

BEHAVIORAL HEALTH TASK FORCE MEETING

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

July 15, 2026



THIS IS A HYBRID MEETING

- The meeting is being recorded
- In-person participants: wait for mic to speak
- All: Identify yourself as you start to speak – people may not see you
- American Sign Language interpretation in pinned video
- Live captioning link is provided in chat
- Remote participants: Please stay ON MUTE when not speaking and utilize the “raise hand feature” if you have a question or comment
- Please turn on your camera as you are comfortable
- BHTF members can use chat for additional conversation

THIS IS A HYBRID MEETING (continued.)

MEMBERS OF THE PUBLIC can provide additional feedback by emailing: BehavioralHealthTaskForce@chhs.ca.gov

Please Note:

The afternoon working sessions of BHTF meetings will be closed to members of the public moving forward

ELEMENTS FROM BHTF GUIDELINES AND COMMITMENT TO ENGAGEMENT

- **SHARE THE AIRTIME – BE BRIEF AND BRILLIANT**
- **STRIVE FOR AN EQUITABLE AND INCLUSIVE MANNER**
- **RESPECT: ACTIVELY LISTEN, INVOLVE ALL**
- **STAY FOCUSED ON THE AGENDA**
- **WORK TO REDUCE STIGMA**
- **THINK INNOVATIVELY AND WELCOME NEW IDEAS**

MEETING AGENDA

10:00 Welcome

10:15 Panelist Presentations and Discussion

11:30 Panelist Questions

12:00 Department Updates

12:30 *Lunch Break - MEETING CLOSSES TO PUBLIC*

1:00 Youth Panel

1:35 Afternoon Activity

2:45 BHTF Legacy Project

2:55 Closing & Adjourn

WELCOME & INTRODUCTIONS

STEPHANIE WELCH, MSW

Deputy Secretary of Behavioral Health, CalHHS

Welcome New BHTF Members



Erika Torres

Deputy Superintendent of Public Instruction,
California Department of Education



Megan Zottarelli

Assistant Director of the Institute for Veteran
Policy,
Swords to Plowshares

Panel Presentations

- **Peter Stoll**, Prevention and Intervention Services Director, Humboldt County Office of Education & **Rebecca Dixon**, Program Manager
- **Paula Wilhelm**, Deputy Director, Behavioral Health
- **Marni Sandoval**, Behavioral Health Director, Santa Cruz County Health Services Agency
- **Adrienne Shilton**, Senior Vice President of Public Policy & Strategy, CA Alliance of Children and Family Services
- **Jevon Wilkes**, Executive Director, California Coalition for Youth

School-Based Wellness Supports, A Humboldt County Story

Presented by: Rebecca Dixon, LCSW, PPS and Peter Stoll, PhD

Behavioral Health Task Force, July 15, 2026





Prevention and Intervention Services est. 2020

- School Climate MTSS/PBIS: Whole /Child System Support
- Chronic Absenteeism and Attendance - SARB
- Foster & Homeless Youth: Support, Case Management, ECM
- Mental Health & Wellness: Tiered Prevention and Support
- School Safety: Prevention and Response – Crisis and Threat Assessment



HBTW Vision into Action

Humboldt Bridges to Wellness teams:

- Work with staff at local public schools to provide short-term, school-based mental health intervention
- Implementation of Tier 1 (Preventative and Universal) and Tier 2 (Targeted Group)
- Offer face to face contact and/or remote/virtual interventions
- Are available to students through 12th grade, including Early Childhood (0-5 years old)
- Accessible to schools countywide - a continuous challenge

Humboldt Bridges to Wellness

Certified Wellness Coaches
Partnered with CBH Clinicians

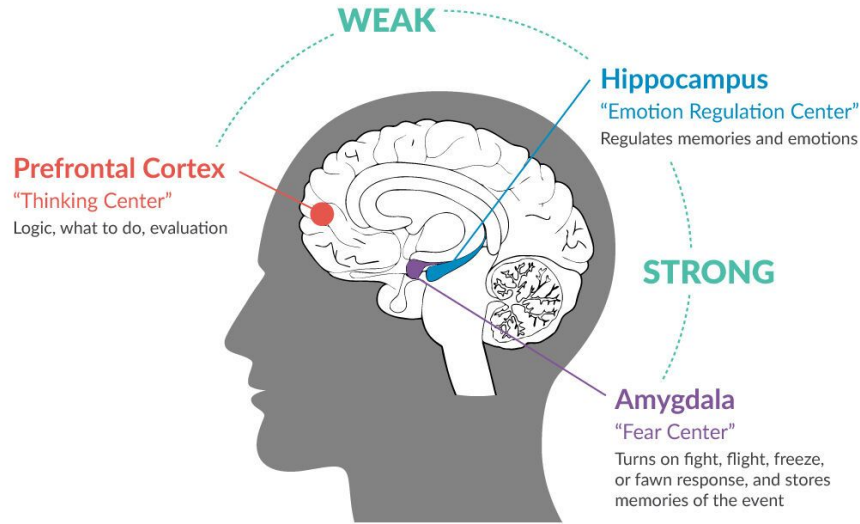
- Regionally located
- First wave - forging pathway to sustainability
- Imbedded in host school/LEA community and teams
- Paired with clinician from HBTW DHHS partner
- Enhanced Care Management Potential



Trauma Informed Teaching

NEUROBIOLOGY - NEAR SCIENCE

This graphic depicts the three parts of the brain – prefrontal cortex, hippocampus, and amygdala – most relevant to understanding the impact of trauma on the brain. In the traumatized brain, the prefrontal cortex and hippocampus regions are weakened, meanwhile, the amygdala is on high alert.



Student behaviors can only be “managed” when adult behaviors are consistent.

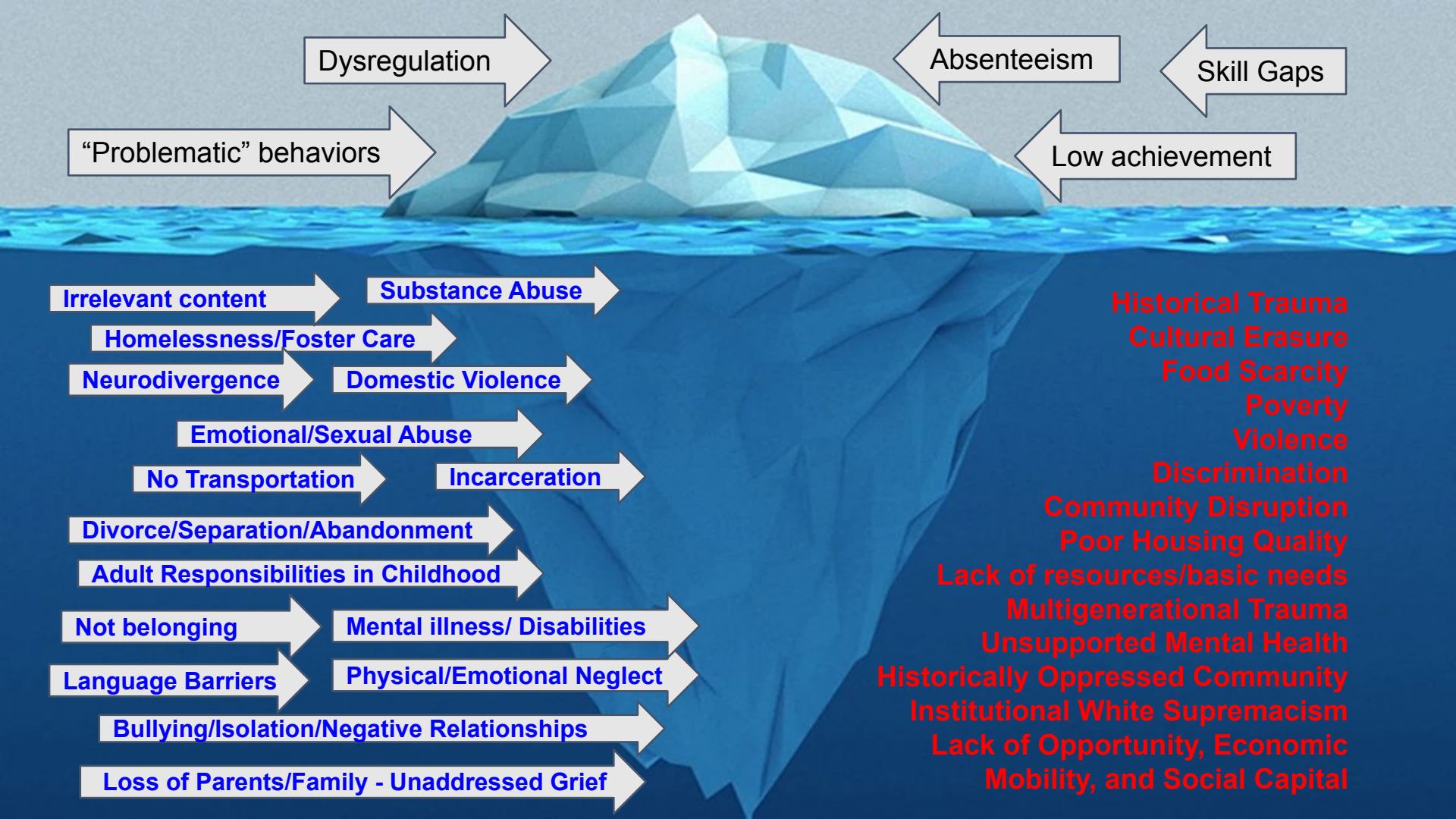
School Wide approach to Trauma Informed Schools - 4 R's

RRealizing the widespread impact of trauma and pathways to recovery

RRecognizing traumas signs and symptoms

Responding by integrating knowledge about trauma into all facets of the system

Resisting re-traumatization of trauma-impacted individuals by decreasing the occurrence of unnecessary triggers (i.e., trauma and loss reminders) and by implementing trauma-informed policies, procedures, and practices.



Certified Wellness Coaches in Tiered Support

Tier 3

- Support School Counselors
- Crisis referral
- Care coordination

Tier 2

- Check In / Check Out
- Assist in identifying students with Tier III needs
- Life skills (e.g., stress management, time management, problem-solving)
- Assist or lead group interventions/activities that do not require PPS-C or licensure

Tier 1

- Support Universal Screening tools
- Teach and reinforce classroom social, emotional, behavioral lessons under guidance of mental health or PPS staff
- School-wide Bully-Prevention Programs such as Stop, Walk, and Talk
- Provide mental health and wellness information across campus in the forms of visuals, posters, flyers, and more...
- Assist in identifying students with Tier II needs
- Deliver structured curriculum to groups or classrooms, focusing on wellness promotion and education such as building positive relationships, bullying prevention, nutrition, and exercise in relation to behavioral health

Healing in Relationship through Indigenous Practices

Wellness is relational. How balance shows up in school:

Mattering or belonging is Tier 1:

- Known
- Seen
- Valued
- Connected



Learn in relationship:

- Story
- Circles
- Land
- Elders
- Culture

Prioritizing Culturally Affirming Actions

Model Respect and Inclusion

- Use students' preferred names and pronouns.
- Greet students warmly and acknowledge cultural holidays and traditions.

Create Welcoming Spaces

- Decorate common areas with diverse artwork, student work, or cultural posters.
- Display books, music, or visual materials representing multiple cultures in libraries, cafeterias, or lounges.

Integrate Culture Into Daily Routines

- Play culturally diverse music in cafeterias or buses.
- Include culturally relevant games or stories during recess or after-school programs.



Artist: Carl Avery Location: Hoopa Valley High School

Wellness Coaches: Humboldt County Office of Education

- 4 Wellness Coaches are imbedded in schools and serve the regions where they are located in collaboration with Humboldt Bridges to Wellness
- 2 serve various districts with a focus on 0-5 years
- 1 has a focus on chronic absenteeism
- 1 has a focus on serving foster and homeless youth
- 1 works with our Court and Community School students and specializes in the unique needs of that population

Coaches at Work

I'm glad we
are finally having
a long discussion
about this.



I learned in
Normal

thank you

CYBHI Workstreams - Building Infrastructure

Workforce Training and Capacity		Behavioral Health Ecosystem Infrastructure		Coverage	Public Awareness
Wellness Coach Workforce (HCAI)	Trauma-Informed Educator Training (CA-OSG)	School-Linked Partnership and Capacity Grants (DHCS)	Student Behavioral Health Incentive Program (DHCS)	Enhanced Medi-Cal Benefits – Dyadic Services (DHCS)	Public Education and Change Campaigns (CDPH)
Broad Behavioral Health Workforce Capacity (HCAI)	Youth Mental Health Academy (HCAI)	Behavioral Health Continuum Infrastructure Program (DHCS)	Youth Suicide Reporting and Crisis Response Pilots (CDPH)		ACEs and Toxic Stress Awareness Campaign (CA-OSG)
Behavioral Health Virtual Services Platform and Next Generation Digital Supports (DHCS)					Statewide Multi-Payer Fee Schedule for School-Linked Behavioral Health Services (DHCS/DMHC)
Healthcare Provider Training and e-Consult (DHCS)				Parent Support Video Series (DHCS)	
Scaling Evidence-Based and Community-Defined Practices (DHCS)					
CalHOPE Student Services (DHCS)					
Mindfulness, Resilience and Well-being Grants (DHCS)					
Youth Peer-to-Peer Support Program (DHCS)					

Braided Funding

- **Community Schools**
- **HCAI**
- **Round 5 (Sunsetted)**
- **Learning Communities for Student Success**
- **Enhanced Care Management**
- **Other: Foster Youth Funds, LEA support, and Grants**



Where might students access supportive services in Humboldt County?



- General Education
- Special Day Classroom (SDC)
- Therapeutic Learning Classroom (TLC)
- Court and Community Schools (CCS)
- Glen Paul School
- SELPA
- Non-Public Agencies
- Community-Based Access
- Tribal Entities
- Redwood Coast Regional Center
- Department of Health and Human Services - Children's Behavioral Health

Humboldt County's Commitment to Integrated Ecosystem of Student Support

- Interagency Leadership Team - AB 2083
- Transforming Together Opportunity (one of four counties, CYBHI)
- Public Health - Suicide Prevention
- Department of Health and Human Services
 - Children's Behavioral Health
 - Child Welfare
 - Transitional Age Youth (TAY)
- Probation/Juvenile Hall - Restorative Practices/PBIS
- Redwood Coast Regional Center
- First Five Humboldt
- Humboldt County Behavioral Health Board
- Tribes - Relationships/Partnerships

Cross Agency Supports in Humboldt County

- **SUD Education/Intervention** - Adolescent Treatment Program: outpatient treatment for Medi-Cal youth (12-18) via community, juvenile hall, and school referrals.
- **Suicide prevention/intervention/postvention** - Crisis Mobile Response Team evaluates youth for 5150 holds, safety planning with families and schools, HBTW post-crisis response on school sites. HCOE provides Be Sensitive, Be Brave trainings to our districts and helps with suicide intervention planning
- **Tribal/Agency partnerships** - Two Feathers Native American Family Services provides specialty MH services to tribal youth, Trinidad Rancheria in process to become a provider.
- **MH supports for individuals with developmental disabilities** – partner with Redwood Coast Regional Center when possible
- **Any other school-based supports** – County BH staff utilize school spaces to provide therapy and case management services when families can't come to our clinics or it is more convenient/comfortable.

Behavioral Health Transformation: Goals and Strategies to Support Children, Youth, and Families

Paula Wilhelm
Deputy Director, Behavioral Health, DHCS

Highlights

BHSA Eligibility and Priority Populations: Children and Youth

Population Health Goals and Measures

Early Intervention

Full-Service Partnerships (FSP)

BHSA Eligibility Criteria: Children and Youth

- » 25 years of age or under (including early childhood and transition age youth; ***AND***
- » Meet Medi-Cal access criteria for Specialty Mental Health Services ***OR***
- » Have a substance use disorder (as defined in BHSA statute).

BHSA Priority Population: Children and Youth

Chronically homeless,
experiencing
homelessness, or at
risk of homelessness

Involved in, or at risk
of being involved in,
the juvenile justice
system

Reentering the
community from a
youth correctional
facility

Involved in the child
welfare system

At risk of
institutionalization

BHSA Furthering Goals for Children and Youth

The BHSA strengthens tools to treat those with more serious conditions and to intervene early, meeting children, youth, and their families where they are to disrupt the trajectory toward illness and other negative outcomes.

How will children and youth benefit from the Behavioral Health Services Act?

Population Health: Population-based programming on behavioral health and wellness to increase awareness about resources, reduce stigma, and intervene “upstream” to reduce behavioral health challenges (see *BHT performance measures in next section*).

Early Intervention Funding (at least 51% of county BHSS allocations): at least 51% of early intervention funding must be directed to people 25 years of age and younger and include **early childhood (0-5) mental health consultation, school-based services, and expanding early psychosis and mood disorder detection and intervention.**

Full Service Partnerships (FSPs – 35% of county allocations): Children and youth with high behavioral health needs will benefit from FSPs that provide evidence-based **High Fidelity Wraparound (HFW)**, delivering a whole-person approach that is trauma-informed, age-appropriate, and in partnership with a family's or an individual's existing supports.

Statewide Population Behavioral Health Goals

DHCS has identified 14 statewide behavioral health goals focused on improving wellbeing and decreasing adverse outcomes. DHCS will continuously assess statewide and county progress toward these goals.

Proposed Population BH Goals	
Goals for Improvement	Goals for Reduction
Care experience	Suicides
Access to care	Overdoses
Prevention and treatment of co-occurring physical health conditions	Untreated behavioral health conditions
Quality of life	Institutionalization
Social connection	Homelessness
Engagement in school	Justice-Involvement
Engagement in work	Removal of children from home
Health equity will be incorporated in each of the Behavioral Health Goals	

BHT Performance Measures

Legend:

Goal (sub-goal) measures
Intervention measures

Reduce Homelessness	Improve Access to Care
Homelessness Among People with Significant BH Needs - Housing Services for People With Significant BH Needs At Risk of or Experiencing Homelessness - FSP and Housing Services for People with Significant BH Needs At Risk of or Experiencing Homelessness	One or More Behavioral Health Services for People with MH Needs One or More BH Services for People with Significant MH Needs Initiation of SUD Treatment (IET-I) One or More BH Services for People with Significant MH Needs and Co-Occurring SUD
Reduce Institutionalization	Reduce Untreated Behavioral Health Conditions
Institutional Stays for People with BH Needs - Coordinated Specialty Care for First Episode Psychosis - Support for Transitions from Institutional BH Care - Follow-Up After Hospitalization for Mental Illness – 7 Days (FUH) - Follow-Up After Other Institutional Stays for Behavioral Health	Three or More BH Services for People with MH Needs Three or More BH Services for People with Significant MH Needs Engagement in SUD Treatment (IET-E) Three or More BH Services for People with Significant MH Needs and Co-Occurring SUD - Depression Screening and Follow-Up for Adolescents and Adults (DSF-E) - Evidence-Based Practices for People with Significant Mental Health Needs - Follow-Up After Emergency Department Visit for Substance Use – 7 Days (FUA) - Follow-Up After Emergency Department Visit for Mental Illness – 7 Days (FUM)
Reduce Justice Involvement	Improve Care Experience
Incarceration Among People with Significant BH Needs Repeat Justice-Involvement Among People with Significant BH Needs - Post-Release BH Services for Justice-Involved Reentry Enrollees with Significant BH Needs - Continuation of Medications for Addiction Treatment (MAT) for Justice-Involved Reentry Enrollees	Perception of Care with Respect to One's Cultural Background: SMHS Perception of Care with Respect to One's Cultural Background: DMC-ODS Perception of Care with Respect to One's Cultural Background: NSMHS
Reduce Removal of Children from Home	Improve Engagement in School
Children and Youth in Foster Care - Specialty BH Services for Children and Youth in Foster Care - BH Services for Parents, Guardians, and Pregnant People with Significant BH Needs - HFW, ECM, or ICC for Children and Youth in Foster Care	Graduation Rates for Students with BH Needs Chronic Absenteeism for Students with BH Needs - Care Coordination and Management Services for Children and Youth with BH Needs - Developmental Screening in the First Three Years of Life (DEV)
Reduce Overdoses	Improve Engagement in Work
Deaths by Drug Overdose Repeat ED Visit or Hospitalization for Drug Overdose - Recovery Incentives – Contingency Management - Pharmacotherapy for Opioid Use Disorder (POD) - Follow-Up After High-Intensity Care for Substance Use Disorder – 7 Days (FUI)	IPS Supported Employment for People with Significant BH Needs
Reduce Suicides	Improve Quality of Life
Deaths by Suicide Repeat ED Visit or Hospitalization for Self-Harm DHCS expects to add an intervention measure for this goal in the second BHSA IP period.	DHCS expects to develop a measure for this goal in the second BHSA IP period.
Improve Prevention and Treatment of Co-Occurring Physical Health Conditions	Improve Social Connection
- Adults' Access to Preventive/Ambulatory Health Services: Significant BH Needs - Child and Adolescent Well-Care Visits: Significant BH Needs - Dental Visits for People with Significant BH Needs	Services that Strengthen Interpersonal Relationships for People with Significant BH Needs
	Cross-Goal: Equity Measures
	- Disparities in BH Services for People with MH Needs - Disparities in BH Services for People with Significant MH Needs - Disparities in Pharmacotherapy for Opioid Use Disorder
	Cross-Goal: BHSA Priority Populations Measure

How Performance Measures Will Be Used

Transparency

DHCS will publish calculated measure rates, stratified by county/MCP and key demographics, for public access each year.

Planning

DHCS, counties, MCPs, and other stakeholders will be able to use these measures to track progress on the goals and inform planning for addressing the goals.

- » Counties: Integrated Plans
- » MCPs: PHM Strategy Deliverables

Population Health

DHCS will provide monthly rate updates and associated person-level data to counties and MCPs in Medi-Cal Connect.

This data will support population health activities (such as outreach and engagement, interventions, and other services) that would improve outcomes and performance on the measures.

Accountability

DHCS will use measures to

1. Inform and evaluate allocation of BHSA funding at the county level and the extent to which that allocation is addressing local needs (including in the BHOATR); and
2. Monitor BHP and MCP performance on delivery of Medi-Cal and BHSA services.

DHCS will not issue BHSA Corrective Action Plans on performance before 2029.

Select Measures of BH Interventions for Children & Youth

DHCS developed a wide range of measures under each of the BHT goals. **All measures can be stratified by age to assess for performance for children and youth.**

Several measures are especially relevant for children and youth, including:

- Coordinated Specialty Care for First Episode Psychosis
- BH Services for Children and Youth in Foster Care
- BH Services for Parents, Guardians, and Pregnant People with Significant BH Needs
- High Fidelity Wraparound, Enhanced Care Management, or Intensive Care Coordination for Children and Youth in Foster Care
- Well Child Visits for Children and Youth with Significant BH Needs
- One or More BH Services for People with Significant MH Needs
- Initiation of SUD Treatment (IET-I)
- One or More BH Services for People with Significant MH Needs and Co-Occurring SUD
- Three or More BH Services for People with Significant MH Needs
- Depression Screening and Follow-Up for Adolescents (DSF-E)

Early Intervention: Coordinated Specialty Care for First Episode Psychosis (CSC for FEP)

County Early Intervention programs must offer a CSC for FEP program beginning July 2026.

- » CSC for FEP is a community-based service that provides **timely and integrated support during the critical initial stages of psychosis** with the strongest base of evidence among any intervention for improving outcomes for individuals experiencing early psychosis.
- » DHCS and the Commission for Behavioral Health have made **significant investments in expanding CSC for FEP throughout the state**. These efforts include:
 - A \$25 million commitment through the Community Mental Health Services Block Grant from January 1, 2022 through June 30, 2025 to support counties in implementing and expanding their CSC for FEP programs with technical assistance through [EPI-CAL](#)
 - Children and Youth Behavioral Health Initiative (CYBHI) grants for CSC for FEP;
 - Coverage of CSC for FEP as a service under BH-CONNECT; and
 - Contracting with University of California, Davis to fund FEP technical assistance for county behavioral health agencies.

FSP Under the BHSA

BHSA maintains FSP as essential to the behavioral health continuum of care and incorporates many of the improvement opportunities identified by the MHSOAC.

- » Under the BHSA, county FSP programs **must** include:
 - Mental health and substance use disorder (SUD) services
 - Specific evidence-based practices (EBPs) (*see box at right*)
 - Assertive field-based initiation for SUD
 - Outpatient behavioral health services for evaluation and stabilization
 - Ongoing engagement services
 - Service planning
 - Housing interventions (funded under Housing Interventions category)
- » FSP programs **may also** include:
 - Primary SUD FSPs
 - Additional EBPs
 - Outreach services
 - Other recovery-oriented services

Required FSP EBPs*

- ✓ Assertive Community Treatment (ACT)
- ✓ Forensic ACT (FACT)
- ✓ FSP Intensive Case Management (FSP ICM)
- ✓ Individual Placement and Support (IPS) Supported Employment
- ✓ **High Fidelity Wraparound (HFW)**
 - HFW is the **designated FSP level of care** for children and youth.

Overview of High Fidelity Wraparound (HFW)

HFW is a team-based, family-centered service for children and youth living with significant mental health or behavioral challenges. HFW is an intervention designed to help the youth stay at home with their families/caregivers, in school, and in the community.

- » HFW includes an **“anything necessary”** approach to care for youth, combining team-based intensive care coordination and facilitation with individualized and home- and community-based mental health services and supports **tailored to meet the individualized needs of the youth**.
- » HFW is designed to **help the youth’s family, caregivers, and natural supports** understand the youth’s needs and learn how to support them in navigating complex mental health and/or behavioral challenges.
- » HFW organizes a **collaborative planning process** provided through a Child and Family Team (CFT), which is centered on family voice and choice and strengths, and includes people who are involved in the youth and family’s life. Led by a facilitator, the team:
 - Develops and carries out an individualized plan; and
 - Is responsible for providing access to an array of formal intensive services and informal supports across multiple child-and-family serving organizations and systems.
- » Youth who need HFW may also be served by foster care, child welfare, or juvenile justice.

HFW in Medi-Cal and BHSA FSP Programs

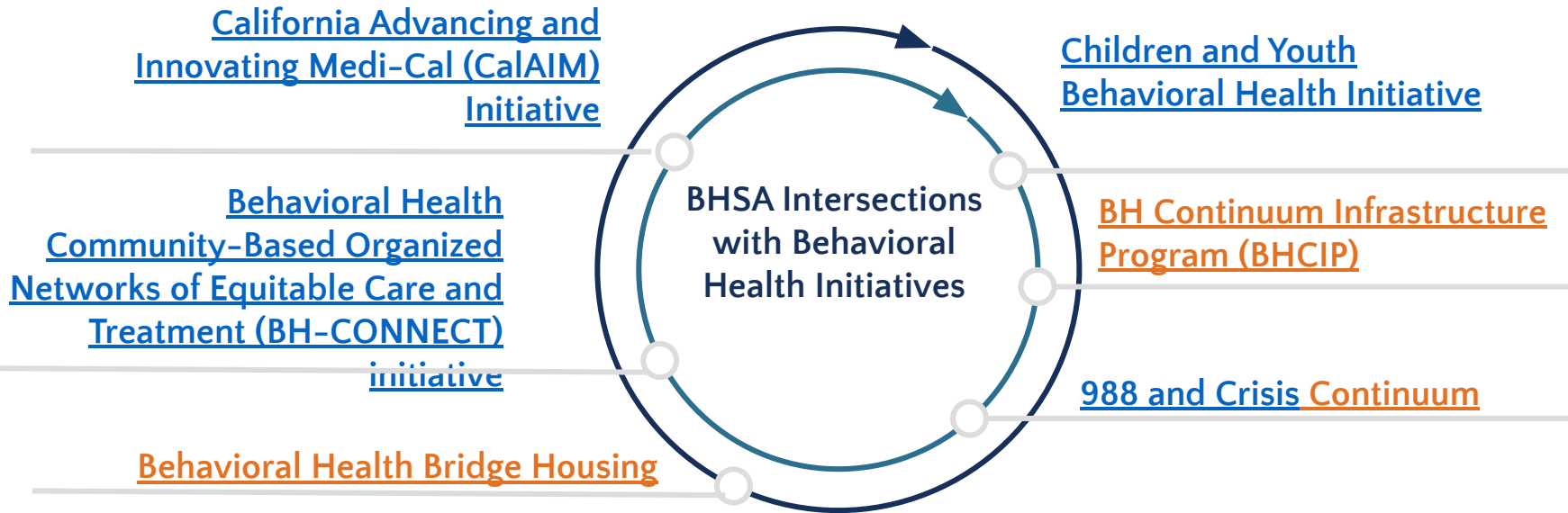
Effective July 1, 2026, DHCS is implementing HFW as an evidence-based practice (and a corresponding updated payment model) within Medi-Cal Specialty Mental Health.

Policy Goal: Ensure counties and providers deliver HFW consistent with evidence-based standards and improves outcomes and quality of life among youth in California living with significant behavioral health needs.

- » HFW is already available to Medi-Cal children and youth under the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) benefit.
- » DHCS is clarifying coverage of, and implementing a new payment model for, HFW, including service design, fidelity monitoring requirements, and related policies.
- » **HFW provided under FSP programs must meet all of the same evidence-based standards as HFW delivered under Medi-Cal.**
- » For additional detail please see:
 - [Draft HFW Information Notice](#)
 - [Draft HFW Policy Manual](#)

Other Behavioral Health Initiatives that Support Children and Youth

BHSA aligns with and amplifies a broader set of recent behavioral health initiatives, helping counties reinforce ongoing work and access new federal funding pathways, including:



Thank you!





Salud Mental y
Tratamiento del Uso
de Sustancias

Behavioral Health Division

Santa Cruz County BH Supporting High-Risk Children & Youth

Presented to CalHHS Behavioral Health Task Force (BHTF)

July 15, 2026

Dr. Marni R. Sandoval

Behavioral Health Director

Santa Cruz County

Population
259,432

Race/Ethnicity	% of Pop.
Am. Indian/Alaskan Native	0.29%
Asian	4.69%
Black/African American	1.06%
Hispanic/Latino	36.37%
Native Hawaiian/Pacific Islander	0.11%
White	51.61%
Other Race/2+ Races	0.59%/5.27 %
Assigned Sex at Birth	
Male	49.86%
Female	50.14%



Data source: DataShare Santa Cruz County

Age Group	% of Pop.
0-4	4.24%
5-9	4.64%
10-14	5.17%
15-17	3.62%
18-20	6.02%
21-24	7.50%
25-34	12.52%
35-44	11.92%
45-54	11.78%
55-64	12.24%
65-74	11.86%
75-84	6.47%
85+	2.01%

Ecosystem of Health Supports & Services in Santa Cruz County

CDPH, MCPs, First 5
Education Partners (COE,
Districts, Com. College,
University)

Community-Based
Organizations

Residential
Treatment &
Skilled Nursing
Facilities

Managed Care
Plans (CCAH, Kaiser)
BHP

County Behavioral
Health (BHP)
& Clinic Services
Primary Care Providers

Mobile Crisis Response Team
First Responders
Hospitals
CSU, Crisis Residential
Programs



A Critical Moment: Supporting Our Highest-Risk Children and Youth

A variety of initiatives and funding sources are accessible and align to provide support and treatment for children and youth with more serious conditions.

- Behavioral Health Services Act (BHSA)
- Child and Youth Behavioral Health Initiative (CYBHI)
- Mental Health (MHBG) and Substance Abuse (SUBG) Block Grants
- Behavioral Health Continuum Infrastructure Program (BHCIP)
- Children's Crisis Continuum Pilot Program (CCCCP)
- California Health Facilities Financing Authority (CHFFA)
- California Advancing and Innovating Medi-Cal (CalAIM) Initiative
- BH-CONNECT (Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment)
- Behavioral Health Bridge House (BHBH)

High-Risk Areas of Focus

Early Psychosis

LGBTQ+ Youth & Families

Child Welfare/Juvenile
Justice Involvement

Crisis Intervention

Early Psychosis

**Without early support,
symptoms deepen — with
intervention, futures renew**

The Need

- Onset of the First Episode of Psychosis
- Impacts youth ages 16-25
- Youth and families struggling to understand and access care

Response

- CSC FEP Program
- Clubhouse Model Program
- MH Peer Program (NAMI of Santa Cruz)

Funding

- MHBG - FEP
- BH – CONNECT
- BHSA



LGBTQ+ Youth & Family Support

Isolation increases harm —
affirming care strengthens
resilience

The Need

- LGBTQ+ youth experience higher rates of:
 - Isolation
 - Family rejection
 - Peer bullying/aggression
 - MH and SUD challenges

Response

- LGBTQ+ youth support and treatment
- family education and support programs



Funding

- BHSA



Risk of Child Welfare/Juvenile Justice Involvement

Without intervention, cycles repeat —
with treatment, trajectories
transform

The Need

- Family challenges impact children
- Without support children/youth develop mental health challenges
- Parents/Caregivers need support so they can better support their children

Response

- Full-Service Partnership (FSP) Programs
 - General Child/Youth FSP
 - Child Social Services FSP
 - Juvenile Justice FSP
- High Fidelity Wrap
- Family systems focus

Funding

- BHSA
- BH-CONNECT



Crisis Intervention

**Ignored warning signs can be
life-threatening — timely care saves
lives**

The Need

- Severe Mental Health Conditions increase risk of suicide and/or criminalization
- Stigma and isolation reduce youth and family ability to access care

Response

- Youth Mobile Crisis Response Program
 - Mental Health Liaison (partner w/LE)
 - Call Diversion Pilot
- Youth Crisis Center
 - Crisis Stabilization Unit (CSU)
 - Children's Crisis Residential Program (CCRP)

Funding

- BHCIP
- CHFFA
- C.R.I.S.E.S. grant (CDSS)
- BHSA
- DHCS M-TAC Policy Academy



*CCRP at Hope Forward/
Esperanza Adelante Youth Crisis Center*

Crisis Response

CSU opened April 2026

- Served 90 youth
- 86% safely discharged HOME
- 14% required higher level of inpatient care

Youth Mobile Crisis Response Team

- Community response across the County
- Stabilize and Divert youth from EDs to CSU
- Provide follow-up and linkage to treatment
- MH Liaison and Diversion Pilot Program



Hope Forward | Esperanza Adelante
Youth Crisis Center | 5300 Soquel Avenue, Santa Cruz



HOPE FORWARD | ESPERANZA ADELANTE

YOUTH CRISIS CENTER

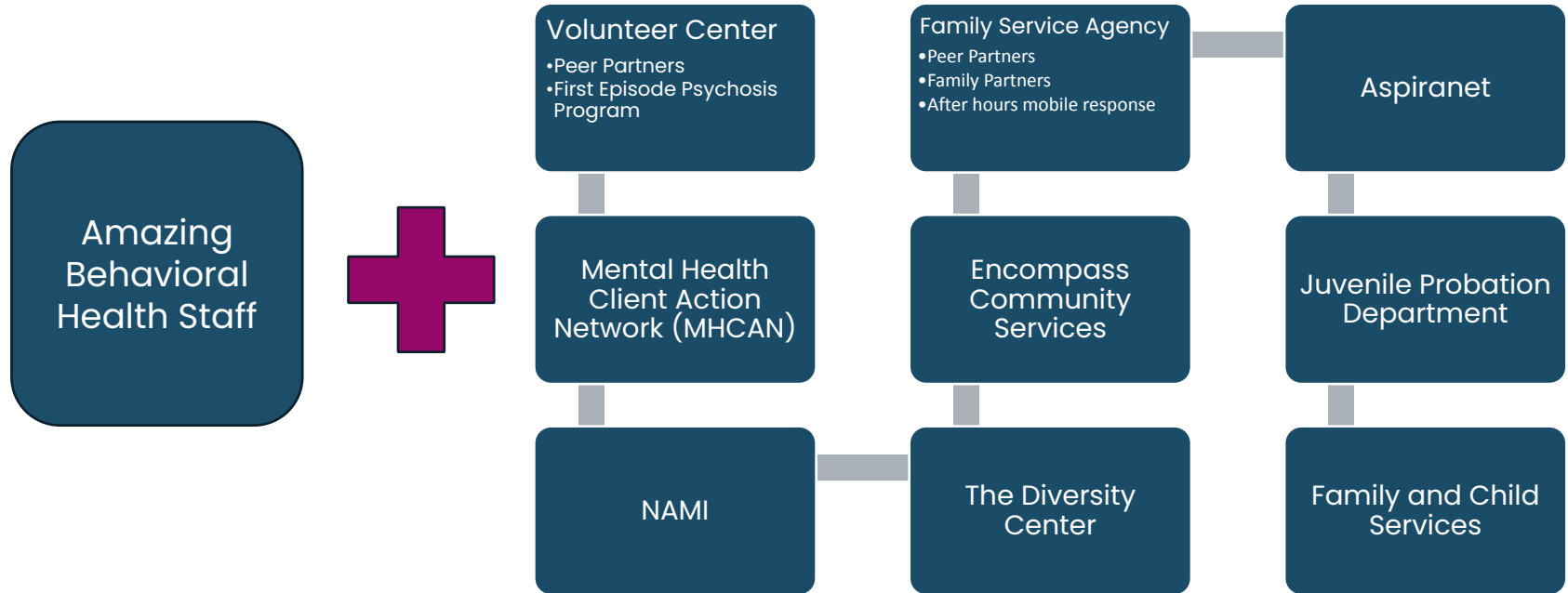


Mobile Crisis Response Team



The Santa Cruz County Ecosystem at Work

Partnership is a MUST – Behavioral Health couldn't provide the robust array of care without public agency partners and community-based organizations.



Challenges & Considerations

Strength in challenge. Progress in care. Uncompromising commitment to behavioral health.



Thank You.



Salud Mental y
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COMMUNITY-BASED NONPROFITS:

ADVANCING CALIFORNIA'S VISION FOR
CHILDREN'S BEHAVIORAL HEALTH & CHILD
WELFARE

July 15, 2026

PRESENTED BY



ADRIENNE SHILTON

SVP PUBLIC POLICY & STRATEGY
CA ALLIANCE



EVA TERRAZAS

CHIEF PUBLIC POLICY & ADVOCACY OFFICER
PACIFIC CLINICS



SERVING THE MOST VULNERABLE YOUTH

CBOs are the glue that connect services for youth and families across California's children's behavioral health and child welfare investments and across payers.

CAAlliance members meet children and youth where they are:

- Foster youth with complex behavioral health needs
- Youth and families enrolled in Medi-Cal
- Youth exiting the justice system
- Commercially sexually exploited and trafficked youth, including pregnant and parenting youth
- Youth and families who are unhoused or experiencing housing instability
- Immigrant youth and families
- LGBTQ+ youth including foster youth
- Supporting resource families who are caring for 6,500 foster youth



CHILDREN'S BEHAVIORAL HEALTH AND CHILD WELFARE INVESTMENTS



Governor Newsom's Behavioral Health & Child Welfare initiatives represent significant opportunities.

CA Alliance members have proudly helped bring behavioral health and child welfare investments to children and youth when, where, and in the way they need them most, including through:

- BHSA
- School-Based Behavioral Health (Fee Schedule)
- High-Fidelity Wrap Around
- Crisis Infrastructure (BHCIP)
- EBP and CDEP grants



SUPPORT NEEDED FOR CBO'S

Challenges:

- Kids' programs vulnerable to County budget cuts under BHSA
- Prevention no longer locally administered under BHSA
- LEA willingness to partner with CBOs varies within the Fee Schedule program
- Budget constraints
- Child Welfare Insurance crisis

CA ALLIANCE MEMBERS IN ACTION

CA Alliance Member Aspiranet: Hope Forward Campus (BHCIP)

The Challenge

- Foster youth often traveled 75–200 miles for crisis care.
- Long emergency department waits delayed treatment and separated youth from their families.

The Response

- Aspiranet partnered with Stanislaus, Merced, and San Joaquin Counties to create a regional crisis care campus.
- \$33 million in state funding supports a continuum of crisis and residential behavioral health services.

The Impact

- Approximately 1,600 youth served annually.
- Care closer to home with stronger family involvement.
- Better access to coordinated crisis services.

“This is a once-in-a-lifetime opportunity for Central Valley youth, families and professionals.” - [Aspiranet](#)

Read The Modesto Bee article [HERE](#)

CA ALLIANCE MEMBERS IN ACTION

CA Alliance Member Children First Foster Family Agency and Five Peaks Solution: Fee

Schedule

The Challenge

- Rural communities face unique barriers to accessing behavioral health services.
- Schools need partners to expand and sustain behavioral health supports.

The Response

- Five Peaks Solution became a statewide affiliated provider under CYBHI and now works in 67 schools.
- Serves 3,000 youth annually.
- Deploys 20 wellness coaches to expand access to care.

The Impact

- Expanded behavioral health access for students in large rural area (3 frontier and rural counties).
- Increased capacity to deliver school-based services.
- The Fee Schedule helped them bring even more care closer to students.

Learn more about Children First FFA [HERE](#)

Learn more about Five Peaks Solution [HERE](#)

WHY THESE INVESTMENTS MATTER

CBO's serving children, youth, and families can no longer rely on federal grant support to augment state funding:

- Federal attacks on grant funding and politically motivated RFP processes (e.g. requirement to collaborate with ICE)
- Family separation and community trauma
- Kidnapping and deportation of our CA Alliance team member Axel Pecero
- Attacks on the safety and well-being of LGBTQ+ youth



FROM POLICY TO PRACTICE

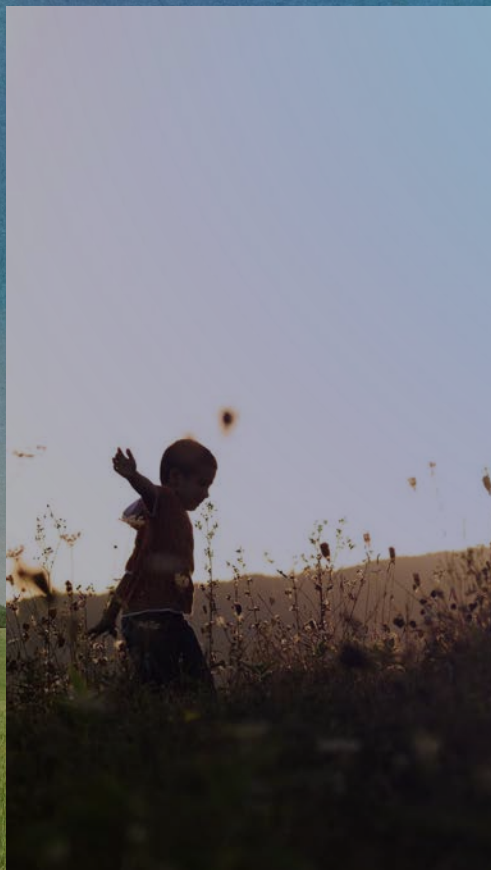
Pacific Clinics illustrates how community-based nonprofit organizations:

- Integrate multiple behavioral health investments into coordinated care
- Partner across systems to improve access and continuity of care
- Translate state investments into meaningful community impact



EVA TERRAZAS

CHIEF PUBLIC POLICY & ADVOCACY OFFICER
PACIFIC CLINICS





CONTACT

Adrienne Shilton

ashilton@cacfs.org



Pacific
Clinics®

**Health and Human Services BH
Task Force
July 15, 2026**





Our Mission

We deliver integrated behavioral health care and social services to advance health equity and mental well-being for children, adults and families.

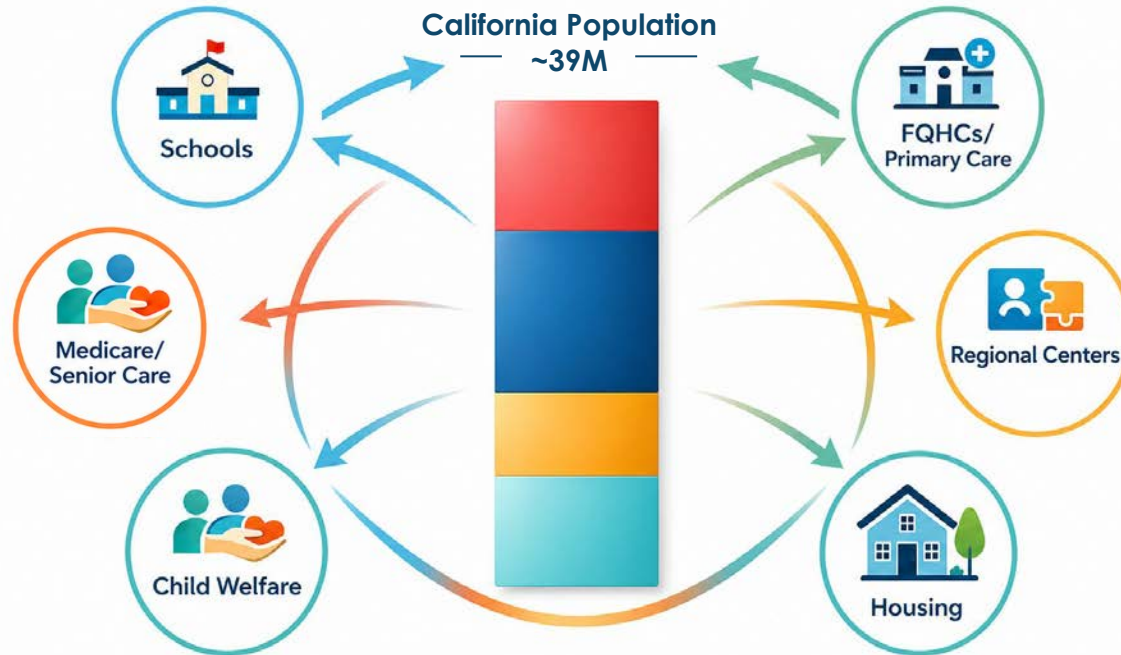
Our Vision

A world in which all people realize health and well-being.

Our Values (PC CARES)

- Passion
- Client Centered
- Culturally Respectful
- Accountable
- Responsive
- Empathetic
- Strength-Based

Braided Funding Opportunities



Statewide Overview (Los Angeles, Bay Area, Capital Region, Fresno and Inland Empire)



Foster Care,
Adoptions, &
Other Social Services



CalAIM: Care
Management
Community Supports



Integrated
Care



Neurodevelopmental
Services



Outpatient
Mental Health
& Psychiatry Services



Outpatient Substance
Use Disorder



Education-Related
Services



Crisis Care
Services

Crisis and Intensive Services



Trusted Response Urgent Support Team (TRUST)

Santa Clara County



Crisis Stabilization Unit

*Santa Clara & Nevada (new)
County*



Santa Cruz

Santa Cruz County

Mobile Crisis Response Teams

- ✓ Santa Clara
- ✓ Solano
- ✓ San Benito
- ✓ Nevada(new)

Placement Supportive Services

- ✓ Santa Clara County

Post Crisis Stabilization Services

- ✓ Santa Clara County

Intensive Outpatient Services

****Watsonville Community
Hospital**

Crisis Response Innovations

Helping our team get to people in need faster



Integrated model reduces response time and improves client outcomes

School Based Services

Santa Clara, Los Angeles, San Mateo, Sacramento, San Bernardino, North Monterey Counties



Impact

- 30 MOUs to provide CYBHI MPS
- 60 LEA and 600 schools to provide MPS services across the state
- 5,500 individual students served.



Statewide Outcomes

- Support 120 Certified Wellness Coaches
- Support to 15 Wellness Centers across the state
- 92% client satisfaction rating across the state (FY25/26)
- 83% of goals mastered across the state (FY25/26)

"A Mother reported that her child had been involved in self harm. Due to a wellness center on site, staff promptly intervened and concluded the youth needed an immediate safety plan coordinated with the school administration. The student was referred to PC to receive Tier III services for four months. The student no longer engages in self harm, has formed friendship and will visit the wellness center for support as needed."

OUR ECM & CS FOOTPRINT

CALAIM SERVICES



Services Offered:

Enhanced Care Management

CS - Housing Trio

CS - Day Habilitation



Contracted Health Plans

Anthem

Santa Clara Family Health Plan

Partnership Health Plan of CA

Health Net

Molina

LA Care

Contra Costa Health Plan

Community Health Group

San Francisco Health Plan



Over 150 Years of Quality Care

ENHANCED CARE MANAGEMENT

PROGRAM OVERVIEW

Enhanced Care Management is designed to address both clinical and non-clinical needs of the highest-need enrollees through intensive coordination of health and health-related services.

SEVEN CORE SERVICES

- Outreach & Engagement
- Comprehensive Assessment and Care Management Plan
- Enhanced Care Coordination
- Health Promotion
- Comprehensive Transitional Care
- Member and Family Supports
- Referral to Community and Social Support Services



The help our clients are asking for



Medical

“ My son needs to see a doctor ”



Housing

“ Can you help find me a place to live? ”



Insurance

“ I need help with my Medi-Cal application ”



Food

“ I need help with food ”



Finances

“ I need help paying my bills ”



Transportation

“ I need help with transportation so my kids can get to school ”



Pacific
Clinics®

THANK YOU!

Eva M Terrazas, Chief Public Policy Officer
eva.terrazas@pacificclinics.org



California
Coalition for Youth

1979

1979

The California Coalition for Youth (CalYouth) began as California Children, Youth, and Family Coalition

1986



We hear you

Toll-Free Safety



1986

Our mission to improve and empower the lives of California's youth positioned us to operate the California Runaway Hotline



Toll-Free Safety



1990

1990

We shared a comprehensive policy for runaway and homeless youth in California.

1994

1994

We had our first youth board member

1996

1996

The California Runaway Hotline became the California Youth Crisis Line



2001

2001

The California Children, Youth, and Family Coalition became the California Coalition for Youth



2004

2004

Homeless youth shelter experience

2005

2005

My first CalYouth conference

2015

2015

Our advocacy grew

2016

2016

We called on California to focus on youth homelessness

TODAY

TODAY

CalYouth has impacted policy, services, programs, and billions in funding to improve and empower the lives of youth.



2026

We are thank Californians, our legislature, and Governor for prioritizing youth homelessness

2026

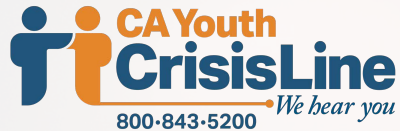
We are grateful to serve, partner, collaborate, and build with philanthropy, foundations, government, nonprofits, community, and most importantly youth.



California

Coalition for Youth

Established in 1979





CalYouth

Established in 1979

*Improving and Empowering the lives of California's youth; with a focus
on youth experiencing homelessness, disconnection, and instability.*



CALYOUTH's TEAM

and workforce of 100+ volunteers, staff, and board members.



Deannie Choiselat

**Membership and Public Policy
Coordinator**



Stephen Sparling

**Project Manger
California Youth Crisis Line**



Logan Shideler

**Volunteer Manager
California Youth Crisis Line**



Kim Lewis

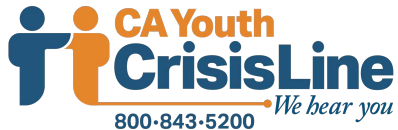
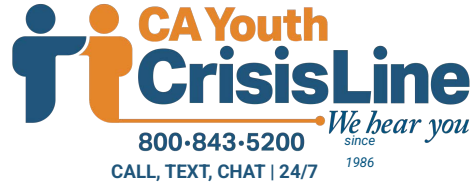
**Legislative Advocate
Lewis Advocacy**

1. **Annie Clark** - Assistant Director
2. **Jamie Trunnel** - Outreach Coordinator
3. **Pamela Pascual** - Executive Assistant
4. **Chris Pascual** - Strategic Developer

CalYouth's Executive Director since 2018

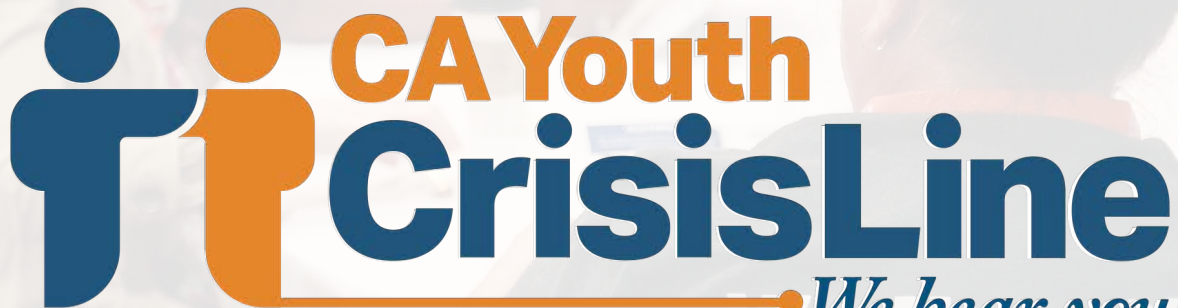


CalYouth's Activities





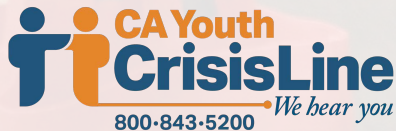
Our Membership
United advocacy
impacting policy,
programs, services,
and funding



800-843-5200

We hear you
since 1986

CALL, TEXT, CHAT







EXECUTIVE

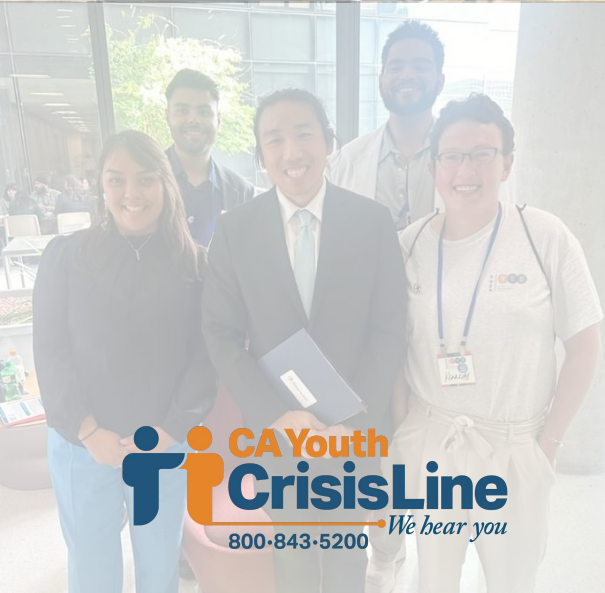
ADVOCACY DAY

IN SACRAMENTO



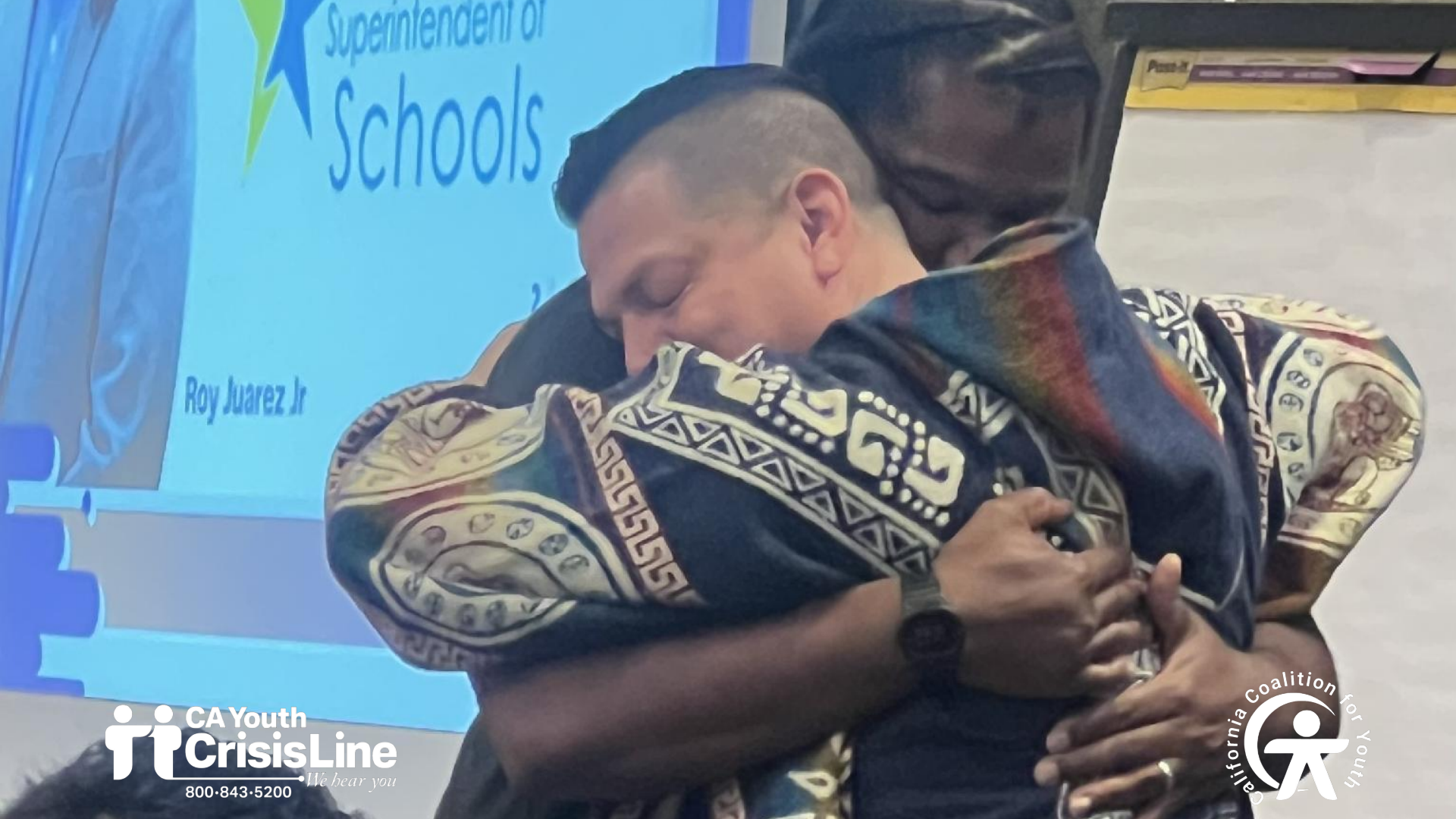






April 19th - 21st, 2026

**CA Youth
CrisisLine**
800-843-5200 *We hear you*





**CA Youth
CrisisLine**
800-843-5200 *We hear you*

California
Coalition for Youth

**CA Youth
CrisisLine**
800-843-5200 *We hear you*

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**CA Youth
CrisisLine**
800-843-5200 *We hear you*

**CA Youth
CrisisLine**
800-843-5200 *We hear you*

Cal Youth
Youth Leadership Award



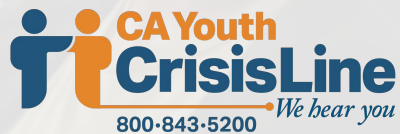






Cal Youth

TOUR



BROADWAY  S
NEDERLANDSE REPRESENTATION

2025

 **CA Youth
CrisisLine**
800-843-5200 *We hear you*

California Coalition for Youth














Toll-Free Safety

CA YOUTH
CRISIS LINE
800-843-5200

 **CA Youth
Crisis Line**
800-843-5200 *We hear you*

Toll-Free Safety

California Coalition for Youth












CA Youth
CrisisLine
800-843-5200 *We hear you*









Youth Homelessness Data 24-25



California Department of Education

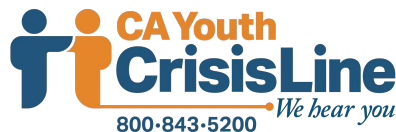
298,254 homeless youth | 11,670 unsheltered youth

Homeless Data Integration System

47,033 homeless youth | 117,437 families with Children

Point In Time Count

8,266 homeless youth | 1,467 parenting youth



UC Berkeley









Youth Homelessness Funding



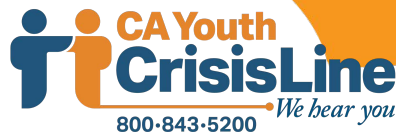
Homeless Housing, Assistance, and Prevention (HHAP)
program funding allocation | Rounds 1-7
\$4.2 Billion | \$420 Million Youth Set-Aside Minimum.

HomeKey Rounds Two &
\$2.7 Billion | \$216 Million Youth Set-Aside Minimum.
Three

A \$50 million one-time General Fund is needed for the Homeless Youth Emergency Services and Housing Program and the Homeless Youth Emergency Services Pilot Program to preserve and expand critical services for homeless youth for another grant cycle.

These two programs are currently scheduled to conclude on December 31, 2026, and March 31, 2027, respectively.

Counties currently receiving funding: Alameda, El Dorado, Fresno, Humboldt, Los Angeles, Monterey, Orange, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, Santa Clara, Stanislaus, Ventura



Legislation



AB 1967 (ZBUR)- ENDING YOUTH INSTABILITY

Will require a more timely and responsive investigation by county child welfare whenever a youth seeks to enter foster care through self-petition.

AB 1899 (CALOZA) - OFFICE OF YOUTH HOMELESSNESS PREVENTION

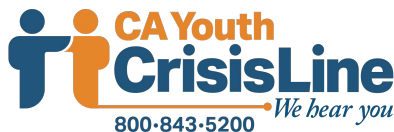
Creates the new Office in the California Interagency Council on Homelessness.

SB 492 (MENJIVAR) - YOUTH HOUSING BOND

Would enact the Youth Housing Bond Act of 2026. Provide financing to support building youth housing.

SB 417 - PROP 1 - SENATE, ASSEMBLY, AND GOVERNOR APPROVED

\$150 Million for youth housing in \$11.25 billion Housing Bond for majority vote approval by Californians in November.















Visit www.calyouth.org/impact



LET US

Improve and empower the lives of youth



California
Coalition for Youth

Department Updates

STEPHANIE WELCH, MSW

Deputy Secretary of Behavioral Health, CalHHS



BHSA Update

Behavioral Health Task Force

July 15, 2026

Confidential - High

BHSA Funding for Population-Based Prevention

4%

Prevention

The California Department of Public Health (CDPH) will administer statewide prevention services to reduce the risk of people developing mental health conditions or SUDs.



At least **51%** of Population-Based Prevention funds must be used for populations who are **25 years old or younger**

BHSA Population-Based Prevention- 4%

Population-based prevention programs must:

- Incorporate **evidence-based practices** or promising **community defined evidence practices**
- Meet one or more of the following:
 1. Benefit the entire population of the state, county, or particular community
 2. Serve identified populations at elevated risk for a mental health or substance use disorder
 3. Aim to reduce stigma associated with seeking help for mental health challenges and substance use disorders
 4. Serve populations disproportionately impacted by systemic racism and discrimination
 5. Prevent suicide, self-harm, or overdose
- Strengthen population-based strategies

Prevention funding **cannot** be used for early intervention, diagnostic services, or treatment for individuals

BHSA Population-Based Prevention Program Final Plan

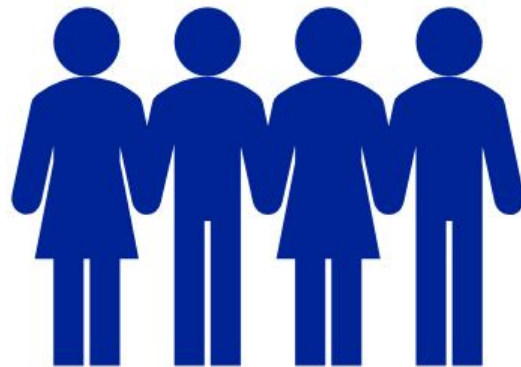
Provides information related to the Statewide Population-Based Prevention Program.

CDPH released the guide in two parts:

- **Phase 1:** provided information about the BHSA, Population-Based Prevention Program statutory requirements, statewide goals, and state level leadership and alignment activities.
- **Phase 2:** addressed the operational and administrative components to execute activities to achieve intended objectives, goals, and outcomes.
- Both Phase 1 and 2 were guided by community and partner input (including Tribal Consultations).
- Together the [Final Plan](#) (released in March 2026) covers BHSA Population-based Prevention Strategies beginning in July 2026 for a three-year period including Fiscal Years 2026-2028.

Priority Populations for Strategic Investment

- Black, Indigenous, Latino, Asian and Pacific Islander and Middle Eastern populations
- Children, youth, and families
- Immigrant and refugee populations
- LGBTQIA+ populations
- Older adults
- People with Intellectual and Developmental Disabilities
- Tribes
- Veterans



CDPH BHSA PREVENTION PROGRAM – CURRENT FINAL PLAN – (STATE OPERATIONS)

Program Component	FY 2026/27 (in Millions)	Percent of Budget	FY 2027/28 & 2028/29 (in Millions)	Percent of total budget	What was included
Statewide Policy Initiative	\$1.4M	1%	\$3.4M	2%	Address emerging issues and substances (including AB1282 and SB 243)
Statewide Prevention Strategies	\$5.7M	4%	\$15.7M	12%	• CalHOPE Peer Warm Lines & Red Lines • CDPH set aside to address emerging issues
Statewide Awareness Campaigns	\$40.3M	30%	\$14.3M	11%	• 3 NEW Statewide Awareness Campaigns (including Suicide Prevention, 988 and SUD) • Maintenance of existing CYBHI campaign assets
Training and Technical Assistance	\$5.0M	4%	\$6.5M	5%	Schools-related TTA and Strength-based training
Community Engagement	\$1.5M	1%	\$1.5M	1%	Implementation Workgroup and dedicated engagement with youth
Data and Evaluation	\$7.9M	6%	\$9.9M	7%	Comprehensive statewide evaluation of all initiatives (including CDPH)
Core Staffing	\$7.8M	6%	\$7.8M	6%	Office of Social and Behavioral Health - Centralized and coordinated structure within CDPH to create strong leadership, alignment and oversight of all behavioral health activities

CDPH BHSA PREVENTION PROGRAM – CURRENT FINAL PLAN (LOCAL ASSISTANCE)

Program Component	FY 2026/27 (in Millions)	Percent of Budget	FY 2027/28 & 2028/29 (in Millions)	Percent of total budget	What was included
LHJ Program	\$12.0M	9%	\$12.0M	9%	Local Prevention Coordination
CBO Funding	\$34.8M	26%	\$45.3M	34%	• CDEPs • Trusted Messenger and Crisis Centers • 988 Implementation Grants • Regional Policy Development & Implementation Efforts
Tribal Program	\$10.0M	7%	\$10.0M	7%	Dedicated funding for Tribes
Training and Technical Assistance Grants	\$8.5M	6%	\$8.5M	6%	• Localized TTA for special populations, including older adults, veterans and ID/D populations; • 988 Crisis Services • Regional approaches

POPULATION-BASED PREVENTION PROGRAM FRAMEWORK – 2026 BUDGET ACT AND IMPACTS TO FINAL PLAN

Programs Supported by Behavioral Health Services Fund (Dollars in Millions)			
Department	Program	FY 2026-27 Funding Allocation	FY 2027-28 Funding Allocation
<i>Population-Based Behavioral Health Prevention Programs</i>			
Total BHSA Allocation		\$ 174.8	\$ 174.8
Department of Health Care Services	Children and Youth Behavioral Health Initiative Behavioral Health Service and Supports Platform	\$ 56.8	\$ 98.0
Department of Corrections and Rehabilitation	Staff Training Programs	\$ 1.3	\$ 1.3
Department of Industrial Relations	Equal Representation in Construction Apprenticeship Grant	\$ 3.5	\$ 3.5
CDPH Specific Allocation of BHSA Population-Based Prevention Program		\$ 113.2	\$ 72.0
Original Final Plan Budget		\$ 134.8	\$ 134.8

POPULATION-BASED PREVENTION PROGRAM FRAMEWORK – 2026 BUDGET ACT AND IMPACTS TO FINAL PLAN

	FY 2026/27	FY 2027/28
<u>Current</u> CDPH Specific Allocation - 2026 Budget Act	\$113.2M	\$72.0M
<u>Prior</u> CDPH BHSA Budget for Final Plan	\$134.8M	\$134.8M
Impact	(\$21.6M)	(\$62.8M)

POPULATION-BASED PREVENTION PROGRAM

Concerns regarding the impacts:

- Significant reductions in BY+1 will significantly impact current state and local initiatives planned
- How to scale initiatives given the uncertainty of BY+1 and ongoing funding
- Need the ability to contract for 3-years
- Mitigation strategies to avoid ongoing General Fund offsets during this current 3-year cycle and beyond

POPULATION-BASED PREVENTION PROGRAM FRAMEWORK – 2026 BUDGET ACT

CDPH principles for **proposed** revisions to Final Plan initiatives:

- Maintain initiatives that continue **statewide impact and reach**
- How to strategically **leverage existing work underway** (including work to release funds into the community)
- **Consolidation** for efficiency and cost savings
- Continue **reach into marginalized and targeted communities**
- Continue **alignment with other statewide initiatives**
- **Target investments** in focused population areas

Next Steps

- Develop proposed budget strategies within 2026 Budget Act allocations
- Engage and communicate with community on updated strategies and initiatives for implementation in FY 2026/27 and FY 2027/28
- Release RFPs for local assistance funds



Behavioral Health Task Force WET Plan Update

July 15, 2026

BHSA & WET Plan

- BHSA allocates 3 percent of BHSA funds for behavioral health **workforce initiatives**.
- Specifies the **Five-Year Workforce Education and Training (WET) Plan** is the vehicle for articulating BHSA **funding priorities**.
- Requires the California Behavioral Health Planning Council (CBHPC) to **approve the Plan**

BHSA Workforce Goal

Increase the current and future supply of behavioral health professionals serving individuals with significant behavioral health conditions and BHSA priority populations, ensuring that the health workforce reflects the communities served and is equipped with the knowledge and skills to meet the needs of these populations within the county behavioral health system.

WET Plan: 5 Objectives

#	Objective Names	Community Revised Objective Definitions
1.	Expand Existing Workforce Skills	Expand on-the-job training for existing behavioral health workforce to develop the skills needed to serve individuals with significant behavioral health conditions. Establish a training model that can be replicated at scale in the future as needed to reflect evolving policy context.
2.	Educate & Train Future Licensed Professionals	Expand affordable academic-based education and training with clinical supervision that prepares future licensed behavioral health workforce, including funding support for students.
3.	Scale & Optimize Deployment of Non-Licensed Workforce	Provide training and support transition-to-practice opportunities for individuals and provide technical assistance to employers to ensure effective deployment of the non-licensed workforce .
4.	Enhance Career Pathways & Advancement	Develop and implement standardized behavioral health career pathways to increase awareness, support upward mobility , and promote a diverse and sustainable workforce .
5.	Recruit & Retain Workforce	Recruit and retain behavioral health professionals in county and county-contracted organizations.

Advance diversity and equity across all.

Community & Partner Input Timeline

Phase 1: Community Engagement

- July to August 2025
- 21 statewide community convenings
- 287 community participants
- Broad spectrum of outreach

Phase 2: Deep Dives

- January to April 2026
- 25+ meetings and workshops
- 60+ community, academic, and state partner SMEs
- 1:1s with BHSA Workforce Panel

Phase 3: Plan Feedback and Approval

- March to June 2026
- Convened BHSA Workforce Panel
- Held public presentations and published the WET Plan for public comment (May)
- CBHPC* meetings to preview (April) and approve (June)

2025

2026

Resulted in:

- Key themes
- Initial draft investment objectives and draft programs
- Prioritized list of areas for further investigation

Resulted in:

- Final 5 Objective framework, including refined language
- Further fleshed out program ideas, by objective
- High level funding allocations and timelines

Resulting in

- WET Plan refinement
- WET Plan approval and publication (July 3)
- Activate funding & accountability (under development)

Public Comment Process

Public Comment Period

- The public comment period was open from May 12–May 29, and members of the public were able to submit comments via MS Forms
- A total of 139 MS Forms submissions were received, collectively containing 791 individual comments

Release of Draft BHSA 2026–2030 WET Plan Public Webinar

- On May 20 and May 21, HCAI hosted two public webinars
- In total, nearly 400 members of the public attended

Analysis of Public Comment

- From May 29 – June 3, HCAI staff conducted an analysis of all public comments received

Presentation of Public Comment Summary

- On June 4, HCAI presented a summary of public comment and intended amendments to HCAI BHSA Workforce Panel

Public Comment: Prioritized Programs

Top Prioritized Programs (140 respondents)

Program 3A: Scale training and job placement in the County Behavioral Health System for SUD Counselors and Peer Support Specialists (51 votes)

Program 1C: Fund delivery of prioritized work-based trainings to behavioral health professionals (48 votes)

Program 1D: Fund programs that train existing primary care and medical service providers to identify, treat, and refer individuals experiencing significant behavioral health conditions and co-occurring disorders (45 votes)

County Partners: Prioritized Programs

Top Prioritized Programs (41 total respondents)

Program 5A: Fund recruitment and retention initiatives (24 votes)

Program 3A: Scale training and job placement in the County Behavioral Health System for SUD Counselors and Peer Support Specialists (19 votes)

Program 2F: Provide funding to education entities to adopt CBHS-focused curriculum and expand training slots for licensed non-prescribing professions degree programs (15 votes)

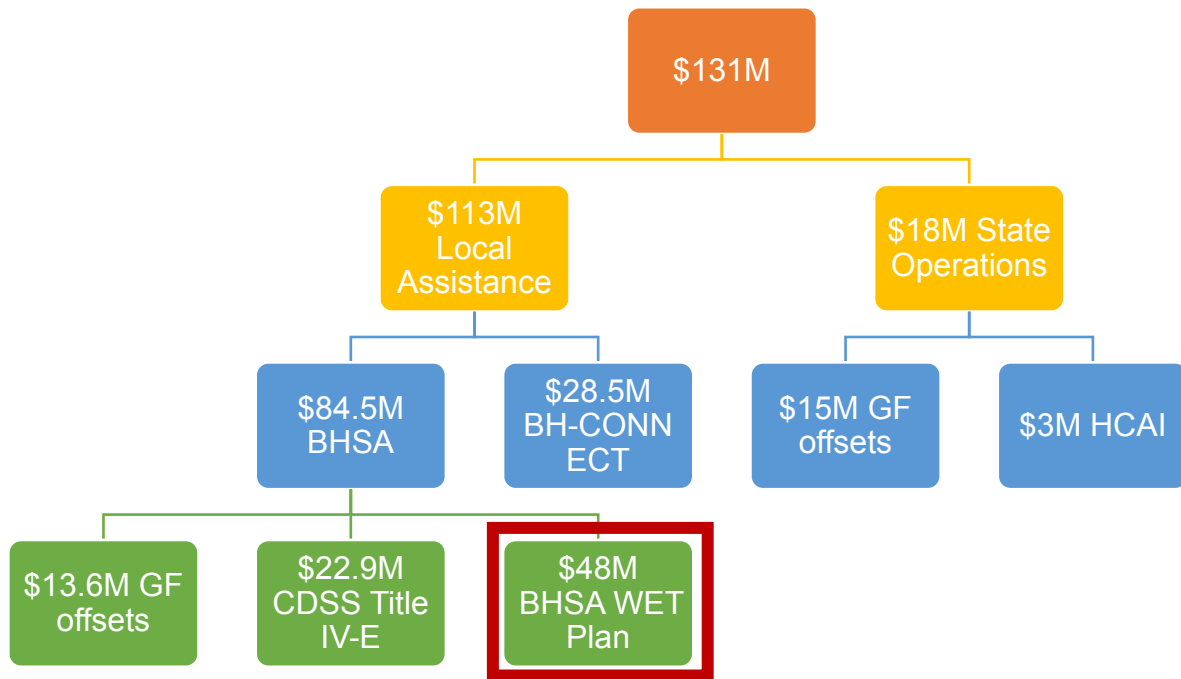
Amendments to Plan Based on Public Input

- **Amendment 1:** Specified social workers, marriage and family therapists, professional clinical counselors, and psychologists under Objective 1 and Objective 2.
- **Amendment 2:** Acknowledged that Tribes, Tribal Organizations, and IH providers deliver behavioral health services, including for individuals with significant behavioral health conditions. While IH providers are not always part of the CBHS (though some do contract) they remain in scope for BHSA funds because they serve the priority populations.
- **Amendment 3:** Clarified that persons with significant behavioral health conditions also includes persons with co-occurring conditions including individuals with intellectual and developmental disabilities.
- **Amendment 4:** Added reference to Mental Health Rehabilitation Specialists as key non-licensed professional type in background/description of Objective 3.
- **Amendment 5:** Clarified inclusion of SUD needs and skills development as part of BHSA.

Review and Approval of the Final WET Plan

- **June 19 | WET Plan Approved by CBHPC** (with amendments)
 - Named Occupational Therapists & Physician Assistants (Objectives 1 & 2)
 - Committed to Regional Partnerships evaluation review
- **July 1 | Official Launch**
 - Final WET Plan published
 - Five-year implementation period begins

BHSA FY 26-27 Budget Allocation



Budget Changes to BHSA 2026-2023 WET Plan

	FY 26/27	FY 27/28
<u>Current</u> HCAI Specific Allocation: BHSA 2026-2030 WET Plan	\$51M (\$48M local assistance)	\$71M (\$67.5M local assistance)
<u>Prior</u> HCAI BHSA Budget for Final Plan	~\$100M	~\$100M

Next Steps: Implementation Plans

Plan Approval & Launch (Summer 2026)

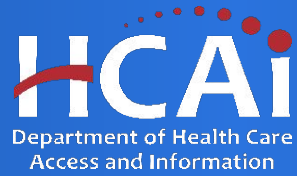
- Secured final CBHPC review and approval
- Published the final WET Plan
- FY 26-27 budget finalized (~\$48M)

Strategy & Program Alignment

- Prioritize programs and develop implementation timeline against budget envelope (July 2026)
- Begin detailed program design (August 2026)

Ongoing Partnership

- Convene the BHSA Workforce Panel 2-3 times per year
- Maintain continuous communication with key partners (on-going)
- Present at public fora as requested



Questions & Comments

Behavioral Health Transformation Update

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

County Integrated Plan Update



County Integrated Plan Status Overview

As of July 13, 2026

n = 59 counties and cities



● Revisions in progress

● In DHCS review

● Approved

Transfer Requests by Type

22 counties · 29 requests

Transfer Type	Requests	Approved
HI → BHSS	12	8
HI → FSP	4	3
FSP → HI	2	1
FSP → BHSS	9	9
BHSS → FSP	2	2
BHSS → HI	—	—
Total	29	23

BHSA Component Exemptions by Type

16 counties · 24 requests

Exemption Type	Requests	Approved
Housing Intervention – Max Cap	12	11
HI for Chronically Homeless	9	8
HI Funds – Capital Development	3	3
Total	24	22

FSP / EBP Exemptions by Program

24 counties requested ACT, FACT and/or IPS exemptions

Program	Requests	Approved
ACT	22	20
FACT	22	20
IPS	24	22

Individual Service Level Encounter Reporting



Individual Service Level Encounter Reporting

- » Individual Service Level (ISL) encounter reporting provides standardized capture of individual-level behavioral health services provided directly to clients by county behavioral health systems and provider networks.
- » ISL modernizes California's behavioral health data infrastructure.

ISL encounters <u>are</u> :	ISL encounters <u>are not</u> :
» Submitted by counties through the County Portal » Linked to services tracked by Medi-Cal claims, where possible » Submitted for non-Medi-Cal-funded behavioral health services and expenditures delivered to individuals	» Medi-Cal claims or a replacement for Short-Doyle claiming » Used for reimbursement or payment

Staged Approach to Implementing ISL Reporting

Stage I Launched July 1, 2026

Optional for All Counties

- » Counties **may begin** submitting ISL encounters starting July 1, 2026, to support technical assistance, system testing, and other rollout improvement efforts.
- » Data submitted during this first six-month period will not be used for performance measurement or monitoring

Stage II Launches January 1, 2027

Mandatory for All Counties

- » Counties are **required** to begin reporting ISL data January 1, 2027.
- » DHCS will **not require retroactive reporting** from counties that did not participate in Stage I.

At a minimum, counties must submit ISL encounters to DHCS annually, **no later than 90 days after the close of the fiscal year (FY)** in which services were rendered. For the first year of ISL implementation, counties will be required to report only on encounters for services delivered on or after the mandatory January 1, 2027 go-live date; full fiscal-year reporting begins in subsequent years.

Individual Service Level Encounter Reporting Resources

» A comprehensive set of tools and resources are available to support counties in submitting Individual Service Level (ISL) data, including:

- [ISL Encounter Reporting Guidance:](#)
Primary source of guidance for counties to implement ISL encounter reporting.
- [ISL Encounter Fields:](#)
List of the data fields counties are required submit to DHCS as part of each ISL encounter.
- [ISL Code Library:](#)
Standardized list of service codes for reporting ISL encounters.

DHCS-defined ISL Code Set		
Service Name/Description	Additional Description	Code
State Hospital Bed Day	Bed day at a California Department of State Hospital facility (Atascadero, Coalinga, Metropolitan, Napa, Patton).	ISL100
Crisis Stabilization over 23 hours	Continuation of structured behavioral health services in a crisis stabilization setting provided beyond the initial 23-hour period of a crisis stabilization episode. While the first 23 hours of care are billable as crisis stabilization services, "over 23 hours" covers the medically necessary care, monitoring, and support that extend beyond this time frame to ensure the individual's safety, stabilization, and appropriate transition to the next level of care. All of the hours over 23 would be billed as a single fee.	ISL101
1:1 Monitoring/Services	Individualized, direct support provided to one person by a trained staff member on an hourly basis. This service ensures continuous observation, supervision, or assistance tailored to the individual's specific needs—such as safety monitoring, behavioral support, medical oversight, or help with daily living activities. The "1:1" indicates that the staff member is dedicated solely to that individual during the service period, promoting safety, stability, and personalized care. This expense could include 2:1 monitoring as well.	ISL102
Other Acute Expense	Other urgent expenses including hearing fees and emergency boarding costs.	ISL103
Non-billable Admin Day	Costs associated with an administrative bed day that are not Medi-Cal claimable for stays in any relevant setting.	ISL104
Skilled Nursing Facility Patch	Financial assistance provided to cover costs in a skilled nursing facility that are not paid for by a client's Managed Care Plan. This support ensures that any uncovered medical or care-related expenses are addressed, allowing the client to receive the full scope of necessary services without interruption or financial burden.	ISL105

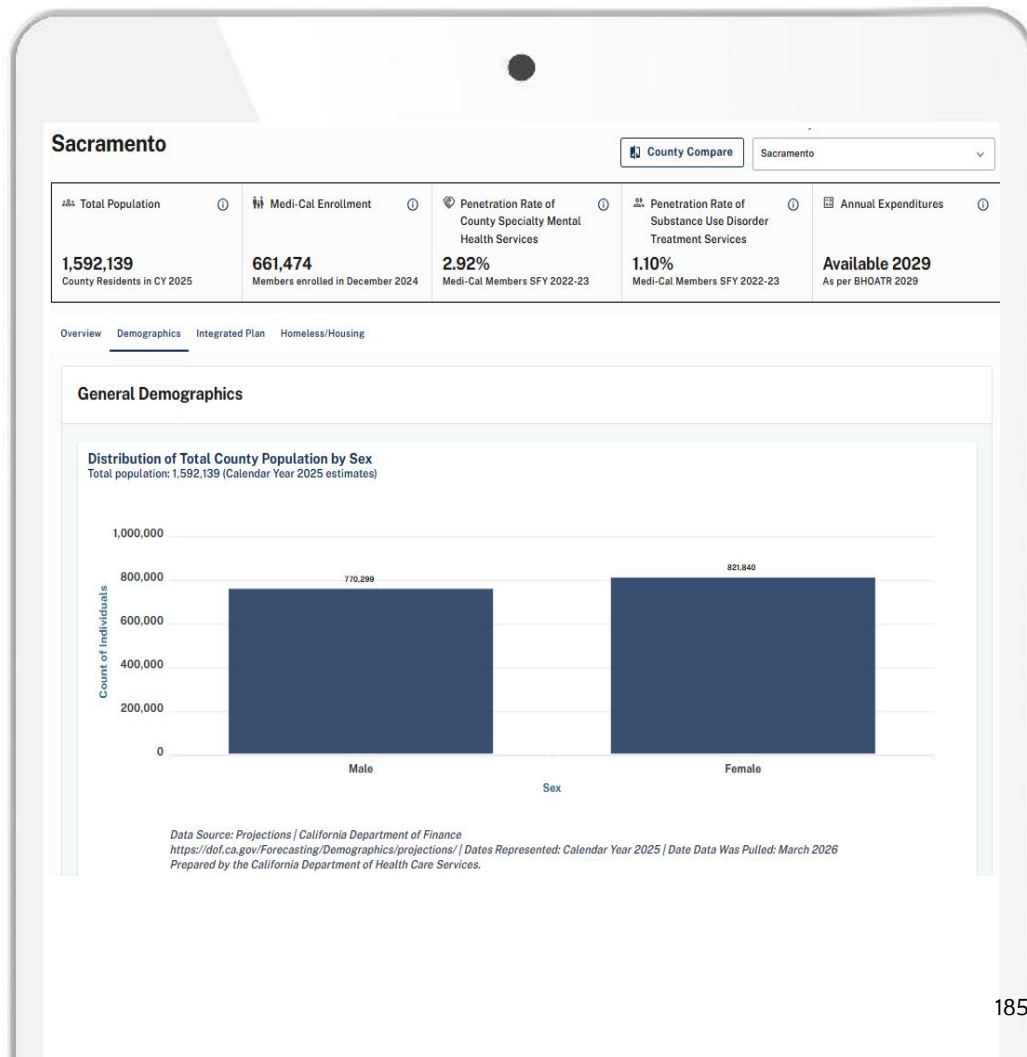
Behavioral Health Public County Profile



Behavioral Health Public County Profile

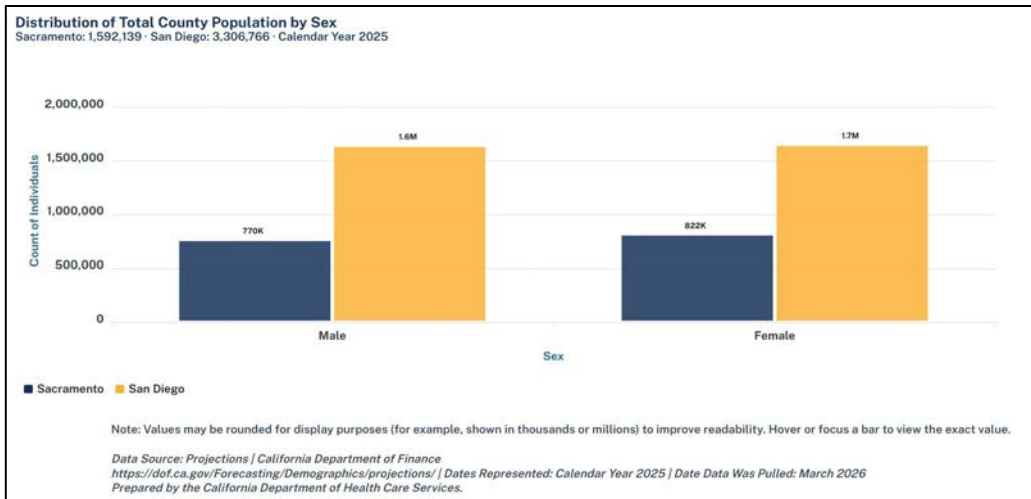
Launched May 2026

- » California's first unified, statewide data transparency [tool](#) available for the public.
- » County-level behavioral health data is more accessible, consistent, and useful for the public, policymakers, and stakeholders.
- » County data now available includes:
 - County spending plans
 - Demographic information
 - Homelessness and Housing
 - Integrated Plans
- » Additional data coming available with future releases.



Behavioral Health Public County Profile Features

- » 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.



Behavioral Health Public County Profile Companion Guide and FAQs

Companion Guide Overview

This guide helps you understand and navigate the Behavioral Health Public County Profile, an online tool that shows behavioral health services and related data for every California county. It supports transparency, accountability, and a clearer understanding of local behavioral health systems.

With this tool, you can:

1. View behavioral health service use in your county
2. Compare counties
3. Explore social and demographic context
4. See how counties plan for future services
5. Learn about housing supports, Medi-Cal services, and more

The Behavioral Health Public County Profile also includes information on some of the social determinants of health, such as housing, and access to health care. These factors help provide context for the environment in which behavioral health services are delivered.

For more background on California's behavioral health safety net system, you can watch the [Understanding County Behavioral Health](#), or read [Your Guide to Medi-Cal Behavioral Health](#) from DHCS.

How the Profile Is Structured

The Public County Profile is organized into several tabs, each focusing on a different part of the behavioral health system:

Behavioral Health Public County Profile Information Display

- » Information is organized into a limited number of intuitive, nonduplicative subject tabs.

Available Now:

- » Overview
- » Demographics
- » Integrated Plan (status of Integrated Plans, actual Integrated Plans available late summer)
- » Homelessness/Housing (ECM and Community Supports)

Expected 2026:

- » Performance
- » Behavioral Health Reporting
- » Final Integrated Plans

Expected 2029:

- » Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR)
- » Expenditure Trends including 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.

Questions?





LUNCH BREAK

30 Minutes

Youth Panel

Discussion & Breakout Session

BHTF Legacy Project

2026 Schedule

- **October 14, 2026**

CLOSING – REFLECTIONS AND NEXT STEPS

STEPHANIE WELCH, DEPUTY SECRETARY OF BEHAVIORAL HEALTH,
CalHHS

ENGAGEMENT OPPORTUNITIES (1/2)

FUTURE 2026 QUARTERLY MEETINGS

All Meetings are hybrid, 10 a.m. to 3 p.m.

- October 14, 2026

Lunch & Learn Presentations between meetings – to be announced

ENGAGEMENT OPPORTUNITIES (2/2)

FOLLOW UP ON BHTF MEETING

- We welcome your feedback in the meeting evaluation!
 - Zoom participants will see a survey
 - Emailed survey for those in-room
- Recording will be posted on the [BHTF Website](#)



Thank you for joining us today!

For information about the Behavioral Health Task Force,
please visit the CalHHS website at

<https://www.chhs.ca.gov/home/committees/behavioral-health-task-force/>