of the 21st century economy and workforce. Current law requires the board to assist the Governor in certain activities, including the review and technical assistance of statewide policies, programs, and recommendations to support workforce development systems in the state, as specified. This bill would require the board to study how to expand the workforce of mental health service providers who provide services to homeless persons. (Based on 03/13/2025 text)

AB 96 **(Jackson, D) Community health workers.**
Current Text: 02/11/2025 - Amended

Summary: The Department of Health Care Access and Information required, on or before July 1, 2023, to develop and approve statewide requirements for community health worker certificate programs. Current law requires the department, as part of developing those requirements, to, among other things, determine the necessary curriculum to meet certificate program objectives. Current law defines “community health worker” for these purposes. Current law specifies that “community health worker” include Promotores, Promotores de Salud, Community Health Representatives, navigators, and other nonlicensed health workers with the qualifications developed by the department. This bill would also specify for these purposes that a “community health worker” includes a peer support specialist and would deem a certified peer support specialist to have satisfied all education and training requirements developed by the department for certification as a community health worker. (Based on 02/11/2025 text)

AB 278 **(Ransom, D) Health care affordability.**

Current Text: 01/21/2025 - Introduced

Summary: Current law establishes the Health Care Affordability Board to establish, among other things, a statewide health care cost target and the standards necessary to meet exemptions from health care cost targets or submitting data to the Office of Health Care Affordability. Current law authorizes the office to establish advisory or technical committees, as necessary, in order to support the board’s decisionmaking. This bill would require the board, on or before June 1, 2026, to establish a Patient Advocate Advisory Standing Committee, as specified, that is required to publicly meet, and receive public comments, at least 4 times annually. The bill would require the committee to include specified data from the meetings to the board as part of its annual report. (Based on 01/21/2025 text)

AB 396 **(Tangipa, R) Needle and syringe exchange services.**

Current Text: 02/03/2025 - Introduced

Summary: Current law authorizes the State Department of Public Health to authorize certain entities to apply to the department to provide hypodermic needle and syringe exchange services in any location where the department determines that the conditions exist for the rapid spread of HIV, viral hepatitis, or any other potentially deadly or disabling infections that are spread through the sharing of used hypodermic needles and syringes. Current law authorizes a clean needle and syringe exchange program in cities and counties upon action by the local government, and in consultation with the department. The Medical Waste Management Act regulates the disposal of medical waste, including sharps waste, by requiring medical waste to be disposed of in a specified manner. Under current law, transportation, storage, treatment, or disposal of medical waste in a manner not authorized by the act is a crime. This bill would require an entity that provides needle and syringe exchange services to ensure that each needle or syringe dispensed by the entity is appropriately discarded and destroyed. The bill would require those entities to ensure that each needle or syringe dispensed by the entity includes a unique serial number, as specified. The bill would require an entity to keep records of the serial number of every

needle and syringe dispensed by the entity, surrendered to the entity, and destroyed and disposed of by the entity. (Based on 02/03/2025 text)

AB 1105 **(Quirk-Silva, D) Conservatorships.**
Current Text: 07/03/2025 - Amended
Summary: The Guardianship-Conservatorship Law generally establishes the standards and procedures for the appointment and termination of an appointment for a guardian or conservator of a person, an estate, or both. Current law authorizes a conservator to authorize the placement of a conservatee in a secured perimeter residential care facility for the elderly upon a court making specific findings. This bill would also authorize a conservator to authorize the placement of a conservatee in a residential facility, an intermediate care facility, or a skilled nursing facility, as defined, that has a secured perimeter, a delayed egress device, or both a secured perimeter and a delayed egress device, as specified. The bill would require court approval for a subsequent placement of a conservatee in a different facility if specific regulations have not been promulgated for the type of facility to which the conservator is seeking to move the conservatee. (Based on 07/03/2025 text)

SB 367 **(Allen, D) Mental health.**
Current Text: 05/01/2025 - Amended
Summary: The Lanterman-Petris-Short (LPS) 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 themselves or others, or is gravely disabled, the person may, upon probable cause, be taken into custody by specified individuals, including, among others, a peace officer and a designated member of a mobile crisis team, and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. Current law defines “assessment” for those purposes to mean the determination of whether a person shall be evaluated and treated. This bill would require an assessment to consider reasonably available, relevant information as specified. The bill would also authorize an assessment to be used to assist specified individuals in developing an aftercare plan for an individual, if that individual has agreed to an aftercare plan and can be properly served without being detained. (Based on 05/01/2025 text)

SB 548 **(Reyes, D) California Overdose Death and Addiction Reduction Act of 2025.**
Current Text: 05/05/2025 - Amended
Summary: Under current law, the Legislature finds that state government has an affirmative role in alleviating problems related to the inappropriate use of alcoholic beverages and other drug use and that its major objective is protection of the public health and safety, particularly where problems related to inappropriate alcohol use and other drug use are likely to cause harm to individuals, families, and the community. The California Health and Human Services Agency convened the Behavioral Health Task Force to inform

its work on behavioral health issues across the state. This bill, the California Overdose Death and Addiction Reduction Act of 2025, would require the California Health and Human Services Agency, on or before January 1, 2028, to direct the task force, or a successor group, to create a set of recommendations to support an implementation plan for reducing alcohol- and drug-related addiction deaths by 50% on or before 5 years from the date the task force provides the recommendations to the agency, but no later than January 1, 2033. (Based on 05/05/2025 text)

3 – Council Member/Staff/Committee Request

AB 46 **(Nguyen, D) Diversion.**
Current Text: 07/10/2025 - Amended
Summary: Current law authorizes a court to grant pretrial diversion to a defendant suffering from a mental disorder, on an accusatory pleading alleging the commission of a misdemeanor or felony offense, in order to allow the defendant to undergo mental health treatment. Current law provides that a defendant is eligible for diversion if they have been diagnosed with certain mental disorders and the court finds that the mental disorder was a significant factor in the commission of the charged offense, unless there is clear and convincing evidence that the disorder was not a motivating, causal, or contributing factor to the defendant's involvement in the alleged offense. Current law prohibits defendants charged with specified offenses, including murder, from being placed in this diversion program. This bill would, if the defendant has been diagnosed with a mental disorder within 5 years of the current offense, as specified, require the court to find that the defendant's mental disorder was a significant factor in the commission of the offense, unless there is a preponderance of evidence that it was not a motivating, causal, or contributing factor to the defendant's involvement in the alleged offense. (Based on 07/10/2025 text)

SB 320 **(Limón, D) Firearms: California Do Not Sell List.**
Current Text: 04/09/2025 - Amended
Summary: Current law makes possession of a firearm by certain classes of persons, including a convicted felon, a person convicted of specified misdemeanors, a person that has been found mentally incompetent to stand trial, a person that has been found not guilty of specified crimes by reason of insanity, or a person that has been placed under conservatorship, a crime. Current law additionally makes it a crime to sell or give possession of a firearm to these classes of persons prohibited from owning a firearm. Current law generally makes a violation of the Penal Code a misdemeanor. Current law requires the Department of Justice, upon submission of firearm purchaser information by a licensed firearm dealer, to examine its records to determine whether a potential firearm purchaser is prohibited by state or federal law from possessing, receiving, owning, or purchasing a firearm. This bill would, by November 1, 2027, require the Department of Justice to develop a process to allow a person who resides in California to voluntarily add their own name to, and subsequently remove their own name from, the California Do Not Sell List, with the purpose of preventing a person who has voluntarily registered on the list

from passing a firearms eligibility check to purchase or acquire a firearm from a firearms dealer or through a private-party transaction while they are on the list. The bill would allow a person to add their name to the list by submitting specified information to a sheriff or municipal police department, and would require that sheriff or municipal police department to verify the information and send it to the Department of Justice. (Based on 04/09/2025 text)

SB 483 **(Stern, D) Mental health diversion.**

Current Text: 07/09/2025 - Amended

Summary: Current law authorizes the court to grant pretrial diversion to a defendant diagnosed with a mental disorder if the defendant satisfies certain eligibility requirements and if the court determines that the defendant is suitable for diversion. Current law defines "pretrial diversion" as the postponement of prosecution to allow the defendant to undergo mental health treatment, subject to certain requirements, such as the court is satisfied that the recommended program will meet the specialized needs of the defendant, among others. Current law provides that a defendant is suitable for pretrial diversion if certain criteria are met, including that the defendant agrees to comply with the treatment as a condition of diversion and they will not pose an unreasonable risk of danger to public safety, among others. Current law defines "unreasonable risk of danger to public safety" as an unreasonable risk that the defendant will commit a new violent felony, as specified. This bill would additionally require that the defendant agree that the recommended treatment plan will meet their specialized needs and would redefine "pretrial diversion" to require that the court is also satisfied that the recommended program is consistent with the underlying purpose of mental health diversion, as described. (Based on 07/09/2025 text)

TAB 7

California Behavioral Health Planning Council
Legislation and Public Policy Committee
Wednesday, January 21, 2026

Agenda Item: Proposition 36: Preliminary Court Data and Implementation Updates

Enclosures: Preliminary Proposition 36 Court Data Statistics Report

How This Agenda Item Relates to Council Mission

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

One of the Council's 2025 policy priorities is to monitor the implementation and implications Proposition 36 may have on California's behavioral health and criminal justice systems. This presentation will inform Council members of implementation progress and provide a framework to guide discussion on potential advocacy the Council may need to consider.

Background/Description:

Proposition 36, also known as the Homelessness, Drug Addiction, and Theft Reduction Act, was passed by California voters in November 2024 and went into effect on December 18, 2024. The initiative introduced significant changes to how certain drug and theft-related crimes are prosecuted and how treatment is integrated into these sentencings. One of the key provisions is the "Treatment-Mandated Felony Act" which allows individuals facing drug possession charges who have two or more prior possession convictions to participate in treatment in lieu of incarceration.

The Budget Act of 2025 allocated $20 million to the Judicial Council of California (Judicial Council) and the trial courts to support the increased workload and expansion or establishment of collaborative courts for the implementation of Proposition 36. On October 1, 2025, the Judicial Council released the *Preliminary Proposition 36 Court Data Report* outlining statistics for each county between December 18, 2024, through June 30, 2025.

During this agenda item, Francine Byrne, Director of Criminal Justice Services at the Judicial Council of California, will present the key findings from the *Preliminary Proposition 36 Court Data Report* and share insights into the challenges and successes identified so far.

In addition, Council Member Ian Kemmer, Behavioral Health Director at the Orange County Health Care Agency, will provide an overview of Orange County's efforts under the initiative, including treatment access and behavioral health supports for participating individuals.

Following the presentations, committee members will have the opportunity to ask questions and discuss key issues related to Proposition 36 Implementation.

Biography:

Francine Byrne is the Director of the Criminal Justice Services (CJS) office at the Judicial Council of California. In this role she leads a team of attorneys, researchers, and analysts who conduct a variety of activities to support the courts and justice system partners to implement criminal justice-related legislation, including Proposition 36. Her office portfolio includes collaborative courts, pretrial detention reform, the ability-to-pay project, and issues at the intersection of criminal justice and behavioral health.

She has been conducting criminal justice research for over 20 years. Prior to joining the Judicial Council, she was an analyst at the Center for Health Care Innovation and at the City of Boston's Homeless Services. She represents California on the Council of State Treatment Court Coordinators and is a member of the Public Policy Institute of California's Criminal Justice Steering Committee.

TAB 8

California Behavioral Health Planning Council
Legislation and Public Policy Committee

Wednesday, January 21, 2026

Agenda Item: House of Representatives (H.R.) 1 Bill: Advocacy and Policy Recommendations

Enclosures: Legal Action Center H.R. 1 Presentation

How This Agenda Item Relates to Council Mission

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

This presentation is intended to provide the committee with additional information about the House of Representatives (H.R.) 1 Bill and advocacy strategies to support individuals with behavioral health conditions. It will also help guide further discussion on advancing efforts to promote a system of services that are accountable, accessible, and responsive for individuals with serious mental illness and substance use disorders.

Background/Description:

The House of Representatives (H.R.) 1 Bill or the One Big Beautiful Bill Act, was signed into law on July 4, 2025. Among its provisions are federal funding cuts to Medicaid and the introduction of new work requirements for certain Medicaid recipients. These provisions have raised significant concerns about access to healthcare, particularly for individuals with behavioral health conditions.

Legal Action Center (LAC) was established in 1973 with the mission to end punitive responses to health conditions like addiction, mental illness, Human Immunodeficiency Virus, and Acquired Immunodeficiency Syndrome, and to create equitable access to affordable, quality treatment. LAC utilizes a multipronged approach which includes direct legal services, impact litigation, policy advocacy, education and training, and coalition-building.

During this agenda item, Deborah Steinberg, Senior Health Policy Attorney at the Legal Action Center (LAC), will present on advocacy efforts of the LAC and provide recommendations to support individuals with behavioral health conditions through the implementation of H.R.1. Following the presentation, committee members will have the opportunity to engage in a question-and-answer discussion with the presenter.

Biography:

Deborah Steinberg, J.D., is a Senior Health Policy Attorney at the Legal Action Center (LAC), where she advocates for state and federal policies to improve access to substance use disorder and mental health care. She leads LAC's Parity for All campaign to reduce discriminatory barriers to behavioral health treatment in commercial insurance and Medicaid, as well as the Medicare Addiction Parity Project to strengthen substance use disorder treatment coverage for older adults and people with disabilities. Prior to LAC, Deb worked at the Massachusetts Health Policy Commission and Health Law Advocates, and she has volunteered with multiple organizations working on suicide prevention throughout her life. She is currently a Bloomberg Fellow in addiction and overdose at Johns Hopkins Bloomberg School of Public Health.

H.R. 1 (OBBBA) and Protecting People with Mental Health Conditions and Substance Use Disorders

California Behavioral Health Planning Council

Deb Steinberg (she/her), Senior Health Policy Attorney

dsteinberg@lac.org

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The Legal Action Center uses legal and policy strategies to fight discrimination, build health equity, and restore opportunity for people with conviction records, substance use disorders, and HIV and AIDS.

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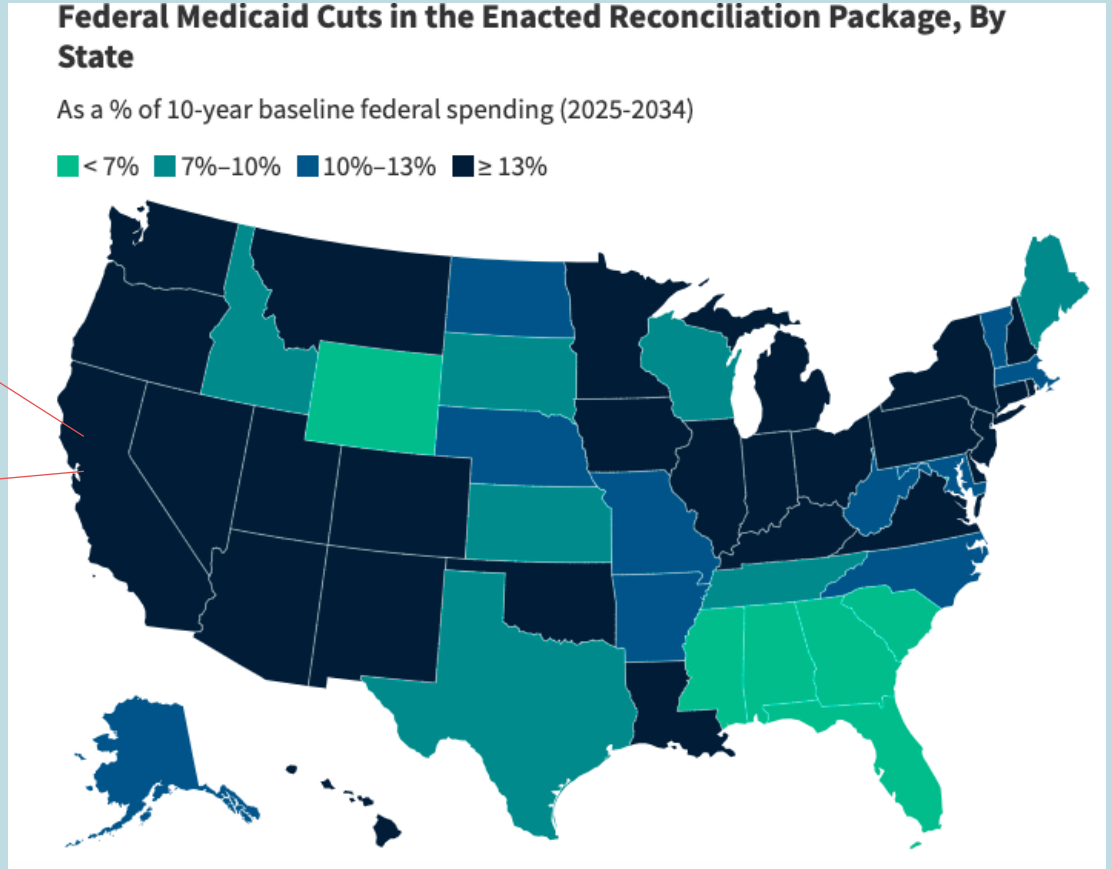
Important Medicaid Provisions

Provision	Effective Date
Limit certain immigrant eligibility for Medicaid & CHIP • Also Marketplace subsidies and Medicare	October 1, 2026 January 2027*
Limit retroactive coverage • Traditional: 2 months; Expansion: 1 month	January 1, 2027
Expansion: Redeterminations 2x/year	January 1, 2027
Expansion: “Community engagement” • 80 hrs/month work, education, training, community service (19-64) • Some “exemptions” (SUD, disabling MH, physical or I/DD…)	January 1, 2027* (2yr delay option) IFR by June 1, 2026
Expansion: Cost-sharing • More than $0 but no more than $35 • Some exclusions (SUD, MH, primary care, CCBHC, FQHC, RHC)	October 1, 2028
Provider taxes – threshold % reductions (expansion states)	FY28 – FY32

Projected Budget Impact for California

California

% of 10-Year Federal Spending Baseline: **17%**
10-Year Decrease in Federal Spending: **$150B**
Low-End Decrease: **$112B**
High-End Decrease: **$187B**



https://www.kff.org/medicaid/allocating-cbos-estimates-of-federal-medicaid-spending-reductions-across-the-states-enacted-reconciliation-package/

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Potential Secondary State-Level Effects

Medicaid is the largest source of federal funding for states, so they could take a range of actions to respond to the significant cuts

- Restrict eligibility/coverage for optional populations
- Restrict or remove optional benefits
  - MOUD is a mandatory benefit, but states are not required to cover most other SUD & MH benefits - i.e. clinic services, counselors, peer recovery, case management, IOP/PHP…etc.
- Reduce reimbursement rates or impose or increase other barriers to care
  - Utilization management, narrow networks…etc.
- Other changes to the state budget outside of Medicaid…
  - For example, NY already submitted a request to terminate its 1332 waiver

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Overview of the Work Reporting Requirements

- Goes into effect on Jan. 1, 2027
  - States can elect sooner, including states with pending 1115 waivers
  - States can also request good faith delays, for up to 2 years
- Medicaid expansion population ages 19-64
- 80 hrs/month of work, education, training, and/or community service
- Verify compliance prior to enrollment (1-3 month lookback) and [at least] every 6 months as part of application/renewal
- Coverage loss due to non-compliance bars individuals from Marketplace subsidies
- Certain populations are “exempt” but may need to prove it

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Some of the Exemptions…

- "Medically frail or otherwise has special medical needs"…including an individual:
  - who is blind or disabled (using the SSI definition)
  - **with a substance use disorder**
  - **with a disabling mental disorder**
  - with a physical, intellectual or developmental disability that significantly impairs their ability to perform 1 or more activities of daily living
  - with a serious or complex medical condition
- An individual who is participating in a drug or alcohol addiction treatment and rehabilitation program (as defined by the SNAP statute)
- Incarcerated, or formerly incarcerated within the previous 3 months
- Others…

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Projected Impact of Work Requirements in CA

People at Risk of Having Medicaid Coverage Taken Away by Work Requirement in Republican Reconciliation Law, 2034 (thousands of people)

	At risk of losing coverage		Coverage loss	Share of expansion* enrollees who...	
	Under greater data matching	Under limited data matching	Under AR-like rates	Lose coverage under AR-like rates	Didn't work in the last year and don't qualify for an exemption
Total	**9,871**	**14,921**	**7,107**	**39%**	**13%**
Alaska	40	47	28	53%	13%
Arizona	269	383	194	43%	14%
Arkansas	137	188	99	37%	13%
California	2,329	3,545	1,677	43%	15%

https://www.cbpp.org/research/health/medicaid-work-requirements-will-take-away-coverage-from-millions-state-and#people-at-risk-of-having-cbpp-anchor

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Our Work Moving Forward: Mitigating Harm

Prevent as many individuals as possible from losing Medicaid coverage under the new federal work requirements, especially those with SUD/MH and justice involvement

1. **Maximize exemptions** – adopt broad definitions; apply the longest-term exemption
2. **Minimize burdens** – framework for best ways to demonstrate compliance while prioritizing privacy and dignity, and minimizing costs to the state
3. **Advance inclusive policies** to help more people access care and coverage

Many of these individuals can and do work or participate in other community engagement activities. But the reporting requirements set people up to fail, as we've learned from state experiments, so we need to maximize the ways to comply.

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One Pagers with Key Recommendations

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Mitigating the Harm of H.R. 1: Maximizing the Exemptions from Medicaid Work Requirements

Federal regulations, state implementation actions, and guidance regarding exemptions from the Medicaid work requirements should be as expansive as possible to meet the needs of those who are entitled to coverage. States should also identify and develop policies to help individuals qualify for the most protective exemptions to avoid future coverage loss.

Individuals With Substance Use Disorders ("Medically Frail") Exemption

- Policymakers should – in law, regulation, or guidance – define an individual with a substance use disorder for this purpose as: "an individual who had, has, or would be classified as having any substance use-related condition under the most recent edition of the DSM or ICD."
- To ensure as many people have access to treatment as soon as possible if and when they decide they need it, policymakers should ensure that as many of the serious or complex medical conditions that are often related to or exacerbated by drug use (such as HIV/AIDS and other sexually transmitted infections) are explicitly captured in the "medically frail" exemption.

Individuals Participating in a Substance Use Disorder Treatment and Rehabilitation Program Exemption

- To avoid exemption loss upon program completion, policymakers should automatically classify people who are participating in substance use disorder treatment under the "medically frail" exemption for having a substance use disorder.
- Policymakers should not impose any limitations on the time or intensity of treatment for the participating in substance use disorder treatment exemption.

Individuals Currently Incarcerated or Who Had Been Within the Prior Three Months Exemptions

- If applicable, policymakers should automatically classify individuals being released from jail or prison under a longer-term exemption (e.g. "medically frail") than the formerly incarcerated option, which only lasts for three months.

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Mitigating the Harm of H.R. 1: Minimizing the Burdens for Demonstrating Exemptions from the Medicaid Work Requirements

Policymakers should utilize a reporting framework in which they prioritize the least burdensome options for determining eligibility and compliance – and for verifying exemptions if states choose to do so.

Minimizing Burdens Framework

Least Burdensome
- Fewest additional steps
- Fewest parties involved
- Fewest pieces of paper

Most Burdensome

- States should partner with community-based organizations and people with lived experience to identify appropriate sources of data matching while preserving privacy.
- States should elect not to require individuals to submit any documentation or proof to verify that they meet an exemption.
- States should enable simple self-attestations to identify exemption(s), fully integrated into the application, and self-attestations should require the least amount of self-disclosed personal health information necessary.
- If verification is needed, simple, standardized affidavits should be developed by the state, made broadly accessible, and accepted as sufficient proof on their own.
- All such affidavits should be available electronically (for signing and submission) and through all other formats required for outreach, and integrated into the application where possible.
- States should not require compliance more frequently than at the redetermination, and individuals should only need to certify that they have no changes to their exemption at that time.
- States should automate transitions between exemptions when relevant.

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Mitigating the Harm of H.R. 1: Advancing Policies to Increase Access to Health Care and Coverage

Not only are millions of eligible individuals projected to lose Medicaid due to the administrative burdens and other barriers associated with work requirements, but there are many millions more projected to lose coverage as a result of other provisions in H.R. 1. There are many policies and practices that can be enacted that would both help more people who fit into work requirement exemption categories maintain coverage as well as strengthen coverage and care access more broadly.

1. States should **proactively screen Medicaid expansion enrollees for exemptions, other Medicaid eligibility pathways, and other coverage and benefits.** To that end, they should increase funding for health insurance navigators and assisters, including consumer assistance programs and reentry organizations, who can contribute to such efforts.
2. States should expand **universal screening for substance use disorders (and other chronic health conditions that meet the definition for the "medically frail" exemption) at key intercept points,** including hospitals and emergency departments, schools, and throughout the criminal legal system.

3. States should **ensure sustainable funding for community-based substance use and mental health treatment providers and support services**.
4. Policymakers should **strengthen and enforce anti-discrimination protections** by improving oversight and enforcement of the Mental Health Parity and Addiction Equality Act and by prohibiting artificial intelligence from making any coverage and care denials.
5. States should **improve employment and training programs** that serve Medicaid and SNAP enrollees.

Because enrollees with substance use disorders and/or conviction histories face often overlooked barriers to employment, implementing such policies is crucial to ensuring these individuals can connect to stable, living-wage employment.

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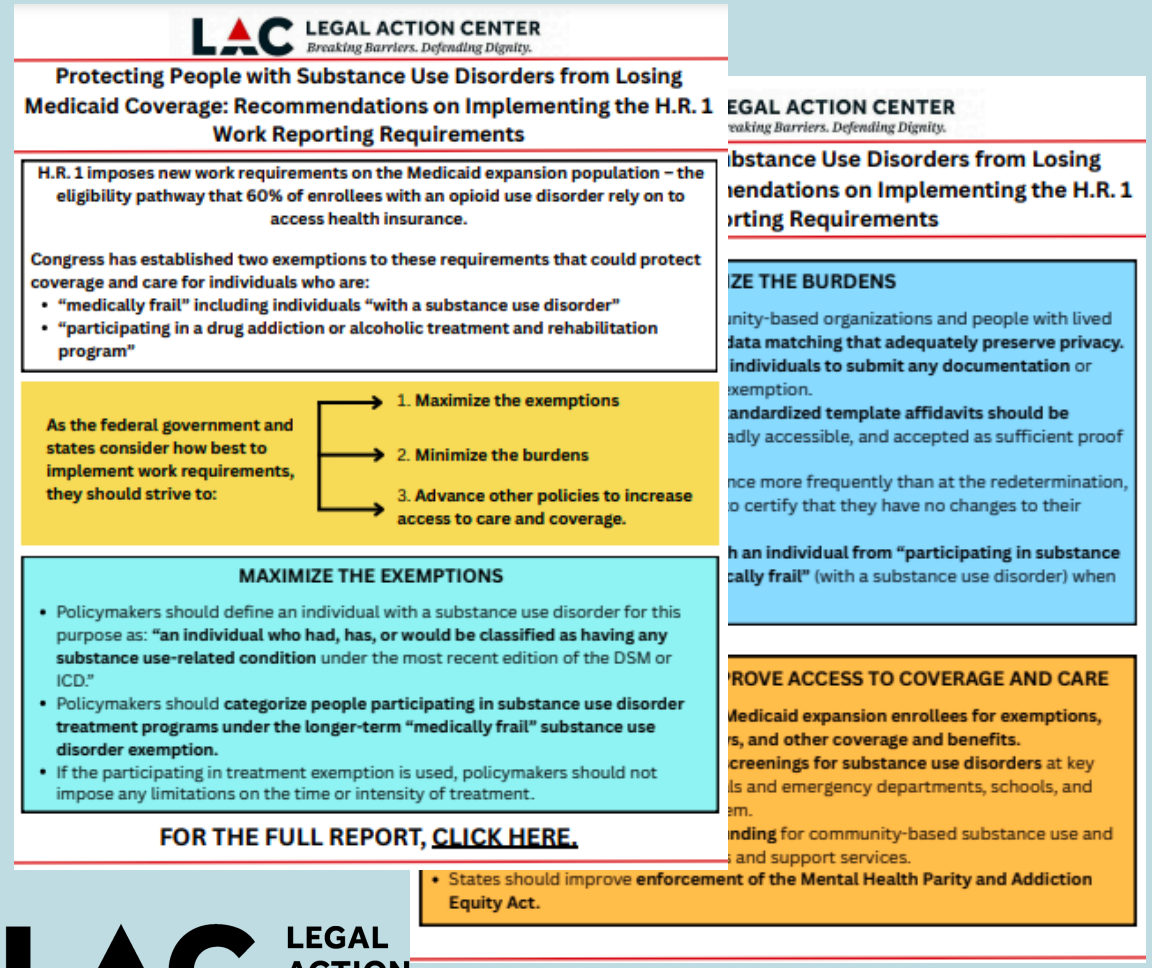
SUD & MH Recommendations



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Protecting People with Substance Use Disorders from Losing Medicaid Coverage: Recommendations on Implementing the H.R. 1 Work Reporting Requirements

H.R. 1 imposes new work requirements on the Medicaid expansion population – the eligibility pathway that 60% of enrollees with an opioid use disorder rely on to access health insurance.

Congress has established two exemptions to these requirements that could protect coverage and care for individuals who are:

- **"medically frail" including individuals "with a substance use disorder"**
- **"participating in a drug addiction or alcoholic treatment and rehabilitation program"**

As the federal government and states consider how best to implement work requirements, they should strive to:

1. **Maximize the exemptions**
2. **Minimize the burdens**
3. **Advance other policies to increase access to care and coverage.**

MAXIMIZE THE EXEMPTIONS

- Policymakers should define an individual with a substance use disorder for this purpose as: **"an individual who had, has, or would be classified as having any substance use-related condition** under the most recent edition of the DSM or ICD."
- Policymakers should **categorize people participating in substance use disorder treatment programs under the longer-term "medically frail" substance use disorder exemption.**
- If the participating in treatment exemption is used, policymakers should not impose any limitations on the time or intensity of treatment.

FOR THE FULL REPORT, CLICK HERE.

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bstance Use Disorders from Losing
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ROVE ACCESS TO COVERAGE AND CARE

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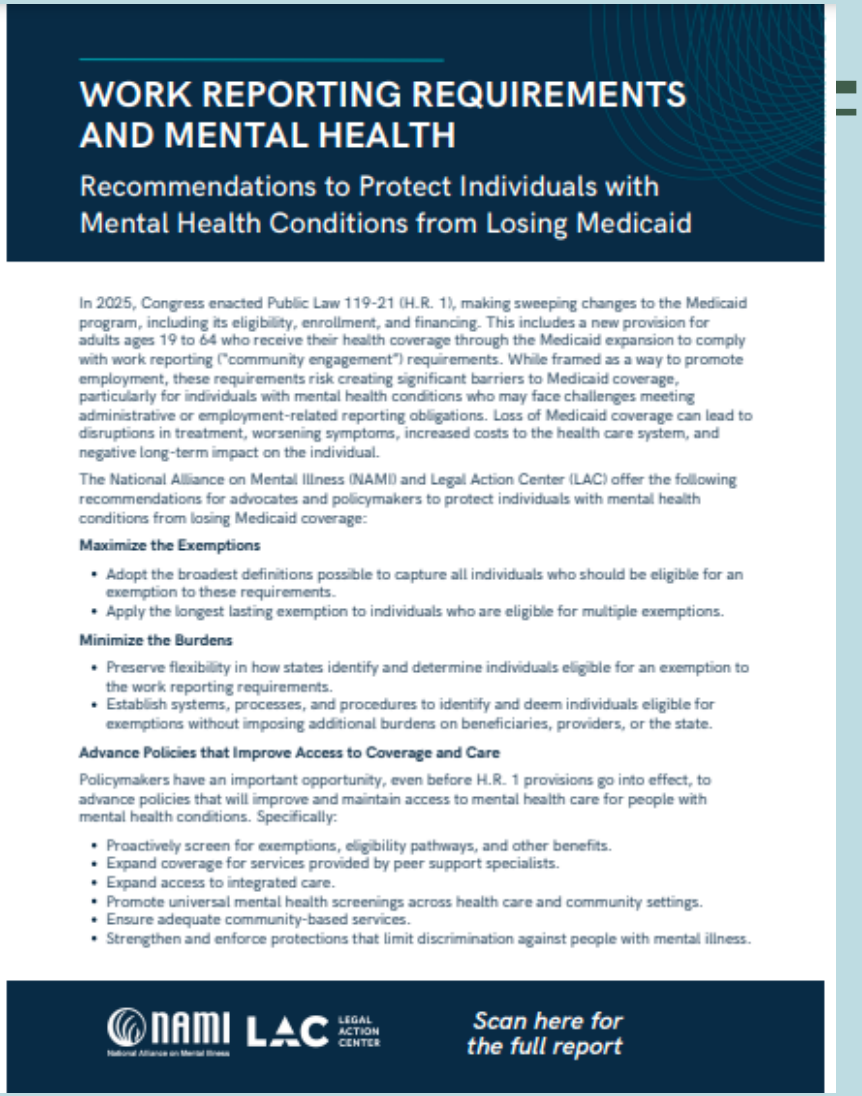
and support services.

- States should improve **enforcement of the Mental Health Parity and Addiction Equity Act.**



WORK REPORTING REQUIREMENTS AND MENTAL HEALTH

Recommendations to Protect Individuals with Mental Health Conditions from Losing Medicaid

In 2025, Congress enacted Public Law 119-21 (H.R. 1), making sweeping changes to the Medicaid program, including its eligibility, enrollment, and financing. This includes a new provision for adults ages 19 to 64 who receive their health coverage through the Medicaid expansion to comply with work reporting ("community engagement") requirements. While framed as a way to promote employment, these requirements risk creating significant barriers to Medicaid coverage, particularly for individuals with mental health conditions who may face challenges meeting administrative or employment-related reporting obligations. Loss of Medicaid coverage can lead to disruptions in treatment, worsening symptoms, increased costs to the health care system, and negative long-term impact on the individual.

The National Alliance on Mental Illness (NAMI) and Legal Action Center (LAC) offer the following recommendations for advocates and policymakers to protect individuals with mental health conditions from losing Medicaid coverage:

Maximize the Exemptions

- Adopt the broadest definitions possible to capture all individuals who should be eligible for an exemption to these requirements.
- Apply the longest lasting exemption to individuals who are eligible for multiple exemptions.

Minimize the Burdens

- Preserve flexibility in how states identify and determine individuals eligible for an exemption to the work reporting requirements.
- Establish systems, processes, and procedures to identify and deem individuals eligible for exemptions without imposing additional burdens on beneficiaries, providers, or the state.

Advance Policies that Improve Access to Coverage and Care

Policymakers have an important opportunity, even before H.R. 1 provisions go into effect, to advance policies that will improve and maintain access to mental health care for people with mental health conditions. Specifically:

- Proactively screen for exemptions, eligibility pathways, and other benefits.
- Expand coverage for services provided by peer support specialists.
- Expand access to integrated care.
- Promote universal mental health screenings across health care and community settings.
- Ensure adequate community-based services.
- Strengthen and enforce protections that limit discrimination against people with mental illness.

NAMI LAC LEGAL ACTION CENTER

Scan here for the full report

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Resources

- LAC's main resource page with all reports and one-pagers: https://www.lac.org/resource/protecting-people-with-suds-and-formerly-incarcerated-individuals-from-losing-medicaid-coverage-recs-on-implementing-hr1-work-reporting-requirements
  - SUD & Reentry Report: https://www.lac.org/assets/files/Protecting-People-with-SUDs-and-Formerly-Incarcerated-Individuals-from-Losing-Medicaid-Coverage.pdf
  - MH Report: https://www.nami.org/wp-content/uploads/2025/11/2025-Work-Reporting-Requirements-and-Mental-Health.pdf
- LAC's additional resources on H.R.1 impacts: https://www.lac.org/resource/the-impacts-of-hr-1-on-medicaid-snap
- LAC's Faces of Medicaid: https://www.lac.org/major-project/faces-of-medicaid
- KFF: Tracking Implementation of the 2025 Reconciliation Law: Medicaid Work Requirements: https://www.kff.org/medicaid/medicaid-work-requirements-tracker-overview/

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