2025 Legislative Session Wrap Up Report

The 2025 Legislative Session officially ended on October 13, 2025. NAMI California was proud to support quite a few bills, many of which were signed into law. Please find how the laws will impact NAMI California, affiliates, and the state behavioral health system below. We are looking forward to continued change next year.

Signed Into Law - Will go into effect January 1, 2026

AB 348 (Krell): Full-Service Partnerships – Presumptive Eligibility for Vulnerable Populations

Summary: AB 348 establishes presumptive eligibility for individuals with serious mental illness (SMI) to participate in county Full-Service Partnership (FSP) programs under the Behavioral Health Services Act (BHSA). FSPs—originally conceived under the Mental Health Services Act (MHSA) as "whatever it takes" programs—offer intensive, wraparound behavioral health care, housing support, and case management for individuals with complex needs. These programs have been proven to reduce homelessness, hospitalization, and incarceration among individuals with SMI.

Under this measure, individuals with SMI would be presumptively eligible for FSP enrollment if they meet one or more of the following criteria:

- Experiencing unsheltered homelessness;
- Transitioning to the community after six or more months in a secured treatment or residential setting (such as an institution for mental disease or mental health rehabilitation center);
- Transitioning to the community after six or more months in a state prison or county jail; or
- Having been involuntarily detained five or more times under the Lanterman-Petris-Short Act within the past five years.

Background: Despite two decades of funding for FSPs, counties' inconsistent eligibility criteria and lengthy review processes have left many of the most vulnerable Californians unable to access care. For example, in L.A. County, individuals can wait up to 90 days before being approved for FSP enrollment. These prolonged waits are unacceptable for individuals experiencing homelessness or cycling in and out of emergency rooms and jails. AB 348 seeks to eliminate these kinds of delays by standardizing eligibility criteria statewide, ensuring that people in crisis can enter FSP programs without unnecessary administrative barriers. AB 348 seeks to standardize enrollment criteria across counties, reduce administrative delays, and ensure that high-need individuals—especially those experiencing homelessness or cycling through hospitalization and incarceration—can more rapidly connect with "whatever it takes" services.

What does this mean for NAMI California members?

AB 348's clarification of eligibility for FSPs removes bureaucratic barriers and creating consistent, statewide standards, the bill helps ensure that those most in crisis can access FSP services more quickly and equitably.

Local NAMIs may wish to engage your county behavioral health departments to monitor implementation of presumptive eligibility policies and advocate for equitable allocation of FSP slots.

Counties will continue to determine capacity and funding levels, but the bill strengthens our advocacy foundation for expanding access to intensive services: timely treatment, continuity of care, and recovery in the community.

SB 27 (Umberg) CARE Court Eligibility Expansion

Summary: SB 27 expands eligibility and referral pathways for California's Community Assistance, Recovery, and Empowerment (CARE) Court, a central component of the state's behavioral health reform agenda. Specifically, the bill:

- Expands eligibility to include individuals diagnosed with bipolar disorder with psychotic features.
- Requires referrals to CARE Court for individuals adjudicated incompetent to stand trial (IST) on misdemeanor offenses, ensuring they are not simply released without treatment or supervision.
- Streamlines court procedures by consolidating early hearings and clarifying data-sharing among "care partners," such as county behavioral health agencies and courts.
- Maintains a voluntary framework but strengthens judicial authority to coordinate accountability among institutions and participants.

The bill reflects a deliberate effort to close the gap between the state's criminal justice and civil behavioral health systems, providing structured pathways for treatment and accountability.

Background: Launched in 2023, CARE Court was envisioned as a transformative model for individuals with severe psychosis who cycle between homelessness, incarceration, and hospitalization. Yet, nearly two years in, implementation has been slower and narrower than Governor Gavin Newsom initially promised. According to CalMatters, the program has "reached a few hundred people, far short of the thousands originally projected," with high rates of dismissed petitions and significant variation across counties.

SB 27 responds to these early shortcomings by expanding eligibility criteria and mandating court referrals from the misdemeanor IST population—often referred to as the "MIST" population—a group with particularly high recidivism rates. As senators noted during floor debate, these individuals are frequently released from jail "without proper care, traumatized, unmedicated, and back on the street," driving a 40% recidivism rate.

The bill also addresses bureaucratic inefficiencies identified in early pilot counties, combining duplicative court hearings and enabling secure data exchange between courts, behavioral health departments, and treatment providers. SB 27 represents both a course correction and an acceleration of the CARE Court model. By broadening eligibility to bipolar disorder with psychotic features, the bill acknowledges clinical realities that psychotic symptoms are not limited to schizophrenia spectrum disorders. It also directly integrates misdemeanor IST referrals, addressing a key gap identified by both policymakers and NAMI advocates.

What does this mean for NAMI California members?

SB 27 is a significant advocacy victory for NAMI California and its affiliates, cementing key policy objectives that NAMI has advanced for years:

- Bridging mental health and criminal justice systems to reduce recidivism and promote treatment-first approaches.
- Expanding eligibility to include individuals with bipolar disorder experiencing psychosis—a population often underrecognized in existing care pathways.
- Ensuring continuity of care by linking MIST defendants directly to community-based treatment under court supervision rather than releasing them untreated.

For local affiliates, the expansion creates new opportunities to partner with counties in outreach, education, and family engagement for CARE participants.

In essence, SB 27 reflects a pragmatic shift in California's behavioral health strategy: evolving CARE Court from a symbolic reform into a functioning bridge between crisis, care, and recovery. For NAMI California, it marks both a policy milestone and a continued call to action—to make sure that the promise of "care, not incarceration" becomes reality for every Californian living with severe mental illness.

AB 440 (Ramos) & SB 800 (Reyes): Suicide Prevention Infrastructure on Bridges and Overpasses

Summary: Both of these bills emerged in response to the same tragedy: the deaths of two Los Osos High School students by suicide within weeks of each other on a Rancho Cucamonga freeway overpass. Together, these companion bills sought to ensure that the California Department of Transportation (Caltrans) integrates suicide prevention into the design and maintenance of state bridges and overpasses — areas that too often become sites of crisis.

- AB 440 (Ramos) requires the Office of Suicide Prevention (OSP) within the Department of Public Health (CDPH) to work jointly with Caltrans to identify bridges and roadways with a high incidence of suicide and to recommend cost-effective prevention strategies, such as physical barriers, fencing, or signage. The OSP must submit a report to the Legislature by December 31, 2026, detailing its findings and recommendations.
- SB 800 (Reyes) directs Caltrans, in consultation with CDPH and in collaboration with local governments, to incorporate suicide deterrent measures into its design and safety guidance documents by July 1, 2028. While earlier drafts proposed a pilot program focused on San Bernardino County, the final version broadened its scope statewide.

Both measures aim to establish a sustainable, long-term approach to preventing suicides on California's transportation infrastructure. Each complements the other — AB 440 focusing on data and strategy development, and SB 800 embedding those prevention standards into Caltrans' operational framework.

Background: Despite two decades of funding for FSPs, counties' inconsistent eligibility criteria and lengthy review processes have left many of the most vulnerable Californians unable to access care. For example, in L.A. County, individuals can wait up to 90 days before being approved for FSP enrollment. These prolonged waits are unacceptable for individuals experiencing homelessness or cycling in and out of emergency rooms and jails.

AB 348 seeks to eliminate these kinds of delays by standardizing eligibility criteria statewide, ensuring that people in crisis can enter FSP programs without unnecessary administrative barriers

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What does this mean for NAMI California members?

These bills represent a meaningful advancement toward the goal of Zero Suicides. By codifying suicide prevention as a core responsibility of state infrastructure planning, California acknowledges that suicide prevention is not solely a behavioral health issue but a public safety and design imperative.

Local NAMIs may find opportunities to engage with Caltrans district offices, public health departments, and county suicide prevention councils to ensure that community perspectives shape the identification of high-risk sites and the selection of prevention strategies. These laws also create new platforms for education, public awareness, and advocacy — ensuring that crisis intervention is supported not only by services like 988 but also by the physical environments that surround Californians every day.

SB 820 (Stern): Inmates – Mental Health and Involuntary Medication

Summary: SB 820 establishes a temporary, narrowly tailored process for administering psychiatric medication to individuals found incompetent to stand trial (IST) for misdemeanor offenses while in county jail.

Under current law, when a defendant is found IST, the case is suspended and the individual may be referred to diversion, assisted outpatient treatment (AOT), or conservatorship. However, many such individuals—particularly those with severe or untreated mental illness—are unable or unwilling to participate voluntarily in these programs. As a result, their cases are often dismissed without treatment, leading to high rates of recidivism, homelessness, and repeated psychiatric crises.

SB 820 aims to close this gap by authorizing psychiatrists in county jails to administer antipsychotic medication in limited circumstances:

- During an emergency, when immediate treatment is necessary to preserve life or prevent serious bodily harm, for up to 72 hours; or
- Pursuant to a court order, after a hearing establishes that the person is gravely disabled, lacks capacity to consent to treatment, and that no less restrictive alternative exists.

All orders must be supported by clear and convincing evidence, accompanied by due process protections, and medication must be administered only by non-custody health staff.

Background: SB 820 is a follow-up to SB 317 (Stern, 2021), which streamlined the treatment process for IST misdemeanants but unintentionally removed the ability of psychiatrists to administer medication involuntarily when medically necessary. This left clinicians unable to intervene even when an individual's mental state deteriorated dangerously in custody.

California's behavioral health system continues to face a shortage of treatment beds, leaving many people with serious mental illness in jails instead of hospitals. The bill will serve as a "temporary bridge policy"—a harm reduction measure while the state works to build out behavioral health infrastructure.

As Senator Stern stated during floor debate, "Until new beds come online, we need to legislate for the situation we are currently in and get these people the treatment they need to avoid years of recidivism. The bill preserves due process, ensuring that forced medication occurs only under strict judicial oversight and that community-based alternatives must be used whenever available.

What does this mean for NAMI California members?

SB 820 addresses the complex intersection of mental illness, the criminal justice system, and the shortage of treatment infrastructure.

In the near term, NAMI affiliates can engage locally by monitoring how counties implement SB 820, advocating for humane application of the new law, and continuing to press for investments in crisis beds, forensic diversion, and community-based care.

AB 1034 (Ávila Farías): Mental Health in Teacher Preparation

Summary: AB 1034's intent is to ensure that every new teacher entering California's classrooms has foundational knowledge to identify signs of distress, establish a supportive dialogue with students, and link them to appropriate mental health resources. In the words of the bill's author, Assemblymember Ávila Farías, "Telling the difference between expected behavior and the signs of mental illness isn't always obvious without training. This bill ensures that from the moment teachers enter the field, they feel confident and prepared to help students in need".

The bill requires that all teacher preparation programs include, as part of their health education requirements, experiences that address a basic understanding of youth mental health.

Background: While existing laws already require school districts to provide behavioral health training to certificated staff by 2029 and to adopt suicide prevention policies and referral protocols for grades 7–12, teacher preparation programs have not been explicitly required to include mental health education.

What does this mean for NAMI California members?

AB 1034 is an incremental but meaningful victory in our broader effort to embed mental health literacy across California's systems of care. For NAMI advocates and affiliates, the bill offers a practical entry point for partnership with teacher preparation programs and county offices of education to ensure that training reflects real-world understanding of mental health stigma, family engagement, and cultural competence.

In the long term, AB 1034 helps normalize conversations about mental health in schools—one of NAMI's central objectives. By ensuring that every new teacher enters the classroom with basic training in youth behavioral health, California is investing in prevention at the earliest and most consistent point of contact: the relationship between teacher and student.

Vetoed

AB 1032 (Harabedian & Rivas): Wildfire Trauma Recovery and Resiliency Act

Summary: AB 1032 was intended to ensure that wildfire survivors could access timely, trauma-informed mental health care, particularly after the Eaton and Palisades fires in Los Angeles County.

This bill would have health plans to reimburse up to 12 annual visits with a licensed behavioral health provider for residents in counties where a state or local emergency has been declared due to wildfires.

Committee testimony described "a doubling of behavioral health appointments" in Pasadena following the fires, with 80% of surveyed residents identifying mental health as their top post-disaster concern.

Background: Studies suggest that even individuals who do not lose their homes can suffer from long-term anxiety, depression, or psychological distress after a wildfire. A paper published last year found increased emergency room visits for anxiety disorders following wildfire events in California and across the western U.S. In similar events globally, researchers documented persistent mental health challenges—including PTSD, depression, and substance use disorders—lasting for years. As public health experts have noted, even the uncertainty of whether a home has been damaged can cause trauma.

Existing law already requires coverage for medically necessary mental health and substance use disorder (SUD) treatment and authorizes temporary flexibilities during declared emergencies. However, individuals affected by disasters often face lengthy delays and administrative barriers when trying to access in-network care. AB 1032 sought to waive utilization management (UM) and allow survivors to see any licensed behavioral health provider—inside or outside of their health plan's network—without prior authorization.

Existing parity and emergency access laws have not kept pace with the mental health impacts of large-scale climate disasters. A standardized, wildfire-triggered benefit would fill a critical gap in post-disaster recovery and resilience.

Outcome: Unfortunately, Governor Newsom vetoed the bill, stating that the proposal created a "broad exception" to established managed-care utilization review standards and could "lead to further premium increases" at a time of rising health costs. The Governor's veto message underscored fears that bypassing UM and allowing out-of-network care without restrictions would raise premiums for large-group plans, a politically sensitive issue amid budget constraints and inflationary pressures.

In the end, these structural and fiscal critiques, rather than opposition to the bill's underlying intent, led to its veto.

What does this mean for NAMI California members?

For NAMI affiliates, the debate around AB 1032 highlights both the progress and persistent gaps in California's mental health parity landscape. The bill's veto highlights the difficulty of enacting targeted behavioral health mandates that intersect with private insurance regulation and cost-containment policies.

Held In Committee

SB 531 (Rubio): Student Mental Health Education

Summary: SB 531 would have required age-appropriate mental health education for all California students in grades 1 through 12, expanding upon the existing mandate under SB 224 (Portantino, 2021), which currently applies only to middle and high schools.

The bill sought to integrate mental health instruction into the health education curriculum statewide. Its core provisions included:

- Teaching students to understand and identify emotions and common mental health conditions such as depression, anxiety, and post-traumatic stress disorder.
- Building resilience, coping skills, and self-awareness, and encouraging help-seeking behavior.
- Promoting stigma reduction and understanding the cultural and social dimensions of mental wellness.
- Connecting students to trusted adults and support systems within schools and communities.

Background: Thanks to our 2021 sponsored legislation, SB 224, current law already requires mental health instruction in Health classes that are offered in grades 7–12

However, no such requirement exists for grades 1–6. SB 531 aimed to close that gap by making mental health education a foundational part of the K-12 curriculum—mirroring literacy or physical education in its universality.

Legislative Outcome: Despite bipartisan sympathy and no registered opposition, SB 531 was held in the Senate Education Committee in April 2025 and did not advance any further in the legislative process.

The Committee Chair expressed strong support for the bill's objectives but cited the Legislature's newly updated Joint Curriculum Policy, which now discourages statutory mandates that alter state curriculum frameworks. Notably, this policy revision occurred after SB 531 was introduced, effectively shifting the procedural standards mid-session. As a result, the bill—introduced under one set of rules—was evaluated under another.

What does this mean for NAMI California members?

Although SB 531 did not advance, it reflects a policy direction squarely aligned with NAMI California's priorities: embedding mental health literacy and stigma reduction throughout K-12 education.

As a co-sponsor, NAMI California helped elevate the issue's visibility, positioning the organization as a lead stakeholder in future framework revisions.

Moving forward, NAMI California and its affiliates can:

- Engage with the Instructional Quality Commission and CDE as they update the Health Framework, advocating that SB 531's age-appropriate content be integrated administratively rather than legislatively.
- Partner with local education agencies to pilot NAMI's own evidence-based programs—Ending the Silence and NAMI On Campus—as ready-made models for district implementation.
- Continue grassroots advocacy highlighting the equity dimension of early mental health education—ensuring that mental health literacy reaches students in every zip code, not just those in well-resourced districts.