

# California Behavioral Health Planning Council

## Legislation and Public Policy Committee Quarterly Meeting

January 21, 2026  
Meeting Minutes

### Members Present:

Barbara Mitchell, Chairperson

Javier Moreno, Chair-Elect

Karen Baylor

Noel O'Neill

Monica Caffey

Liz Oseguera

Erin Franco

Daphne Shaw

Ian Kemmer

Susan Wilson

Catherine Moore

Milan Zavala

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

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

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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 12 of 20 members present.

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

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The committee discussed nominations for the Chair-Elect.

**Motion:** Daphne Shaw made a motion to nominate Deborah Starkey as the Chair-Elect for the committee. Susan Wilson seconded the motion.

**Vote:** A roll call vote was taken. The motion passed with 11 members voting "Yes". 1 member in attendance was not present during the roll call vote.

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### Agenda Item: Change of Officers

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Chair-Elect Javier Moreno transitioned to the Chairperson of the committee. Deborah Starkey's nomination for Chair-Elect of the committee will be submitted to the Officer Team for approval.

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

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The meeting minutes for the October 2025 Quarterly Meeting were accepted with no revisions.

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

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Council Staff, Maydy Lo also provided a brief overview of the Council’s advocacy efforts in 2025. During the first year of the 2025-2026 legislative session, the Legislation and Public Policy Committee (LPPC) took positions on 21 pieces of legislation, outlined in our 2025 Year-End Legislative Report.

The inclusion of individuals with substance use disorders under the Behavioral Health Services Act (2024) marked a transformation in California’s public behavioral health system and reinforced the committee’s ongoing commitment to advancing the state’s integrated care framework for substance use disorder, strengthening advocacy for prevention, overdose reduction, and expanded access to a full continuum of care.

In alignment with these priorities, the committee supported Assembly Bill (AB) 669 (Haney) which intended to ensure 28 days of uninterrupted medically necessary substance use treatment. They also supported Assembly Bill (AB) 1037 (Elhawary) which expands Good Samaritan protections by allowing individuals who can assist someone experiencing an overdose to administer life-saving medication, regardless of training status. AB 1037 was chaptered, and AB 669 became a two-year bill.

The committee opposed several bills that wanted to expand populations eligible for court-facilitated behavioral health interventions for individuals with behavioral health conditions. These bills included Senate Bill (SB) 331 (Menjivar) which intended to define “mental health disorder” under the Lanterman-Petris-Short (LPS) Act as a condition outlined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders. They also opposed Senate Bill (SB) 27 (Umberg), which expands the population eligible for the Community Assistance, Recovery, and Empowerment (CARE) Act to include individuals with Bipolar I Disorder with psychotic features. The Council submitted a letter, and Council staff attended the Assembly Committee on Health’s second hearing on the bill to state the Council’s position. Despite opposition from the Council and various groups and organizations, including peer-run organizations such as Mental Health America of California and California Association of Mental Health Peer Run Organizations, Senate Bill 27 was chaptered.

Following the overview, the committee discussed observed trends in recent behavioral health legislation. Council Member Ian Kemmer emphasized the growing number of proposals to increase regulation and oversight of substance use disorder treatment

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providers. He noted that many of these proposals do not include funding. He also noted a rising push for greater court involvement in efforts to address and engage with behavioral health needs and challenges.

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### **Agenda Item:       Committee Annual Policy Priorities**

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Chairperson Javier Moreno briefly outlined the Council's Focus Areas for 2026, as approved by the Executive Committee, which will guide the work of all committees. These priorities include four major areas:

- Statewide Behavioral Health Integration (including all populations: children, adults, and older adults)
- Advocacy for Persons with Lived Experience and Stakeholder Engagement
- Patients' Rights
- Justice-Involved Populations in the Behavioral Health System

With consideration of these Council focus areas and the committee's previously identified policy priorities, committee members recommended establishing two to five priority areas and provided additional recommendations:

- Oppose cuts to the Medi-Cal Mobile Crisis Benefits.
- Advocate for appropriate involvement of court systems in behavioral health strategies.

The committee also shared recommendations for future activities and procedural improvements, including:

- Review and evaluate current policies to identify areas for improvement, suggest revisions, and assess the use of funding.
- Invite legislators to present their bills to the committee during the January meetings.
- When opposing bills, the committee should also identify and recommend alternatives.
- Monitor and track the implementation of chaptered legislation, particularly bills on which the Council previously took a position.
- Gather committee feedback on pending legislation through SurveyMonkey as an alternative when an interim meeting is not possible.
- Discuss funding implications when reviewing proposed legislation.
- Identify goals for each meeting based on priorities.
- Increase collaboration with other committees to gather recommendations for proposed legislation and establish timelines that align with quarterly meetings to collect these recommendations.

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## **Agenda Item: CBHPC Legislative Positions List (Action Item)**

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Council Staff Maydy Lo reviewed the Council's current Legislative Positions List with the committee. Maydy highlighted that the Officer Team approved a support position and the submission of a support letter for Assembly Bill (AB) 96 (Jackson) in early January, prior to the bill's scheduled hearing in the Assembly Health Committee. AB 96 was amended to remove the high school diploma or equivalent requirement for the Certified Medi-Cal Peer Support Specialist certification, which is a provision the Workforce and Education Committee previously advocated for. Since the bill had not yet been assigned a priority tier to indicate the preferred level of advocacy, the committee was asked to make that determination and agreed to designate AB 96 as a tier two priority.

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## **Agenda Item: Pending Legislation Discussion (Action Item)**

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Due to time constraints, the committee was only able to discuss the following bills on the Pending Legislative Positions Chart:

### ***Assembly Bill 3 (Dixon)***

The committee discussed Assembly Bill (AB) 3 (Dixon), which seeks to exempt certain alcohol or drug recovery or treatment facilities from classification as residential property under local regulations. The exemption will apply if multiple single-family homes operate as a recovery or treatment facility, share an owner, director, programs, or amenities, and any of the homes are within 300 feet of another facility.

Committee members expressed the following points during the discussion:

- In Orange County, certain providers have purchased multiple residential properties in one area, creating what appears to be a larger treatment facility or campus. However, each facility and program are individually certified.
- Adding more restrictions to these programs and facilities could create additional barriers that limit access to services.
- This bill primarily targets programs that operate without county behavioral health oversight.

The committee agreed to watch the bill.

### ***Assembly Bill 425 (Davies)***

The committee discussed Assembly Bill (AB) 425 (Davies), which seeks to require the Department of Health Care Services (DHCS) to adopt the American Society of Addiction Medicine (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.

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Committee members expressed the following points during the discussion:

- The bill introduces additional regulatory requirements for DHCS, which may create a complex and challenging process for the Department.
- There are concerns about the source of funding needed to implement these additional regulations.

The committee agreed to watch the bill.

### ***Assembly Bill 1267 (Pellerin)***

The committee discussed Assembly Bill (AB) 1267 (Pellerin), which intends to require the Department of Health Care Services (DHCS) to offer a unified application that allows providers to operate more than one facility or program within the same geographic location.

Committee members expressed the following points during the discussion:

- The proposed distance of 1,000 feet for “same geographic location” seems excessive.
- Mental health residential providers face similar challenges, even when facilities are located on the same property but have slightly different addresses.
- Members emphasized the need to establish a precedent that reduces administrative barriers and paperwork.

**Motion:** Erin Franco made a motion to support AB 1267 with a priority tier level 2. Liz Oseguera seconded the motion.

**Vote:** A roll call vote was taken. The motion passed with 10 members voting “Yes”. Barbara Mitchell and Susan Wilson voted “No”.

**Public Comment:** There were no public comments.

### ***Assembly Bill 1105 (Quirk-Silva)***

The committee discussed Assembly Bill (AB) 1105 (Quirk-Silva), which intends to authorize a conservator to authorize the placement of a conservatee in a facility that has a secure perimeter, a delayed egress device, or both.

Committee members expressed the following points during the discussion:

- There appears to be a disconnect between probate conservatorship and facilities, particularly regarding financial issues and the Lanterman-Petris-Short (LPS) Act. Some facilities operate in ways that conflict with LPS requirements.
- Because these issues relate to probate conservatorship rather than the LPS Act, they are not considered a high priority for the Council.

The committee agreed to watch the bill.

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### ***Assembly Bill 1540 (Gonzalez)***

The committee discussed Assembly Bill (AB) 1540 (Gonzalez), which intends to restore the distinct crisis hotline, the “Press 3” option, for the Lesbian, Gay, Bisexual, Transgender, Queer, plus (LGBTQ+) Youth in California by requiring the California Office of Emergency Services (CalOES) to ensure technology allows for automatic routing.

Committee members expressed the following points during the discussion:

- There is additional funding that was not used within the timeframe under California’s 988 funding, and the Legislature is considering reallocating this excess funding. This funding could potentially be used to support the current proposal.
- The staff working for 988 are not LGBTQ+ specialized licensed professionals, therapists, or gender-affirming specialists.
- To address the gap in expertise, the state is collaborating with the Trevor Project to provide additional training for these staff members.
- This population is at the highest risk for suicide, making it critical that individuals feel confident when calling for help that the person on the other end will be accepting and supportive. This assurance is why previous efforts were so successful.

**Motion:** Barbara Mitchell made a motion to support AB 1540 with a priority tier of two. Ian Kemmer seconded the motion.

**Vote:** A roll call vote was taken. The motion passed with 10 members voting “Yes”. Erin Franco and Susan Wilson voted “No”.

**Public Comment:** There were no public comments.

### ***Assembly Bill 1579 (Ramos) and Senate Bill 548 (Reyes)***

The committee discussed Assembly Bill (AB) 1579 (Ramos) which intends to authorize participating organizations in the Children’s Crisis Continuum Pilot Program, who do not have crisis residential programs but instead offers a similar type of residential treatment for children and youth with severe behavioral health needs, to use grant funds including those originally set aside for crisis residential services for any other part of its care system.

Due to time constraints, the committee did not discuss or comment on Senate Bill (SB) 548 (Reyes) which seeks to require the California Health and Human Services Agency to direct the Behavioral health 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.

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**Motion:** Karen Baylor made a motion to support AB 1579 and SB 548 and oppose SB 367. Catherine Moore amended the motion to remove the opposition for SB 367. Milan Zavala seconded the motion.

**Vote:** A roll call vote was taken. The motion passed with 10 members voting “Yes”. Barbara Mitchell and Susan Wilson voted “No”.

**Public Comment:** There were no public comments.

### ***Senate Bill 367 (Allen)***

The committee discussed Senate Bill (SB) 367 (Allen) which seeks to, among other provisions, authorize recommendations for a Lanterman-Petris-Short (LPS) conservatorship if a determination is made that the gravely disabled person has demonstrated an inability to accept voluntary treatment due to apparent incapacity and would expand the list of individuals or entities that may recommend a conservatorship for a gravely disabled person without that person being an inpatient in a facility. It would also authorize the court, upon termination of the conservatorship, to refer the individual to assisted outpatient treatment or to the Community Assistance, Recovery, and Empowerment (CARE) court.

Committee members expressed the following points during the discussion:

- The aftercare plan would be appropriate to ensure continuity of care.
- Many consumer and peer-run organizations are opposing this bill.
- The term “aftercare plan” is not clearly defined, which could lead to inconsistent application of the provisions. For example, individuals might be discharged simply because an aftercare plan exists even if they still require ongoing care.

**Motion:** Susan Wilson made a motion to oppose SB 367. Daphne Shaw seconded the motion.

**Vote:** A roll call vote was taken. The motion passed with 10 members voting “Yes”. Liz Oseguera abstained. Catherine Moore voted “No”.

**Public Comment:** There were no public comments.

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

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Francine Byrne, Director of Criminal Justice Services at the Judicial Council of California, highlighted key data from the *Preliminary Proposition 36 Court Data* report submitted to the Legislature in October 2025. Francine noted that the Judicial Council has received data from all 58 counties as of January 16, 2026, including the number of filings and other details. However, they have not yet reviewed the data.

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Proposition 36 was passed in 2024 and went into effect on December 18, 2024, overturning many provisions of Proposition 47 (2014) for repeat offenders. It was envisioned to resemble collaborative or drug court programs through increased collaboration, but no funding was initially allocated. The new provisions include stricter consequences for fentanyl-related crimes and drug trafficking, increased penalties for theft-related offenses, and the creation of a new category of “treatment-mandated” felonies. Francine emphasized that, in addition to the impact from the treatment-mandated felonies provision, the behavioral health system may also be significantly affected by theft-related offenses provision, which could involve partnerships with collaborative courts or mental health diversion programs. Francine highlighted that a one-time funding of \$50 million was allocated in spring 2025. County behavioral health will receive these funds through the Department of Health Care Services and must spend them by June 30, 2028.

Francine emphasized that implementation has varied across counties, and several components remain unclear or unspecified, including expert qualifications, hearing intervals, treatment length, and county obligations when no local treatment program is available. For example, the legislation does not define the “expert” who must evaluate defendants for treatment-mandated felonies. While courts are required to hold regular hearings to assess progress, the frequency is not clearly defined.

Francine outlined key data from the *Preliminary Proposition 36 Court Data* report, which covers the period from December 18, 2024, to June 30, 2025:

- 8733 cases were filed.
- 1,292 individuals elected treatment.
- 773 individuals were ordered into treatment.
- 25 cases were dismissed after completion.
- 414 judgments imposed, representing cases that were unsuccessful due to failures to appear or re-arrests.

She emphasized that the data reflects the number of cases filed, not individual people, as individuals may have multiple cases during this timeframe. She noted that the Judicial Council does not have access to a statewide court case management system, which limits its ability to clarify the numbers and verify whether additional cases were filed for the same individuals.

Francine highlighted observations from the Judicial Council, including key challenges and concerns regarding implementation:

- There is still uncertainty about who qualifies as substance abuse experts to conduct evaluations and who is responsible for paying them.
- Although individuals may be referred to the Collaborative Court, eligibility is determined by treatment and criminogenic needs rather than the specific charges. As a result, not all cases qualify for referral.
- Due to the lack of funding for treatment, counties and courts have expressed concerns about the availability of services. While individuals with treatment-

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mandated felonies may have insurance to access services, challenges remain, particularly with data collection and reporting.

- One of the major concerns raised by the courts is the length of time cases are taking due to the absence of specified time limits. For example, individuals may initially decline treatment, proceed through case adjudication and plea bargain discussions, and later change their minds and opt for treatment. This restarts the process, causing cases to remain open longer.
- There is a clear need for stronger collaboration between justice partners and the courts.
- While funding from Proposition 47 (2014) can be used to support this initiative, funds will soon diminish as the savings generated will decrease.
- The Judicial Council received federal funding, which was used to support two county courts in establishing a “drug court” model. Through this funding, the courts were able to integrate and fund their probation departments and treatment services. In contrast, county courts without these systems and partnerships face challenges in determining appropriate treatment options.

Francine concluded her presentation by highlighting upcoming efforts, including the submission of a legislative report for the initiative in March 2026.

Council Member Ian Kemmer, Behavioral Health Director at the Orange County Health Care Agency, provided an overview of Orange County’s efforts under Proposition 36. He shared that planning began in the spring before the law took effect, and implementation started just nine days after its enactment. He explained that the county mirrored the Collaborative Courts framework, leveraging 30 years of experience with collaborative and drug courts and existing partnerships. Due to the absence of additional funding, the county did not initially hire new staff but instead utilized existing personnel to conduct American Society of Addiction Medicine (ASAM) assessments for participating individuals and support with other tasks. To strengthen support, they integrated these efforts into their opioid plan and used funds to create two clinician positions.

Ian highlighted that their behavioral health system has been significantly impacted, with increased numbers of individuals in residential and outpatient treatment programs. He shared data through September 2025, which showed that 759 individuals were referred, 444 agreed to an evaluation, and 204 accepted treatment; however, some individuals initially agree to an evaluation but later opt to proceed through the court process rather than participate in treatment. Ian noted that Orange County has fewer participants in its drug court programs compared to Proposition 36 cases. He explained that counties currently cannot bill private insurers or for incarcerated individuals who receive assessments, though an upcoming initiative aims to allow billing for individuals who receive assessments while they are incarcerated.

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

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- Insights from a previous initiative were not considered in developing Proposition 36. Past challenges, such as inconsistent assessments due to the lack of a standardized process and judges determining the appropriate level of treatment for individuals, appear to persist in the current initiative.
- Some counties have developed protocols and treatment plans that closely resemble drug court models.
- In response to some of Francine's comments inviting the committee to share input, the committee expressed interest in collecting feedback, suggestions, and recommendations to provide to the Judicial Council.

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

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Deborah Steinberg, Senior Health Policy Attorney at the Legal Action Center (LAC), provided an overview of the new federal work requirements under the House of Representatives (H.R.) 1 bill.

Deborah outlined several Medicaid provisions that will significantly impact states, including California. These provisions include restrictions on certain immigrant eligibility, limits on retroactive coverage, redetermination requirements, and community engagement mandates. She emphasized that California is projected to lose over \$100 billion in funding, potentially twice that amount depending on state-level decisions and unresolved federal requirements that still need clarification. This could lead states to restrict or remove optional behavioral health services such as peer recovery services, reduce reimbursement rates or impose other barriers to care, among other actions in response to the cuts.

Deborah provided an overview of the work reporting requirements, which is anticipated to be the largest source of coverage loss for most states. She explained that the requirements go into effect on January 1, 2027, but states can elect to start sooner or request good-faith delays for up to two years if they have attempted implementation but have been unable to thoroughly do so. The new work requirements apply to individuals ages 19 to 64 who are part of the Medicaid expansion population, who must engage in 80 hours per month of employment, education, job training, community service, or a combination of these activities. Individuals are also required to provide proof of compliance with these requirements before they re-enroll.

Deborah shared that states could choose how long the compliance review period is and how often they check eligibility, within guidelines. The Legal Action Center (LAC) recommends selecting the shortest review period, such as one month, and limiting redeterminations to once every six months, as required. Deborah highlighted exemptions for behavioral health populations, which include:

- Individuals who are medically frail or have special medical needs, such as those with a substance use disorder or a disabling mental disorder.

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- Individuals participating in a drug or alcohol treatment and rehabilitation program, as defined by the Supplemental Nutrition Assistance Program (SNAP) statute.
- Individuals who are incarcerated or were released within the past three months.

Deborah highlighted that about one in four enrollees are expected to lose coverage. Half will lose coverage because they do not meet eligibility criteria, while the other half will be affected by procedural barriers and administrative hurdles in proving compliance or an exemption. Additionally, it is estimated that 1.7 million to 3.5 million Californians will lose coverage because of the work requirements.

To prevent as many individuals as possible from losing coverage under the new federal work requirements, particularly those with behavioral health needs and justice-involved backgrounds, the Legal Action Center developed three overarching principles for states to consider adopting:

- **Maximize exemptions:** Because many exemption categories are currently vague and undefined, and although the Centers for Medicare and Medicaid Services (CMS) may issue additional guidance in the future, states should adopt broad definitions for exempt populations. Additionally, if individuals meet more than one exemption category, states should apply the exemption that remains in effect the longest.
- **Minimize burdens:** States are encouraged to allow individuals to self-attest or self-declare their substance use disorder (SUD) status as part of the Medicaid application process. Although forthcoming CMS guidance may attempt to limit this flexibility, current law permits it.
- **Advance inclusive policies** to help more people access care and coverage.

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

- An estimated 55–60 percent of individuals with substance use disorders (SUD) are part of the expansion population and may face loss of coverage and access to essential services.
- The federal government must issue additional guidance no later than June 1, 2026, regarding the work requirements.

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### **Agenda Item:           General Public Comment**

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Stacie Hiramoto, Director from the Racial & Ethnic Mental Health Disparities Coalition (REMHDCO), expressed appreciation to the committee for an informative meeting. Stacie shared that the California Reducing Disparities Project (CRDP) is working on a budget request and expecting to sponsor a legislative bill this year to permanently fund the initiative. She explained that although they are still looking for an author, they do anticipate having the prints prior to the committee's next meeting in April, which would include a request for 25 million dollars in the first year. Stacie emphasized that this

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project has shown that community defined evidenced based practices are effective to help improve and maintain stability of mental health conditions, reduce disparities, and save taxpayers money. She commended the Council for supporting the CDRP in the past and requested the Council's timely support with the upcoming legislation.

Jack Dailey, from the Legal Aid Society of San Diego, asked if the scope of the committee allows for sufficient size and resources and whether the committee could be expanded to ensure adequate resources, given its importance and role in policy development.

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**Agenda Item:      Meeting Wrap-up and Next Steps**

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The committee had previously agreed to hold more in-between meetings to discuss legislation. Therefore, Council staff will work with the committee to schedule an in-between meeting before the April 2026 quarterly meeting.

The meeting adjourned at 4:48 p.m.