

California Behavioral Health Planning Council

Legislation and Public Policy Committee Quarterly Meeting

April 15, 2026
Meeting Minutes

Members Present:

Javier Moreno, Chairperson

Deborah Starkey, Chair-Elect*

Karen Baylor*

Liz Oseguera*

Monica Caffey

Danielle Sena

Erin Franco

Daphne Shaw

Ian Kemmer

Tony Vartan

Barbara Mitchell

Susan Wilson

Catherine Moore

Uma Zykofksy

Noel O'Neill

Staff Present: Jenny Bayardo, Maydy Lo, Naomi Ramirez

* = *Virtual Attendance*

Agenda Item: **Welcome, Introductions, and Review and Accept January 2026 Meeting Minutes (Action)**

Chairperson Javier Moreno called the meeting to order and welcomed Council Members and attendees. Council Members, Council staff, and attendees were invited to introduce themselves. A quorum was established with 15 of 20 members present.

The draft meeting minutes for the January 2026 Quarterly Meeting were accepted with no revisions.

Agenda Item: **Assembly Bill 2161 (Action)**

Assemblymember Mia Bonta was unable to present to the Committee on Assembly Bill (AB) 2161, which aims to update California's Medi-Cal statutes to align with federal Medicaid changes enacted under the House of Representatives (H.R.) 1 bill. AB 2161 would shift Medi-Cal redeterminations to a six-month cycle and establish a state process for implementing federal work and community engagement requirements for identified Medi-Cal populations.

Although the author was not available, the Committee proceeded with a discussion of the bill. Committee members expressed the following points:

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- Additional assistance should be made available to beneficiaries completing required recertification documents online as they may encounter errors such as submitting incorrect information or uploading the wrong documents, which could result in inappropriate denials or lapses in coverage. Safeguards should also be established to prevent interruptions caused by administrative mistakes.
- It is important to establish safety-net measures and contingency plans.
- There is a need for a clear and accessible method for beneficiaries recertifying by telephone to provide a valid signature, ensuring compliance without adding barriers.
- Applying for exemptions for beneficiaries with behavioral health conditions may be challenging if individuals do not agree that they meet an exempted category under new requirements.
- Approximately 60 percent of the Medi-Cal expansion population is engaged in substance use disorder (SUD) treatment and may be at heightened risk of losing coverage under more frequent recertification requirements. The Affordable Care Act (ACA) expansion significantly increased access to services, including a substantial rise in SUD treatment admission rates, and remains critical to maintain.
- Many counties relied on ACA expansion funding to implement the Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver, making coverage stability especially important for individuals with SUD needs.
- While AB 2161 may not resolve all structural issues, it does help establish a framework for addressing gaps that could contribute to interruptions in services as a result of H.R. 1, however, accessibility barriers should be proactively addressed to reduce the likelihood of coverage loss.

Motion: Barbara Mitchell made a motion to support AB 2161 and send recommendations to the author's office. Daphne Shaw seconded the motion.

Vote: A roll call vote was taken. The motion passed with 14 members voting "Yes". Tony Vartan abstained.

Designated Priority Tier: The bill was assigned as a high priority (tier 1) bill.

Public Comment:

Stacy Dalgleish expressed appreciation that the Committee is taking time to thoughtfully consider the bill and shared that she has repeatedly asked her department about their plans to address and support beneficiaries who may lose coverage. She noted that she is consistently told that beneficiaries with behavioral health conditions will not have work requirements, although she is concerned that some will. She encouraged the Committee to educate and inform counties and remain vigilant in addressing the risks of beneficiaries losing coverage.

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Agenda Item: Consent Agenda (Action)

The committee reviewed the Consent Agenda which outlined the following proposed positions and bills:

- Position: **SUPPORT**
 - Assembly Bill 1970 (Harabedian): Health care coverage: mental health or substance use disorders.
 - Assembly Bill 2352 (Valencia): Medi-Cal providers: nonprofit public benefit corporations.
 - Assembly Bill 2460 (Rodriguez, Celeste): Pupil Health: mental health framework.
 - Senate Bill 903 (Padilla): Mental health professionals: artificial intelligence.
 - Senate Concurrent Resolution 145 (Weber Pierson): Mental Health Peer Appreciation Week
- Position: **OPPOSE**
 - Senate Bill 490 (Umberg): Alcohol and drug programs.

Motion: Susan Wilson made a motion to approve the Consent Agenda. Uma Zykofsky seconded the motion.

Vote: A roll call vote was taken. The motion unanimously passed.

Public Comment: There were no public comments.

Committee members also recommended improving the formatting of the Consent Agenda and meeting tab, including clarifying the number of fact sheets provided compared to the total number of bills on the Consent Agenda, and ensuring that the proposed positions for the bills are clearly indicated.

Agenda Item: Pending Legislation Discussion (Action)

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

Assembly Bill 46 (Nguyen)

The Committee discussed Assembly Bill (AB) 46 (Nguyen) which seeks to remove the super strike limitation from the diversion denial standard and allows courts to deny diversion when a defendant poses a public safety risk.

Committee members expressed the following points during the discussion:

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- The bill would limit behavioral health departments' ability to conduct clinical assessments. They emphasized the importance of ensuring that individuals are clinically evaluated to determine whether they meet the criteria for mental health diversion and noted that shifting decision-making authority from clinicians to district attorneys or other non-clinical actors could be problematic.
- Some individuals may be misusing the mental health diversion program to prolong legal proceedings and delay or avoid incarceration.

Motion: Ian Kemmer made a motion to oppose AB 46. Tony Vartan seconded the motion.

Vote: A roll call vote was taken. The motion passed with 11 members voting "Yes". Liz Oseguera abstained. Erin Franco and Barbara Mitchell voted "No". Karen Baylor was not present during the roll call vote, therefore, did not vote.

Designated Priority Tier: The bill was not assigned a tier.

Public Comment: There were no public comments.

Senate Bill 1221 (Stern)

Council Member, Daphne Shaw, shared that the Patient Rights Committee discussed Senate Bill (SB) 1221 (Stern), which seeks to prioritize the placement of Murphy conservatees by the Department of State Hospitals over other Lanterman-Petris-Short Act conservatees. The bill would also designate the District Attorney as the public safety and victim representative, giving the District Attorney a formal role in commitment and placement decisions for individuals subject to a Murphy Conservatorship. Daphne shared that after review and discussion, the Patient Rights Committee recommended an oppose position on the bill.

Motion: Daphne Shaw made a motion to oppose SB 1221. Susan Wilson seconded the motion.

Vote: A roll call vote was taken. The motion passed with 13 members voting "Yes". Erin Franco abstained. Catherine Moore voted "No".

Designated Priority Tier: The bill was assigned as a high priority (tier 1) bill.

Public Comment: There were no public comments.

Agenda Item: Assembly Bill 1540: Implementation Framework

Kyle Johnson, Legislative Assistant from Assemblymember Mark Gonzalez's office, provided an overview of the recent amendments to the bill. Bridget McCarthy, Public Policy Chair for the American Foundation for Suicide Prevention and the primary witness during the bill hearings, also offered personal testimony underscoring the need

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for the legislation. Bridget shared that her son died by suicide in September 2020, two weeks after his sixteenth birthday, and explained that during his crisis he had reached out for connection from a friend but did not receive the help he needed.

Bridget also highlighted that suicide is the second leading cause of death for children and youth in California, and that suicide attempt rates for transgender youth are three times higher than those of their peers.

Kyle explained that the bill had been substantially revised through recent amendments. Under the updated language, the state would submit a request to the federal government to authorize a distinct crisis line for Lesbian, Gay, Bisexual, Transgender, Queer, plus (LGBTQ+) youth. He noted that there is precedent for this request, citing the State of Washington's "press 4" option for a crisis hotline specifically serving Native and Indigenous communities.

The Committee subsequently engaged in a question-and-answer with Kyle. Some of the key discussion points, responses, and additional information included:

- The recent amendments reflect the practical reality that federal approval is required to reinstate the distinct hotline option.
- There is no predetermined organization that would automatically be contracted to implement the bill. Instead, a competitive Request for Proposals (RFP) process would occur, and any selected entity would be required to become a 988 center to qualify for state funding
- The Trevor Project previously answered approximately 50 percent of all national calls made to the LGBTQ+ crisis line. During the three years that the "press 3" option was active, an estimated 1.5 million contacts were made through calls, texts, and chats, with the Trevor Project being one of seven participating providers.
- The Trevor Project estimated that roughly 10 percent of all "press 3" contacts originated from California. Based on that call volume, they projected that serving California's share would cost approximately \$2.5 million.
- Kyle noted that the implementation timelines outlined in the bill may be adjusted depending on whether additional time for technical assistance will be allowed.

Agenda Item: Assembly Bill 2003 (Action)

Dani Fischer, Chief of Legislative and External Affairs and Katie McKenzie, Health Program Specialist II, at the Commission for Behavioral Health (Commission) as well as Ellon Hou Green, Legislative Director from Assemblymember Marc Berman's office, presented Assembly Bill (AB) 2003 to the committee. This bill, sponsored by the Commission, would require the them, in consultation with the California Department of Education and the California Department of Public Health, to develop a free, permanent statewide online suicide prevention training program for students ages 13 and older,

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kindergarten to twelfth grade school staff including teachers, counselors, administrators, and parents.

The presenters explained that the bill also requires schools already conducting suicide-risk screenings to annually report two data points to the California Department of Education: (1) the number of students screened, and (2) which screening tool was used. This reporting requirement is intended to help the state better understand local practices and identify statewide trends. The bill includes an urgency clause to allow for immediate implementation in response to the ongoing youth mental health crisis.

Ellen outlined the need for the bill, noting that suicide is the second leading cause of death among California youth ages 10–25, with rates continuing to rise over the past two decades. She emphasized that schools are uniquely positioned to support students because of the amount of time young people spend there.

Katie highlighted that the required training will be evidence-based, trauma-informed, and culturally and linguistically competent. It would also align with the California Department of Education's model pupil suicide prevention policies and address the needs of high-risk populations. She noted a key improvement which is that parents and caregivers would be included in the access to the training, addressing a gap identified in previous statewide efforts.

Dani discussed the importance of collecting consistent data, noting that many schools already conduct suicide-risk screenings, but the state currently lacks a statewide picture, making it difficult to compare or assess local practices. The bill does not require schools to conduct screenings; it only requires reporting from schools that already do so. She also noted that the training platform would be able to track aggregate statewide usage and assess knowledge gained before and after training.

The presenters explained that the bill supports equity by ensuring training is accessible, culturally responsive, and attentive to populations disproportionately affected by suicide, including Lesbian, Gay, Bisexual, Transgender, Queer, plus (LGBTQ+) youth, students of color, and youth experiencing homelessness.

They also shared outcomes from the previous statewide free training program, which operated from 2020 to 2024 and reached more than 20,000 students and staff. Evaluation results showed that 98 percent of staff and 95 percent of students reported feeling confident in helping someone who might be considering suicide, and 96 percent of students reported knowing how to access resources. That program expired in 2024, leaving the state without a free, standardized option.

Finally, the presenters stated that the Commission would use existing Behavioral Health Student Services Act administrative funds to develop and implement the statewide training, meaning no new appropriations would be required.

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

- The presenters clarified that the training program would not be entirely rebuilt; instead, the Commission anticipates collaborating with the previous training developer to implement the bill's requirements.
- Schools and districts that conduct suicide-risk screenings would be required to publicly share the two reported data points each year.
- The training program is a voluntary resource rather than a mandate. Only students aged 13 and older may participate, but teachers, parents, and caregivers of younger children may complete the training.
- The presenters shared that in conversations with the California Department of Education, they expressed that the cost of collecting and compiling the required data is expected to be minimal and absorbable within existing resources and would not require additional funding or staffing.

Motion: Tony Vartan made a motion to support AB 2003. Susan Wilson seconded the motion.

Vote: A roll call vote was taken. The motion passed with 13 members voting "Yes". Erin Franco and Barbara Mitchell abstained.

Designated Priority Tier: The bill was assigned as a medium priority (tier 2) bill.

Public Comment: There were no public comments.

Agenda Item: Review Policy Priorities for 2026

The committee did not have sufficient time to address this agenda item.

**Agenda Item: Senator Catherine Blakespear: Senate Bill 936 and 2026
Legislative Package (Action)**

Senate Bill 936

Senator Catherine Blakespear presented to the Committee on Senate Bill (SB) 936, which seeks to prohibit the public retail sale of nitrous oxide (laughing gas or N₂O) tanks or canisters larger than the standard 8-gram size. The bill includes limited exemptions for medical, dental, culinary, and automotive applications.

The Senator explained that nitrous oxide, also commonly referred to as "Whippets", is increasingly being abused by youth. The canisters are widely accessible and easy to

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obtain, contributing to misuse. She noted that the bill aims to ban the retail sale of larger canisters due to their illicit use. Nitrous oxide is a colorless, odorless gas, and its addictive potential has been compared to that of crack cocaine. Its rising popularity as a recreational drug poses significant public safety and waste-management concerns.

The Senator highlighted that improper inhalation of nitrous oxide can cause dizziness, impaired brain function, loss of motor control, asphyxia, and even death. Repeated exposure has been linked to long-term neurological damage. Nitrous oxide inactivates vitamin B-12, disrupting key metabolic pathways necessary for normal nerve function. This disruption can cause symptoms ranging from short-lived euphoria to numbness, weakness, difficulty walking, spinal cord injuries, cognitive changes, and psychiatric symptoms. The Senator also emphasized that emergency room visits related to nitrous oxide use increased by 246 percent from 2018 to 2023.

The Senator noted that several cities and counties, including Orange County, Costa Mesa, and Newport Beach, have already begun regulating and restricting the retail sale of large nitrous oxide tanks. SB 936 builds upon these local efforts by establishing a statewide standard. The bill does not target small 8-gram “whippet” canisters due to the significant impact such restrictions would have on small businesses, such as coffee shops, that rely on them for legitimate purposes.

Following the presentation of SB 936, the Committee engaged in a question-and-answer discussion with the Senator. Some of the key discussion points, responses, and additional information included:

- The bill would ban retail sales both in physical storefronts and online, though the Senator acknowledged that enforcement of online sales may pose challenges.
- Breathalyzers cannot detect nitrous oxide, making it difficult for law enforcement to identify individuals impaired by its use.
- Several other states have passed similar legislation restricting access to nitrous oxide.

Motion: Erin Franco made a motion to support SB 936. Noel O’Neill seconded the motion.

Vote: A roll call vote was taken. The motion unanimously passed.

Designated Priority Tier: The bill was assigned as a medium priority (tier 2) bill.

Public Comment:

Tom Renfree at the California Association of Alcohol and Drug Program Executives (CAADPE) stated that CAADPE is in support of the bill.

2026 Legislative Package: Behavioral Health Bills

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The Senator also provided a brief overview of two behavioral health bills in her legislative package: Senate Bill (SB) 989 and Senate Bill (SB) 1016.

Sponsored by the California Professional Firefighters, SB 989 would allow first responders to request that county behavioral health agencies file a petition on their behalf to initiate the Community Assistance, Recovery, and Empowerment (CARE) Court process. The Senator explained that when firefighters encounter individuals who may benefit from CARE Court, they currently must navigate a complex court-filing process, obtain sensitive medical records, and appear in court which they are often unable to perform. SB 989 would create a standardized referral form, provide clear guidance for first responders, and establish data-reporting requirements to improve transparency and program performance. The intent of the bill is to reduce administrative barriers for first responders, align responsibilities with appropriate expertise, and create a more accessible pathway for referring individuals who repeatedly come to the attention of emergency personnel.

SB 1016 would allow petitioners of a CARE Act petition to request that the court order a mental health evaluation under the Lanterman-Petris-Short (LPS) Act when the petitioner believes that the individual may be unwilling or unable to participate in the CARE process, a CARE plan, or a CARE agreement due to the severity of their mental disorder or a lack of insight into their condition.

The committee engaged in a question-and-answer discussion with the Senator about the two additional bills. Some of the key discussion points, responses, and additional information included:

- Petitioners would submit requests directly to the court to authorize a judge to order a mental health evaluation.
- The Senator highlighted that individuals are falling out of the CARE Act due to conditions too severe for participation, resulting in people exiting the program and returning to the streets.
- Some counties are reportedly using CARE Act processes to exit individuals from conservatorship by stepping them down to lower levels of care.
- Members raised concerns regarding patient rights, noting that the bills may shift authority away from clinical assessments toward judicial determination.
- The Senator expressed interest in having a deeper conversation with the Committee to receive recommendations that would help make both bills more implementable.

Agenda Item: CBHPC Legislative Positions List (Action)

Maydy Lo, Council Staff, provided an overview of advocacy activities completed since the January 2026 meeting. Maydy reported that an updated position letter was submitted to the author for Assembly Bill 96 (Jackson) and two support letters were

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submitted to the Legislature for Assembly Bill 1540 (Gonzalez). In addition, the Council signed onto a coalition letter in support of Assembly Bill 1626 (Gabriel).

Agenda Item: General Public Comment

There were no public comments.

Agenda Item: Meeting Wrap-up, Next Steps, and Adjourn

In closing, the Committee acknowledged the challenges related to reviewing the proposed legislation for consideration and expressed continued efforts to improve the process. The Committee also discussed positioning the Council as a key resource and partner for legislative offices and increasing engagement with legislators through more frequent outreach and guest speaker invitations.

The Committee expressed the need to hold an in-between meeting to discuss the remaining bills on the Pending Legislative Positions Chart. Council staff will work with the committee to schedule an in-between meeting prior to the June 2026 Quarterly Meeting.

The meeting adjourned at 4:20 p.m.