Health and Human Services Policy Committee Meeting
2026 CSAC Legislative Conference
Wednesday, May 20, 2026 - 1:30 PM – 3:30 PM
SAFE Credit Union Convention Center, Ballroom B2
Sacramento County, California

Supervisor Holly Mitchell, Los Angeles County, Chair
Supervisor Lynda Salcido, Mono County, Vice Chair
Supervisor Matt Plummer, Shasta County, Vice Chair

Note: This policy committee meeting is an in-person meeting only and is being held as part of the CSAC 2026 Legislative Conference

Agenda

1:30 p.m. **I.** **Welcome and Introductions**
Supervisor Holly Mitchell, Los Angeles County, Chair
Supervisor Lynda Salcido, Mono County, Vice Chair
Supervisor Matt Plummer, Shasta County, Vice Chair

1:30 p.m. **II.** **Future of CalAIM: California's Waiver Renewal Efforts**
Tyler Sadwith, State Medicaid Director, California Department of Health Care Services

2:00 p.m. **III.** **Protect Our Safety Net: The Status of County Advocacy Efforts to Mitigate H.R. 1**
Justin Garrett, HHS Senior Legislative Advocate, CSAC
Brendan McCarthy, HHS Senior Legislative Advocate, CSAC
Danielle Bradley, HHS Senior Legislative Analyst, CSAC

2:30 p.m. **IV.** **County Perspectives: Medi-Cal Mobile Crisis Services and BHSA Integrated Plans**
Elise Jones, Director of Behavioral Health Services, Lake County
Dr. Ryan Quist, Director of Behavioral Health Services, Sacramento County

3:15 p.m. **VI.** **2026 Legislative and Budget Update**
Justin Garrett, HHS Senior Legislative Advocate, CSAC
Brendan McCarthy, HHS Senior Legislative Advocate, CSAC
Danielle Bradley, HHS Senior Legislative Analyst, CSAC

3:30 p.m. **VII.** **Closing Comments and Adjournment**

Policy Committee materials can be accessed by scanning the QR code above with your mobile device

California State Association of Counties®
1100 K Street, Suite 101 | Sacramento, CA 95814

May 20, 2026

To: Health and Human Services Policy Committee

From: Justin Garrett, CSAC HHS Senior Legislative Advocate
Brendan McCarthy, CSAC HHS Senior Legislative Advocate
Danielle Bradley, CSAC HHS Senior Legislative Analyst

RE: Future of CalAIM: California's Waiver Renewal Efforts

Background.

About Medicaid Waivers:
California's Medicaid program, Medi-Cal, relies on waivers approved by the federal government to test new approaches to delivering care, financing services, and addressing social needs that impact long-term health outcomes. Under these waivers, California is able to operate parts of Medi-Cal differently than standard Medicaid rules would allow.

Medi-Cal waivers are programs that provide additional services to specific groups of individuals, limit services to specific geographic areas of the state, and provide medical coverage to individuals who may not otherwise be eligible under traditional Medicaid rules. The Department of Health Care Services (DHCS) has a number of Medi-Cal waiver programs that provide home and community-based services, specialty mental health services, and managed care to specific groups of eligible individuals.

About the California Advancing and Innovating Medi-Cal (CalAIM) Section 1115 demonstration waiver:
On May 11, California formally submitted the request for amendment and five-year renewal of the CalAIM Section 1115 demonstration waiver. The proposed demonstration largely seeks to continue components of CalAIM included in previous CalAIM demonstration period, including Medi-Cal Reentry Services for Justice-Involved Populations 90-Days Pre-Release, the Drug Medi-Cal Organized Delivery System (DMC-ODS), Waiver of Institutions for Mental Disease (IMD), Exclusion for Substance Use Disorder (SUD) Services, County Option to Cover Select Outpatient SUD Services, Recovery Incentives, and more.

Importantly, the application includes two new proposals for inclusion under the demonstration:

- **Employment Supports**: DHCS is seeking CMS approval to include Employment Supports as a county opt-in Medi-Cal covered benefit. Employment Supports would include job readiness assessments, individualized employment planning, job placement assistance, and post-employment retention services. The state is also requesting funding for initial start-up activities to support DHCS and opt-in counties with planning and development activities.
- **BridgeCare Pilots**: DHCS is seeking CMS approval to provide a set of home- and community-based services (HCBS) and caregiver supports as a county opt-in for "near duals," defined as low-income Medicare beneficiaries with incomes close to, but above, Medicaid income requirements with significant health needs. The goal of these pilots is to support older adults to remain in their homes and communities, preventing costly institutionalization and improving health outcomes.

Additionally, a renewal of the CalAIM 1915(b) waiver, which authorizes California's managed care delivery systems, will be submitted to CMS this summer.

Speaker Information.
Tyler Sadwith was appointed State Medicaid Director at DHCS by Governor Gavin Newsom in March 2024. As State Medicaid Director and Chief Deputy Director, Mr. Sadwith represents Medi-Cal with federal partners at the Centers for Medicare & Medicaid Services. He leads DHCS's ambitious Medi-Cal strategy to provide equitable access to quality health care for 15 million Californians.

Prior to his appointment, Mr. Sadwith served as Deputy Director, Behavioral Health at DHCS since 2022 and Assistant Deputy Director, Behavioral Health from 2021 to 2022.
Previously, he was a Senior Consultant for Technical Assistance Collaborative, Inc. Mr. Sadwith held several positions at the federal Centers for Medicare & Medicaid Services, including Technical Director. Mr. Sadwith earned a Bachelor of Arts degree in History from Reed College.

Resources.

- CalAIM Section 1115 Renewal Application
- CalAIM Section 115 Renewal Summary
- CSAC Public Comment on 1115 Waiver Renewal Draft Application

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To: Health and Human Services Policy Committee

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RE: Protect Our Safety Net: The Status of County Advocacy Efforts to Mitigate H.R. 1

Introduction. H.R. 1, which was signed by President Trump on July 4, 2025, dramatically reshapes how critical health and human services are financed and delivered, shifting billions in costs from the federal government to states and counties. In California alone, counties are facing increased costs of up to $9.5 billion per year at full implementation.

State Budget Advocacy:
Both the Governor's January Budget and the Governor's May Revision lack meaningful support for counties to implement H.R. 1, placing counties and the communities they serve in significant financial risk. While the May Revision includes a modest amount of one-time funding to support the county eligibility workforce, this funding is just a sliver of the amount needed to sustain the workforce that will help individuals maintain their health care and food assistance benefits. The Governor's May Revision does not include any funding to support county indigent care, stabilize public health systems, or address increased demand for behavioral health services.

In March, counties released an H.R. 1 Multi-Year Budget Request advocating for $1.9 billion in 2026-27 and $4.5 billion in 2027-28 across four key areas – indigent care, public hospital systems, county eligibility, and county behavioral health. Recognizing the significant fiscal challenges also facing the state, the County Family has evaluated alternative approaches to preserve access to health care for those who lose Medi-Cal coverage and turn to unfunded county indigent care programs. The County Family is now proposing, as an alternative to indigent care, that the state establish a limited, emergency-only Medi-Cal benefit for two years. This would provide a more cost-effective way to preserve limited health care coverage for people losing Medi-Cal coverage due to H.R. 1 work requirements, by leveraging available federal funding for costly inpatient hospital services. This alternative will also make it easier

to return people to full-scope Medi-Cal as their circumstances change. Finally, this alternative will give the state and stakeholders more time to determine a long-term plan for maintaining the recent gains in health care coverage.

To reflect this change, the County Family released an UPDATED H.R. 1 Multi-Year Budget Request for the 2026-27 and 2027-28 fiscal years.

	Coalition Budget Request		May Revision		Updated Coalition Budget Request	
	2026–27	2027–28	2026–27	2027–28	2026–27	2027–28
Indigent Care / PATH Program[1]	$761 million	$2.4 billion	N/A	N/A	$50 million	$462 million
Public Hospital Systems	$500 million	$850 million	0	0	$500 million	$850 million
County Eligibility	$373 million	$402 million	$87 million	0	$300 million	$425 million
County Behavioral Health	$224 million	$828 million	0	0	$224 million	$828 million
TOTAL	**$1.9 billion**	**$4.5 billion**	**$87 million**	**0**	**$1.1 billion**	**$2.5 billion**

**All numbers are state General Fund.*
[1]Updated Coalition Budget Request reflects the development of new proposal to preserve access to health care for the indigent care population.

Other Key H.R. 1 Advocacy Actions:

- In February, the County Family released a fact sheet breaking down and estimating H.R. 1's annual cost to California Counties, ranging from $6.0 billion to $9.5 billion annually at full implementation.
- In March, CSAC organized an H.R. 1 Education Day to "Protect our Safety Net" at the Capitol, bringing together county supervisors, executives, and policy experts from across California to brief legislators and Administration officials directly on the bill's local consequences and implementation challenges.
- Throughout the Spring, CSAC advocates have testified at multiple legislative budget and informational hearings, elevating the County H.R. 1 Impacts to state lawmakers and urging state partnership. CSAC staff has also visited multiple counties across the state to highlight the state budget request, present at county board meetings, and respond to county questions.

Additional Resources:

- UPDATED H.R. 1 Multi-Year State Budget Request
- CSAC's H.R. 1 Webpage
- Coalition Budget Letter – Alternative to Indigent Care Funding

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To: Health and Human Services Policy Committee

From: Justin Garrett, CSAC HHS Senior Legislative Advocate
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RE: County Perspectives: Medi-Cal Mobile Crisis Services and BHSA Integrated Plans

Introduction. California's behavioral health system has undergone significant transformation in recent years, driven by major state and federal policy changes aimed at improving access to care and strengthening local behavioral health systems. To highlight just two of the many initiatives underway, the CSAC HHS Policy Committee is joined by two county behavioral health directors to discuss implementation of the Medi-Cal Mobile Crisis Benefit and the development and submission of County Integrated Plans pursuant to the Behavioral Health Services Act (BHSA).

Background.

Medi-Cal Mobile Crisis
Following the passage of the American Rescue Plan Act of 2021, which authorized enhanced federal matching funds for qualifying community based mobile crisis intervention services over a five-year period, the 2022 Budget Act established the community based mobile crisis intervention services as a mandatory, statewide Medi-Cal benefit, with the state providing the non-federal match. Since then, the state and counties have made significant investments to stand up the infrastructure, workforce, and partnerships necessary to operate 24/7 field-based mobile crisis teams that successfully divert individuals experiencing behavioral health crises away from emergency departments and law enforcement interactions.

The Governor's January Budget, and subsequent May Revision, proposes to eliminate the Medi-Cal mobile crisis benefit as a statewide benefit, and instead make it a county-optional benefit. Under the proposal, counties would be required to provide the 50 percent non-federal match in order to continue operating these life-saving teams. The County Behavioral

Health Directors Association (CBHDA) estimates that counties would face costs of approximately $169 million annually to maintain the benefit statewide.

CSAC is part of a large coalition lead by CBHDA opposed to the Governor's proposal to eliminate the statewide Medi-Cal Mobile Crisis Benefit. CSAC encourages members to urge members of the Legislature to reject the Administration's proposal to shift Medi-Cal Mobile Crisis to an optional county benefit and instead preserve these critical local programs by maintaining the statewide benefit.

Additional Resources:

- Mobile Crisis Fact Sheet, by the County Behavioral Health Directors Association (CBHDA)

Behavioral Health Services Act County Integrated Plans

Under the Behavioral Health Services Act (BHSA), each county is required to develop and submit three-year Integrated Plans that outline how counties will utilize various behavioral health funding sources, including BHSA revenue, to meet statewide and local outcome measures, reduce disparities and address unmet behavioral health needs. County Integrated Plans must be developed and submitted in accordance with Welfare and Institutions Code §5963.02.

First Integrated Plan Submission Timeline:

- January 2025-March 2026 - Community Planning & Preparation Process
- March 31, 2026 - Draft Integrated Plans Due, with certification from both County Administrative/Executive Officer and county Behavioral Health Director to certify compliance with fiscal accountability requirements and that all planned expenditures are consistent with state and federal law.
- April – May 2026 – DHCS engages in review process for draft county IPs to identify necessary revisions and evaluate county exemption or funding transfer requests.
- June 30, 2026 – Following a 30-day comment period and a public hearing, Final Integrated Plans are due to DHCS. Final IPs must have approval from the Board of Supervisors, in addition to the County Administrative/Executive Officer and County Behavioral Health Director.

Additional Resources:

- Overview of Integrated Plan Requirements and Submission Process, by DHCS

Speaker Information.

- **Dr. Ryan Quist** is the Behavioral Health Director in Sacramento County. His work in Behavioral Health started in Riverside County Behavioral Health where he worked in various roles dedicating more than 20 years to County Behavioral Health.
  He remains very active in Statewide advocacy on Behavioral Health topics and was elected by other Behavioral Health Directors as President for the County Behavioral Health Directors Association (CBHDA) for 2023 and 2024. He co-chairs the CBHDA Medi-Cal Policy Committee. He was selected to participate in the CalAIM Behavioral Health Stakeholder workgroup and contributed to planning for the various Behavioral Health CalAIM initiatives now being implemented.

  In Sacramento County, his focus is on mental health and substance use services for the homeless population, criminal justice population, and bolstering the crisis continuum of care to prevent psychiatric hospitalizations. For children's services, he is dedicated to promoting field-based and school-based services and collaborating to support the foster youth and probation populations.

- **Elise Jones** is the Director of Lake County Behavioral Health Services in rural Northern California. She oversees the County's behavioral health continuum, including Specialty Mental Health Services, Substance Use Disorder treatment services, Mobile Crisis Response, and implementation of major statewide initiatives such as CalAIM, the Behavioral Health Services Act (BHSA), and the Drug Medi-Cal Organized Delivery System (DMC-ODS).

  Under her leadership, Lake County launched one of California's earliest county-operated Medi-Cal Mobile Crisis Response systems and implemented DMC-ODS services in a rural/frontier environment with an emphasis on access, integration, and community-based care. Elise has been actively engaged in statewide policy discussions related to behavioral health transformation, justice-involved services, opioid settlement fund implementation, and rural behavioral health infrastructure.
  In addition to her public sector leadership, Elise teaches psychology courses at Mendocino College and frequently presents on behavioral health policy, systems transformation, trauma-informed leadership, and rural behavioral health innovation.

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To: Health and Human Services Policy Committee

From: Justin Garrett, CSAC HHS Senior Legislative Advocate
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RE: 2026 HHS Legislative and Budget Update

Key Budget Items:

In January, the Administration released the Governor's Budget, which was presented as a workload budget without major new spending initiatives, with the intent of making major changes in the May Revision when updated revenue numbers are available. On May 14, the Governor released his May Revision to the January Budget. CSAC's full summary of the May Revision is available here. Below are key highlights related to health, human services, and homelessness.

Health:

Medi-Cal County Administration – The Governor's May Revision includes a one-time augmentation of $57 million General Fund in 2026-27 ($229 million total funds) to assist with county implementation of the work and community engagement requirements required by H.R. 1. The proposal also outlines potential state surge staffing capacity that would be available as an option to assist counties with increased workload funded at $16.7 million General Fund ($33 million total funds) in 2026-27, 2027-28, and 2028-29. Total Medi-Cal county administration funding in the May Revision for 2026-27 is $705.3 million General Fund ($2.8 billion total funds). In the H.R. 1 budget request, counties are requesting increases of $270 million General Fund in 2026-27 and $344 million General Fund in 2027-28 for Medi-Cal county eligibility work. The May Revision provides a fraction of the total General Fund needed for counties to perform this critical work.

Community Based Mobile Crisis – The May Revision maintains the Governor's January budget proposal to make Medi-Cal mobile crisis services a county optional benefit beginning April 1,

2027, shifting approximately $170 million to counties annually to maintain the benefit. CSAC is part of a large coalition opposed to this proposed cost shift to counties.

Public Health Information Technology Systems – The California Department of Public Health (CDPH) operates and maintains several IT systems that are used by the state and local health jurisdictions for public health purposes such as contact tracing during disease outbreaks (CalCONNECT), reporting of laboratory results (SaPHIRE), and recording immunization data (myCAvax/CAIR3). The Governor's January budget included funding for the SaPHHIRE system, but no funding for the operation of the other systems nor funding for the development of a new disease surveillance and monitoring system. The Governor's May Revision includes $113.3 million from various fund sources to maintain these critical public health information technology systems in 2026-27.

Managed Care Organization (MCO) Tax – H.R. 1 places limitations on the use of Medicaid Provider Taxes, including the Managed Care Organization (MCO) tax. The May Revision proposes to revise and renew the MCO tax, to conform with both changes made by H.R. 1 and the requirements of Proposition 35 (which amongst other provisions, places restrictions on the structure of the MCO tax). The May Revision assumes revenues of $575 million in 2026-27, $2.3 billion in 2027-28 and 2028-29, and $1.7 billion in 2029-30 to support state spending on Medi-Cal and maintain certain existing rate increases.

Transition of Unsatisfactory Immigration Status (UIS) Population to Fee-for-Service – In response to recent federal guidance, the May Revision proposes to shift UIS Medi-Cal enrollees from managed care to fee-for-service. (Federal funding is available for emergency and pregnancy-related services, the state pays for all other costs.) The May Revision projects savings of $538.8 million ($471.6 million General Fund) in 2026-27 and $1.5 billion ($1.2 billion General Fund) ongoing as a result of this proposal.

Medi-Cal Asset Test Limits – The May Revision includes a reduction to the asset test limit for enrollment in Medi-Cal from the current level of $130,000 per individual and $65,000 per additional member of the household to $2,000 for an individual and $3,000 for a couple (this returns to the limits in prior years before increases in the asset test limit were made in recent budgets). The May Revision projects savings of $278.3 million General Fund in 2026-27 and $495.6 million General Fund ongoing.

Covered California State Subsidy Program – The May Revision proposes $110 million in increased special fund spending (totaling $300 million per year) to expand the state premium subsidy program to enrollees up to 200% of the federal poverty level.

Hospitals in Immediate Distress – The May Revision proposes $50 million General Fund in 2026-27 to provide short-term support for hospitals in immediate and significant financial distress. This is in addition to the $25 million General Fund that was recently provided for this purpose by the state in AB 108 (Chapter 8, Statutes of 2026). Criteria for awarding these funds is not yet available. Under the recently enacted AB 108, grant funding is available for hospitals that have less than ten days' cash on hand, have exhausted other financial options, have a payer mix of at least 50% public health care programs or uninsured patients, and are a not-for-profit or public hospital.

Human Services:

IHSS Cost Shift – The Governor's May Revision continues the January Budget proposal to remove the state's share of cost for IHSS hours per case growth. This would go into effect in 2027-28 and result in state General Fund savings of $233.6 million by shifting these costs to counties. CSAC is strongly opposed to this cost shift and has testified against it at budget committee hearings. It would undermine the existing IHSS fiscal structure, exacerbate the safety net impacts of H.R. 1, misdiagnose the cause of hours growth, and negatively impact IHSS recipients and providers. Both the Senate and Assembly budget frameworks have outlined their intent to reject this proposal.

CalFresh County Administration – The Governor's May Revision includes a one-time augmentation of $30 million General Fund in 2026-27 to assist with county implementation of the expanded work requirements for Able-Bodied Adults Without Dependents (ABAWDs) required by H.R. 1. However, there is also a separate $119 million General Fund reduction from the January Budget due to caseload forecast changes. The May Revision indicates that the required reassessment of the CalFresh county administration methodology will inform county funding needs in 2027-28. In the county H.R. 1 budget request, counties are requesting increases of $103 million General Fund in 2026-27 and $58 million in 2027-28 for CalFresh county eligibility work. The May Revision provides a fraction of the total General Fund needed for counties to perform this critical work.

Adult Protective Services – The Adult Protective Services (APS) program serves older and dependent adults when there are reports of abuse and neglect. The Governor's May Revision would revert the APS expansion that was adopted in 2021-22 to achieve savings of $70 million General Fund ongoing. Under that expansion, which CSAC supported, eligibility for APS services was expanded to those who are aged 60 or older. This proposal would instead go back to the previous age requirement of 65 and older.

Homelessness:

Homeless Housing, Assistance and Prevention (HHAP)
The May Revision maintains the planned $500 million for additional funding for the HHAP program that was committed to in last year's SB 131 (Chapter 24, Statutes of 2025), contingent on enhanced accountability and performance requirements. The May Revision proposes trailer bill language that details new requirements that counties, cities, and Continuums of Care (CoCs) must meet to be eligible to receive the initial allocation of the $500 million in additional funding, including but not limited to:

- Housing element compliance: City and county applicants must have a compliant housing element. If an applicant does not, HCD will withhold disbursement until the housing element becomes compliant.
- Prohousing Designation: City applicants and county applicants in which those cities are located must obtain a Prohousing Designation. If a local jurisdiction has not secured the designation before new funds are allocated, it must do so within 12 months. If it fails to meet that deadline, HCD may reallocate any remaining or unobligated HHAP funds to other eligible direct recipients in the same region.
- Encampment guidance compliance: Applicants must document compliance with current state guidance on addressing encampments when funding becomes available.
- Local match requirement: City applicants and county applicants in which those cities are located must demonstrate the availability of local matching funds equal to an as-yet-undetermined percentage of their total allocation. Sources of the matching funds include, but are not limited to, dedicated local funding sources for homelessness, affordable housing, or supportive services, new funding sources for homelessness, impact fee deferrals or waivers, land donations, local contributions to rental assistance, housing, or supportive services, and limited uses of state originated funding such as Behavioral Health Services Act, Homekey, and Community Care Expansion.

CSAC will continue to advocate for $1 billion for HHAP in 2026-27 and ongoing and for Round 7 to be implemented in a manner that allows that funding to be distributed by the September 1, 2026, goal date.

Key Legislation:
(Please Note: Bills are actively getting amended, bill language and CSAC positions on bills are subject to change)

AB 1602 (Rubio) Foster youth: disaster assistance.
CSAC Position: Support
Status: Pending vote on Assembly Floor
Summary: Would establish a Child Welfare Disaster Response Program to provide funding to county child welfare departments, county probation departments, and tribes to support the immediate needs of foster children and youth and their caregivers in disaster-impacted communities.

AB 1607 (González) Emergency medical services.
CSAC Position: Support
Status: Pending hearing in Senate Health Committee
Summary: Would extend the sunset date on the Maddy Emergency Medical Services (EMS) Fund until January 1, 2037. These funds are used to reimburse physicians and hospitals who treat uninsured patients in emergency departments, as well as providing funding for local EMS purposes.

AB 1660 (Schiavo) Public guardians and public administrators.
CSAC Position: Support
Status: Pending hearing in Senate Judiciary Committee
Summary: This measure would compel financial institutions and third parties to promptly comply with lawful requests for information and property by Public Administrators (PA), Public Guardians (PG) and Public Conservators (PC), and allows courts to impose fines of no less than $1,000 when they fail to comply.

AB 1708 (Solache) Homeless Housing, Assistance, and Prevention program: round 8: smaller jurisdictions.
CSAC Position: Engaged
Status: Held Under Submission in Assembly Appropriations Committee
Summary: Would have, beginning with funding for an 8th round of the HHAP program, required regionally coordinated action plans to include additional application components on smaller cities in their region and create a pathway for those jurisdictions to receive HHAP funding.

AB 1924 (Gabriel) Statewide homelessness prevention strategy.
CSAC Position: Support
Status: Pending Vote on Assembly Floor

Summary: Would require the Department of Housing and Community Development (HCD) to develop a statewide homelessness prevention strategy.

AB 2201 (Boerner) Medi-Cal: eligibility redetermination.
CSAC Position: Support
Status: Pending Vote on Assembly Floor
Summary: Would reinstate four proven eligibility and renewal strategies to streamline Medi-Cal renewal processing and minimize wrongful terminations for low-income Californians as a result of H.R. 1.

AB 2368 (Bonta) Indigent healthcare: information and planning.
CSAC Position: Engaged
Status: Pending Vote on Assembly Floor
Summary: Would require each county to prepare and submit to DHCS a plan to operate programs to indigent medical care programs and would require DHCS to establish a website where the public can access information on safety net health care services. A coalition of county organizations have engaged with the author's office, who has committed to removing overly cumbersome county reporting requirements.

SB 989 (Blakespear) Community Assistance, Recovery, and Empowerment (CARE) Court Program.
CSAC Position: Dropped Opposition/Neutral
Status: Pending Vote on Senate Floor
Summary: A previous version of the bill proposed a new pathway for CARE court process initiations that overlaps with existing statute which authorizes first responders to file petitions to commence the CARE process. However, amendments taken to the bill now authorize first responders to make referrals to county behavioral health agencies, allowing the county behavioral health department to decide whether an assessment is appropriate for the individual. These amendments removed our opposition to the measure.

SB 1016 (Blakespear) Community Assistance, Recovery, and Empowerment (CARE) Court Program and court-ordered evaluations.
CSAC Position: Oppose
Status: Pending Vote on Senate Floor
Summary: Would create a pathway for a CARE respondent to be ordered to undergo an LPS evaluation when a person may be unwilling or unable to participate in the CARE process. This measure would significantly expand the number of individuals for whom counties would need to pursue involuntary evaluations, without upfront evidence that an involuntary detention is warranted.

SB 1054 (Cabaldon) Unemployment insurance: reporting requirements.
CSAC Position: Support
Status: Pending Committee Referral in Assembly
Summary: Would direct the Employment Development Department (EDD) to collect additional information from employers about wages to support automated eligibility determinations for health and nutrition assistance programs.

SB 1314 (Menjivar) Smoke shops: locations, hours of operation, and sale of nitrous oxide.
CSAC Position: Support
Status: Pending Vote on Senate Floor
Summary: Would, effective July 1, 2027, prohibit a smoke shop from being located within 600 feet of a school or daycare. It also would ban smoke shops from possessing or selling nitrous oxide and restrict the hours a smoke shop may sell tobacco products to the public to between 6:00 am to 10:00 pm.