

# Behavioral Health Transformation Public Listening Session

## Oversight and Monitoring and Early Intervention Evidence-Based Practices

Marlies Perez and Michele Wong  
*Department of Health Care Services*

# Housekeeping

- » **This event is being recorded:** Audio is now broadcasting.
- » **Audio is provided through your computer speakers or headphones:** Your line is automatically muted.
- » **If you have issues with your speakers and would like to connect by phone:** Click Join Audio under audio settings.
- » **Choose phone call tab:** Dial the desired phone number, and enter Meeting & Participant ID.
- » **Live Captioning is Available:** Click the CC Live Transcription button to show and hide captions during today's event.
- » **TECH SUPPORT:** Use the Q&A feature for tech support as well as questions/feedback.

# Public Listening Session Format

## For each topic, DHCS will:

1. Present the information specified in Oversight and Monitoring and Early Intervention Evidence-Based Practices.
2. Solicit stakeholder feedback via the prompt(s).

*Please note: DHCS is **gathering information** and will not be responding to questions during the public listening session. We will only offer points of clarification.*



# How to Provide Feedback

1. Type your feedback/comments in the Q&A box (click the icon located on your control panel). The chat is unavailable.
2. Send an email to [BHTinfo@dhcs.ca.gov](mailto:BHTinfo@dhcs.ca.gov) with the subject line "Public Listening Session." Feedback will be accepted through **August 7th, 2025**. Feedback received after this date will still be considered but not included in the summary document.



# Early Intervention Evidence-Based Practice (EBP) and Community-Defined Evidence Practice (CDEP) Biennial List

# Purpose of Biennial List

- » DHCS is required to develop a list of Early Intervention Evidence-Based Practice (EBP) and Community-Defined Evidence Practices (CDEPs), in consultation with the BHSEOAC, counties, and stakeholders. WIC Section 5840 (c)(1)
- » The Early Intervention EBP/CDEP list will be posted for public comment within Module 4 of the BHT Policy Manual.

# Early Intervention EBP/CDEP Requirements and Background

- » DHCS developed a list of early intervention EBPs and CDEPs that will be published biennially.
- » The EBP/CDEP list is a non-exhaustive, optional reference tool for counties and the only required EBP is a CSC-FEP program, beginning July 2026.
- » Some EBP/CDEPs on the list contain elements of population-based prevention, but they may still be funded with BHSA Behavioral Health Services and Support Early Intervention funds.
- » Counties can include other county-specific CDEPs and innovate and implement emerging and promising practices that are not included on the biennial list of EBPs and CDEPs provided by DHCS.

# Definitions of Evidence-Based Practices (EBPs) and Community-Defined Evidence Practices (CDEPs)

## **Evidence-Based Practices (EBPs)**

- » These programs and practices have been clinically reviewed and codified, meaning the practices have been manualized to ensure the fidelity of implementation in a variety of settings.
- » The list draws from EBP databases/clearinghouses such as [Substance Abuse and Mental Health Services Administration \(SAMHSA\) EBP Resource Center](#) and [California Evidence-based Clearinghouse for Child Welfare \(CEBC\)](#)\*

## **Community-Defined Evidence Practices (CDEPs)**

- » CDEPs are community-based behavioral health practices that have reached a strong level of support within specific communities.
- » The list draws from the [California Reducing Disparities Project](#) (CRDP), funded by CDPH, which has supported data collection and evaluation of 35 pilot CDEP programs.



# EBP and CDEP List Format

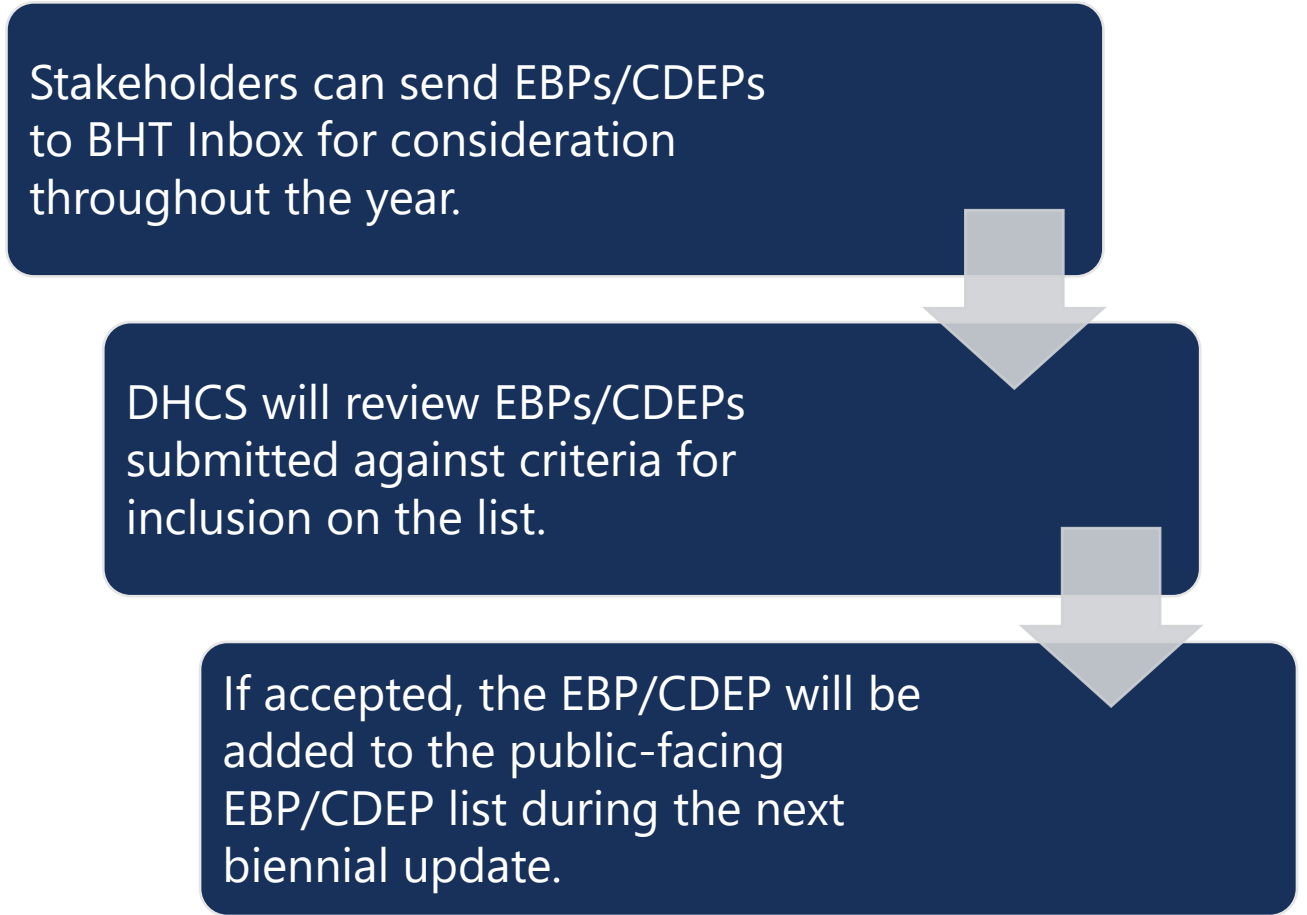
## Population Types

- Children and youth (25 and younger)
  - Family-centered
  - Adults and older adults (26 and older)
  - General
- » On the list, EBPs and CDEPs are listed together, to show equal value/importance of both types of practices.
  - » The list is organized by **population type** and includes EBPs/CDEPs that address mental health, substance use disorder, and co-occurring (MH and SUD) behavioral health conditions.
  - » The final published EBP/CDEP list will contain links to a training or other information for each EBP and CDEP to serve as a resource for counties interested in implementing an EBP or CDEP on the list.

# Process for Updating Biennial List

- » The EBP/CDEP list will be updated and published in the Policy Manual on a biennial basis – every two years.
- » The graphic on the right outlines a proposed process for stakeholders to request to add an EBP or CDEP to the biennial list.

Stakeholders can send EBPs/CDEPs to BHT Inbox for consideration throughout the year.



DHCS will review EBPs/CDEPs submitted against criteria for inclusion on the list.

If accepted, the EBP/CDEP will be added to the public-facing EBP/CDEP list during the next biennial update.

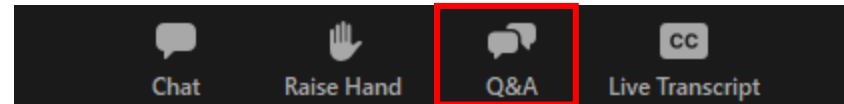
# Sources Referenced for EBP and CDEP List

» DHCS leveraged the following sources to identify EBPs and CDEPs:

- BH-CONNECT
- Children and Youth Behavioral Health Initiative's (CYBHI) EBPs and CDEPs grant program
- Family First Prevention Services Act
- Blueprints for Healthy Youth Programs
- The Athena Forum created by Washington State Health Care Authority
- CDPH's California Reducing Disparities Project
- Evidence-based Practices Resource Center developed by the Substance Abuse and Mental Health Services Administration
- The Cognitive-Behavioral Interventions for Substance Use curriculum designed by the University of Cincinnati
- California Evidence-Based Clearinghouse for Child Welfare
- The County of Los Angeles Department of Mental Health, Prevention and Early Intervention EBPs, Promising Practices, and CDEPs Resource Guide 2.0. created by the California Institute for Mental Health

# Feedback

(Please Use Q&A Feature)



1. Are there other sources, databases, or clearinghouses that DHCS should reference when updating the early intervention EBP/CDEP biennial list?

# County Oversight and Monitoring Approach

# Behavioral Health Services Act Oversight & Monitoring Module 4 Outline (1/2)

## **I. IP, AU, & BHOATR<sup>1</sup> Submission**

- » Key Oversight Policies for BHSA Reports, Building on Module 3

## **II. Compliance Reviews**

- » Review Preparation
  - Review Planning
  - Document Collection
- » Desk Review
- » Compliance Review
- » Post Review/Exit Process
- » Findings Report

<sup>1</sup>IP = Integrated Plan; AU = Annual Update; BHOATR = Behavioral Health Oversight and Transparency Report<sub>14</sub>

# Behavioral Health Services Act

## Oversight & Monitoring Module 4 Outline (2/2)

### **III. Enforcement**

- » Administrative Sanctions
  - CAPs
  - Required Revisions to IP/AU
- » Monetary Withholds and Sanctions
  - Temporary Withholds
  - Monetary Withholds
- » Specific Sanctions

### **IV. County Monitoring of BHSA Providers**

# DHCS Oversight of Behavioral Health Services Act (1/2)

Per the Behavioral Health Services Act (BHSA), these BHSA processes will align with existing processes for Medi-Cal Behavioral Health Delivery Systems, unless otherwise indicated

BHSA Oversight Policy Areas:	Policy Based On...
<b><u>Reports: Complete &amp; Timely Data</u></b> (IP, AU, BHOATR)	N/A
<b><u>Compliance Reviews</u></b>	<a href="#">BHIN 23-044</a>
<b><u>Enforcement: Administrative and Monetary Sanctions</u></b>	BHINs <a href="#">25-023</a> <a href="#">23-006</a> , <a href="#">23-044</a>

**DHCS has authority granted to implement BHSA oversight processes** (*WIC Section 5963.05(a) and 14197.7(r)*)



# DHCS Oversight of Behavioral Health Services Act (2/2)

Per the Behavioral Health Services Act (BHSA), these BHSA processes will align with existing processes for Medi-Cal Behavioral Health Delivery Systems, unless otherwise indicated

BHSA Oversight Policy Areas:	Statutory Authority for BHSA
<b><u>Reports: Complete &amp; Timely Data</u></b> (IP, AU, BHOATR)	<i>WIC Section 5963.02 and 5963.04</i>
<b><u>Compliance Reviews</u></b>	<i>WIC Section 5897(d) and 14197.7</i>
<b><u>Enforcement: Administrative and Monetary Sanctions</u></b>	<i>WIC Section 5897(e), 5963.04(e), and 14197.7</i>

**DHCS has authority granted to implement BHSA oversight processes** (*WIC Section 5963.05(a) and 14197.7(r)*)

# Behavioral Health Services Act Report Submissions

Ensuring Complete and Timely Data  
in the Integrated Plan (IP), Annual Update  
(AU), and Behavioral Health Oversight and  
Transparency Report (BHOATR)

# Behavioral Health Services Act Reports Overview of DHCS Oversight

**Key Oversight Policies for BHSA Reports** (IP, AU, BHOATR), as discussed in Module 3:

- » The BHSA online portal will **automatically check for incomplete or late** reports
- » **After reviewing counties' reports,**<sup>1</sup> DHCS may require:
  - **Corrections** for data that is inaccurate, incomplete, etc.
  - **Substantive revisions to the IP/AU** if a county fails to meet certain statutory requirements (*discussed on the next slide*)
- » If corrections or revisions are required, counties will have **15 calendar days** to submit updated reports
- » For **serious or persistent deficiencies** in reporting, DHCS may require a corrective action plan (CAP) or impose monetary sanctions (as with other types of county noncompliance)

<sup>1</sup> For the IP, AU, and BHOATR, DHCS aims to complete an initial review of all county submissions within 30 days.

# Behavioral Health Services Act Reports

## Required Revisions to the IP/AU (1/2)

### BHSA Policy

By statute, **DHCS may require the county to revise its IP/AU if:**

- » The submitted IP/AU fails to “**adequately address local needs;**” or
- » The county fails to “**make adequate progress**” in meeting performance metrics under BHSA, Medi-Cal, or SAMHSA grants<sup>1</sup>
  - DHCS may exercise this authority outside the standard IP/AU submission timeline, including after BHOATR submission

### Addressing Local Needs

When preparing the IP/AU, a county:

- » “Shall consider relevant data sources ... to guide addressing local needs”; and
- » “Should use the data to demonstrate how the plan appropriately allocates funding” between mental health and substance use disorder (SUD) treatment services.”<sup>2</sup>

<sup>1</sup>WIC Section 5963.04(e)(1) & (3). SAMHSA = Substance Abuse and Mental Health Services Administration.

<sup>2</sup>WIC Section 5963.02(b)(2). The statute specifies “relevant data sources” such as the prevalence of behavioral health disorders, the unmet need for behavioral health treatment in the county, behavioral health disparities, and the homelessness point-in-time count.

# Behavioral Health Services Act Reports

## Required Revisions to the IP/AU (2/2)

### BHSA Policy

By statute, **DHCS may require the county to revise its IP/AU if:**

- » The submitted IP/AU fails to “**adequately address local needs;**” or
- » The county fails to “**make adequate progress**” in meeting performance metrics under BHSA, Medi-Cal, or SAMHSA grants<sup>1</sup>
  - DHCS may exercise this authority outside the standard IP/AU submission timeline, including after BHOATR submission

### Performance Measures

As noted elsewhere, **DHCS’s “Phase 1” BHSA performance measures will not be used for enforcement purposes.** As DHCS develops “Phase 2” measures, DHCS will clarify how these measures will be used to inform enforcement activities.

<sup>1</sup>WIC Section 5963.04(e)(1) & (3). SAMHSA = Substance Abuse and Mental Health Services Administration. 21

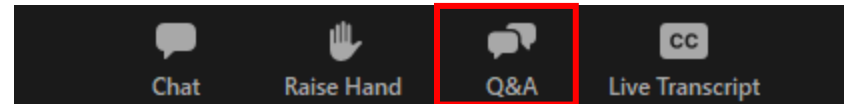
# Behavioral Health Services Act Reports

## County Self-Disclosures in the IP/AU

- » **In the IP/AU, counties have the option to self-disclose “implementation challenges or concerns”** with certain requirements under BHSA and other programs, including Realignment (1991 and 2011)
- » These self-disclosures do not require counties to confirm whether they are currently out of compliance
- » As with any other communication between counties and DHCS, IP self-disclosures may inform DHCS’s approach to technical assistance and oversight.
- » When deciding whether to impose sanctions for noncompliance, DHCS takes into account whether counties proactively disclosed compliance concerns (whether through the IP or other channels) and worked with DHCS in good faith to resolve them.

# Feedback

(Please Use Q&A Feature)



2. What feedback do you have on IP report content and submissions, and required revisions?

# Compliance Reviews





# Aligned Compliance Reviews Overview

As DHCS develops the BHSA compliance review process, DHCS is considering opportunities to align compliance reviews across all behavioral health programs

- » Aligning compliance review processes will support a future streamlined review. A streamlined review would encompass **BHSA, Medi-Cal, and SAMHSA<sup>1</sup> grants** (SUBG<sup>2</sup> and MHBG,<sup>3</sup> when applicable)
- » DHCS aims to **streamline the aligned compliance review process** by, for example:
  - Avoiding duplicative requests for pre-review document submissions
  - Aligning similar requirements across programs where feasible and streamlining the combined review
- » The BHSA Policy Manual will focus on BHSA-specific oversight processes but will include high-level language previewing future consolidation of county compliance reviews. DHCS will separately release information and conduct stakeholder engagement on aligning compliance reviews and reporting.

<sup>1</sup>SAMHSA = Substance Abuse Mental Health Services Administration; <sup>2</sup>SUBG = Substance Use Prevention, Treatment, and Recovery Services Block Grant; <sup>3</sup>MHBG = Community Mental Health Services Block Grant <sup>25</sup>

# Aligned Compliance Reviews

## Progress Toward Alignment

	Medi-Cal SMHS <sup>1</sup>	Medi-Cal SUD + SUBG	MHBG + MHSA <sup>2</sup>
<b>Current State:</b> <b>3 Reviews</b>	Triennial	Annual	Triennial
<b>Plans in Progress<sup>3</sup>:</b> <b>2 Reviews</b>	Moving toward <b>annual integrated Medi-Cal review</b> (SMHS + SUD), with <b>concurrent review for SUBG</b>		Triennial
<b>Future State:</b> <b>1 Review</b>	<b>Single annual review for all programs, incl. BHSA</b> <ul style="list-style-type: none"><li>» MHBG included if county is due that year</li><li>» For Medi-Cal and BHSA, counties receive an on-site review at least once every 3 years</li></ul>		

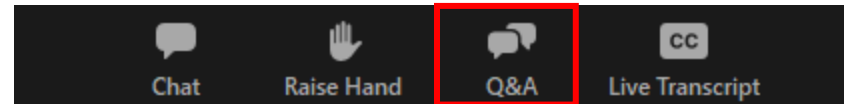
**DHCS will announce the effective dates for this alignment in future guidance.**

<sup>1</sup>SMHS = Specialty Mental Health Services; <sup>2</sup>MHSA = Mental Health Services Act

<sup>3</sup>Integrated, annual Medi-Cal reviews will begin the year after counties adopt integrated contracts under Behavioral Health Administrative Integration, to the DHCS extent resources allow. 17 counties voluntarily adopted integrated contracts effective January 1, 2025. The remaining counties will adopt integrated contracts effective January 1, 2027.

# Feedback

(Please Use Q&A Feature)

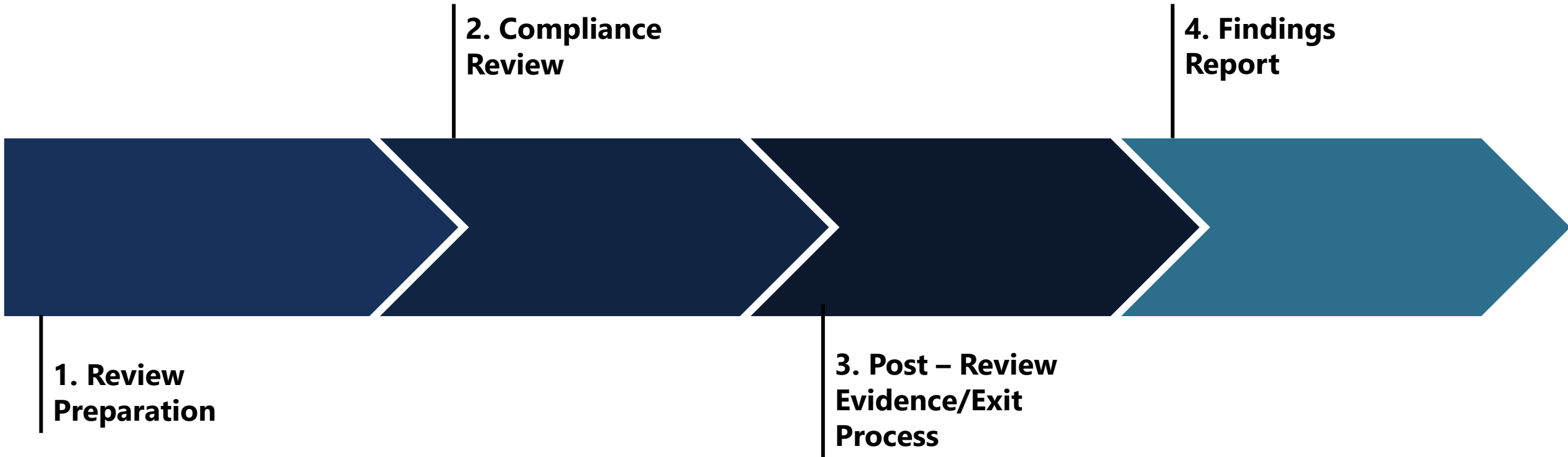


3. Are there other aspects of aligning county behavioral health compliance reviews DHCS should consider?

# Behavioral Health Services Act Compliance Review Process

# Behavioral Health Services Act Compliance Reviews Process Overview

**Unless otherwise noted, the BHSA review process will follow existing Medi-Cal practices under [BHIN 23-044](#).** Where possible, DHCS will align the timing of compliance reviews across behavioral health programs.



# Behavioral Health Services Act Compliance Reviews

## Topics Covered

**The BHSA compliance review may assess any program requirements** defined under the Performance Contract, the BHSA Policy Manual, and state laws and regulations, including:

- Allocation of Funds and Other BHSA Fiscal Policies
- Stakeholder Engagement
- Behavioral Health Services and Supports, Housing Interventions, and Full-Services Partnerships
- Coverage and Authorization of Services
- BHSA Provider Oversight, Workforce Strategy and Availability of Services<sup>1</sup>
- Program Integrity
- Reporting Requirements
- Administration

**A Note on EBPs.** DHCS compliance reviews will **not** focus on fidelity of Evidence Based Practices (EBPs), which will be assessed by Centers of Excellence (COEs).

<sup>1</sup>WIC Section 5963.02(c)(8)(A),(C),(D),(E),(F),(G),(I)

# Behavioral Health Services Act Compliance Reviews

## 1. Review Preparation

### A. Review Planning

DHCS identifies priority areas for each county based on:

- » Issues identified in county reports (i.e., the IP/AU and BHOATR)
- » The county's compliance history
- » DHCS's assessment of member impact and risk

### B. Document Collection

- » DHCS sends a Pre-Review Information Request and checklist
- » Counties submit required documentation

**C. Desk Review.** After reviewing the county's submissions and other data available to DHCS, DHCS determines:

- » Which **priority areas to focus on in the review**. In general, DHCS anticipates that all topics will be reviewed at least once every 3 years, but some critical topics may be reviewed more often.
- » Whether the review should be **virtual or on-site**. Each county will receive an on-site review at least once every 3 years.

# Behavioral Health Services Act Compliance Reviews

## 2. Compliance Review (Virtual or On-Site)

Current MHSA Process	Proposed BHSA Process	Processes Aligned?
<ul style="list-style-type: none"><li>» Review may include discussions with county staff/leadership and service providers</li><li>» Review may include program visits, chart documentation review, client meetings, and housing visits</li></ul>	<ul style="list-style-type: none"><li>» DHCS will <b>interview key county personnel</b></li><li>» <b>Review documentation</b>, which may include:<ul style="list-style-type: none"><li>• Requesting additional supporting documents</li><li>• Reviewing provider services in client charts</li></ul></li></ul>	<ul style="list-style-type: none"><li>» <b><u>New for BHSA:</u></b> <b>Reduction/Removal of:</b><ul style="list-style-type: none"><li>• Interviews with service providers</li><li>• Client meetings</li><li>• Program visits</li><li>• Housing visits</li></ul></li></ul>



# Behavioral Health Services Act Compliance Reviews

## 3. Post Review Evidence/Exit Process

- » **After DHCS shares draft review findings, counties have an opportunity to:**
  - ***Discuss*** the draft findings with DHCS
  - ***Express agreement or disagreement*** with DHCS' findings using a DHCS template
  - ***Submit additional comments or evidence*** responding to DHCS's findings
    - Deadline: 15 business days after receipt of the draft report
- » DHCS will respond to any post-review submissions and make any needed adjustments to the findings

# Behavioral Health Services Act Compliance Reviews

## 4. Findings Report

- » DHCS will provide a **written Findings Report** describing findings and any required corrective actions
- » **New for BHSA:** To the extent feasible, DHCS' Findings Reports will **emphasize common issues** across a county's behavioral health programs
  - E.g., similar types of access challenges, provider oversight issues, or documentation deficiencies across BHSA, Medi-Cal, and/or programs funded by SAMHSA grants

# Behavioral Health Services Act Enforcement

## Administrative and Monetary Sanctions

# Behavioral Health Services Act Enforcement

## Types of Sanctions

**If a county is out of compliance with BHSA requirements, DHCS may pursue enforcement actions such as:<sup>1</sup>**

<b>Administrative Sanctions</b>	<ul style="list-style-type: none"><li>» Corrective Action Plans (CAPs)</li><li>» Required Revisions to the IP/AU</li></ul>
<b>Monetary Withholds and Sanctions</b>	<ul style="list-style-type: none"><li>» Withholding % of BHSA Funds</li><li>» Monetary Sanctions</li></ul>





- » In general, DHCS expects to begin with administrative sanctions. For certain violations, DHCS will progress to monetary withholds and sanctions if necessary.<sup>2</sup>

<sup>1</sup>WIC Section 5897(e), 5963.04(e), and 14197.7. Requirements include those set forth in the Performance Contract and the BHSA Policy Manual.

<sup>2</sup>DHCS may require a CAP in conjunction with taking other enforcement actions, such as monetary sanctions.

# Behavioral Health Services Act Enforcement Administrative Sanctions

## Corrective Action Plans (CAP)

CAP Timeline (same as Medi-Cal)	Other Considerations
<ul style="list-style-type: none"><li>» Counties submit proposed CAPs within 60 calendar days of the Findings Report</li><li>» DHCS approves the CAP or requests modifications; DHCS publishes the approved CAP and underlying findings</li><li>» The county resolves CAPs within 90 calendar days of approval<sup>1</sup></li></ul>	<ul style="list-style-type: none"><li>» DHCS is in the discovery process to determine the best way to monitor county compliance holistically and eliminate duplicative enforcement actions across behavioral health programs, whenever possible</li></ul>

In the early years of BHSA implementation, DHCS expects to focus on training, technical assistance, and administrative enforcement mechanisms.

<sup>1</sup>BHIN 23-044, p. 6.

## Revisions to the IP/AU

As noted, prior DHCS may require the county to revise its IP/AU if the county fails to:

- » “Adequately address local needs”; or
- » “Make adequate progress” in meeting performance metrics under BHSA, Medi-Cal, or SAMHSA grants

Deadline: 15 calendar days after DHCS notice.

# Behavioral Health Services Act Enforcement Publishing Corrective Action Plans

## **Timing the Publication of Standalone Drug Medi-Cal Organized Delivery System (DMC-ODS) CAPs**

- » By statute, DHCS must **publish BHSA Findings Reports and CAPs**.<sup>1</sup>
- » For Medi-Cal:
  - DHCS currently publishes these documents for Specialty Mental Health Services (SMHS) but does not publish DMC/DMC-ODS CAPs.
  - **DHCS will publish integrated SMHS/DMC-ODS CAPs and SMHS/DMC CAPs once counties adopt integrated Medi-Cal behavioral health contracts** under CalAIM Behavioral Health Administrative Integration (effective statewide Jan. 1, 2027).

<sup>1</sup>WIC Section 5897(e)(2)

# Behavioral Health Services Act Enforcement

## Monetary Withholds and Sanctions

DHCS will generally begin with administrative sanctions (CAPs or IP/AU revisions) but will consider **monetary withholds and sanctions for serious or persistent deficiencies**.

State statute authorizes DHCS to **temporarily withhold BHSA funds<sup>1</sup> or impose monetary sanctions** if the county:<sup>2</sup>

- » Fails to follow IP stakeholder engagement requirements;
- » Fails to allocate BHSA funds in accordance with statutory requirements in WIC section 5892;
- » Fails to timely submit a compliant BHOATR; or
- » Spends BHSA funds in a manner that “significantly varies” from the budget submitted with the IP/AU (discussed on the next slide.)

<sup>1</sup>See Appendix for current MHSA temporary withhold process    <sup>2</sup>WIC Section 5963.04(e).

# Monetary Withholds and Sanctions

## Behavioral Health Services Act Processes (1/2)

	Offset Account	Maximum Amount
<b>Temporary Withhold</b>	Temporarily withheld payments shall be withheld from the <b>Behavioral Health Services Fund (BHSF)</b> . <sup>1</sup>	<ul style="list-style-type: none"><li>» The <b>amount DHCS deems necessary</b> to ensure the county comes into compliance.<sup>4</sup></li><li>» Proposing <b>DHCS not withhold more than 25%</b> of a county's monthly BHSF allocation.<sup>5</sup></li></ul>

### After Compliance Is Achieved

» **All** monetary penalties shall be returned to the county once the county comes into compliance.<sup>3</sup> **[For Medi-Cal BHPs, only withholds are returned to the county; funds from sanctions are redistributed to other counties.]**

<sup>1</sup> WIC Section 5963.04(e)(3)(A). For Medi-Cal Behavioral Health Plans (BHPs), DHCS may withhold from federal financial participation or the 1991/2011 Realignment funds

<sup>4</sup> WIC Section 5963.04(e)(3)(C).

<sup>5</sup> WIC Section 14197.7(g)(8).



# Monetary Withholds and Sanctions

## Behavioral Health Services Act Processes (2/2)

	Offset Account	Maximum Amount
<b>Monetary Sanctions</b>	<p>At DHCS option, monetary sanctions may be withheld from the <b>BHSF</b>.<sup>2</sup></p> <p>Monetary sanctions shall be deposited into the <b>BHSA Accountability Fund</b>.<sup>3</sup></p>	<p>» <b>Escalating maximum sanctions:</b><sup>6</sup></p> <ul style="list-style-type: none"> <li>• First violation: Up to \$25,000</li> <li>• Second violation: Up to \$50,000</li> <li>• Subsequent: Up to \$100,000</li> </ul> <p>» DHCS will <b>not offset more than 25%</b> of the monthly BHSF allocation to a county.<sup>7</sup> If DHCS can't collect the full sanction amount in a single month, DHCS shall continue to offset in subsequent months until the full amount has been collected.<sup>8</sup></p>

### After Compliance Is Achieved

- » **All** monetary penalties shall be returned to the county once the county comes into compliance.<sup>3</sup> **[For Medi-Cal BHPs, only withholds are returned to the county; funds from sanctions are redistributed to other counties.]**

<sup>2</sup> WIC Section 14197.7(n)(5)(A). For Medi-Cal BHPs, DHCS may offset sanctions against 1991/2011 Realignment funds.

<sup>3</sup> WIC Section 5963.04(e)(3)(B).

<sup>6</sup> WIC Section 14197.7(f)(1). These amounts may be assessed separately for each day the contractor fails to correct an identified deficiency and for each service recipient impacted

<sup>7</sup> WIC Section 14197.7(n)(5)(B). <sup>8</sup> WIC Section 14197.7(n)(5)(C).

# Monetary Withholds and Sanctions

## Factors in Determining Amount

**DHCS will consider factors such as the following** when deciding the appropriate amount of a monetary withhold or sanction:<sup>1</sup>

- » The **nature, scope, and gravity** of the violation
- » The **potential impact on clients**
- » The county's **history of MHSA/BHSA violations**, including unresolved CAPs
  - **New for BHSA:** The county's history of similar violations under other behavioral health programs
- » The county's **good or bad faith**, including county actions that:
  - Exacerbated or mitigated the violation
  - Facilitated DHCS investigation
  - Will prevent future violations
- » The county's **financial status**, including the sanction's impact on the county's ability to come into compliance
- » The type of enforcement action **necessary to deter similar violations** in the future

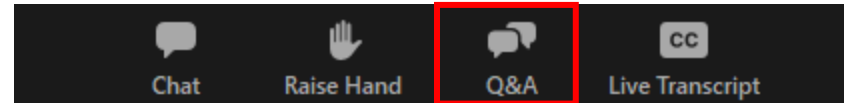
<sup>1</sup> WIC Section 5963.04(e), and 14197.7(g).

# Monetary Withholds and Sanctions Notice & Appeal Rights

(Same as Medi-Cal)	Withholding BHSA Funds		Monetary Sanctions
<b>DHCS Notice of Sanction</b>	<b>At least 30 calendar days</b> before sanction effective date. The notice will identify the sanction's effective date, duration, and rationale, as well as county appeal rights.		
<b>Deadline for County Request to Meet and Confer</b> with DHCS	<b>2 business days</b> following DHCS's notice		
<b>Deadline for County to File an Appeal</b> ; sanction is paused while appeal progresses	<b>30 calendar days</b> following DHCS notice	<b>15 calendar days</b> following DHCS notice	
<b>Administrative Appeal Procedures</b>	Health & Safety (H&S) Code 100171; WIC Section 14197.7(k)	H&S Code Section 100171	

# Feedback

(Please Use Q&A Feature)



4. Are there other areas within BHSA that DHCS should consider identifying specific sanctions?

# County Oversight of Behavioral Health Services Act Providers

# County Monitoring of BHSA Providers (1/2)

**In the IP, counties must describe how they will “conduct oversight of compliance of all federal and state laws and regulations of all contracted network providers<sup>1</sup>”**

As part of their BHSA provider monitoring processes, effective for SFY 2027-28, **counties must:**

- » Adopt a monitoring schedule **that includes periodic site visits;** and
- » **Preserve documentation** of monitoring reports, county-approved provider CAPs, and confirmations of CAP resolution, to demonstrate compliance with provider oversight requirements.

- **Reminder: Under BHSA Fiscal Policies, counties must ensure that most BHSA providers are enrolled** in Medi-Cal by July 1, 2027 (subject to certain exceptions).<sup>2</sup>
- Counties may simultaneously monitor providers for compliance with Medi-Cal and BHSA requirements, along with SUBG/MHBG.
- As under Medi-Cal, **counties may rely on BHSA reviews conducted by other counties.**

<sup>1</sup>WIC Section 5963.02(c)(8)(C) & (I). <sup>2</sup>BHSA Policy Manual section 6.C.2.1.

# County Monitoring of BHSA Providers (2/2)

**In the IP, counties must describe how they will “conduct oversight of compliance of all federal and state laws and regulations of all contracted network providers<sup>1</sup>”**

**DHCS’ recommendation:** Counties adopt the same provider monitoring schedule for BHSA as under the integrated Medi-Cal behavioral health contracts.

- » Monitor compliance at least **annually** for BHSA provider locations; and
- » Perform on-site monitoring at least once **every three years**.

**In the IP, counties can check a box adopting these policies** (for all BHSA providers, or just for those that participate in Medi-Cal). Alternatively, counties can describe their county-specific processes for BHSA provider monitoring.

- **Reminder: Under BHSA Fiscal Policies, counties must ensure that most BHSA providers are enrolled in Medi-Cal by July 1, 2027 (subject to certain exceptions).<sup>2</sup>**
- Counties may simultaneously monitor providers for compliance with Medi-Cal and BHSA requirements, along with SUBG/MHBG.
- As under Medi-Cal, **counties may rely on BHSA reviews conducted by other counties.**

<sup>1</sup>WIC Section 5963.02(c)(8)(C) & (I). <sup>2</sup>BHSA Policy Manual section 6.C.2.1.

# General Standards for BHSA Providers (1/2)

**In the IP, counties must describe how they will ensure a network of qualified, culturally competent providers that comply with nondiscrimination requirements.<sup>1</sup>**

**DHCS recommends that counties require BHSA providers to comply with the same standards as Medi-Cal providers** in the following areas, effective January 1, 2027:

- » Meet **minimum provider qualifications** for licensure, certification, training, experience, and credentialing, as applicable for the type of service<sup>2</sup>
- » Comply with **nondiscrimination requirements** in hiring and the delivery of services, including ensuring physical access, reasonable accommodations, and accessible equipment for people with disabilities
- » Provide services in a **culturally competent manner**

- Under state law, BHSA and Medi-Cal providers are already subject to many of the same standards on provider qualifications and nondiscrimination
- **Most BHSA providers should already be complying with Medi-Cal requirements.**  
As noted, most BHSA providers must be enrolled in Medi-Cal by July 1, 2027.
- **DHCS will develop template language for counties' BHSA provider contracts** citing to the applicable requirements.

<sup>1</sup>WIC Section 5963.02(c)(8)(D)-(G).

<sup>2</sup>This requirement focuses on minimum standards to provide BHSA-funded services, not standards specific to Medi-Cal.

<sup>3</sup>BHSA Policy Manual section 6.C.2.1.



# General Standards for BHSA Providers (2/2)

**In the IP, counties must describe how they will ensure a network of qualified, culturally competent providers that comply with nondiscrimination requirements.<sup>1</sup>**

**In the IP, counties can check a box adopting these policies** (for all BHSA providers, or just for those that participate in Medi-Cal). Alternatively, they can describe their county-specific approach for ensuring nondiscrimination and cultural competence.

- Under state law, BHSA and Medi-Cal providers are already subject to many of the same standards on provider qualifications and nondiscrimination
- **Most BHSA providers should already be complying with Medi-Cal requirements.**  
As noted, most BHSA providers must be enrolled in Medi-Cal by July 1, 2027.
- **DHCS will develop template language for counties' BHSA provider contracts** citing to the applicable requirements.

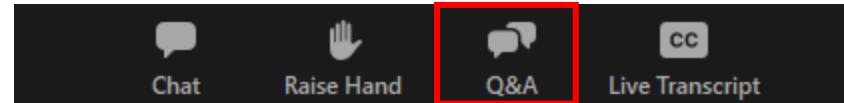
<sup>1</sup>WIC Section 5963.02(c)(8)(D)-(G).

<sup>2</sup>This requirement focuses on minimum standards to provide BHSA-funded services, not standards specific to Medi-Cal.

<sup>3</sup>BHSA Policy Manual section 6.C.2.1.

# Feedback

(Please Use Q&A Feature)



5. Are there additional standards for county monitoring of BHSA providers that DHCS should consider including in the proposed policy?

# Resources



## **Behavioral Health Transformation Website and Monthly Newsletter**

Explore the [Behavioral Health Transformation](#) website to discover additional information and access resources.

Please sign up on the DHCS [website](#) to receive monthly Behavioral Health Transformation updates.



## **Infographics and FAQs**

Explore our infographics and FAQs for additional insight in the Behavioral Health Transformation on the [Behavioral Health Transformation website](#), along with this public listening recordings, once available.



## **Questions and Feedback**

Please send any other questions or feedback about Behavioral Health Transformation to [BHTInfo@dhcs.ca.gov](mailto:BHTInfo@dhcs.ca.gov).

# Thank You

For More Information  
[BHTinfo@dhcs.ca.gov](mailto:BHTinfo@dhcs.ca.gov)