MCRT | Client Characteristics

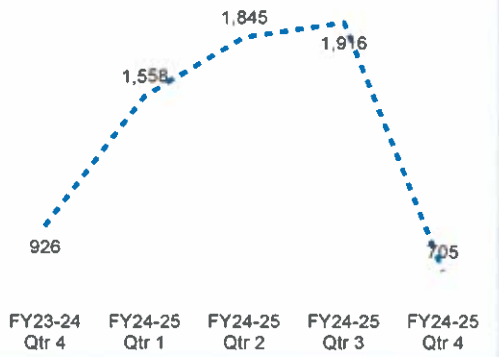
LIVE WELL SAN DIEGO

19K
Calls Responded To Since Program Start

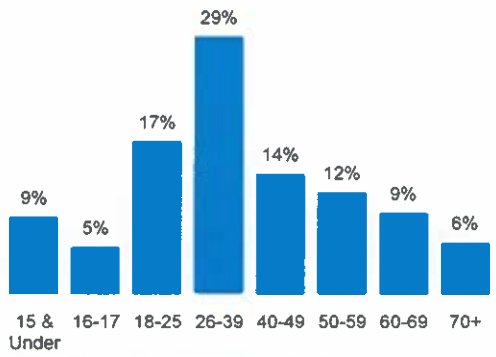
12K
Unique Clients Since Program Start

Reporting Period
5/1/2024 to 4/30/2025

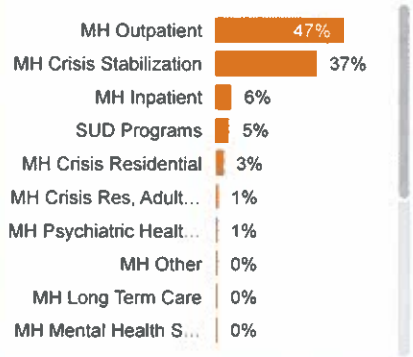
Unique Clients Served over Time



Age



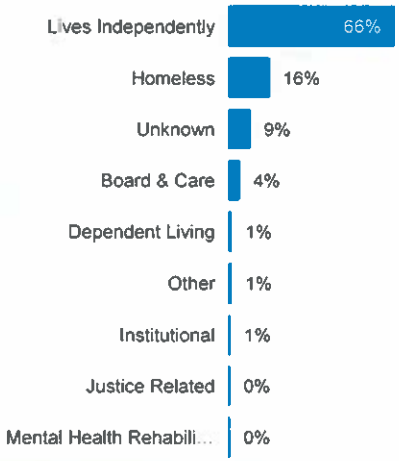
Connecting Programs**



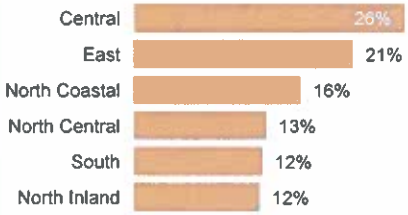
Previous Justice Involvement



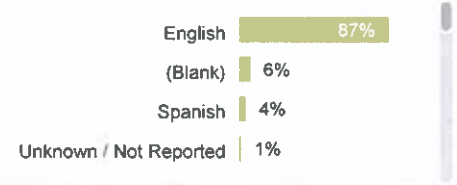
Housing Status



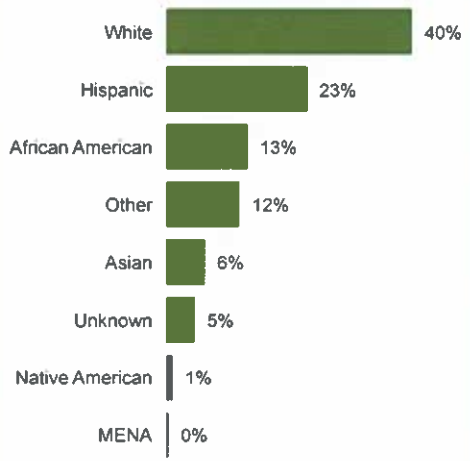
Region of Intervention (by Calls)



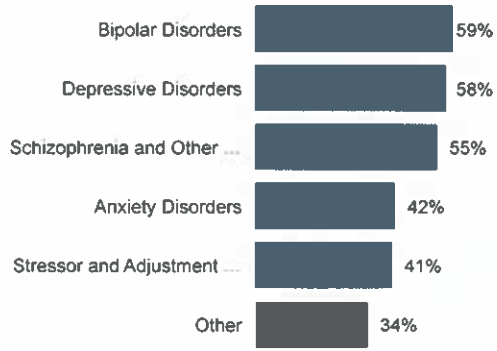
Preferred Language



Race/Ethnicity



Presenting Mental Health Diagnoses*



*MCRT does not diagnose clients. Diagnoses are determined when clients are either identified as existing BHS clients, or subsequently connected to the BHS system of care, and provided a diagnosis by program

Data from Assignments, Services, Diagnosis, and Demographics data extracts from Optum pre 9/1/2024, SmartCare data after. Call data from monthly program call log. **Program client first

cbhda
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION
CALIFORNIA

CBHDA 2025-26 Legislative Bill Matrix - Watch and Under Review As of 5/27/2025

Bill Author	Description	Position
AB 37 Elhawary D	**Workforce development: mental health service providers: homelessness. (Amended: 3/13/2025)** Current law establishes the California Workforce Development Board as the body responsible for assisting the Governor in the development, oversight, and continuous improvement of California's workforce investment system and the alignment of the education and workforce investment systems to the needs of the 21st century economy and workforce. Current law requires the board to assist the Governor in certain activities, including the review and technical assistance of statewide policies, programs, and recommendations to support workforce development systems in the state, as specified. This bill would require the board to study how to expand the workforce of mental health service providers who provide services to homeless persons. **Status:** 5/1/2025 - Failed Deadline pursuant to Rule 61(a)(2). (Last location was L. & E. on 3/13/2025)(May be acted upon Jan 2026)	8. Watch
AB 46 Nguyen D	**Diversion. (Amended: 5/5/2025)** 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, if the defendant has been diagnosed with a mental disorder within 5 years prior to the current offense, as specified, require the court to find that the defendant's mental disorder was a significant factor in the commission of the offense, unless there is clear and convincing evidence that it was not a motivating, causal, or contributing factor to the defendant's involvement in the alleged offense. **Status:** 5/20/2025 - In Senate. Read first time. To Com. on RLS. for assignment.	8. Watch AB 46 Fact Sheet
AB 56 Bauer-Kahan D	**Social media: warning labels. (Amended: 5/1/2025)** Would enact the Social Media Warning Law that would require a social media platform to display a certain black box warning to a user each day the user initially accesses the social media platform, again after 3 hours of cumulative active use, and thereafter at least once per hour of cumulative active use, as prescribed. The bill would authorize the Director of the State Department of Public Health to adopt regulations to modify that black box warning, as specified. **Status:** 5/23/2025 - Coauthors revised. From committee: Do pass. (Ayes 11. Noes 1.) (May 23). ***Hearing:*** *5/27/2025 #17 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS*	7. Support AB 56 - A-MHA Support Letter AB 56 - Asm Judiciary Support Letter AB 56 Asm Privacy Support Letter

AB 73 Jackson D	**Mental Health: Black Mental Health Navigator Certification. (Introduced: 12/12/2024)** Current law establishes, within the Health and Welfare Agency, the Department of Health Care Access and Information, which is responsible for, among other things, administering various health professions training and development programs. Current law requires the department to develop and approve statewide requirements for community health worker certificate programs. Current law defines "community health worker" to mean a liaison, link, or intermediary between health and social services and the community to facilitate access to services and to improve the access and cultural competence of service delivery. This bill would require the department to develop criteria for a specialty certificate program and specialized training requirements for a Black Mental Health Navigator Certification, as specified. **Status:** 5/23/2025 - In committee: Held under submission.	
AB 96 Jackson D	**Community health workers. (Amended: 2/11/2025)** The Department of Health Care Access and Information required, on or before July 1, 2023, to develop and approve statewide requirements for community health worker certificate programs. Current law requires the department, as part of developing those requirements, to, among other things, determine the necessary curriculum to meet certificate program objectives. Current law defines "community health worker" for these purposes. Current law specifies that "community health worker" include Promotores, Promotores de Salud, Community Health Representatives, navigators, and other nonlicensed health workers with the qualifications developed by the department. This bill would also specify for these purposes that a "community health worker" includes a peer support specialist and would deem a certified peer support specialist to have satisfied all education and training requirements developed by the department for certification as a community health worker. **Status:** 5/1/2025 - Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 2/3/2025)(May be acted upon Jan 2026)	8. Watch AB 96 Fact Sheet
AB 249 Ramos D	**Housing: Homeless Housing, Assistance, and Prevention program: youth-specific processes and coordinated entry systems. (Amended: 3/27/2025)** Current law requires the Governor to create the Homeless Coordinating and Financing Council, renamed the California Interagency Council on Homelessness, to, among other things, identify mainstream resources, benefits, and services that can be accessed to prevent and end homelessness in California and to serve as a statewide facilitator, coordinator, and policy development resource on ending homelessness in California. Current law establishes the Homeless Housing, Assistance, and Prevention program, administered by the Interagency Council on Homelessness, with respect to rounds 1 through 5, inclusive, of the program, and Department of Housing and Community Development (department), with respect to round 6 of the program, for the purpose of providing jurisdictions, as defined, with one-time grant funds to support regional coordination and expand or develop local capacity to address their immediate homelessness challenges, as specified. Current law requires the department, upon appropriation, to distribute certain amounts, as specified, for purposes of round 6 of the program. Current law requires an applicant to submit an application containing specified information in order to apply for a program allocation. Current law requires an applicant to use at least 10% of specified funds allocated for services for homeless youth populations. This bill would require a continuum of care, upon appropriation and beginning with the 2026–27 fiscal year, to annually certify that they create or maintain a youth-specific process with their respective coordinated entry system, as specified, implement a youth-specific assessment tool, create a body or identify an existing body composed of youth with lived experience of homelessness that the continuum of care and other Homeless Housing, Assistance, and Prevention program	8. Watch AB 249 Fact Sheet

	grantees must consult with regularly, and identify an array of youth-specific housing inventory. **Status:** 5/23/2025 - In committee: Held under submission.	
AB 280 Aguiar-Curry D	**Health care coverage: provider directories. (Amended: 5/23/2025)** The Knox-Keene Health Care Service Plan Act of 1975 provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Current law provides for the regulation of health insurers by the Department of Insurance. Existing law requires a health care service plan and a health insurer that contracts with providers for alternative rates of payment to publish and maintain a provider directory or directories with information on contracting providers that deliver health care services enrollees or insureds, and requires a health care service plan and health insurer to regularly update its printed and online provider directory or directories, as specified. Current law authorizes the departments to require a plan or insurer to provide coverage for all covered health care services provided to an enrollee or insured who reasonably relied on materially inaccurate, incomplete, or misleading information contained in a plan's or insurer's provider directory or directories. This bill would require a plan or insurer to annually verify and delete inaccurate listings from its provider directories, and would require a provider directory to be 60% accurate on July 1, 2026, with increasing required percentage accuracy benchmarks to be met each year until the directories are 95% accurate on or before July 1, 2029. The bill would subject a plan or insurer to administrative penalties for failure to meet the prescribed benchmarks. The bill would require a plan or insurer to provide coverage for all covered health care services provided to an enrollee or insured who reasonably relied on inaccurate, incomplete, or misleading information contained in a health plan or policy's provider directory or directories and to reimburse the provider the out-of-network amount for those services. The bill would prohibit a provider from collecting an additional amount from an enrollee or insured other than the applicable in-network cost sharing. The bill would require a plan or insurer to provide information about in-network providers to enrollees and insureds upon request, and would limit the cost-sharing amounts an enrollee or insured is required to pay for services from those providers under specified circumstances. **Status:** 5/23/2025 - Assembly Rule 63 suspended. (Ayes 51. Noes 16.) From committee: Amend, and do pass as amended. (Ayes 11. Noes 1.) (May 23). Read second time and amended. Ordered returned to second reading. ***Hearing:*** *5/27/2025 #429 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS*	8. Watch AB 280 Fact Sheet Request
AB 308 Ramos D	**Mobile crisis teams or units: procedures. (Amended: 4/24/2025)** Current law sets forth various provisions relating to mobile crisis teams, including with regard to behavioral health crisis services under the Miles Hall Lifeline and Suicide Prevention Act, involuntary commitment under the Lanterman-Petris-Short Act, and community-based mobile crisis intervention services through a Medi-Cal behavioral health delivery system under the Medi-Cal program. Current law requires a regional center, which serves individuals with intellectual or developmental disabilities, to implement an emergency response system for, among other groups, consumers who receive mobile crisis services. Current law requires a regional center and a county mental health agency to develop a general plan for crisis intervention for persons served by both systems. Current law establishes an advisory council for purposes of developing recommendations for improving outcomes of interactions between law enforcement and people with intellectual or developmental disabilities or with mental health conditions. This bill, in the case of a county that operates, or that contracts for the operation of, a mobile crisis team or unit, would authorize the county behavioral health director to develop procedures for the mobile crisis team or unit that include the handling of an emergency situation, or a crisis incident, involving an individual with an intellectual or developmental disability or an individual with a behavioral health condition. **Status:** 5/21/2025 - Referred to Com. on HUMAN S.	8. Watch AB 308 Fact Sheet
AB 348 Krell D	**Full-service partnerships. (Amended: 4/24/2025)** The Behavioral Health Services Act (BHSA) requires each county to establish and administer a full-service partnership program that includes, among other things, outpatient behavioral health services, as specified, and housing interventions. This bill would establish criteria for an individual with a serious mental illness to be presumptively eligible for a full-service partnership, including, among other things, the person is transitioning to the community after 6 months or more in the state prison or county jail. The bill would specify that a county is not required to enroll an individual who meets that presumptive eligibility criteria if doing so would conflict with contractual Medi-Cal obligations or court orders, or exceed full-service partnership capacity or funding, as specified. The bill would make enrollment of a presumptively eligible individual contingent upon the individual meeting specified criteria and receiving a recommendation for enrollment by a licensed behavioral health clinician, as specified. The bill would prohibit deeming an individual with a	2. Oppose Unless Amended AB 348 - Opp unless Amended to A. Health

	serious mental illness ineligible for enrollment in a full-service partnership solely because their primary diagnosis is a substance use disorder. **Status:** 5/21/2025 - Referred to Com. on HEALTH.	AB 380 Fact Sheet
AB 384 Connolly D	**Health care coverage: mental health and substance use disorders: inpatient admissions. (Amended: 3/17/2025)** Current law requires a health care service plan or health insurer to ensure that processes necessary to obtain covered health care services, including, but not limited to, prior authorization processes, are completed in a manner that assures the provision of covered health care services to an enrollee or insured in a timely manner appropriate for the enrollee's or insured's condition, as specified. This bill, the California Mental Health Protection Act, would prohibit a health care service plan contract or health insurance policy issued, amended, or renewed on or after January 1, 2027, that provides coverage for mental health and substance use disorders from requiring prior authorization (1) for an enrollee or insured to be admitted for medically necessary 24-hour care in inpatient settings for mental health and substance use disorders, as specified, and (2) for any medically necessary health care services provided to an enrollee or insured while admitted for that care. The bill would authorize the Director of the Department of Managed Health Care or the Insurance Commissioner, as applicable, to assess administrative or civil penalties, as specified, for violations of these provisions. **Status:** 5/23/2025 - In committee: Held under submission.	8. Watch AB 384 Fact Sheet
AB 403 Ortega D	**Medi-Cal: community health worker services. (Amended: 3/17/2025)** Under current law, community health worker (CHW) services are a covered Medi-Cal benefit subject to any necessary federal approvals. CHW is defined as a liaison, link, or intermediary between health and social services and the community to facilitate access to services and to improve the access and cultural competence of service delivery. Current law requires a Medi-Cal managed care plan to engage in outreach and education efforts to enrollees with regard to the CHW services benefit, as specified. Current law requires the department to inform stakeholders about implementation of the benefit. This bill would require the department to annually conduct an analysis of the CHW services benefit, submit the analysis to the Legislature, and publish the analysis on the department's internet website, with the first analysis due July 1, 2027. This bill contains other related provisions and other existing laws. **Status:** 5/23/2025 - In committee: Held under submission.	8. Watch AB 403 Fact Sheet
AB 416 Krell D	**Involuntary commitment. (Amended: 5/7/2025)** The Lanterman-Petris-Short Act authorizes 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 self or others, or gravely disabled, the person may, upon probable cause, be taken into custody by specified individuals, including, among others, by a peace officer, a designated member of a mobile crisis team, or a professional person designated by the county, 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. Current law authorizes county behavioral health director to develop procedures for the county's designation and training of professionals who will be designated to perform the above-described provisions. Current law authorizes the procedures to include, among others, the license types, practice disciplines, and clinical experience of the professionals eligible to be designated by the county. Current law exempts specified individuals, including a peace officer responsible for the detainment of a person under these provisions from criminal and civil liability for an action by a person who is released at or before the end of the period for which they were detained. This bill would require a county behavioral health director to include an emergency physician, as defined, as a professional who is eligible to be designated by the county when developing and implementing procedures for the designation and training of those professionals. **Status:** 5/15/2025 - Read third time. Passed. Ordered to the Senate. (Ayes 71. Noes 0.) In Senate. Read first time. To Com. on RLS. for assignment.	2. Oppose AB 416 - Oppose to Asm. Judic. AB 416 - Opposition Letter to Asm. Health AB 416 Fact Sheet
AB 423 Davies R	**Alcoholism or drug abuse recovery or treatment programs and facilities: disclosures. (Amended: 4/2/2025)** Current law grants the sole authority in state government to the State Department of Health Care Services to certify alcohol or other drug programs and to license adult alcoholism or drug abuse recovery or treatment facilities. Current law requires certified programs and licensed facilities to disclose to the department if any of its agents, partners, directors, officers, or owners own or have a financial interest in a recovery residence and whether it has contractual relationships with entities that provide recovery services to clients of certified programs or licensed facilities if the entity is not a part of a certified program or a licensed facility. This bill would require a business-operated	8. Watch AB 423 Fact Sheet

	recovery residence to register its location with the department. The bill would define a business-operated recovery residence as a recovery residence in which a business, in exchange for compensation, provides more than one service beyond those of a typical tenancy arrangement to more than one occupant, including, but not limited to, drug testing, supervision, scheduling, rule setting, rule enforcement, room assignment, entertainment, gym memberships, transportation, laundry, or meal preparation and coordination. **Status:** 5/1/2025 - Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 2/18/2025)(May be acted upon Jan 2026)	
AB 433 Krell D	**Mental health diversion. (Introduced: 2/5/2025)** 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 excludes a defendant from diversion for specified charged offenses, including, among others, murder, voluntary manslaughter, rape, or continuous sexual abuse of a child, as specified. This bill would expand those exclusions to prohibit a defendant from being placed into a diversion program if they are charged with child abuse and endangerment, inflicting cruel or inhuman corporal punishment on a child resulting in an injury, assault of a child under 8 years of age resulting in the death of the child, human trafficking, and any crime that causes great bodily injury, as specified. **Status:** 5/1/2025 - Failed Deadline pursuant to Rule 61(a)(2). (Last location was PUB. S. on 2/18/2025)(May be acted upon Jan 2026)	
AB 440 Ramos D	**Suicide prevention. (Amended: 4/10/2025)** Current law authorizes the State Department of Public Health to establish the Office of Suicide Prevention. Current law authorizes the office, if established, to perform certain functions, including, among others, conducting state-level assessment of regional and statewide suicide prevention policies and practices and reporting on progress to reduce rates of suicide. This bill would require the office to work with the Department of Transportation to identify cost-effective strategies to reduce suicides and suicide attempts on the state's bridges and roadways. **Status:** 5/23/2025 - From committee: Do pass. (Ayes 14. Noes 0.) (May 23). ***Hearing:*** *5/27/2025 #79 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS*	
AB 489 Bonta D	**Health care professions: deceptive terms or letters: artificial intelligence. (Amended: 4/10/2025)** Current laws, including, among others, the Medical Practice Act and the Dental Practice Act, make it a crime for a person who is not licensed as a specified health care professional to use certain words, letters, and phrases or any other terms that imply that they are authorized to practice that profession. Current law requires, with certain exemptions, a health facility, clinic, physician's office, or office of a group practice that uses generative artificial intelligence, as defined, to generate written or verbal patient communications pertaining to patient clinical information, as defined, to ensure that those communications include both (1) a disclaimer that indicates to the patient that a communication was generated by generative artificial intelligence, as specified, and (2) clear instructions describing how a patient may contact a human health care provider, employee, or other appropriate person. Current law provides that a violation of these provisions by a physician shall be subject to the jurisdiction of the Medical Board of California or the Osteopathic Medical Board of California, as appropriate. This bill would make provisions of law that prohibit the use of specified terms, letters, or phrases to falsely indicate or imply possession of a license or certificate to practice a health care profession, as defined, enforceable against an entity who develops or deploys artificial intelligence (AI) or generative artificial intelligence (GenAI) technology that uses one or more of those terms, letters, or phrases in its advertising or functionality. The bill would prohibit the use by AI or GenAI technology of certain terms, letters, or phrases that indicate or imply that the advice or care advice, care, reports, or assessments being provided through AI or GenAI is being provided by a natural	

	person with the appropriated health care license or certificate. **Status:** 5/23/2025 - From committee: Do pass. (Ayes 14. Noes 0.) (May 23). ***Hearing:*** *5/27/2025 #93 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS*	
AB 492 Valencia D	**Alcohol and drug programs: licensing. (Introduced: 2/10/2025)** Would require the State Department of Health Care Services, whenever it issues a license to operate an alcohol or other drug recovery or treatment facility, to concurrently provide written notification of the issuance of the license to the city or county in which the facility is located. The bill would require the notice to include the name and mailing address of the licensee and the location of the facility. **Status:** 5/14/2025 - Referred to Com. on HEALTH.	8. Watch AB 492 Fact Sheet
AB 543 González, Mark D	**Medi-Cal: street medicine. (Amended: 4/8/2025)** Current law sets forth various provisions for Medi-Cal coverage of community health worker services, enhanced care management, and community supports, subject to any necessary federal approvals. Under existing law, these benefits are designed to, respectively, provide a link between health and social services and the community; address the clinical and nonclinical needs on a whole-person-care basis for certain target populations of Medi-Cal beneficiaries, including individuals experiencing homelessness; and provide housing transition navigation services, among other supports. Current law establishes mechanisms for Medi-Cal presumptive eligibility for certain target populations, including, among others, pregnant persons, children, and patients of qualified hospitals, for purposes of Medi-Cal coverage while other Medi-Cal eligibility determination procedures are pending, as specified. This bill would set forth provisions regarding street medicine, as defined, under the Medi-Cal program for persons experiencing homelessness, as defined. The bill would state the intent of the Legislature that the street medicine-related provisions coexist with, and not duplicate, other Medi-Cal provisions, including, but not limited to, those regarding community health worker services, enhanced care management, and community supports. **Status:** 5/23/2025 - From committee: Do pass. (Ayes 13. Noes 0.) (May 23). ***Hearing:*** *5/27/2025 #103 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS*	8. Support AB 543 Fact Sheet
AB 618 Krell D	**Medi-Cal: behavioral health: data sharing. (Amended: 5/23/2025)** Under current Medi-Cal provisions, behavioral health services, including specialty mental health services and substance use disorder treatment, are provided under the Medi-Cal Specialty Mental Health Services Program, the Drug Medi-Cal Treatment Program, and the Drug Medi-Cal organized delivery system (DMC-ODS) program, as specified. This bill would require each Medi-Cal managed care plan, county specialty mental health plan, Drug Medi-Cal certified program, and DMC-ODS program to electronically provide data for members of the respective entities to support member care. The bill would require the department California Health and Human Services Agency to determine minimum data elements and the frequency and format of data sharing through a stakeholder process and guidance, with final guidance to be published by the State Department of Health Care Services by January 1, 2027, in compliance with privacy laws. **Status:** 5/23/2025 - Assembly Rule 63 suspended. (Ayes 51. Noes 16.) From committee: Amend, and do pass as amended. (Ayes 11. Noes 0.) (May 23). Read second time and amended. Ordered returned to second reading. ***Hearing:*** *5/27/2025 #347 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS*	1. CBHDA Sponsor AB 618 Fact Sheet
AB 669 Haney D	**Substance use disorder coverage. (Amended: 4/28/2025)** Current law generally authorizes a health care service plan or health insurer to use prior authorization and other utilization management functions, under which a licensed physician or a licensed health care professional who is competent to evaluate specific clinical issues may approve, modify, delay, or deny requests for health care services based on medical necessity. Current law requires health care service plan contracts and health insurance policies that provide hospital, medical, or surgical coverage and are issued, amended, or renewed on or after January 1, 2021, to provide coverage for medically necessary treatment of mental health and substance use disorders under the same terms and conditions applied to other medical conditions, as specified. On and after January 1, 2027, this bill would prohibit concurrent or retrospective review of medical necessity	8. Watch AB 669 Fact Sheet

	of in-network health care services and benefits (1) for the first 28 days of an inpatient substance use disorder stay during each plan or policy year or (2) for outpatient substance use disorder visits, except as specified. The bill would authorize, after the 29th day, in-network health care services and benefits for inpatient substance use disorder care to be subject to concurrent review. On and after January 1, 2027, the bill would prohibit retrospective review of medical necessity for the first 28 days of intensive outpatient or partial hospitalization services for substance use disorder, but would require specified review for day 29 and days thereafter of that stay or service. On and after January 1, 2027, the bill would prohibit the imposition of prior authorization or other prospective utilization management requirements for in-network coverage of outpatient prescription drugs to treat substance use disorder that are determined medically necessary by the enrollee's or insured's physician or psychiatrist. **Status:** 5/23/2025 - From committee: Do pass. (Ayes 11. Noes 1.) (May 23). ***Hearing:*** *5/27/2025 #130 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS*	
AB 688 González, Mark D	**Telehealth for All Act of 2025. (Introduced: 2/14/2025)** Under current law, in-person, face-to-face contact is not required under the Medi-Cal program when covered health care services are provided by video synchronous interaction, asynchronous store and forward, audio-only synchronous interaction, remote patient monitoring, or other permissible virtual communication modalities, when those services and settings meet certain criteria. Current law required the State Department of Health Care Services, on or before January 1, 2023, to develop a research and evaluation plan that, among other things, proposes strategies to analyze the relationship between telehealth and access to care, quality of care, and Medi-Cal program costs, utilization, and program integrity. The department created that plan in December of 2022 and published the Biennial Telehealth Utilization Report in April of 2024. This bill, the Telehealth for All Act of 2025, would require the department, commencing in 2028 and every 2 years thereafter, to use Medi-Cal data and other data sources available to the department to produce analyses in a publicly available Medi-Cal telehealth utilization report. The bill would authorize the department to include those analyses in each of the department's Biennial Telehealth Utilization Reports, as specified. **Status:** 5/23/2025 - From committee: Do pass. (Ayes 14. Noes 0.) (May 23). ***Hearing:*** *5/27/2025 #134 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS*	2. Support AB 688 Support Priority Letter AB 688 Joint APPR Letter AB 688 Joint Health Letter AB 688 Fact Sheet
AB 779 Lackey R	**Child welfare services: domestic violence consultant pilot program. (Amended: 5/5/2025)** Would authorize a county child welfare agency to establish a 5-year pilot program in which the county partners with a domestic violence consultant from a domestic violence victim service organization to offer support and guidance to county social workers in addressing the complex dynamics of families who are potentially experiencing both domestic violence and child maltreatment in order to enhance the social worker's knowledge of domestic violence and their ability to apply that knowledge to their work with parent survivors and their children through tailored engagement and intervention strategies. The bill would require a domestic violence consultant under the program to assist county social workers by providing education on domestic violence-related dynamics and services and discussing complicating factors and protective measures, as specified, among other things. The bill would require a county that implements the pilot program to conduct a comprehensive evaluation of the pilot program and report its findings to the Legislature on or before October 31, 2031. The bill would require a participating county to seek the input of the State Department of Social Services and stakeholders, including people with lived experience with domestic violence and child welfare, in the design and implementation of the evaluation. **Status:** 5/23/2025 - Read third time. Passed. Ordered to the Senate. (Ayes 73. Noes 0.) In Senate. Read first time. To Com. on RLS. for assignment.	8. Watch AB 779 Fact Sheet
AB 804 Wicks D	**Medi-Cal: housing support services. (Introduced: 2/18/2025)** 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. Current law, subject to implementation of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, authorizes a Medi-Cal managed care plan to elect to cover community supports approved by the department as cost effective and medically appropriate in a comprehensive risk contract that are in lieu of applicable Medi-Cal state plan services. Under current law, community supports that the department is authorized to approve include, among other things, housing transition navigation services, housing deposits, and housing tenancy sustaining services. Current law, subject to an appropriation, requires the department to complete an independent analysis to determine whether network adequacy exists to obtain federal approval for a covered Medi-Cal benefit that provides housing support services. Current law requires that the analysis take into consideration specified information, including the number of providers in relation to each region's or county's	2. Support AB 804 Joint Support Letter

	number of people experiencing homelessness. Current law requires the department to report the outcomes of the analysis to the Legislature by January 1, 2024. This bill would delete the requirement for the department to complete that analysis, and instead would make housing support services for specified populations a covered Medi-Cal benefit when the Legislature has made an appropriation for purposes of the housing support services. The bill would require the department to seek federal approval for the housing support services benefit, as specified. **Status:** 5/23/2025 - In committee: Held under submission.	
AB 877 Dixon R	**Health care coverage: substance use disorder: residential facilities. (Amended: 4/21/2025)** Current law requires a health care service plan contract or disability insurance policy to provide coverage for medically necessary treatment of mental health and substance use disorders, as defined, under the same terms and conditions applied to other medical conditions. 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 medically necessary health care services, including specified mental health and substance use disorder services, pursuant to a schedule of benefits. Current law provides for the regulation of community care facilities that provide nonmedical care, including residential facilities, short-term residential therapeutic programs, and group homes by the State Department of Social Services. Current law requires the care and supervision provided by a short-term residential therapeutic program or group home to be nonmedical, except as otherwise permitted by law. This bill would require the Department of Managed Health Care, the Department of Insurance, and the State Department of Health Care Services to prepare and send one letter to each chief financial officer of a health care service plan, health insurer, or Medi-Cal managed care plan that provides coverage, including out-of-network benefits, in California for substance use disorder in residential facilities, as defined. The bill would require the letter to include, among other things, a statement informing the plan or insurer that substance use disorder treatment in licensed or unlicensed residential facilities is almost exclusively nonmedical, with rare exceptions. **Status:** 5/1/2025 - Failed Deadline pursuant to Rule 61(a)(2). (Last location was HEALTH on 3/3/2025)(May be acted upon Jan 2026)	2. Oppose AB 877 Fact Sheet
AB 898 Bryan D	**The Family Urgent Response System. (Introduced: 2/19/2025)** Current law requires the State Department of Social Services to establish a statewide hotline as the entry point for the Family Urgent Response System, as defined, to respond to calls from caregivers or current or former foster children or youth during moments of instability, as specified. Current law requires the hotline to include, among other things, referrals to a county-based mobile response system, as specified, for further support and in-person response. Current law requires the department to collect deidentified, aggregated data, including the number of current and former foster children or youth served through the statewide hotline and the disposition of each call, and requires the department to publish a report on its internet website, as specified. This bill would instead specify that the statewide hotline shall be the primary entry point for the Family Urgent Response System. **Status:** 5/21/2025 - Referred to Com. on HUMAN S.	8. Watch
AB 1013 Garcia D	**Peace officer training: behavioral health. (Introduced: 2/20/2025)** Current law requires the Commission on Peace Officer Standards and Training to establish and keep updated a classroom-based continuing training course that includes instructor-led active learning, such as scenario-based training, relating to behavioral health and law enforcement interaction with persons with mental illness, intellectual disability, and substance use disorders. Current law requires the commission to make available the course to each law enforcement officer with a rank of supervisor or below and who is assigned to patrol duties or to supervise officers who are assigned to patrol duties. This bill would authorize the commission to partner with local departments of behavioral health, community-based organizations, or nonprofit organizations to establish and keep updated this classroom-based continuing training course. The bill would require a law enforcement officer with a rank of supervisor or below and who is assigned to patrol duties or to supervise officers who are assigned to patrol duties to complete the course. **Status:** 5/23/2025 - In committee: Held under submission.	4. Support if Amended
AB 1034 Ávila Farías D	**Teacher credentialing: programs of professional preparation: youth mental health. (Amended: 4/21/2025)** Current law requires, as a minimum requirement for a preliminary multiple subject, single subject, or education specialist teaching credential, the satisfactory completion of a program of	8. Watch

	professional preparation that, among other things, has been accredited by the Committee on Accreditation on the basis of standards of program quality and effectiveness that have been adopted by the Commission on Teacher Credentialing and provides specified experience including, among other experience health education, including study of nutrition, cardiopulmonary resuscitation, and the physiological and sociological effects of the abuse of alcohol, narcotics, and drugs and the use of tobacco. This bill would require that health education experience to also include a basic understanding of youth mental health. **Status:** 5/23/2025 - Read third time. Passed. Ordered to the Senate. (Ayes 71. Noes 0.) In Senate. Read first time. To Com. on RLS. for assignment.	
AB 1037 Elhawary D	**Public health: substance use disorder. (Amended: 4/24/2025)** Under current law, a licensed health care provider who is authorized by law to prescribe an opioid antagonist may issue standing orders for the distribution of an opioid antagonist to a person at risk of an opioid-related overdose or to a family member, friend, or other person in a position to assist a person at risk of an opioid-related overdose. Current law exempts a health care provider who acts with reasonable care in issuing a prescription or order for an opioid antagonist from professional review, civil action, or criminal prosecution, under certain circumstances. Current law requires that a person who receives an opioid antagonist pursuant to a standing order or otherwise possesses an opioid antagonist receive training, as specified. Current law provides that a person who is trained in the use of an opioid antagonist and acts with reasonable care and in good faith is not subject to professional review, liable in a civil action, or subject to criminal prosecution. This bill would expand the above-described authorizations to those who are at risk of or any person who may be in a position to assist a person experiencing any overdose and would strike the requirement that those who receive and possess opioid antagonists receive training. The bill would authorize a person in a position to assist a person at risk of an overdose to possess an opioid antagonist and subsequently dispense or distribute an opioid antagonist to a person at risk of an overdose or another person in a position to assist a person at risk of an overdose. **Status:** 5/23/2025 - From committee: Do pass. (Ayes 11. Noes 3.) (May 23). ***Hearing:*** *5/27/2025 #210 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS*	1. Support AB 1037 Asm Support Letter AB 1037 Asm Public Support Letter AB 1037 Fact Sheet AB 1037 Asm Health Position Letter
AB 1115 Castillo R	**Peace officers: mental health liaisons. (Introduced: 2/20/2025)** The California Constitution authorizes local governments to make and enforce all police and sanitary ordinances and regulations within its limits that are not in conflict with general laws. Existing law requires the board of supervisors of a county and the governing body of a city to take measures necessary to preserve and protect the public health in its jurisdiction. This bill would authorize a local government to designate one or more existing employees specializing in counseling or mental health services as a law enforcement mental health liaison to facilitate mental health support for peace officers who serve the local jurisdiction. This bill contains other related provisions. **Status:** 5/8/2025 - Failed Deadline pursuant to Rule 61(a)(3). (Last location was PUB. S. on 3/10/2025)(May be acted upon Jan 2026)	8. Watch AB 1115 Fact Sheet
AB 1229 Schultz D	**Adult Reentry Grant Program. (Introduced: 2/21/2025)** The Budget Act of 2018 appropriated $50,000,000 to the Board of State and Community Corrections for a grant program, known as the Adult Reentry Grant Program, for the purpose of awarding competitive grants to community based organizations to support offenders formerly incarcerated in state prison. The Budget Act of 2018 allocated a specified amount of those funds for, among other things, rental assistance, rehabilitation of existing property or buildings, and to support the warm hand-off and reentry of offenders transitioning from prison to communities. Subsequent budget acts have continued to fund the program. This bill, instead, commencing July 1, 2026, and upon appropriation of funds, would transfer the administration of the grant program to the Department of Housing and Community Development. The bill would require the department, on or before December 1, 2026, to modify the grant program to provide 5-year renewable grants to up to 6 regional administrators responsible for funding permanent affordable housing and services for people who were formerly incarcerated in state prison and are experiencing homelessness or are at risk of homelessness. **Status:** 5/23/2025 - From committee: Do pass. (Ayes 11. Noes 2.) (May 23). ***Hearing:*** *5/27/2025 #247 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS*	1. Support AB 1229 Asm Support Letter AB 1229 Fact Sheet
AB 1356 Dixon R	**Alcohol and other drug programs. (Amended: 4/24/2025)** Current law provides for the certification and regulation of adult alcoholism or drug abuse recovery and treatment programs by the State Department of Health Care Services and authorizes the department to enforce those provisions. Current law requires the department's death investigation policy to be designed to ensure that a resident's death is addressed and investigated by the department in a	8. Watch

	timely manner, and requires specified procedures if a death occurs in a licensed facility, including requiring a written report related to the death that includes a description of the followup action that is planned to prevent a future death. Current law requires that report to be submitted to the department within 7 calendar days of the event or incident. This bill would additionally require a facility to submit, within 60 days of the initial incident, any relevant information that was not known at the time of the initial incident or that was known but was not provided to the department in the initial report. The bill would require, if the department identifies any deficiencies in a facility's response to a resident's death in the course of the department's investigation into the death of a resident in a licensed facility, the facility to submit to the department any followup actions that the facility took within 60 days of any communication from the department regarding the deficiencies. **Status:** 5/22/2025 - Read second time. Ordered to third reading. ***Hearing:*** *5/27/2025 #490 ASSEMBLY THIRD READING FILE - ASSEMBLY BILLS*	AB 1356 Fact Sheet
AB 1387 Quirk-Silva D	**Mental health multidisciplinary personnel team. (Amended: 3/17/2025)** Current law authorizes a county to establish a homeless adult and family multidisciplinary personnel team, as defined, with the goal of facilitating the expedited identification, assessment, and linkage of homeless individuals to housing and supportive services within that county and to allow provider agencies to share confidential information for the purpose of coordinating housing and supportive services to ensure continuity of care. This bill would authorize counties to also establish a mental health multidisciplinary personnel team, as defined, with the goal of facilitating the expedited identification, assessment, and linkage of a justice-involved person, as defined, diagnosed with a mental illness to supportive services within that county while incarcerated and upon release from county jail and to allow provider agencies and members of the personnel team to share confidential information, as specified, for the purpose of coordinating supportive services to ensure continuity of care. The bill would require the sharing of information permitted under these provisions to be governed by protocols developed in each county, as specified, and would require each county to provide a copy of its protocols to the State Department of Health Care Services. **Status:** 5/22/2025 - Read second time. Ordered to Consent Calendar. ***Hearing:*** *5/27/2025 #503 ASSEMBLY CONSENT CALENDAR 2ND DAY-ASSEMBLY BILLS*	
AB 1429 Bains D	**Behavioral health reimbursement. (Amended: 5/1/2025)** Current law requires a health care service plan contract issued, amended, or renewed on or after January 1, 2021, to provide coverage for medically necessary treatment of mental health and substance use disorders, as defined, under the same terms and conditions applied to other medical conditions. This bill would require the plan, as defined, to fully reimburse an enrollee who incurs out-of-pocket costs for behavioral health care services obtained from nonplan providers or facilities or mental health prescription medication obtained from a nonplan pharmacy or nonplan provider on or after May 1, 2022, until the department certifies to the Legislature that the plan has successfully completed implementation of the corrective action work plan resulting from its 2023 settlement agreement with the department. The bill would require an enrollee to submit specified documents for reimbursement and would require the plan to pay the reimbursement within 60 calendar days of an enrollee's submission of documented expenses. If the plan fails to provide this reimbursement, the bill would require it to pay the original amount plus 10% per annum interest to the enrollee, as well as a $5,000 fine per incident. The bill would require the plan to establish specified procedures, and would require the plan to submit a monthly report to the department with specified information. Because a willful violation of the bill's provisions would be a crime, the bill would impose a state-mandated local program. **Status:** 5/23/2025 - In committee: Held under submission.	
AB 1487 Addis D	**Public health: the Two-Spirit, Transgender, Gender Nonconforming, and Intersex Wellness and Equity Fund. (Amended: 3/28/2025)** Current law establishes the Transgender, Gender Nonconforming, and Intersex Wellness and Equity Fund under the administration of the State Department of Public Health's Office of Health Equity, for purposes of funding grants, upon appropriation by the Legislature, to create programs, or funding existing programs, focused on coordinating trans-inclusive health care for individuals who identify as transgender, gender nonconforming, or intersex (TGI). Existing law makes the grants available to TGI-serving organizations, as specified. Current law defines terms, including "health care" and "gender nonconforming," for purposes of these provisions. This bill would rename the fund as the Two-Spirit, Transgender, Gender Nonconforming, and Intersex (2TGI) Wellness and Equity Fund. **Status:** 5/23/2025 - From committee: Do pass. (Ayes 11. Noes 3.) (May 23). ***Hearing:*** *5/27/2025 #296 ASSEMBLY SECOND READING FILE -- ASSEMBLY BILLS*	

SB 6 Ashby D	**Controlled substances: xylazine. (Introduced: 12/2/2024)** The California Uniform Controlled Substances Act categorizes controlled substances into 5 schedules and places the greatest restrictions on those substances contained in Schedule I. Under existing law, the substances in Schedule I are deemed to have a high potential for abuse and no accepted medical use while substances in Schedules II through V are substances that have an accepted medical use, but have the potential for abuse. Current law restricts the prescription, furnishing, possession, sale, and use of controlled substances, and makes a violation of those laws a crime, except as specified. Current law defines drug paraphernalia and prohibits, among other things, the manufacture, sale, and possession, as specified, of drug paraphernalia. Current law excludes from these prohibitions any testing equipment that is designed, marketed, used, or intended to be used to analyze a substance for the presence of fentanyl, ketamine, gamma hydroxybutyric acid, or any analog of fentanyl. This bill would add xylazine to the list of Schedule III substances, as specified. If an animal drug containing xylazine that has been approved under the federal Food, Drug and Cosmetic Act is not available for sale in California, the bill would create an exception for a substance that is intended to be used to compound an animal drug, as specified. The bill would exclude from the prohibitions on paraphernalia any testing equipment to analyze a substance for the presence of xylazine. **Status:** 5/23/2025 - From committee: Do pass. (Ayes 6. Noes 0.) (May 23). Read second time. Ordered to third reading. ***Hearing:*** *5/27/2025 #252 SENATE SENATE BILLS -THIRD READING FILE*	8. Watch SB 6 Fact Sheet
SB 28 Umberg D	**Treatment court program standards. (Amended: 5/23/2025)** Current law, the Treatment-Mandated Felony Act, an initiative measure enacted by the voters as Proposition 36 at the November 5, 2024, statewide general election, authorizes certain defendants convicted of specified felonies or misdemeanors to participate in a treatment program, upon court approval, in lieu of a jail or prison sentence, or grant of probation with jail as a condition of probation, if specified criteria are met. The Legislature may amend this initiative by a statute passed in each house by a rollcall vote entered in the journal, 2/3 of the membership concurring, or by a statute that becomes effective only when approved by the voters. This bill would include a new standard that, as part of the treatment court program, a drug addiction expert, as defined, conducts a substance abuse and mental health evaluation of the defendant, and submits the report to the court and the parties. The bill would remove the requirement that the Judicial Council revise the standards of judicial administration. The bill would require that a treatment program that complies with existing judicial standards be offered to a person that is eligible for treatment pursuant to the Treatment-Mandated Felony Act. By requiring the court to implement a treatment program that complies with existing judicial standards, the bill would amend that initiative statute. **Status:** 5/23/2025 - From committee: Do pass as amended. (Ayes 6. Noes 0.) (May 23). Read second time and amended. Ordered to second reading. ***Hearing:*** *5/27/2025 #7 SENATE SENATE BILLS - SECOND READING FILE*	8. Support if Amended SB 28 Support if Amended Letter to S. PS SB 28 Fact Sheet
SB 35 Umberg D	**Alcohol and drug programs. (Amended: 5/1/2025)** 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. 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 by the date specified in the notice.	8. Watch

	Status: 5/23/2025 - From committee: Do pass. (Ayes 6. Noes 0.) (May 23). Read second time. Ordered to third reading. ***Hearing:*** *5/27/2025 #262 SENATE SENATE BILLS -THIRD READING FILE*	
SB 38 Umberg D	**Second Chance Program. (Amended: 4/9/2025)** Current law requires the Board of State and Community Corrections to administer a grant program to carry out the purposes of the Second Chance Program. Current law requires the grant program to, among other things, restrict eligibility to proposals that offer mental health services, substance use disorder treatment services, misdemeanor diversion programs, or a combination thereof. Current law also establishes the Second Chance Fund, a continuously appropriated fund, which is administered by the board. The Treatment-Mandated Felony Act makes it a crime for a person, who has 2 or more prior convictions for a felony or misdemeanor violation of specified controlled substances crimes, to possess a hard drug, as defined, unless it has been prescribed by a doctor, among others. Under current law, a defendant who has been charged with this crime can elect treatment, in lieu of a jail or prison sentence or probation, by pleading guilty or no contest and admitting the alleged prior convictions, waiving time for sentencing and the pronouncement of judgment, and agreeing to participate in, and complete, a detailed treatment program developed by a drug addiction expert and approved by the court. This bill would require the Second Chance grant program to authorize eligibility for proposals that offer mental health or behavioral health services and drug court or collaborative court programs, including the treatment program under the Treatment-Mandated Felony Act. By expanding the purpose of a continuously appropriated fund, this bill would make an appropriation. **Status:** 5/23/2025 - May 23 hearing: Held in committee and under submission.	8. Watch
SB 43 Umberg D	**Substance use disorder: addiction treatment referral agencies. (Amended: 4/21/2025)** Current law requires the State Department of Health Care Services to regulate and certify alcohol or other drug programs, as defined. Current law also requires the department to regulate and license adult alcohol or other drug recovery or treatment facilities, and requires a licensee to provide specified nonmedical services. Current law requires all programs certified and facilities licensed by the department to make specified disclosures to the department regarding, among other things, ownership or control of, or financial interest in, a recovery residence, as defined. Current law prohibits a licensed facility, a certified program, or other specified persons, programs, and entities from giving or receiving remuneration or anything of value for the referral of a person who is seeking alcohol or other drug recovery or treatment services. Current law generally prohibits referrals for remuneration to any skilled nursing home or other specified types of care facilities without first obtaining a written license from the Director of Public Health or from an inspection service approved by the director, as specified. This bill would make it unlawful for a person, association, or corporation, to establish, conduct, or maintain a referral agency or referring any person for remuneration to an alcoholism or drug abuse treatment program certified by or a facility licensed by the State Department of Health Care Services without first obtaining a certificate of compliance from the department, as specified, and would require the department to issue a certificate of compliance, as prescribed. The bill would require the department to impose a fee for the certificate of compliance application and would specify the information required to be included on the application. **Status:** 5/23/2025 - May 23 hearing: Held in committee and under submission.	8. Watch SB 43 Fact Sheet
SB 324 Menjivar D	**Medi-Cal: enhanced care management and community supports. (Amended: 4/7/2025)** Current law, subject to implementation of the California Advancing and Innovating Medi-Cal (CalAIM) initiative, requires the State Department of Health Care Services 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, subject to CalAIM implementation, authorizes a Medi-Cal managed care plan to elect to cover community supports, as specified. Under current law, community supports that the department is authorized to approve include, among others, housing transition navigation services and medically supportive food and nutrition services. This bill would require a Medi-Cal managed care plan, for purposes of covering the ECM benefit, or if it elects to cover a community support, to contract with community providers, as defined, whenever those providers are available in the respective county and have experience in providing the applicable ECM or community support, and can demonstrate that they are capable of providing access and meeting quality requirements in accordance with Medi-Cal guidelines. The bill would require a managed care plan to honor member preference with regard to the applicable ECM or community support by authorizing service delivery to the	8. Watch SB 324 Fact Sheet

	contracted provider who is submitting a request for approval of services to the managed care plan. **Status:** 5/23/2025 - From committee: Do pass. (Ayes 6. Noes 0.) (May 23). Read second time. Ordered to third reading. ***Hearing:*** *5/27/2025 #316 SENATE SENATE BILLS -THIRD READING FILE*	
SB 329 Blakespear D	**Alcohol and drug recovery or treatment facilities: investigations. (Amended: 3/28/2025)** Current law provides for the licensure and regulation of alcohol or other drug recovery or treatment facilities by the State Department of Health Care Services. Current law prohibits operating an alcohol or other drug recovery or treatment facility to provide recovery, treatment, or detoxification services within this state without first obtaining a current valid license. If a facility is alleged to be providing those services without a license, existing law requires the department to conduct a site visit to investigate the allegation. Current law also authorizes the department to conduct announced or unannounced site visits to licensed facilities for the purpose of reviewing them for compliance, as specified. This bill would require the department to assign a complaint under its jurisdiction regarding an alcohol or other drug recovery or treatment facility to an analyst for investigation within 10 days of receiving the complaint. If the department receives a complaint that does not fall under its jurisdiction, the bill would require the department to notify the complainant, in writing, that it does not investigate that type of complaint. **Status:** 5/23/2025 - From committee: Do pass. (Ayes 6. Noes 0.) (May 23). Read second time. Ordered to third reading. ***Hearing:*** *5/27/2025 #318 SENATE SENATE BILLS -THIRD READING FILE*	8. Watch SB 329 Fact Sheets
SB 338 Becker D	**Virtual Health Hub for Rural Communities Pilot Program. (Amended: 5/6/2025)** Would establish the Virtual Health Hub for Rural Communities Pilot Program and require the State Department of Public Health to administer the program to expand access to health services for farmworkers in rural communities. The bill would require the department to fund grants to a community organization or organizations to administer the program and to provide technical assistance to the organization or organizations for any licensing or reporting requirements necessary to fulfill the program obligations. The bill would require the organization awarded a grant, among other things, to deploy virtual health hubs, as defined, in 2 rural communities based on farmworker population and access to health care. Under the bill, the virtual health hubs would include, at a minimum, computers, Wi-Fi, cubicles for virtual visits, and exam rooms for telemedicine. The bill would require the department, on or before January 1, 2027, to report the outcomes of the program to the Legislature. The bill would create the Farmworkers Health Equity Fund and would condition implementation of these provisions on no General Fund moneys being used. **Status:** 5/23/2025 - From committee: Do pass. (Ayes 6. Noes 0.) (May 23). Read second time. Ordered to third reading. ***Hearing:*** *5/27/2025 #320 SENATE SENATE BILLS -THIRD READING FILE*	8. Watch
SB 363 Wiener D	**Health care coverage: independent medical review. (Amended: 5/23/2025)** Existing law, the Knox-Keene Health Care Service Plan Act of 1975, provides for the licensure and regulation of health care service plans by the Department of Managed Health Care, and makes a willful violation of the act a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law establishes the Independent Medical Review System within each department, under which an enrollee or insured may seek review if a health care service has been denied, modified, or delayed by a health care service plan or health insurer and the enrollee or insured has previously filed a grievance that remains unresolved after 30 days. This bill would require a health care service plan or health insurer to annually report to the appropriate department the total number of claims processed by the health care service plan or health insurer for the prior year and its number of treatment denials or modifications, separated and disaggregated as specified, commencing on or before June 1, 2026. The bill would require the departments to compare the number of a health care service plan's or health insurer's treatment denials and modifications to (1) the number of successful independent medical review overturns of the plan's or insurer's treatment denials or modifications and (2) the number of treatment denials or modifications reversed by a plan or insurer after an independent medical review for the denial or modification is requested, filed, or applied for. The bill would make a health care service plan or health insurer liable for an administrative penalty, as specified, if more than 50% of the independent medical reviews filed with a health care service plan or health insurer result in an overturning or reversal of a treatment denial or modification in any one individual category of specified general types of care. The bill would make a health care service plan or health insurer liable for additional administrative penalties for each independent medical review resulting in an additional overturned or reversed denial or modification in excess of that threshold. The bill would require the departments to annually include data, analysis, and conclusions relating to these provisions in specified reports.	8. Watch SB 363 Fact Sheet

	Status: 5/23/2025 - From committee: Do pass as amended. (Ayes 5. Noes 1.) (May 23). Read second time and amended. Ordered to second reading. ***Hearing:*** *5/27/2025 #40 SENATE SENATE BILLS - SECOND READING FILE*	
SB 367 Allen D	**Mental health. (Amended: 5/1/2025)** The Lanterman-Petris-Short (LPS) Act authorizes 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 themselves or others, or is gravely disabled, the person may, upon probable cause, be taken into custody by specified individuals, including, among others, a peace officer and a designated member of a mobile crisis team, and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. Current law defines "assessment" for those purposes to mean the determination of whether a person shall be evaluated and treated. This bill would require an assessment to consider reasonably available, relevant information as specified. The bill would also authorize an assessment to be used to assist specified individuals in developing an aftercare plan for an individual, if that individual has agreed to an aftercare plan and can be properly served without being detained. **Status:** 5/23/2025 - May 23 hearing: Held in committee and under submission.	S. Oppose SB 367 County Coalition Ltr to Asm SB 367 County Oppo to S. Judic SB 367 - Opposition to M. Health SB 367 Fact Sheet
SB 418 Menjivar D	**Health care coverage: nondiscrimination. (Amended: 4/24/2025)** Current law requires health care service plans and health insurers, as specified, within 6 months after the relevant department issues specified guidance, or no later than March 1, 2025, to require all of their staff who are in direct contact with enrollees or insureds in the delivery of care or enrollee or insured services to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care for individuals who identify as transgender, gender diverse, or intersex. This bill would prohibit a subscriber, enrollee, policyholder, or insured from being excluded from enrollment or participation in, being denied the benefits of, or being subjected to discrimination by, any health care service plan or health insurer licensed in this state, on the basis of race, color, national origin, age, disability, or sex. The bill would define discrimination on the basis of sex for those purposes to include, among other things, sex characteristics, including intersex traits, pregnancy, and gender identity. The bill would prohibit a health care service plan or health insurer from taking specified actions relating to providing access to health programs and activities, including, but not limited to, denying or limiting health care services to an individual based upon the individual's sex assigned at birth, gender identity, or gender otherwise recorded. The bill would prohibit a health care service plan or health insurer, in specified circumstances, from taking various actions, including, but not limited to, denying, canceling, limiting, or refusing to issue or renew health care service plan enrollment, health insurance coverage, or other health-related coverage, or denying or limiting coverage of a claim, or imposing additional cost sharing or other limitations or restrictions on coverage, on the basis of race, color, national origin, sex, age, disability, as specified. **Status:** 5/6/2025 - Read second time. Ordered to third reading. ***Hearing:*** *5/27/2025 #178 SENATE SENATE BILLS -THIRD READING FILE*	S. Support SB 418 Fact Sheet SB 418 Sen Judiciary Letter
SB 483 Stern D	**Mental health diversion. (Amended: 5/23/2025)** Existing 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. Existing 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. Existing 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, among others. 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.	S. Oppose SB 483 - S. APPR Suspense Letter SB 483 S. Approps

	Status: 5/23/2025 - From committee: Do pass as amended. (Ayes 6. Noes 0.) (May 23). Read second time and amended. Ordered to second reading. ***Hearing:*** *5/27/2025 #54 SENATE SENATE BILLS - SECOND READING FILE*	Letter SB 483 Opposition Letter to S. PE Ltr.pdf
SB 531 Rubio D	**Course of study: mental health education. (Introduced: 2/20/2025)** Current law requires the adopted course of study for grades 1 to 6, inclusive, to include certain areas of study, including, among others, health. Current law requires the adopted course of study for grades 7 to 12, inclusive, to offer courses in specified areas of study, including, among others, English, social sciences, and mathematics. This bill, with respect to the adopted course of study for grades 1 to 6, inclusive, would require the health area of study to also include mental health education, as provided. The bill, with respect to the adopted course of study for grades 7 to 12, inclusive, would add mental health education, as provided, to the adopted course of study. **Status:** 5/1/2025 - Failed Deadline pursuant to Rule 61(a)(2). (Last location was ED. on 3/5/2025)(May be acted upon Jan 2026)	1. Support SB 531 Fact Sheet SB 531 - Sen. Eduardo Garcia Letter
SB 579 Padilla D	**Mental health and artificial intelligence working group. (Amended: 3/26/2025)** Current law establishes the Government Operations Agency, which consists of several state entities, including, among others, the State Personnel Board, the Department of General Services, and the Office of Administrative Law. Under current law, the Government Operations Agency is under the direction of an executive officer known as the Secretary of Government Operations, who is appointed by, and holds office at the pleasure of, the Governor, subject to confirmation by the Senate. This bill would require the secretary, by July 1, 2026, to appoint a mental health and artificial intelligence working group, as specified, that would evaluate certain issues to determine the role of artificial intelligence in mental health settings. **Status:** 5/23/2025 - May 23 hearing: Held in committee and under submission.	1. Support SB 579 S. [illegible] Letter SB 579 S. [illegible] Ltr.pdf SB 579 Fact Sheet
SB 660 Menjivar D	**California Health and Human Services Data Exchange Framework. (Amended: 4/22/2025)** Current law establishes the Center for Data Insights and Innovation, within the California Health and Human Services Agency, to ensure the enforcement of state law mandating the confidentiality of medical information. The center is administered by a director who also serves as the California Health and Human Services Chief Data Officer. Current law further establishes the California Health and Human Services Data Exchange Framework to require the exchange of health information among health care entities and government agencies in the state, among other things. Current law requires the agency to convene a stakeholder advisory group to advise on the development of implementation of the California Health and Human Services Data Exchange Framework. This bill would require the center, on or before January 1, 2026, and subject to an appropriation in the annual Budget Act, to take over the establishment, implementation, and all of the functions related to the California Health and Human Services Data Exchange Framework, including the data sharing agreement and policies and procedures, from the agency. The bill would expand the entities that are specifically required to execute a data sharing agreement with the California Health and Human Services Data Exchange Framework and authorize the center to determine other categories of entities required to execute a data sharing agreement. agreement, as specified. **Status:** 5/23/2025 - From committee: Do pass. (Ayes 5. Noes 0.) (May 23). Read second time. Ordered to third reading. ***Hearing:*** *5/27/2025 #390 SENATE SENATE BILLS -THIRD READING FILE*	8. Watch
SB 820 Stern D	**Inmates: psychiatric medication: administration. (Introduced: 2/21/2025)** Would, if a defendant has been found incompetent to stand trial after having been charged with a misdemeanor, additionally authorize a psychiatrist to administer psychiatric medication to the defendant without their informed consent on an emergency basis when treatment is immediately necessary for the preservation of life or the prevention of serious bodily harm and it is impracticable to first gain consent. The bill would specify that a determination made pursuant to these provisions is valid for one year after the date of the initial determination of the emergency, 90 days after the date the defendant is referred to one of the programs described above, or upon order of any court with jurisdiction over the	8. Watch SB 820 Fact Sheet

	defendant, whichever occurs first. The bill would also authorize a psychiatrist to involuntarily administer psychiatric medication to those defendants upon a court's determination that the defendant does not have the capacity to refuse treatment and is gravely disabled on the basis that they, 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, are unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or necessary medical care. The bill would establish various procedures to be followed when psychiatric medication is involuntarily administered pursuant to these provisions. **Status:** 5/1/2025 - Read second time. Ordered to third reading. ***Hearing:*** *5/27/2025 #173 SENATE SENATE BILLS -THIRD READING FILE*	
SB 823 Stern D	**Mental health: the CARE Act. (Introduced: 2/21/2025)** Existing law, the Community Assistance, Recovery, and Empowerment (CARE) Act, authorizes specified adult persons to petition a civil court to create a voluntary CARE agreement or a court-ordered CARE plan and implement services, to be provided by county behavioral health agencies, to provide behavioral health care, including stabilization medication, housing, and other enumerated services, to adults who are currently experiencing a severe mental illness and have a diagnosis identified in the disorder class schizophrenia and other psychotic disorders, and who meet other specified criteria. This bill would include bipolar I disorder in the criteria for a person to receive services under the CARE Act. By increasing the duties on the county behavioral health agencies, this bill would impose a state-mandated local program. This bill contains other related provisions and other existing laws. **Status:** 5/23/2025 - May 23 hearing: Held in committee and under submission.	4 Support if amended SB 823 Fact Sheet

Total Measures: 51

Total Tracking Forms: 51

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April 15, 2025

Post Release Community Supervision Fact Sheet

Public Safety Realignment (AB109) established a population of *Post Release Community Supervision* (PRCS) clients. PRCS clients are supervised by county probation departments upon their release from state prison. Prior to AB109, PRCS clients were supervised by state parole.

Individuals Under Supervision: 1,432

Registered Sex Offenders:* 41

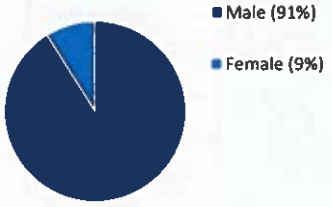
City	Housed	Transient / Homeless	City	Housed	Transient / Homeless
Alpine	6	0	Mount Laguna	0	0
Bonita	0	0	National City	20	0
Bonsall	0	1	Oceanside	63	18
Borrego Springs	0	0	Pala	0	0
Boulevard	1	0	Palomar Mountain	0	0
Camp Pendleton	0	0	Pauma Valley	1	0
Campo	5	0	Pine Valley	0	0
Cardiff By The Sea	1	0	Potrero	1	0
Carlsbad	9	0	Poway	1	1
Chula Vista	51	4	Ramona	7	0
Coronado	1	0	Ranchita	0	0
Del Mar	0	0	Rancho Santa Fe	1	0
Descanso	1	0	San Diego	535	36
Dulzura	0	0	San Luis Rey	0	0
El Cajon	61	9	San Marcos	15	1
Encinitas	2	0	San Ysidro	8	0
Escondido	57	12	Santa Ysabel	1	0
Fallbrook	11	3	Santee	23	0
Guatay	0	0	Solana Beach	0	0
Imperial Beach	2	0	Spring Valley	34	0
Jacumba	0	0	Tecate	0	0
Jamul	0	0	Valley Center	10	3
Julian	2	0	Vista	63	6
La Jolla	1	0	Warner Springs	1	0
La Mesa	12	1	Out of County	18	0
Lakeside	13	2	No Known City	138	59
Lemon Grove	40	0	TOTAL***	1216	156
Lincoln Acres	0	0			

Successful Terminations

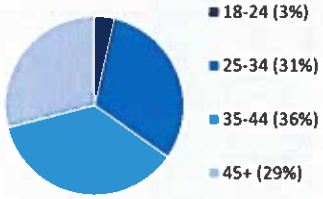
Full Term-No Recidivism	Early Discharge
18	6
Mar 15 – Apr 15	Mar 15 – Apr 15

	In County	Out of County	Unknown
Housed	1060	18	138
	87%	1%	11%
Transient/ Homeless	97	0	59
	62%	0%	38%

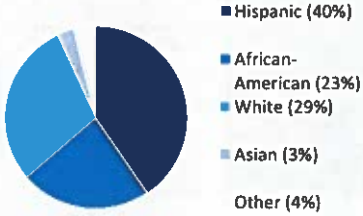
Gender



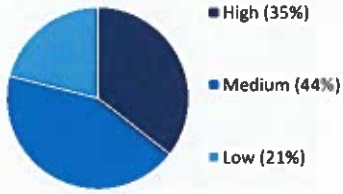
Age



Ethnicity

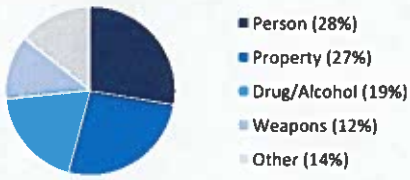


Assessed Risk Level



Committing Offense		DUI	70	Sex Crimes**	58
Arson	21	Escape	2	Theft	122
Assault	328	Forgery/Checks	3	Weapons	162
Auto Theft	93	Hit and Run	8	Other Felonies	236
Burglary	68	Homicide	0	Other Misdemeanors	19
Drugs	192	Robbery	1	Other/Unknown	49

Committing Offense Type



*Low/Medium-Risk per Static 99/SARATSO; subset of overall population

** Not all sex crimes are committed by registered sex offenders

***Individuals with no known address: 60

For additional information please go to: http://www.sdcounty.ca.gov/probation/ccp.html

April 15, 2025

Mandatory Supervision Fact Sheet

Public Safety Realignment (AB109) established a population of *Mandatory Supervision* (MS) clients. MS clients receive a "split" sentence, meaning a portion of their time is completed in local custody, with the remaining balance spent in the community under probation supervision.

Individuals Under Supervision: 321

Registered Sex Offenders:* 3

City	Housed	Transient / Homeless	City	Housed	Transient / Homeless
Alpine	0	0	Mount Laguna	0	0
Bonita	1	0	National City	10	0
Bonsall	1	0	Oceanside	12	0
Borrego Springs	0	0	Pala	0	0
Boulevard	0	0	Palomar Mountain	0	0
Camp Pendleton	0	0	Pauma Valley	1	0
Campo	0	0	Pine Valley	0	0
Cardiff By The Sea	0	0	Potrero	0	0
Carlsbad	1	0	Poway	1	0
Chula Vista	37	0	Ramona	0	0
Coronado	0	0	Ranchita	0	0
Del Mar	0	0	Rancho Santa Fe	0	0
Descanso	0	0	San Diego	135	0
Dulzura	0	0	San Luis Rey	0	0
El Cajon	18	0	San Marcos	2	0
Encinitas	0	0	San Ysidro	9	0
Escondido	15	0	Santa Ysabel	0	0
Fallbrook	1	0	Santee	2	0
Guatay	0	0	Solana Beach	0	0
Imperial Beach	5	0	Spring Valley	11	0
Jacumba	0	0	Tecate	0	0
Jamul	1	0	Valley Center	0	0
Julian	0	0	Vista	16	1
La Jolla	1	0	Warner Springs	0	0
La Mesa	3	0	Out of County	24	0
Lakeside	3	0	No Known City	0	0
Lemon Grove	8	0	TOTAL***	318	1
Lincoln Acres	0	0			

Successful Terminations

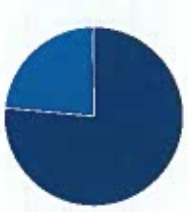
Full Term-No Recidivism

13

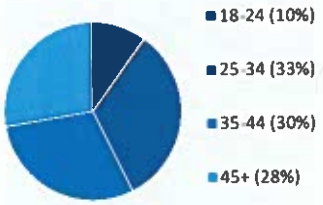
Mar 15 – Apr 15

	In County	Out of County	Unknown
Housed	294	24	0
	92%	8%	0%
Transient/ Homeless	1	0	0
	100%	0%	0%

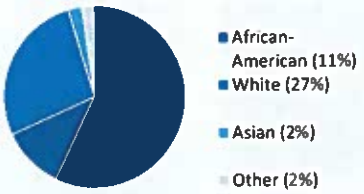
Gender



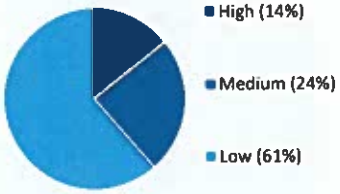
Age



Ethnicity

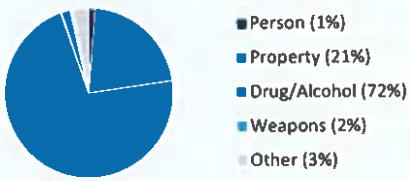


Assessed Risk Level



Committing Offense		DUI	5	Sex Crimes**	0
Arson	0	Escape	0	Theft	25
Assault	3	Forgery/Checks	5	Weapons	3
Auto Theft	7	Hit and Run	0	Other Felonies	11
Burglary	10	Homicide	0	Other Misdemeanors	0
Drugs	225	Robbery	0	Other/Unknown	27

Committing Offense Type



*Low/Medium-Risk per Static 99/SARATSO; subset of overall population
** Not all sex crimes are committed by registered sex offenders

***Individuals with no known address: 2
For additional information please go to: http://www.sdcounty.ca.gov/probation/ccp.html