



Integrated Legislative Report for the Departments of Mental Health (DMH) and Public Health - Substance Abuse Prevention and Control (DPH-SAPC) Behavioral Health Commission Meeting July 2026

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This report includes updates on Federal policy and legislative updates, as well as a list of bills for the 2025-26 State legislative session. The updates included in this report are not a comprehensive list but highlight legislation and regulatory actions related to Board of Supervisors priorities and with significant anticipated impacts to DMH and DPH-SAPC operations and the public sector behavioral health care system. DMH and DPH-SAPC will continue identifying and analyzing legislation throughout the session.

Federal Policy Update

On June 1st, the Centers for Medicare & Medicaid Services (CMS) issued its draft regulations that will guide how states implement the work and community engagement requirements for H.R. 1. These draft regulations, referred to as the "Interim Final Rule" (IFR), are currently open for public comment. CMS has stated that the public comment period will close on July 31st, at which point the Interim Final Rule will be finalized. That gives states less than 6 months from the date when the rule will be finalized until January 1, 2027, which is when counties will have to implement these new guidelines.

Both DMH and DPH-SAPC have been following this issue closely because it was understood that H.R. 1 offered an exemption to the work/community engagement requirements for individuals who are considered "medically frail." And CMS has provided multiple public presentations over the past several months in which CMS staff assured state and county officials that individuals who



experience severe mental illness and/or substance use disorder would qualify for the medical frailty exemption from the work/community engagement requirements. However, the recently released IFR is not in line with the assurances that Federal officials have previously provided to behavioral health system managers. The IFR narrows the definition of the medical frailty exclusion, requiring states to verify not just that someone has a qualifying condition, but that the condition “significantly impairs” their ability to work. The IFR requires states to establish new standards linking the severity of a particular condition to an individual’s ability to work. Both DMH and DPH-SAPC are concerned that by requiring Medicaid members to demonstrate and provide documentation attesting to their inability to work because of their behavioral health condition, our clients will be at significantly higher risk of failing to maintain their Medicaid coverage. The proposed rule will create new bureaucratic and paperwork hurdles that will likely prove to be impossible for some of our clients to overcome, leading them to inappropriately lose their coverage, thereby losing access to critical care.

DMH, DPH-SAPC, DHS, DPSS, and several other County departments are in conversations about how the County can best respond to this IFR and prepare for the January 1, 2027 implementation date. Additionally, California and several other states have initiated litigation against CMS, arguing that the IFR oversteps the agency’s authority to implement H.R. 1. For the moment it is still unclear how this litigation will be resolved and whether the IFR will be finalized as currently drafted and posted. DMH and DPH-SAPC will continue to keep this Commission apprised of developments in the coming months.

State Budget News

The State legislature and Governor came to an agreement on the 2026-2027 State budget on June 29th, the day before this report to your Commission was finalized. At the time of this report’s writing, very limited details about the state budget and its impact on our behavioral health system is available. The Departments will provide an update on the expected impact of the State Budget at the July Commission meeting or in the next Commission Legislative report.

Legislation Overview

Bill	Level	DMH Recommendation	DPH-SAPC Recommendation	County Position
S. 545 – Combating Illicit Xylazine Act	Federal	NA	NA	NA
S. 3588 – School Access to Naloxone Act of 2026	Federal	NA	NA	NA
H.R. 5462 – The Michelle Alyssa Go Act	Federal	Support	NA	Support
H.R. 6104 – Dark Web Interdiction Act of 2025	Federal	NA	NA	NA
AB 46 – Diversion (Nguyen)	State	Oppose	NA	Oppose
AB 96 – Mental health services: peer support specialist certification (Jackson)	State	Support	Support	Support
AB 1088 – Public health: kratom (Bains)	State	NA	Watch	NA
AB 1540 – 988 Suicide & Crisis Lifeline: LGBTQ+ Youth (Gonzalez)	State	Support	NA	Support
AB 1556 – Recovery residences: funding (Haney)	State	NA	Watch	NA
AB 1586 – Opioid overdose reversal medication: school resource officers (Ramos)	State	NA	Watch	NA
AB 1660 – Public Guardians and Public Administrators (Schiavo)	State	Watch	NA	NA
AB 1669 – Student health: leaves of absence: mental health	State	NA	Watch	NA
AB 1676 – Mental health services: assisted outpatient treatment: involuntary medication (Stefani)	State	None yet	NA	NA
AB 1779 – Alcoholism and drug abuse recovery and treatment programs: inducement of participants (Davies)	State	NA	Watch	NA
AB 1825 – Health care: state hospitals (Krell)	State	Watch	NA	NA
AB 1879 – Substance use: treatment or residential data reporting (Dixon)	State	NA	Watch	NA
AB 2076 – The Parent’s Accountability and Child Protection Act: online marketplaces: nitrous oxide (Lowenthal)	State	NA	Watch	NA

AB 2146 – Supportive housing: prospective tenants: barriers to access (Stefani)	State	Watch	NA	Watch
AB 2275 – Mental Health Diversion (Bains)	State	Concerns	NA	NA
SB 16 – Mental health: involuntary commitment (Blakespear)	State	Watch	NA	Watch
SB 28 – Community Assistance, Recovery, and Empowerment (CARE) court program (Umberg)	State	Watch	NA	Watch
SB 490 – Alcohol and drug programs (Umberg)	State	NA	Watch	NA
SB 561 – Appointment of Public Guardians (Blakespear)	State	Watch	NA	NA
SB 758 – Public health: nitrous oxide (Umberg)	State	NA	Watch	NA
SB 903 – Mental Health Professionals: AI Intelligence (Padilla)	State	None yet	NA	NA
SB 934 – Sexual orientation or gender identity change efforts (Wiener)	State	Watch	NA	Watch
SB 936 – Nitrous oxide: sales (Blakespear & Umberg)	State	NA	Watch	NA
SB 989 – Community Assistance, Recovery, and Empowerment (CARE) Court Program (Blakespear)	State	Watch	NA	Watch
SB 1016 – Community Assistance, Recovery, and Empowerment (CARE) Court Program and court-ordered evaluations (Blakespear)	State	Watch	NA	Watch
SB 1060 – Alcohol and drug treatment facilities (Valladares)	State	NA	Watch	NA
SB 1221 – Lanterman-Petris-Short Act: conservatorships (Stern)	State	None yet	NA	NA
SB 1242 – Community Assistance, Recovery, and Empowerment (CARE) Court Program (Choi)	State	Watch	NA	NA
SB 1314 – Smoke shops: locations, hours of operation, and sale of nitrous oxide (Menjivar)	State	NA	Watch	NA
SB 1373 – Mental Health Diversion (Grove)	State	Oppose	NA	Oppose
SB 1401 – Criminal procedure: competence to stand trial (Stern)	State	None yet	NA	NA

SB 1422 – Medi-Cal: eligibility: immigration status (Durazo)

State

Support

NA

Support

Overview Table Key

	Bill is dead for the rest of the session
	Followed by DMH and DPH-SAPC
	Support
	Oppose
	Watch

Federal

- **S. 545 Combatting Illicit Xylazine Act**

S 545 would prohibit the illicit use of xylazine by classifying xylazine as a Schedule III substance of the Controlled Substances Act and requires certain reporting to be submitted to Congress on the prevalence and impacts of illicit use of xylazine in the U.S.

Current Status: 4/15/26 - Placed on Senate Legislative Calendar under General Orders.

- **S. 3588 – School Access to Naloxone Act of 2026**

S 3588 would amend the Public Health Service Act to provide grant funding for trained school personnel to administer drugs and devices for emergency treatment of known or suspected opioid overdose among public and private elementary and secondary schools.

Current Status: 3/19/26 - In Committee on Health, Education, Labor, and Pensions.

- **H.R. 5462 – The Michelle Alyssa Go Act**

HR 5462 would amend Title XIX of the Social Security Act and revise the definition of ‘institution for mental diseases’ under the Medicaid program to exclude institutions that have 36 beds or less, removing a significant administrative and fiscal barrier to increasing available behavioral health beds.

Current Status: 9/18/25 - Referred to the House Committee on Energy and Commerce.

- **H.R. 6104 – Dark Web Interdiction Act of 2025**

11/18/25 - Referred to the House Committee on the Judiciary, Committee on Energy and Commerce, and House Committee on Financial Services. Further referrals pending.

HR 6104 prohibits the delivery or distribution of controlled substances (i.e. opioids) by means of the dark web, establishes a 2-level sentencing increase for violations, and establishes the Joint Criminal Opioid and Darknet Enforcement Task Force. “Dark web” is defined in the legislation as websites and other network services that leverage overlay networks and specific software and configurations to provide anonymity. An increase in internet anonymity on the dark web has been identified as a hindrance to investigations and prosecutions against the sale of illicit drugs.

Current Status: 11/18/25 - Referred to the House Committee on the Judiciary, Committee on Energy and Commerce, and House Committee on Financial Services. Further referrals pending.

State

The analysis and status updates offered below should be considered preliminary and may be subject to change as bills go through committee and potential amendments in the 2026 legislative session.

- **AB 46 – Diversion (Nguyen)**, amended on May 14, 2026, requires that the diagnosis with a mental disorder be within 5 years before the alleged offense to be eligible for diversion.

DMH Analysis: The bill would impose unnecessary restrictions that are not evidence-based on mental health diversion and would likely reduce the number of people who are able to participate in beneficial mental health diversion programs.

DPH Analysis: NA

DMH Recommendation: Oppose

DPH Position: NA

County Position: Oppose

CBHDA Position: Oppose

Current Status: Approved and signed by the Governor. Chaptered by Secretary of State.

- **AB 96 – Mental health services: peer support specialist certification (Jackson)**

AB 96 removes the minimum education requirement of a high school diploma or equivalent degree from the requirements necessary for an applicant to become a certified Medi-Cal Peer Support Specialist. Peer Support Services are culturally competent individual and group services delivered by Certified Medi-Cal Peer Support Specialists. These services augment the SUD treatment services patients receive by promoting recovery, resiliency, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths through structured activities such as group and individual coaching designed to set and make progress toward recovery goals.

DMH Analysis: DMH supports the bill's intent to remove the requirement that applicants must possess a high school diploma or equivalent to receive peer support specialist certification. Peers provide a valuable set of services and given the overall behavioral health workforce shortage, DMH supports legislative proposals that make it easier for the County to expand the public behavioral health workforce.

DPH Analysis: Requiring a high school diploma or equivalent creates an artificial barrier to entry and limits access for individuals with the potential to excel in peer support specialist (PSS) roles. It is evident that the lived experience of peer support specialists in recovering from SUD and mental illness is the crucial component of their role. While the majority of DPH-SAPC's contracted SUD services are provided by SUD counselors, DPH-SAPC currently has over 180 PSS providing contracted SUD services through network provider agencies. DPH-SAPC has noted that the current minimum education requirements have deterred many potential applicants from applying, particularly due to challenges with obtaining decades-old documentation or documentation from schools abroad. This legislation will increase the rate of applicants and strengthen the SUD system workforce.

DMH Recommendation: Support

DPH Position: Support

County Position: Support

CBHDA Position: Support (Sponsor)

Current Status: 6/16/26 - In Senate. Read second time. Ordered to third reading.

- **AB 1088 – Public health: kratom (Bains)**

As amended 6/8/26:

AB 1088 would add specified definitions for kratom products, kratom alkaloids, and child-attractive flavor while removing the proposed definition of a 7-OH product. It would prohibit the sale of kratom products that exceed 75mg of mitragynine per package or .57mg of 7-hydroxymitragynine per package and prohibits the sale of kratom products to persons under 21 years of age, at locations where persons under 21 years of age may enter and remain, and prohibits the sale of kratom products with a child-attractive flavor. It requires all kratom products to follow poison prevention packing standards and include a warning label. The bill also requires processors to register each kratom product and pay a registration fee to be collected by CDPH. Furthermore, the bill would impose a 15% sales tax on kratom products beginning July 1, 2027, which will be allocated to the Kratom Products Public Health and Safety Fund established in this bill.

DMH Analysis: NA

DPH Analysis: Misuse of kratom products continues to be a public health concern in LA County, particularly products with high concentrations of the kratom alkaloid 7-hydroxymitragynine. Amendments made to AB 1088 on 6/8/26 narrow the focus of the bill to regulating kratom products by establishing retail restrictions, packaging restrictions, and a sales tax. However, the provisions that set limits on the amount of kratom alkaloids permitted in kratom products does not take into account the concentration or dilution of these alkaloids within products and creates a loophole for containers that technically meet the requirements but include a dangerous level of alkaloids. This is not a typical method of regulating intoxicants and is not an optimal method to prevent misuse and overdose of kratom products. LA County maintains its goal of protecting individuals and communities from harms related to synthesized or diluted kratom products.

DMH Recommendation: NA

DPH Position: Watch

County Position: No position taken

CBHDA Position: Watch

Current Status: 6/17/26 - Hearing canceled at the request of author.

- **AB 1540 - 988 Suicide & Crisis Lifeline: LGBTQ+ Youth (Gonzalez)**, amended on June 15, 2026, require OES to request the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to enable a press 3 function for calls originating in the State of California to allow callers to dial 988 and press “3” to be automatically routed to a specialized call center.

DMH Analysis: The bill would offer consistent 24/7 specialized LGBTQ+ crisis services to youth throughout the State of California, benefiting Los Angeles County residents who may be physically far from in person LGBTQ+ crisis resources.

DPH Analysis: NA

DMH Recommendation: Support

DPH Position: NA

County Position: Support

CBHDA Position: Support

Current Status: 6/24/26 - Referred to Senate Health. Set for hearing on 7/1.

- **AB 1556 – Recovery residences: funding (Haney)**

As amended on 6/25/26:

AB 1556 would require a program that provides recovery housing to satisfy the core components of Housing First and National Association of Recovery Residences (NARR) Standards, among other requirements, to be eligible for state funding. Recovery-oriented residences are supportive housing options which serve individuals at risk of experiencing homelessness who seek a cooperative, drug-free, living arrangement that supports personal recovery from a substance use disorder and does not require licensure or does not provide licensable services.

DMH Analysis: NA

DPH Analysis: As currently defined in law, a recovery residence is a residential dwelling that provides primary housing for individuals who seek a cooperative living arrangement that supports personal recovery from a substance use disorder and that does not require licensure by the department or does not provide licensable services. This bill would clarify existing law to allow recovery-oriented residences to be eligible for state funding conditional upon meeting nationally recognized, evidence-based standards. This change would expand access to this important and often missing option in the continuum of



care, while also requiring key quality standards, goals in alignment with Los Angeles County SUD and housing access initiatives. Amendments taken on 5/22/26 make the definition of a recovery residence consistent with the existing definition found in Health and Safety Code and make other clarifying changes.

DMH Recommendation: NA

DPH Position: Watch

County Position: No position taken

CBHDA Position: Support

Current Status: 6/25/26 – Amended and re-referred to Senate Committee on Health.

- **AB 1586 – Opioid overdose reversal medication: school resource officers (Ramos)**

As amended on 6/18/26:

AB 1586, beginning in the 2027-2028 school year, requires a school resource officer to complete an opioid overdose recognition and response training upon assignment to a school site and every two years thereafter. It would also require a school resource officer to report on or before July 1, 2028, and annually thereafter until July 1, 2030 to the California Department of Public Health (CDPH) the number of times the school resource officer administered an opioid antagonist while serving at a school site. School resource officers and their employing or contracting entity will not be held liable in a civil action or be subject to criminal prosecution for their acts or omissions unless those constitute gross negligence or willful and wanton misconduct. It would require DHCS to provide implementation guidance on accessing opioid antagonists at low or no cost and integrating overdose response into school safety planning. The bill would require CDPH, on or before July 1, 2031, to submit an annual report to the Legislature with the information annually reported by school resource officers and incorporate the information into a specified statewide dashboard.

DMH Analysis: NA

DPH Analysis: Opioid antagonists or opioid overdose reversal medications (OORMs), such as naloxone, have been available over the counter and are permitted to be administered by laypeople since 2023. It is important to integrate use of OORMs within schools' training to create an efficient system to recognize and respond to overdoses among youth. Preparing school resource officers on how to respond will provide more opportunities to prevent overdose and death. Decreasing overdose deaths through targeted prevention efforts remains a critical focus of LA County.



DMH Recommendation: NA

DPH Position: Watch

County Position: No position taken

CBHDA Position: Support

Current Status: 6/18/26 - Re-referred to Senate Committee on Public Safety.

- **AB 1660 – Public Guardians and Public Administrators (Schiavo)**, amended on June 25, 2026, authorizes a court to award sanctions of no less than \$1,000 per violation for fees paid and costs incurred for failure of a financial institution, government or private agency, retirement fund administrator, insurance company, licensed securities dealer, or other person to comply with these requirements following receipt of service of notice of at least 30 days.

DMH Analysis: The Department is in the process of analyzing the impact of this bill on DMH operations.

DPH Analysis: NA

DMH Recommendation: Watch

DPH Position: NA

County Position: No position taken yet

CBHDA Position: Support

Current Status: 6/25/26 - Referred to Senate Floor.

- **AB 1669 – Student health: leaves of absence: mental health**

As amended 6/15/26:

AB 1669 requires all post-secondary educational institutions to adopt a written policy to allow a student to take a voluntary medical leave of absence for a period determined by the institution or one academic year, whichever is longer. Students will not be required to submit an official notice of withdrawal from the institution during the medical leave of absence. It also requires institutions to post the medical leave of absence policy on the institution's internet website and notify students and faculty of the location of the posted policy by sending an email at the beginning of each academic semester or term.



DMH Analysis: NA

DPH Analysis: AB 1669 specifies that “medical” includes health and mental health related issues, including but not limited to anxiety, depression, eating disorders, and substance use disorders. Providing grace for students to address substance use disorders will have a significant impact on the student’s academic success and socioeconomic status. This bill would mitigate a major barrier to SUD care among college students by removing the possibility of risking one’s academic standing to attend a SUD treatment program.

DMH Recommendation: NA

DPH Position: Watch

County Position: No position taken

CBHDA Position: No position taken

Current Status: 6/25/26 - Re-referred to Senate Committee on Appropriations.

- **AB 1676 – Mental health services: assisted outpatient treatment: involuntary medication (Stefani)**, amended on March 24, 2026, authorize the county behavioral health director, or their designee, to file a petition for an order authorizing the use of involuntary psychotropic medication independent of, or concurrently with, a petition for assisted outpatient treatment.

DMH Analysis: The Department is in the process of analyzing the impact of this bill on DMH operations.

DPH Analysis: NA

DMH Recommendation: No recommendation yet

DPH Position: NA

County Position: No position taken yet

CBHDA Position: Oppose

Current Status: 4/13/26 - Died in committee.

- **AB 1779 – Alcoholism and drug abuse recovery and treatment programs: inducement of participants (Davies)**



As amended 4/23/26:

AB 1779 would prohibit any form of remuneration to influence participation in treatment or recovery programs and adds restrictions on housing and transportation provided to participants. Remuneration would include, but is not limited to, stipends or gift cards. This would not apply to clinically appropriate, evidence-based therapeutic incentives, including contingency management offered to eligible Medi-Cal members as part of the Drug Medi-Cal Organized Delivery System (DMC-ODS).

DMH Analysis: NA

DPH Analysis: Contingency management provides incentives for meeting treatment goals, rewarding individuals for changing their behavior, and is [the only available and effective evidence-based intervention for stimulant use disorders \(StimUD\)](#). California was the first state in the nation to be approved for a [Federal Centers for Medicare and Medicaid \(CMS\) Section 1115 waiver](#) to fund contingency management through Medicaid. Contingency management programs have strict oversight and structure through designated trained staff and objective verification. Los Angeles County is one of the twenty-five participating DMC-ODS counties which launched the contingency management benefit in 2023. Amendments made on 4/23 clarify that the bill's prohibition on remuneration would not apply to contingency management offered through DMC-ODS, preserving the evidence-based practice.

DMH Recommendation: NA

DPH Position: Watch

County Position: No position taken

CBHDA Position: Watch

Current Status: 6/17/26 - Hearing canceled at the request of the author.

- **AB 1825 – Health care: state hospitals (Krell)**, amended on April 16, 2026, requires that various factors be considered when determining whether an incarcerated person is an offender with a mental health disorder (OHMD) subject to treatment by the Department of State Hospitals (DSH) and requires an exit plan for an individual determined by the court to not pose a substantial risk of physical harm to others to include presumptive eligibility for a full service partnership.

DMH Analysis: The Department is in the process of analyzing the impact of this bill on DMH operations.



DPH Analysis: NA

DMH Recommendation: Watch

DPH Position: NA

County Position: No position taken yet

CBHDA Position: No position taken yet

Current Status: 6/16/26 - Referred to Senate Health. Set for hearing on 7/1.

- **AB 1879 – Substance use: treatment or residential data reporting (Dixon)**

As amended 4/23/26:

Beginning January 1, 2028, AB 1879 would require an alcohol or other drug (AOD) facility licensed by the Department of Health Care Services (DHCS) and an AOD program certified by DHCS to submit to DHCS the treatment and outcome information and treatment availability information consistent with the requirements of the California Outcomes Measurement System Treatment (CalOMS Tx) system and the Drug and Alcohol Treatment Access Report (DATAR). These requirements would not apply to entities contracted to provide Medi-Cal treatment services or contracted with DHCS, a county behavioral health department, a county substance use disorder division for the provision of substance use disorder service, or that is otherwise required to submit data to a county through the CalOMS Tx system.

DMH Analysis: NA

DPH Analysis: This bill failed to pass its House of Origins deadline after being held under submission in the Assembly Committee on Appropriations and will not be moving forward.

DMH Recommendation: NA

DPH Position: Watch

County Position: No position taken

CBHDA Position: Oppose

Current Status: 5/14/26 - Held in Assembly Appropriations Committee.

- **AB 2076 – The Parent’s Accountability and Child Protection Act: online marketplaces: nitrous oxide (Lowenthal)**

As amended on 6/4/26:

AB 2076 would add nitrous oxide to the list of specified products or services that requires a person or business to verify that the purchaser is of legal age at the time of purchase or delivery. It would also prohibit an online seller from allowing a purchaser to use a gift card or store credit for specified products or services that are illegal to sell to a minor.

DMH Analysis: NA

DPH Analysis: This bill would effectively limit the sale of nitrous oxide across the state to adults over the age of 18 and prohibit the online sale of nitrous oxide to anyone in California. Nitrous oxide, though used for legitimate purposes in the medical and dental industries, continues to be a concern for its high risk of misuse, particularly among youth who obtain it for recreation. Prohibitions against the sale of nitrous oxide are limited in California, though several local jurisdictions have taken steps to ban its retail. This bill prioritizes the protection of youth by preventing easy access to nitrous oxide and preventing the risk of overdose and deaths as a result of recreational use.

DMH Recommendation: NA

DPH Position: Watch

County Position: No position taken

CBHDA Position: No position taken

Current Status: 6/23/26 - Re-referred to Senate Committee on Appropriations.

- **AB 2146 – Supportive housing: prospective tenants: barriers to access (Stefani)**, amended on June 22, 2026, permits a sponsor or housing credit applicant of any unit funded by the above-described programs in the bill to receive and process referrals of prospective tenants from sources outside of the coordinated entry system or equivalent referral system if more than 180 days have passed since the sponsor or applicant initially notified the coordinated entry system or equivalent referral system of an available unit.

DMH Analysis: DMH has concerns with the bill’s provision that would allow developers to fill Proposition 1 funded units with referrals outside of CES on a first-come, first-served basis when units have been vacant for over 180 days.

DPH Analysis: NA



DMH Recommendation: Watch

DPH position: NA

County Position: Watch

CBHDA Position: Oppose unless Amended.

Current Status: 6/22/26 - Referred to Senate Housing. Set for hearing on 6/30.

- **AB 2275 – Mental Health Diversion (Bains)**, introduced on February 19, 2026, revises the eligibility requirement by prohibiting the court from finding the defendant eligible solely based on the defendant's diagnosis of a mental disorder and would additionally require the court to find that the defendant is not mentally incompetent.

DMH Analysis: The bill would impose unnecessary restrictions that are not evidence-based on mental health diversion and would likely reduce the number of people who are able to participate in beneficial mental health diversion programs.

DPH Analysis: NA

DMH Recommendation: Concerns

DPH position: NA

County Position: No position taken yet

CBHDA Position: Oppose

Current Status: Died in committee.

- **SB 16 – Mental Health: Involuntary Committee (Blakespear)**, amended on June 25, 2026, requires a county behavioral health director to develop procedures for the county's designation and training of professionals who will be designated to perform involuntary holds.

DMH Analysis: DMH already has procedures for the 5150 designation and training for professionals. This bill would not impact DMH operations.

DPH Analysis: NA



DMH Recommendation: Watch

DPH position: NA

County Position: Watch

CBHDA Position: Oppose

Current Status: 6/25/26 - Referred to Assembly Judiciary committee. Set for hearing on 6/30.

- **SB 28 – Community Assistance, Recovery, and Empowerment (CARE) court program (Umberg)**, amended on June 25, 2026, makes a number of changes to the CARE Act, including expanding the scope of evidence that can be considered as part of a CARE petition, requiring the development of a model exit plan for individuals that may need a higher level of care than available through the CARE process, and establishing a CARE Court ombudsperson to oversee complaints regarding the program.

DMH Analysis: This bill was significantly amended on June 25th. The Department is in the process of analyzing the impact of this bill on DMH operations.

DPH Analysis: NA

DMH Recommendation: Watch

DPH position: NA

County Position: Watch

CBHDA Position: Oppose

Current Status: 6/25/26 - Referred to Assembly Judiciary committee. Set for hearing on 6/30.

- **SB 490 – Alcohol and drug programs (Umberg)**
SB 490 requires DHCS to initiate an investigation within 10 days of receiving an allegation and complete the investigation within 60 days of initiating the investigation. It would authorize DMC-ODS counties' behavioral health agency to request approval from DHCS to conduct a site visit of a recovery residence that is alleged to be operating without a license. Furthermore, it would require DHCS to conduct a site visit of a certified program or licensed facility that has disclosed



specified interest in the recovery residence. No later than July 15, 2026, and by July 15th each year thereafter, all programs certified or facilities licensed by DHCS must submit a report of all money transfers between the program or facility and a recovery residence during the previous fiscal year.

DMH Analysis: NA

DPH Analysis: This bill is a reiteration of SB 35 that was introduced in 2025 by Senator Umberg. The level of oversight that SB 490 proposes for recovery residences does not exist for healthcare facilities or housing and serves to stigmatize recovery residences as a type of housing, as recovery residences only function as a dwelling and are not required by law to obtain licensure or certification. Site visits may come in conflict with the Fair Employment and Housing Act (FEHA) (Article 2 Housing Discrimination commencing with GOV § 12955). Furthermore, there have not been any substantial findings of AOD licensees risking their licenses over lower level of care environments. The state continues to struggle with a shortage of providers for SUD treatment, and this additional oversight may only add to deterrents. It is likely that DHCS would delegate the responsibility of investigating recovery residences to county behavioral health agencies due to the bill's proposed timelines, despite counties having no jurisdiction over the facilities, increasing workload without providing implementation funding.

DMH Recommendation: NA

DPH Position: Watch

County Position: No position taken

CBHDA Position: Oppose

Current Status: 6/18/26 - Referred to Assembly Committee on Health.

- **SB 561 – Appointment of Public Guardians (Blakespear)**, amended on June 11, 2026, requires Public Guardians investigation to conclude no more than 15 business days after receiving the referral, unless there is good cause for an extension.

DMH Analysis: The Department is in the process of analyzing the impact of this bill on DMH operations.

DPH Analysis: NA

DMH Recommendation: Watch

DPH position: NA



County Position: No position taken yet

CBHDA Position: Oppose

Current Status: Referred to Assembly Judiciary committee. Set for hearing on 6/30.

- **SB 758 – Public health: nitrous oxide (Umberg)**

As amended 6/24/26:

SB 758 prohibits cigarette and tobacco product retailers from selling nitrous oxide in any retail location. A retailer does not include a grocery store or a general retail merchandise store with a grocery department. Amendments made on 6/24/26 add the authority of a city or county to adopt an ordinance imposing greater restrictions on the retail sale of nitrous oxide than those imposed by this section, provided that the ordinance does not restrict legitimate uses.

DMH Analysis: NA

DPH Analysis: This bill seeks to stop smoke shops from selling nitrous oxide, which is critical due to the growing popularity of misuse among youth and the increasingly widespread availability of nitrous oxide within smoke shops. SB 758 would address this issue by removing the presence of nitrous oxide from where it is most commonly acquired. Recent amendments would also authorize LA County to adopt its own ordinance to restrict the sale of nitrous oxide, if further restrictions are determined to be necessary. Overall, this bill limits access to nitrous oxide in communities, strengthens prevention efforts through specific retail restrictions, and decreases the risk of nitrous oxide-related overdoses and deaths.

DMH Recommendation: NA

DPH Position: Watch

County Position: No position taken

CBHDA Position: Watch

Current Status: 6/24/26 - Re-referred to Assembly Committee on Public Safety.

- **SB 903 – Mental Health Professionals: AI Intelligence (Padilla)**, amended on April 7, 2026, regulates the use of artificial intelligence by licensed professionals providing psychotherapy services. Prohibits an individual, corporation, or entity from using artificial intelligence to record or transcribe psychotherapeutic communications or sessions, or to triage or screen a



person for the need for psychotherapy services unless the patient or their authorized representative is informed that artificial intelligence will be used and provides consent.

DMH Analysis: The Department is in the process of analyzing the impact of this bill on DMH programs.

DPH Analysis: NA

DMH Recommendation: No recommendation yet

DPH Position: NA

County Position: No position taken yet

CBHDA Position: Support

Current Status: 6/16/26 - Referred to Assembly Business and Professions committee. Set for hearing on 7/1.

- **SB 934 – Sexual Orientation or Gender Identity Change**, amended on June 3, 2026, defines “sexual orientation or gender identity change efforts” as any practices of a licensed mental health provider that seek to direct a patient toward a predetermined sexual orientation or gender identity.

DMH Analysis: DMH is concerned that the bill’s current wording may have a chilling effect on the provision of clinically appropriate care related to gender dysphoria and/or LGBTQ+-affirmative therapy.

DPH Analysis: NA

DMH Recommendation: Watch

DPH position: NA

County Position: Watch

CBHDA Position:

Current Status: Referred to Assembly Appropriations committee.

- **SB 936 – Nitrous oxide: sales (Blakespear & Umberg)**
As amended 5/18/26:



SB 936 would prohibit the sale and distribution of nitrous oxide containers that can hold more than 8 grams of nitrous oxide and containers that have, or is marketed to have, the taste or smell of any food. It prohibits knowingly selling or distributing a device that allows an individual to inhale nitrous oxide from the container or hold nitrous oxide for the purposes of inhalation. It authorizes a court to suspend a business license to sell tobacco products if the business has a prior conviction for violating these provisions.

DMH Analysis: NA

DPH Analysis: The sale of nitrous oxide remains widespread in Los Angeles and across the state. SB 936 provides an opportunity to strengthen prevention efforts and get ahead of what is emerging as a nitrous oxide misuse crisis by curtailing access to nitrous oxide products in smoke shops. This legislation will stop retailers from selling nitrous oxide products and devices that increase hazardous health and safety outcomes, particularly among youth. Amendments made on 5/18/26 clarify that the bill would authorize a court to suspend a business license to sell tobacco products only and does not include authority to suspend a business license to sell cannabis products.

DMH Recommendation: NA

DPH Position: Watch

County Position: No position taken

CBHDA Position: No position taken

Current Status: 6/23/26 - Hearing postponed by Assembly Committee on Public Safety.

- **SB 989 – Community Assistance, Recovery, and Empowerment (CARE) Court Program (Blakespear)**, amended on June 18, 2026, authorizes a first responder to contact the county behavioral health agency in the county in which the respondent individual resides or is found to request that the agency file a petition to commence the CARE process. Requires the agency to review the request and determine whether to file a petition within 30 business days.

DMH Analysis: The amended version of the bill, May 14, 2026, gives the County Behavioral Health Department discretion to review the request and determine if filing a petition is necessary.

DPH Analysis: NA



DMH Recommendation: Watch

DPH Position: NA

County Position: Watch

CBHDA Position: Watch

Current Status: 06/23/26 - Referred to Senate Appropriations committee.

- **SB 1016 – Community Assistance, Recovery, and Empowerment (CARE) Court Program and court-ordered evaluations (Blakespear)**, amended on May 14, 2026, authorizes a petitioner of a CARE Act petition to request that the court order a mental health evaluation under the LPS Act if the petitioner believes that the person may not be willing or able to participate in the CARE process and a CARE plan or CARE agreement due to the severity of their mental disorder.

DMH Analysis: DMH believes creating a new pathway for CARE respondents to receive mental health evaluations could be beneficial for those experiencing highly acute symptoms and who are unable, or unwilling, to accept a CARE plan or CARE agreement.

DPH Analysis: NA

DMH Recommendation: Watch

DPH Position: NA

County Position: Watch

CBHDA Position: Oppose

Current Status: 6/16/26 - Referred to Assembly Health committee. Set for hearing on 6/30.

- **SB 1060 – Alcohol and drug treatment facilities (Valladares)**
SB 1060 would prohibit an alcohol or other drug program or treatment facility from operating within 1,000 feet of a public or private elementary or secondary school, or a daycare center if the recovery or treatment facility serves more than 6 residents and treatment is being provided at the facility. This is an urgency bill that would take effect in statute immediately.



DMH Analysis: NA

DPH Analysis: This bill failed to pass its House of Origins deadline and will not be advancing forward.

DMH Recommendation: NA

DPH Position: Watch

County Position: No position taken

CBHDA Position: Oppose

Current Status: 4/6/26 - Hearing cancelled at the request of the author.

- **SB 1221 – Lanterman-Petris-Short Act: conservatorships (Stern)**, amended on April 27, 2026, makes various changes to the conservatorship process, including prohibiting a court from determining a person has the ability to provide for their basic personal needs based on the fact that the person has temporary access to those basic personal needs while incarcerated.

DMH Analysis: The Department is in the process of analyzing the impact of this bill on DMH programs.

DPH Analysis: NA

DMH Recommendation: No recommendation yet

DPH Position: NA

County Position: No position taken yet

CBHDA Position: Oppose

Current Status: 5/14/26 - Died in committee.

- **SB 1242 – Community Assistance, Recovery, and Empowerment (CARE) Court Program (Choi)**, amended on June 17, 2026, requires the court to allow the original petitioner to participate in the respondent's CARE program for the purpose of assisting in care coordination and providing relevant information to the CARE team, unless the court determines that it would likely be detrimental to the treatment or well-being of the respondent. Would authorize the court to limit or exclude participation by the original petitioner.



DMH Analysis: The Department is in the process of analyzing the impact of this bill on DMH programs.

DPH Analysis: NA

DMH Recommendation: Watch

DPH Position: NA

County Position: No position taken yet

CBHDA Position: Watch

Current Status: 6/17/26 - Referred to Assembly Judiciary committee. Set for hearing on 6/30.

- **SB 1314 – Smoke shops: locations, hours of operation, and sale of nitrous oxide (Menjivar)**

As amended 5/14/26:

Effective July 1, 2027, prohibits smoke shops from being located within a 600ft radius of a school or a day care center unless the local jurisdiction specifies a radius greater than 600ft. Prohibits a smoke shop from engaging in the sale of tobacco products to the public between 10:00pm-6:00am. Prohibits a smoke shop from possessing, storing, owning, or selling nitrous oxide or paraphernalia relating to the consumption of nitrous oxide.

DMH Analysis: NA

DPH Analysis: Despite the documented dangers of nitrous oxide misuse, the sale of this substance remains widespread across LA County. SB 1314 provides an opportunity to strengthen prevention efforts and get ahead of what is emerging as a nitrous oxide misuse crisis by curtailing access to nitrous oxide products in smoke shops. This legislation will stop retailers from selling nitrous oxide products and related paraphernalia that increase hazardous health and safety outcomes, particularly among youth. This is an effort that aligns with DPH-SAPC prevention initiatives like the Smoke Shop Project which helps to keep illicit products, namely illicit hemp and cannabis, that target youth out of smoke shops. SB 1314 would support that prevention mission and create a regulatory framework for businesses to follow. This bill is greatly needed to increase public safety in communities and reduce the risk of nitrous oxide-related morbidities and mortalities in LA County and across the State.

DMH Recommendation: NA

DPH Position: Watch



County Position: Watch

CBHDA Position: No position taken

Current Status: 6/24/26 - Re-referred to Assembly Committee on Business and Professions.

- **SB 1373 – Mental Health Diversion (Grove)**, amended on June 16, 2026, adds to the list of crimes for which a defendant is prohibited from being placed into a diversion program to include, among other things, human trafficking and child abuse, as specified. Also requires a defendant to have received a diagnosis of a mental illness within five years preceding the alleged crime in order to be eligible for mental health diversion.

DMH Analysis: The bill would impose unnecessary restrictions that are not evidence-based on mental health diversion and would likely reduce the number of people who are able to participate in beneficial mental health diversion programs.

DPH Analysis: NA

DMH Recommendation: Oppose

DPH Position: NA

County Position: Oppose

CBHDA Position: Oppose

Current Status: 6/16/26 - Referred to Assembly Public Safety committee. Set for hearing on 6/30.

- **SB 1401 – Criminal procedure: competence to stand trial (Stern)**, amended on June 25, 2026, authorizes a county behavioral health agency and jail medical provider to share confidential medical records and other relevant information with the court for the purpose of determining likelihood of eligibility for behavioral health services and programs.

DMH Analysis: The Department is in the process of analyzing the impact of this bill on DMH programs.

DPH Analysis: NA

DMH Recommendation: No recommendation yet



DPH Position: NA

County Position: No position taken yet

CBHDA Position: Watch

Current Status: 6/25/26 - Referred to Assembly Appropriations committee.

- **SB 1422 Medi-Cal: eligibility: immigration status (Durazo)**, amended on May 14, 2026, makes an individual who is 19 years of age or older, who does not have satisfactory immigration status, eligible for the full scope of Medi-Cal benefits subject to certain limitations, such as the payment of premiums and certain dental benefits.

DMH Analysis: DMH recommends that the County support this bill because it will restore access to critical behavioral health services for LA County residents and will help ensure that the Department of Mental Health has the resources it needs to continue providing care and treatment to all County residents.

DPH Analysis: NA

DMH Recommendation: Support

DPH Position: NA

County Position: Support

CBHDA Position: No position taken yet

Current Status: 6/8/26 - Order to inactive file.