

California Behavioral Health Planning Council

Legislation and Public Policy Committee Agenda

Wednesday, June 18, 2025

1:30 pm to 5:00 pm

DoubleTree Hotel Marina del Rey
13480 Maxella Avenue
Marina del Rey, California 90292
Panache III Meeting Room

[Zoom Meeting Link](#)

Join by phone: 1-669-900-6833

Meeting ID: 871 5392 9774

Passcode: 126256

- | | | |
|---------|---|-------|
| 1:30 pm | Welcome, Introductions and Housekeeping
<i>Barbara Mitchell, Chairperson</i> | |
| 1:35 pm | Review and Accept April 2025 Meeting Minutes
<i>Barbara Mitchell, Chairperson</i> | Tab 1 |
| 1:40 pm | Review of Committee's Updated Legislation Process
<i>Maydy Lo, Council Staff</i> | Tab 2 |
| 1:45 pm | June 2025 Legislative Positions List and Advocacy Activities Update
<i>Maydy Lo, Council Staff</i> | Tab 3 |
| 1:50 pm | Assembly Bill 255 (Action Item)
<i>Doonya Mahmoud, Legislative Aide, Office of Assemblymember Matt Haney (invited)</i> | Tab 4 |
| 2:10 pm | Assembly Bill 1037 (Action Item)
<i>Kyle Kennedy, Policy and Strategic Initiatives, Section Manager and Denise Tugade, Legislative Unit Manager, Substance Abuse Prevention and Control (SAPC) Bureau, Los Angeles County Department of Public Health</i> | Tab 5 |
| 2:30 pm | Break | |
| 2:40 pm | A Peer Perspective on Assembly Bill 348 (Action Item)
<i>Karen Vicari, JD, Director of Public Policy, Mental Health America of California</i> | Tab 6 |

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

- 3:00 pm** **Pending Legislation Discussion (Action Item)** **Tab 7**
Barbara Mitchell, Chairperson, and All LPPC Members
- 3:45 pm** **Break**
- 3:55 pm** **Recovery Housing in California's Public Behavioral Health System** **Tab 8**
Christopher Martin, Policy Director, Housing California
- 4:25 pm** **Behavioral Health Services Act: Housing Interventions** **Tab 9**
Marlies Perez, BHT Project Executive, Department of Health Care Services
- 4:45 pm** **General Public Comment**
Members of the public can comment on any general item.
- 4:50 pm** **Meeting Wrap Up & Next Steps**
- 5:00 pm** **Adjourn**

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

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

Committee Members

Barbara Mitchell, Chairperson

Javier Moreno, Chair-Elect

Amanda Andrews, Karen Baylor, Stephanie Blake, Monica Caffey, Erin Franco, Ian Kemmer, Steve Leoni, Catherine Moore, Noel O'Neill, Liz Oseguera, Sarah Poss, Darlene Prettyman, Danielle Sena, Karrie Sequeira, Daphne Shaw, Deborah Starkey, Tony Vartan, Susan Wilson, Uma Zykofsky

If reasonable accommodations are required, please contact the Council at (916) 701-8211 not less than 5 working days prior to the meeting date.

TAB 1

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting**
Wednesday, June 18, 2025

Agenda Item: Review and Accept April 2025 Meeting Minutes

Enclosures: April 2025 Meeting Minutes Draft

Background/Description:

Enclosed are the draft meeting minutes for the April 2025 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 Meeting

April 16, 2025
Meeting Minutes

DRAFT

Members Present:

Barbara Mitchell, Chairperson	Javier Moreno, Chair-Elect
Karen Baylor*	Danielle Sena
Monica Caffey*	Daphne Shaw
Ian Kemmer	Deborah Starkey
Catherine Moore	Tony Vartan
Anna Nguyen (<i>stand in for Amanda Andrews</i>)	Susan Wilson
Noel O'Neill	Uma Zykofsky
Liz Oseguera	

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

* = *Virtual Attendance*

Agenda Item: Welcome Introductions, and Housekeeping

Chairperson Barbara Mitchell called the meeting to order and welcomed Council Members and attendees. Council Members, Council staff, and attendees introduced themselves, their roles, and organizations associated with, as applicable. A quorum was established with 15 of 20 members present.

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

The committee reviewed the meeting minutes from October 2024, January 2025, and February 2025. The minutes were accepted with no revisions.

Agenda Item: CBHPC Updated Policy Platform (Action Item)

Chairperson Barbara Mitchell reviewed the updated Policy Platform with the committee. There were no comments, questions, or concerns from committee members.

Motion: Tony Vartan made a motion to approve the revised Policy Platform. Deborah Starkey seconded the motion.

Vote: A roll call vote was taken. The motion passed with 13 members voting “Yes”. Anna Nguyen abstained. 1 member in attendance was not present during the roll call vote.

Public Comment:

There was no public comment.

Agenda Item: Review of Committee’s Updated Legislation Process

Council Staff Maydy Lo highlighted the updates made to the committee’s legislation process based on the committee’s suggestions from previous meetings including the addition of the Pending Legislative Positions Chart and the Tiers for Prioritizing Bills Diagram.

Committee members recommended the development of a process for responding to significant amendments made to legislation that the Council has already taken a position on. The committee identified the following steps: (1) Should a Council member become aware of significant amendments to a bill, they are to bring it to the attention of Council staff via email or if urgent, a phone call. (2) Upon notification of the amendments, Council staff will notify the Chairperson and Chair-Elect and determine if an emergency meeting is needed or if the amendments can wait to be discussed at a future meeting, i.e., at an in-between meeting or quarterly meeting. (3) If it is determined that an emergency meeting is needed but the committee and/or committee Chairpersons are unable to, Council staff would bring the matter to the attention of the Executive Officer team to determine an appropriate action.

Agenda Item: Committee Policy Priorities for 2025

Chair-Elect Javier Moreno provided an overview of the committee’s Policy Priorities for 2025. Javier explained that the annual Policy Priorities would be used to assist the committee in prioritizing legislation that fall within the five areas identified. Legislation that does not necessarily fall within the Policy Priorities may still be included for the committee’s consideration if they could negatively impact the public behavioral health system.

Agenda Item: Consent Agenda (Action Item)

The committee reviewed the Consent Agenda which included Assembly Joint Resolution 3, a measure that would call on the state's Representatives in Congress to vote against cuts to, and proposals to privatize, Social Security, Medicare, and Medicaid and call on the President of the United States to veto any legislation to cut or privatize these programs.

Motion: Neil O'Neill made a motion to approve the Consent Agenda. Catherine Moore seconded the motion.

Vote: A roll call vote was taken. The motion passed with 14 members voting "Yes". 1 member in attendance was not present during the roll call vote.

Agenda Item: Senate Bill 319 (Action Item)

The committee discussed Senate Bill 319 (Ashby) which seeks to centralize and standardize data collection to ensure successful and accurate implementation of Proposition 36. The bill also intends to assist the Legislature with assessing program outcomes and appropriate allocation of resources. Committee members expressed a number of concerns with the bill, including the costs to counties and the state, the potential use of Behavioral Health Services Act (BHSA) funds to support the bill, the additional workload it would impose on counties and providers who would also be implementing BHSA simultaneously, and the capability to collect data from private payees for services that are not billed to Medi-Cal.

The committee suggested the bill be funded from anticipated savings generated from the implementation of Proposition 36. Members also suggested that a clearer definition of "effective" is provided and broader data collection points be identified.

Motion: Catherine Moore made a motion to take a support if amended position for Senate Bill 319. The proposed amendments are that additional funding be provided to support the costs and BHSA funding be protected from utilization. Tony Vartan seconded the motion.

Vote: A roll call vote was taken. The motion passed with 5 members voting "Yes". Anna Nguyen, Monica Caffey, Liz Oseguera, Danielle Sena, Susan Wilson, and Ian Kemmer abstained. Karen Baylor, Barbara Mitchell, Deborah Starkey, and Uma Zykofsky voted no.

Public Comment:

There was no public comment.

Agenda Item: Senate Bill 530 (Action Item)

The committee discussed Senate Bill 530 (Richardson) which seeks to strengthen and improve access to Medi-Cal providers for beneficiaries by enhancing the alternative access standards and permanently extending Medi-Cal plan provider standards. Committee members emphasized that the bill would not significantly impact the counties' behavioral health and is more focused on Managed Care Plans for specialty mental health. The committee also highlighted the issue of the lack of in-person psychiatry services in rural counties where providing options for in-person access may pose as a major challenge, however, there is a provision for requesting an alternative access standard in these situations. Members expressed some of the challenges experienced in the child welfare system with changes to Medi-Cal plans, including the discontinuation of specialty services for many beneficiaries which can lead to difficulties in finding the right provider.

Motion: Catherine Moore made a motion to support Senate Bill 530. Susan Wilson seconded the motion.

Vote: A roll call vote was taken. The motion passed with 11 members voting "Yes". Anna Nguyen, Barbara Mitchell, and Liz Oseguera abstained. 1 member in attendance was not present during the roll call vote.

Public Comment:

There was no public comment.

Agenda Item: Assembly Bill 73 (Action Item)

Council Member Monica Caffey provided an overview of Assembly Bill 73 (Jackson) which seeks to improve mental health support for Black communities through the development of a specialty certificate program and specialized training requirements for a Black Mental Health Navigator. Monica highlighted that the current specialty certifications do not adequately address the behavioral health needs of the Black community and emphasized the importance of tailored support to improve access to culturally competent behavioral health services for this underserved population.

Following the overview, the committee provided comments and questions about the bill. It was noted that the bill is on suspense file and the committee would not regularly take positions on bills that are on a suspense status. Other key points from the committee's discussion included:

- Different types of professionals would be able to apply for the certification regardless of race and ethnicity.
- Those under the Black Mental Health Navigator certification cannot be folded into peer navigators.

- This certification would encompass a community-based worker model to enable additional rendering of services and outreach.
- It is important for the Council to consider advocacy efforts in support of enhancing tailored services for underserved communities accessing treatment and care within the public behavioral health system.

Motion: Liz Oseguera made a motion to support Assembly Bill 73. Catherine Moore seconded the motion.

Vote: A roll call vote was taken. The motion passed with 14 members voting “Yes”. Anna Nguyen abstained.

Public Comment:

There was no public comment.

Agenda Item: Senate Bill 823 (Action Item)

Council Member Daphne Shaw and current Chairperson for the Patient Rights Committee, Mike Phillips, led a discussion on Senate Bill 823 (Stern), which seeks to add bipolar I disorder to the list of qualifying diagnosis for the Community Assistance, Recovery & Empowerment (CARE) Act.

Mike shared the following reasons for the Patient Rights Committee’s opposition to the bill:

- There is no additional funding for services within the CARE Act.
- The committee questioned if adding another diagnosis to the list would further tax the resources that would allow for the treatment.
- The bill could potentially create a slippery slope for a continuance of legislations proposing to add other diagnoses to the list.
- This would increase infringement of the rights of individuals.

Within the discussion, Legislation and Public Policy Committee members emphasized the Council’s stance to oppose any expansion of involuntary treatment. Members also highlighted that there are fewer people enrolled into CARE Court/Act statewide. It was also mentioned that if an individual’s bipolar I disorder is severe enough to affect their ability to care for themselves, it can be just as detrimental to their overall health and wellbeing as those with other diagnoses included in the CARE Act.

Motion: Daphne Shaw made a motion to oppose Senate Bill 823. Susan Wilson seconded the motion.

Vote: The motion passed with 12 members voting “Yes”. Anna Nguyen and Liz Oseguera abstained. Catherine Moore voted no.

Public Comment:

There was no public comment.

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

Tara Gamboa-Eastman, Director of Government Affairs at Steinberg Institute, provided an overview of the potential impacts that federal cuts may have on California’s public behavioral health system. Tara shared that 40% of Californians receive health care through Medicaid, therefore, any potential cuts would significantly impact California more than any other state. Tara also highlighted that potential federal actions threaten the progress of two key California initiatives, California Advancing and Innovating Medi-Cal (CalAIM) and the Behavioral Health Services Act. Other vulnerable programs include the waiver programs, such as the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) that is significantly funded through federal dollars. Furthermore, Tara indicated that the federal administration could deny requests for renewal of existing waivers as they expire. For example, the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver which helps provide substance use disorder treatment services, including residential services, is set to expire in 2026 and could possibly not be renewed. With the already low supply in substance use treatment services and the implementation of Proposition 36, Tara emphasized that California could lose the primary method for how these treatment services would be paid and reducing resources.

Agenda Item: Assembly Bill 348 (Action Item)

Tara Gamboa-Eastman provided an overview of Assembly Bill 348 (Krell), sponsored by Steinberg Institute. The bill seeks to establish presumptive eligibility for Full Service Partnership (FSP) programs for persons with Serious Mental Illness and substance use disorder who are experiencing homelessness, being released from incarceration, or being discharged from involuntary hospitalization. Tara emphasized that there is a lack of statewide guidance on who is eligible for FSPs in which the bill would help address by establishing some guidelines especially for those with the most acute needs. It would also enable providers to enroll presumptively eligible individuals and immediately start critical services first, then complete the necessary paperwork later.

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

- The intent of the bill is to ensure that individuals who would benefit the most from FSPs, do not experience barriers that would prevent them from receiving the services. Presumptive eligibility is often used as a tool to ensure that individuals who are open to care, can receive it as soon as they opt in to start services.
- Proposition 1 indicates that the inclusion of substance use disorder is optional, therefore, Steinberg Institute is concerned about creating a perverse incentive for

counties to include substance use disorder treatment and the unintended consequences of reducing substance use FSPs. Recent amendments to the bill includes language that individuals cannot be excluded from presumptive eligibility because their primary diagnosis is a substance use disorder.

- Committee members shared concerns of potentially overwhelming the system with individuals needing FSPs with which the system may not have sufficient resources to provide the services due to the reduction in allocation for FSPs.
- The committee expressed that the bill appears to unintentionally create a two-tiered system for presumptive eligibility that prioritizes those with a Serious Mental Illness, rather than creating equity for both individuals with a Serious Mental Illness and a substance use disorder.
- The committee recommended that emphasis on the target population is broadened to be inclusive of the general behavioral health population for presumptive eligibility.
- Committee members recommended the correction be made to reflect accurately children and youth with a Serious Emotional Disturbance, not a Serious Mental Illness.

The committee agreed to watch the bill.

Agenda Item: Assembly Bill 255 (Action Item)

The committee discussed Assembly Bill 255 (Haney) which seeks to amend the Housing First policy in California and align California’s regulation with the Federal Department of Housing and Urban Development by allowing up to 25 percent of supportive housing in any county to be drug free recovery housing. Members expressed the need for a clearer definition for recovery housing to be provided, as definitions vary from entity to entity. Members also raised the concern for providers who may encounter difficult situations that result in initiating the eviction process if residents are unable to pay rent and funding from the counties are no longer provided. Additionally, the committee highlighted that the bill would support individuals’ recovery from substance use by providing the option to be in substance-free permanent housing and would be less likely to be surrounded with other residents who may not be ready to abstain from substance use.

Motion: Barbara Mitchell made a motion to support Assembly Bill 255. Catherine Moore seconded the motion.

Vote: The motion passed with 5 members voting “Yes”. Anna Nguyen, Karen Baylor, Noel O’Neill, Liz Oseguera, Danielle Sena, Tony Vartan, and Ian Kemmer abstained. Javier Moreno and Susan Wilson voted no. 1 member in attendance was not present during the roll call vote.

Public Comment:

There was no public comment.

Agenda Item: Pending Legislation Discussion (Action Item)

Due to time constraints, the committee was only able to discuss some of the listed bills on the Pending Legislative Positions Chart.

Assembly Bill 3 (Dixon)

A motion to oppose Assembly Bill 3 was made, but due to the absence of a second motion, the committee did not take a vote.

Senate Bill 531 (Rubio)

The committee discussed Senate Bill 531 which would require all California students in grades 1-12 to be provided with an age-appropriate mental health education. The bill would amend the existing law to include age-appropriate mental health education in grades 1 to 6 and make it a requirement that mental health education is taught for all students in grades 7 to 12. Members emphasized that although there is already a standard curriculum for students in grades 7 to 12, not all school districts are implementing the curriculum. Additionally, members indicated that the bill would create an unfunded local mandate, requiring training and curriculum development. Members also expressed that elementary schools may not be an ideal place to provide mental health education.

Motion: Liz Oseguera made a motion to support Senate Bill 531. Deborah Starkey seconded the motion.

Vote: A roll call vote was taken. The motion passed with 6 members voting “Yes”. Anna Nguyen, Javier Moreno, Daphne Shaw, Tony Vartan, Uma Zykofsky, and Ian Kemmer abstained. Barbara Mitchell and Susan Wilson voted “no”.

Public Comment:

Theresa Comstock, from California Association of Local Behavioral Health Boards and Commissions (CALBHB/C) and California Coalition for Behavioral Health (CCBH), stated that both organizations are in support of Senate Bill 531.

Assembly Bill 339 (Ortega)

The committee discussed Assembly Bill 339 (Ortega) which would require local governments to notify unions of plans to contract out bargaining unit work 120 days before issuing a request for proposal. Members cited that most substance use programs and many residential treatment programs for behavioral health in California are operated by nonprofits and community-based organizations. This bill would potentially limit who can operate and provide these programs and excluding these nonprofits and community-based organizations.

Motion: Tony Vartan made a motion to oppose Assembly Bill 339. Liz Oseguera seconded the motion.

Vote: A roll call vote was taken. The motion passed with 12 members voting “Yes”. Anna Nguyen, Catherine Moore, and Noel O’Neill abstained.

Public Comment:

There was no public comment for the discussion of Assembly Bill 339.

Assembly Bill 416 (Krell)

The committee also discussed Assembly Bill 416 (Krell) which seeks to grant emergency physicians with the authority to place an individual experiencing a behavioral health crisis on a 5150 hold. Members of the Patient Rights Committee voted to oppose the bill and current Chairperson Mike Phillips highlighted the reasons for the Legislation and Public Policy Committee’s consideration:

- Existing law indicates three categories of professions under the Lanterman-Petris-Short (LPS) Act who are authorized to place individuals on a 5150 hold, including professionals authorized by each County Board of Supervisors. Given the needs of each county, County Boards of Supervisors can determine if adding emergency physicians is necessary in their respective counties, similarly to the San Diego County Board of Supervisors who authorized two emergency physicians back in 2004.
- There was a failed bill last legislative cycle that sought to add Licensed Marriage and Family Therapists to this list of authorized individuals.
- There is an existing law, Health and Safety Code 1799.111, that authorizes non-LPS designated facilities to place individuals on a 5150 hold for up to 24 hours given that all of the conditions listed in the code are met, including the determination that the individual is gravely disabled.
- This may deter individuals from wanting to seek help if they are worried about being placed on a 5150 hold.

Motion: Daphne Shaw made a motion to oppose Assembly Bill 4163. Susan Wilson seconded the motion.

Vote: A roll call vote was taken. The motion passed with 13 members voting “Yes”. Anna Nguyen and Catherine Moore abstained.

Public Comment:

There was no public comment for the discussion of Assembly Bill 416.

Agenda Item: Behavioral Health Transformation Ad-Hoc Update

Due to insufficient time remaining, Chairperson Barbara Mitchell cancelled this agenda item and shared that the Ad-Hoc Workgroup is also scheduled to provide updates during the General Session.

Agenda Item: General Public Comment

There was no public comment.

Agenda Item: Meeting Wrap-Up & Next Steps

The committee provided comments and recommendations for the planning of the next meeting, which included some of the following:

- Invite the Orange County District Attorney’s office to present to the committee about collaborative courts and how the treatment team operates as well as the potential implications of Proposition 36.
- When committee members request specific bills for the Council’s consideration, it would be helpful for members to include an explanation on how the respective bill(s) are in alignment with the annual Policy Priorities.
- For each bill listed on the Pending Legislative Positions Chart, it may be helpful to include a visual aid that outlines the intent and potential positive and negative impacts that the bill may have.
- Assign bills to committee members to base on their specialty areas, to present to the committee on.
- It is Important to focus on the annual Policy Priorities in order to maintain an efficient process and be more effective with advocacy efforts.
- Include the identification of bills that focus exclusively on substance use disorder, such as Assembly Bill 669.

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 June 2025 quarterly meeting.

Agenda Item: Adjourn

The meeting was adjourned at 4:56pm.

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting**
Wednesday, June 18, 2025

Agenda Item: Review of Committee's Updated Legislation Process

Enclosures: LPPC Legislation Process Overview

How This Agenda Item Relates to Council Mission

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

The CBHPC is mandated to advocate for an accountable system of responsive services that are strength-based, recovery-oriented, culturally, and linguistically responsive, and cost-effective. To achieve these ends in an effective manner, the Council's Legislation and Public Policy Committee established a process for the identification and prioritization of legislation to adequately take positions on and advocate for those positions throughout the legislative session.

Background/Description:

At the April 2025 meeting, the committee reviewed updates made to the Legislation Process Overview document. The updates included the addition of the "Pending Legislative Positions Chart" and the Tiers for Prioritizing Bills Diagram. During the discussion, committee members recommended the inclusion of a process for responding to significant amendments that are made to bills the Council has already taken a position on.

During this agenda item, Council Staff Maydy Lo, will discuss the updates made to the legislation process to include the recommendations.

Revisions on the updated Legislation Process Overview document are identified as follows:

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

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

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

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

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

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

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

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

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

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

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

5. To expedite meetings and reserve time for bills that need to be discussed, the Legislation and Public Policy Committee will have a section on the agenda labeled “Consent Agenda.” Items on the consent agenda will be non-controversial items that do not appear to require much, if any, discussion. The consent agenda allows the Legislation and Public Policy Committee to group such bills together under one heading and vote on them at one time. If a member feels discussion is needed on any of the bills on the consent agenda, they may request removal of that bill from the consent agenda for separate discussion. Removal enables the bill to be considered and voted upon separately, if discussion is needed.
6. When a Council member or Council staff become aware of significant amendments made to a bill that the Council previously took a position on, the following steps will be implemented based on the specifics of the amendments:
 - a. Council members should contact Council staff via email or if urgent, a phone call.
 - b. Upon notification of the amendments from a Council member, Capitol Track, or other sources, Council staff will notify the Chairperson and Chair-Elect to determine if an emergency meeting is needed or if the amendments can wait to be discussed at a future meeting, i.e., an in-between meeting or quarterly meeting.
 - c. If it is determined that an emergency meeting is necessary, but the committee and/or committee Chairpersons are unable to convene, Council staff will notify the Executive Officer who will bring the concerns to the Executive Officers team to determine an appropriate course of action.
7. The Legislation and Public Policy Committee will take the lead on all legislation, including legislation that falls under the Council’s structured priority areas (Workforce and Education, Systems and Medicaid, Housing and Homelessness, Patients’ Rights). The Chairperson and Chair-Elect of the Legislation and Public Policy Committee will collaborate with other committees, as needed. When another committee identifies a bill for action, the Legislation and Public Policy Committee must be notified so staff can include it on the Pending Legislative Positions Chart for consideration.
8. The Legislation and Public Policy Committee determined it will meet outside the Council Quarterly Meetings as needed. To achieve a quorum, one more than half of the total number of committee members must be present. The primary purpose of the in between meetings will be to vote on bills that need action *prior* to the next Quarterly Meeting.

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

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

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting**
Wednesday, June 18, 2025

Agenda Item: June 2025 Legislative Positions List and Advocacy Activities Update

Enclosures: CBHPC June 2025 Legislative Positions List

Letters of Support for [Assembly Concurrent Resolution 23 \(Quirk-Silva\)](#),
[Assembly Joint Resolution 3 \(Schiavo\)](#), and [Senate Bill 531 \(Rubio\)](#)

How This Agenda Item Relates to Council Mission

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

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

Background/Description:

The CBHPC Legislative Positions List outlines legislation in the current legislative cycle that the Council has taken a position on. It has been updated to include the positions taken during the April 2025 quarterly meeting.

During this agenda item, Council Staff Maydy Lo, will provide a brief overview of the advocacy activities accomplished to date.



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

Legislative Positions List June 2025

[AB 73](#)

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

Current Text: 12/12/2024 - Introduced

Status: 05/22/2025 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/9/2025)(May be acted upon Jan 2026)

Location: 05/22/2025 A - 2 YEAR

Summary: Existing 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. Existing law requires the department to develop and approve statewide requirements for community health worker certificate programs. Existing 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. The bill would require the department to collect and regularly publish data, not less than annually, including, but not limited to, the number of individuals certified, including those who complete a specialty certificate program, as specified, and the number of individuals who are actively employed in a community health worker role. The bill would make these provisions subject to an appropriation by the Legislature. (Based on 12/12/2024 text)

Position: Support

Date Position Taken: 4/16/2025

[AB 255](#)

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

Current Text: 04/21/2025 - Amended

Status: 05/27/2025 Read second time. Ordered to third reading.

Location: 5/27/2025 A - THIRD READING

Summary: Existing law establishes the California Interagency Council on Homelessness to oversee the implementation of Housing First guidelines and regulations, and, among other things, identify resources, benefits, and services that can be accessed to prevent and end homelessness in California. Existing law requires a state agency or department that



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funds, implements, or administers a state program that provides housing or housing-related services to people experiencing homelessness or who are at risk of homelessness to revise or adopt guidelines and regulations to include enumerated Housing First policies. Existing law specifies the core components of Housing First, including services that are informed by a harm-reduction philosophy that recognizes drug and alcohol use and addiction as a part of tenants' lives and where tenants are engaged in nonjudgmental communication regarding drug and alcohol use. This bill would authorize state programs to fund supportive-recovery residences, as defined, that emphasize abstinence under these provisions as long as the state program meets specified criteria, including that at least 75% of program funds awarded to each jurisdiction is used for housing or housing-based services using a harm-reduction model. This bill contains other related provisions and other existing laws.

Position: Support

Date Position Taken: 4/16/2025

[AB 339](#)

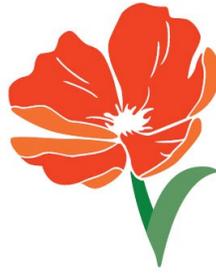
([Ortega, D](#)) Local public employee organizations: notice requirements.

Current Text: 05/23/2025 - Amended

Status: 05/27/2025 Read second time. Ordered to third reading.

Location: 05/27/2025 A - THIRD READING

Summary: The Meyers-Milias-Brown Act contains various provisions that govern collective bargaining of local represented employees and delegates jurisdiction to the Public Employment Relations Board to resolve disputes and enforce the statutory duties and rights of local public agency employers and employees. Current law requires the governing body of a public agency to meet and confer in good faith regarding wages, hours, and other terms and conditions of employment with representatives of recognized employee organizations. Current law requires the governing body of a public agency, and boards and commissions designated by law or by the governing body, to give reasonable written notice, except in cases of emergency, as specified, to each recognized employee organization affected of any ordinance, rule, resolution, or regulation directly relating to matters within the scope of representation proposed to be adopted by the governing body or the designated boards and commissions. This bill would require the governing body of a public agency, and boards and commissions designated by law or by the governing body of a public agency, to give the recognized employee organization no less than 120 days' written notice before issuing a request for proposals, request for quotes, or renewing or extending an existing contract to perform services that are within the scope of work of the job classifications represented by the recognized employee organization. The bill would require the notice to include specified information, including the anticipated duration of the



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contract. The bill would also require the public agency, if an emergency or other exigent circumstance prevents the public agency from providing the written notice described above, to provide as much advance notice as is practicable under the circumstances.

Position: Oppose

Date Position Taken: 4/16/2025

[AB 384](#)

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

Current Text: 03/17/2025 – Amended

Status: 05/22/2025 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/14/2025)(May be acted upon Jan 2026)

Location: 05/22/2025 A - 2 YEAR

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 416](#)

([Krell, D](#)) Involuntary commitment.

Current Text: 05/07/2025 - Amended

Status: 05/15/2025 - Read third time. Passed. Ordered to the Senate. (Ayes 71. Noes 0.) In Senate. Read first time. To Com. on RLS. for assignment.

Location: 05/15/2025 - Senate Rules

Summary: The Lanterman-Petris-Short Act allows for the involuntary commitment and treatment of individuals with specific mental disorders who pose a danger to themselves or



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others, or who are gravely disabled. These individuals can be taken into custody by authorized personnel, such as peace officers or trained professionals, and placed in a designated facility for up to 72 hours for evaluation and treatment. County behavioral health directors are responsible for developing the procedures for designating and training professionals involved in this process, which may include various professional licenses, practice disciplines, and clinical experience. Certain individuals, like peace officers, are exempt from criminal and civil liability if someone they detain is released early. This bill proposes that county procedures must include emergency physicians as eligible professionals for these roles, and these physicians would also be exempt from liability under the same conditions.

Position: Oppose

Date Position Taken: 4/16/2025

[ACR 23](#)

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

Current Text: 01/30/2025 – Introduced

Status: 05/21/2025 From committee: Ordered to third reading.

Location: 05/21/2025 S - THIRD READING

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

Position: Support

Date Position Taken: 02/18/2025

[AJR 3](#)

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

Current Text: 03/03/2025 - Introduced

Status: 05/20/2025 In Senate. To Com. on RLS.

Location: 05/20/2025 S - RLS.

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

Position: Support

Date Position Taken: 04/16/2025



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SB 319

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

Current Text: 04/24/2025 - Amended

Status: 05/22/2025 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/5/2025)(May be acted upon Jan 2026)

Location: 05/22/2025 S - 2 YEAR

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 530

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

Current Text: 05/23/2025 - Amended

Status: 05/27/2025 Read second time. Ordered to third reading.

Location: 05/27/2025 S - THIRD READING

Summary: Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, under fee-for-service or managed care delivery systems. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. This bill would extend the operation of those standards indefinitely. The bill would also require a managed care plan to ensure that each subcontractor network complies with certain appointment time standards unless already required to do so. The bill would set forth related reporting requirements with regard to subcontractor networks. (Based on 04/10/2025 text)

Position: Support

Date Position Taken: 04/16/2025



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[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)

Location: 05/01/2025 - Senate 2 YEAR

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 823](#)

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

Current Text: 02/21/2025 - Introduced

Status: 05/22/2025 Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/28/2025)(May be acted upon Jan 2026)

Location: 05/22/2025 S - 2 YEAR

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

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting**
Wednesday, June 18, 2025

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

Enclosures: None

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:

During the April 2025 meeting, the Council voted to take a support position for Assembly Bill 255 (Haney). The bill has since been amended and intends to authorize state programs to fund support-recovery residences that emphasize abstinence under the provisions as long as the state program meets specified criteria, including that at least 75 percent of program funds awarded to each jurisdiction is used for housing or housing-based services using a harm-reduction model.

Assemblymember Matt Haney was invited to present to the committee about AB 255 and the recent amendments. Committee members will have the opportunity to ask questions and discuss the amended version of the bill. The committee may reconsider the current position and vote for a new position.

Additional Resources:

[Assembly Bill 255](#)

Biography:



Assemblymember Matt Haney proudly represents California's 17th Assembly District encompassing the eastern side of San Francisco. In the state assembly, he's currently the Chair of the Committee on Housing and Community Development. As one of the few renters in the Legislature, he also serves as the Chair of the Legislative Renters' Caucus. Previously, he has held leadership positions as Assistant Majority Whip and the Chair of the Select Committee on Fentanyl, Opioid Addiction, and Overdose Prevention and Downtown Recovery. He has also held the leadership position as the Assistant Majority Leader for Policy and Research. He has introduced numerous bills focused on housing, homelessness, drug addiction, public safety, worker's rights, and climate issues. In addition, he serves on the Budget Subcommittee 5 on State Administration, Natural Resources, and Business and Professions committees.

In his first full year in the State Legislature, Assemblymember Haney successfully sent 12 bills to the governor's desk to be signed into law. Several of these bills worked to tackle the addiction and opioid crisis. Assemblymember Haney authored legislation that allows mobile pharmacies to dispense opioid addiction treatment medication. Additionally, he authored legislation that will enable physicians to prescribe buprenorphine, an opioid addiction treatment medication, to youth 16-18 years old without parental consent.

Prioritizing housing, he created the "Rental Deposit Fairness Act", limiting security deposits to a maximum of one month's rent. Limiting security deposits will increase housing accessibility to renters across California. In addition, he authored the "Strengthening California's Housing Law Enforcement bill," granting the Attorney General the right to represent the state's interests in lawsuits brought against local governments for violating housing laws. This bill will strengthen the Attorney General's ability to advance Californians' access to housing by granting them the statutory right to enforce housing law.

Looking to help California families, Assemblymember Haney wrote the Keep Families Close Act, requiring the California Department of Corrections and Rehabilitation to place incarcerated parents in the facility closest to their minor children. Addressing the issue of recidivism, Assemblymember Haney knows that keeping family close to inmates is critical to success while incarcerated and after release.

Passing several pieces of legislation that were the first of their kind across the nation, the “Stop Dangerous Pharmacies Act” created regulations for corporate chain pharmacies, such as CVS and Walgreens, to crack down on the nationwide problem of understaffed chain pharmacies making dangerous medication errors. Similarly the first of its kind, the “Mixed Martial Arts Retirement Benefit Fund” created the first MMA Pension Fund, allowing Mixed Martial Arts fighters to access retirement benefits, funded by a percentage of fighters' ticket sales.

Representing the San Francisco Transgender District, Assemblymember Haney wanted to highlight transgender history and raise awareness about the attacks on this community. Passing this historic piece of legislation, Assemblymember Haney created the first statewide declaration of Transgender History Month, declaring August as a month to celebrate Transgender history and communities.

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting**
Wednesday, June 18, 2025

Agenda Item: Assembly Bill 1037 (**Action Item**)

Enclosures: Assembly Bill 1037 (AB 1037) Fact Sheet*

Assembly Bill 1037 Presentation*

How This Agenda Item Relates to Council Mission

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

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

Background/Description:

Assembly Bill 1037 (Elhawary) seeks to expand authorization to allow anyone in a position to assist others who are at risk of overdose and protect these individuals who administer the antagonists in good faith, from liability, regardless of their training status. The bill also intends to support counties to expend drug program funds by allowing primary prevention programs to include activities aligned with evidenced-based practices and prohibits a substance use recovery or treatment facility from requiring abstinence as a condition for admission of care or continued treatment. Additionally, it would require the Department of Health Care Services to offer a combined application for entities to be certified as an alcohol or other drug program and to provide incidental medical services on or before July 1, 2026.

Kyle Kennedy, Policy and Strategic Initiatives, Section Manager and Denise Tugade, Legislative Unit Manager for the Los Angeles County Department of Public Health Substance Abuse Prevention and Control (SAPC) Bureau, will provide an overview of the bill to the committee. Committee members will also have the opportunity to ask questions, discuss the bill, and determine if a position will be taken.

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

Positions Chart for June 2025 enclosure in addition to the bill summary located in the June 2025 Pending Legislations Bill Summaries enclosure within Tab 7.

Action: Take a position on AB 1037.

Additional Resources:

[Assembly Bill 1037](#)

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

Biographies:

Denise Tugade is a Staff Analyst for the Los Angeles County Department of Public Health Substance Abuse Prevention and Control (SAPC) Bureau, where she leads the legislative policy team. Denise is also Chair of the California State Court Reporters Board. Previously, she was a Government Relations Advocate for SEIU-United Healthcare Workers, covering health equity, workforce development, and occupational safety. She has held several roles in the California State Assembly staffing issues related to health and labor, as Legislative Director for Assemblywoman Christy Smith, Legislative Aide for Assemblywoman Lorena Gonzalez and staff for the Select Committee on Women in the Workplace, and Communications Director for then-Assemblymember Monique Limón. Denise was a senior analyst for Cambria Solutions, consulting for government agencies on technology and management. She has also lived in Rwanda, working in public health and international development. She is a Past President of the Feminist Democrats of Sacramento, one of the largest young Democratic clubs in California. Denise has been active across California in both political and nonprofit AAPI spaces. She is also a New Leaders Council (NLC) Sacramento Fellowship and Board alumna and is currently Selections Chair for NLC Orange County. Denise holds a B.A. in International Affairs from The George Washington University.

Kyle Kennedy is the Policy and Strategic Initiatives Section Manager for the Los Angeles County Department of Public Health, Substance Abuse Prevention and Control (SAPC) Bureau. He joined SAPC in 2015 and has held multiple positions impending new Behavioral Health Programs and policy updates impacting substance use disorder (SUD) services. In his current role he oversees the legislative portfolio for SAPC, manages Bureau wide policies and procedures and administers SUD workforce initiatives. He is a licensed State and Nationally Registered Paramedic with over 15 years of prehospital direct patient care and management experience. Kyle earned his bachelor's degree in emergency medicine from University of Pittsburgh and his master's in emergency service administration from California State University, Long Beach.

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting**
Wednesday, June 18, 2025

Agenda Item: A Peer Perspective on Assembly Bill 348 (**Action Item**)

Enclosures: Assembly Bill 348 (AB 348) Fact Sheet*

How This Agenda Item Relates to Council Mission

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

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

Background/Description:

At the April 2025 meeting, the Legislation and Public Policy Committee heard from Steinberg Institute about Assembly Bill 348 (Krell), which was last amended on April 24, 2025, and seeks to establish presumptive eligibility for Full Service Partnership (FSP) programs for persons with Serious Mental Illness who are homelessness, being released from incarceration, or being discharged from involuntary hospitalization.

The Council decided to take a watch position for AB 348, citing the following concerns:

- The bill may potentially overwhelm the system with individuals needing FSPs with which the system may not have sufficient resources to provide the services due to the reduction in allocation for FSPs.
- The bill appears to unintentionally create a two-tiered system for presumptive eligibility that prioritizes those with a Serious Mental Illness, rather than creating equity for both individuals with a Serious Mental Illness and a substance use disorder.
- The committee recommended that emphasis on the target population is broadened to be inclusive of the general behavioral health population for presumptive eligibility.
- Committee members recommended the correction be made to reflect accurately children and youth with a Serious Emotional Disturbance, not a Serious Mental Illness.

The bill has received support from numerous organizations, including Mental Health America of California, a peer-run organization.

Karen Vicari, Director of Public Policy with Mental Health America of California, will provide a peer perspective and elaborate on their support for the bill. Committee members will also have the opportunity to ask questions and discuss the amended version of the bill. The committee may reconsider the current position and vote for a new position.

Additional information for the bill including location, status, or any identified organizations in support or opposition of, may be found in the Pending Legislative Positions Chart for June 2025 enclosure in addition to the bill summary located in the June 2025 Pending Legislations Bill Summaries enclosure within Tab 7.

Additional Resources:

[Assembly Bill 348](#)

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

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting**
Wednesday, June 18, 2025

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

Enclosures: Tiers for Prioritizing Bills Diagram

CBHPC Pending Legislative Positions Chart for June 2025

June 2025 Pending Legislations Bill Summaries

Fact Sheets for Assembly Bill 669, Assembly Bill 1267, Senate Bill 35,
Senate Bill 83, Senate Bill 812*

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 only, and then bills requested for the Council's consideration by Council members 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.

Several bills initially included on the list for consideration have since been placed on suspense file and were removed from the pending legislation list. Removed bills include,

Senate Bill 367 (Allen), Senate Bill 320 (Limón), Assembly Bill 804 (Wicks), Senate Bill 548 (Reyes), Assembly Bill 425 (Davies), and Assembly Bill 4 (Arambula).

During this agenda item, the committee will discuss and take positions on the bills outlined in the Pending Legislative Positions Chart as time allows. Council members may also request bills to be added for the committee's consideration during the current two-year legislative bill cycle.

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

**California Behavioral Health Planning Council
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 June 2025

Bill Number	Author	Bill Topic	Current Text	Status	Fiscal Impact	Organizations in Support and Opposition	Council Priority Alignment	Rec. Position	Priority Tier Number
AB 348	Krell	Full service partnerships.	04/24/2025 Amended	05/21/2025 Referred to Com. on HEALTH.	No	<p>SUPPORT: including, but not limited to, Steinberg Institute (<i>Sponsor</i>); California Behavioral Health Association; Mental Health America of California; California Association of Alcohol and Drug Program Executives; Housing California; National Alliance on Mental Illness; California Pan-Ethnic Health Network; Drug Policy Alliance</p> <p>OPPOSE: None identified at this time.</p>	1 - Policy Priorities for 2025	4/16/25 Watch	To Be Decided

Bill Number	Author	Bill Topic	Current Text	Status	Fiscal Impact	Organizations in Support and Opposition	Council Priority Alignment	Rec. Position	Priority Tier Number
AB 669	Haney	Substance use disorder coverage.	04/28/2025 Amended	05/27/2025 Read second time. Ordered to third reading.	Yes	<p>SUPPORT: including, but not limited to, A New Path (<i>co-sponsor</i>); Addiction Treatment Advocacy Coalition (<i>co-sponsor</i>); California Behavioral Health Association (<i>co-sponsor</i>); California Consortium of Addiction Programs and Professionals (<i>co-sponsor</i>); Addiction Recovery Communities of California; Advanced Therapeutic Services; Anaheim Family Chiropractic; Asana Recovery; Aton Center</p> <p>OPPOSE: Association of California Life & Health Insurance Companies; California Association of Health Plans; California Chamber of Commerce</p>	1 - Policy Priorities for 2025	Support	To Be Decided

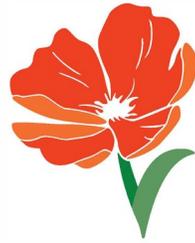
Bill Number	Author	Bill Topic	Current Text	Status	Fiscal Impact	Organizations in Support and Opposition	Council Priority Alignment	Rec. Position	Priority Tier Number
AB 1037	Elhawary	Public health: substance use disorder.	04/24/2025 Amended	05/27/2025 Read second time. Ordered to third reading.	Yes	<p>SUPPORT: including, but not limited to, County of Los Angeles (<i>Sponsor</i>); California Association of Alcohol and Drug Program Executives; California Behavioral Health Association; California Institute for Mental Health; California Society for Addiction Medicine; County Behavioral Health Directors Association of California; Drug Policy Alliance; Steinberg Institute</p> <p>OPPOSE: California Narcotic Officers' Association; El Dorado County Sheriffs Office; Sacramento County Sheriff Jim Cooper; Yolo County Sheriff</p>	1 - Policy Priorities for 2025	Support	To Be Decided

Bill Number	Author	Bill Topic	Current Text	Status	Fiscal Impact	Organizations in Support and Opposition	Council Priority Alignment	Rec. Position	Priority Tier Number
AB 1267	Pellerin	Consolidated license and certification.	04/24/2025 Amended	05/27/2025 Read second time. Ordered to third reading.	Yes	<p>SUPPORT: California Association of Alcohol and Drug Program Executives, INC. (<i>Sponsor</i>); California Behavioral Health Association; Drug Policy Alliance</p> <p>OPPOSE: City of Mission Viejo</p>	1 - Policy Priorities for 2025	Support	To Be Decided
SB 28	Umberg	Treatment court program standards.	05/23/2025 Amended	05/27/2025 Read second time. Ordered to third reading.	Yes	<p>SUPPORT: California District Attorneys Association; California Psychiatric Association; (if amended) County Behavioral Health Directors Association of California; San Diego District Attorney</p> <p>OPPOSE: ACLU California Action; Californians for Safety and Justice; Drug Policy Alliance</p>	1 - Policy Priorities for 2025	Watch	To Be Decided

Bill Number	Author	Bill Topic	Current Text	Status	Fiscal Impact	Organizations in Support and Opposition	Council Priority Alignment	Rec. Position	Priority Tier Number
SB 35	Umberg	Alcohol and drug programs.	05/01/2025 Amended	05/27/2025 Ordered to special consent calendar.	Yes	<p>SUPPORT: Advocates for Responsible Treatment; City of Camarillo; City of Thousand Oaks; City of Villa Park; League of California Cities</p> <p>OPPOSE: None identified at this time.</p>	1 - Policy Priorities for 2025	Support	To Be Decided
SB 83	Umberg	State Department of Health Care Services: substance abuse treatment: disclosures.	04/03/2025 Amended	05/27/2025 Read third time. Passed. (Ayes 39. Noes 0.) Ordered to the Assembly.	Yes	<p>SUPPORT: League of California Cities</p> <p>OPPOSE: None identified at this time.</p>	1 - Policy Priorities for 2025	Watch	To Be Decided

Bill Number	Author	Bill Topic	Current Text	Status	Fiscal Impact	Organizations in Support and Opposition	Council Priority Alignment	Rec. Position	Priority Tier Number
SB 812	Allen	Qualified youth drop-in center health care coverage	05/05/2025 Amended	05/23/2025 From committee: Do pass. (Ayes 6. Noes 0.) (May 23). Read second time. Ordered to third reading.	Yes	<p>SUPPORT: including, but not limited to, Beach Cities Health District (<i>Sponsor</i>), Alum Rock Counseling Center, Inc.; American Academy of Pediatrics, California District; Association of California HealthCare Districts; California Youth Empowerment Network, Coast Pride; Community Trust of Pajaro; NAMI South Bay</p> <p>OPPOSE: None identified at this time.</p>	1 - Policy Priorities for 2025	Support	To Be Decided
AB 1328	Rodriguez, Michelle	Medi-Cal reimbursements: nonemergency ambulance transportation	05/23/2025 Amended	05/27/2025 Read second time. Ordered to third reading.	Yes	<p>SUPPORT: California Ambulance Association; American College of Emergency Physicians, California Chapter; County of Sacramento</p> <p>OPPOSE: None identified at this time.</p>	2 - Policy Platform	Support	To Be Decided

Bill Number	Author	Bill Topic	Current Text	Status	Fiscal Impact	Organizations in Support and Opposition	Council Priority Alignment	Rec. Position	Priority Tier Number
SB 331	Menjivar	Substance abuse.	05/23/2025 Amended	05/27/2025 Read second time. Ordered to third reading.	Yes	<p>SUPPORT: California Psychiatric Association; Families Advocating for the Seriously Mentally Ill</p> <p>OPPOSE: California Voices for Progress; California Peer Watch; Disability Rights California; Mental Health America of California</p>	2 - Policy Platform	Oppose	To Be Decided



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

1 - Policy Priorities for 2025

AB 348

(Krell, D) Full-service partnerships.

Current Text: 04/24/2025 - Amended

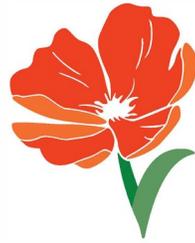
Summary: The Behavioral Health Services Act (BHSA) requires each county to establish and administer a full-service partnership program that includes, among other things, outpatient behavioral health services, as specified, and housing interventions. This bill would establish criteria for an individual with a serious mental illness to be presumptively eligible for a full-service partnership, including, among other things, the person is transitioning to the community after 6 months or more in the state prison or county jail. The bill would specify that a county is not required to enroll an individual who meets that presumptive eligibility criteria if doing so would conflict with contractual Medi-Cal obligations or court orders, or exceed full-service partnership capacity or funding, as specified. The bill would make enrollment of a presumptively eligible individual contingent upon the individual meeting specified criteria and receiving a recommendation for enrollment by a licensed behavioral health clinician, as specified. The bill would prohibit deeming an individual with a serious mental illness ineligible for enrollment in a full-service partnership solely because their primary diagnosis is a substance use disorder. (Based on 04/24/2025 text)

AB 669

(Haney, D) Substance use disorder coverage.

Current Text: 04/28/2025 - Amended

Summary: The Knox-Keene Health Care Service Plan Act of 1975 and existing laws regulate health care service plans and insurers. These entities use prior authorization to manage and evaluate health care services, which includes the ability to approve or deny based on medical necessity. Contracts and policies since January 1, 2021, require equal coverage for mental health and substance use disorders as for other medical conditions. Starting January 1, 2027, new legislation restricts reviews of medical necessity for in-network substance use disorder treatment. For the first 28 days of inpatient care and outpatient visits, there will be no concurrent or retrospective reviews. After day 29, concurrent reviews are permitted for inpatient care. The first 28 days of intensive outpatient or partial hospitalization services cannot be retrospectively reviewed, but reviews are required after that period. Furthermore, from January 1, 2027, prior authorization for outpatient prescription drugs for substance use disorder will be prohibited if deemed necessary by a physician. Violations of these provisions by health care service plans would be criminal, establishing a state-mandated local program. However, the bill states no reimbursement is required for these implementations according to specified reasons.



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AB 1037

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

Current Text: 04/24/2025 - Amended

Summary: This bill outlines several proposed changes to existing laws regarding opioid antagonists, drug programs, and substance use facilities. Firstly, current laws permit health care providers to prescribe opioid antagonists to individuals at risk of overdose and protect providers from liability under certain conditions. The bill proposes expanding this authorization to anyone in a position to assist with an overdose, removing mandatory training for recipients, and protecting individuals who administer the antagonists in good faith from liability, regardless of their training status. Additionally, existing drug program fees contribute to community prevention programs. The bill allows such programs to include activities aligned with evidence-based best practices. Regarding residential facilities for individuals recovering from substance misuse, the bill mandates that by 2027 the State Department of Health Care Services provide a combined application process for facilities seeking licensure for both recovery treatment and incidental medical services. It would also prevent facilities from requiring abstinence for admission and emphasize maintaining patient connection after a relapse.

AB 1267

(Pellerin, D) Consolidated license and certification.

Current Text: 04/24/2025 - Amended

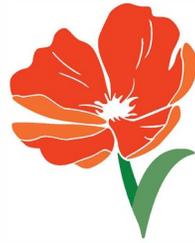
Summary: Current law requires the State Department of Health Care Services to license and regulate adult alcohol or other drug recovery or treatment facilities that provide residential nonmedical services, as specified, and further requires the department to certify and regulate alcohol and other drug 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)

SB 28

(Umberg, D) Treatment court program standards.

Current Text: 05/23/2025 - Amended

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



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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)

SB 35

(Umberg, D) Alcohol and drug programs.

Current Text: 05/01/2025 - Amended

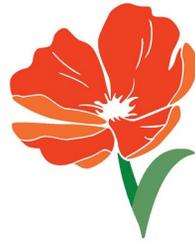
Summary: Existing law mandates that adult alcohol and drug recovery facilities be licensed and regulated by the State Department of Public Health. Operating without a valid license is prohibited, and if a facility is suspected of violating this, the department must investigate. If it's found that services are being provided illegally, the department must issue a notice to stop services. The Medi-Cal program, including the Drug Medi-Cal Treatment Program, provides health services to low-income individuals and is overseen by the State Department of Health Care Services. This bill requires the department to initiate an investigation within 10 days of receiving an allegation and complete it within 60 days. If the complaint is outside their jurisdiction, the complainant must be informed. The bill specifies that findings must be reported, and a follow-up visit conducted within 10 days of reporting. Counties offering the Drug Medi-Cal organized delivery with optional recovery services must inspect unlicensed recovery residences upon request from the department, given adequate evidence. Facilities must disclose any interest in recovery residences, and if action is taken, associated programs must also be examined. By July 15, 2026, and annually thereafter, programs must report financial transactions with recovery residences.

SB 83

(Umberg, D) State Department of Health Care Services: substance abuse treatment: disclosures.

Current Text: 04/03/2025 - Amended

Summary: Current law grants the State Department of Health Care Services the sole authority in state government to license adult alcoholism or drug abuse recovery or treatment facilities and authorizes the department to issue a license to specified types of facilities if certain criteria are met. Current law requires an operator of a licensed alcoholism or drug abuse recovery or treatment facility or certified alcohol or other drug program to include on its internet website and intake form paperwork a disclosure that an individual may check the internet website of the department to confirm whether the facility's license or program's certification has been placed in probationary status, been subject to a temporary suspension order, been revoked, or the operator has been given a notice of operation in violation of law. Current law requires the disclosure to include a link to the department's internet website that contains the Probationary Status, Temporary Suspension Order, Revoked and Notice of Operation in Violation of Law Program List. This bill would require the department to indicate on its internet website containing the above-described list, in a location and font that is easy to see and read, that notices to recovery residences issued for a specified violation are not included in that list. (Based on 04/03/2025 text)



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SB 812

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

Current Text: 05/05/2025 - Amended

Summary: The Knox-Keene Health Care Service Plan Act of 1975 ensures that health care service plans are licensed and regulated by the Department of Managed Health Care, making violations of the act a criminal offense. Similarly, the Department of Insurance regulates health insurers. Currently, any health care plan or insurance policy renewed or issued after January 1, 2024, must cover medically necessary mental health and substance use disorder treatments for individuals aged 25 or younger when provided at school sites. This bill extends this requirement to include coverage for these services when delivered at qualified youth drop-in centers, further involving criminal liability for non-compliance with these requirements for health care service plans. Additionally, the Medi-Cal program, funded partly by federal Medicaid, mandates that providers of outpatient mental health or substance use disorder treatments be reimbursed for services provided at school sites to eligible individuals aged 25 or younger. This bill expands that reimbursement provision to include services provided at qualified youth drop-in centers.

2 - Policy Platform

AB 1328

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

Current Text: 05/23/2025 - Amended

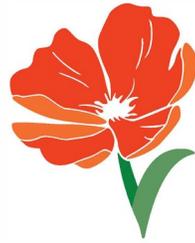
Summary: Existing law establishes the Medi-Cal program, which is administered by the State Department of Health Care Services and under which qualified low-income individuals receive health care services, including emergency or nonemergency medical or nonmedical transportation services. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Under this bill, commencing on January 1, 2026, 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 directed payment program for Medi-Cal managed care in order to follow a similar treatment to reimbursement rates for nonemergency ambulance transportation services. This bill contains other related provisions. (Based on 05/23/2025 text)

SB 331

(Menjivar, D) Substance abuse.

Current Text: 05/23/2025 - Amended

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



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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)

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting**
Wednesday, June 18, 2025

Agenda Item: Recovery Housing in California's Public Behavioral Health System

Enclosures: None

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 further educate the Council on the fundamentals of recovery housing and help guide the Council's advocacy efforts to expand California's Housing First policy, to include recovery housing as a permanent housing option to support individuals with a mental health and/or substance use disorder.

Background/Description:

In 2016, Senate Bill 1380 (Mitchell) was passed to adopt a Housing First model as the state policy for all state programs funding housing for people experiencing homelessness or at risk of homelessness. The Housing First model emphasized housing individuals first, without requiring sobriety or engagement in treatment as a precondition. With the growing number of unhoused individuals preferring to live in a sober environment, there has been ongoing statewide consideration and advocacy for expansion of current law to include recovery housing.

Assemblymember Matt Haney introduced Assembly Bill 255 (AB 255) on January 16, 2025, which was last amended on April 21, 2025, and intends to authorize state programs to fund support-recovery residences that emphasize abstinence under the provisions as long as the state program meets specified criteria, including that at least 75 percent of program funds awarded to each jurisdiction is used for housing or housing-based services using a harm-reduction model.

Christopher Martin, Policy Director with Housing California, will provide an overview of Housing California's perspective on recovery housing and speak to the concept of recovery housing as a permanent housing option to support individuals with a mental health and/or substance use disorder. Christopher may further elaborate on their position on AB 255. Committee members will have the opportunity to engage in a question-and-answer discussion.

Biography:



Christopher Martin joined Housing California in August 2017 as a legislative advocate with a focus on California homelessness policy. Chris now leads Housing California's policy team as the Policy Director where he guides the strategic direction of the policy team to advance Housing California's budgetary, legislative, and administrative advocacy priorities. Collaborating with strategic partners, he works to advance public policy goals aiming to eliminate homelessness and provide affordable housing for all in our state. He educates the general public, service providers, legislators, and their staff about the value and importance of affordable housing and critical services. Chris is also the lead for Housing California on the Bring California Home coalition.

Prior to joining Housing California, Chris worked as Executive Director for Friends of the Shawnee National Forest in Southern Illinois advocating for public lands and sustainability. Christopher has worked in the State Capitols of Illinois and Michigan, and the U.S. Capitol in Washington D.C. While in D.C., Chris worked for then-Rep. Tammy Duckworth to secure funding for homeless veteran care for various non-governmental organizations in Illinois and around the country. After working for the Congresswoman, Chris started with JDRF Advocacy as a Grassroots Coordinator to advocate for federal Type 1 diabetes research funding and support for programs assisting those affected by the disease, with which he lives. While in this position he supported and managed volunteers along the west coast including California. Christopher now serves on the Board for the JDRF Northern California Inland Chapter as their Advocacy Team Chair (ATC).

Christopher has led many bills and budget requests since joining Housing California. He led on bills to create a supportive housing program for Medi-Cal beneficiaries (AB 74, Chiu 2017), prohibit discrimination against housing voucher holders (SB 329, Mitchell 2019), as well as the Homeless Youth Act of 2018 (SB 918, Wiener 2018). Chris also has led advocacy for investment out of the budget to address homelessness including historic investments like the ones in 2019 and 2020 of nearly \$1 billion and the first of its kind on-going investment of \$1 billion created in the 2021-22 budget. He also sat on the Executive Steering Committee at the Board of State and Community Corrections

(BSCC) for the Adult Reentry Program, which appropriated \$50 million in funds to community-based organizations (CBOs) to support formerly incarcerated Californians in transitioning back to community.

Christopher received a B.A. in both Political Science and Criminal Justice from Michigan State University.

**California Behavioral Health Planning Council
Legislation and Public Policy Committee (LPPC) Meeting**
Wednesday, June 18, 2025

Agenda Item: Behavioral Health Services Act: Housing Interventions

Enclosures: None

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 further inform the Council on the Behavioral Health Services Act and help guide the Council's efforts in tracking, evaluating, and advising on the Behavioral Health Transformation implementation.

Background/Description:

The Behavioral Health Services Act (BHSA) replaces the Mental Health Services Act (MHSA) of 2004. It reforms behavioral health care funding to prioritize services for people with the most significant mental health needs, while adding the treatment of substance use disorders (SUD), expanding housing interventions, and increasing the behavioral health workforce.

The BHSA County Policy Manual is a comprehensive guide that provides counties, behavioral health providers, Tribal leaders, and other behavioral health stakeholders with guidance to implement the requirements detailed in BHSA and Behavioral Health Infrastructure Bond Act. It has been updated with additional information regarding the draft and final Integrated Plan submission, funding allocations, Medi-Cal payment, Full Service Partnerships, promoting access to care, early intervention programs, and workforce education and training.

Chapter 7, Section C of the manual outlines guidelines for Housing Interventions, including allowable settings (Section C.9.3) for which Housing Interventions funding can be used to support individuals toward permanent housing stability. The list of permissible settings includes various types of non-time-limited and time limited interim settings such as assisted living (adult residential facilities, residential facilities for the elderly, and licensed board and care) and license-exempt room and board.

Marlies Perez, Behavioral Health Transformation Project Executive from the Department of Health Care Services, will provide further details and clarity on allowable settings. Committee members will also have the opportunity to engage in a question-and-answer discussion.

Additional Resources:

[BHSA Policy Manual, Version 1.2.0.](#)

Biography:



Marlies Perez has been a Division Chief with the California Department of Health Care Services since May 2013 and at the state level in behavioral health since 2001. Marlies is the Project Executive and DHCS lead for Behavioral Health Transformation. Currently, Ms. Perez also leads the Community Services Division (CSD) which is charged with policy development, oversight, compliance, and monitoring of approximately \$10 billion in behavioral health prevention, harm reduction, treatment, recovery services, housing and infrastructure projects and services. Ms. Perez is also California's Single State Authority on Substance Use Disorders for the Substance Abuse and Mental Health Services Administration. Ms. Perez has a bachelor's degree in international relations and master's degree in organizational management.