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# Empowering Change: The Essential Role of Legislative Advocacy in California's Behavioral Health Care

Meron Agonafer



Engaging in state legislative advocacy is vital to ensuring that policies and funding effectively meet the needs of individuals with behavioral health conditions.

As the fourth-largest economy in the world, California's budget for the 2025/2026 fiscal year is \$232 billion. State legislators hold significant authority over funding for agencies and county administrations that oversee the delivery of behavioral healthcare. Understanding how these legislative powers shape behavioral healthcare is critical for effective advocacy. They not only make budgetary decisions but also enact laws that shape the landscape of behavioral health services, influencing the quality of care, funding availability, and insurance benefit regulations.

Legislative decisions can either enhance or hinder the delivery of behavioral health services. For example, SB 855 (Wiener, 2020) revised California's Mental Health Parity provisions. This legislation defined medically necessary treatment of a mental health or substance use disorder, ensuring access to appropriate care based on individuals' specific needs rather than arbitrary criteria. It mandates that health plans provide coverage for medically necessary behavioral health services on par with physical health services. SB 855 was a monumental piece of legislation, sponsored by the Steinberg Institute and the Kennedy Forum. It demonstrates the power vested in organized entities to effect positive change, increase access to care, and provide consumer protections.

The enactment of SB 855 shows what's possible when communities unite behind meaningful legislation. When stakeholders successfully advocate for increased funding or supportive legislation, the results can significantly extend access to behavioral healthcare and insurance coverage for thousands of Californians.

Effective legislative advocacy requires strategic planning and collaboration. Building alliances with like-minded organizations can amplify individual voices and maximize influence on legislative decisions. Over the past three years, legislators have passed laws affecting thousands of behavioral health consumers and providers, including SB 1338 (Umberg, 2022), which created the Community Assistance, Recovery, and Empowerment (CARE) Court Program, and SB 326 (Eggman, 2023), the Behavioral Health Services Act, which put Proposition 1 on the 2024 ballot. Additionally, SB 43 (Eggman, 2023), Behavioral Health, was enacted. Cal Voices opposed these measures and worked with other organizations to mobilize communities to contact their state representatives in opposition to SB 43, SB 1338, and SB 326. Cal Voices was also among those who strongly opposed Proposition 1, which passed narrowly.

Without going into details about each bill, it is sufficient to say that Cal Voices opposed SB 43 and SB 1338 because they expanded involuntary treatments, and SB 326 (Proposition 1) because it diverted local funding for mental health treatments to housing rather than seeking new funding from other sources.

The good news is that existing laws can be changed or repealed. Advocates do not have to give up if a bad bill becomes law. For example, Cal Voices and its partners, such as Disability Rights California, are monitoring the rollout of SB 43, SB 1338, and Proposition 1, focusing on assessing the results and

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- 1. Explain impact of sex hormones in marital discord of aging couples, 57+**
  - 2. Explain marital infidelity treatment in aging couples, 57+**
  - 3. Currently, what is peak age for marital infidelity in M/F, 18-80+**
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offering recommendations to lawmakers, the administration, and the public to ensure that public funds are allocated to services that promote evidence-based and community-based options. These approaches are more cost-effective and less coercive than expensive judicial processes.

A well-funded behavioral health program can be transformative for individuals facing mental health conditions and substance use disorders. At the same time, cuts to funding or restrictive legislation can exacerbate existing challenges and create barriers to care access.

Individuals and organizations have the tools to effect change by sponsoring legislation that enhances the behavioral health field in the state. For instance, Cal Voices advocates for sponsoring bills that promote funding for behavioral health care and workforce development. A notable example is our sponsorship of AB 96 (Jackson, 2025), which aims to create a certification pathway for Peer Support Specialists (PSSs) under the Community Health Workers (CHWs) framework. This bill would enable PSSs to provide Medi-Cal billable CHW services without requiring a separate certification, allowing them to work in Medi-Cal Managed Care Plans, such as Enhanced Care Management under CalAIM.

Before sponsoring AB 96, Cal Voices engaged with the Department of Health Care Services (DHCS) to implement regulations mandating Peer Support Services across all 58 counties. Cal Voices also requested that DHCS require Peer Support Services in Medi-Cal Managed Care Plans for CalAIM populations, recognizing that PSSs, who have navigated their recovery journeys, offer unique insights and foster connections with clients. This is validated by the Centers for Medicare & Medicaid Services (CMS), which acknowledges in SMDL #07-001 by stating that, "Peer support services are an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance use disorders." CMS recognizes the value of the experiences of peer support providers as vital to effective treatment.

AB 96 demonstrates how to leverage the legislative process to drive change while engaging with DHCS to establish regulations that allow PSSs to deliver services across the full spectrum of behavioral healthcare in the state.

On a broader level, legislative advocacy can initiate systemic changes in the behavioral health care system. Staying informed and actively participating enables advocates to secure funding for voluntary, community-based services and invest in evidence-based programs that meet the needs of Californians, rather than expanding involuntary treatment options. Let us be the agents of change. ▲

***Meron Agonafer** is the Policy Director at Cal Voices. Before joining Cal Voices, she served as a Policy Manager at the California Black Health Network and worked as a legislative aide for former Assembly Member Shirley Weber. She was also a policy consultant in the Speaker's Office of Research and Floor Analysis and has worked as a Policy Consultant for UC Health.*

References are available on the LACPA Website [www.lacpa.org](http://www.lacpa.org).



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