



DATE: May 12, 2025

Behavioral Health Information Notice No: 25-019

TO: California Alliance of Child and Family Services  
California Association for Alcohol/Drug Educators  
California Association of Alcohol & Drug Program Executives, Inc.  
California Association of DUI Treatment Program  
California Association of Mental Health Peer Run Organizations  
California Association of Social Rehabilitation Agencies  
California Consortium of Addiction Programs and Professional  
California Council of Community Behavioral Health Agencies  
California Hospital Association  
California Opioid Maintenance Providers  
California State Association of Counties  
Coalition of Alcohol and Drug Associations  
County Behavioral Health Directors  
County Behavioral Health Directors Association of California  
County Drug & Alcohol Administrators

SUBJECT: Transgender, Gender Diverse, or Intersex Cultural Competency Training Program Requirements

PURPOSE: To notify all Mental Health Plans (MHPs) and Drug Medi-Cal Organized Delivery Systems (DMC-ODS) counties regarding the transgender, gender diverse, intersex (TGI) Cultural Competency Training program required by Senate Bill (SB) 923 (Chapter 822; Statutes of 2022) for the purpose of providing trans-inclusive health care to Medi-Cal members.

REFERENCE: Welfare and Institutions Code (W&I) Section 14197.09; Health and Safety Code, Section 150950; Title 9, California Code of Regulations, Section 1810.410; Department of Mental Health (DMH) Information Notices [10-02](#) and [10-17](#).

**BACKGROUND:**

Senate Bill (SB) 923 (Chapter 822; Statutes of 2022), known as the Transgender, Gender Diverse or Intersex Inclusive Care Act, added section 14197.09 to the W&I and mandated DHCS to require all of its MHP and DMC-ODS staff (hereafter referred to as Behavioral Health Plans (BHPs)), subcontractor, and downstream subcontractor staff who are in direct contact with members in the delivery of care or member services to complete evidence-based cultural competency training for the purpose of providing

trans-inclusive health care for individuals who identify as transgender, gender diverse, or TGI. Trans-inclusive health care means comprehensive health care that is consistent with the standards of care for individuals who identify as TGI, honors an individual's personal bodily autonomy, does not make assumptions about an individual's gender, accepts gender fluidity and nontraditional gender presentation, and treats everyone with compassion, understanding, and respect.<sup>1</sup> Additionally, SB 923 requires DHCS to track, monitor, and report complaints, impose sanctions for violations of the law, and publicly report this data alongside other complaint data.

This Behavioral Health Information Notice (BHIN) outlines the training curriculum requirements and quality standards, which are based on recommendations from the statutorily required working group convened by the California Health and Human Services Agency that met from April 2023 to February 2024. This working group consisted of representatives from the Department of Managed Healthcare, California Department of Insurance, DHCS, and the California Department of Public Health, as well as members from TGI-serving organizations, individuals who identify as TGI, and health care providers. This BHIN further specifies the submission of deliverables and compliance requirements for all BHPs.

## **POLICY:**

### **I. Evidence-Based Cultural Competency Training Requirements**

BHPs shall require all subcontractors, downstream subcontractors<sup>2</sup> (excluding network providers), and all its staff who are in direct contact with members whether oral, written, or otherwise in the delivery of care or member services, including providers directly employed by the BHP (staff working in county owned and operated facilities), to complete evidence-based cultural competency training for the purpose of providing trans-inclusive health care for individuals who identify as TGI. This training may be developed in conjunction with existing cultural competency training as outlined in the DMH Information Notice 10-02, DMH Information Notice 10-17, or any subsequent guidance. BHPs shall require that the training is completed by all staff at least every two years or more often if needed. Evidence-based training is a training and assessment method grounded in and supported by research demonstrating its success. BHPs should verify and review any research or data available that supports the efficacy or

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<sup>1</sup> 14197.09(a)(2)

<sup>2</sup> Subcontractors and downstream subcontractors do not include network providers. (42 C.F.R. § 438.2.) (For additional context, refer to MHP Contract (pages 129 and 131) and DMC-ODS Plan Contract (pages 171 and 180)). Subcontractor and downstream subcontractors refer to MHP Contract (pages 129 and 131) and DMC-ODS Plan Contract (pages 171 and 180).

success of the training program that is being considered. BHPs must complete the following:

1. The BHP must collaborate with a TGI-serving organization(s) meeting the criteria of H&S section 150900(f)(2) to develop a training curriculum and facilitate that training to ensure the trans-inclusive health care cultural competency training that is provided encompasses the topics and information recommended by the TGI Working Group recommendations<sup>3</sup>. The training must include all of the elements set forth in W&I Code Section 14197.09(a)(2). Refer to Attachment A of this BHIN for trans-inclusive health care cultural competency training curriculum requirements and topics.
2. The BHP must provide to DHCS a signed and dated attestation every two years on a BHP letterhead that all BHP staff, subcontractors, and downstream subcontractors in direct contact with members have completed evidence-based cultural competency training. The bi-annual, signed attestation must be submitted via email to [QAPIS@dhcs.ca.gov](mailto:QAPIS@dhcs.ca.gov).
3. The initial training must be completed no later than March 1, 2025. If BHP staff, subcontractors, and downstream subcontractors who are in direct contact with members have not completed the training by March 1, 2025, the BHP must email a timeline for completion to DHCS at [QAPIS@dhcs.ca.gov](mailto:QAPIS@dhcs.ca.gov).
4. The BHP's attestation must also provide that all newly hired BHP staff, subcontractors, and downstream subcontractors in direct contact with members will complete the trans-inclusive health care cultural competency training within 45 days of being hired and every two years thereafter.
5. BHPs must have a policy and/or procedures in place to track and report to DHCS when a grievance is made against a named individual(s) of a BHP or its subcontractors, downstream subcontractors, or staff for failure to provide trans-inclusive care. If a grievance is decided in the member's favor, the applicable individual(s) must complete the trans-inclusive health care cultural competency training again within 45 days from the grievance resolution and before having direct contact with members. For requirements on grievance monitoring and course reporting, see section III of this BHIN (below) titled "Grievance Monitoring and Reporting Requirements".<sup>4</sup>
6. BHPs shall submit all SB 923 training curricula and BHP, subcontractors, and downstream subcontractors' staff training information to DHCS within 90 calendar days from the publication of this BHIN via email at: [QAPIS@dhcs.ca.gov](mailto:QAPIS@dhcs.ca.gov).

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<sup>3</sup> [2024 Transgender, Gender Diverse, or Intersex Working Group Recommendation Report](#)

<sup>4</sup>14197.09(a)(5)

BHP TGI training instructions and implementation timelines are detailed in Attachment B of this BHIN.

## **II. Grievances Monitoring and Reporting Requirements**

BHPs must ensure that members are made aware of all their grievance and appeal rights, including their right to submit grievances to BHPs for failure to provide trans-inclusive health care as defined in W&I sections 14197.09(d)(5).

If a member submits a grievance against a BHP or its subcontractors, downstream subcontractors, or staff for failure to provide trans-inclusive health care, the BHP is required to report the grievance to DHCS quarterly. DHCS will use the quarterly grievance data reported to monitor and publicly report all gender-affirming care related grievances against BHP staff, subcontractors, and downstream subcontractors on the DHCS website as required by W&I Section 14197.09(b)(2).

BHPs are also required to submit additional information, as specified by DHCS, that verifies the grievance data reported to DHCS on a quarterly basis when the outcomes of the grievance reported are resolved in a member's favor. If the grievance is resolved in the member's favor, then the individual named in that grievance who is employed by the BHP, its subcontractors, or its downstream subcontractors must complete a refresher course by retaking the trans-inclusive health cultural competency training within 45 days of the resolution of the grievance and before they have direct contact with members again. BHPs are required to submit to DHCS verification of the completed refresher training quarterly. The report shall include, but is not limited to, the following:

- Total grievances filed for failure to provide trans-inclusive health care as defined within this BHIN
- Total grievances resolved in the member's favor
- Date the grievance was received
- Name of the individual, position title, affiliation with the BHP
- Completion date of the refresher training; and
- Any additional actions taken by the BHP to prevent future complaints.

BHPs should note that any pattern of repeated complaints against an individual, or multiple complaints against multiple individuals of a BHP or its subcontractors, or downstream subcontractors gives rise to a presumption that the BHP or its subcontractors, and downstream subcontractors are not providing adequate trans-inclusive care, as required. Such patterns and practices suggest that existing training is ineffective or that the working culture is hostile to trans-inclusive care and requires

further remediation, including, but not limited to staff training, staff discipline, and/or re-evaluation of the training curriculum.

The initial report shall be submitted no later than 10 business days after the end of the reporting period that covers July 1, 2025, through September 30, 2025. Subsequent filings should be submitted no later than 10 business days after the end of the quarterly reporting period. BHPs shall complete a separate report for each delivery system (i.e., one report for data from the SMHS program, and one report for data from the DMC-ODS program). See the following quarterly submission timeline:

Reporting Periods	BHP Grievance Data Submission due to DHCS
Quarter 1: July 1 – September 30	10 business days following the end of the reporting period.
Quarter 2: October 1 – December 31	
Quarter 3: January 1 – March 31	
Quarter 4: April 1 – June 30	

The reporting instructions and template will be provided to BHPs in an email correspondence shortly after this BHIN is released.

### III. Administrative Costs – Proposition 30 Reimbursement

Proposition 30 requires the state to reimburse counties 100% of the non-federal share for increased costs to implement realigned programs that result from new requirements the state imposed after September 30, 2012. To claim administrative costs associated with the implementation of this BHIN, please refer to the procedures contained in the BHINs below:

- MHPs: Use the forms as outlined in [BHIN 22-049](#).
- DMC-ODS Plans: Use the forms as outlined in [BHIN 23-004](#).

### IV. Compliance

BHPs are responsible for ensuring that their staff, subcontractors, and downstream subcontractors that provide or administer Specialty Mental Health or DMC-ODS services comply with all applicable state and federal laws and regulations, DHCS contract requirements, and other DHCS guidance, and are trained on the requirements set forth in this BHIN. A policy and/or procedure shall be updated to ensure compliance with the requirements outlined in this BHIN. Each BHP must communicate these requirements to all staff, subcontractors, and downstream subcontractors.

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Corrective action plans, administrative and/or monetary sanctions, or temporary withholding of funds for non-compliance may be imposed. For additional information regarding administrative and monetary sanctions, see BHIN 22-045 and any subsequent guidance on this topic.

If you have any questions regarding this BHIN, please contact [QAPIS@dhcs.ca.gov](mailto:QAPIS@dhcs.ca.gov).

Sincerely,

Original signed by

Michele Wong, Chief  
Behavioral Health Oversight and Monitoring Division

Attachments

### **Attachment A: Guidelines for Evidence-based Cultural Competency Training and Checklist**

The BHP must explain how it developed the curriculum and how the training is administered, including:

- Identifying the TGI-serving organization(s), or subject matter expert that facilitated the training.
- The bid, procurement, or selection process, if any, the BHP utilized to engage with TGI-serving organizations and select a TGI-serving organization qualified to facilitate the training.
- Any processes employed to verify and evaluate the experience of the TGI-serving organization to facilitate the training.
- The procedures for oversight and monitoring the BHP implemented to verify the training and performance of the TGI-service organization complied with the requirements of W&I 14197.09(a).
- A description of the training materials, including whether the training materials include written and/or electronic materials, and the manner in which the training is conducted, such as in-person, via video conferencing, or through on-demand video or other access.
- The BHP affirms it will maintain related policies and/or procedures that require BHP staff, subcontractors, and downstream subcontractors to retake the full course when a grievance is made against an employee for failure to provide trans-inclusive care, and a decision was made in favor of the member.
- The BHP will explain whether the BHP delegated compliance to a contracted entity. If so, identify the entity to whom the BHP delegated compliance, explain the scope of delegation, and identify the policy and/or procedures the BHP utilized to monitor and oversee performance of the delegated entity.

This tool was created for BHPs to use when developing TGI training curriculum components. BHPs are responsible for complying with all applicable state and federal laws, contract requirements, and BHINs.

<b>TGI Training Curriculum Requirements</b>		<b>Completed Y/N</b>
<b>Curriculum Components</b>		
1	Welcome/Introduction	
2	Introduction to Cultural Competency in Behavioral Health Care Coverage	
3	Effects of Historical, Contemporary, and Present-Day Exclusion, Microaggressions, and Oppression	
4	Effective Communication Across Gender Identities	
5	Trauma-Informed Approaches to Care Delivery	
6	Behavioral Health Inequities and Family/Community Acceptance	
7	Perspectives from Diverse Constituency Groups and TGI-Serving Organizations	
8	Personal Values and Professional Responsibilities	
9	Behavioral Health Plan Considerations for Gender-Affirming Care	
10	Ensure Culturally Competent Behavioral Health Care Services	
11	Collaborative Approaches to Enhance TGI Access to Care	
12	Continuous Quality Improvement	

<b>TGI Training Curriculum Requirements</b>		<b>Completed Y/N</b>
<b>Inclusion of real-life experiences and challenges of TGI individuals including:</b>		
1	Challenges with Accessing Behavioral Health Care Services	
2	Lack of Knowledge Among Behavioral Health Care Staff, including Plan staff	
3	Gaps in Data Collection	
4	Denials by Behavioral Health Plans – Gender Affirming Care	
5	Denials by Behavioral Health Plans - Interlapping Behavioral Health Care Problems	
6	Effects on Mental Health and/or Substance Use Conditions	
7	Privacy and Confidentiality Considerations including Minor Consent	
8	Positive Experiences with Behavioral Health Care Providers and Behavioral Health Plans.	
9	Intersectional Barriers	
<b>Sub-Population Considerations:</b>		
1	Intersex Individuals	
2	TGI Youth	
3	Elderly TGI Individuals	
4	Non-Binary Individuals	
5	Individuals with Physical Health Disabilities	
6	Individuals with Mental Health Disabilities and/or Substance Use Conditions	
7	Neurodivergent Individuals	
8	Guardians of TGI Individuals	
9	The Spectrum of Reproductive Health Care for TGI individuals	

The table below is included for BHPs to add components they identify as necessary and has opted to include in the curriculum.

<b>TGI Training Curriculum: BHP's Optional Components</b>		<b>Completed Y/N</b>

**Attachment B: Deliverable Submission Timelines**

BHPs develop and implement TGI training and complete training of all BHP staff, subcontractors, and downstream subcontractors.	March 1, 2025
BHPs submit TGI training curriculum to DHCS.	90 calendar days from the publication of this BHIN

- DHCS utilizes a standard review tool for assessing compliance with TGI training requirements. Refer to Attachment A of this BHIN for the TGI training curriculum review checklist.