

# California Behavioral Health Planning Council

## Legislation and Public Policy Committee Agenda

Wednesday, April 15, 2026

1:30 p.m. to 5:00 p.m.

[The California Endowment](#)

1414 K. Street, Suite 500

Sacramento, CA 95814

First Floor - Sacramento Adelante Room

[Zoom Meeting Link](#)

**Meeting ID:** 863 3229 6464

**Passcode:** 483491

**Join by phone:** 1-669-900-6833

**Passcode:** 483491

- 1:30 p.m.**                    **Welcome, Introductions, and Housekeeping**  
*Javier Moreno, Chairperson and Maydy Lo, Council Staff*
- 1:35 p.m.**                    **Assembly Bill 2161 (Action)**                    **Tab 1**  
*Assemblymember Mia Bonta*
- Presentation
  - Committee Question-and-Answer Discussion
  - Public Comment
  - Roll Call Vote
- 1:55 p.m.**                    **Review and Accept January 2026 Meeting Minutes (Action)**                    **Tab 2**  
*Javier Moreno, Chairperson*
- Committee Discussion
  - Public Comment
  - Accept Minutes
- 2:00 p.m.**                    **Review Policy Priorities for 2026**                    **Tab 3**  
*Javier Moreno, Chairperson*
- 2:10 p.m.**                    **CBHPC Legislative Positions List (Action)**                    **Tab 4**  
*Maydy Lo, Council Staff and All LPPC Members*
- 2:20 p.m.**                    **Consent Agenda (Action)**                    **Tab 5**  
*Javier Moreno, Chairperson and All LPPC Members*
- Committee Discussion
  - Public Comment
  - Roll Call Vote
- 2:30 p.m.**                    **Break**

If reasonable accommodations are required, please contact the Council at (916) 701-8211 at least 5 working days prior to the meeting date.



# California Behavioral Health Planning Council

## Committee Members

**Chairperson:** Javier Moreno

**Chair-Elect:** Deborah Starkey

Amanda Andrews, Karen Baylor, Jason L. Bradley, Monica Caffey, Erin Franco, Ian Kemmer, Barbara Mitchell, Catherine Moore, Noel O'Neill, Liz Oseguera, Danielle Sena, Karrie Sequeira, Daphne Shaw, Tony Vartan, Susan Wilson, Milan Zavala, Uma Zykofsky

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

**Wednesday, April 15, 2026**

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

**Enclosures:** [Assembly Bill \(AB\) 2161 \(Bonta\)](#)

**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, the Council's Focus Areas for 2026, and/or the Council's Policy Platform to determine potential action (positions). Assembly Bill 2161 (Bonta) aligns with the Council's Focus Areas for 2026 by addressing statewide behavioral health system integration and access within Medi-Cal, particularly for individuals with behavioral health needs who may be impacted by work or community-engagement requirements.

**Background/Description:**

The House of Representatives (H.R.) 1 Bill, also known as the One Big Beautiful Bill Act, was signed into law on July 4, 2025. Its provisions include federal Medicaid funding cuts, the addition of new work requirements for certain Medicaid recipients, and changes to timelines for eligibility redetermination.

Assemblymember Mia Bonta will present to the committee on Assembly Bill (AB) 2161, which aims to reduce the administrative workload created by the new H.R. 1 requirements by using existing data sources to automatically verify whether individuals meet work requirements. The bill also ensures that federal work requirements are implemented in the least harmful way possible for Medi-Cal beneficiaries.

Due to the Assembly Member's time constraints, committee members are encouraged to submit any questions to Council Staff, Maydy Lo, by **Tuesday, April 7, 2026**. This will allow staff to share the questions with the Assembly Member in advance and give her the opportunity to address them during her presentation. The committee may engage in a question-and-answer discussion with the Assembly Member after the presentation, if time permits.

*Additional information for the bill including location, status, or any identified organizations in support or opposition of, can be found in the Pending Legislative Positions Chart for April 2026 enclosure in addition to the bill summary located in the April 2026 Pending Legislations Bill Summaries enclosure within **Tab 9**.*

**Action:** Take a position on AB 2161.

### **Biography:**



Mia Bonta was elected to serve California's 18th Assembly District in a special election on August 31, 2021. The 18th Assembly District encompasses the East Bay area of Northern California. It includes a large portion of the City of Oakland and the cities of Emeryville and Alameda. Assemblymember Bonta's priority is to make California a more affordable, inclusive, and equitable home for all.

Mia has spent her career advocating for students and working families. Mia made Alameda her home more than 20 years ago where she has worked for and led several nonprofit organizations focused on improving educational outcomes for low-income students. Prior to being elected to the State Assembly, Mia served as the CEO of Oakland Promise, a cradle-to-college and career preparation initiative across Oakland public schools. In 2018, Mia was elected to the Alameda Unified School District School Board and she served as Board President from 2018-2021. In addition to her professional work, Mia has served on the boards of national non-profits seeking to build power for low-income people like Community Change Action and local providers like Alameda Free Library Foundation. Mia also served as an appointed 18th Assembly District Delegate to the California Democratic Party and on the AD-18 Advisory Committees for Women, Education, and Early Childhood.

Mia's advocacy on behalf of children and working families became the focal point of her campaign for Assembly. Mia has seen firsthand the cracks in the systems intended to

lift up the most vulnerable in her community, and she campaigned on priority issues such as fighting homelessness, building more affordable housing, passing transformative criminal justice reform, and combating the threat of climate change. She also intends to prioritize issues in California's public education system so that students and teachers have the resources they need to succeed.

A proud Black Latina, Mia was raised by activists who protested outside the halls of power so that one day, people like her could have a seat at the table inside. Growing up, Mia moved 13 times in 16 years, and with every move she carried what was most precious to her: a crate of books. Education was the one constant in her life, and Mia was fortunate to attend schools that would foster her love of learning and offer her a caring community of teachers and administrators committed to her success. For Mia, education was life-changing, and was what first inspired Mia to become a public servant. Mia holds a B.A. in Psychology from Yale University and went on to pursue an Ed.M from Harvard Graduate School of Education and a J.D. from Yale Law School.

Assemblymember Bonta lives in Alameda with her husband, Rob, and their three children.

**TAB 2**

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

**Wednesday, April 15, 2026**

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

**Enclosures:** January 2026 Draft Meeting Minutes

**Background/Description:**

Enclosed are the draft meeting minutes for the January 2026 quarterly 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 Quarterly Meeting

January 21, 2026

Meeting Minutes

**DRAFT**

### **Members Present:**

Barbara Mitchell, Chairperson

Javier Moreno, Chair-Elect

Karen Baylor

Noel O'Neill

Monica Caffey

Liz Oseguera

Erin Franco

Daphne Shaw

Ian Kemmer

Susan Wilson

Catherine Moore

Milan Zavala

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

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

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Chairperson Barbara Mitchell called the meeting to order and welcomed Council Members and attendees. Council Members, Council staff, and attendees were invited to introduce themselves. A quorum was established with 12 of 20 members present.

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

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The committee discussed nominations for the Chair-Elect.

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

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

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### **Agenda Item: Change of Officers**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Committee members expressed the following points during the discussion:

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

The committee agreed to watch the bill.

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

The committee discussed Assembly Bill (AB) 425 (Davies), which seeks to require the Department of Health Care Services (DHCS) to adopt the American Society of Addiction Medicine (ASAM) treatment criteria, or an equivalent evidence-based standard, as the minimum standard of care for alcohol or other drug programs certified by the department.

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Committee members expressed the following points during the discussion:

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

The committee agreed to watch the bill.

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

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

Committee members expressed the following points during the discussion:

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

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

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

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

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

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

Committee members expressed the following points during the discussion:

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

The committee agreed to watch the bill.

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

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

Committee members expressed the following points during the discussion:

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

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

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

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

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

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

Due to time constraints, the committee did not discuss or comment on Senate Bill (SB) 548 (Reyes) which seeks to require the California Health and Human Services Agency to direct the Behavioral health Task Force or a successor group, to create a set of recommendations to support an implementation plan for reducing alcohol- and drug-related addiction deaths by 50% on or before 5 years from the date the task force provides the recommendations to the Agency.

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

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

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

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

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

Committee members expressed the following points during the discussion:

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

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

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

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

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

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

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

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

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

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

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

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

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

## California Behavioral Health Planning Council

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

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

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

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

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

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

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

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

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

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

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

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

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

## California Behavioral Health Planning Council

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

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

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

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

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

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

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

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

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

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

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

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

The meeting adjourned at 4:48 p.m.

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

**Wednesday, April 15, 2026**

**Agenda Item:** Review Policy Priorities for 2026

**Enclosures:** CBHPC Policy Priorities for 2026

**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 this in an effective manner, the Council utilizes the Policy Platform and an annual Policy Priorities list, developed in alignment with the Council's Focus Areas for 2026, to guide the policy consideration of newly introduced legislation during the legislative session.

**Background/Description:**

The Policy Priorities for the year were developed based on the committee's discussion and recommendations made at the October 2025 and January 2026 meetings with additional input and approval from Chairperson Javier Moreno and Chair-Elect Deborah Starkey. The Policy Priorities serve as a guide for the committee's priority legislative activities for the year. The document is used to assist committee members and Council staff in identifying legislation that aligns with the annual priorities that the Council may consider taking a position on.

During this agenda item, Javier Moreno will share the final Policy Priorities document with the committee.



## **Policy Priorities for 2026**

### **State and Federal Budget Cuts:**

- Protect funding for access to the Medi-Cal Mobile Crisis Benefits.

### **Children and Youth:**

- Advocate for comprehensive services and support for children and youth with early episodes of psychosis.

### **Substance Use Disorder:**

- Advance policies that strengthen the substance use disorder (SUD) continuum of care, including expanding access to supportive housing, residential treatment, and recovery residence options to improve treatment engagement, stability, and long-term recovery outcomes.

### **Proposition 36:**

- Monitor the implementation and impacts of Proposition 36 on the behavioral health and criminal justice systems by tracking drug-related incarceration trends and treatment access for justice-involved individuals.

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

Wednesday, April 15, 2026

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

**Enclosures:** [CBHPC Legislative Positions List](#)

[Assembly Bill \(AB\) 96 Support Letter to the Senate Health Committee](#)

[Assembly Bill \(AB\) 1540 Support Letter to the Assembly Health Committee](#)

Assembly Bill (AB) 1626 Coalition Support Letter

### **How This Agenda Item Relates to Council Mission**

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

Though the use of the Policy Platform and the annual Policy Priorities list, which is developed in alignment with the Council's Focus Areas for 2026, the Legislation and Public Policy Committee takes positions on legislation on behalf of the CBHPC to 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 that the Council has taken a position on during the 2025-2026 legislative session.

The following bills have died since the committee's January 2026 meeting:

- Assembly Bill (AB) 73 (Jackson): Mental Health: Black Mental Health Navigator Certification.
  - Position Taken: Support
  - Date Position Taken: 04/16/2025
- Assembly Bill (AB) 384 (Connolly): Health care coverage: mental health and substance use disorders: inpatient admissions.
  - Position: Support
  - Date Position Taken: 02/18/2025

- Senate Bill (SB) 319 (Ashby): Criminal justice statistics: reporting.
  - Position: Support if Amended
  - Date Position Taken: 04/16/2025
- Senate Bill (SB) 367 (Allen): Mental health.
  - Position: Oppose
  - Date Position Taken: 01/21/2026
- Senate Bill (SB) 531 (Rubio): Course of study: mental health education.
  - Position: Support
  - Date Position Taken: 04/16/2025
- Senate Bill (SB) 548 (Reyes): California Overdose Death and Addiction Reduction Act of 2025.
  - Position: Support
  - Date Position Taken: 01/21/2026
- Senate Bill (SB) 823 (Stern): Mental health: the CARE Act.
  - Position: Oppose
  - Date Position Taken: 04/16/2025

During this agenda item, Council Staff Maydy Lo will provide updates on active bills, including advocacy activities completed since the January 2026 meeting. The committee will review amended bills, update priorities if needed and identify further advocacy actions when appropriate.



March 6<sup>th</sup>, 2026

The Honorable Jesse Gabriel  
California State Assembly  
1021 O Street, Suite 8230  
Sacramento, CA 95814

RE: **Support for AB 1626**– Mental Health Training for Youth Sports Coaches

Dear Assemblymember Gabriel,

The undersigned organizations write in strong support of your bill, AB 1626, which would require mental health training for youth sports coaches and provide them with critical tools to better support the mental well-being of California's student athletes.

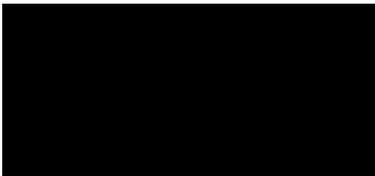
We are a coalition of youth-centered, education, and behavioral health advocates committed to improving access to vital behavioral health supports and services. California's youth are facing a mental health crisis, with rising rates of depression, anxiety, disconnection, and suicide. Student athletes are not immune to these challenges, and many face additional pressures related to performance, identity, body image, and belonging. For many youths, especially those less likely to seek help, coaches may be one of the most trusted and consistently available figures outside the home.

Coaches spend significant time with student athletes and are often present during moments of stress, failure, and vulnerability. This proximity places them in a unique position to notice early warning signs of mental health distress. Yet studies show that only one in five coaches feel highly confident in their ability to support youth facing mental health challenges, and California law currently does not require mental health training for youth sports coaches.

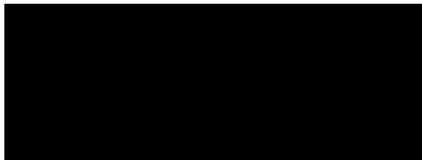
By requiring mental health-informed training for coaches, AB 1626 would equip them to recognize signs of distress, engage in supportive communication, and connect students to appropriate school and community resources. This training would help reduce stigma, encourage early intervention, and foster safer, more supportive athletic environments for all student athletes.

For these reasons we support AB 1626 and are committed to ensuring youth athletes across California have the support they need.

Sincerely,



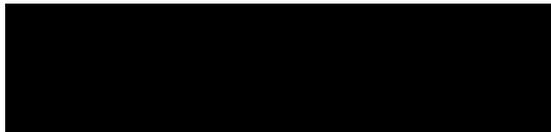
Danny Thirakul  
Public Policy Coordinator  
California Youth Empowerment  
Network



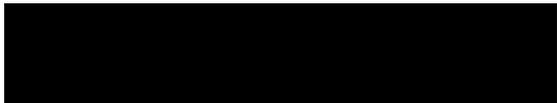
Karen Vicari  
Director of Public Policy  
Mental Health America of California



Anthony Garibay-Mena  
Program Manager  
LGBTQ+ Inclusivity, Visibility, and  
Empowerment (LIVE)



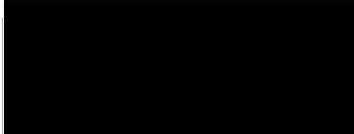
Justine Chueh-Griffith  
Government Affairs and Policy  
Director  
California Association of Student  
Councils



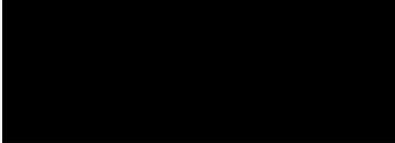
Patricia Barahona  
Chief Executive Officer  
Youth Leadership Institute



Meron Agonafer  
Policy Director  
Cal Voices



Tony Hoang  
Executive Director  
Equality California



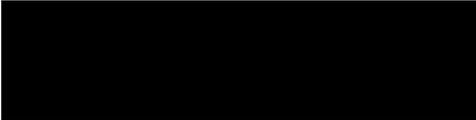
Leonardo Rivas  
Program Director  
AIDS Healthcare Foundation /  
Impulse Group



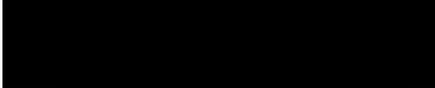
Daniela Dominguez  
President  
On the Margins, Inc



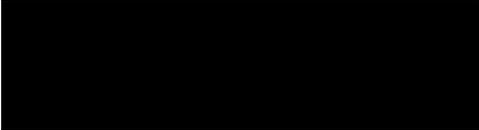
Lynn Rivas  
Executive Director  
California Association of Mental  
Health Peer Run Organizations



Monica Gilbert  
Associate Director and Senior  
Counsel of Public Policy  
Disability Rights California



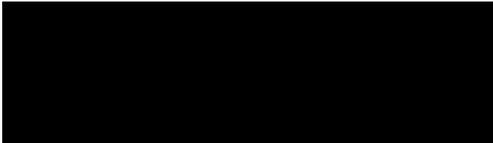
Tony Vartan  
Chair  
California Behavioral Health  
Planning Council



John Aguirre  
CEO  
CalPride



Chase Overholt  
Executive Director  
Positive Images



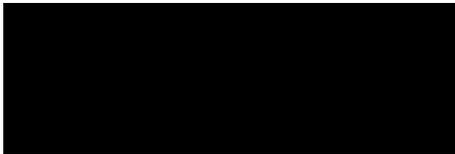
Aaron Mason, LMFT  
Director of Mental Health  
REACH LA



Corey Baugher  
Communication and Outreach  
Manager  
Vietnamese American Arts &  
Letters Association



Justina Sotelo  
Community Organizer  
Stonewall Alliance Chico



Amber Twitchell  
Associate Director  
LGBTQ Connection



Richard Gallo  
Director and Certified MediCal  
Peer Support Specialist  
Peer Voices United-Sacramento



Max Disposti  
Executive Director  
North County LGBTQ Resource  
Center



Britni Lloyd  
Center Manager  
MoPride



Ivan Hernandez  
Director of Movement Building  
Gente Organizada



Sheri K. White  
Executive Director  
Human Response Network



Nicholas Pisca  
Certified USSF/AYSO Coach and  
Referee  
LA Waves

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

Wednesday, April 15, 2026

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

**Enclosures:** CBHPC Consent Agenda

Assembly Bill (AB) 1970 Fact Sheet\*

Assembly Bill (AB) 2352 Fact Sheet\*

Senate Bill (SB) 903 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, the Council's Focus Areas for 2026, and/or the Council's Policy Platform to determine potential action (positions).

### **Background/Description:**

To expedite meetings and reserve time for bills that need to be discussed, the Legislation and Public Policy Committee utilizes a "Consent Agenda."

Bills on the Consent Agenda are non-controversial and align with the approved Policy Platform, so no discussion is needed. This allows the committee to group such bills together under one heading and vote on them at one time. If a member feels that a discussion is needed on any of the bills listed on the Consent Agenda, they may request the removal of the bill/bills for a separate discussion. Removal of a bill enables it to be considered and voted upon separately if a discussion is needed during the pending legislation discussion later in the agenda. The committee can also remove a bill if they decide it does not fall within the Policy Platform, a position will not be taken.

Information about the identified bills below are reviewed by Council Members in advance of the meeting to ensure a smooth voting process:

- [AB 1970 \(Harabedian\): Health care coverage: mental health or substance use disorders.](#)

- This is a fiscal bill.
- Organizations in Support: California Behavioral Health Association (Sponsor)
- Organizations in Opposition: None identified at this time.
- [AB 2352 \(Valencia\): Medi-Cal providers: nonprofit public benefit corporations.](#)
  - This is a fiscal bill.
  - Organizations in Support: California Behavioral Health Association (Sponsor), California Association of Marriage and Family Therapists, California Access Coalition
  - Organizations in Opposition: None identified at this time.
- [AB 2460 \(Rodriguez\): Pupil health: mental health framework.](#)
  - This is a fiscal bill.
  - There are no identified organizations in support or opposition at this time.
- [SB 903 \(Padilla\): Mental health professionals: artificial intelligence.](#)
  - This is a fiscal bill.
  - Organizations in Support: California Psychological Association (Co-Sponsor), California Association of Marriage and Family Therapists (Co-Sponsor), California Behavioral Health Association (Co-Sponsor)
  - Organizations in Opposition: None identified at this time.
- [SCR 145 \(Weber Pierson\): Mental Health Peer Appreciation Week.](#)
  - This is a non-fiscal bill.
  - There are no identified organizations in support or opposition at this time.
  - The Council supported the same bill in 2025 that declared the third week of May 2025 as Mental Health Peer Appreciation Week in California.
- [SB 490 \(Umberg\): Alcohol and drug programs.](#)
  - This is a fiscal bill.
  - Organizations in Support: League of California Cities
  - Organizations in Opposition: County Behavioral Health Directors Association of California
  - The bill language is the same as Senator Umberg's 2025 [Senate Bill 35](#) in which the Council opposed, citing the following concerns:
    - Counties do not hold any authority, oversight, or code enforcement jurisdiction over unlicensed facilities.
    - The bill does not include funding allocations that would enable counties to receive reimbursement for work performed under the bill.
    - There is the possibility that the responsibilities may eventually be delegated to respective counties where the alleged unlicensed facility is located, which would overburden counties.
    - Given the already strained behavioral health workforce, it would be challenging for counties to dedicate staff to administer these duties and adhere to the tightened timelines.

**Motion:** To approve the Consent Agenda.

\*For a copy of the Fact Sheets provided to Council Members, please contact Maydy Lo at [maydy.lo@cbhpc.dhcs.ca.gov](mailto:maydy.lo@cbhpc.dhcs.ca.gov).



## California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

### Consent Agenda April 2026

#### Proposed Position: Support

**AB 1970** (**Harabedian, D**) **Health care coverage: mental health or substance use disorders.**

**Current Text:** 02/13/2026 - Introduced

**Status:** 03/02/2026 - Referred to Com. on HEALTH.

**Location:** 03/02/2026 - Assembly Health

**Summary:** Would prohibit a health care service plan contract or a health insurance policy that is issued, amended, or renewed on or after January 1, 2027, from imposing step therapy as a prerequisite to authorizing coverage of any prescription drug used for the treatment of mental health or substance use disorders, as defined. The bill would specify that the prohibition on step therapy does not apply when the United States Food and Drug Administration-labeled indications and usage of a drug indicate that some prior medication must be taken. Because a willful violation of this provision by a health care service plan would be a crime, the bill would impose a state-mandated local program. (Based on 02/13/2026 text)

**AB 2352** (**Valencia, D**) **Medi-Cal providers: nonprofit public benefit corporations.**

**Current Text:** 02/19/2026 - Introduced

**Status:** 03/09/2026 - Referred to Com. on HEALTH.

**Location:** 03/09/2026 - Assembly Health

**Summary:** Current law sets forth various procedures, including the submission of an application package, for provider enrollment, continuing enrollment, or enrollment at a new location or a change in location under the Medi-Cal program. Current law requires an applicant or provider who is a natural person and is licensed or certificated under provisions relating to healing arts, the Osteopathic Initiative Act, or the Chiropractic Initiative Act, or is a professional corporation, to comply with the above-described procedures and to be enrolled in the Medi-Cal program as either an individual provider or as a rendering provider in a provider group for each application package that is submitted and approved. This bill would also apply the above-described provision to a nonprofit public benefit corporation that has been granted tax-exempt status and that provides nonspecialty mental health services, as specified. (Based on 02/19/2026 text)

**AB 2460** (**Rodriguez, Celeste, D**) **Pupil health: mental health framework.**

**Current Text:** 03/19/2026 - Amended



## California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

**Status:** 03/23/2026 - Re-referred to Com. on ED.

**Location:** 03/19/2026 - Assembly Education

**Summary:** Would require the State Department of Education, in consultation with the State Department of Health Care Services and appropriate stakeholders, to develop a framework to ensure that pupils have access to comprehensive mental health support within their education environment that is adaptable to local emergencies and that local educational agencies strive to promote a safe, supportive educational environment that includes an equity-centered mental health framework adaptable to locally declared emergencies in which community mental health resources, networks, and other resources are provided to pupils, as specified. (Based on 03/19/2026 text)

### **SB 903**

**(Padilla, D) Mental health professionals: artificial intelligence.**

**Current Text:** 01/21/2026 - Introduced

**Status:** 02/18/2026 - Referred to Coms. on B. P. & E.D. and P., D.T., & C.P.

**Location:** 02/18/2026 - Senate Business, Professions and Economic Development

**Summary:** Current law establishes the Board of Behavioral Sciences in the Department of Consumer Affairs to regulate licensees under the Licensed Marriage and Family Therapist Act, the Educational Psychologist Practice Act, the Clinical Social Worker Practice Act, and the Licensed Professional Clinical Counselor Act. Existing law regulates the use of artificial intelligence, as defined. Current law requires a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence to generate written or verbal patient communications pertaining to patient clinical information to ensure those communications include a disclaimer that indicates to the patient that a communication was generated by artificial intelligence and instructions describing how a patient may contact a human health care provider, employee, or other appropriate person. This bill would prohibit a licensed professional, as defined, from engaging in the use of artificial intelligence to assist in providing supplementary support in therapy or psychotherapy where the client's therapeutic session is recorded or transcribed unless the patient or their authorized representative is informed that artificial intelligence will be used and provides consent, as specified. The bill would also prohibit an individual, corporation, or entity from providing, advertising, or otherwise offering therapy or psychotherapy, including through the use of internet-based artificial intelligence, to the public in this state unless the therapy or psychotherapy services are conducted by an individual who is a licensed professional. (Based on 01/21/2026 text)

### **SCR 145**

**(Weber Pierson, D) Mental Health Peer Appreciation Week.**

**Current Text:** 03/11/2026 - Introduced

**Status:** 03/18/2026 - From committee: Ordered to third reading.

**Location:** 03/18/2026 - Senate THIRD READING



## California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

**Summary:** Would recognize the 3rd week of May 2026 as Mental Health Peer Appreciation Week in California. (Based on 03/11/2026 text)

### Proposed Position: Oppose

#### **SB 490** (Umberg, D) Alcohol and drug programs.

**Current Text:** 01/05/2026 - Amended

**Status:** 01/26/2026 - Read third time. Passed. (Ayes 39. Noes 0.) Ordered to the Assembly. In Assembly. Read first time. Held at Desk.

**Location:** 01/26/2026 - Assembly DESK

**Summary:** Current law provides for the licensure and regulation of adult alcohol or other drug recovery or treatment facilities by the State Department of Public Health and prohibits the operation of one of those facilities without a current valid license. Current law requires the department, if a facility is alleged to be in violation of that prohibition, to conduct a site visit to investigate the allegation. Current law requires, if the department's employee or agent finds evidence that the facility is providing services without a license, the employee or agent to take specified actions, including, among others, submitting the findings of the investigation to the department and issuing a written notice to the facility that includes the date by which the facility is required to cease providing services. Current 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, through fee-for-service or managed care delivery systems. The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Current law establishes the Drug Medi-Cal Treatment Program (Drug Medi-Cal) and authorizes the department to enter into a Drug Medi-Cal contract with each county for the provision of alcohol and drug use services within the county service area. This bill would require the department, if it determines it has jurisdiction over the allegation, to initiate that investigation within 10 days of receiving the allegation and, except as specified, complete the investigation within 60 days of initiating the investigation. The bill would require the department, if it receives a complaint that does not fall under its jurisdiction, to notify the complainant that it does not investigate that type of complaint. The bill would require the employee or agent to provide the notice described above within 10 days of the employee or agency submitting their findings to the department and to conduct a followup site visit to determine whether the facility has ceased providing services as required. (Based on 01/05/2026 text)

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

**Wednesday, April 15, 2026**

**Agenda Item:** Assembly Bill 1540: Implementation Framework

**Enclosures:** [Assembly Bill \(AB\) 1540 \(González\)](#)

**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. This presentation is intended to inform the committee on implementation and accountability provisions for Assembly Bill 1540.

**Background/Description:**

During the January 2026 quarterly meeting, the committee voted to support Assembly Bill (AB) 1540 (González), which would restore the distinct crisis hotline for the Lesbian, Gay, Bisexual, Transgender, Queer, plus (LGBTQ+) Youth in California by requiring the California Office of Emergency Services (CalOES) to ensure technology allows for automatic routing, and a support letter was submitted to the Assembly Health Committee in February 2026.

During this agenda item, Kyle Johnson, Legislative and Communications Aide from Assemblymember Mark Gonzalez's office, will present to the committee on the proposed implementation and accountability framework for the bill. After the presentation, committee members will have the opportunity to engage in a question-and-answer discussion with the guest speaker.

## Biography:



Kyle Johnson is currently a Legislative and Communications Aide for Assemblymember Mark Gonzalez. Prior to this role, he was an Assembly Fellow and served on the Capitol LGBTQ+ Association as a Board member. As a Community College and UC Davis student, he engaged in years of student advocacy, including coordinating lobby days in Sacramento and Washington, D.C.

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

**Wednesday, April 15, 2026**

**Agenda Item:** Assembly Bill 2003 (Action)

**Enclosures:** Assembly Bill 2003 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, the Council Focus Areas for 2026, and/or the Council's Policy Platform to determine potential action (positions). Assembly Bill 2003 (Berman) aligns with the Council's 2026 Focus Areas by strengthening statewide youth behavioral health supports through standardized suicide-prevention training in K–12 schools.

**Background/Description:**

Assembly Bill (AB) 2003 (Berman) would require the Behavioral Health Services Oversight and Accountability Commission (Commission for Behavioral Health) to develop an online training program. The training would be available to school staff, parents, and pupils of county offices of education, school districts, state special schools, and charter schools that serve students in kindergarten through 12<sup>th</sup> grade. The training would focus on pupil suicide prevention.

During this agenda item, Kendra Zoller, Deputy Director of Legislative & External Affairs, and Katie McKenzie, Health Program Specialist II, at the Commission for Behavioral Health as well as Ellen Hou Green, Legislative Director, from Assembly Member Marc Berman's office, will present to the committee on the bill. After the presentation, committee members will have the opportunity to engage in a question-and-answer discussion with the guest speakers.

**Additional Resources:**

[Assembly Bill 2003: Pupil health: suicide prevention.](#)

\*For a copy of the Fact Sheets provided to Council Members, please contact Maydy Lo at [maydy.lo@cbhpc.dhcs.ca.gov](mailto:maydy.lo@cbhpc.dhcs.ca.gov).

### **Biography:**



Kendra joined the Commission in 2023 and is committed to leveraging her expertise in policy development and community engagement to elevate and advance the Commission's mission to ensure everyone who needs behavioral health care has access to and receives effective and culturally competent care. Kendra also oversees the Commission's advocacy contracts, planning and implementation of Commission meetings, and communications team. Prior to joining the Commission, Kendra spent 12 years at the Department of Insurance as Deputy Legislative Director where she focused her efforts on

developing and implementing policies that strengthened consumer protections, regulated insurance markets, and ensured fair and transparent insurance practices. Her legislative accomplishments include expanding consumer protection laws to assist wildfire survivors, ensure community and public safety, and protect vulnerable communities. Kendra also previously worked at the California Air Resources Board where she assisted in developing and advocating for policy recommendations aimed at promoting and protecting the public health and ecological resources of California through effective reduction of air pollutants. She earned her Bachelor of Arts degree in History with a minor in agricultural business from California Polytechnic State University San Luis Obispo.



Katie joined the Commission in 2024 and serves the Legislative and External Affairs team in legislative analysis, meeting facilitation, and stakeholder collaboration to support the Commission's mission of ensuring Californians can access effective, equitable behavioral health services. Prior to joining the Commission, Katie served as a Lead Patient Navigator at the Department of State Hospitals, overseeing 16 counties and guiding treatment pathways for DSH-committed patients deemed incompetent to stand trial. She previously spent nine years with the California Highway Patrol supporting the Governor's Protective Detail under Governors Brown and Newsom, where she managed sensitive administrative operations and provided detailed analytical review of reports and investigations. Katie began

her 15-year public service career with the California Department of Corrections and Rehabilitation and holds a Bachelor of Arts in English Language & Literature and Film Studies from Smith College in Northampton, Massachusetts.

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

**Wednesday, April 15, 2026**

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

**Enclosures:** Senate Bill 936 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, the Council Focus Areas for 2026, and/or the Council's Policy Platform to determine potential action (positions). Senate Bill 936 (Blakespear) aligns with the Council's continued advocacy efforts and 2026 Focus Areas on substance use disorder.

**Background/Description:**

In 2025, the Food and Drug Administration issued a consumer warning that nitrous oxide (laughing gas or N<sub>2</sub>O) has several negative short-term health impacts, including dizziness, impaired brain function, possible asphyxia or death, as well as long-term complications, such as neurological and organ damage. Individuals in recovery from substance use have compared the addictiveness of nitrous oxide to that of cocaine. Nitrous oxide can be obtained through retail outlets or authorized, licensed distributors.

Senate Bill (SB) 936 (Blakespear) intends to prohibit the public retail sale of nitrous oxide canisters larger than eight grams, with limited exemptions for medical, dental, culinary, and automotive applications.

During this agenda item, Senator Catherine Blakespear will present to the committee on SB 936 and may discuss her legislative package for the committee's consideration.

After the presentation, committee members will have the opportunity to engage in a question-and-answer discussion with the guest speaker.

### **Additional Resources:**

[Senate Bill 936: Nitrous oxide: sales.](#)

\*For a copy of the Fact Sheets provided to Council Members, please contact Maydy Lo at [maydy.lo@cbhpc.dhcs.ca.gov](mailto:maydy.lo@cbhpc.dhcs.ca.gov).

### **Biography:**



Catherine S. Blakespear was elected in 2022 as the state senator for the 38th District, which covers northern San Diego County and southern Orange County. She previously served eight years in local government – six years as the Encinitas Mayor and two on the Encinitas City Council.

In her first three years in the Senate, Blakespear has focused on reducing homelessness, curbing the cost of living, making communities safer and preventing gun violence, protecting the environment and natural wildlife habitat, improving public transportation and countering climate change.

Blakespear is Chair of the Senate Environmental Quality Committee and Chair of the Senate

Transportation Subcommittee on LOSSAN Rail Corridor Resiliency, which focuses on improving support and planning for the 351-mile rail line that runs from San Diego to San Luis Obispo.

She also sits on the Senate's committees on the budget, governmental organization and transportation, and is a member of Budget Subcommittee 2 on resources, environmental protection and energy.

Blakespear has authored 24 bills that have been passed by the Legislature and signed into law by the Governor. They include environmental legislation that bans plastic bags from being provided at grocery store checkouts, gun violence prevention legislation to ensure people undergoing mental health crises turn in their firearms, and green energy legislation to preserve solar tax breaks.

In addition, she has hosted and attended dozens of events in Senate District 38 to raise awareness about pressing state and regional issues and engage communities she represents. She has held three policy summits on ending homelessness, bringing together leading policymakers and experts in homelessness to find solutions to this humanitarian crisis.

A lawyer and former journalist, Blakespear lives in Encinitas.

**California Behavioral Health Planning Council  
Legislation and Public Policy Committee (LPPC) Meeting**

**Wednesday, April 15, 2026**

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

**Enclosures:** Tiers for Prioritizing Bills Diagram

CBHPC Pending Legislative Positions Chart for April 2026

April 2026 Pending Legislations Bill Summaries

Fact Sheets for Assembly Bill 46\*, Assembly Bill 1586\*, Assembly Bill 1676\*,  
Assembly Bill 1851\*, Assembly Bill 1932\*, Assembly Bill 2126\*, Assembly Bill  
2138\*, Senate Bill 1221\*

**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, Council Focus Areas for 2026, 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 2026 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 2026, followed by bills that are in alignment with the Council's Policy Platform, and then bills requested for the Council's consideration by Council members, Council staff, 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.

During this agenda item, the committee will review and discuss the bills listed in the Pending Legislative Positions Chart, as time permits. The committee may choose to take positions or elect to take no action on any of the proposed bills. Additionally, Council members may request bills to be added for the committee's consideration during the current two-year legislative bill cycle if they clearly align with the committee's priorities or the Council's Policy Platform.

\*For a copy of the Fact Sheets provided to Council Members, please contact Maydy Lo at [maydy.lo@cbhpc.dhcs.ca.gov](mailto: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 April 2026**

| Bill Number             | Author | Bill Topic  | Current Text          | Status  | Fiscal Impact | Organizations in Support and Opposition  | Council Priority Alignment | Rec. Position | Priority Tier Number |
|-------------------------|--------|---|-----------------------|---|---------------|--|----------------------------|---------------|----------------------|
| <a href="#">AB 1556</a> | Haney  | Recovery residences: funding.   | 03/19/2026 Amended    | 03/23/2026 Re-referred to Com. on H. & C.D.   | Yes           | <b>SUPPORT:</b> None identified at this time.<br><b>OPPOSE:</b> None identified at this time.  | Policy Priorities for 2026 | Support       | To Be Decided        |
| <a href="#">AB 1851</a> | Gipson | Pupil health: social-emotional, behavioral, and mental health supports. | 02/11/2026 Introduced | 03/16/2026 In committee: Set, first hearing. Hearing canceled at the request of author. | Yes           | <b>SUPPORT:</b> Initiate Justice ( <i>Sponsor</i> ), LA Youth Justice Coalition ( <i>Sponsor</i> )<br><b>OPPOSE:</b> None identified at this time. | Policy Priorities for 2026 | 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 |
|-------------------------|----------|---|-----------------------|--|---------------|---|----------------------------|---------------|----------------------|
| <a href="#">AB 1932</a> | Elhawary | Department of Social Services: C.R.I.S.E.S. Grant Pilot Program. (Introduced-2/13/2026) | 02/13/2026 Introduced | 03/16/2026 Referred to Coms. on HUM. S. and JUD. | Yes           | <p><b>SUPPORT:</b> Alliance for Boys and Men of Color (ABMOC)(<i>Co-Sponsor</i>); Anti Police-Terror Project (AFTP)(<i>Co-Sponsor</i>); Black Lives Matter California (BLM-CA) (<i>Co-Sponsor</i>); Black Arts Movement Business District CDC (<i>Co-Sponsor</i>); Communities United for Restorative Justice (CURYJ) (<i>Co-Sponsor</i>); Justice Teams Network (JTN)(<i>Co-Sponsor</i>); Silicon Valley De-Bug (SVD)(<i>Co-Sponsor</i>); Youth Justice Coalition (YJC)(<i>Co-Sponsor</i>)</p> <p><b>OPPOSE:</b> None identified at this time.</p> | Policy Priorities for 2026 | 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 |
|-------------------------|--------|---|-----------------------|---|---------------|--|----------------------------|---------------|----------------------|
| <a href="#">AB 2259</a> | Ransom | Prisons: mental health.                                 | 02/19/2026 Introduced | 03/09/2026 Referred to Com. on PUB. S.    | Yes           | <p><b>SUPPORT:</b> Mental Health America of California (<i>Co-Sponsor</i>), Anti-Recidivism Coalition (<i>Co-Sponsor</i>), California Association of Marriage and Family Therapists (<i>Co-Sponsor</i>); ACLU California Action; California Police Chiefs Association; Ella Baker Center for Human Rights; TechNet</p> <p><b>OPPOSE:</b> None identified at this time.</p> | Policy Priorities for 2026 | Support       | To Be Decided        |
| <a href="#">AB 2343</a> | Patel  | Alcohol and other drug programs: quality rating system. | 03/19/2026 Amended    | 03/17/2026 Re-referred to Com. on HEALTH. | Yes           | <p><b>SUPPORT:</b> None identified at this time.</p> <p><b>OPPOSE:</b> None identified at this time.</p>   | Policy Priorities for 2026 | 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 |
|-------------------------|-------------|---|--------------------|--|---------------|---|----------------------------|---------------|----------------------|
| <a href="#">SB 926</a>  | Strickland  | Public safety: Funding of Proposition 36 Act. | 03/12/2026 Amended | 03/12/2026<br>From committee with author's amendments. Read second time and amended. Re-referred to Com. on RLS.                           | Yes           | <p><b>SUPPORT:</b> None identified at this time.</p> <p><b>OPPOSE:</b> None identified at this time.</p>      | Policy Priorities for 2026 | Support       | To Be Decided        |
| <a href="#">AB 1105</a> | Quirk-Silva | Conservatorships.                             | 07/03/2025 Amended | 08/28/2025<br>Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/18/2025)(May be acted upon Jan 2026) | Yes           | <p><b>SUPPORT:</b> California Psychiatric Association</p> <p><b>OPPOSE:</b> None identified at this time.</p> | Policy Platform            | 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 |
|-------------------------|--------|--|--------------------|--|---------------|---|----------------------------|---------------|----------------------|
| <a href="#">AB 1586</a> | Ramos  | Opioid overdose reversal medication: school resource officers. | 03/23/2026 Amended | 03/19/2026 From committee: Amend, and do pass as amended and re-refer to Com. on APPR. (Ayes 8. Noes 0.) (March 18). (Amended text released 3/23/2026) | Yes           | <p><b>SUPPORT:</b> including, but not limited to, California Association of Alcohol and Drug Program Executive, Inc. (<i>Sponsor</i>); California Youth Empowerment Network; County Behavioral Health Directors Association of California; California Foundation for the Advancement of Addiction Professionals; California Federation of Teachers, AFL-CIO California Narcotic Officers' Association California Reserve Peace Officers Association</p> <p><b>OPPOSE:</b> None identified at this time.</p> | 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 |
|-------------------------|---------|--|--------------------|--|---------------|---|----------------------------|---------------|----------------------|
| <a href="#">AB 1676</a> | Stefani | Mental health services: assisted outpatient treatment: involuntary medication. | 03/16/2026 Amended | 03/17/2026 Re-referred to Com. on HEALTH.  | Yes           | <p><b>SUPPORT:</b> None identified at this time.</p> <p><b>OPPOSE:</b> None identified at this time.</p>      | Policy Platform            | Oppose        | To Be Decided        |
| <a href="#">AB 1825</a> | Krell   | Health care: state hospitals.  | 03/09/2026 Amended | 03/18/2026 From committee: Do pass and re-refer to Com. on HEALTH with recommendation: To Consent Calendar. (Ayes 9. Noes 0.) (March 17). Re-referred to Com. on HEALTH. | Yes           | <p><b>SUPPORT:</b> California Psychiatric Association</p> <p><b>OPPOSE:</b> None identified at this time.</p> | Policy Platform            | 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 |
|-------------------------|--------|-----------------------------------|-----------------------|------------------------------------|---------------|--|----------------------------|---------------|----------------------|
| <a href="#">AB 2003</a> | Berman | Pupil health: suicide prevention. | 02/17/2026 Introduced | 03/09/2026 Referred to Com. on ED. | Yes           | <p><b>SUPPORT:</b> Commission for Behavioral Health (<i>Sponsor</i>); California Youth Empowerment Network (<i>Co-Sponsor</i>); California Voices for Progress; California Alliance of Child and Family Services; California Association of Marriage and Family Therapists; California Association of Social Rehabilitation Agencies; California Behavioral Health Association; Disability Rights California; Mental Health America of California; Steinberg Institute</p> <p><b>OPPOSE:</b> None identified at this time.</p> | 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 |
|-------------------------|----------|---|-----------------------|---|---------------|--|----------------------------|---------------|----------------------|
| <a href="#">AB 2126</a> | Elhawary | Community care facilities: crimina background exemptions.     | 02/18/2026 Introduced | 03/16/2026 Referred to Coms. on HUM. S. and PUB. S. | Yes           | <p><b>SUPPORT:</b> California Alliance (<i>Sponsor</i>); The Children’s Partnership (<i>Co-Sponsor</i>); Child Welfare Directors Association (<i>Co-Sponsor</i>); The Alliance for Boys and Men of Color (<i>Co Sponsor</i>)</p> <p><b>OPPOSE:</b> None identified at this time.</p> | Policy Platform            | Support       | To Be Decided        |
| <a href="#">AB 2138</a> | Krell    | Medi-Cal: enhanced care management: peer support specialists. | 02/18/2026 Introduced | 03/02/2026 Referred to Com. on HEALTH.              | Yes           | <p><b>SUPPORT:</b> Steinberg Institute (<i>Sponsor</i>)</p> <p><b>OPPOSE:</b> None identified at this time.</p>  | Policy Platform            | Support       | To Be Decided        |

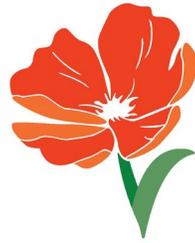
| Bill Number             | Author | Bill Topic   | Current Text       | Status   | Fiscal Impact | Organizations in Support and Opposition  | Council Priority Alignment | Rec. Position | Priority Tier Number |
|-------------------------|--------|--|--------------------|--|---------------|--|----------------------------|---------------|----------------------|
| <a href="#">AB 2161</a> | Bonta  | Medi-Cal: redeterminations and work or community engagement. | 03/23/2026 Amended | 03/23/2026<br>From committee chair, with author's amendments: Amend, and re-refer to Com. on HEALTH. Read second time and amended. | Yes           | <p><b>SUPPORT:</b> None identified at this time.</p> <p><b>OPPOSE:</b> None identified at this time.</p> | 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 |
|------------------------|------------|-----------------------|--------------------------|---|---------------|--|----------------------------|---------------|----------------------|
| <a href="#">SB 936</a> | Blakespear | Nitrous oxide: sales. | 01/29/2026<br>Introduced | 03/17/2026<br>From committee: Do pass and re-refer to Com. on B. P. & E.D. (Ayes 6. Noes 0.) (March 17).<br>Re-referred to Com. on B. P. & E.D. | Yes           | <p><b>SUPPORT:</b> including, but not limited to, Rural Counties Representatives of California (<i>Co-Sponsor</i>); National Stewardship Action Council (<i>Co-Sponsor</i>); County of Orange (<i>Co-Sponsor</i>); San Diego County District Attorney, Summer Stephan (<i>Co-Sponsor</i>); California Narcotic Officers' Association; County of Humboldt; County of Mendocino; Del Norte Solid Waste Management Authority; League of California Cities</p> <p><b>OPPOSE:</b> ACLU California Action; Californians United for a Responsible Budget; San Francisco Public Defender</p> | 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 |
|-------------------------|-----------|---|-----------------------|---|---------------|--|----------------------------|---------------|----------------------|
| <a href="#">SB 1028</a> | Archuleta | Behavioral Health Crisis Response Advisory Group. | 03/26/2026 Amended    | 03/23/2026 From committee with author's amendments. Read second time and amended. Re-referred to Com. on RLS. | Yes           | <p><b>SUPPORT:</b> None identified at this time.</p> <p><b>OPPOSE:</b> None identified at this time.</p> | Policy Platform            | Support       | To Be Decided        |
| <a href="#">SB 1221</a> | Stern     | Lanterman-Petris-Short Act: conservatorships      | 02/19/2026 Introduced | 03/04/2026 Referred to Coms. on HEALTH and JUD.   | Yes           | <p><b>SUPPORT:</b> None identified at this time.</p> <p><b>OPPOSE:</b> None identified at this time.</p> | Policy Platform            | 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 |
|-----------------------|--------|------------|--------------------|---|---------------|--|------------------------------------|---------------|----------------------|
| <a href="#">AB 46</a> | Nguyen | Diversion. | 02/13/2026 Amended | 03/17/2026 From committee: Do pass and re-refer to Com. on APPR. (Ayes 5. Noes 0.) (March 17). Re-referred to Com. on APPR. | Yes           | <p><b>SUPPORT:</b> including, but not limited to, Arcadia Police Officers' Association; California Association of School Police Chiefs; California Coalition of School Safety Professionals; California Narcotic Officers' Association; California Police Chiefs Association</p> <p><b>OPPOSE:</b> including, but not limited to, County Behavioral Health Directors Association of California; ACLU California Action; California Public Defenders Association; Californians for Safety and Justice; Central California Alliance for Health Center for Empowering Refugees and Immigrants; County of Los Angeles Board of Supervisors</p> | Council Member / Committee Request | 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 |
|------------------------|--------|--------------------------|--------------------|---|---------------|--|------------------------------------|---------------|----------------------|
| <a href="#">SB 483</a> | Stern  | Mental health diversion. | 07/09/2025 Amended | 08/28/2025 Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/20/2025)(May be acted upon Jan 2026) | Yes           | <p><b>SUPPORT:</b> including, but not limited to, Alameda County Families Advocating for the Seriously Mentally Ill; Arcadia Police Officers' Association; Brea Police Association; Burbank Police Department; California Behavioral Health Association; California District Attorneys Association; California Narcotic Officers' Association; California Peer Watch; California Public Defenders Association; Family Advocates for Individuals with Serious Mental Illness in the Sacramento Region</p> <p><b>OPPOSE:</b> None identified at this time.</p> | Council Member / Committee Request | Watch         | To Be Decided        |



**California  
Behavioral Health  
Planning Council**

ADVOCACY • EVALUATION • INCLUSION

## **Legislative and Public Policy Committee Meeting April 2026 Pending Legislation Bill Summaries**

### **1 - Policy Priorities for 2026**

#### **AB 1556**

#### **(Haney, D) Recovery residences: funding.**

**Current Text:** 03/19/2026 - Amended

**Summary:** Existing law requires a state agency or department that 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 require a recovery residence, defined as a residence that, among other things, satisfies the core components of Housing First as described above, to meet specified requirements in order to be eligible for state funding, including that residency is initiated by the resident and the resident is additionally offered at least one harm-reduction housing placement option, relapse is not cause for eviction and residents receive relapse support, the residence provides emergency preparedness and overdose prevention and response training to staff and residents and makes overdose reversal medication available and readily accessible to staff and residents onsite, the residence has consent and confidentiality protections for its residents consistent with state and federal law, and the residence adopts and maintains a written return to use policy, as specified. (Based on 03/19/2026 text)

#### **AB 1851**

#### **(Gipson, D) Pupil health: social-emotional, behavioral, and mental health supports.**

**Current Text:** 02/11/2026 - Introduced

**Summary:** Current law requires the governing board of a school district to give diligent care to the health and physical development of pupils and authorizes the governing board of a school district to employ properly certified persons for this purpose. Current law requires a school of a school district or county office of education and a charter school to notify pupils and parents or guardians of pupils no less than twice during the school year on how to initiate access to available pupil mental health services on campus or in the community, or both, as provided. This bill would require the State Department of Education to establish a statewide Tier 1 Social and Emotional Learning, behavioral health, and restorative justice education program for pupils in kindergarten and any of grades 1 to 12, inclusive, as provided. The bill would require a school district, county office of education, or charter school to implement the program with guidance issued by the department and supported using funds appropriated for the Children and Youth Behavioral Health Initiative, as specified. (Based on 02/11/2026 text)



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**AB 1932** **(Elhawary, D) Department of Social Services: C.R.I.S.E.S. Grant Pilot Program.**

**Current Text:** 02/13/2026 - Introduced

**Summary:** Current law establishes the State Department of Social Services in the Health and Welfare Agency and sets forth its powers and duties relating to the administration of various programs relating to public social services. Current law, until June 30, 2026, enacts the Community Response Initiative to Strengthen Emergency Systems Act, or the C.R.I.S.E.S. Act, for purposes of creating, implementing, and evaluating the C.R.I.S.E.S. Grant Pilot Program, which the act establishes. Current law requires the department to administer the program if appropriate funding is made available to the department. Current law requires, on or before January 1, 2023, the department to award grants to qualified grantees, which include city, county, and tribal departments of social services, disability services, health services, public health, or behavioral health, based on grant eligibility criteria developed in partnership with a stakeholder workgroup. This bill would establish the Community Response Initiative to Strengthen Emergency Systems Act 2.0, or the C.R.I.S.E.S. Act 2.0, and the C.R.I.S.E.S. Grant Pilot Program 2.0. The bill requires, on or before January 1, 2028, the department to award grants to qualified community-based organization grantees based on grant eligibility criteria developed in partnership with a stakeholder workgroup. (Based on 02/13/2026 text)

**AB 2259** **(Ransom, D) Prisons: mental health.**

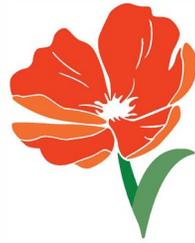
**Current Text:** 02/19/2026 - Introduced

**Summary:** Current law authorizes the Secretary of the Department of Corrections and Rehabilitation to establish and maintain classes for incarcerated persons utilizing institutional personnel or entering into an agreement with the governing board of a school district or private school. Current law requires the department to develop and implement a plan to obtain additional rehabilitation and treatment services for incarcerated persons and parolees. Current law requires that plan to include, among other things, filling vacant state staff positions that provide direct and indirect rehabilitation services, or obtaining services from local governments and contractors to assist with treatment for parolees and incarcerated persons. This bill would require the department to establish a 3-year pilot program at 2 institutions that would provide access to specified mental health therapy for certain incarcerated persons not classified by the department to receive mental health treatment from the institution. The bill would require communications during therapy sessions, as specified, between the incarcerated person and assigned therapist to be confidential. (Based on 02/19/2026 text)

**AB 2343** **(Patel, D) Alcohol and other drug programs: quality rating system.**

**Current Text:** 03/16/2026 - Amended

**Summary:** Existing 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. This bill would require an alcohol or other drug treatment facility and an alcohol or other drug program to participate in a public quality rating system designated by the department in order to be licensed or



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certified. The bill would specify that participation in the public quality rating system pursuant to these provisions is only required if the department determines that sufficient funding has been appropriated or otherwise secured to cover the costs of participation in the platform. The bill would authorize the department to charge a reasonable fee to alcohol or other drug treatment facilities and alcohol or other drug programs required to enroll in the platform, as specified, and would prohibit the administrator of the public quality rating system from accepting payment from the entities subject to these provisions. (Based on 03/16/2026 text)

**SB 926**

**(Strickland, R) Public safety: Funding of Proposition 36 Act.**

**Current Text:** 03/12/2026 - Amended

**Summary:** Existing law, enacted by the voters as the Homelessness, Drug Addiction, and Theft Reduction Act (Proposition 36) at the November 5, 2024, statewide general election, authorizes the Board of State and Community Corrections to allocate appropriate funds to counties and local governments for programs under the Treatment-Mandated Felony Act, as specified. This bill, the Funding of Proposition 36 Act, would create the California Public Safety Services Support Fund to be used, upon appropriation by the Legislature, to implement Proposition 36. The bill would transfer moneys from the General Fund to the California Public Safety Services Support Fund and make an appropriation for the 2026–27 fiscal year, as specified. The bill would also require, beginning in the 2027–28 fiscal year, the Governor to annually include a proposed transfer from the General Fund to the California Public Safety Services Support Fund of an amount sufficient to fully fund the continued implementation of Proposition 36 as part of the Governor’s proposed budget to the Legislature. (Based on 03/12/2026 text)

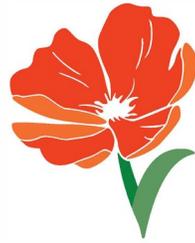
**2 - Policy Platform**

**AB 1105**

**(Quirk-Silva, D) Conservatorships.**

**Current Text:** 07/03/2025 - Amended

**Summary:** The Guardianship-Conservatorship Law generally establishes the standards and procedures for the appointment and termination of an appointment for a guardian or conservator of a person, an estate, or both. Current law authorizes a conservator to authorize the placement of a conservatee in a secured perimeter residential care facility for the elderly upon a court making specific findings. This bill would also authorize a conservator to authorize the placement of a conservatee in a residential facility, an intermediate care facility, or a skilled nursing facility, as defined, that has a secured perimeter, a delayed egress device, or both a secured perimeter and a delayed egress device, as specified. The bill would require court approval for a subsequent placement of a conservatee in a different facility if specific regulations have not been promulgated for the type of facility to which the conservator is seeking to move the conservatee. (Based on 07/03/2025 text)



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**AB 1586 (Ramos, D) Opioid overdose reversal medication: school resource officers.**

**Current Text:** 03/23/2026 - Amended

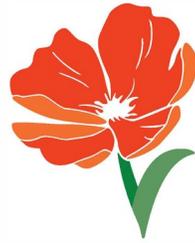
**Summary:** Would enact the School Safety and Opioid Overdose Prevention Act, and commencing with the 2027–28 school year, would require a school resource officer, as defined, to (1) upon assignment to a schoolsite, and at least every 2 years thereafter, complete an opioid overdose recognition and response training, as specified, and (2) annually report to the Commission on Peace Officer Standards and Training, among other things, the number of times the school resource officer administered an opioid antagonist while serving at a schoolsite. The bill would prohibit a school resource officer who administers an opioid antagonist while assigned to a schoolsite, and their employing or contracting entity, from being held liable in a civil action or being subject to criminal prosecution for the school resource officer's acts or omissions, unless those acts or omissions constitute gross negligence or willful and wanton misconduct, as provided. (Based on 03/23/2026 text)

**AB 1676 (Stefani, D) Mental health services: assisted outpatient treatment: involuntary medication.**

**Current Text:** 03/16/2026 - Amended

**Summary:** Laura's Law requires a county or group of counties to provide assisted outpatient treatment as part of mental health services, unless a county or group of counties opts out by a resolution passed by the governing body, as specified. For participating counties, existing law authorizes a court to order a person who is the subject of a certain petition to obtain assisted outpatient treatment if the court finds, by clear and convincing evidence, that various conditions are met, including, among others, that the person is experiencing a mental illness and that the person has a history of lack of compliance with treatment for their mental illness, as specified. Existing law sets forth certain rights of the person relating to the hearing and imposes conditions on an extension to an initial treatment order. This bill would authorize the county behavioral health director, or their designee, to file a petition for an order authorizing the use of involuntary psychotropic medication independent of, or concurrently with, a petition for assisted outpatient treatment. The bill would authorize a court to issue an order for the use of involuntary medication if the court finds, by clear and convincing evidence, that the facts stated in the required verified petition are true and establish that, among other things, a licensed mental health treatment provider has determined the person who is the subject of the petition has a serious mental disorder. The bill would specify rights that the person who is the subject of the petition is entitled to, including the right to demand a court or jury trial on the issue or issues of whether the person has a serious mental disorder, does not have the capacity to refuse treatment with psychotropic medications, or the psychotropic medications are necessary to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or to others. The bill would provide the procedure for filing of the petition and setting of a trial date. The bill would prohibit any order for involuntary medication until the conclusion of the court or jury trial. (Based on 03/16/2026 text)

**AB 1825 (Krell, D) Health care: state hospitals.**



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**Current Text:** 03/09/2026 - Amended

**Summary:** Existing law requires that, as a condition of parole, a prisoner who has a severe mental health disorder, as specified, be treated by the State Department of State Hospitals, if the prisoner meets certain requirements, including, among others, that the person in charge of treating the prisoner and a practicing psychiatrist or psychologist from the State Department of State Hospitals have evaluated the prisoner and that a chief psychiatrist of the Department of Corrections and Rehabilitation certify to the Board of Parole Hearings that by reason of the prisoner's severe mental health disorder, the prisoner represents a substantial danger of physical harm to others. This bill would require that certain factors be considered in determining whether an offender poses a substantial risk of physical harm to others, including, but not limited to, a history of violent behavior and psychopathy. (Based on 03/09/2026 text)

**AB 2003**

**(Berman, D) Pupil health: suicide prevention.**

**Current Text:** 02/17/2026 - Introduced

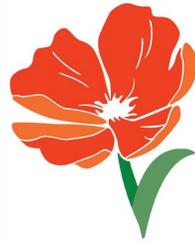
**Summary:** Current law requires the State Department of Education to identify an evidence-based online training program that a county office of education, school district, state special school, or charter school that serves pupils in grades 7 to 12, inclusive, can use to train school staff and pupils as part of their policy on pupil suicide prevention. Current law requires the department, subject to an appropriation for these purposes, to provide a grant to a county office of education to acquire a training program identified by the department and disseminate that training program at no cost to specified educational entities, as specified. This bill would revise and recast these provisions by (1) deleting the requirement to provide the above-described grant, (2) deleting the requirement of the department to identify the above-described evidence-based online training program, (3) instead requiring the Behavioral Health Services Oversight and Accountability Commission to develop an online training program to train school staff, parents, and pupils of county offices of education, school districts, state special schools, and charter schools that serve pupils in kindergarten or in any of grades 1 to 12, inclusive, on pupil suicide prevention, as specified. (Based on 02/17/2026 text)

**AB 2126**

**(Elhawary, D) Community care facilities: criminal background exemptions.**

**Current Text:** 02/18/2026 - Introduced

**Summary:** Current law establishes a schedule of benefits under the Medi-Cal program and provides for various services, including various behavioral and mental health services that are rendered by Medi-Cal enrolled providers. Current law requires the State Department of Health Care Services, subject to any necessary federal waivers or approvals, to establish statewide requirements for counties or their representatives to use in developing certification programs for the certification of peer support specialists, who are individuals who self-identify as having lived experience with the process of recovery from mental illness, substance use disorder, or both. Current law requires the State Department of Social Services to license and regulate community care facilities, residential care facilities for persons with chronic, life-threatening illness, residential care facilities for the



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elderly, and childcare centers. Current law requires the department to obtain a criminal record for all applicants for licenses for these facilities and services and specified other employees and officers of these facilities. Current law requires the department to issue an exemption from disqualification to certain applicants who have been convicted of an offense, if the individual's state and federal criminal history information independently supports a reasonable belief that the applicant is of present good character necessary to justify the granting of an exemption, as specified. Current law authorizes the department to use its discretion in evaluating an individual for the purposes of making an exemption decision, as necessary to protect the health and safety of a child. This bill would add to the definition of a peer support specialist to include a current or former foster youth based on their experience of trauma, recovery, and system navigation. The bill would require the department to issue an exemption from disqualification for current or former foster youth who have been convicted of certain offenses that occurred prior to the individual reaching 21 years of age and the youth will be employed in a peer support capacity and not a caregiving capacity and would not require any additional evidentiary showing. (Based on 02/18/2026 text)

**AB 2138**

**(Krell, D) Medi-Cal: enhanced care management: peer support specialists.**

**Current Text:** 02/18/2026 - Introduced

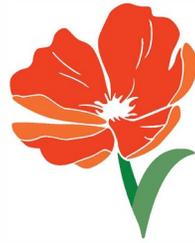
**Summary:** The Medi-Cal program is in part governed by, and funded pursuant to, federal Medicaid program provisions. Current law requires the department to implement an enhanced care management (ECM) benefit designed to address the clinical and nonclinical needs on a whole-person-care basis for certain target populations of Medi-Cal beneficiaries enrolled in Medi-Cal managed care plans. Under current law, target populations include, among others, high utilizers with frequent hospital admissions, short-term skilled nursing facility stays, or emergency room visits, and individuals experiencing homelessness. Current law authorizes a county, or an agency representing a county, to develop a peer support specialist certification program, subject to departmental approval. Under current law, these specialists are individuals, at least 18 years of age, who self-identify as having lived experience with the process of recovery from mental illness, substance use disorder, or both, as specified. Current law requires the department to seek any federal waivers that it deems necessary to establish a demonstration or pilot project for the provision of peer support services in counties that agree to participate. This bill would require the department to require, as a condition of providing ECM, that each ECM provider maintain an interdisciplinary care team that includes at least one peer support specialist who is integrated into ECM service delivery and available to support ECM members. The bill would set forth the functions of a peer support specialist for ECM purposes. (Based on 02/18/2026 text)

**AB 2161**

**(Bonta, D) Medi-Cal: redeterminations and work or community engagement.**

**Current Text:** 03/23/2026 - Amended

**Summary:** The Medi-Cal program is in part governed by, and funded pursuant to, federal Medicaid program provisions. Existing federal law, enacted on July 4, 2025, sets forth various changes to Medicaid eligibility with regard to community engagement reporting,



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redeterminations, cost sharing, and retroactive coverage, among other factors, for certain Medicaid populations, including beneficiaries between 19 and 64 years of age, inclusive, with income up to 138% of the federal poverty level, commonly known as Medicaid expansion adults. (1)For purposes of Medicaid eligibility redeterminations, the above-described federal law requires that a Medicaid expansion adult undergo a redetermination once every 6 months, instead of an annual redetermination, except as specified. Existing state law generally requires a county to perform eligibility redeterminations for Medi-Cal beneficiaries every 12 months and to promptly redetermine eligibility whenever the county receives information about changes in a beneficiary's circumstances, as specified. This bill would make changes to those redetermination provisions to conform to the 6-month redetermination requirement under the above-described federal law for Medicaid expansion adults. (Based on 03/23/2026 text)

**SB 936**

**(Blakespear, D) Nitrous oxide: sales.**

**Current Text:** 01/29/2026 - Introduced

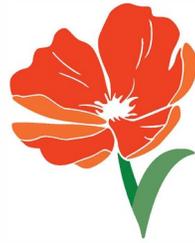
**Summary:** Current law makes it a misdemeanor to possess nitrous oxide with the intent of inhaling it for specified purposes, including to cause intoxication. The Cigarette and Tobacco Products Licensing Act of 2003 requires a retailer, as defined, to hold a license from the California Department of Tax and Fee Administration to engage in the sale of cigarettes or tobacco products. The Medicinal and Adult-Use Cannabis Regulation and Safety Act (MAUCRSA), among other things, consolidates the licensure and regulation of commercial medicinal and adult-use cannabis activities, including retail commercial cannabis activity. This bill would, except as specifically exempted, prohibit the sale and distribution of a nitrous oxide container that is capable of holding more than 8 grams of nitrous oxide or from which an individual may directly inhale nitrous oxide. The bill would also prohibit the sale and distribution of a nitrous oxide that has, or is marketed as having, the taste or smell of any food. The bill would prohibit the sale and distribution of a device that allows an individual to inhale nitrous oxide from the container or hold nitrous oxide for the purposes of inhalation. The bill would punish a violation of these provisions as an infraction, as specified. The bill would also authorize a court to suspend the business license, including a license to sell tobacco products or cannabis, if the business has a prior conviction for violating these prohibitions. (Based on 01/29/2026 text)

**SB 1028**

**(Archuleta, D) Behavioral Health Crisis Response Advisory Group.**

**Current Text:** 03/23/2026 - Amended

**Summary:** The Lanterman-Petris-Short Act provides for the involuntary commitment and treatment of persons with specified mental disorders. Under the act, when a person, as a result of a mental health disorder, is a danger to others or to themselves, or is gravely disabled, the person may, upon probable cause, be taken into custody by specified individuals, including, among others, peace officers, 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. This bill would require the California Health and Human Services Agency (agency) to establish the Behavioral Health Crisis Response Advisory Group for the purpose of examining the role of law enforcement in behavioral health crisis



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response, as specified. The bill would require the membership of the advisory group to include representatives from, among others, the agency, the State Department of Health Care Services, law enforcement agencies, and county behavioral health departments, as appointed by the Governor. The bill would require the advisory group to meet on or before July 1, 2027, and at least once per quarter thereafter until December 31, 2028. The bill would require the agency, in collaboration with the advisory group, to make recommendations on specified topics, to the extent they relate to law enforcement interaction with behavioral health crisis response, including, among others, a state governance structure to support coordination between behavioral health crisis services accessed through 988 and emergency response systems. (Based on 03/23/2026 text)

**SB 1221**

**(Stern, D) Lanterman-Petris-Short Act: conservatorships.**

**Current Text:** 02/19/2026 - Introduced

**Summary:** Existing law, the Lanterman-Petris-Short (LPS) Act, authorizes the involuntary commitment and treatment of a person, when the person, as a result of a mental health disorder, is a danger to themselves or others, or is gravely disabled. For the purposes of these provisions, existing 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 require this definition of “gravely disabled” to be evaluated based upon a person’s ability to provide for those basic personal needs outside of an incarcerated setting, as specified. This bill contains other related provisions and other existing laws. (Based on 02/19/2026 text)

**3 – Council Member/Staff/Committee Request**

**AB 46**

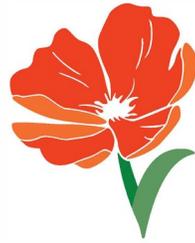
**(Nguyen, D) Diversion.**

**Current Text:** 02/13/2026 - Amended

**Summary:** Current law authorizes a court to grant pretrial diversion to a defendant suffering from a mental disorder, on an accusatory pleading alleging the commission of a misdemeanor or felony offense, in order to allow the defendant to undergo mental health treatment. Current law provides that a defendant is eligible for diversion if they have been diagnosed with certain mental disorders and the court finds that the mental disorder was a significant factor in the commission of the charged offense, unless there is clear and convincing evidence that the disorder was not a motivating, causal, or contributing factor to the defendant’s involvement in the alleged offense. Current law prohibits defendants charged with specified offenses, including murder, from being placed in this diversion program. This bill would require that the diagnosis with a mental disorder be within 5 years before the alleged offense. (Based on 02/13/2026 text)

**SB 483**

**(Stern, D) Mental health diversion.**



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**Current Text:** 07/09/2025 - Amended

**Summary:** Current law authorizes the court to grant pretrial diversion to a defendant diagnosed with a mental disorder if the defendant satisfies certain eligibility requirements and if the court determines that the defendant is suitable for diversion. Current law defines “pretrial diversion” as the postponement of prosecution to allow the defendant to undergo mental health treatment, subject to certain requirements, such as the court is satisfied that the recommended program will meet the specialized needs of the defendant, among others. Current law provides that a defendant is suitable for pretrial diversion if certain criteria are met, including that the defendant agrees to comply with the treatment as a condition of diversion and they will not pose an unreasonable risk of danger to public safety, among others. Current law defines “unreasonable risk of danger to public safety” as an unreasonable risk that the defendant will commit a new violent felony, as specified. This bill would additionally require that the defendant agree that the recommended treatment plan will meet their specialized needs and would redefine “pretrial diversion” to require that the court is also satisfied that the recommended program is consistent with the underlying purpose of mental health diversion, as described. (Based on 07/09/2025 text)