SENATE COMMITTEE ON HEALTH
Senator Akilah Weber Pierson, Chair

BILL NO: AB 2562
AUTHOR: Dixon
VERSION: March 16, 2026
HEARING DATE: June 24, 2026
CONSULTANT: Reyes Diaz

SUBJECT: Alcohol or other drug recovery and treatment programs and facilities: suicide prevention

SUMMARY: Requires state-certified programs and state-licensed alcohol and other drug recovery and treatment facilities to have suicide prevention plans.

Existing law:
1) Grants sole authority in the state to the Department of Health Care Services (DHCS) to certify alcohol or other drug (AOD) programs and to license adult residential AOD recovery or treatment facilities (RTFs). [HSC §11832 and §11834.01]

2) Requires DHCS to conduct onsite program compliance visits for AOD programs and RTFs at least once during the certification or licensure period. Permits DHCS to conduct announced or unannounced site visits to review for compliance. [HSC §11832.12 and §11834.01]

3) Requires an AOD program to adopt policies and procedures, kept in an operation manual, that address and include, at a minimum, all of the following:
   a) Admission and discharge;
   b) Client rights;
   c) Services;
   d) Medications; and,
   e) Staff and client code of conduct. [HSC §11832.8.]

4) Enumerates requirements for an RTF, such as the types of nonmedical services each is authorized to provide; prohibitions on reasons for denying an individual admission to the RTF; a plan for when an RTF resident relapses; and, maintaining unexpired doses of naloxone hydrochloride, or any other opioid antagonist that is approved by the United States Food and Drug Administration for treatment of an opioid overdose. [HSC §11834.26]

This bill:
1) Requires an AOD program to include in its operation manual and RTFs to develop a suicide prevention plan.

2) Grants DHCS the authority to implement the suicide plan requirement for RTFs by bulletin, or all-county or all-provider letter, after stakeholder input, until regulations are promulgated. Requires DHCS to promulgate regulations no later than January 1, 2031.

FISCAL EFFECT: According to the Assembly Appropriations Committee, this bill results in minor and absorbable costs to DHCS.

PRIOR VOTES:
Assembly Floor: 74 - 0

Assembly Appropriations Committee:	15 - 0
Assembly Health Committee:	16 - 0

COMMENTS:

1) *Author's statement.* According to the author, patients or clients in substance use disorder treatment settings can often suffer from suicidal ideation. Like addiction, suicide is unbiased and can impact anyone. From a study done by the Massachusetts Department of Public Health, "Individuals diagnosed with substance use disorders (SUDs) are at increased risk of suicidal ideation. Up to 40% of those seeking SUD treatment have a suicide attempt history. Importantly, a previous attempt is a key predictor of future suicide." Currently, in the California Code of Regulations under Title 9 "Rehabilitative and Developmental Services," two of the four departments already require suicide prevention plans. However, the Department of Alcohol and Drug Programs currently has no requirement for such health facilities to have a suicide policy in place. This gap is an oversight in alignment across departments in the importance of holistic care for individuals in rehabilitative and developmental services. By requiring licensed treatment facilities and certified programs to have a suicide prevention plan in place, we are improving and prioritizing patient safety and ultimately, their success. This bill would add a new level of care in the promotion of emotional, mental and physical health for individuals in treatment settings.

2) *RTFs and AOD programs.* RTFs licensed by DHCS, based on what is commonly referred to as the "social model," provide recovery, treatment, or detoxification services. (The Department of Public Health licenses medical model RTFs, known as chemical dependency recovery hospitals.) The services provided by social model RTFs include group and individual counseling, educational sessions, and alcoholism or drug abuse recovery and treatment planning. Social model RTFs are allowed to provide clients first aid and emergency care, and since the passage of AB 848 (Mark Stone, Chapter 744, Statutes of 2015), RTFs can apply to DHCS for an additional license to provide incidental medical services by a licensed physician or other health care practitioner. SB 823 (Hill, Chapter 781, Statutes of 2018) requires DHCS to adopt American Society of Addiction Medicine treatment criteria as the minimum standard of care for licensed RTFs. DHCS is also responsible for certification of a business entity with a physical location in the state that provides one or more of the following services to clients: treatment, recovery, detoxification services, or medications for addiction treatment. DHCS also provides program certification for facilities that are licensed by the Department of Social Services that serve adolescents. As part of their licensing and certification functions, DHCS conducts reviews of RTFs and AOD programs every two years, or as necessary; checks for compliance with statute, regulations, and certification standards to ensure the health and safety of clients; investigates all complaints; and, has the authority to suspend or revoke a license or certification for a violation of statutes, regulations, and certification standards. DHCS states that they have the sole authority to conduct site visits to their RTFs and AOD programs.

3) *SUD and suicide.* According to the Kaiser Family Foundation, from 2014 to 2024, over half a million lives nationally (516,790) were lost to suicide, with 2022 marking the highest annual total on record. Since then, overall suicides have declined somewhat but trends diverged by method: firearm suicides continued to rise, reaching a new high in 2024. As a result, firearms accounted for 57% of all suicides in 2024, up from 50% in 2014, while suicides by other methods fell. Some of the shift may also reflect undercounting, if some suicides are recorded as unintentional drug overdose deaths. These shifts may

have implications for prevention strategies including the capacity and design of crisis and treatment systems. In July 2022, the 988 Suicide and Crisis Lifeline launched nationwide, replacing the prior 10-digit number with an easier to remember, three-digit option that connects people in distress to counselors at 200+ local crisis call centers and, when needed, other crisis services. Since launch through October 2025, 988 has received more than 19 million calls, texts, or chats nationally, alongside improved answer rates and shorter wait times. However, access to mental health and SUD treatment gaps persist. In 2025, the Trump Administration discontinued the LGBTQI+ 988 call line and advanced an array of federal policy actions that could limit access to care including projected coverage loss in Medicaid and the Marketplace.

A UCLA Center for Health Policy Research brief from June 2026, "Adolescents' Substance Use, Psychological Distress, and Suicidal Thoughts and Attempts," notes that youth substance use remains common in the U.S., and many adolescents experience mental health challenges—such as anxiety, depression, and trauma—before or after trying drugs or alcohol. Early, frequent, or heavy substance use can harm brain development and worsen mental health issues, including depression, anxiety, and mood instability. Adolescents with both SUD and mental health issues are at a much higher risk for suicide. Mental health conditions are strong predictors of suicidal behavior, and substance use increases this risk by reducing inhibition and judgment, and worsening depression and anxiety. Together, these factors make suicide attempts more likely and more dangerous. The brief further notes that adolescents who currently use substances are nearly twice as likely to have had serious psychological distress in the past year as adolescents who do not currently use substances (46% and 27%, respectively), and 1.5 times as likely to have had moderate psychological distress in the past year as adolescents who do not currently use substances (21% and 13%, respectively). More than a quarter (26%) of adolescents have tried at least one substance, with alcohol (21%) being the most common, followed by marijuana/THC (11%), e-cigarettes (11%), and cigarettes (5%). Among all adolescents, 9% currently use one or more substances, most often marijuana/THC (6%), alcohol (binge drinking) (4%), or e-cigarettes (3%). Among adolescents who currently use substances, 44% reported using multiple substances. Overall, 10% of adolescents had seriously thought about or attempted suicide in the past year. Adolescents who had ever used substances (marijuana, alcohol, e-cigarettes, or cigarettes) were more than three times as likely to report suicidal thoughts and attempts as those who had never used substances (20% and 6%, respectively). Adolescents who currently use substances were nearly four times as likely to have seriously thought about or attempted suicide in the past year (28%) as those who do not use substances (8%).

4) *Related legislation.* AB 2343 (Patel) requires AOD programs and RTFs to participate in a public consumer protection platform designated or designed by DHCS, except for those contracted to provide Medi-Cal treatment services, or contracted with DHCS or a county to provide SUD services. *AB 2343 is set for hearing on June 24, 2026, in this Committee.*

5) *Prior legislation.* AB 1356 (Dixon, Chapter 189, Statutes of 2025) requires RTFs to submit, within 30 days of an incident involving the death of a resident, any relevant information that was not previously provided to DHCS in the initial report. AB 1356 requires DHCS to issue a deficiency if it identifies any violations of specified licensing provisions during its investigation of a resident's death.

6) *Support.* Orange County (OC) states it supports measures that bring more accountability to licensed RTFs in order to balance the need of those who seek recovery with the residents of

the communities where these facilities are or may be located. This bill aims to protect vulnerable populations and aligns with existing practices, as many treatment providers already address suicide risk when clinically appropriate. The bill would formalize and standardize these practices across providers, which will help ensure consistency and provide clearer guidance for staff. OC further argues that establishing a required suicide prevention plan may also build on existing approaches used in treatment settings, similar to relapse prevention and other risk mitigation strategies.

SUPPORT AND OPPOSITION:

Support: County Behavioral Health Directors Association
County of Orange
One individual

Oppose: None received

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