

Stakeholder Advisory Committee & Behavioral Health Stakeholder Advisory Committee Meeting

Wednesday, May 20, 2026

9:30 a.m. to 3 p.m. PDT

Hybrid Meeting Tips



» Please use a computer or a phone for audio connection.



» Please mute your line when you're not speaking.



» Members are encouraged to turn on their cameras.



» Registered attendees can make oral comments during the public comment period.



» For questions or comments, please email [**SACinquiries@dhcs.ca.gov**](mailto:SACinquiries@dhcs.ca.gov).

Welcome and Roll Call

Director's Update

2026-27 May Revision Update



Governor's May Revision Budget Proposal

- » The Governor's proposed May Revision budget includes \$334.2 billion total funds for all health and human services programs.
- » For DHCS, the proposal includes **\$223.2 billion total funds for DHCS** and **4,749.5 positions**.
 - Of this amount, \$1.4 billion is state operations (DHCS operations), while \$221.8 billion is local assistance (funding for program costs, partners and administration).
- » The proposed budget continues to support the Department's purpose to provide equitable access to quality health care.

May Revision: Major Budget Issues and Proposals

- » Managed Care Organization (MCO) Tax
- » H.R. 1 of 2025:
 - Work and Community Engagement Requirements
 - Federal Medical Assistance Percentage for Emergency Services
 - Restrictions on Immigrant Eligibility
 - Affordable Care Act Adult Expansion Six-Month Redeterminations
 - Reduce Retroactive Medi-Cal Timeframes
 - County Medi-Cal Administration
- » Transition of Unsatisfactory Immigration Status (UIS) Members to Fee-For-Service
- » Hospital Quality Assurance Fee
- » Medi-Cal Efficiencies

[DHCS FY 2026-27 May Revise Highlights](#)

May Revision: Major Budget Issues and Proposals

» General Fund Solutions:

- Increase Monthly Premium for Adults with Unsatisfactory Immigration Status (Aged 19–59) from \$30 to \$50
- Medi-Cal Asset Test Limits
- Enhanced Care Management
- Community Supports
- Cap Program of All-Inclusive Care for the Elderly Rates (PACE)
- Medical Loss Ratio Remittances
- Eliminate Optional Adult Acupuncture Benefit

» Trailer Bill Language

[DHCS FY 2026-27 May Revise Highlights](#)

Additional Information and Resources



- » DHCS Website - [**Governor's Budget Documents 2026-27.**](#)
- » Statewide Budget Website – [**ebudget.ca.gov.**](http://ebudget.ca.gov)
- » Department of Finance Website - [**https://dof.ca.gov/.**](https://dof.ca.gov/)
 - Budget Change Proposals - [**Governor's Budget BCPs.**](#)
 - Trailer Bill Language - [**DHCS Trailer Bill Language.**](#)

Questions?



DHCS' Comprehensive Quality & Health Equity Strategy: Challenges and Opportunities in an Evolving Era

Palav Babaria, Deputy Director, Chief Quality and Medical Officer,
Quality and Population Health Management

Rafael Davtian, Deputy Director, Health Care Financing

Alek Klimek, Assistant Deputy Director, Health Care Financing

DHCS' 2025 Comprehensive Quality Strategy



Maintaining the Vision



Quality Strategy Goals

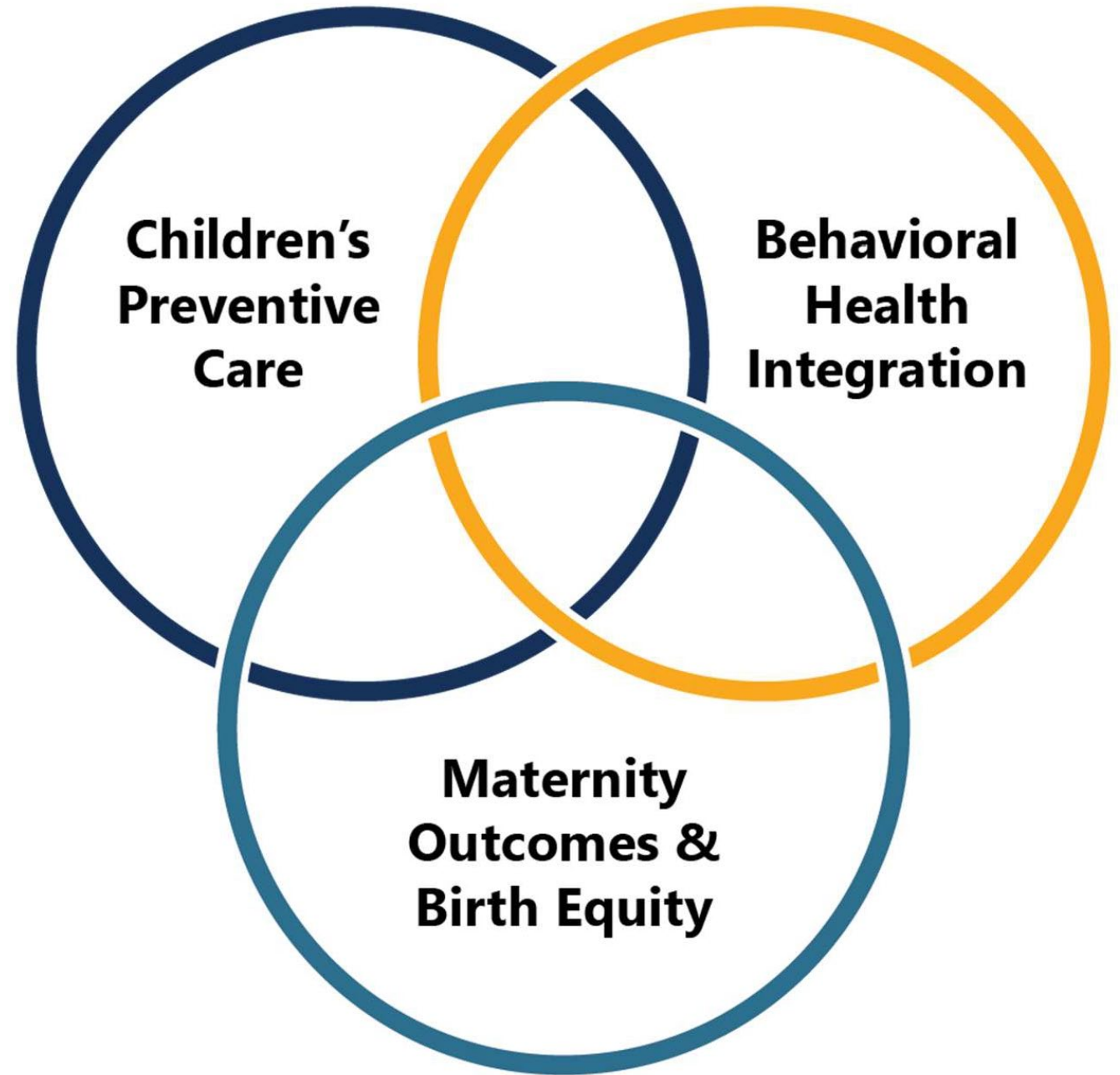
- » Engaging members as owners of their own care.
- » Keeping families and communities healthy via prevention.
- » Providing early interventions for rising risk and patient-centered chronic disease management.
- » Providing whole person care for high-risk populations, addressing social drivers of health.



Quality Strategy Guiding Principles

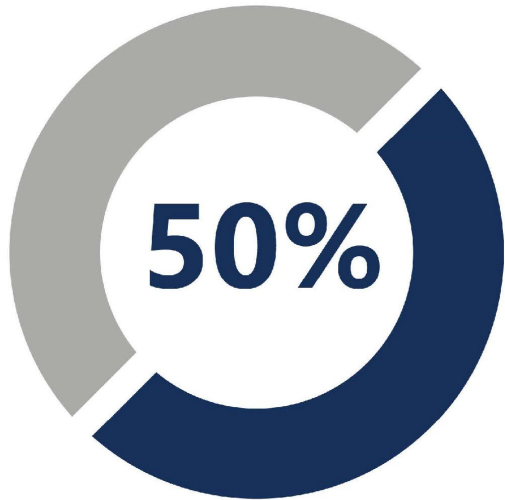
- » Eliminating health disparities through anti-racism and community-based partnerships.
- » Data-driven improvements that address the whole person.
- » Transparency, accountability, and member involvement.

Maintaining Our Priority Populations







Achieving the Bold Goals

BOLD GOALS: 50x2025



STATE LEVEL

-  Close racial/ethnic disparities in well-child visits and immunizations by 50%
-  Close maternity care disparity for Black and Native American persons by 50%
-  Improve maternal and adolescent depression screening by 50%
-  Improve follow up for mental health and substance use disorder by 50%



Ensure all MCPs exceed the 50th percentile for all children's preventive care measures

Status
On Track for Measurement Year (MY) 2025
On Track for MY 2025
On Track for MY 2025
At risk (data issues)
At risk (but improved)

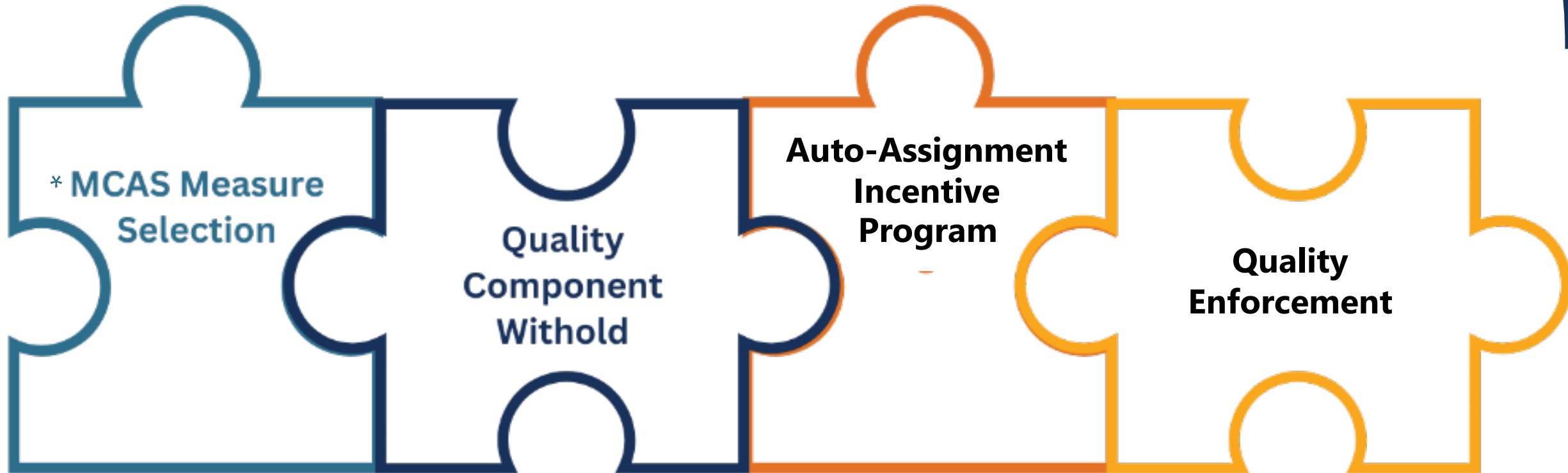
Continued Commitment to Health Equity



- » Managed Care/Fee-for-Service (FFS) (including California Children's Services (CCS))
- » Dental
- » Behavioral Health
- » School-Based Services
- » Home and Community-Based Services (HCBS)/1915c Delivery System
- » California Advancing and Innovating Medi-Cal (CalAIM) and Quality Strategy
- » Alignment with Public Health

Our Strategic Framework

Managed Care Advancing Quality and
Equity Portfolio



**Managed Care Accountability Sets (MCAS)*

Accomplishments

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Improved Community Involvement in DHCS Initiatives

Since 2022, DHCS has launched multiple venues by which it engages with, listens to, and centers member voices in its quality and health equity work. These include, but are not limited to:

- » [Health Equity Roadmap](#)
- » [Medi-Cal Member Advisory Group](#)
- » [Birthing Care Pathway](#)
- » Virtual Member Feedback Forums
- » Coverage Ambassadors
- » Ethnic Media Campaign
- » [Voices and Vision Council](#)

Improved Public Transparency

Since 2021, DHCS, with key partners, has been steadily improving the amount and timeliness of publicly available data across key Medi-Cal Transformation initiatives to support improved transparency and accountability and enable local implementers to use data for action.

Public dashboards include, but are not limited to:

- » [Medi-Cal Transformation](#)
- » [Managed Care Performance](#)
- » [Population Health Management](#)
- » [Medi-Cal Enrollment Trends](#)
- » [Pediatric](#)
- » [Behavioral Health](#)
- » [MCAS and Behavioral Health Accountability Sets \(BHAS\)](#)

Additional dashboards and further details are available on DHCS' [Dashboard Initiative Website](#).

Improved Accountability

» MCAS/BHAS Measure Selection

- MCAS: Focus on children's preventive, maternity, and behavioral health measures.
- BHAS: First set of quality measures for accountability for Behavioral Health Plans (BHP).

» Quality Withhold and Incentive Program

- Launched in 2024 with a 0.5% capitated rates withhold.
- Increased to a 1% capitated rates withhold in 2025.

» Auto-Assignment Incentive Program

- Focused only on quality measures starting in 2024.
- Revised methodology based on Value-Based Payment (VBP) best practices in 2025.

» Enforcement All Plan Letter (APL) 23-012 with specific formula for sanctions calculations with Healthy Places Index (HPI) adjustment.

» MCP Quality Sanctions levied for MY 2021, 2022, 2023 and 2024.

» Quality Measures & Improvement Behavioral Health Information Notice (BHIN) 24-004 with BHP Corrective Action Plans (CAP) issued for MY 2024 and quality sanctions planned for future years.

New Communities of Practice



- » MCP-DHCS Quality & Health Equity Think Tank.
- » Quarterly joint Chief Medical Officer (CMO)-Chief Health Equity Officer (CHEO) meetings.
- » Quarterly Behavioral Health Directors meetings.
- » Institute for Healthcare Improvement Children's and Behavioral Health learning collaboratives.
- » Centers for Medicare & Medicaid Services (CMS) learning collaboratives.

Birthing Care Pathway Implementation

Track the first year of progress on the implementation of the 42 policies.



The navigation bar features the DHCS logo on the left, followed by social media icons for California, Home, Facebook, LinkedIn, and Instagram. On the right, there are links for Home, About DHCS, and Translate. Below this is a secondary navigation bar with icons and labels for Services, Individuals, Providers & Partners, Laws & Regulations, Data & Statistics, Forms & Publications, and Search.

Birthing Care Pathway Policy Updates

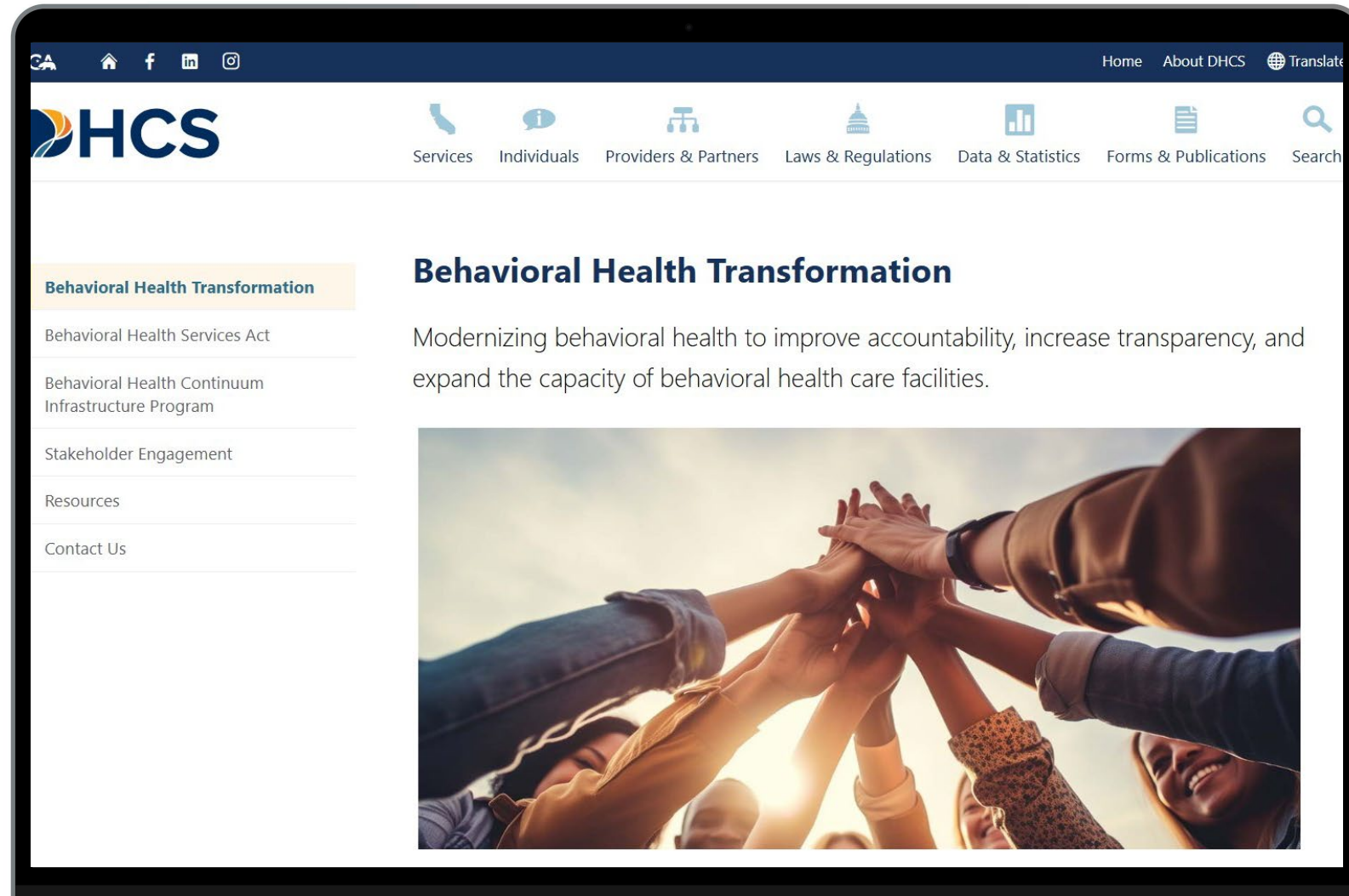
This page details the ongoing status and completion of the 42 policies outlined in the Birthing Care Pathway. By completing the outlined policy solutions, DHCS advances the ability to address the physical, behavioral, and health-related social needs of pregnant and postpartum members. DHCS has successfully had State Plan Amendments (SPAs) approved, released All County Letters and Behavioral Health Information Notices, and released guidance for MCPs via the Population Health Management (PHM) and the Enhanced Care Management (ECM) Policy Guides. We have also updated websites, held webinars, and released support documents for both members and providers to improve access to care and provider administrative burden. DHCS has additionally collaborated with state agency partners, such as the California Department of Public Health (CDPH), the California Department of Social Services (CDSS), the Office of the Surgeon General (OSG), and the California Maternal Quality Care Collaborative (CMQCC) to create state-level Strategic Plans, soon-to-be-released joint guidance for home visiting for pregnant and postpartum members, and Learning Collaboratives for MCP policy implementation. One year after the release of the Birthing Care Pathway Report, a total of 28 policies have been completed, while 14 remain in progress.

Policies DHCS Has Implemented/Is Implementing for the Birthing Care Pathway

A. Provider Access and MCP Monitoring and Oversight

Policy Solution	Status	Ongoing Work Update or Completion Date(s) & Product(s)
1. Leverage CalHealthCares education loan repayment program to build pipeline and increase diversity of obstetrician/gynecologist (OB/GYN) and family medicine workforce.	In Progress	<ul style="list-style-type: none">Additional cohorts in the CalHealthCares Loan Repayment Program are contingent on budget appropriations. None are planned at this time.

Developing a Population Health Approach to Behavioral Health Quality & Equity



The screenshot displays the DHCS website interface. At the top, there is a navigation bar with social media icons (Facebook, LinkedIn, Instagram) and links for Home, About DHCS, and Translate. Below this is a secondary navigation bar with icons and text for Services, Individuals, Providers & Partners, Laws & Regulations, Data & Statistics, Forms & Publications, and Search. The main content area features a sidebar on the left with a highlighted section for Behavioral Health Transformation, containing links to Behavioral Health Services Act, Behavioral Health Continuum Infrastructure Program, Stakeholder Engagement, Resources, and Contact Us. The main content area has a heading for Behavioral Health Transformation, followed by a paragraph describing the goal of modernizing behavioral health to improve accountability, increase transparency, and expand the capacity of behavioral health care facilities. Below the text is a photograph of a diverse group of people with their hands raised and stacked in a circle, symbolizing teamwork and community support.

Behavioral Health Transformation

Behavioral Health Services Act

Behavioral Health Continuum Infrastructure Program


Stakeholder Engagement

Resources

Contact Us

Behavioral Health Transformation

Modernizing behavioral health to improve accountability, increase transparency, and expand the capacity of behavioral health care facilities.



Statewide Behavioral Health Goals

Planning and progress on these goals will require coordination across multiple service delivery systems.

Goals for Improvement

- » Care experience
- » Access to care
- » Prevention and treatment of co-occurring physical health conditions
- » Quality of life
- » Social connection
- » Engagement in school
- » Engagement in work

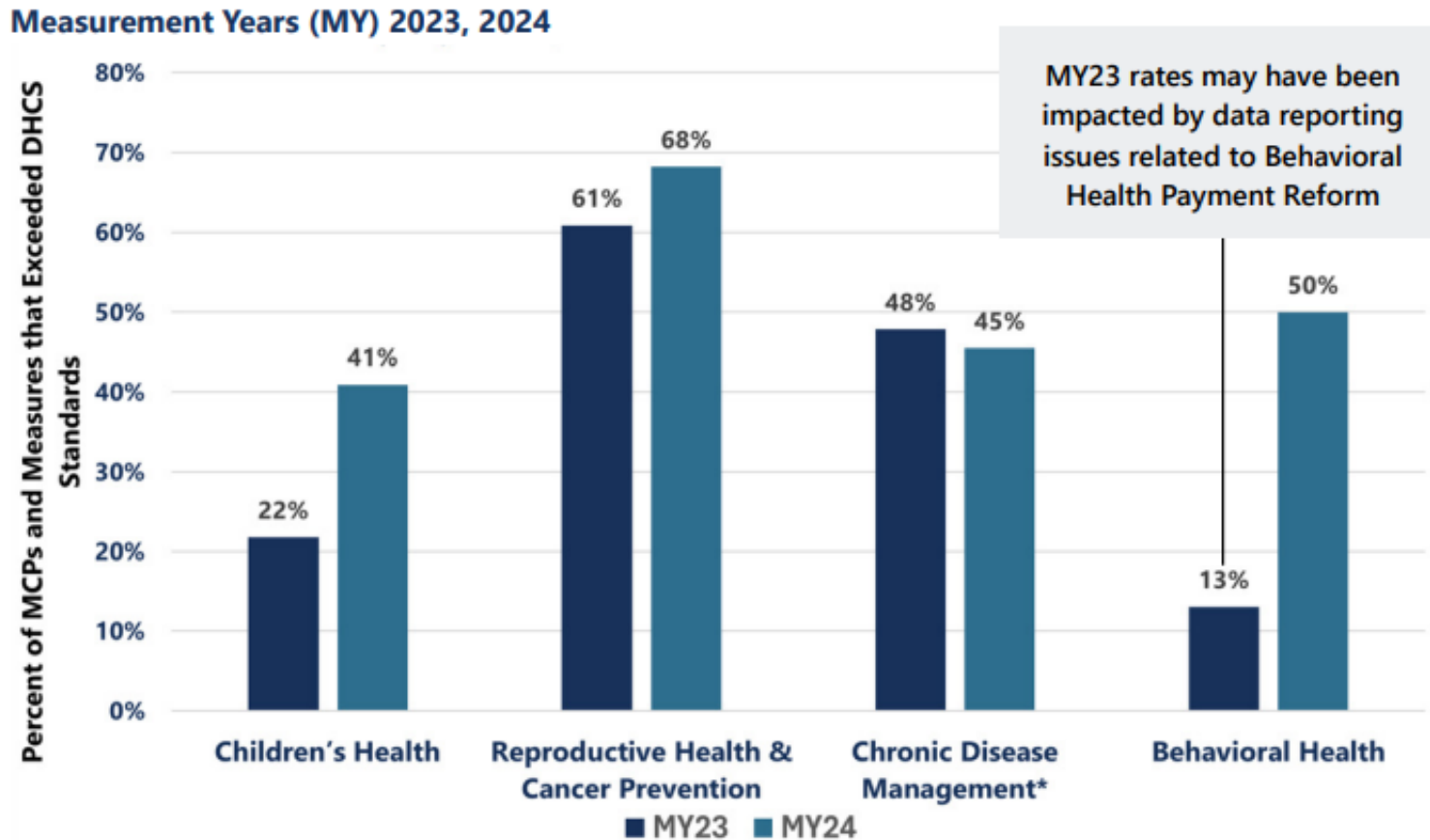
Goals for Reduction

- » Suicides
- » Overdoses
- » Untreated behavioral health conditions
- » Institutionalization
- » Homelessness
- » Justice-involvement
- » Removal of children from home

Health equity will be incorporated across each of these goals.

Additional information on the statewide behavioral health goals is available in the [Behavioral Health Services Act \(BHSA\) Policy Manual](#).

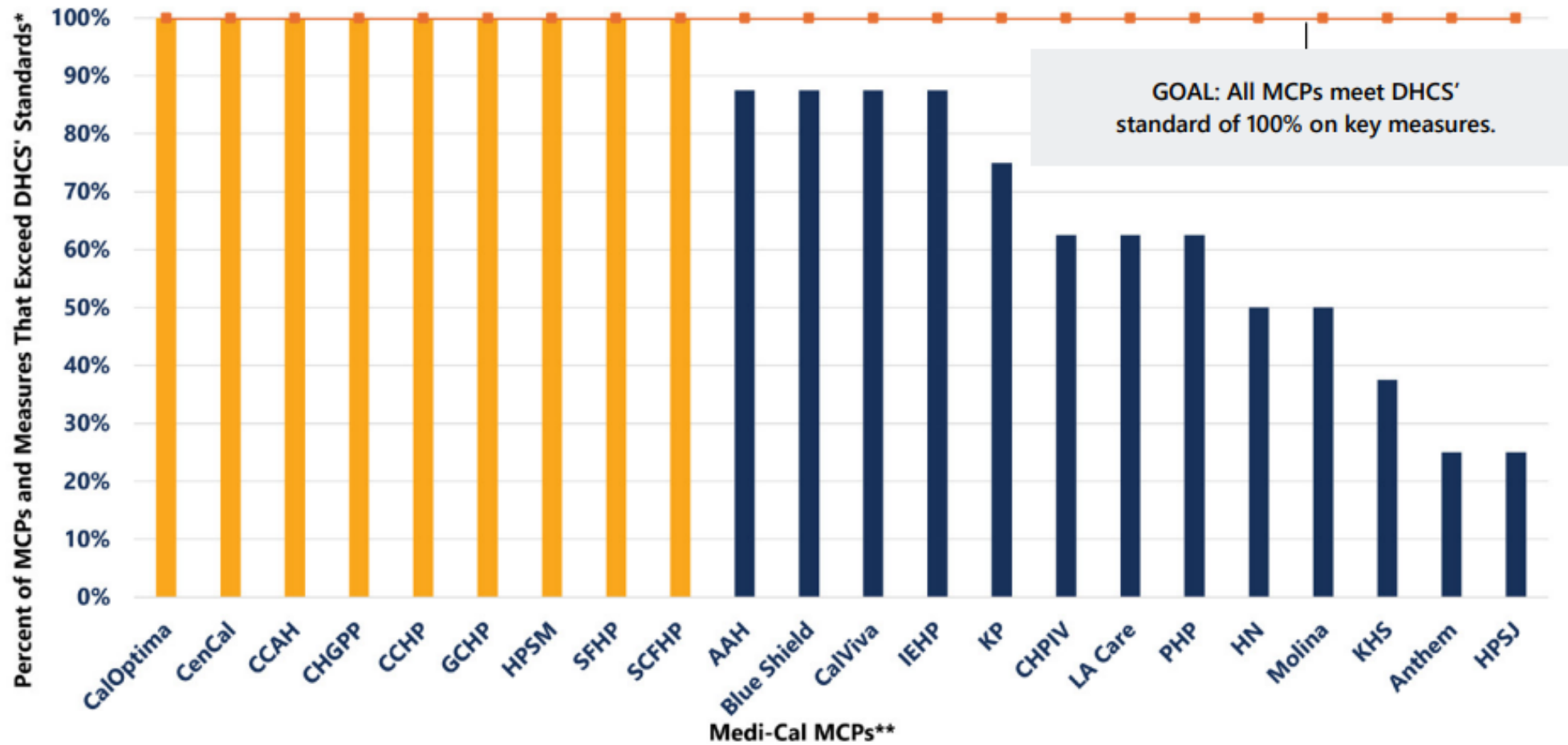
Measurable Improvements in Quality Outcomes



*Decreased performance in the AMR (Asthma Medication Ratio) measure, especially among children, was a main factor in the decrease in overall quality for Chronic Disease Management.

Measure Improvements in Children's Preventive Health

Figure 2: Children's Health Quality



*DHCS' standard is based on national averages or median benchmarks for Medicaid plans.

Catalysts for Quality and Equity in an Evolving Era



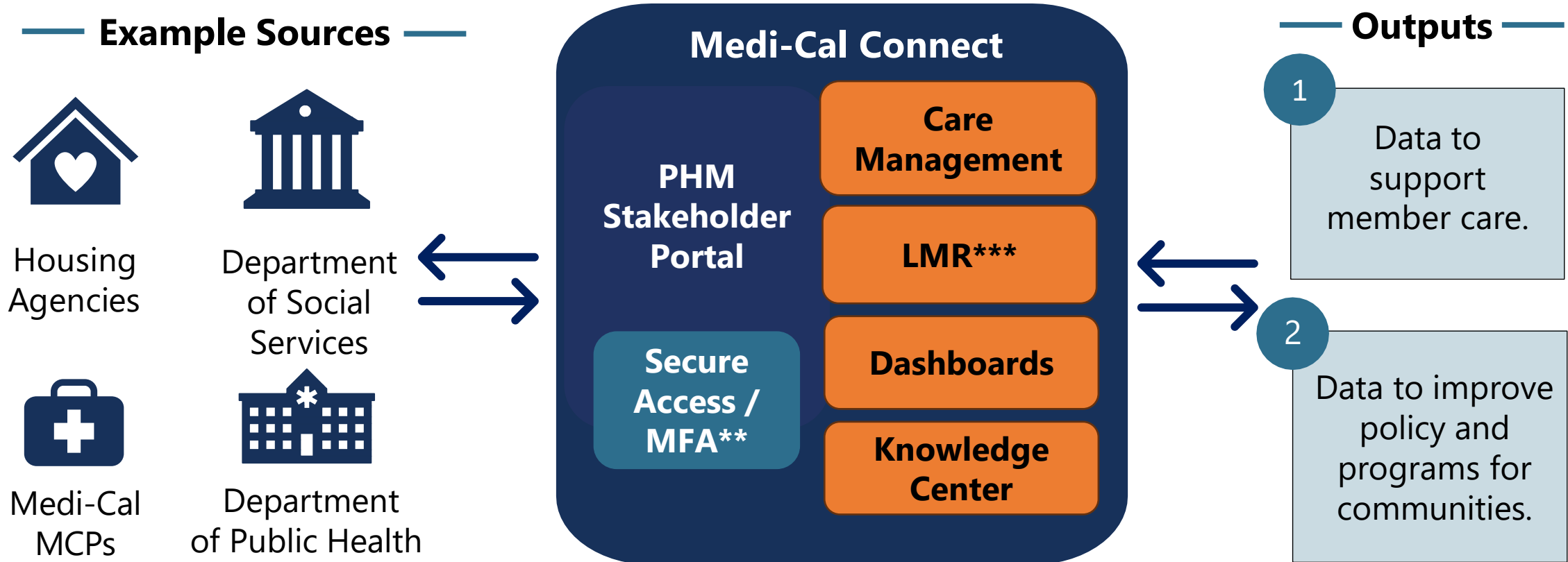
Data Exchange as a Catalyst



- » BHP & MCP Memorandums of Understanding (MOU)
- » Real-Time Data Exchange
 - [BHIN 26-013](#)
 - [APL 26-004](#)
- » Interoperability requirements
- » Data Exchange Framework requirements
- » Medi-Cal Connect

Accelerating Transformation with Medi-Cal Connect

Medi-Cal Connect will aggregate health and social information from many sources to support members and communities.



**Medi-Cal Connect provides identity and consent management capabilities through the Population Health Management (PHM) Stakeholder Portal.*

***Multifactor Authentication (MFA)*

****Longitudinal Member Record (LMR)*

Medi-Cal Connect Timeline

Q3 2024
Release 1
Limited DHCS users

Q3 2025
Release 3
Medi-Cal MCPs

Q2 2026
Release 5
**Behavioral Health Transformation/
BH-CONNECT**

2024

2025

2026

Jan. 22, 2024
Updated PHM
Policy Guide
published

Q1 2025
Release 2
**Wider audience
of DHCS users**

Q4 2025
Release 4
**County Behavioral
Health Plans**

Q1 2027
Release 6
**Health Care
Delivery
Partners /
Tribes and
Tribal
Partners**

Community Engagement as a Catalyst



- » Required MOUs for MCPs with community entities.
- » Community Advisory Councils for MCPs.
- » Joint community planning for Community Health Assessments (CHA)/Community Health Improvement Plans (CHIP)/Population Needs Assessment (PNA).
- » Joint investment planning for Community Reinvestment and BHTA funding.

Continued Commitment to Value-Based Payment

2021/2022

- » Incentive Programs
- » (e.g. Quality Incentive Pool (QIP), Vaccine Incentives, Behavioral Health Quality Improvement Program (BHQIP), CalAIM Enhanced Care Management (ECM)/In Lieu of Services (ILOS))

2023/2024

- » Rate adjustment with Quality & Health Equity outcomes (Quality Withhold Incentive Program)
- » Revised Auto-Assignment incentive program
- » Equity & Practice Transformation Payments
- » Federally Qualified Health Centers Alternative Payment Methodology (FQHC APM)
- » Skilled Nursing Facility Workforce and Quality Incentive Program (SNF WQIP)
- » Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Incentive Programs

2025 and Beyond

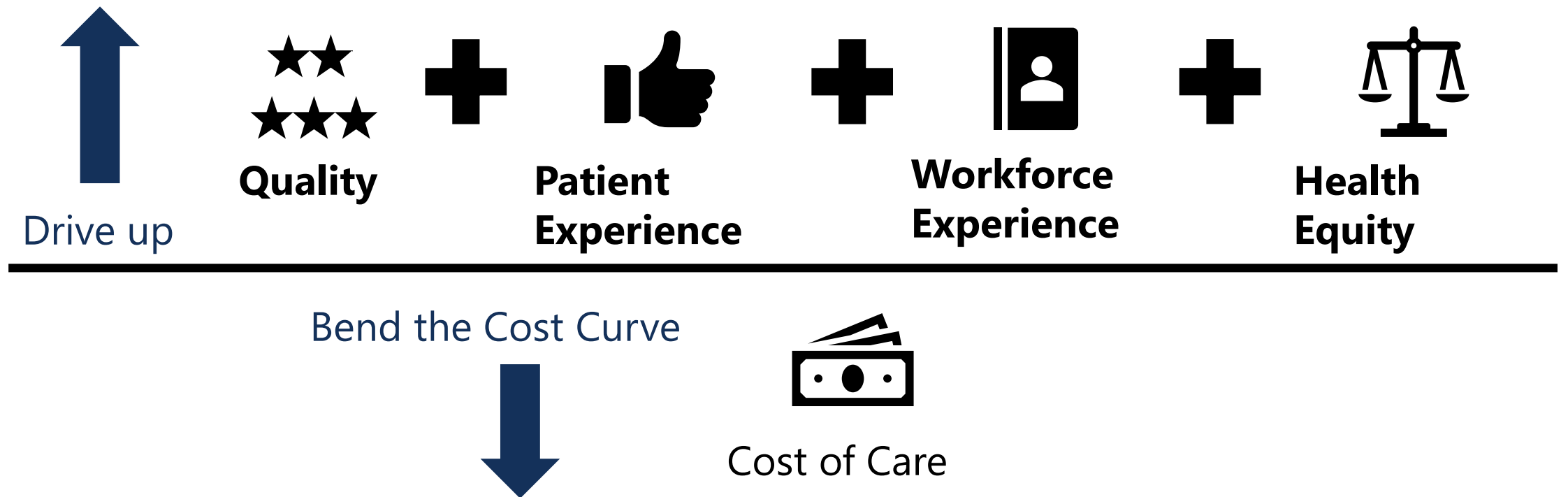
- » Primary Care Spending Targets
- » Alternate Payment Methodology (APM) Contract Targets
- » State Directed Payments (SDP) Redesign
- » Hospital Value Strategy
- » SNF Value Strategy

DHCS' Value-Based Purchasing Strategy



Value: Conceptual Equation for "Quintuple Aim"

Each of these components of the value equation can be measured by Key Performance Indicators (KPI).



Rebalancing Health Care Spend: The Need for Primary Care Transformation



Why Primary Care Spending Needs to Increase

- » Robust primary care is linked to **lower mortality, improved outcomes, and lower total health care costs.**
- » U.S. spending (4–7%) **lags high-performing nations** (12–15%); data from California show low levels for many MCPs (5%-19%).
- » **Underinvestment leads to multiple issues:** fragmented services, higher emergency department (ED) use, and preventable hospitalizations.
- » **Annual improvement in spending is needed** to bring California closer to international norms and best practices.

1. <https://www.milbank.org/publications/investing-in-primary-care-the-missing-strategy-in-americas-fight-against-chronic-disease>
2. <https://www.graham-center.org/content/dam/rgc/documents/publications-reports/reports/Investing-Primary-Care-State-Level-PCMH-Report.pdf>
3. <https://www.chcf.org/wp-content/uploads/2022/07/InvestingPrimaryCareMMC.pdf>

Why Alternative Payment Model (APM) Adoption Matters

- » APMs **align providers' financial incentives and accountability** with quality, outcomes, and patient experience rather than high volume
- » **APMs:**
 - Encourage **proactive, team-based care** rather than reactive, visit-based models.
 - Allow providers to **share in financial gains** when they deliver high-value care.
 - Support **investment in care coordination, data infrastructure, and member engagement.**

Primary Care Access and Engagement: Existing Key Policies

- » Managed Care Advancing Quality & Health Equity Portfolio
 - Most MCAS measures require primary care visits/services (including Follow-Up After ED Visit for Mental Illness (FUM)/Follow-Up After ED Visit for Substance Use (FUA)).
 - Most Quality Withhold Incentive Program measures require primary care visits/services (including Consumer Assessment of Healthcare Providers and Systems (CAHPS)).
 - Most Auto-Assignment Incentive Program measures require primary care visits/services.
 - Most quality sanctions driven by lack of primary care visits/services.
- » Health Equity Roadmap
 - Primary care access key concern.
 - Clearly documented disparities by race/ethnicity in primary care engagement and different networks.

Primary Care Access and Engagement: Existing Key Policies

PHM Program

- » Primary care foundation with specific KPIs looking at:
 - Engagement in primary care in the last 12 months.
 - Post-hospital discharge 7-day follow up (now on CalAIM dashboard!).
- » Medi-Cal Risk Stratification, Segmentation, and Tiering (RSST) Algorithm:
 - Launched in July 2025; high risk largely driven by underutilization, especially of primary care.
- » Focus on ECM and Community Supports in improving primary care engagement and reducing ED and inpatient utilization.

Forthcoming APL on Primary Care Spending and APM

- » A **draft APL was issued in February 2026** to align DHCS policy with the Office of Health Care Affordability (OHCA) benchmarks and targets.
- » Final APL to be published in summer 2026.
- » **Expands on 2024 boilerplate contract** language (3.3.1.D, page 180):
 - Negotiated in 2023.
 - Enables DHCS to require reporting for primary care spending and APM adoption.

Hospital Value Strategy and State Directed Payment Redesign



Background

- » DHCS is developing a strategy to sustainably advance access to high-quality inpatient and outpatient hospital services, financially incentivize appropriate care delivery across the care continuum, and improve health outcomes for Medi-Cal members.
 - **Primary priority:** Achieving compliance with new federal requirements for SDPs for Calendar Year (CY) 2027 is the first and foundational phase of this work.
 - **Next phase:** DHCS will work with stakeholders to inform a cross-payer landscape analysis and develop a longer-term, multi-year roadmap for hospital financing.
- » This is a key component of DHCS' comprehensive purchasing strategy that aims to incentivize plans and providers to deliver the right care, at the right time, in the right place, and at the right cost.

Hospital Value Strategy Request for Information (RFI)

- » DHCS is reviewing **RFI** submissions for a contractor to assist in **developing a value strategy** for hospitals.
- » The ultimate strategy **will cover:**
 - Compliance with forthcoming **federal changes**.
 - Sustainable Medi-Cal **reimbursement**.
 - **Aligning payment methodologies** with strategies to advance increasing value (including delivering higher-value care, quality, access, transitions in care, etc.).
 - Create a **multi-year roadmap**.
 - Increase **primary care investment** and **APM adoption** by MCPs.
 - Alignment with strategies by **other public purchasers**.

Federal Changes

» **2024 Managed Care Final Rule**

- Enhances requirements to evaluate and ensure that SDPs advance and achieve the goals and objectives of the state's quality strategy. (Various dates, starting CY 2025)
- Prohibits retroactive amendments to SDP approvals, meaning all program design aspects (including amounts) must be finalized prospectively. (CY 2027)
- Prohibits the use of separate payment terms, requiring all SDPs be included prospectively in actuarially sound capitation rates. (CY 2028)

» **H.R. 1**

- New SDPs are limited to 100% of Medicare rates. (CY 2026)
- "Grandfathered" SDPs must be reduced by 10 percentage points per year until the Medicare cap is reached. (Starting CY 2028)

Phased Approach

- » We are beginning work with MCPs and hospital associations to achieve compliance with updated federal requirements by CY 2027.
 - **Phase I** will address our utilization-based programs and their transition from separate payment to risk-based payment terms.
 - **Phase II** will focus on our current value-based purchasing SDPs.
 - **Phase III** will address the future of hospital financing in Medi-Cal through a separate stakeholder advisory workgroup.
- The stakeholder advisory workgroup will comprehensively address hospital financing across delivery systems in the Medi-Cal program.

Clinical Efficiencies



Clinical Efficiencies

- » MCPs are expected to operate efficiently as part of an overall value-based purchasing strategy.
 - Inefficient utilization drives increased health care expenditures and negatively impacts member health outcomes.
- » DHCS applies clinical efficiency adjustments to MCP capitation rates to drive financial efficiencies aligned with improved member health outcomes.
 - Current adjustments target potentially preventable hospitalizations, low-acuity non-emergency emergency department visits, and physician administered drug reimbursement inefficiencies.
- » DHCS will deploy additional clinical efficiency adjustments in 2027 to address some or all of the following:
 - Avoidable hospital readmissions and inpatient stays.
 - Medically-unsupported caesarean sections.
 - Inefficient radiology and durable medical equipment expenditures.

SNF Value Strategy

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SNF Value Strategy Overview

- » DHCS is **developing a [SNF Value Strategy](#)** to inform **reauthorization of the Medi-Cal Long-Term Care (LTC) Reimbursement Act** on or after January 1, 2028.
- » Renewal is opportunity to build on the **[LTC Carve-in](#), [AB 186 SNF Reform programs](#)**, and Medi-Cal's Managed Long-Term Services and Supports efforts.
- » DHCS is **consulting with the stakeholder advisory workgroup** to develop a Landscape Analysis and Multi-Year Roadmap.
- » Outside of the stakeholder advisory workgroup, DHCS is **engaging more informally with MCPs monthly**.

Maternity Payment Redesign

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Transforming Maternal Health (TMaH) Model

- » **Ten-year delivery and payment model** designed to test whether evidence-informed interventions, sustained by a **VBP model**, can improve maternal outcomes and reduce program expenditures.
- » To be implemented in **Fresno, Kern, Kings, Madera, and Tulare** counties.
- » **\$17 million in federal funding** and targeted technical assistance.
- » **Provider Infrastructure Payments (\$3.5 million total)** paid through MCPs to participating providers in CY 2027.
- » **VBP model** starts in CY 2028 through CY 2034, with upside-only payments in CY 2028.

Questions?



Break

The image features the word "Break" centered in a dark blue, sans-serif font. Below the text are two decorative, wavy horizontal lines. The top line is a medium teal color, and the bottom line is a darker navy blue. Both lines have a smooth, undulating path across the width of the image.

Behavioral Health Transformation Update

Marlies Perez, Project Executive, Behavioral Health Transformation
and Chief, Community Services

Ilana Rub, Assistant Division Chief, Community Services

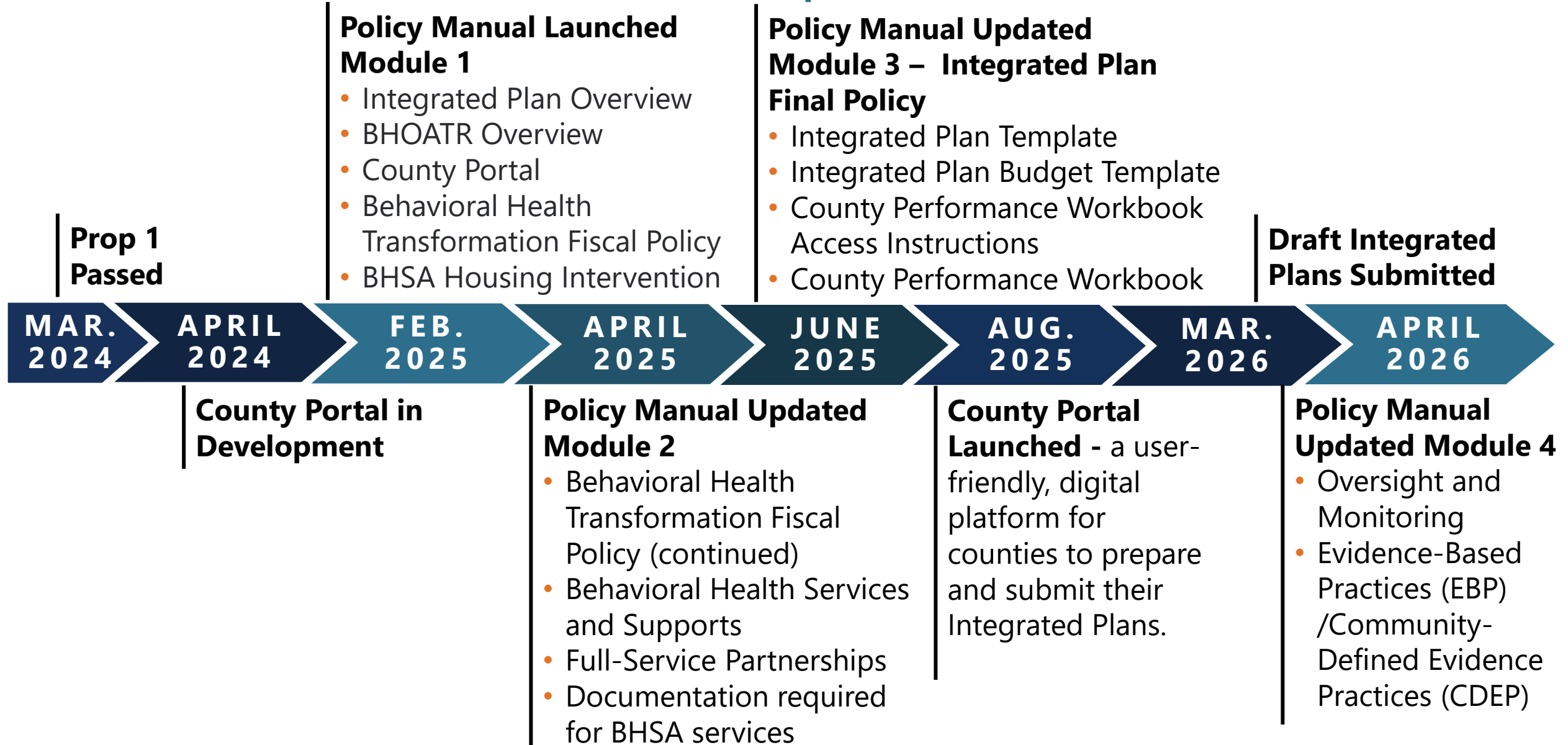
Agenda

- » County Draft Integrated Plan Submissions
- » Public County Profile
- » Bond Behavioral Health Continuum Infrastructure Program (BHCIP) Round 2 Awards

County Draft Integrated Plan Submissions

The image features a white background with the text 'County Draft Integrated Plan Submissions' centered in a dark blue, sans-serif font. Below the text, there are two decorative, wavy horizontal lines. The top line is a medium teal color, and the bottom line is a darker navy blue. Both lines have a slight curve and overlap each other.

BHSA County Policy Manual and County Portal Development



Draft Integrated Plan Submission Overview

As of April 8, 2026

- » 59 out of 59 draft Integrated Plans have been submitted to DHCS.
 - 55 were received by the March 31, 2026, deadline.
 - 4 received after the deadline by April 7, 2026.
- » 2 draft Integrated Plans have been approved by DHCS.
 - Marin and Contra Costa counties.
- » 10 counties received DHCS feedback and are revising their draft Integrated Plans for resubmission and further review.
- » 47 draft Integrated Plans are currently under DHCS review.

DHCS Integrated Plan Review Process

Once a county submits their draft Integrated Plan, DHCS has 30 days to review.



Initial Review Insights

- » The allocation of funds, along with individuals served across the mental health and substance use disorder (SUD) continuum of care, enable a comprehensive view of the county behavioral health system.
- » Integrating performance measures provides a stronger linkage between programming, funding allocations, and outcome assessment.
- » Select performance measures provide a view into where the county is performing currently, and the Integrated Plan narrative and budget shows how they plan to improve over the next three years.
- » Highlights the programs and services counties are currently providing and how BHSA will expand them.
- » Provides better insight into the number of adults and children counties anticipate serving under BHSA and the continuum of care.
- » Details county-specific goals aligned with BHSA priorities, including improving access, expanding evidence-based practices, strengthening care coordination, and addressing housing instability.

Stakeholder Feedback through Final Submission 1 of 2

County Community Planning Process Prior to Final IP Submission

- » Circulate draft Integrated Plan for 30-day comment period.
 - Counties may choose to circulate their Integrated Plan before or after they submit their draft Integrated Plan; however, it must occur prior to submitting the final Integrated Plan.
 - Counties must summarize public comments received and describe how feedback informed changes to the Integrated Plan.
- » Conduct a public hearing by the local behavioral health board on the Integrated Plan.
- » Receive recommendations for revisions from the behavioral health board based on Integrated Plan review.
- » Obtain County Board of Supervisors approval and certification from the County Behavioral Health Director.



Stakeholder Feedback through Final Submission 2 of 2



DHCS Review of the Community Planning Process

- » Verifies that required public comment periods and hearings occurred.
- » Reviews whether stakeholder feedback was meaningfully considered.
- » Flags missing engagement requirements and insufficient documentation.
- » Requires clarification or revisions when stakeholder engagement requirements are not met.

Behavioral Health Public County Profile



What is the Public County Profile?

- » Public-facing platform providing transparent, consistent access to county behavioral health data through clear visualizations and standardized context.
- » Enables statewide and county-level analysis, cross-county comparisons, and exportable reports to support oversight and decision-making.
- » Accessible through the [DHCS Behavioral Health Transformation](#) webpage. Login not required.

The screenshot displays the DHCS Public County Profile for Los Angeles. The interface includes a header with the DHCS logo and 'Public County Profile'. A navigation bar shows 'Los Angeles' and a 'COUNTY COMPARE' button. A table of key metrics is shown below:

Metric	Value	Context
Total Population	9,853,842	County Residents (Calendar Year 2020)
Medi-Cal Enrollments	3,874,179	38.3% of population (Calendar Year 2020)
County Behavioral Health Services: Medi-Cal	5,547,368	State Fiscal Year 2023-24
Annual County Expenditures	Available 2029	

Below the metrics, there are tabs for 'Overview', 'Demographics', 'Integrated Plan', and 'Homeless/Housing'. The main content area is divided into two sections: 'County Contact Information' and 'Medi-Cal Managed Care Plans Operating in Los Angeles'. The contact information includes the Department of Mental Health and Department of Public Health, with addresses and phone numbers. The managed care plans listed are Health Net Community Solutions, Blue Shield of CA Promise, L.A. Care Health Plan, Molina Healthcare of California, and Habitat Health South Los Angeles/Los Angeles.

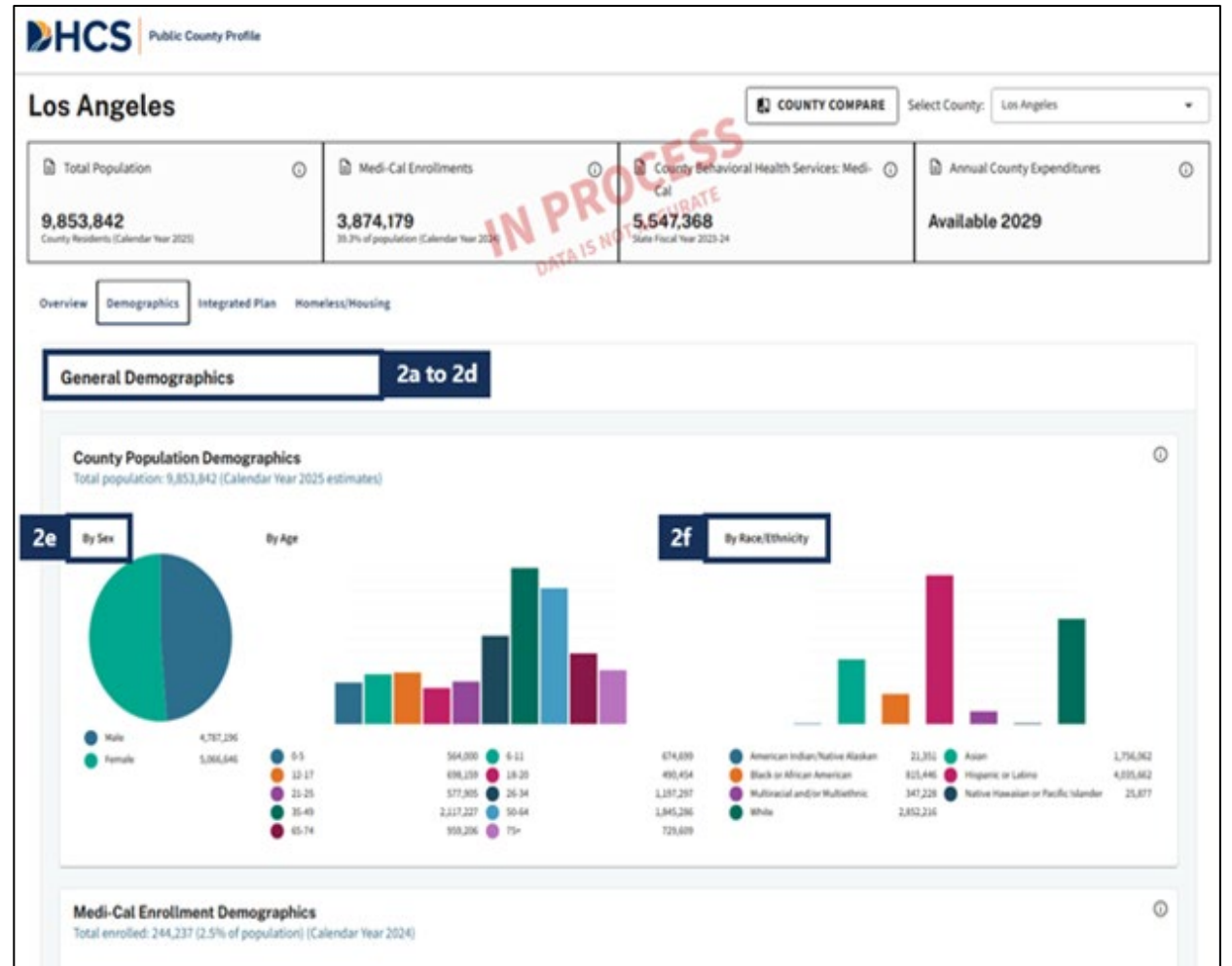
At the bottom, there is a footer with the copyright notice: '© 2026 California Department of Health Care Services (DHCS) - Behavioral Health Transformation' and a 'Contact Documentation Support' link.

Public County Profile Information Display

- » Information is organized into a limited number of intuitive, nonduplicative subject tabs.
- » Subject tabs are:
 - County Overview
 - Demographics
 - Integrated Plan
 - Homelessness
 - Performance
 - BHOATR
 - Expenditure Trends (BHOATR expenditures over time and Individual Service Level encounter data).
- » Data not yet available will be grayed and labeled “coming soon” with an estimated date, helping audiences anticipate future releases.

Public County Profile Display

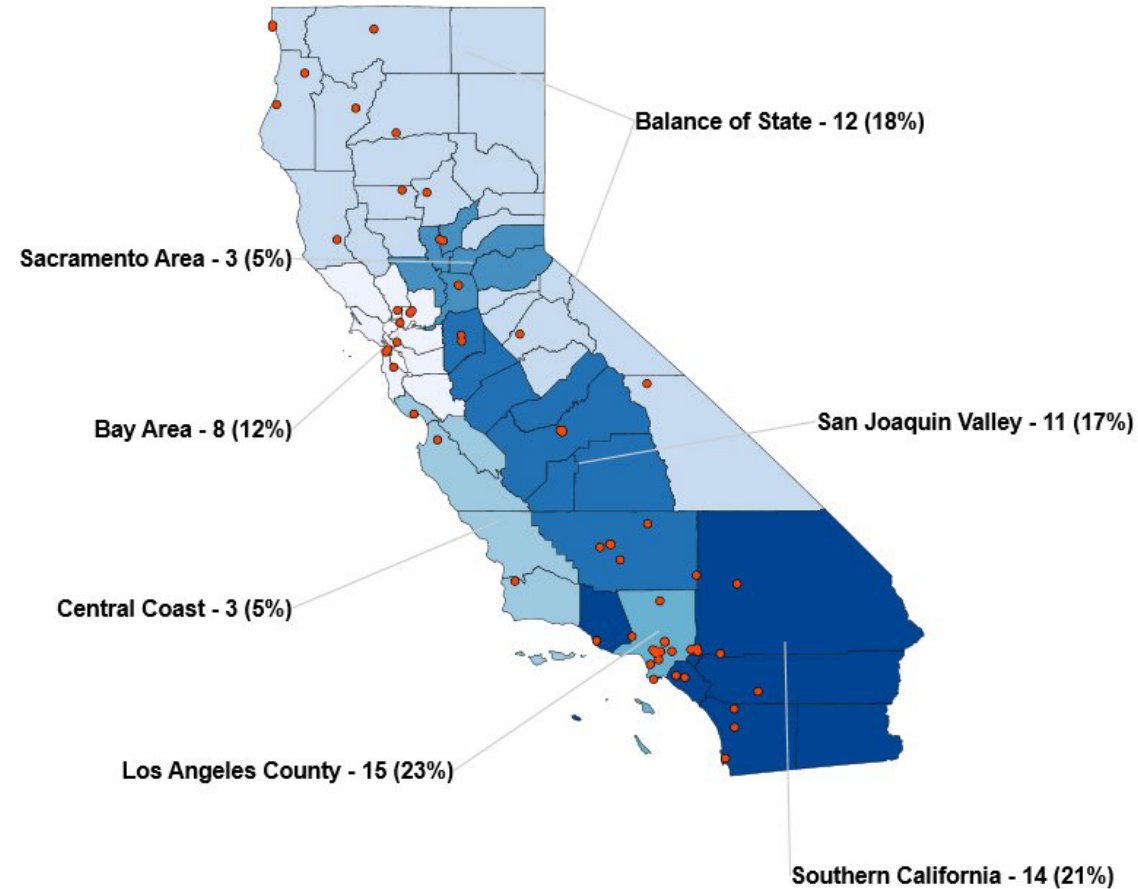
- » Each data element includes source, reporting period, and a brief description.
- » Data is presented using clear, audience-appropriate visuals, such as charts and graphs.
- » Interactive features include:
 - Statewide or county-level views.
 - County comparison across two or more counties.
 - PDF exports for a county profile, 3-year Integrated Plan and eventually BHOATR.
- » A built-in companion guide provides how-to information, Frequently Asked Questions (FAQ), and reference links.



Bond BHCIP Round 2 Update



Bond BHCIP Round 2: Unmet Needs Conditional Awardees



Due to rounding to the nearest whole number, percentages may not add up to 100%.

Bond BHCIP Round 2 Unmet Needs Highlights

- » First BHCIP infrastructure round with no regional funding distribution or set-aside.
- » First Tribal peer respite project (Yurok Tribe in Humboldt County).
- » First residential SUD in Glenn County.
- » Project expansion within Los Angeles County fire region.
- » First BHCIP Infrastructure award in county (Sutter, Inyo, and San Mateo).
- » First BHCIP Fathers with Children SUD residential project.

Bond BHCIP Goals on Capacity – Exceeded Goal

Category	Goals	Bond BHCIP Round 1	Bond BHCIP Round 2	Total	% of Goal
Beds	6,800	4,365	2,554	6,919	102%
Slots	26,700	23,288	4,273	27,561	103%
Award Funding (As of 2/12/26)		\$2.99B	\$1.18B	\$4.2B*	100%

**Total Proposition 1 Bond funding of \$4.4 billion includes \$220 million allocated for DHCS State Operations costs.*

BHCIP Milestones Timeline

Round 1: Crisis Care Mobile Units

Award Date: November 2021
Number of Awardees: 77
Total Funds Awarded: \$146M



Round 2a & 2b: County and Tribal Planning

Award Dates: November 2021 & January 2022
Number of Awardees: 48
Total Funds Awarded: \$7+M



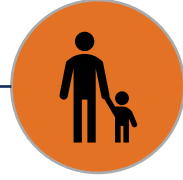
Round 3: Launch Ready

Award Date: June 2022
Number of Awardees: 44
Total Funds Awarded: \$492M



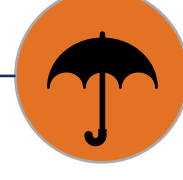
Round 4: Children and Youth

Award Date: December 2022
Number of Awardees: 50
Total Funds Awarded: \$460M



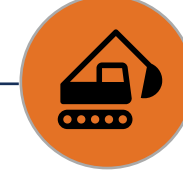
Round 5: Crisis and Behavioral Health Continuum

Award Date: June 2023 and 9 additional awards in March 2026
Number of Awardees: 41
Total Funds Awarded: \$482M



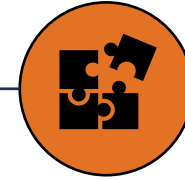
Bond BHCIP Round 1: Launch Ready

Award Date: May 2025
Number of Awardees: 111
Total Funds Awarded: \$2.99B



Bond BHCIP Round 2: Unmet Needs

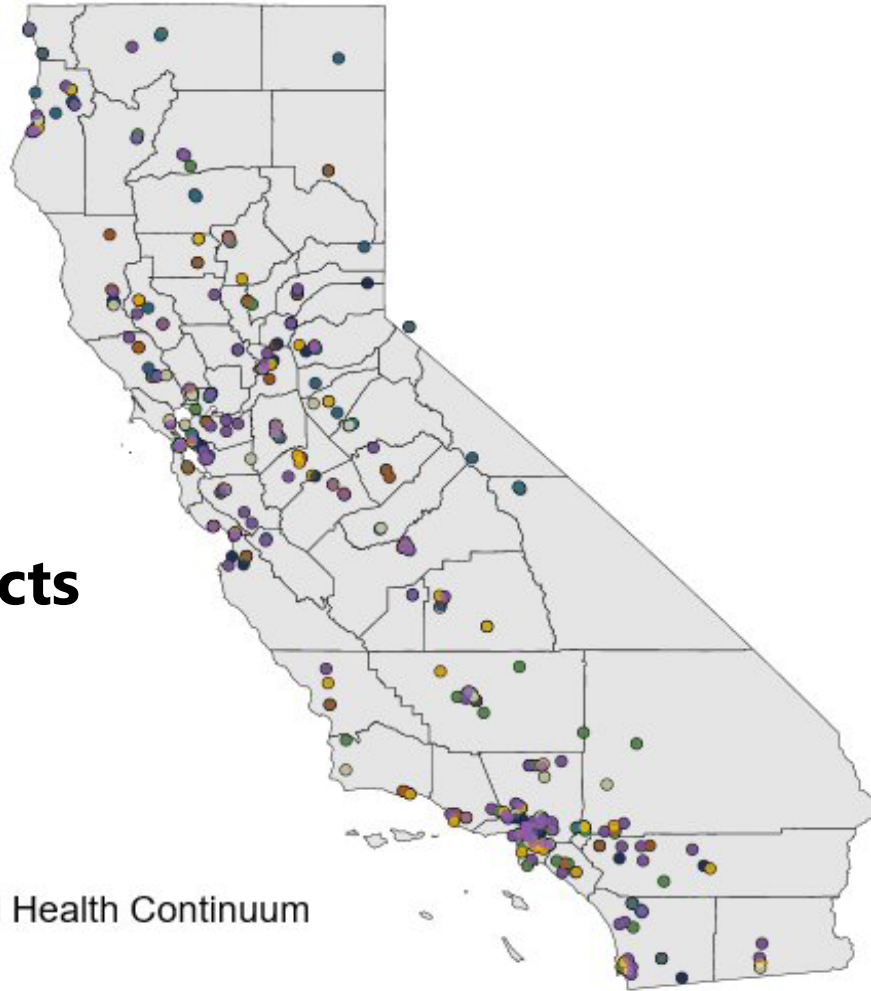
Award Date: March 2026
Number of Awardees: 66
Total Funds Awarded: \$1.18B



Map of All BHCIP and Bond BHCIP Awardees

437 Awarded Projects

- Round 1: CCMU
- Round 2: Planning Grants
- Round 3: Launch Ready
- Round 4: Children and Youth
- Round 5: Crisis and Behavioral Health Continuum
- BOND R1: Launch Ready
- BOND R2: Unmet Needs



BHCIP + Bond BHCIP: Total Capacity

Category	BHCIP Round 3	BCHIP Round 4	BHCIP Round 5	Bond BHCIP Round 1	Bond BHCIP Round 2	Grand Total
Beds	1,291	534	809	4,365	2,554	9,553
Slots	6,919	8,306	4,377	23,288	4,273	47,163
Award Funding	\$492M	\$460M	\$482M	\$2.99B	\$1.18B	\$5.6B

BHCIP Facilities

36 facilities are now open and are projected to serve 962,000 people annually.



Questions?



Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule Program and BrightLife Kids and Soluna

Autumn Boylan, Deputy Director, Office of Strategic Partnerships

CYBHI Fee Schedule Program



CYBHI Fee Schedule Program Progress

as of May 11, 2026

184

Local Educational Agencies (LEA) and public Institutions of Higher Education (IHE), and designated affiliated providers with submitted claims for reimbursement

513% increase since July 1st / 82% since January 1st (2026)

206,308

Claim lines paid

4501% / 371% increases

43,225 *students*

represented in claims submitted

2108% / 275% increases

\$10.2 million

in new revenue will go to LEAs, IHEs, and school-linked affiliated providers.

3364% / 223% increases

40

MCPs/Insurers (in claims data)

48% / 11% increases

Statewide Cohort Participants

Cohort	Number of Lead/ Independent LEAs and IHEs	Number of LEA Consortia Members
1	46	111
2	81	81
3	97	123
4	148	57
5	114	42
6	107	29
Totals	593	~443

Statewide Affiliated Providers

Pacific Clinics

Seneca

Daybreak Health

His Ideas, INC (5 Peaks)

The Stepping Stones Group

Hazel Health

Phoenix House Orange County

Wellness Together

Creative Connections & Family Therapy, Inc

Participating Colleges/Universities - 21

- » Los Angeles Pierce College
- » University of California, Riverside
- » University of California, Santa Cruz
- » California Polytechnic State University
- » Napa Valley Community College District
- » University of California, Berkeley
- » University of California, San Francisco
- » University of California, San Diego
- » University of California, Los Angeles
- » University of California, Davis
- » Sierra College
- » University of California, Santa Barbara
- » San Jose State University
- » California State University, Long Beach
- » California State University, Bakersfield
- » California State University Fullerton
- » California State University - Sacramento
- » California Polytechnic University, Humboldt
- » California State University East Bay
- » Chabot Las Positas Community College District
- » San Luis Obispo County Community College District

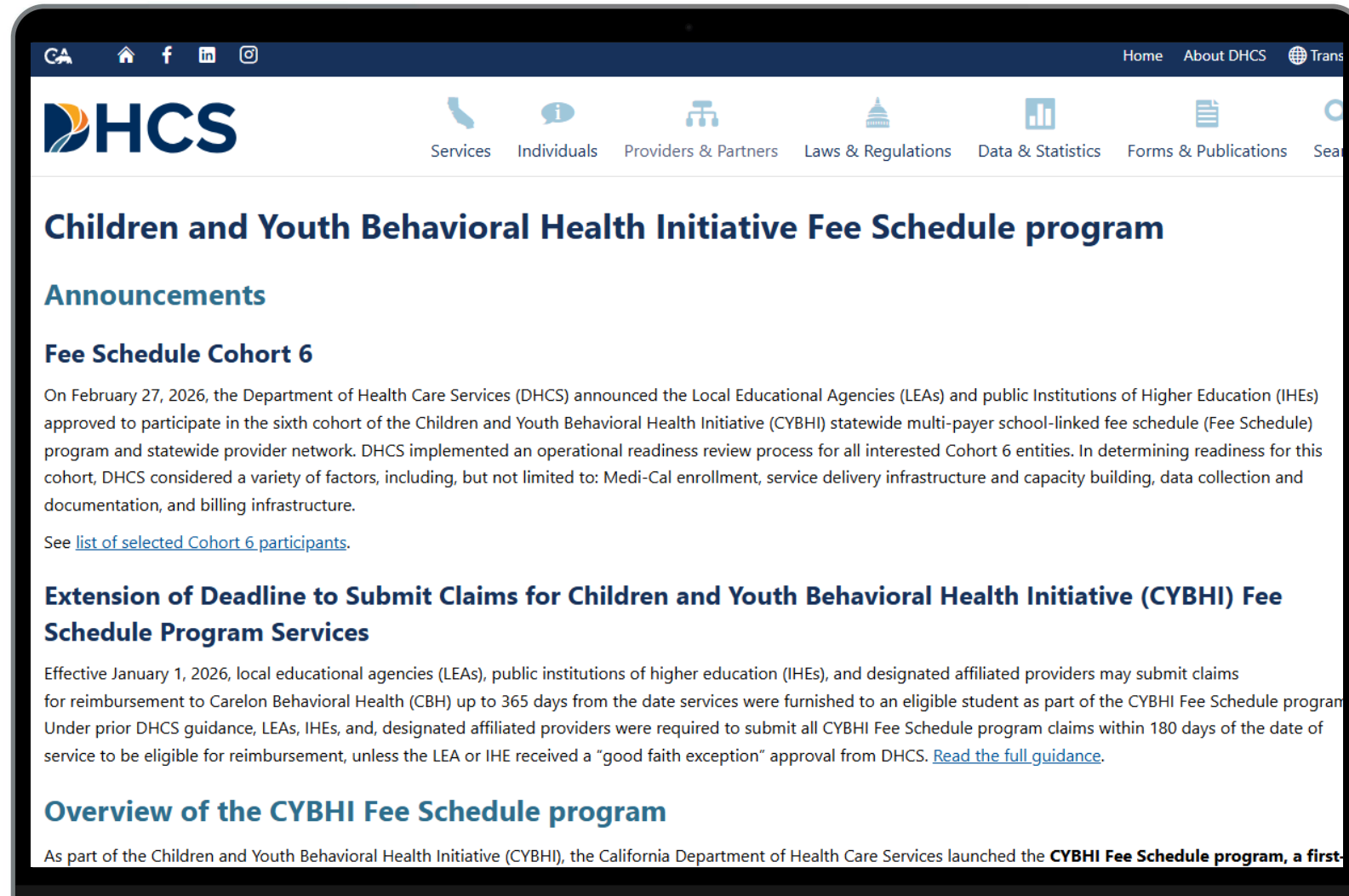
Statewide CYBHI Provider Mix (Standard Provider Information Data)

Provider Type	Count	Percent of Providers
Licensed Practitioners (e.g., LMFT, LCSW, LEP)	2131	43%
Pupil Personnel Services (PPS) Practitioners (e.g., School Counselors, Psychologists)	2213	45%
Nurses (e.g., School Nurses)	217	4%
Associates/Trainees	88	2%
Certified Wellness Coaches	272	6%
Others	23	<1%
Total (as of 3/2/26)	4,944	

CYBHI Fee Schedule Claims: Billed by Service Category (as of 3/30/26)

Service Categories	Example of Services (Codes)	Percent of Submitted Claims
Psychoeducation	Skills Training and Development (H2014) Health Behavior Intervention (H2027) Certified Wellness Coach Services (0592T, 0591T) Community Health Worker Services (98960, 98961, 98962)	43%
Screening/Assessment	Psychiatric Diagnostic Evaluation (90791) Psychosocial Status Assessment (96156) Brief emotional/behavioral assessment (96127)	3%
Treatment	Psychotherapy (90832, 90834, 90837) Preventative Medicine Counseling (99401) Health Behavior Intervention Counseling (96158) Group Psychotherapy (90853)	50%
Case Management/Care Coordination	Targeted Case Management (T1017) Case Management with patient or family present (99366)	4%

CYBHI Fee Schedule Program Website



The screenshot displays the DHCS website interface. At the top, there is a navigation bar with social media icons (CA, Home, Facebook, LinkedIn, Instagram) and a menu with links for Home, About DHCS, and Trans. Below the navigation bar is the DHCS logo and a secondary navigation bar with icons and labels for Services, Individuals, Providers & Partners, Laws & Regulations, Data & Statistics, Forms & Publications, and Search. The main content area features a large heading: "Children and Youth Behavioral Health Initiative Fee Schedule program". Below this heading is a sub-heading "Announcements" and a specific announcement titled "Fee Schedule Cohort 6". The text of the announcement states that on February 27, 2026, the Department of Health Care Services (DHCS) announced the Local Educational Agencies (LEAs) and public Institutions of Higher Education (IHEs) approved to participate in the sixth cohort of the Children and Youth Behavioral Health Initiative (CYBHI) statewide multi-payer school-linked fee schedule (Fee Schedule) program and statewide provider network. It also mentions that DHCS implemented an operational readiness review process for all interested Cohort 6 entities. A link is provided to view the "list of selected Cohort 6 participants". Below this announcement is another sub-heading: "Extension of Deadline to Submit Claims for Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule Program Services". The text explains that effective January 1, 2026, local educational agencies (LEAs), public institutions of higher education (IHEs), and designated affiliated providers may submit claims for reimbursement to Carelon Behavioral Health (CBH) up to 365 days from the date services were furnished to an eligible student as part of the CYBHI Fee Schedule program. It also notes that under prior DHCS guidance, LEAs, IHEs, and designated affiliated providers were required to submit all CYBHI Fee Schedule program claims within 180 days of the date of service to be eligible for reimbursement, unless the LEA or IHE received a "good faith exception" approval from DHCS. A link is provided to "Read the full guidance". At the bottom of the page, there is a sub-heading "Overview of the CYBHI Fee Schedule program" and the beginning of a paragraph stating "As part of the Children and Youth Behavioral Health Initiative (CYBHI), the California Department of Health Care Services launched the CYBHI Fee Schedule program, a first".

Monthly Program Updates and Participants

Let's work together to improve the behavioral health of children, youth, and families in California by expanding their access to youth-centered, equitable, and orientated services.

Monthly Breakdown of CYBHI Claims Submissions

Data as of March 2, 2026

- **143 LEAs/IHEs** (including 8 school-linked providers) have submitted claims.
- **\$5.55 million** in unique clean claims (includes all in-process and approved claims) have been submitted to the TPA for reimbursement.
- **73,685 claims have been reimbursed**, totaling **\$4.9 million in new revenue** for LEAs and IHEs.
- **22,363 unique students** have received services submitted for reimbursement.
- **36 Managed Care Plans/Insurers** are represented in the claims data.

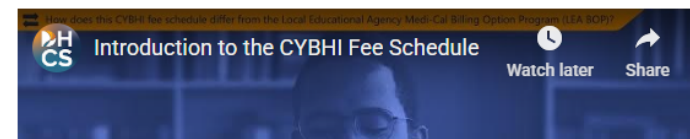
Impact by the numbers

- **~700** Local Educational Agencies and public Institutions of Higher Education enrolled in the CYBHI Fee Schedule program
- **~3.6M** students enrolled across participating schoolsites
- **98%** of counties in California represented by current participants

Current List of Participating LEAs and IHEs

- [Cohort 1 LEAs](#)
- [Cohort 2 LEAs](#)
- [Cohort 3 Participants](#)
- [Cohort 4 Participants](#)
- [Cohort 5 Participants](#)
- [Cohort 6 Participants](#)
- [CYBHI Fee Schedule: Reimbursed Participants \(as of March 2, 2026\)](#)

CYBHI Fee Schedule Program Overview Video



CYBHI Fee Schedule Program Resource Library



BrightLife Kids and Soluna



Visit CalHOPE.org/impact to Learn More



Questions?



Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Updates: Activity Funds, Workforce Initiative, and County Implementation

Erika Cristo, Assistant Deputy Director, Behavioral Health
Ivan Bhardwaj, Chief, Medi-Cal Behavioral Health Policy Division

Activity Funds

The image features a decorative graphic consisting of two overlapping, wavy horizontal lines. The top line is a medium teal color, and the bottom line is a darker navy blue. Both lines have a smooth, undulating path across the width of the page.

About Activity Funds

- » The **Activity Funds initiative** is a component of BH-CONNECT and a required Specialty Mental Health Services (SMHS) benefit through December 31, 2029.
- » Activity Funds can cover up to \$1,000 in services and items for eligible members that:
 1. Promote physical wellness and a healthy lifestyle (e.g., sports club fees and gym memberships, bicycles, scooters, roller skates and related safety equipment) **or**
 2. Develop strengths (e.g., music lessons, art lessons, therapeutic summer camps)
- » Services and items covered with Activity Funds **must directly align with assessed clinical needs** and:
 - Promote inclusion in the community.
 - Increase the child/youth's safety in their home environment.
 - Facilitate the member's age-appropriate participation or autonomy to make decisions to improve their physical or behavioral health outcomes.

The Potential of Activity Funds



- » Activities, such as team sports, art and music lessons, and dance:
 - Support health, well-being, and development.
 - Improve physical and behavioral health outcomes.
 - Reduce anxiety, aggression, and other clinical issues.
- » Activity Funds provide eligible children and youth who traditionally don't have easy access to activities the infrastructure and funding to benefit from experiences, leading to improved overall health.

Eligibility for Activity Funds

- » To be eligible to receive Activity Funds, children and youth must:
 - be an enrolled Medi-Cal member.
 - meet child welfare involvement criteria.
 - have a qualifying behavioral health condition or be at high risk for one.
- » County BHPs are responsible for verifying Medi-Cal eligibility.
- » Licensed Mental Health Professionals (LMHP) are responsible for determining eligibility and recommending eligible youth to activity funds.

How Activity Funds Works



Connecting a Member to Activity Funds



County BHP

- » Verify Medi-Cal eligibility.
- » Ensure assessment and coordinate member care.
- » Monitor provider service delivery and compliance.



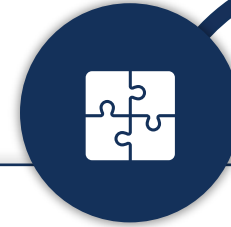
LMHP

- » Assess needs.
- » Verify eligibility & recommend for Activity Funds.
- » Document in record.



Member and Care Team

- » Choose activity/item & activity provider.



Activity Provider

- » Register for provider directory.
- » Provide services to eligible members.



Fiscal Intermediary

- » Enroll and pay activity provider.
- » Operate the online portal.
- » Provide technical assistance to LMHPs & members.

Guidance presented is pre-decisional and subject to change.

Role of Activity Funds Fiscal Intermediary (FI)



- » **Public Partnerships, LLC serves as FI**
- » **Enrolls and Pays Activity Providers:**
 - Ensures the activity provider meets requirements prior to being paid.
 - Processes payments for activities and activity-related supplies.
 - Maintains provider directory.
 - Contacts the activity provider to complete enrollment and answer questions.
 - Conducts outreach and marketing to recruit activity providers.
- » **Communicates with and Supports the Member and Care Team:**
 - Supports the member and care team to complete enrollment in an activity.
 - Informs member when the activity may begin.
- » **Trains, Verifies, & Enrolls LMHPs and Tracks Service Recommendations:**
 - Trains LMHPs on portal use.
 - Verifies LMHP is Medi-Cal enrolled provider.
 - Receives and tracks recommendation from the LMHP.
- » **Data Support for BHPs:**
 - Provides data to BHPs for monitoring purposes.

Functions: Activity Funds Portal

LMHP Access

- » Enroll / Add an eligible member.
- » Search / View / Edit an existing member profile.
- » Create activity recommendation based on service categories.

Member and Care Team Access

- » View their own profile.
- » Submit Purchase Order Requests for specific providers/activities.
- » Search / View the Provider Directory.
- » Request to have an activity provider enrolled.

Provider Directory

- » All approved providers.
- » New providers can request to be added.
- » Member can search activity providers using:
 - Provider Name
 - Service Type
 - City
 - Zip Code
 - Language

Guidance presented is pre-decisional and subject to change.

Member's Journey with Activity Funds (1/3)



» Eligibility & Clinical Need Identified

- Jonathan, age 12, is confirmed eligible for Activity Funds based on his specialty mental health assessment and child-welfare involvement.
- His LMHP documents a clinical need for physical team activity to support treatment for Major Depressive Disorder.
- LMHP submits the Activity Funds recommendation through the portal.

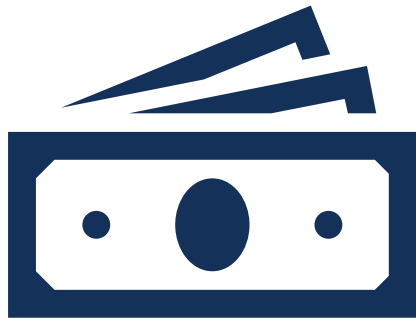
Member's Journey with Activity Funds (2/3)



» Finding the Right Activity Provider

- PPL helps Jonathan and his care team access the portal and review the provider directory.
- Local registered soccer club is too far and lacks social connection.
- Jonathan requests adding a closer club where his friends play.
- PPL enrolls the club and notifies Jonathan.

Member's Journey with Activity Funds (3/3)



» Approval, Purchase, and Participation

- Jonathan requests Activity Funds for club dues, uniform, cleats, shin guards, ball, and practice wear.
- PPL approves and purchases the items (total \$550).
- Jonathan registers and begins the soccer season with the necessary gear and support.

Implementation Timeline

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Implementation Timeline

» **Available now:**

- LMHP training.
- Activity Provider Directory.
- PPL webpage.

» **Available Summer 2026**

- Portal will open for LMHPs to recommend eligible members for Activity Funds.
- Members who have been recommended to Activity Funds can access portal to request activities/items.
- Member and LMHP handbooks.

» **Upcoming**

- Updated BHIN and Frequently Asked Questions page.
- All-comers webinar (insert details when available).
- Member/care-giver listening sessions.
- Additional LMHP trainings and office hours.

Guidance presented is pre-decisional and subject to change.

Training and Technical Assistance

The image features a white background with the text 'Training and Technical Assistance' centered in a dark blue, sans-serif font. Below the text, there are two decorative, wavy horizontal lines. The top line is a medium teal color, and the bottom line is a darker blue. Both lines have a slight curve and overlap each other, creating a layered effect.

LMHP, Member, and Activity Provider Support

LMHP Support

- » Trainings:
 - Live trainings beginning June 2026.
 - Recording will be posted for asynchronous viewing.
- » Ongoing Support:
 - The fiscal intermediary will host office hours for questions.
- » Resources:
 - LMHP Handbook.
 - FAQs.

Member and Activity Provider Support

- » Portal Support:
 - Individual support for activity providers from enrollment specialists and customer service through the Activity Funds Portal.
 - 1:1 portal trainings.
 - Enrollment specialists to connect members to activity providers.
- » Ongoing Support:
 - The fiscal intermediary, PPL, will host office hours for questions.
- » Resources:
 - LMHP Handbook.
 - FAQs.

Member and Activity Provider Support

» Portal Support:

- Individual support for activity providers from enrollment specialists and customer service through the Activity Funds Portal.
- 1:1 portal trainings.
- Enrollment specialists to connect members to activity providers.

» Resources:

- Member and Activity Provider handbook.
- FAQs.

Guidance presented is pre-decisional and subject to change.

Workforce Initiative



Workforce Initiative Overview

» DHCS in partnership with the Department of Health Care Access and Information (HCAI) has implemented five statewide Medi-Cal Behavioral Health Workforce Programs, including:

- The Medi-Cal Behavioral Health Student Loan Repayment Program (MBH-SLRP).
- The Medi-Cal Behavioral Health Scholarship Program (MBH-SP).
- The Medi-Cal Behavioral Health Recruitment and Retention Program (MBH-RRP).
- The Medi-Cal Behavioral Health Community-Based Provider Training Program (MBH-CBPTP).
- The Medi-Cal Behavioral Health Fellowship Training Program (MBH-FTP).

Key Features:

- » Between 2025 and 2029, DHCS and HCAI will invest up to \$1.9 billion in Behavioral Health Workforce Funding.
- » Recipients of workforce funding will commit to serving Medi-Cal members living with significant behavioral health needs for 2-4 years in eligible safety net settings.

MBH-SLRP Awards Update



MBH-SLRP Cycle 1 Update

- » HCAI received **nearly 5,000 applications** for the MBH-SLRP Cycle 1.
- » About **1,700 applications** were deemed ineligible due not meeting the requirements for an eligible practice site, eligible debt, and other reasons connected to the BH-CONNECT Special Terms and Conditions (STCs).
- » HCAI offered awards to **1,899 applicants**.
- » As of May 2026, **1,774 awarded applicants** entered into grant agreements with HCAI, totaling approximately **\$148.9M** of loan debt to be paid.

Distribution by Counties

Total Awardees: 1,774

- » Los Angeles (572)
- » Santa Clara (103)
- » San Bernardino (100)
- » Orange (92)
- » San Diego (90)
- » Sacramento (68)
- » Riverside (62)
- » San Francisco (55)
- » Ventura (54)
- » Alameda (53)
- » Contra Costa (52)
- » Kern (43)
- » Monterey (30)
- » San Joaquin (30)
- » Stanislaus (29)
- » Fresno (29)
- » San Luis Obispo (26)
- » Shasta (25)
- » Tulare (20)
- » San Mateo (17)
- » Solano (17)
- » Merced (17)
- » Napa (16)
- » Imperial (15)
- » Sonoma (15)
- » Butte (15)
- » Placer (14)
- » Marin (14)
- » Madera (12)
- » El Dorado (9)
- » Santa Barbara (8)
- » Santa Cruz (8)
- » Humboldt (7)
- » Nevada (7)
- » Yolo (6)
- » Tehama (5)
- » Mendocino (4)
- » Glenn (4)
- » Kings (4)
- » Lake (4)
- » Sutter (4)
- » Amador (3)
- » Siskiyou (3)
- » Calaveras (2)
- » Colusa (2)
- » San Benito (2)
- » Plumas (2)
- » Inyo (1)
- » Alpine (1)
- » Trinity (1)
- » Tuolumne (1)
- » Yuba (1)

Distribution by Professions 1 of 2

Total Awardees: 1,774

Profession Type	Number of Awards and Percentage
Associate Clinical Social Worker	466 (26%)
Licensed Clinical Social Worker	273 (15%)
Associate Marriage and Family Therapist	271 (15%)
Licensed Marriage and Family Therapist	257 (15%)
Mental Health Rehabilitation Specialist	119 (7%)
AOD (Alcohol and Other Drug) Counselor	84 (5%)
Associate Professional Clinical Counselor	68 (4%)
Psychiatrists	45 (3%)
Nurse Practitioner	41 (2%)

Distribution by Professions 2 of 2

Total Awardees: 1,774

Profession Type	Number of Awards and Percentage
Registered Nurse	38 (2%)
Licensed Clinical Psychologist	35 (2%)
Licensed Professional Clinical Counselor	26 (1%)
Licensed Vocational Nurse	15 (1%)
Licensed Psychiatric Technician	10 (.6%)
Occupational Therapist	10 (.6%)
Certified Wellness Coach	6 (.3%)
Psychology Associates I	4 (.2%)
Addiction Medicine Physician	4 (.2%)
Physician Assistant I	2 (.1%)

Distribution by Practice Setting Types

Total Awardees: 1,774

Setting Type	Number of Awards and Percentage
Other Behavioral Health Setting	1565 (88.2%)
FQHC	110 (6.2%)
Hospital	92 (5.2%)
Rural Health Clinic (RHC)	4 (.2%)
Community Mental Health Center (CMHC)	2 (.1%)
Rural Hospital	1 (.1%)

Other Behavioral Health Settings: Awardees must be working in an eligible "Other Behavioral Health Setting."
See next slide for a comprehensive list.

Other Behavioral Health Settings

- » **Community Treatment Facilities Crisis Stabilization Unit (CSU)**
- » Independent licensed practitioners contracted with a BHP or MCP for specialty or non-specialty behavioral health services
- » **Indian Health Care providers**
- » **Mental Health Rehabilitation Center (MHRC)**
- » **Narcotic Treatment Programs (NTP)**
- » Outpatient behavioral health clinics (other than certified outpatient SUD facilities)
- » Primary care or other clinic setting with co-located behavioral health services
- » **Psychiatric Health Facility (PHF)**
- » Qualifying provider organizations that deliver primarily field-based or telehealth Medi-Cal behavioral health services
- » School-based behavioral health setting
- » **Short-Term Residential Therapeutic Program/Children's Crisis Residential Program**
- » **Skilled Nursing Facility with a Special Treatment Program for Mental Health**
- » **Social Rehabilitation Facility/Program**
- » **SUD Treatment Facilities**
- » **SUD Treatment Program**
- » **Psychiatric Residential Treatment Facilities**

Other behavioral health settings must be licensed, certified, and/or approved by DHCS, the California Department of Public Health, or the California Department of Social Services, based on the oversight agency.

Distribution by SMHS/DMC-ODS/DMC Providers

- » In SLRP Cycle 1, more than 95% of awardees indicated providing **SMHS, Drug Medi-Cal-Organized Delivery System (DMC-ODS), or Drug Medi-Cal (DMC)** services in an eligible setting.
 - HCAI/DHCS validated this information using network data and outreach to counties.
- » **SLRP Cycle 2 Verification Improvements:**
 - Employers will indicate if the applicant is providing SMHS, DMC-ODS, or DMC services in an eligible site through the Employment Verification Form.
 - Practice sites will be verified using state-maintained provider lists to confirm that applicants work in eligible SMHS, DMC-ODS, and DMC settings.
 - Applicants whose practice sites cannot be matched through automated data checks will undergo additional review.

Workforce Initiative Timeline Updates



Workforce Initiative Timeline Updates

CURRENTLY OPEN:

- » **MBH-SLRP** application opened May 1, 2026, and will close at **3 p.m. on May 29, 2026.**
- » **Apply: [Medi-Cal Behavioral Health Student Loan Repayment Program – HCAI.](#)**

Program	Application Deadlines
Medi-Cal Behavioral Health Student Loan Repayment Program	4th Round of Cycle1 Now Open Due: May 29, 2026
Medi-Cal Behavioral Health Scholarship Program	Closed: March 23, 2026 Award Announcements: June 2026
Medi-Cal Behavioral Health Community-Based Provider Training Program	Closed: Apr 30, 2026 Award Announcements: July 2026
Medi-Cal Behavioral Health Fellowship Training Program	Closed: April 15, 2026 Award Announcements: July 2026
Medi-Cal Behavioral Health Recruitment and Retention	Cycle 1 Opens Spring/Summer 2026

BH-CONNECT Opt-In and Institutions for Mental Disease (IMD) Opportunity



EBP Opt-In

With 10 counties participating, around 27% of the adult Medi-Cal eligible population has coverage of EBPs under BH-CONNECT.

- » **San Diego** - Assertive Community Treatment (ACT), Forensic ACT (FACT), Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP), Clubhouse, Enhanced Community Health Worker (CHW) and Individual Placement and Support (IPS).
- » **Riverside** – ACT, FACT, CSC for FEP, Enhanced CHW, IPS.
- » **Santa Clara** – ACT, FACT, CSC for FEP, Enhanced CHW, IPS.
- » **Sacramento** – ACT, FACT, CSC for FEP, Enhanced CHW, IPS.
- » **San Mateo** – Clubhouse.
- » **Santa Barbara** – IPS.
- » **San Joaquin** – IPS.
- » **Merced** – Enhanced CHW.
- » **Madera** - ACT, FACT, CSC for FEP, Clubhouse, Enhanced CHW and IPS.
- » **Napa** – ACT, FACT, CSC for FEP.

IMD FFP Program

- » The Institutions for Mental Disease Federal Financial Participation (IMD FFP) Program is for Medi-Cal covered SMHS provided to adult Medi-Cal members **age 21 to 64 during short-term stays in residential or inpatient psychiatric settings classified as IMDs.**
- » Approved counties:
 - Sacramento – Effective date 7/10/25, with five participating facilities.
 - San Diego – Effective date 6/13/2025, with three participating facilities.
 - Santa Clara – Effective date 11/5/2025, with six participating facilities.
 - Riverside – Effective date 2/11/2026, with one participating facility.

Note: Counties can add IMDs for participation on a rolling basis if they meet requirements.

BH-CONNECT Resources



- » [BH-CONNECT on the DHCS Website](#)
- » [Centers of Excellence](#)
- » [Activity Funds Initiative | PPL](#)
- » [HCAI's BH-CONNECT Website](#)
- » Email: BH-CONNECT@dhcs.ca.gov

Questions?



Public Comment

Public Comment Guidelines

- » During the public comment period, we do not answer questions, but simply listen to public comments.
- » All public comments are recorded in the meeting summary.
- » Public comments may be made by members of the public here in the room as well as members of the public attending virtually.
- » Please state your name and organization.
- » Please keep your comments concise and no longer than 1 minute.

Final Comments and Adjourn

Upcoming 2026 Meeting Date



- » August 5, 2026
- » October 28, 2026