cbhda
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION
CALIFORNIA

CBHDA 2025-26 Legislative Bill Matrix - Watch and Under Review As of 9/24/2025

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: 7/10/2025)** 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 of 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 a preponderance of evidence that it was not a motivating, causal, or contributing factor to the defendant's involvement in the alleged offense. **Status:** 8/28/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. on 7/8/2025)(May be acted upon Jan 2026)	2. Oppose AB 46 Sen. APPR Opposition Letter AB 46 Fact Sheet
AB 56 Bauer-Kahan D	**Social media: warning labels. (Enrolled: 9/16/2025)** Current law generally regulates social media platforms, including, among other laws, the Protecting Our Kids from Social Media Addiction Act that prohibits an operator of an addictive internet-based service or application, including a social media platform, from providing an addictive feed, as defined, to a minor user, except as prescribed. This bill would enact the Social Media Warning Law that would require a covered platform, as defined, to display a certain black box warning to certain users 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. **Status:** 9/12/2025 - In Assembly. Concurrence in Senate amendments pending. Senate amendments concurred in. To Engrossing and Enrolling.	2. Support AB 56 Sen. Floor Letter AB 56 Governor's Sig. Letter AB 56 Sen. Floor Letter AB 56 Supreme Priority Letter AB 56 Sen. APPR Letter AB 56 Sen. Health Letter AB 56 Sen. Judiciary Letter AB 56 - A. APPR Support Letter AB 56 - Asm.

		Judiciary Support Letter AB 96 Asm Privacy Support Letter AB 96 Fact Sheet
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 - Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/9/2025)(May be acted upon Jan 2026)	1. Support AB 73 Support Letter AB 73 Asm Privacy Letter AB 73 Approval Letter AB 73 Support Letter to Asm Health AB 73 Fact Sheet
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 grantees must consult with regularly, and identify an array of youth-specific housing inventory. **Status:** 5/23/2025 - Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/23/2025)(May be acted upon Jan 2026)	8. Watch AB 249 Fact Sheet
AB 255 Haney D	**The Supportive-Recovery Residence Program. (Enrollment: 9/16/2025)** Current law establishes the California Interagency Council on Homelessness to oversee the implementation of Housing First guidelines and regulations, and, among other things, identify resources, benefits, and services that can be accessed to prevent and end homelessness in California. Current 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. Current 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	1. Support AB 255 Governor's Sig Letter

	addiction as a part of tenants' lives and where tenants are engaged in nonjudgmental communication regarding drug and alcohol use. This bill would authorize state programs to fund supportive-recovery residences, as defined, that emphasize abstinence under these provisions as long as the state program meets specified criteria, including that at least 90% of program funds awarded to each jurisdiction is used for housing or housing-based services using a harm-reduction model. This bill would specify requirements for applicants seeking funds under these programs and would require the state to perform periodic monitoring of select supportive-recovery residence programs to ensure that the supportive-recovery residences meet certain requirements, including that core outcomes of the supportive-recovery housing emphasize long-term housing stability and minimize returns to homelessness. The bill would also prohibit eviction on the basis of relapse, as specified. **Status:** 9/16/2025 - Enrolled and presented to the Governor at 2 p.m.	AB 280 Sen. Floor Letter AB 280 SUPP Response Letter AB 280 Sen. Appro Letter AB 280 Sen. Floor Letter AB 280 Fact Sheet
AB 280 Aguiar-Curry D	**Health care coverage: provider directories. (Amended: 7/15/2025)** 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. Current law provides for the regulation of health insurers by the Department of Insurance. Current 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, which would count toward the in-network deductible and out-of-pocket maximum. The bill would require a plan or insurer to provide information about in-network providers to enrollees and insureds upon request, including whether the provider is accepting new patients at the time, and would limit the cost-sharing amounts an enrollee or insured is required to pay for services from those providers under specified circumstances. **Status:** 9/11/2025 - Failed Deadline pursuant to Rule 61(a)(14). (Last location was INACTIVE FILE on 9/8/2025)(May be acted upon Jan 2026)	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:** 7/17/2025 - Failed Deadline pursuant to Rule 61(a)(10). (Last location was HUM. S. on 5/21/2025)(May be acted upon Jan 2026)	8. Watch AB 308 Fact Sheet
AB 348 Krell D	**Full-service partnerships. (Enrollment: 9/11/2025)** The Mental Health Services Act (MHSA), an initiative measure enacted by the voters as Proposition 63 at the November 2, 2004, statewide general election, funds a system of county mental health plans for the provision of mental health services, as specified. The MHSA establishes the Mental Health Services Fund, a continuously appropriated fund, which is administered by the State Department of Health Care Services (department), to fund specified county mental health programs. The Behavioral Health Services Act (BHSA), a legislative act amending the MHSA that was approved by the voters as Proposition 1 at the March 5, 2024, statewide primary election, recast the MHSA by, among other things, renaming the fund to the Behavioral Health Services Fund and reallocating how moneys from that fund may be spent. The 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	8. Oppose Unless Amended AB 348 Oppose Unless Amended 3x Asm. Floor, Comparison

	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. **Status:** 9/11/2025 - Enrolled and presented to the Governor at 4 p.m.	AB 348 Governor's Veto Request AB 348 Opp. Unless Amended to Sen. Health AB 348 - Opp. Unless Amended to A. Health AB 348 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 - Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/14/2025)(May be acted upon Jan 2026)	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 - Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/9/2025)(May be acted upon Jan 2026)	8. Watch AB 403 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 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)	8. Watch AB 423 Fact Sheet
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:** 6/4/2025 - Failed Deadline pursuant to Rule 61(a)(2). (Last location was PUB. S. on 2/18/2025)(May be acted upon Jan 2026)	8. Oppose AB 433 - Opposition to A. Pub Safety

AB 440 Ramos D	**State bridges and overpasses: suicide prevention. (Enrollment: 9/16/2025)** Current law requires the Department of Transportation to install screening on state freeway overpasses to prevent objects from being dropped or thrown upon vehicles passing underneath, as provided. This bill would require, on or before July 1, 2028, the department to identify best practices for the implementation of suicide countermeasures designed to deter suicide attempts on bridges and overpasses, as provided. **Status:** 9/16/2025 - Enrolled and presented to the Governor at 2 p.m.	
AB 489 Bonta D	**Health care professions: deceptive terms or letters: artificial intelligence. (Enrollment: 9/15/2025)** Current law establishes various healing arts boards within the Department of Consumer Affairs that license and regulate various healing arts licensees. 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, 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:** 9/15/2025 - Enrolled and presented to the Governor at 4:30 p.m.	

AB 492 Valencia D	**Alcohol and drug programs: licensing. (Enrollment: 9/9/2025)** 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:** 9/9/2025 - Enrolled and presented to the Governor at 3 p.m.	8. Watch AB 492 Fact Sheet
AB 543 González, Mark D	**Medi-Cal: field medicine. (Enrollment: 9/22/2025)** 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 current 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. This bill would set forth provisions regarding field 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 field 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. The bill would authorize a Medi-Cal managed care plan to elect to offer Medi-Cal covered services through a field medicine provider, as defined. Under the bill, a managed care plan that elects to do so would be required to allow a Medi-Cal member who is experiencing homelessness to receive those services directly from an in-network, contracted field medicine provider, regardless of the member's in-network assignment, as specified. The bill would also require the managed care plan to allow an in-network, contracted field medicine provider enrolled in Medi-Cal to directly refer a member who is experiencing homelessness for covered services within the appropriate network, as specified. **Status:** 9/22/2025 - Enrolled and presented to the Governor at 3 p.m.	8. Support AB 543 Governor's Sig Letter AB 543 Sen Floor Letter AB 543 S. APPR Response Letter AB 543 S. APPR Letter AB 543 Sen Health Letter AB 543 Asm Approps Letter AB 543 Asm Health Letter AB 543 Fact Sheet
AB 618 Krell D	**Medi-Cal: behavioral health: data sharing. (Amended: 6/23/2025)** 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 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 department by January 1, 2027, in compliance with privacy laws. **Status:** 8/29/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 7/7/2025)(May be acted upon Jan 2026)	8. Oppose AB 618 Suspense Priority Letter AB 618 Sen Approps Letter AB 618 Sen Health Letter AB 618 S. Suspense Letter AB 618 Asm Approps Letter AB 618 Asm Health Co Support Letter CHRO/CSHDA Fact Sheet
AB 669 Haney D	**Substance use disorder coverage. (Amended: 7/15/2025)** 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,	8. Watch

	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 of in-network health care services and benefits (1) for the first 28 days of a treatment plan for inpatient or residential substance use disorder stay at a specified licensed facility during each plan or policy year or (2) for outpatient services provided by specified certified programs for substance use disorder visits, except as specified. The bill would authorize, after the 29th day, in-network health care services and benefits for inpatient or residential 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 authorize concurrent or retrospective review for day 29 and days thereafter of that stay or service. With respect to health care service plans, the bill would specify that its provisions do not apply to Medi-Cal behavioral health delivery systems or Medi-Cal managed care plan contracts. **Status:** 8/29/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/18/2025)(May be acted upon Jan 2026)	AB 669 Fact Sheet
AB 688 González, Mark D	**Telehealth for All Act of 2025. (Enrollment: 9/4/2025)** 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:** 9/4/2025 - Enrolled and presented to the Governor at 4 p.m.	2. Support AB 688 Governor's Sig Letter AB 688 Sen. APPR Letter AB 688 Sen. Health Letter AB 688 Suspense Priority Letter AB 688 Asm. APPR Letter AB 688 Asm. Health Letter AB 688 Fact Sheet
AB 779 Lackey R	**Child welfare services: domestic violence consultant pilot program. (Enrolled: 9/16/2025)** Would authorize a county child welfare agency to establish a 3-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:** 9/12/2025 - Senate amendments concurred in. To Engrossing and Enrolling. (Ayes 80. Noes 0.).	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	2. Support AB 804 Asm. Support Letter

	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 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 - Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/30/2025)(May be acted upon Jan 2026)	
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. (Enrollment: 9/22/2025)** 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. Existing 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:** 9/22/2025 - Enrolled and presented to the Governor at 3 p.m.	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 - Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/23/2025)(May be acted upon Jan 2026)	1. Support if Amended
AB 1034 Ávila Farías D	**Teacher credentialing: programs of professional preparation: youth mental health. (Chaptered: 7/14/2025)** 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 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:** 7/14/2025 - Chaptered by Secretary of State - Chapter 46, Statutes of 2025	8. Watch

AB 1037 Elhawary D	**Public health: substance use disorder. (Enrollment: 9/22/2025)** 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:** 9/22/2025 - Enrolled and presented to the Governor at 3 p.m.	
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. (Amended: 8/29/2025)** 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 geographically diverse regional administrators responsible for funding permanent supportive housing and reentry services for eligible people, as specified. The bill would require the department to issue proposed guidelines or a draft notice, as specified, establishing the grant program and require the department to competitively score applicants applying for grant funds as regional administrators. The bill would require the department to work collaboratively with the State Department of Health Care Services, Department of Corrections and Rehabilitation, and homeless continuums of care, and seek to work collaboratively with county probation departments, to establish a process for referrals of people eligible to participate in the program, as specified. The bill would also require the department to establish specified benchmarks to promote and track ideal outcomes from the program. **Status:** 9/11/2025 - Failed Deadline pursuant to Rule 61(a)(14). (Last location was INACTIVE FILE on 9/3/2025)(May be acted upon Jan 2026)	

		AB 1229 Asm Concurrence Letter AB 1229 Fact Sheet
AB 1267 Pellerin D	**Consolidated license and certification. (Amended: 4/24/2025)** Current law requires the State Department of Health Care Services to license and regulate adult alcohol or other drug recovery or treatment facilities that provide residential nonmedical services, as specified, and further requires the department to certify and regulate alcohol and other drug programs, as specified. Current law requires the department to charge various fees for a license or certification. This bill would, beginning January 1, 2027, require the department to offer a consolidated license and certification that allows the holder to operate more than one facility that requires a license, a program that requires a certification, or a combination thereof, that the holder operates within the same geographic location. This bill would define "same geographic location" as the physical location where clients are generally co-located, intermingle, reside, or receive services in one building or multiple buildings within 1,000 feet of each other in areas not zoned exclusively for residential use under local zoning ordinances. **Status:** 9/11/2025 - Failed Deadline pursuant to Rule 61(a)(14). (Last location was INACTIVE FILE on 9/8/2025)(May be acted upon Jan 2026)	8. Watch AB 1267 Fact Sheet
AB 1356 Dixon R	**Alcohol and other drug programs. (Enrolled: 9/16/2025)** Under existing law, the State Department of Health Care Services is responsible for administering prevention, treatment, and recovery services for alcohol and drug abuse. Existing law also provides for the certification and regulation of adult alcoholism or drug abuse recovery and treatment programs by the department and authorizes the department to enforce those provisions. Existing 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 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. Existing law requires that report to be submitted to the department within 7 calendar days of the event or incident. This bill, John's Law, would additionally require a facility to submit to the department, within 30 days of the initial incident, any relevant information that was not known at the time of the initial incident. If the department identifies any violations of specified licensing provisions during its investigation of a resident's death, the bill would require the department to issue a written notice of deficiency to the facility. The bill would authorize the department to implement, interpret, or make specific these provisions through the use of all-county letters, provider bulletins, or similar instructions without taking any further regulatory action. **Status:** 9/13/2025 - Joint Rules 61(a)(14) and 51(a)(4) suspended. Senate amendments concurred in. To Engrossing and Enrolling.	8. Watch AB 1356 Fact Sheet
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 - Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/14/2025)(May be acted upon Jan 2026)	2. Support AB 1429 A. APPR Letter AB 1429 Fact Sheet AB 1429 Asm Health Letter of Support
AB 1487 Addis D	**Public health: Two-Spirit, Transgender, Gender Nonconforming, and Intersex Wellness and Equity Fund. (Enrollment: 9/23/2025)** Existing law establishes the Transgender, Gender Nonconforming, and Intersex Wellness and Equity Fund under the administration of the State Department of Public Health, 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. Existing 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 and would make a conforming change to a related provision. The bill would expand the availability of grant funds to 2TGI-serving organizations, as defined, for purposes of providing workforce development training for 2TGI individuals, resettlement and social integration programs for 2TGI asylees and immigrants, and diversion programs for, and outreach to, transitional-age 2TGI youth. Under the bill, an organization that serves tribal populations would also be eligible for a grant for any of the specified purposes if that organization applies in partnership with a 2TGI-serving organization. This bill contains other related provisions. **Status:** 9/23/2025 - Enrolled and presented to the Governor at 4 p.m.	2. Support AB 1487 Governor Sig. Letter AB 1487 Sen. Floor Letter AB 1487 Support Priority Letter AB 1487 Sen.

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:** 8/28/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 7/16/2025)(May be acted upon Jan 2026)	8. Watch SB 6 Fact Sheet
SB 27 Umberg D	**Community Assistance, Recovery, and Empowerment (CARE) Court Program. (Enrolled: 9/17/2025)** 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. Current law authorizes a specified individual to commence the CARE process, known as the original petitioner. Current law authorizes the court to dismiss a case without prejudice when the court finds that a petitioner has not made a prima facie showing that they qualify for the CARE process. Current law requires the court to take prescribed actions if it finds that a prima facie showing has been made, including, but not limited to, setting the matter for an initial appearance on the petition. Current law requires the court, if it determines the parties have entered or are likely to enter into a CARE agreement, to either approve or modify the CARE agreement and continue the matter at a progress hearing in 60 days, or continue the matter for 14 days to allow the parties additional time to enter into an agreement. Current law prohibits a person from being tried or adjudged to punishment while that person is mentally incompetent. Current law authorizes a court to refer an individual from, among other things, assisted outpatient treatment or conservatorship proceedings, as specified, to CARE Act proceedings. Current law provides that if the individual is referred from assisted outpatient treatment, the county behavioral health director or their designee shall be the petitioner, whereas if the referral is from conservatorship proceedings, the conservator or proposed conservator is the petitioner. This bill would allow the court to make a prima facie determination without conducting a hearing. The bill, in the first hearing to determine competence to stand trial, would authorize the court to consider the petitioner's eligibility for both diversion and the CARE program. The bill would authorize the court to refer the petitioner to the CARE Act court if the defendant or counsel for the defendant agrees to the referral and the court has reason to believe the petitioner may be eligible for the CARE program. **Status:** 9/12/2025 - In Senate. Concurrence in Assembly amendments pending. Assembly amendments concurred in. (Ayes 38. Noes 0.) Ordered to engrossing and enrolling.	2. Oppose SB 27 Oppose to Sen. Floor SB 27 Governor's Veto Request SB 27 Opposition to Sen. PS SB 27 Opp. to Sen. Health SB 27 Opposition to Sen. Judic.
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:** 7/15/2025 - July 15 hearing postponed by committee.	2. Support if Amended SB 28 SIA to Sen. Pub Safety SB 28 Supp. if Amended Letter to S. PS SB 28 Fact Sheet

SB 35 Umberg D	**Alcohol and drug programs. (Amended: 7/17/2025)** 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. 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. The bill would authorize, in counties that elect to administer the Drug Medi-Cal organized delivery system and that provide optional recovery housing services, the county behavioral health agency to request approval from the department to conduct a site visit of a recovery residence that is alleged to be operating without a license. **Status:** 8/28/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/20/2025)(May be acted upon Jan 2026)	2. Oppose Unless Amended
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 - Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/12/2025)(May be acted upon Jan 2026)	8. Watch SB 43 Fact Sheet
SB 324 Menjivar D	**Medi-Cal: enhanced care management and community supports. (Amended: 7/3/2025)** 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 existing 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, that can demonstrate that they are capable of providing access and meeting quality requirements in accordance with Medi-Cal guidelines. In determining which community providers to contract with, the bill would authorize Medi-Cal managed care plans to take into consideration whether those providers	1. Support if Amended SB 324 Fact Sheet

	are available in the respective county and have experience in providing the applicable ECM or community support. The bill would require the department, for purposes of enforcing these provisions, to require Medi-Cal managed care plans to set goals every other year for the level of contracting and utilization of community providers and local entities, as defined. The bill would require these goals to be established in consultation with the department, as specified. **Status:** 8/28/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/20/2025)(May be acted upon Jan 2026)	
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:** 8/28/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 7/2/2025)(May be acted upon Jan 2026)	2. Oppose SB 329 Fact Sheet
SB 331 Menjivar D	**Substance abuse. (Amended: 5/23/2025)** Under the Lanterman-Petris-Short (LPS) Act, when a person, as a result of a mental health disorder, is a danger to themselves or others, or is gravely disabled, the person may, upon probable cause, be taken into custody by specified individuals, including, among others, a peace officer and a designated member of a mobile crisis team, and placed in a facility designated by the county and approved by the State Department of Health Care Services for up to 72 hours for evaluation and treatment. For the purposes of these provisions, current law defines "gravely disabled" as a condition in which a person, as a result of a mental health disorder, a severe substance use disorder, or a co-occurring mental health disorder and a severe substance use disorder, is unable to provide for their basic personal needs for food, clothing, shelter, personal safety, or necessary medical care. This bill would include in the definition of "gravely disabled" for purposes of the above provisions an individual who is unable to provide for their basic personal needs due to chronic alcoholism, as defined. The bill would further define a "mental health disorder" as a condition outlined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders. **Status:** 7/17/2025 - Failed Deadline pursuant to Rule 61(a)(10). (Last location was HEALTH on 6/16/2025)(May be acted upon Jan 2026)	2. Oppose SB 331 - Coalition Oppose to Amb Health SB 331 Fact Sheet
SB 338 Becker D	**Virtual Health Hub for Rural Communities Pilot Program. (Enrollment: 9/17/2025)** Would establish the Virtual Health Hub for Rural Communities Pilot Program and would 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 distribute grants to partnerships of 2 separate community-based organizations, except as specified, to establish and deploy virtual health hubs, as defined, and to administer the program and to provide technical assistance to the grant recipients for any licensing or reporting requirements necessary to fulfill the program obligations. The bill would outline criteria for the grants and require the department to give priority to community-based organizations that meet specified criteria, including, but not limited to, a history of serving medically underserved communities. The bill would require the grant recipients, among other things, to deploy virtual health hubs, as defined, in 2 rural communities based on farmworker population and access to health care and to submit specified information on the program to the department. 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 create the Virtual Health Hub Fund and would condition implementation of these provisions on no General Fund moneys being used, there being a minimum of $2,000,000 in the fund, and the department posting a notice on its internet website. The bill would also require the department, 2 years after the notice is posted on the internet website, to submit a report to the Legislature, and post to its internet website, specified information provided by the grant recipients, including age ranges and type of health services accessed by the people served. **Status:** 9/17/2025 - Enrolled and presented to the Governor at 2 p.m.	8. Watch
SB 363 Wiener D	**Health care coverage: independent medical review. (Amended: 7/17/2025)** Current 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. For a health care service plan or health insurer with 10 or more independent medical reviews in a given year, the bill would make the 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	8. Watch SB 363 Fact Sheet

	in any one individual category of specified general types of care. **Status:** 8/28/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/20/2025)(May be acted upon Jan 2026)	
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 - Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 5/12/2025)(May be acted upon Jan 2026)	2 - Oppose SB 367 County Coalition Opp to Appr. SB 367 County Oppo. to S. Judic SB 367 – Opposition to A. Health SB 367 Fact Sheet
SB 418 Menjivar D	**Health care coverage: prescription hormone therapy and nondiscrimination. (Enrollment: 9/22/2025)** 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's requirements a crime. Existing law provides for the regulation of health insurers by the Department of Insurance. Existing law also provides for the Medi-Cal program, which is administered by the State Department of Health Care Services, under which qualified low-income individuals receive health care services pursuant to a schedule of benefits. This bill would require a health care service plan contract or health insurance policy issued, amended, renewed, or delivered on or after the bill's operative date that provides outpatient prescription drug benefits to cover up to a 12-month supply of a United States Food and Drug Administration (FDA)-approved prescription hormone therapy, and the necessary supplies for self-administration, that is prescribed by a network provider within their scope of practice and dispensed at one time, as specified. The bill would make the same prescription hormone therapy a covered benefit under the Medi-Cal program, as specified. The bill would prohibit a plan or an insurer from imposing utilization controls or other forms of medical management limiting the supply of this hormone therapy to an amount that is less than a 12-month supply, but would not prohibit a contract, a policy, or the Medi-Cal program from limiting refills that may be obtained in the last quarter of the plan, policy, or coverage year if a 12-month supply of the prescription hormone therapy has already been dispensed during that year. The bill would exclude a Medi-Cal managed care plan contracting with the State Department of Health Care Services from these requirements. The bill would repeal these provisions on January 1, 2035. This bill contains other related provisions and other existing laws. **Status:** 9/22/2025 - Enrolled and presented to the Governor at 2 p.m.	1 - Support SB 418 Governor Sig. Letter SB 418 Asm. Floor Letter SB 418 Support Letter SB 418 Asm. APPR Letter SB 418 Asm. Hearing P Letter SB 418 Asm. Health Letter SB 418 Fact Sheet SB 418 Sen. Judiciary Letter
SB 483 Stern D	**Mental health diversion. (Amended: 7/9/2025)** 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 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. **Status:** 8/28/2025 - Failed Deadline pursuant to Rule 61(a)(11). (Last location was APPR. SUSPENSE FILE on 8/20/2025)(May be acted upon Jan 2026)	2 - Oppose Unless Amended SB 483 - New Opposition to Asm. APPR SB 483 Removal Opposition Letter

		SB 497 S. APPR Suspense Letter SB 497 S. Approve Letter SB 497 Opposition Letter to S. PS Comm
SB 497 Wiener D	**Legally protected health care activity. (Enrollment: 9/22/2025)** The United States Constitution generally requires a state to give full faith and credit to the public acts, records, and judicial proceedings of every other state. Existing law generally authorizes a California court or attorney to issue a subpoena if a foreign subpoena has been sought in this state but prohibits the issuance of a subpoena based on another state's law that interferes with a person's right to allow a child to receive gender-affirming health care or gender-affirming mental health care. Existing law generally prohibits a provider of health care, a health care service plan, or a contractor from disclosing medical information regarding a patient, enrollee, or subscriber without first obtaining an authorization unless an exception applies, including that the disclosure is in response to a subpoena. Existing law prohibits a provider of health care, a health care service plan, or a contractor from releasing medical information related to a person or entity allowing a child to receive gender-affirming health care or gender-affirming mental health care in response to a civil action, including a foreign subpoena, based on another state's law that authorizes a person to bring a civil action against a person or entity that allows a child to receive gender-affirming health care or gender-affirming mental health care. This bill would additionally prohibit a provider of health care, a health care service plan, or a contractor from releasing medical information related to a person seeking or obtaining gender-affirming health care or gender-affirming mental health care in response to a criminal or civil action, including a foreign subpoena, based on another state's law that interferes with an individual's right to seek or obtain gender-affirming health care or gender-affirming mental health care. The bill would also prohibit a provider of health care, health care service plan, contractor, or employer from cooperating with or providing medical information to an individual, agency, or department from another state or, to the extent permitted by federal law, to a federal law enforcement agency that would identify an individual and that is related to an individual seeking or obtaining gender-affirming health care, as specified. The bill would prohibit these entities from releasing medical information related to sensitive services, as defined, in response to a foreign subpoena that is based on a violation of another state's laws authorizing a criminal action against a person or entity for provision or receipt of legally protected health care activity, as defined. The bill would also generally prohibit the issuance of a subpoena based on a violation of another state's law that interferes with a person's right to seek or obtain gender-affirming health care or gender-affirming mental health care, as specified. This bill contains other related provisions and other existing laws. **Status:** 9/22/2025 - Enrolled and presented to the Governor at 11 a.m.	8. Support SB 497 Governor's Sig. Letter SB 497 Asm. Floor Letter SB 497 Suspense Priority Letter SB 497 Asm. APPR Letter SB 497 Asm. PS Letter SB 497 Asm. Judic Support Letter SB 497 Fact Sheet
SB 530 Richardson D	**Medi-Cal: time and distance standards. (Enrollment: 9/22/2025)** The Medi-Cal program is, in part, governed and funded by federal Medicaid program provisions. Current law establishes, until January 1, 2026, certain time and distance and appointment time standards for specified Medi-Cal managed care covered services, consistent with federal regulations relating to network adequacy standards, to ensure that those services are available and accessible to enrollees of Medi-Cal managed care plans in a timely manner, as specified. This bill would extend the operation of those standards to January 1, 2029. The bill would also require a managed care plan to ensure that each subcontractor network complies with certain appointment time standards unless already required to do so. The bill would require a plan to demonstrate to the department each subcontractor network's compliance with time or distance and appointment time standards, as specified. **Status:** 9/22/2025 - Enrolled and presented to the Governor at 11 a.m.	8. Watch SB 530 Fact Sheet
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)	8. Support SB 531 Fact Sheet SB 531 Sen. Educ Support 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	8. Support SB 579 S. APPR

	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 - Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/21/2025)(May be acted upon Jan 2026)	Letter SB 579 X Oppose Letter SB 579 Fact Sheet
SB 660 Menjivar D	**California Health and Human Services Data Exchange Framework. (Enrollment: 9/22/2025)** Current law establishes the Department of Health Care Access and Information to oversee and administer various health programs related to health care infrastructure, such as health policy and planning, health professions development, and facilities design review and construction, among others. Current law requires the California Health and Human Services Agency to establish 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 Department of Health Care Access and Information, on or before January 1, 2026, 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. The bill would require the department, no later than July 1, 2026, to establish a process to designate qualified health information organizations as data sharing intermediaries that have demonstrated their ability to meet requirements of the California Health and Human Services Data Exchange Framework. **Status:** 9/22/2025 - Enrolled and presented to the Governor at 11 a.m.	8. Watch
SB 775 Ashby D	**Board of Psychology and Board of Behavioral Sciences. (Enrolled: 9/18/2025)** The Psychology Licensing Law establishes the Board of Psychology to license and regulate psychologists and the practice of psychology. Current law repeals the provision establishing the board on January 1, 2026. This bill would extend operation of the board to January 1, 2030. **Status:** 9/13/2025 - In Senate. Concurrence in Assembly amendments pending. Assembly amendments concurred in. (Ayes 37. Noes 0.) Ordered to engrossing and enrolling.	8. Watch
SB 820 Stern D	**Inmates: mental health. (Enrollment: 9/22/2025)** Current law prohibits a person from being tried or adjudged to punishment while that person is mentally incompetent. Current law establishes a process by which a defendant's mental competency is evaluated. Current law, in the case of a misdemeanor charge in which the defendant is found incompetent, requires the court to hold a hearing to determine if the defendant is eligible for diversion. Current law requires, if the defendant is not eligible for diversion, the court to hold a hearing to determine whether the defendant will be referred to outpatient treatment, conservatorship, or the CARE program, or if the defendant's treatment plan will be modified. Current law requires the court to dismiss the case if a defendant does not qualify for the above-described services. Current law prohibits, except as specified, a person confined in a county jail from being administered any psychiatric medication without prior informed consent. Current law authorizes a county department of mental health, or other designated county department, to involuntarily administer psychiatric medication to an inmate on a nonemergency basis only after the inmate is provided, among other things, a hearing before a superior court judge, a court-appointed commissioner or referee, or a court-appointed hearing officer. Current law also provides for the involuntary administration of psychiatric medication to an inmate in an emergency situation. Current law limits the duration during which an inmate can be involuntarily administered psychiatric medication on an emergency basis and requires that, except as specified, the inmate be provided the same due process protections they would be entitled to when psychiatric medication is involuntarily administered on a nonemergency basis. Current law specifies that an emergency exists for these purposes when there is a sudden and marked change in an inmate's mental condition so that action is immediately necessary for the preservation of life or the prevention of serious bodily harm to the inmate or others and it is impractical, due to the seriousness of the emergency, to first obtain informed consent. This bill would, if an individual has been found incompetent to stand trial after having been charged with a misdemeanor, additionally authorize the administration of antipsychotic medication to the individual without their prior informed consent on an emergency basis when treatment is necessary to address the emergency condition and the medication is administered in the least restrictive manner, as specified. **Status:** 9/22/2025 - Enrolled and presented to the Governor at 11 a.m.	8. Watch SB 820 Fact Sheet
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	8. Watch SB 823 Fact Sheet

	program. This bill contains other related provisions and other existing laws. **Status:** 5/23/2025 - Failed Deadline pursuant to Rule 61(a)(5). (Last location was APPR. SUSPENSE FILE on 4/28/2025)(May be acted upon Jan 2026)	

Total Measures: 56

Total Tracking Forms: 56

MCRT | Client Characteristics

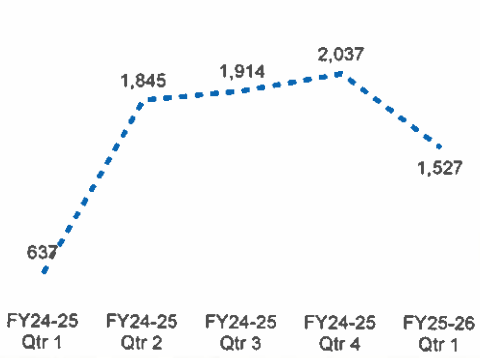
LIVE WELL SAN DIEGO

23K
Calls Responded To Since Program Start

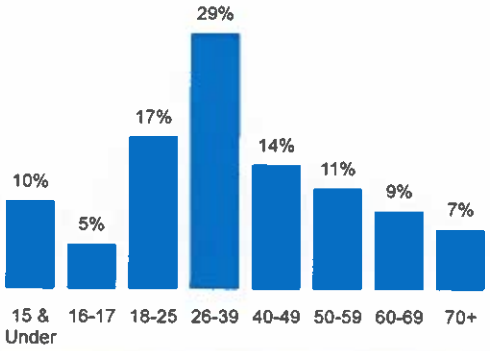
14K
Unique Clients Since Program Start

Reporting Period
9/1/2024 to 8/31/2025

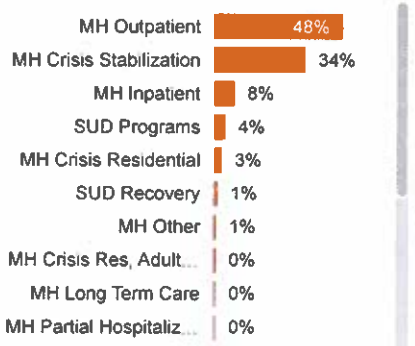
Unique Clients Served over Time



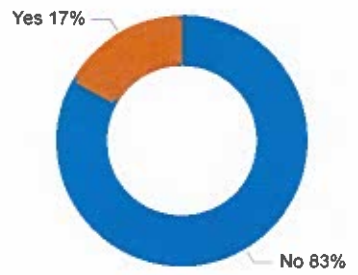
Age



Connecting Programs**



Previous Justice Involvement



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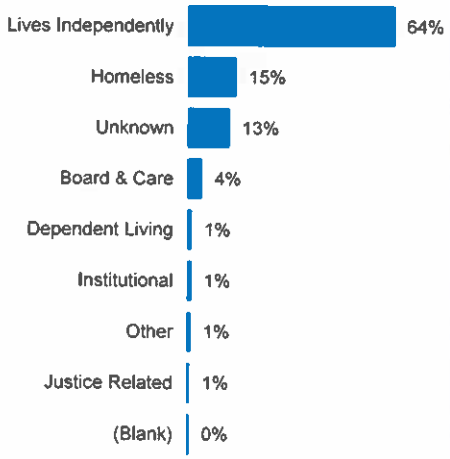
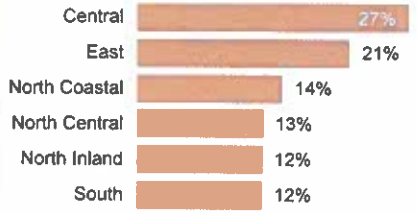
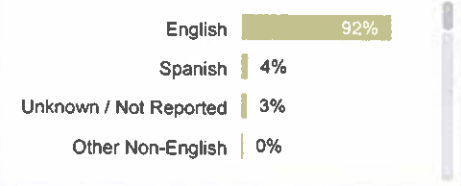


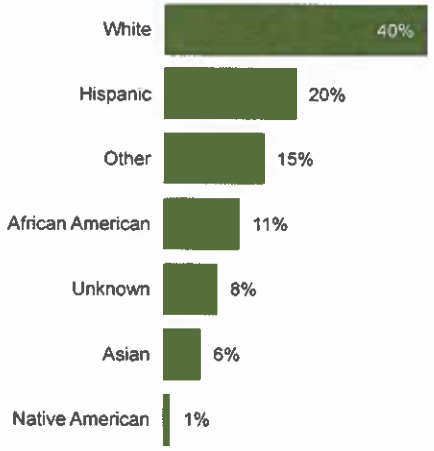
Region of Intervention (by Calls)



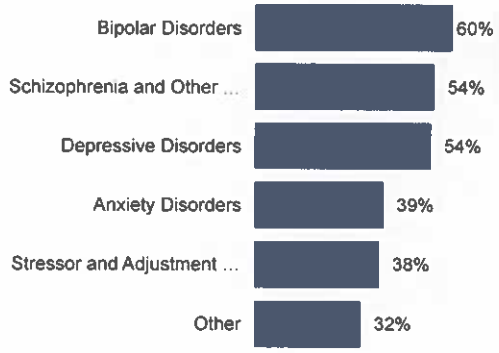
Preferred Language



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