

**California Behavioral Health Planning Council
Systems and Medicaid Committee (SMC)
Work Plan 2026-2028**

Goal #1: Leverage the Council’s role in the State of California to influence policy and practice changes that are part of the Behavioral Health Transformation to improve the state’s behavioral health system with particular focus on the integration of mental health and substance use disorders systems of care across the life span.

Objective 1.1: Monitor and provide feedback on the implementation of the California Advancing and Innovating Medi-Cal (CalAIM) Initiative and the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) 1115 Demonstration Waiver to assess successes and challenges of the Initiatives and provide policy recommendations to the Department of Health Care Services (DHCS).

Item 1: Track implementation of the CalAIM behavioral health proposals at a systems level and provide policy recommendations to the Department of Health Care Services throughout the CalAIM implementation period, particularly to measure and track outcomes.

Activities for the CalAIM Initiative may include but are not limited to the following list:

- Invite local and state presenters to report the status of the payment reform impact to counties and providers.
- Invite state and local-level presenters to provide updates on successes, challenges, and best practices of CalAIM implementation to determine the impact on beneficiaries with a focus on the Justice Involved Population.
- Provide recommendations to the Department of Health Care Services to address challenges to access and quality of care for individuals with Serious Mental Illness (SMI) and Substance Use Disorders (SUD).
- Attend the Department of Health Care Services’ CalAIM Behavioral Health Workgroup meetings and participate in stakeholder engagement sessions on the CalAIM behavioral health proposals.
- Track the growth and access of Enhanced Care Management (ECM) and Community Supports administered by Managed Care Plans to Behavioral Health Plan (BHP) beneficiaries.
- Track the implementation and the impact of Peer Support Specialists as a Medi-Cal Benefit.
 - Activities may include collaboration and information exchange with the Council’s Workforce and Employment Committee.

Item 2: Track implementation of the BH-CONNECT behavioral health proposals at a systems level and provide policy recommendations to the Department of Health Care Services throughout the implementation period, particularly to measure and track outcomes.

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Activities for BH-CONNECT may include but are not limited to the following list:

- Track BH-CONNECT on the changes to the Full-Service Partnership (FSP) model to monitor the impact of required Evidence-Based Practices on the numbers of individuals served and quality of services.
- Invite County and provider representatives to present successes and challenges of the inclusion of substance use disorder services within FSP service design.
- Invite County and children and youth providers to present progress on BH-CONNECT initiatives focused directly on improvements to children's services with a focus on collaboration with child welfare agencies.
- Track the status of implementation and lessons learned from all partners in Counties that opt into the Institute for Mental Disease (IMD) component of BH-CONNECT.
- Identify how the state will measure and track behavioral health outcomes from implementation of the Initiative.

Timeline: January 2026 – Ongoing

Objective 1.2: Monitor and support efforts to improve access and quality of behavioral health care under the Behavioral Health Services Act (MHSA) with focus on the expansion and development of the effective integration of substance use disorder services as part of the robust continuum of care for individuals with mental health and substance use service needs across the life span.

Activities may include but are not limited to the following list:

- Invite key stakeholders to highlight best practices to address barriers to access and quality of care for individuals with Serious Mental Illness (SMI) and substance use disorders (SUD) under the Behavioral Health Services Act (BHSA).
- Focus presentations to highlight the impacts on different age populations (children/youth, adults, and older adults) to identify different needs and programs that address behavioral health gaps as the behavioral health landscape changes.
- Provide policy recommendations to the Department of Health Care Services (DHCS), California Health and Human Services Agency (CalHHS), and the Legislature, as appropriate.

Timeline: January 2026 – Ongoing

Goal #2: Collaborate with other entities on behavioral health system reform to address current system issues and provide recommendations for policy change.

Objective 2.1: Collaborate with state, county, and health plan partners to participate in priority initiatives that help increase and improve behavioral health and student mental health services for children and youth.

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Activities may include but are not limited to the following list:

- Monitor and provide policy recommendations to the Department of Health Care Services (DHCS) and California Health and Human Services Agency (CalHHS) as necessary on various programs and initiatives focused on children and youth, such as the Children and Youth Behavioral Health Initiatives and components under BH-CONNECT and CalAIM.
- Monitor and provide feedback on High-Fidelity Wraparound (HFW) services with specific attention to the following items:
 - Assembly Bill 896, which focuses on wraparound services for foster youth and the juvenile justice population.
 - Monitor the implementation of the Wraparound Immediate Needs Program under the new proposed tiered rate structure for foster youth.

Objective 2.2: Collaborate with state, county, and health plan partners, to participate in priority initiatives that work towards continuity of high-quality behavioral health care for individuals with Serious Mental Illness (SMI) and Substance Use Disorders (SUD) who intersect with the criminal and juvenile justice systems.

Activities may include but are not limited to this list:

- Monitor and participate in stakeholder events within the CalAIM and BH-CONNECT initiatives to address priorities to improve services to the justice-involved population.

Timeline: January 2026 – Ongoing

Objective 2.3: Collaborate with state, county, and health plan partners to participate in priority initiatives that help increase and improve Substance Use Disorder (SUD) services in the public behavioral health system.

Activities may include but are not limited to the following:

- Monitor integration of substance use disorder services within different components of the Behavioral Health Services Act.

Timeline: January 2026 – Ongoing

Objective 2.4: Collaborate with state, county, and health plan partners, to participate in priority initiatives that work towards access and quality of behavioral health care for older adults with behavioral health needs.

Activities may include but are not limited to the following list:

- Collaborate with entities at the California Department of Aging (CDA) and the related entities to identify priorities and address key issues for older adults with serious mental illness and substance use disorders.

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- Track the Master Plan for Aging and identify opportunities to provide stakeholder input to improve the system of behavioral health care for older adults.
- Monitor data and program initiatives that increase or decrease use of Lanterman-Petris-Short (LPS) conservatorships or Institutes of Mental Disease (IMDs) or provide alternative community-based services for older adults.

Timeline: January 2026 - Ongoing