

# **California Behavioral Health Planning Council Legislation and Public Policy Committee Meeting**

April 16, 2025  
Meeting Minutes

## **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 Zykovsky
Liz Osegura	

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

\* = Virtual Attendance

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

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

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

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

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## **Agenda Item: CBHPC Updated Policy Platform (Action Item)**

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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.

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**Agenda Item: Review of Committee’s Updated Legislation Process**

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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.

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**Agenda Item: Committee Policy Priorities for 2025**

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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.

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**Agenda Item: Consent Agenda (Action Item)**

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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.

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**Agenda Item: Senate Bill 319 (Action Item)**

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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 Osegueda, Danielle Sena, Susan Wilson, and Ian Kemmer abstained. Karen Baylor, Barbara Mitchell, Deborah Starkey, and Uma Zykovsky voted no.

**Public Comment:**

There was no public comment.

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**Agenda Item: Senate Bill 530 (Action Item)**

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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.

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**Agenda Item: Assembly Bill 73 (Action Item)**

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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.

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**Agenda Item: Senate Bill 823 (Action Item)**

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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.

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

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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.

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**Agenda Item: Assembly Bill 348 (Action Item)**

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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.

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

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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.

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

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Due to time constraints, the committee was only able to discuss 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.

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**Agenda Item: Behavioral Health Transformation Ad-Hoc Update**

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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.

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**Agenda Item: General Public Comment**

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There was no public comment.

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**Agenda Item: Meeting Wrap-Up & Next Steps**

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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.

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**Agenda Item: Adjourn**

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The meeting was adjourned at 4:56pm.