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

July 18, 2025
Meeting Minutes

Members Present:

Barbara Mitchell, Chairperson
Karen Baylor
Jason Bradley
Monica Caffey
Catherine Moore
Noel O'Neill
Liz Oseguera
Javier Moreno, Chair-Elect
Daphne Shaw
Deborah Starkey
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 13 members present.

Agenda Item: Pending Legislation Discussion (Action Item)

The committee reviewed bills on the Pending Legislative Positions Chart and determined positions for each. The following is a summary of legislation discussed and actions taken:

Assembly Bill 348 (Krell)

The committee discussed Assembly Bill 348, which seeks to establish presumptive eligibility for individuals with a serious mental illness who may be transitioning to the community after six months or more in state prison or county jail, for Full-Service Partnership (FSP) services.

The following highlights key points from the committee's discussion:

- Most of the time, individuals with substance use disorders also have a co-occurring mental health disorder. Their mental health disorder may or may not

meet the severity criteria required to be eligible for Full-Service Partnership services.
- Establishing presumptive eligibility can create false expectations that there is an open door to services when there are other factors, such as funding or capacity, that determine access to services.
- Additional paths have been created for more individuals to access FSPs without presumptive eligibility.

The committee did not take any action.

Senate Bill 28 (Umberg)

The committee discussed Senate Bill 28 which would require that a drug addiction expert conduct a substance abuse and mental health evaluation for defendants under treatment court. It also requires a treatment program that complies with existing judicial standards to be offered to a person who is eligible for treatment pursuant to the Treatment-Mandated Felony Act.

The following highlights key points from the committee's discussion:

- The bill would help standardize treatment court eligibility across all counties. It has been historically inconsistent from county to county.
- The bill would help ensure stronger clinical oversight in determining the level of care for individuals and increase access to treatment court programs.
- Although there is a shortage in the behavioral health workforce, the bill would set the framework and foundation for more developments to be made.
- Committee members expressed interest in discussing the bill further and hearing more about it at a future meeting, if the bill becomes a two-year bill.

Motion: Catherine Moore made a motion to watch Senate Bill 28. Daphne Shaw seconded the motion.

Vote: A roll call vote was taken. The motion passed with 11 members voting "Yes". Jason Bradley and Noel O'Neill abstained.

Public Comment:

There were no public comments.

Senate Bill 35 (Umberg)

The committee discussed Senate Bill 35, which would establish timelines for the Department of Health Care Services to investigate allegations of treatment at unlicensed sober living homes. The bill would also allow cities and counties to request approval from the Department to conduct site visits and enforce compliance with existing state licensing requirements.

The following highlights key points from the committee's discussion:

- Counties do not hold any authority, oversight, or code enforcement jurisdiction over unlicensed facilities.

- The bill does not include funding allocations that would enable counties to receive reimbursement for work performed under the bill.
- There is the possibility that the responsibilities may eventually be delegated to respective counties where the alleged unlicensed facility is located, which would overburden counties.
- Given the already strained behavioral health workforce, it would be challenging for counties to dedicate staff to administer these duties and adhere to the tightened timelines.
- There should be consideration for a board and cares model that utilizes liaisons to evaluate and conduct investigations into these programs.

Motion: Susan Wilson made a motion to oppose Senate Bill 35 with an assigned priority tier number two. Uma Zykofsky seconded the motion.

Vote: A roll call vote was taken. The motion passed with 8 members voting “Yes”. Jason Bradley, Barbara Mitchell, Liz Oseguera, and Milan Zavala abstained. Catherine Moore voted “No”.

Public Comment:
There were no public comments.

Assembly Bill 1328 (Rodriguez, M)

The committee discussed Assembly Bill 1328 which would require Medi-Cal to reimburse nonemergency ambulance transportation at 80 percent of the Medicare rate, adjusted for local costs. It would also require the Department of Health Care Services to establish a Medi-Cal managed care directed payment program for nonemergency ambulance transports with rates equal to the amount set forth under fee-for-service reimbursement.

The following highlights key points from the committee’s discussion:

- This bill would help ensure that individuals are able to access nonemergency transportation to other facilities for necessary treatment and care.
- Medi-Cal reimbursement rates for ambulatory services have been historically low.

Motion: Uma Zykofsky made a motion to support Assembly Bill 1328 with an assigned priority tier number two. Catherine Moore seconded the motion.

Vote: A roll call vote was taken. The motion passed with 10 members voting “Yes”. Jason Bradley and Monica Caffey abstained. Susan Wilson voted “No”.

Public Comment:
There were no public comments.

Assembly Bill 1387 (Quirk-Silva)

The committee discussed Assembly Bill 1387, which would authorize counties to establish a behavioral health multidisciplinary personnel team to facilitate the provision of services for justice-involved individuals during incarceration and upon release.

The following highlights key points from the committee's discussion:

- Multidisciplinary teams already exist as a method for supporting other populations and allow for more effective communication between all members of the team.
- Incorporating multidisciplinary teams would allow for more effective in-reach efforts and coordination of critical supports such as housing, for individuals with a behavioral health challenge reentering the community from incarceration.

Motion: Noel O'Neill made a motion to support Assembly Bill 1387 with an assigned priority tier two. Uma Zykofsky seconded the motion.

Vote: A roll call vote was taken. The motion passed with 10 members voting "Yes". Jason Bradley and Milan Zavala abstained. One member in attendance was not present during the roll call vote.

Public Comment:
There were no public comments.

Agenda Item: **General Public Comment**

There were no public comments.

Agenda Item: **Meeting Wrap-Up & Adjourn**

Daphne Shaw informed the committee that the Council took an urgent opposition position on July 7, 2025, to Senate Bill 27 (Umberg), which would expand the populations eligible under the Community Assistance, Recovery, and Empowerment (CARE) Act to include individuals with a Bipolar I Disorder with psychotic features. Daphne shared that Council staff Maydy Lo and Naomi Ramirez attended the second hearing in the Assembly Health Committee on July 8, 2025, to state the Council's position.

The committee does not anticipate having an additional in-between meeting before the October quarterly meeting, unless a critical issue arises that requires an emergency meeting.

The meeting adjourned at 10:00am.