



California Association of Local Behavioral Health Boards and Commissions

CALBHB/C Newsletter, November 2025

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The California Association of Local Behavioral Health Boards/Commissions (CALBHB/C) supports the work of CA's 59 local Behavioral Health Boards and Commissions. www.calbhbc.org

Brown Act Updates

CA's local open meeting law, "The Brown Act" has been updated. Changes for local advisory boards/commissions take effect January 1, 2026. Changes include:

- **Remote Attendance Without Posting Physical Address:** All advisory board/commission members may attend meetings by teleconference without posting a physical address if certain requirements are met.
 - This allowance must be approved by the Board of Supervisors (or local governing body)) every 6 months.
 - There must be a physical location open to the public, with at least one staff member present.
 - Teleconferencing participation must be open to the public, allowing the public to remotely hear and visually observe the meeting, and remotely address the legislative body
- **Additional remote attendance allowances** are available if the item above is not enacted.
- **Provide copy of the Brown Act:** All local advisory board/commission members should receive a copy of the Brown Act.

Brown Act Training (by Zoom) for local behavioral health members and staff. (There is no fee to register.)

Date: Wednesday, December 10th
Time: 11:30 am - 12:30 pm
Register: calbhbc.org/reg

CALBHB/C's updated **Brown Act Guide** is provided at: calbhbc.org/brown-act

Grants, Funding and Free Support

Digital Access

[California LifeLine](#) provides discounted home phone and cell phone services to eligible households.

Health Facility

[CHFFA Bond Financing Program](#) - Provides public health facilities with access to low interest rate capital markets through tax-exempt and taxable revenue bonds. Participants must be non-profit 501(c)(3) corporations or public health facilities.

Funds may be used for:

- Construction, remodeling, renovation, and/or improvements
- Land acquisition
- Acquisition of existing health facilities
- Equipment and/or furnishings
- Refunding of prior debt
- Working capital for start-up facilities
- Costs of bond issuances, feasibility studies & reimbursement of prior expenditures

[CHFFA Commercial Paper Program](#) will provide a borrower with access to low interest rate capital markets through the issuance of tax-exempt and taxable commercial paper notes.

[Healthcare Expansion Loan Program II \(HELP II\)](#), provides low-interest rate loans to California's non-profit small or rural health facilities in an efficient, timely, and cost-effective manner.

Also see [Skilled Nursing Facility](#) (*next column*)

Rural

[Rural Hospital Stabilization Program](#) (RHSP) offers assistance to rural hospitals, at no cost to them, to help them improve financial stability by enhancing or expanding health care services that meet community needs. This may include everything from pulmonary rehabilitation to outpatient behavioral health services to expanded primary care and keep care close to home. National Rural Health Resource Center

Skilled Nursing Facility

[Civil Money Penalty Reinvestment Grant](#) - Allows applicants to apply for funding to implement programs for improving Skilled Nursing Facility residents' quality of life. Projects may span topics such as training, culture change and direct improvements to quality of life, direct improvements to quality of care, and other applicable topics. Examples of projects include, but are not limited to, developing and implementing methods to increase Person-Centered Care, Infection Control Training, Arts and Engagement projects, and other topics.

Support (Free)

[SAMHSA Pacific West Hub](#) | Center for Mental Health Implementation Support - Free Support

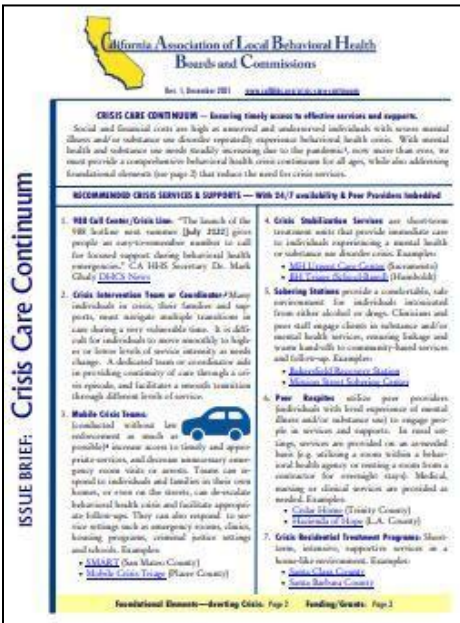
What they do:

- Support in preparing for, implementing, and sustaining effective mental health prevention, treatment, and recovery practices programs
 - Join at any stage of the implementation process
 - Assistance with organizations providing community-based services
-

Victims of Violent Crime

[The Trauma Recovery Center \(TRC\) Grant](#) funds organizations that operate throughout California to provide survivors of violent crime access to mental health or social services that may not be accessible for them through existing avenues. The TRC model offers wrap-around clinical services and cost-effective solutions for under- or unserved survivors and includes assertive outreach, clinical case management, assistance with law enforcement, referral to community resources and trauma-informed treatment. California Victim Compensation Board

CALBHB/C Issue Briefs



[Board & Cares \(ARFs/RCFEs\)](#)

[Children & Youth](#)

[Integrated School-Based Services](#)

[Transitional Age Youth](#)

[Criminal Justice](#)

[Crisis Care Continuum](#)

[Disaster Prep/Recovery](#)

[Employment](#)

[LGBTQ+](#)

[LPS Act](#)

[Older Adults](#)

[Performance Outcome Data](#)

[Substance Use Disorder](#)

[Suicide Prevention](#)

[Workforce](#)

Full listing of issues (30+) at: www.calbhbc.org/newsissues Questions: cal@calbhbc.com

Resources for Boards/Commissions (Full listing at: calbhbc.org/resources)

[Acronyms](#)

[Best Practices Handbook](#)

[Behavioral Health Continuum](#)

[Behavioral Health Services Act](#)

- [Funding Categories Training](#) (15 Minute Module)
- [Stakeholder Requirements](#)
- [Fiscal Components](#) (see Page 18)

[Brown Act Guide](#)

[Bylaws \(Sample\)](#)

[Conduct](#) (Conducta (Spanish))

[Cultural Relevance](#)

[Membership Guide \(Sample\)](#) - Updated!

[News/Issues](#)

[Performance Outcome Data](#)

[Recommendations](#) (see Page 19)

[Review](#) (see Page 23)

[Templates/Sample Docs](#)

- Agendas
- Annual Reports
- Recruitment
- Site Visits
- And More!

[Training: Materials/Recordings](#)

1. [Basic Training](#): How to be an Effective BH Board/Commission (90 minutes)
2. [Chair & Admin](#) (45 minutes)
3. [Community Planning & Unconscious Bias](#): Ensuring Citizen & Professional Involvement Throughout the Planning Process

[Welfare & Institutions Code](#)

- Bylaw Requirements
- Duties
- Expenses
- Membership Criteria

Reports, Articles & Webinars - Topics Include:

[Artificial Intelligence](#)

[Assisted Outpatient Treatment](#)

[BHSA | Behavioral Health Services Act](#)

[Benefits Planning](#)

[Board & Cares](#)

[Budget \(Analyses of Federal Actions\)](#)

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[Substance Use Disorder](#)

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[Telehealth](#)

[Workforce, Education & Training](#)

Artificial Intelligence

[Where Is All This Going for Behavioral Health Providers?](#) A Look Into the (Not-so-distant) Future, National Council for Mental Wellbeing, November 18th, 11 am - 12 pm PST

[Study says AI chatbots need to fix suicide response](#), as family sues over ChatGPT role in boy's death, Associated Press Article

Assisted Outpatient Treatment

[Overcoming Barriers to AOT Implementation](#), SMICalAdvisor.org/if-resources

BHSA | Behavioral Health Services Act

[CDPH Seeks Public Comment](#) on the BHSA Population-Based Prevention Program Guide - Phase 2

- [BHSA Prevention Program Guide Draft](#) | CA Department of Public Health (DPH)
- Comments due December 2nd [Microsoft Form](#)

[CALBHB/C Webpage](#): calbhbc.org/bhsa

[BHSA Myths vs. Reality \(HTML\)](#) ([Google Doc](#)) ([PDF](#)), CA Department of Health Care Services (DHCS)

[Community Planning Resources/Toolkits](#) includes:

- Boards & Commissions
- Children & Youth
- Peer Providers/Peer Run Organizations
- Older Adults

[Engaging in the BHSA Community Planning Process PowerPoint](#), DHCS

Benefits Planning

[CalABLE](#) - Accumulate savings up to \$100,000 without the risk of losing federal or state benefits [CalABLE Website](#) | Department of HealthCare Services/CalABLE [Webinar Recording](#)

[Healthcare Options for People with Disabilities: Understanding Medicare, Medi-Cal Options when Working](#), Department of Rehabilitation YouTube

California Disability Benefits 101 ([ca.db.101 \(external link\)](#)) ([Spanish - a.db.101\(external link\)](#)): An online resource that offers clear and accurate information on work and benefits, easy-to-use estimators and tools to help you people ahead.

- [SSI and Work \(Spanish\)](#)
- [SSDI and Work \(Spanish\)](#)
- [Continuation of Medicare \(Spanish\)](#)
- [Keeping Medi-Cal \(Spanish\)](#)
- [Youth and Parents \(Spanish\)](#)

[Ticket to Work and Reasonable Accommodations](#) - Social Security's Work Incentives (WISE) webinar describes how accommodations can support paths to employment.

[Work, School and SSI: How the Student Earned Income Exclusion \(SEIE\) Makes it Possible](#) - Discover how SEIE can help young people with disabilities work, earn, and thrive—without losing SSI benefits. Join us to learn about special rules that empower students to build job skills, gain work experience, and explore **career** paths while continuing their education. Beyond the financial benefits, SEIE helps young adults with disabilities grow in confidence and move toward greater independence.

Board & Cares

[Navigating Assisted Living Entry Webinar:](#)

Strengthening Referral Partnerships for Successful Transitions - Enhance cross-sector partnerships to improve appropriate, timely, and effective use of assisted living communities for older adults and people with disabilities or behavioral health needs enrolled in Medi-Cal. This webinar focuses on the partnerships needed to conduct successful referrals and placements of Medi-Cal members into assisted living communities. It explores the current and potential roles of stakeholders and partners in this process, as well as describes available financial and practical resources for overcoming barriers to placement. California Health Care Strategies

Budget (Analyses of Federal Actions)

[The Big Shift: An Analysis of the Local Cost of Federal Cuts](#)

- This report outlines how the federal cost shift and spending cuts pose a significant challenge to counties nationwide. It aims to clarify the scope of the potential impact, highlight key areas of concern and provide county leaders with the information needed to prepare for and respond to these intergovernmental changes. National Association of Counties

[Overview of Major Impacts of H.R. 1](#), CA Legislative Analyst's Office

[White House Executive Order Shifts Federal Approach to Homelessness, Mental Illness and Public Safety](#), National Association of Counties

CARE Act

[CalHHS CARE Act Working Group Meeting:](#)

The meeting will feature a panel and discussion about the role of the courts in CARE. There will also be presentations and discussions about California Mental Health Courts, the CARE Act in Los Angeles County, recent legislative changes, and updates on implementation and recent activities. Hybrid: Los Angeles & Zoom, November 19th, 10 am - 3 pm

[2025 CARE Act Annual Report](#), CA Health & Human Services

[CARE Act Petitioning at a Glance](#), CA Department of Health Care Services Video (6 Minutes)

[Directory of county CARE websites](#), care-act.org/library

[Petition to Begin Care](#) (Chinese, English, Farsi, Korean, Spanish and Vietnamese)

[Submit Petitions: care-act.org](#)

Children and Youth

[Online Rural Support Group](#) for Parents & Caregivers, United Parents and Parents & Caregivers for Wellness are offering a statewide online rural support group. This support group is only for those in rural or frontier areas. 2nd Tuesdays, 12 pm - 1 pm & 6 pm - 7 pm (Also Spanish support groups on 4th Wednesdays, 1 pm - 2 pm & 5 pm - 6 pm)

Children & Youth *Continued*

[Increasing Student Access to Behavioral Health Support](#) | DHCS announced that the **Children and Youth Behavioral Health Initiative (CYBHI)** Fee Schedule program, a first-of-its kind multi-payer effort to reimburse local educational agencies (LEA), which are school districts and county offices of education, and public institutions of higher education (IHE) for behavioral health supports provided to students, **has already demonstrated positive results**. As of October, the CYBHI Fee Schedule program has enrolled more than 500 LEAs and IHEs and reimbursed more than \$1.8 million for more than 26,000 service claims. More than 5,000 students have received services submitted for reimbursement. 55 LEAs and IHEs have submitted claims through the program, representing 32 managed care plans and other insurers. To increase use of the Fee Schedule program, DHCS released the [CYBHI Fee Schedule Program Guidance](#) for LEAs and IHEs, offering comprehensive guidance for providers to participate, and rolled out a public awareness campaign for parents and caregivers about the program and how students may benefit. View [CYBHI Fee Schedule website](#) to learn more.

[Using the CA Healthy Kids Survey To Address Student Mental Wellness](#) (PPT) [Local Healthy Kids Survey Reports](#) are being used locally:

- Solano County Office of Education (COE) created customized school culture and climate reports
- San Mateo County Health data to the San Mateo County All Together Better data portal.
- Orange COE initiatives addressing tobacco use, chronic absenteeism, behavioral health; supporting homeless students and more.
- San Diego COE assesses, monitors, and evaluates initiatives to reduce chronic absenteeism and social emotional well-being.
- L.A. County Office of Education uses creates data dashboard related to student academic outcomes.
- Alameda County Public Health collects data as part of county health surveillance; and to evaluate school-based health centers.

[Survey for Parents/Caregivers](#): The Behavioral Health Services Oversight & Accountability Commission, aka Commission for Behavioral Health (CBH) is collaborating with the California Department of Public Health (CDPH) on AB 1282, a law enacted in 2024 that requires the state to develop a statewide strategy to address mental health risks associated with social media use by children and youth. In collaboration with the CBH, CDPH is conducting research to (a) better understand the potential impacts of social media and mental health among youth/children and (b) develop recommendations for supporting youth well-being in digital spaces (e.g., reducing harm, building resiliency). As part of this research, CDPH is conducting Key Informant Interviews with individuals who have relevant expertise, lived experience, or professional insight into this topic. They are currently recruiting parents and caregivers of children 13 to 26 to participate in a 60-minute interview on this topic. A stipend will be provided for participation. If you are interested in participating, please click [HERE](#) to fill out a short screening survey. For any questions, email shauna.simon@cdph.ca.gov.

[The Role of Positive School Climate in Bullying Prevention](#) What is bullying—and why does it matter so much? In this important session, we will define bullying. Participants will explore the short- and long-term consequences bullying has on the target, including increased risk for anxiety, depression, academic decline, and school avoidance. Recent data from the California Healthy Kids survey will be highlighted in addition to other related resources of interest to both educators and parents. Session presented by the School Health and Safety Office, Whole Child Division, California Department of Education. Recorded Video

[Seeds of Change](#) School-related Resources for children, families and school staff. CA Department of Education Also: californiafamilyempowermentcenters.org

Children & Youth *Continued*

[Hiding in Plain Sight: Youth Mental Illness](#) 2-Hour Film, Follow the journeys of more than 20 young Americans from all over the country and all walks of life, who have struggled with thoughts and feelings that have troubled—and, at times—overwhelmed them. Ken Burns' Hiding in Plain Sight presents an unstinting look at the seemingly insurmountable obstacles faced by those who live with mental disorders and the hope that many have found after that storm. PBS

Fetal Alcohol Spectrum Disorders (FASD)

- [Congenital Heart Defects \(CHDs\) among US Children with FASDs](#)
- [The Importance of Prevention and Intervention](#), “The successful dissemination of consistent messaging, health care professional education and training, and universal implementation of clinical interventions may help reduce drinking in pregnancy and prevent fetal alcohol spectrum disorders (FASDs), a constellation of developmental disabilities and birth defects caused by alcohol use during pregnancy.” Sage Journals
- [Resources for Families](#), Downloadable and ready-to-print handouts for clinicians to share with families and caregivers when a child receives an FASD diagnosis. American Academy of Pediatrics

[Cal-MAP Equips Providers to Address Youth Mental Health](#) Cal-MAP is a no-cost consultation program that supports primary care and school-based providers in delivering timely, high-quality mental health care to youth ages 0–25. As part of the CalHOPE pediatric access initiative, this is designed to expand access to behavioral health services, particularly in CA’s rural and underserved communities. Through Cal-MAP, providers who screen for Adverse Childhood Experiences (ACEs) and toxic stress can be connected with child and adolescent psychiatrists, psychologists, and social workers for real-time support.

[Governor’s Executive order to support young men and boys](#), address suicide rates - Governor Gavin Newsom issued an executive order to address a growing issue — the alarming rise in suicides and disconnection among California’s young men and boys. The order directs a coordinated statewide response to improve mental health outcomes, reduce stigma, and expand access to meaningful education, work, and mentorship opportunities.

[Classrooms and Communities: How School-CBO Partnerships Are Transforming Youth Mental Health](#) This report examines how California schools and community-based organizations (CBOs) are partnering to address youth mental health needs. Drawing from interviews with 13 CBOs, the research highlights successful strategies—from trauma-informed alternatives to discipline to on-campus crisis response—while identifying systemic barriers like unsustainable CYBHI reimbursement rates (p.5) and gaps in small districts (p.5). With 64% of teachers seeking trauma training (p.19), the findings offer a roadmap for strengthening collaborations. This report includes case studies, data-driven recommendations, and tools for building effective partnerships.

[Minor Consent to Outpatient Mental Health Treatment or Counseling](#) - FAQs: The Department of Health Care Services (DHCS) provides answers to Frequently Asked Questions (FAQs) regarding AB 665 implementation and Minor Consent Services. AB 665 primarily expanded the consent standard for minors to access outpatient mental health treatment or counseling via Medi-Cal.

Community Planning

[Engaging in the BHSA Community Planning Process PowerPoint](#) & Recording DHCS

[Community Engagement in Mental Health Systems](#), SAMHSA Center for Mental Health Implementation Support

[CALBHB/C Community Planning Training & Resources](#)

[Community Planning Resources/Toolkits](#) includes:

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[Engaging in the BHSA Community Planning Process PowerPoint](#), DHCS

Criminal Justice

[Community Reentry Program Report](#) | These community reentry programs, which include the [Female Community Reentry Program](#) and [Male Community Reentry Program](#), provide voluntary, evidence-based programming for eligible individuals with two years or less remaining on their prison sentence. Participants complete the remainder of their sentence with specialized supervision in a secure, community-based facility where they have access to substance use disorder treatment, employment readiness and vocational training, educational opportunities, connections to health care services and family reunification support. CA Department of Corrections & Rehabilitation

Culture, Race, Ethnicity

[Community-Defined Evidence Practices \(CDEPs\)](#) are approaches rooted in cultural traditions and supported by academic research as effective alternatives to traditional care models. Three examples from Fresno County illustrate how other counties can integrate and sustain CDEPs into effective behavioral health offerings. This provides a starting point for behavioral health departments to think creatively about how they might incorporate CDEPs into their broader ecosystems of care. Fresno County Department of Behavioral Health | Third Sector

[Guidance for Recipients of Federal Funding Regarding Unlawful Discrimination](#): The U.S. Department of Justice published a memorandum from the Attorney General that explains how the Administration plans to apply federal anti-discrimination laws to DEI programs and initiatives. Subsequently, the administration issued an executive order titled "[Improving Oversight of Federal Grantmaking](#)," which is aimed at overhauling the federal grantmaking process. The National Council for Mental Wellbeing asked their outside legal consultants to provide an analysis of both the [DEI memorandum](#) and the [executive order on grantmaking](#) for National Council for Mental Wellbeing members. These summaries of Feldesman's analyses (hyperlinked above) are not intended to serve as and do not constitute legal advice, but rather to provide guidance on best practices in light of these new actions from the administration.

[Traditional Health Care Practices](#) DHCS webpage

[Community Engagement in Mental Health Systems](#), SAMHSA Center for Mental Health Implementation Support

Data Notebook

Local boards/commissions were asked to complete the CA Behavioral Health Planning Council Data Notebook by November 15, 2025
 Focus: Wellness and Recovery Centers
 Wellness and Recovery Centers are community-based programs that offer voluntary support services to individuals experiencing mental health and/or substance use challenges. These centers prioritize peer support, empowerment, and self-determined approaches to recovery, often providing activities such as support groups, wellness education, resource navigation, and social connection. They are designed to be welcoming, low-barrier spaces that affirm dignity, autonomy, and lived experience as central components of healing and recovery. *Questions about the Data Notebook:* DataNotebook@cbhpc.dhcs.ca.gov

Data Sharing

[Data Exchange and Sharing webpage](#) | Data sharing is foundational to care coordination and is essential to supporting whole-person care programs such as Enhanced Care Management, Community Supports, Population Health management, and other Medi-Cal initiatives. The CA Department of Health Care Services (DHCS) Data Exchange and Sharing webpage serves as a centralized repository of data exchange and data sharing guidance and requirements to provide clarity and technical assistance to stakeholders, including Managed Care Plans, County Health and Human Services Agencies, Community-Based Organizations, and Providers. DHCS initiatives require the exchange of administrative, clinical, social, and human services information in compliance with federal and state privacy and data sharing laws, regulations, and policies.

Homelessness

[Homelessness in the Public Behavioral Health System](#), CA Behavioral Health Planning Council, December 4, 10 am - 11 am, [Zoom Link](#)

[Federal Executive Order on Homelessness](#) | The order – entitled *Ending Crime and Disorder on America's Streets* – directs the Attorney General to challenge judicial precedent and consent decrees that restrict the ability of state and local governments to commit individuals on the street who are deemed a danger to themselves or others. It also prioritizes federal grant funding for efforts that enforce bans on open drug use, urban camping, and related public safety issues. In addition, the EO calls for increased investment in treatment centers and other facilities for individuals with serious mental illness, while explicitly prohibiting the use of federal funds for supervised drug injection sites. CA Association of Counties (CSAC)

Housing

[Overview of Housing Support and the Family Self-Sufficiency \(FSS\) Program](#) webinar addresses the intersection of employment and housing support, including: the following: What is a Public Housing Authority (PHA); How do Housing programs vary by county; Preferences; How does income from work affect housing assistance; How to best connect with your local Public Housing Authority. CA Department of Rehabilitation

[Housing for Health: DHCS Strategies to Assist Members Experiencing Homelessness](#), DHCS Webpage Resources, Includes:

- Specialty Behavioral Health Resources
- Flexible Housing Subsidy Pools (“Flex Pools”) (Local Partnerships/Facilitation of Billing & Vacancies)
- Medi-Cal Managed Care Program Resources
- [Success Story](#): GLM House partnership with a PATH Technical Assistance vendor.

Housing *Continued*

[Sustained Support: Continued Partnership to Ensure Assisted Living Residents' Well-Being Recording](#) - The session focuses on barriers experienced by Medi-Cal members in maintaining their residence in assisted living communities and strategies to address these challenges. It explores key topics, including supporting residents with significant behavioral health needs and/or who face challenges paying for room and board. The session also highlights the roles of different stakeholders during service provision at one assisted living community. Center for Health Care Strategies

[A Home and Healing: How Medicaid Improves Health and Lowers Costs Among Members Experiencing Homelessness](#) - California Health Care Foundation

Intellectual and Developmental Disabilities

[Mental and Behavioral Health Needs of People with Intellectual and Developmental Disabilities Recording](#). CA Department of Developmental Services and CA START Redwood Coast

Maternal Health

[The Postpartum Pathway. A Concept Paper](#) - From page 4: “The CDC reports that more than 80% of pregnancy-related deaths are preventable and can be reduced through routine health care. Adequate postpartum care can address delivery complications, manage chronic conditions, assess physical, social, and psychological well-being—including risk for perinatal mood and anxiety disorders (PMADs)—and establish a foundation for long-term health.”

Medi-Cal

[Considering Medi-Cal in the Midst of a Changing Fiscal and Policy Landscape](#), CA Legislative Analyst's Office (LAO)

[Navigating Federal Cuts: A Presentation with CalHHS](#), Following the signing of H.R. 1 into law, California continues its mission to protect the health and well-being of all Californians. Learn how these changes will impact Californians featuring DHCS Director Michelle Baass, California Health and Human Services Agency (CalHHS) Secretary Kim Johnson, California Department of Social Services Director Jennifer Troia, and Covered California Executive Director Jessica Altman.

[Continuing the Transformation of Medi-Cal Concept Paper](#) outlines DHCS' vision and goals for the five years, starting in 2027, after key federal waivers that authorize California Advancing and Innovating Medi-Cal (CalAIM) expire in December 2026. The concept paper outlines recent progress, current priorities, and the Department's long-term vision to strengthen and sustain Medi-Cal as a person-centered, equity-driven system.

[CMS Issues Guidance on Medicaid Managed Care Payments and Emergency Medical Condition Coverage for Undocumented Communities Ineligible for Full Medicaid Benefits](#): The Centers for Medicare & Medicaid Services (CMS) issued guidance to announce an updated interpretation of section 1903(v) of the Social Security Act (the Act), which authorizes federal financial participation (FFP) for care and services necessary for treatment of an emergency medical condition for undocumented communities ineligible for full Medicaid benefits. Specifically, CMS is announcing a change in the agency's interpretation of how section 1903(v) of the Act applies to Medicaid managed care payments to improve program and fiscal integrity in the Medicaid program.

Medi-Cal continues on the next page.

Rural

Medi-Cal Continued

[Enhanced Care Management & Community Supports Best Practices Toolkits](#), Each toolkit includes practical resources, actionable tips, and guidance to help providers streamline operations and improve outcomes for community members.

[Telehealth Flexibilities Updated](#), The U.S. Department of Health and Human Services (HHS) has published an updated list of Medicare telehealth flexibilities on its website, and the Centers for Medicare and Medicaid Services (CMS) issued a bulletin noting that, absent congressional action, many of the pre-COVID-19 statutory limitations on Medicare telehealth services are now reinstated for non-behavioral health services.

While most behavioral health telehealth services remain unaffected, one key flexibility has expired: the six-month in-person requirement for telemental health services. This means that, going forward, patients must have had an in-person visit with a physician or practitioner within the prior six months to qualify for ongoing telehealth-based mental health care.

However, established patients who began treatment during the waiver period and are currently receiving behavioral health services via telehealth are exempt from this in-person requirement. Furthermore, individuals diagnosed with a substance use disorder or co-occurring mental health and substance use disorder are not subject to the in-person visit rule.

Older Adults

[Aging and Addiction: Clinical Strategies for Supporting Older Adults with OUD and SUDs](#), The Association for Addiction Professionals (NAADAC) Webinar, July 30, 12:30 - 2 pm

[Older Adult Behavioral Health Resources for Stakeholders](#), California Department of Aging

[Online Rural Support Group](#) for Parents & Caregivers, United Parents and Parents & Caregivers for Wellness are offering a statewide online rural support group. This support group is only for those in rural or frontier areas. 2nd Tuesdays, 12 pm - 1 pm & 6 pm - 7 pm (Also Spanish support groups on 4th Wednesdays, 1 pm - 2 pm & 5 pm - 6 pm)

[Listening to Californians with Complex Needs: Rural Californians](#), CA Health Care Foundation Fact Sheet

[CalHHS Connect Webinar: Updates on HR 1 Efforts in California and the Rural Health Transformation Opportunity](#) | California Health & Human Services Agency (CalHHS) leadership will share the latest efforts to address H.R. 1's impact on safety-net programs in California. The session will also provide an update on the state's application for the Rural Health Transformation Program and the opportunity to strengthen health care access, quality, and outcomes in rural communities through innovative system transformation. Speakers include CalHHS Secretary Kim Johnson, DHCS Director Michelle Baass, California Department of Social Services (CDSS) Director Jennifer Troia, and California Department of Health Care Access & Information Director Elizabeth Landsberg.

[Cal-MAP Equips Providers to Address Youth Mental Health](#) | Cal-MAP is a no-cost consultation program that **supports primary care and school-based providers** in delivering timely, high-quality mental health care to youth ages 0–25. Cal-MAP is part of the CalHOPE pediatric access initiative and is **designed to expand access to behavioral health services, particularly in California's rural and underserved communities**. Through Cal-MAP, providers who screen for Adverse Childhood Experiences (ACEs) and toxic stress can be connected with child and adolescent psychiatrists, psychologists, and social workers for real-time support.

Substance Use Disorder

[Addiction Neuroscience 101](#) - This YouTube explains addiction as a chronic brain disease based on scientific research, focusing on the role of the brain's reward system and the neurotransmitter dopamine. These videos demystify how addiction works by showing that it involves a loss of control and compulsive use despite negative consequences, a result of the brain being "hijacked" by substances. The content aims to destigmatize addiction and highlight that it can be treated, moving beyond the outdated belief that it is a moral failing or a lack of willpower. R. Corey Waller MD, MS, FACEP, DFASAM

[How the brain's immune system drives drug relapse \(and a potential new way to stop it\)](#), University of North Carolina at Chapel Hill Study

[Substance Use Disorder Services in California Webinar Recording](#), CA Health & Human Services Behavioral Health Task Force

[59.0% of overdose deaths involved stimulants](#), 43.1% co-involved stimulants and opioids, and 15.9% involved stimulants and no opioids (during January 2021–June 2024). Persons who died of overdoses involving stimulants and no opioids were older and more frequently had a history of cardiovascular disease than those who died of overdoses involving stimulants and opioids. Increases in stimulant-involved deaths from 2018 to 2023 were largest among non-Hispanic American Indian or Alaska Native and non-Hispanic Black or African American persons and driven by deaths co-involving stimulants and opioids. Center for Disease Control 2025 Report

[FDA Calls for Better Opioid Safety Labeling](#), U.S. Food & Drug Administration

[FDA Calls for Banning Kratom Byproduct](#), Forbes.com

[Aging and Addiction: Clinical Strategies for Supporting Older Adults with OUD and SUDs](#), The Association for Addiction Professionals (NAADAC) Webinar, July 30, 12:30 - 2 pm

[NACBHDD Fall Virtual Legislative & Policy Conference](#)

Join NACBHDD as they bring together state and local leaders to discuss challenges they are facing and their priorities moving forward in diverse approaches to behavioral health and Intellectual/Developmental Disability (I/DD) policy. \$250 for non-members | October 21, 12pm - 4 pm

[The California Overdose Surveillance Dashboard](#)

This Dashboard provides data on state and local level drug-related overdose outcomes for California, including deaths, emergency department visits, and hospitalizations, as well as opioid and select other drug prescription data. Select county to view local dashboard.

Suicide

[Suicide and Substance Use Disorders: A Current Epidemic](#), NAADAC Recorded Webinar

[Study says AI chatbots need to fix suicide response](#), as family sues over ChatGPT role in boy's death, Associated Press Article

[Governor Newsom issues executive order to support young men and boys, address suicide rates](#)

Workforce, Education and Training

[Assembly Bill \(AB\) 2473 Alcohol or Other Drug \(AOD\) Counselor Educational Requirements](#): California's Department of Health Care Services has issued notification to substance use disorder providers, certifying organizations, and AOD counselors of changes to the education requirements for counselors due to the passage of AB 2473, effective January 1, 2026.

Telehealth

[Telehealth Flexibilities Updated](#), The U.S. Department of Health and Human Services (HHS) has published an updated list of Medicare telehealth flexibilities on its website, and the Centers for Medicare and Medicaid Services (CMS) issued a bulletin noting that, absent congressional action, many of the pre-COVID-19 statutory limitations on Medicare telehealth services are now reinstated for non-behavioral health services.

While most behavioral health telehealth services remain unaffected, one key flexibility has expired: the six-month in-person requirement for telemental health services. This means that, going forward, patients must have had an in-person visit with a physician or practitioner within the prior six months to qualify for ongoing telehealth-based mental health care.

However, established patients who began treatment during the waiver period and are currently receiving behavioral health services via telehealth are exempt from this in-person requirement. Furthermore, individuals diagnosed with a substance use disorder or co-occurring mental health and substance use disorder are not subject to the in-person visit rule.

Behavioral Health-Related Bills Signed into Law in 2025

| Topic | Bill | What This Bill Does |
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| Access: Full-Service Partnerships: Presumptive Eligibility for Vulnerable Populations | AB 348 (Krell) Fact Sheet | Establishes presumptive eligibility for Full Service Partnership (FSP) programs for those with serious mental and substance use disorder who are experiencing homelessness, being released from incarceration or being discharged from involuntary hospitalization. |
| Access: Health care coverage: essential health benefits | SB 62 (Menjivar) Fact Sheet | Sunsets the existing Kaiser Foundation Health Plan Small Group HMO 30 plan as California's Essential Health Benefit (EHB) benchmark plan for health insurance coverage on or before the 2027 plan year, and expresses legislative intent to review California's EHB and establish a new benchmark plan for the 2027 plan year. [Background related to Behavioral Health: EHBs are federally required to include mental health and substance use disorder services and treatment.] |
| Access: Health care coverage: prior authorizations. | SB 306 (Becker) | Requires health insurers from Department of Insurance to identify the health care services approved at a rate that meets or exceeds the threshold rate of 90% and publish the list of services identified. Beginning on January 1, 2028, these services will no longer require prior authorization for the most frequently approved covered health care services |
| Access: Medi-Cal: Time and distance standards | SB 530 (Richardson) | Strengthens Medi-Cal managed-care plan network adequacy by updating time-and-distance standards, expands "specialist" definitions (e.g., immunology, urology, sleep medicine), and requires DHCS to evaluate provider networks using direct testing and secret-shopper methods. Clarifies that telehealth access alone cannot replace in-person care when a patient prefers in-person services. Impacts: Medi-Cal managed care plans and their subcontractor networks; Medi-Cal health care providers, Medi-Cal enrollees |
| Alcohol and Drugs: Ignition interlock devices | AB 366 (Petrie-Norris) | Requires the installation and use of ignition interlock devices (IIDs) by all persons convicted of driving under the influence in California, makes the prior pilot program permanent, extends the IID law beyond January 1, 2033, and adjusts fees/costs based on income. |

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| <p>Alcohol and Drugs: Program complaints</p> | <p>AB 424 (Laurie Davis)</p> | <p>Directs DHCS to acknowledge public complaints about licensed or unlicensed Alcohol and other drug (AOD) treatment facilities within 10 days and notify complainants when investigations close and if violations were found. This impacts: Residents & families using SUD facilities; complainants; DHCS licensing & enforcement; AOD facility operators</p> |
| <p>Alcohol and Drug Programs: Licensing</p> | <p>AB 492 (Valencia)</p> | <p>Requires DHCS, 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 notice must also include the name and mailing address of the licensee and the location of the facility</p> |
| <p>Alcohol and Drugs: Public post-secondary education: drug and alcohol use: rehabilitation programs</p> | <p>AB 602 (Haney)</p> | <p>Prohibits UC schools from disciplining students solely because a student under the influence of or possessing a controlled substance sought or received medical treatment for drug or alcohol use — provided the student completes an approved rehabilitation program</p> |
| <p>Alcohol and Drugs: Public health: substance use disorder</p> | <p>AB 1037 (Elhawary)</p> | <p>Extends sterile syringe access authorization; expands those authorized to receive opioid antagonists and eliminates the requirement that they receive training, removing testing equipment from the definition of drug paraphernalia and expanding those people allowed to keep paraphernalia for public health purposes; and requires the State Department of Health Care Services (DHCS) to offer a combined application for entities to be certified as an alcohol or other drug (AOD) program and to provide incidental medical services.</p> |
| <p>Alcohol and Drug Programs: Resident Death Follow-Up</p> | <p>AB 1356</p> | <p>Requires licensed adult alcohol or other drug recovery/treatment facilities to submit a follow-up report to DHCS within 60 days after any resident death, including actions taken to prevent recurrence.</p> |
| <p>Artificial Intelligence: Health care professions: deceptive terms or letters: artificial intelligence</p> | <p>AB 489 (Bonta)</p> | <p>Prohibits AI or generative AI systems from using terms, letters, or phrases that imply they're licensed health-care professionals, extending title-protection laws to developers/deployers of AI-based health-care advice. Authorizes the relevant health-care professional boards to enforce violations against entities that misrepresent AI systems as licensed practitioners, treating each misuse of prohibited wording as a separate offense.</p> |

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| Board of Psychology and Board of Behavioral Sciences | SB 775 (Ashby) | <p>This bill is the sunset bill for the Board of Behavioral Sciences (BBS) and Board of Psychology (BOP) which makes various changes to the regulation of BBS and BOP licensees and registrants stemming from the joint sunset review oversight programs.</p> |
| CARE Act | SB 27 (Umberg) | <p>Adds mood disorders with psychotic features, except for psychosis related to current intoxication, to the disorders eligible under the CARE Act, and includes nurse practitioners (NPs) and physician assistants (PAs) in the Act’s definition of “licensed behavioral health professional.” Defines the phrase “clinically stabilized in ongoing voluntary treatment,” which is a status considered when determining eligibility for the CARE Act. Authorizes a court to refer an individual from felony proceedings to the CARE Act program and authorizes a CARE court to consider a referral as a petition for participation in the CARE program if certain requirements are met. Revises additional court processes relative to the CARE Act. Contains an urgency clause to ensure that the provisions of this bill go into immediate effect upon enactment.</p> |
| Children & Youth: Social media: Warning labels | AB 56 (Bauer-Kahan) Fact Sheet | <p>Requires covered social-media platforms to display a “black box” warning stating that social media “is associated with significant mental health harms and has not been proven safe for young users.” The warning must appear when a user first accesses the platform each day, then again after 3 hours of cumulative active use, and thereafter at least once per hour of cumulative active use. Who it impacts: Children on social media; social media platforms</p> |
| Children & Youth: Public social services: Higher Education | AB 79 (Arambula) | <p>CA law requires each California Community College and each California State University campus to designate a staff person as the basic needs coordinator to, among other things, act as a broker in identifying, supporting, and linking students to on- and off-campus housing, food, mental health, and other basic needs services and resources. AB 79 requires a county human services agency to receive input from basic needs directors, basic needs coordinators, or designated staff, as specified, when developing protocols for engagement between the county human services agency and institutions of public higher education; Requires DSS, in consultation with staff liaisons and basic needs directors or basic needs coordinators, to develop a training with a focus on public social services topics. Additional requirements of DSS.</p> |

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| <p>Children & Youth: Teacher Credentialing: programs of professional preparation: youth mental health</p> | <p>AB 1034 (Farias)</p> | <p>CA Education Code Section 44259 (b) of the Education Code is amended: "The minimum requirements for the preliminary multiple subject, single subject, or education specialist teaching credential are all of the following... "(i) Health education, including a basic understanding of youth mental health, study of nutrition, cardiopulmonary resuscitation, and the physiological and sociological effects of the abuse of alcohol, narcotics, and drugs and the use of tobacco.</p> |
| <p>Criminal Justice: Deferred entry of judgment pilot program</p> | <p>AB 1258 (Kalra)</p> | <p>Extends the deferred entry of judgment pilot program, for the Counties of Butte, Nevada, and Santa Clara, to January 1, 2029, and would require an evaluation to be submitted to the Assembly and Senate Committees on Public Safety no later than December 31, 2027.</p> |
| <p>Criminal Justice: Forced Medication in Jail</p> | <p>SB 820 (Stern) Fact Sheet</p> | <p>Creates an alternative process for involuntarily medicating defendants confined in the county jail who are found incompetent to stand trial (IST) and charged with a misdemeanor.</p> |
| <p>Crisis: Pupil and student safety: identification cards</p> | <p>AB 727 (Gonzalez)</p> | <p>Requires a public or private school that serves pupils in any of grades 7 to 12, inclusive, and that issues pupil identification cards to have printed on the identification cards the number for the 988 Suicide and Crisis Lifeline</p> |
| <p>Homelessness: Medi-Cal: field medicine</p> | <p>AB 543 (González)</p> | <p>Establishes a “street medicine” or “field medicine” option within Medi-Cal for individuals experiencing homelessness, allowing managed care plans to contract with in-network field medicine providers and enabling those providers to deliver covered services directly to Medi-Cal members regardless of their assigned network. Requires managed-care plans to provide mechanisms (online, in-person, phone) for members to self-identify as experiencing homelessness, mandates data-sharing between Medi-Cal and the state’s welfare system to flag homelessness status, and makes presumptive Medi-Cal eligibility available for persons experiencing homelessness (full-scope, no share of cost) upon provider determination.</p> |
| <p>Homelessness: Prohibits local ordinances from restricting basic care and support</p> | <p>SB 634 (Pérez)</p> | <p>Prohibits local governments from adopting or enforcing ordinances that restrict individuals or organizations from providing food, shelter, medical care (physical or mental healthcare), or other basic survival support to people experiencing homelessness.</p> |

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| <p>LGBTQ+: Public health: Two-Spirit, Transgender, Gender Nonconforming, and Intersex Wellness and Equity Fund</p> | <p>AB 1487 (Addis)</p> | <p>Expands the availability of grant funds to 2TGI-serving organizations 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. An organization that serves tribal populations is also eligible for a grant for any of the specified purposes if that organization applies in partnership with a 2TGI-serving organization; revises the definition of “health care” to include mental health services.</p> |
| <p>LPS Act Changes: Behavioral Health Patients in Emergency Departments</p> | <p>AB 416 (Krell) Fact Sheet</p> | <p>This bill would authorize and train emergency physicians (EP) to place an individual whom they determine to be a danger to themselves or others or gravely disabled, on a 5150 hold.</p> |
| <p>Open meetings (local): meeting and teleconference requirements.</p> | <p>SB 707</p> | <p>Extends several sunset dates and makes new changes that apply to all Brown Act bodies, including requirements for interpretation services, translating agendas, two-way audio-visual participation, redefines "just cause" provision and extends expiration to 2030.</p> |
| <p>Peer Providers: Mental Health Peer Appreciation Week</p> | <p>ACR 23 (Quirk-Silva)</p> | <p>Recognized the 3rd week of May 2025 as Mental Health Peer Appreciation Week in California.</p> |
| <p>Social Media: Warning labels</p> | <p>AB 56 (Bauer-Kahan) Fact Sheet</p> | <p>States the intent of the Legislature to enact legislation relating to mental health warning labels for social media platforms</p> |
| <p>Suicide Prevention: Bridges and overpasses</p> | <p>AB 440 (Ramos)</p> | <p>Requires Caltrans, in consultation with California Department of Public Health (CDPH) and stakeholders, to identify best practices for suicide countermeasures on bridges and overpasses by July 1, 2028.</p> |
| <p>Workforce: Medi-Cal: graduate medical education payments</p> | <p>SB 246 (Grove and Caballero)</p> | <p>Requires DHCS to make additional payments to district and municipal public hospitals for graduate medical education (GME) costs, extending support beyond the existing designated public hospitals.</p> |

Meetings/Events

CA Association of Local Behavioral Health Boards/Commissions (CALBHB/C)

Southern/LA Region (Zoom & San Diego)
January 23, 2026 Meeting | 1:30 pm - 5:30 pm
January 24 Training | 9 am - 12 pm

Central Region (Zoom & Sacramento)
April 17 Meeting | 1:30 pm - 5:30 pm
April 18 Meeting | 9 am - 12 pm

More at [2025/2026 Meeting/Training Schedule](#)

CA Department of Health Care Services (DHCS) [Stakeholder Advisory Committee \(SAC\)](#) and [Behavioral Health Stakeholder Advisory Committee \(BH-SAC\)](#)

Zoom and In-Person (Sacramento)
Registration is required to attend by Zoom
February 25, 9:30 am - 3 pm

CA Health & Human Services (HHS) [Behavioral Health Task Force](#)

April 8, 2026, 10 am - 3 pm
July 15, 2026, 10 am to 3 pm
October 14, 2026, 10 am to 3 pm

[CARE Act Working Group](#)

November 19, 2025, 10 am - 3 pm
May 13, 2026
August 26, 2026
November 18, 2026

Commission for Behavioral Health (CBH) [Commission Meetings](#) (4th Thursday, 9 am (usually)) [Committee Meetings](#) (Varies)

CA Behavioral Health Planning Council (CBHPC)

Quarterly Meeting
Zoom and In-Person (San Diego)
January 20 - 23, 2026

Tuesday January 20, 2026 Meeting:

- [Performance Outcomes Committee](#): 2:00 pm to 5:00 pm

Wednesday January 21, 2026 Meetings:

- [Executive Committee](#): 8:30 am to 10:15 am
- [Patients' Rights Committee](#): 10:30 am to 12:30 pm
- [Children and Youth Workgroup](#): 12:10 pm to 1:10 pm
- [Workforce and Employment Committee](#): 1:30 pm to 5:00 pm
- [Legislation and Public Policy Committee](#): 1:30 pm to 5:00 pm

Thursday January 22 Meetings:

- [Housing and Homelessness Committee](#): 8:30 am to 12:00 pm
- [Systems and Medicaid Committee](#): 8:30 am to 12:00 pm
- [Reducing Disparities Workgroup](#): 12:10 pm to 1:10 pm
- [Substance Use Disorder Workgroup](#): 12:10 pm to 1:10 pm
- [General Session](#): 1:30 pm to 5:00 pm

Friday, January 23 Meeting:

- [General Session](#): 8:30 am to 12:00 pm

Health Care Access & Information (HCAI) [CA Health Workforce, Education and Training Council](#) (Virtual & Sacramento)

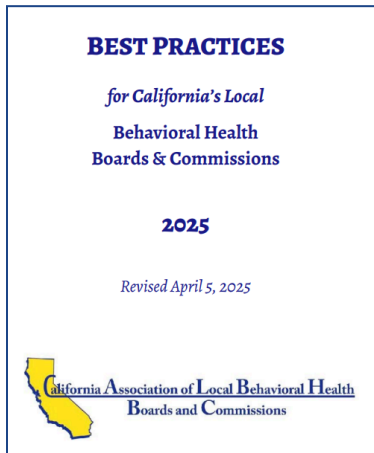
March 4 & 5, 2026
July 22 & 23, 2026
November 4 & 5, 2026

CALBHB/C is here to support you!

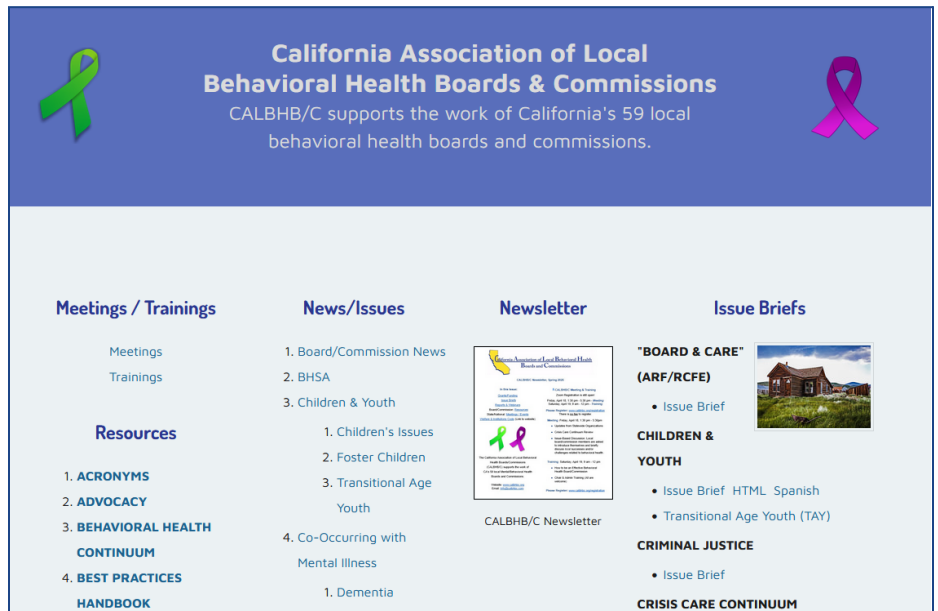
Whether you are new to a board/commission, an experienced member, or a behavioral health agency staff member, CALBHB/C is here to provide resources, support, training, communication and to coordinate advocacy for statewide issues as detailed in our [Annual Report](#).

Do not hesitate to contact us with questions (info@calbhbc.com). Key resources are in the Best Practices Handbook and on our website (www.calbhbc.org):

Best Practices Handbook



Website



Contact Us!

Email: info@calbhbc.com Website: www.calbhbc.org

Facebook: www.facebook.com/CALBHBC

Report issues to [CALBHB/C](#) | [Evaluate CALBHB/C](#) (let us know how we're doing!)

For ADA compliant or printed copies of CALBHB/C documents and resources, contact cal@calbhbc.com

The CA Association of Local Behavioral Health Boards/Commissions (CALBHB/C) supports the work of CA's 59 local behavioral health boards & commissions. www.calbhbc.org. CALBHB/C is a 501(c)(3) nonprofit.