

CONCURRENCE IN SENATE AMENDMENTS

AB 2562 (Dixon)

As Amended August 6, 2026

Majority vote

SUMMARY

Requires a certified alcohol or other drug (AOD) program to include in its policies and procedures a suicide prevention plan. Requires licensed AOD recovery or treatment facilities (RTF) to develop a suicide prevention plan. Authorizes the State Department of Health Care Services (DHCS) to implement the requirement on RTFs by bulletin or all-county or all-provider letter, after stakeholder input, until regulations are promulgated. Requires DHCS to promulgate regulations to implement the requirement no later than January 1, 2031.

Senate Amendments

Address chaptering conflicts with the health budget trailer bill.

COMMENTS

Prevalence of Substance Use Disorder (SUD) in California. A 2024 publication from Health Management Associates and the California Health Care Foundation titled, "Substance Use Disorder in California — a Focused Landscape Analysis" reported that approximately 9% of Californians ages 12 years and older met the criteria for SUD in 2022. According to the report, the prevalence of SUD among individuals 12 years of age and older increased to 8.8% in 2022 from 8.1% in 2015. While the health care system is moving toward acknowledging SUD as a chronic illness, only 6% of Americans and 10% of Californians ages 12 and older with an SUD received treatment for their condition in 2021. More than 19,335 Californians ages 12 years and older died from the effects of alcohol from 2020 to 2021, and the total annual number of alcohol-related deaths increased by approximately 18% in the state from 2020 to 2021. Overdose deaths from both opioids and psychostimulants (such as amphetamines), are soaring. This issue, compounded by the increased availability of fentanyl, has resulted in a 10-fold increase in fentanyl related deaths between 2015 and 2019. According to the Overdose Prevention Initiative, 7,847 opioid-related overdose deaths occurred in California in 2023, and preliminary data shows 5,030 opioid-related overdose deaths in 2025.

Alcohol and Drug Treatment Facility Licensing. DHCS has sole authority to license RTFs in the state. Licensure is required when at least one of the following services is provided: detoxification; group sessions; individual sessions; educational sessions; or, alcoholism or other drug abuse recovery or treatment planning. Additionally, facilities may be subject to other types of permits, clearances, business taxes, or local fees that may be required by the cities or counties in which the facilities are located.

As part of their licensing function, DHCS conducts reviews of RTF operations every two years, or as necessary. DHCS's Substance Use Disorder Compliance Division checks for compliance with statute and regulations (Title 9, Chapter 5, California Code of Regulations) to ensure the health and safety of RTF residents and investigates all complaints related to RTFs, including deaths, complaints against staff, and allegations of operating without a license. DHCS has the authority to suspend or revoke a license for conduct in the operation of an RTF that is contrary to the health, morals, welfare, or safety of either an individual in, or receiving services from, the facility or to the people of the State of California.

AOD Program Certification. Prior to January 1, 2025, programs were permitted to seek certification from DHCS. Under AB 118 (Committee on Budget), Chapter 42, Statutes of 2023, certification is now a requirement for many AOD programs, with exceptions for various licensed facility types, schools, jails, and prisons. Programs were required to apply for certification no later than January 1, 2024. If DHCS finds evidence that a program is providing treatment, recovery, detoxification, or medication-assisted treatment services without a certification, DHCS must issue a written notice to the program stating that it is operating in violation of the law, and any person or entity found to be operating without certification may be subject to an assessment of civil penalties of two thousand (\$2,000) dollars per day and will be barred from applying for initial certification for a period of five years from the date of the violation notice.

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. The author notes a study done by the Massachusetts Department of Public Health finding that individuals diagnosed with SUDs are at increased risk of suicidal ideation. Up to 40% of those seeking SUD treatment have a suicide attempt history and a previous attempt is a key predictor of future suicide. The author contends that California regulations currently require some rehabilitative and developmental services to have suicide prevention plans. However, DHCS currently has no requirement for AOD programs and 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. The author concludes this bill would add a new level of care in the promotion of emotional, mental and physical health for individuals in treatment settings.

Arguments in Support

Capo Cares supports this bill stating that it seems obvious that a Suicide Prevention Plan is a basic safety measure that should be in place in licensed alcohol and drug treatment facilities. Too many lives have been lost unnecessarily in state licensed treatment homes. Capo Cares argues this is very basic and obvious step to take precautions against suicide in these facilities. The safety of vulnerable people and their families who are trusting our state licensed treatment centers to provide recovery should be paramount.

The County Behavioral Health Directors Association (CBHDA) supports this bill stating that patients or clients in SUD 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 substance use disorder treatment have a suicide attempt history. Importantly, a previous attempt is a key predictor of future suicide. CBHDA argues that this bill would bridge the gap currently existing in the California Code of Regulations amongst rehabilitative departments and in Health & Safety Code statutes.

Arguments in Opposition

None on file.

FISCAL COMMENTS

According to the Senate Appropriations Committee, pursuant to Senate Rule 28.8, negligible state costs.

VOTES:**ASM HEALTH: 16-0-0**

YES: Bonta, Chen, Addis, Aguiar-Curry, Ahrens, Caloza, Carrillo, Mark González, Johnson, Patel, Patterson, Rogers, Sanchez, Schiavo, Sharp-Collins, Stefani

ASM APPROPRIATIONS: 15-0-0

YES: Wicks, Hoover, Aguiar-Curry, Calderon, Caloza, Dixon, Fong, Mark González, Krell, Pacheco, Pellerin, Sharp-Collins, Solache, Ta, Tangipa

ASSEMBLY FLOOR: 74-0-6

YES: Addis, Aguiar-Curry, Ahrens, Alanis, Alvarez, Arambula, Ávila Farías, Bains, Bauer-Kahan, Bennett, Berman, Boerner, Bonta, Bryan, Calderon, Caloza, Carrillo, Castillo, Chen, Connolly, Davies, DeMaio, Dixon, Elhawary, Ellis, Flora, Fong, Gabriel, Gallagher, Garcia, Gipson, Jeff Gonzalez, Mark González, Hadwick, Haney, Harabedian, Hart, Hoover, Irwin, Johnson, Kalra, Krell, Lackey, Lowenthal, Macedo, McKinnor, Muratsuchi, Nguyen, Ortega, Pacheco, Papan, Patel, Patterson, Petrie-Norris, Ramos, Ransom, Michelle Rodriguez, Blanca Rubio, Sanchez, Schiavo, Schultz, Sharp-Collins, Solache, Soria, Stefani, Ta, Tangipa, Valencia, Wallis, Ward, Wicks, Wilson, Zbur, Rivas

ABS, ABST OR NV: Jackson, Lee, Pellerin, Quirk-Silva, Celeste Rodriguez, Rogers

UPDATED

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