

BEHAVIORAL HEALTH TASK FORCE MEETING

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

January 21, 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 Behavioral Health Transformation Investments and Legacy

10:25 Panel Presentations and Discussion

12:00 Panelist Questions

12:30 Lunch Break - MEETING CLOSES TO PUBLIC

1:00 Discussion & Breakout Session

2:30 Department Updates

2:50 Closing & Adjourn

WELCOME & INTRODUCTIONS

STEPHANIE WELCH, MSW
Deputy Secretary of Behavioral Health, CalHHS



Behavioral Health Transformation Investment * Policy * Legacy

KIM JOHNSON
Secretary, CalHHS



Panel Presentations

Michelle Baass, Director, Department of Health Care Services

Elizabeth Landsberg, Director, Department of Health Care Access and Information

Mary Watanabe, Director, Department of Managed Health Care

Dr. Erica Pan, Director, California Department of Public Health

Major Behavioral Health Initiatives & Progress Towards Statewide Goals

January 2026

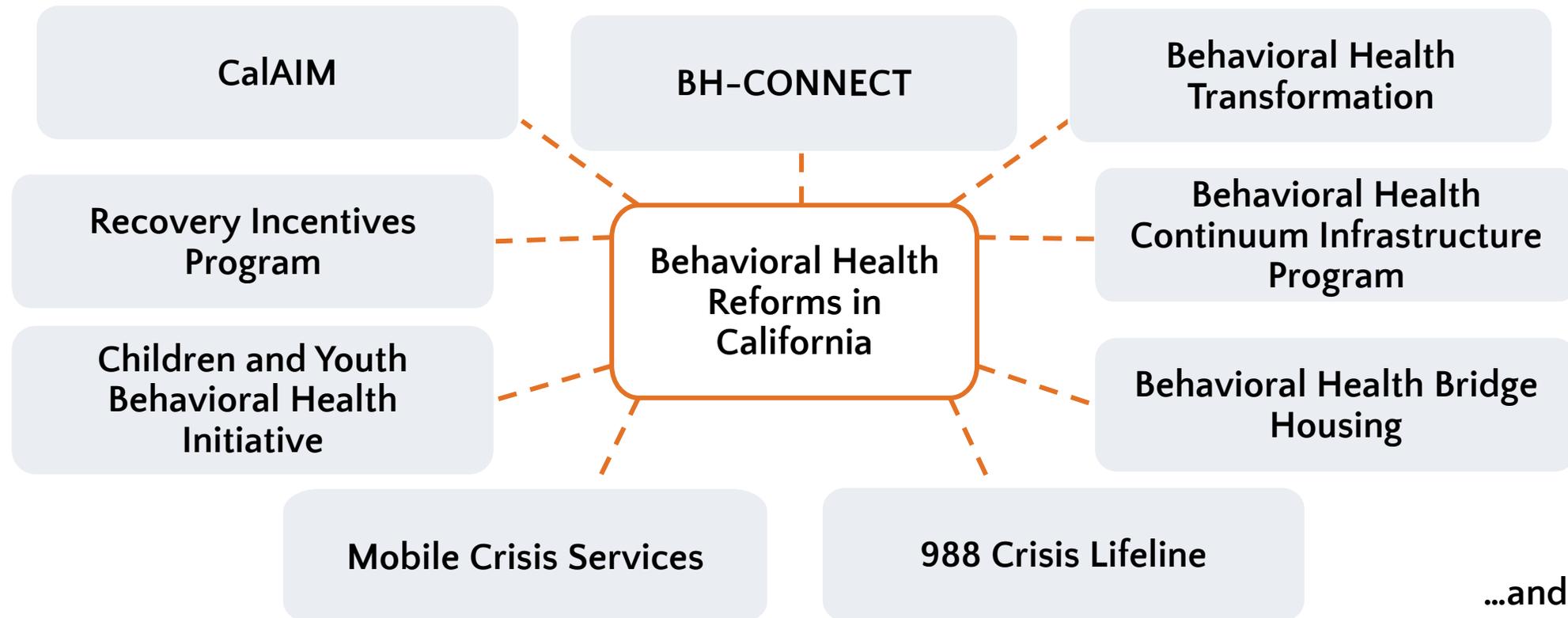
Agenda

- » Landscape of California's Behavioral Health Initiatives
- » Progress Towards Statewide Behavioral Health Goals
- » Looking Ahead: Community Planning Requirements to Support Statewide Goals
- » Appendix: Overview of Key Behavioral Health Initiatives
- » Appendix: High-Level Timeline of Key Behavioral Health Initiatives

Landscape of California's Behavioral Health Initiatives

California is Making Unprecedented Investments in Behavioral Health

DHCS has launched landmark policy reforms to transform behavioral health care for California residents living with significant mental health conditions and substance use disorders (SUDs).



...and more!

Overview of Key Behavioral Health Initiatives

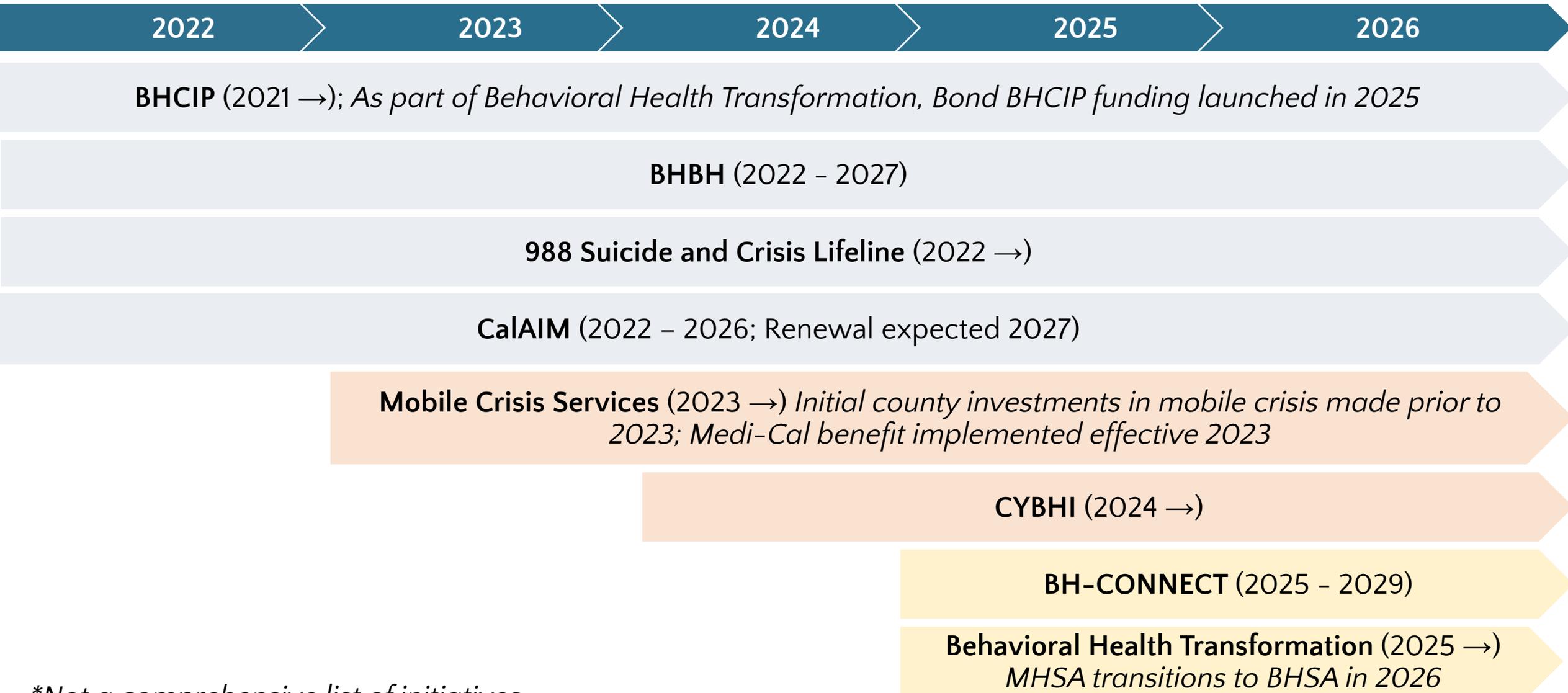
DHCS' behavioral health reforms are designed to drive improved outcomes for Californians living with behavioral health needs.

Key initiatives include, but are not limited to:

- » [California Advancing and Innovating Medi-Cal](#) (CalAIM) includes a broad range of policies and programs to support whole-person care, including behavioral health delivery system reforms.
- » [Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment](#) (BH-CONNECT) increases access to and strengthens the continuum of community-based care for Medi-Cal members living with significant behavioral health needs.
- » The [Behavioral Health Transformation](#) initiative, which Californians voted to pass in March 2024 as Proposition 1, works to modernize the broader public behavioral health delivery system, improve accountability and transparency, and expand the capacity of behavioral health care facilities.
- » The [Behavioral Health Continuum Infrastructure Program](#) (BHCIP) and the [Behavioral Health Bridge Housing](#) (BHBH) Program spur investments in treatment infrastructure and new housing settings.
- » The [Children and Youth Behavioral Health Initiative](#) (CYBHI) is a historic investment to enhance, expand and redesign the systems that support behavioral health for children and youth.
- » DHCS is strengthening the behavioral health crisis care continuum, including implementing [mobile crisis services](#) and the [988 Suicide and Crisis Lifeline](#).

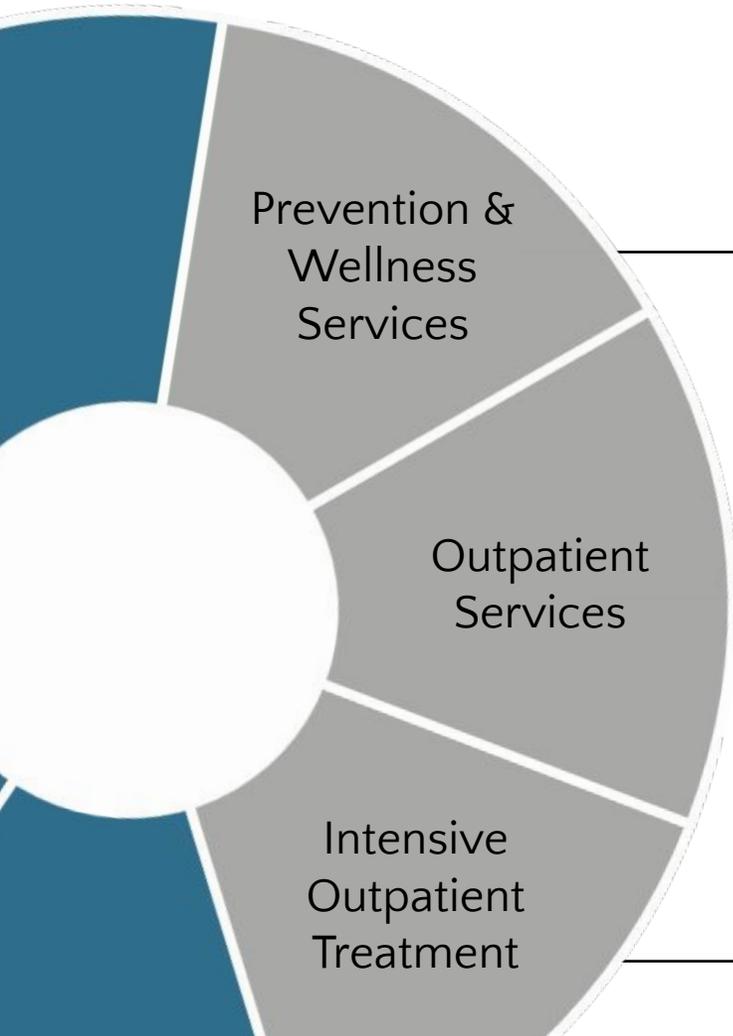
A detailed summary of each of these initiatives is in the Appendix.

The Behavioral Health Reform Journey



**Not a comprehensive list of initiatives.*

These Initiatives Work Together To Strengthen the Continuum of Behavioral Health Care



- CYBHI; Student Behavioral Health Incentive Program
 - Activity Funds; Dyadic Services; Wellness Coaches
-

- Recovery Incentives Program
 - MAT Expansion
 - Justice-Involved Initiative
-

- Clarification of Evidence-Based Therapies for Children and Families
 - Assertive Community Treatment (ACT); Forensic ACT; Coordinated Specialty Care for First-Episode Psychosis
 - Community Assistance, Recovery and Empowerment (CARE) Act
-

These Initiatives Work Together To Strengthen the Continuum of Behavioral Health Care

- Enhanced Quality of Care in Psychiatric Hospitals and Residential Settings; Preadmission Care Coordination Services; Strategies to Decrease Lengths of Stay in Emergency Departments
- CalBridge Navigator Program; Psychiatric Residential Treatment Facilities
- 988 Suicide and Lifeline; Mobile Crisis Services; CalHOPE
- Supported Employment; Community Health Worker Services; Clubhouse Services; Traditional Healers
- BHBH
- Enhanced Care Management; Community Supports; Transitional Rent
- Peer Support Services, including Justice-Involved Specialization



These Initiatives Work Together To Strengthen the Continuum of Behavioral Health Care



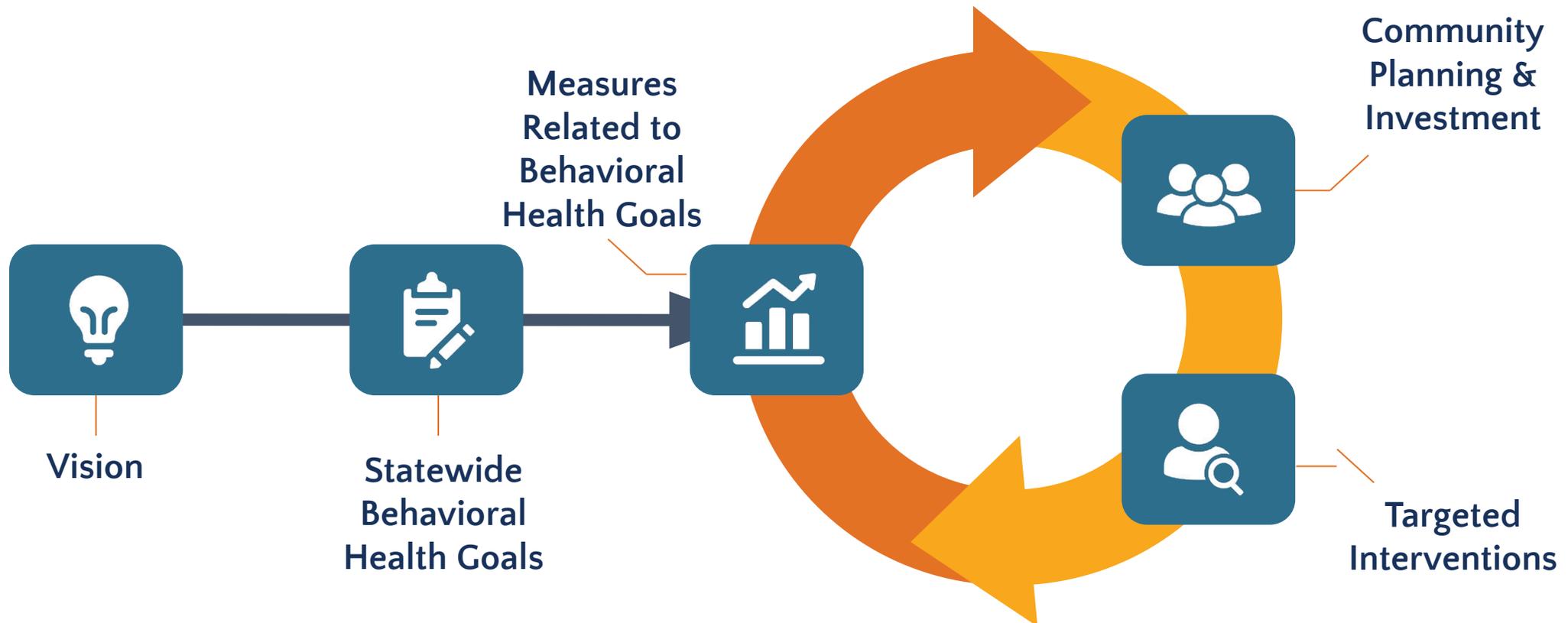
Cross-Cutting:

- Workforce Initiative
- Access, Reform and Outcomes Incentive Program
- BHCIP and BHCIP Bond
- Statewide Goals
- CalAIM Access Criteria, Documentation Redesign, No Wrong Door, and Screening and Transition Tools
- Administrative Integration

Progress Towards Statewide Behavioral Health Goals

Population Behavioral Health Framework

DHCS is developing a **population behavioral health approach** to meet the needs of all individuals eligible for behavioral health services, improve community well-being, and promote health equity. The approach is designed to enable the behavioral health (BH) delivery system to make data-informed decisions to better meet the needs of individuals within the communities they serve.



Statewide Population Behavioral Health Goals

DHCS' behavioral health approach is grounded in the following 14 goals to improve health and wellbeing of Californians living with behavioral health needs.



Goals for Improvement

1. Care Experience
2. Access to Care
3. Engagement in School
4. Engagement in Work
5. Prevention and Treatment of Co-Occurring Physical Health Conditions
6. Quality of Life
7. Social Connection



Goals for Reduction

1. Suicides
2. Overdoses
3. Untreated Behavioral Health Conditions
4. Institutionalization
5. Homelessness
6. Justice-Involvement
7. Removal of Children from Home

Health equity is incorporated in each of the behavioral health goals.

Summary of Cohort 1 and Cohort 2 Measures

Goal Measure
 Results Measure
 Intervention Measure

Cohort 1 Measures

Reduce Homelessness

1. Homelessness Amongst People Living with Significant BH Needs Compared to the Overall Population
2. Permanent Housing for People Living With BH Needs Who Are Experiencing Homelessness
3. Housing Services for People Living With BH Needs Who Are Experiencing Homelessness
4. FSP and Housing Interventions for People Living with Significant BH Needs and Experiencing Homelessness

Reduce Institutionalization

1. Institutional Stays
2. Coordinated Specialty Care for First Episode Psychosis for Individuals Newly Diagnosed with Psychosis
3. Transitions of Care Support for People In or Exiting Institutional Settings
4. Follow-Up After Hospitalization for Mental Illness (FUH)
5. Follow-Up After Other Institutional Stays for Behavioral Health

Reduce Justice Involvement

1. Justice-Involvement Amongst People Living with Significant BH Needs Compared to the Overall Population
2. Two or More Episodes of Justice-Involvement for People Living with Significant BH Needs
3. Post-Release Behavioral Health Services for People Living with BH Needs Who Are Enrolled In the Reentry Initiative
4. MAT for OUD or for AUD for Reentry Initiative Enrollees

Reduce Removal of Children from Home

1. Children & Youth with Open Child Welfare Cases
2. Specialty Mental Health Services (SMHS) for Children and Youth with Open Child Welfare Cases
3. Core Clinical Services for Parent(s) or Guardian(s) Living with Significant Behavioral Needs
4. High Fidelity Wraparound, Enhanced Care Management, or Intensive Care Coordination for Children & Youth with Open Child Welfare Cases Living with BH Needs

Cohort 2 Measures

Improve Treatment of BH Conditions (Access, Untreated BH, & Care Experience)

1. One or More Behavioral Health Core Clinical Services for People Living with Mental Health Needs
2. One or More Behavioral Health Core Clinical Services for People Living with Significant Mental Health Needs
3. Initiation of SUD Treatment (IET-I)
4. One or More Behavioral Health Core Clinical Services for People Living with Co-Occurring Significant Mental Health Needs and SUD
5. Three or More Behavioral Health Core Clinical Services for People Living with Mental Health Needs
6. Three or More Behavioral Health Core Clinical Services for People Living with Significant Mental Health Needs
7. Engagement in SUD Treatment (IET-E)
8. Three or More Behavioral Health Core Clinical Services for People Living with Co-Occurring Significant Mental Health Needs and SUD
9. Perception of Care with Respect to One's Cultural Background: SMHS
10. Perception of Care with Respect to One's Cultural Background: DMC-ODS
11. Perception of Care with Respect to One's Cultural Background: NSMHS
12. Full Service Partnership for People Living with Significant BH Needs
13. Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)
14. Follow-Up After Emergency Department Visit for Substance Use (FUA)
15. Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Improve Prevention and Treatment of Co-Occurring Physical Health Conditions

1. Adults Living with Significant BH Needs Who Access Preventive/Ambulatory Health Services
2. Well-Care Visits among Children and Youth with Significant Behavioral Health Needs
3. Dental Care for People Living with Significant BH Needs

Reduce Suicide

1. People Who Died by Suicide
2. People with Repeat Non-Fatal Self Harm or Suicide Attempts
3. Follow-Up Mental Health Services After Crisis Services

Reduce Overdose

1. People Who Died By Overdose
2. People with Repeat Non-Fatal Overdoses
3. Contingency Management
4. Pharmacotherapy for Opioid Use Disorder (POD)
5. Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

DHCS' Behavioral Health Initiatives are Aligned with Statewide Goals

DHCS is making initial progress towards the statewide goals through targeted behavioral health interventions.

For example:*



**Not a comprehensive list.*

Reducing Overdoses: CalAIM Recovery Incentives Program

- » California was the first state to receive federal approval for contingency management under Medicaid.
- » Contingency management is an evidence-based, cost-effective treatment that has demonstrated robust outcomes for treating stimulant use disorders.
- » DHCS offers contingency management through the Recovery Incentives Program, which launched in 2023.
- » As of June 2025, more than 8,400 members participated in the Recovery Incentives Program.

Between April 2023 and June 2025:

96%

Negative test results among all submitted tests
In national evidence base, programs show 85% overall negative test rate

75%

Negative test results conservatively treating unexcused absences as stimulant-positive tests
In national evidence base, programs show 53% negative test rate when treating unexcused absences as positive

Improving Access to Care: BHCIP

- » In 2021, DHCS was authorized to establish BHCIP for eligible grantees to expand substance use disorder and mental health facilities across California.
 - Between November 2021 and June 2023, DHCS awarded **\$1.65 billion** to support mobile crisis services (round 1), county and tribal planning (round 2), and expansion of SUD and mental health facilities (rounds 3-5).
- » The Infrastructure Bond Act of 2024 provides additional funding for BHCIP grants.
 - An **additional \$3.3 billion** was conditionally awarded in May 2025 through the first round of Bond BHCIP funding. To date, 117 conditional awards remain after the final vetting award process.
 - DHCS is reviewing applications for the second round of BHCIP Bond funding, and award announcements are anticipated in late Spring 2026.

BHCIP rounds 3-5 have supported:*

2,601

New residential and inpatient beds

281,146

Individuals served in outpatient settings

Through new BHCIP Bond funding, DHCS anticipates:*

6,800

New residential and inpatient beds

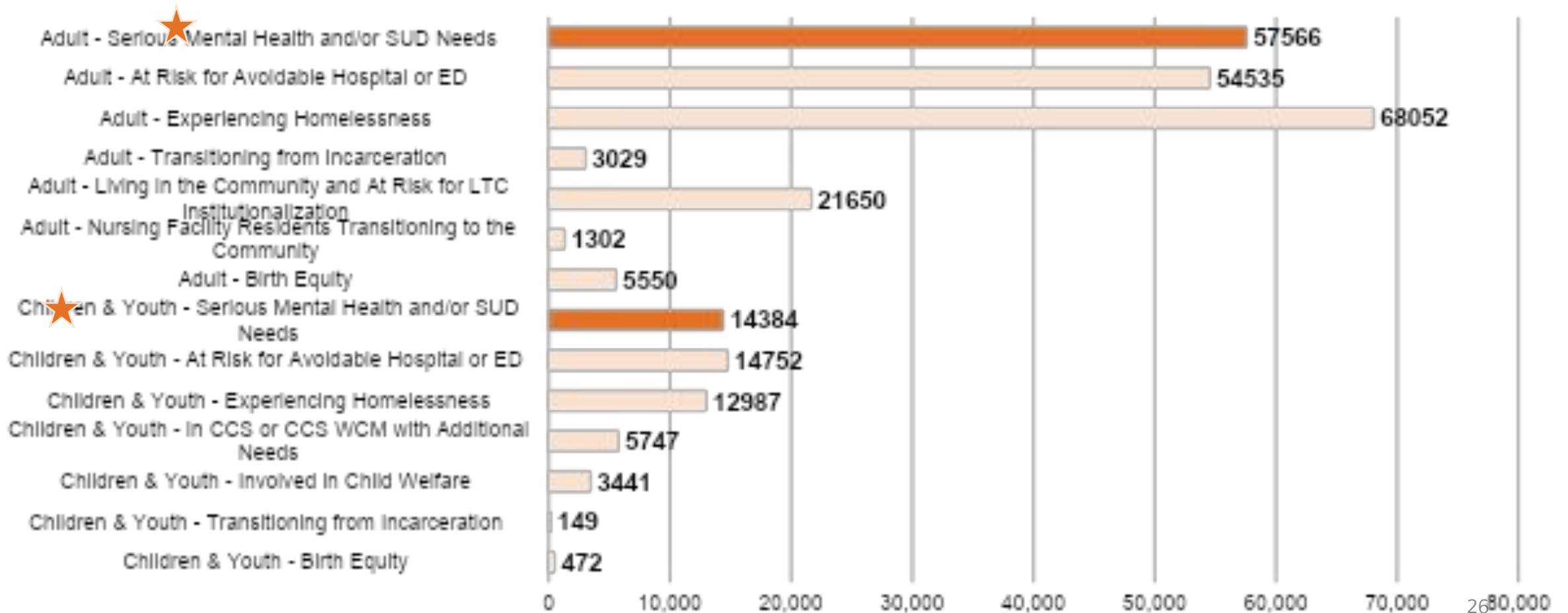
26,700

New outpatient slots

» **Data is point in time and subject to change.*

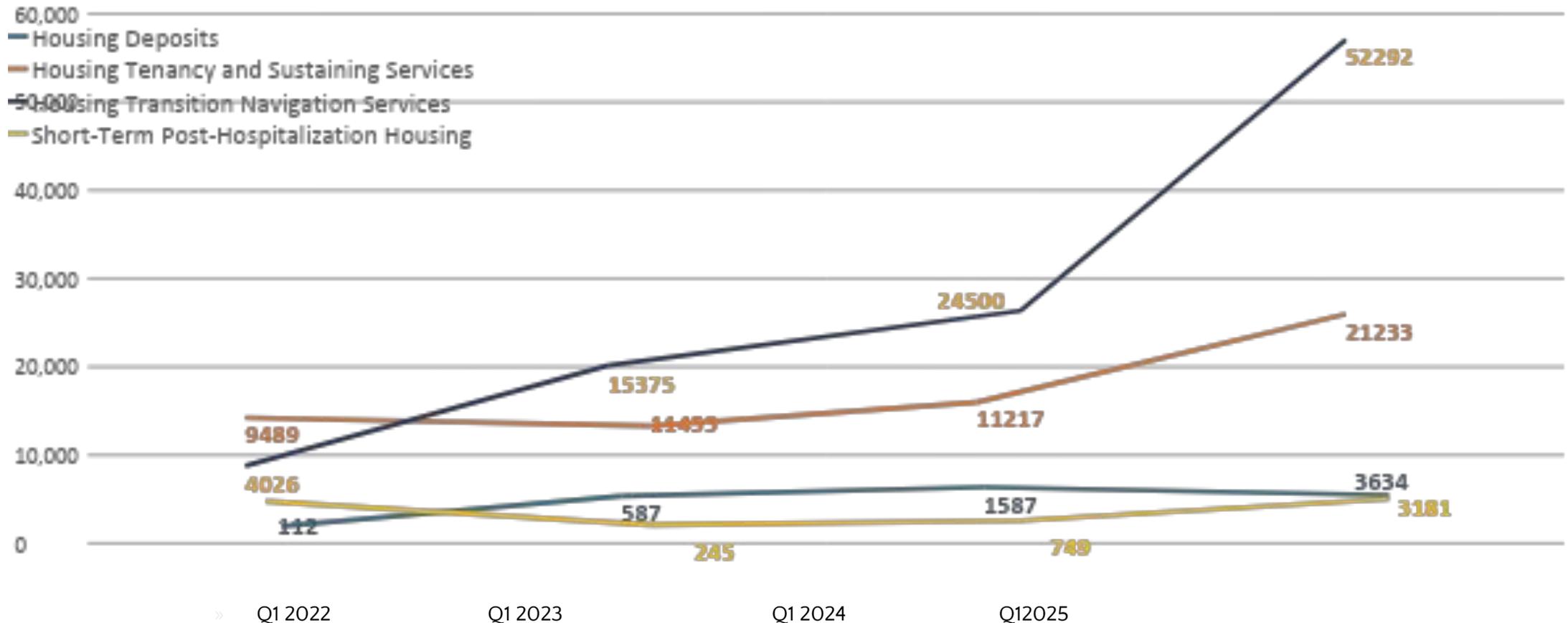
Improving Access to Care: CalAIM Enhanced Care Management (ECM)

Over 177,000 Medi-Cal members received ECM in Q1 2025, including more than 71,000 members with serious mental health and/or SUD needs.



Reducing Homelessness: CalAIM Housing-Related Community Supports

Utilization of housing-related community supports is growing rapidly: the rate of members using housing transition navigation services grew by approximately 35% annually between 2022 and 2025, and tenancy and sustaining services grew by an average of 31% annually.



Community Supports are Saving Costs and Improving Outcomes

When comparing the cost of each Community Support to savings generated from reduced use of inpatient, emergency department, long-term care, and other services, most Community Supports are already demonstrating cost effectiveness. Housing-related Community Supports and food supports are also associated with reduced inpatient and emergency department use.*

Cost Effectiveness

- » **Housing Deposits:** 31.6% net cost reduction
- » **Respite Services:** 61.3% net cost reduction
- » **Day Habilitation:** 17.1% net cost reduction
- » **Sobering Centers:** 11.7% net cost reduction
- » **Environmental Accessibility Adaptations:** 14.5% net cost reduction
- » **Personal Care and Homemaker Services:** 58.4% net cost reduction

Improved Outcomes

- » Members who utilized **Housing Transition Navigation Services, Housing Deposits and/or Housing Tenancy and Sustaining Services** had reduced inpatient (24.3%) and emergency department use (13.2%) in the six months following receipt of the service
- » **Medically Tailored Meals/Medically Supportive Food** were associated with reduced inpatient (21.4%) and emergency department use (22%)

*Based on review of initial data from July 2022 – June 2024; DHCS will also conduct an independent evaluation.

Reducing Homelessness: Behavioral Health Bridge Housing (BHBH)

- » BHBH, signed into law in September 2022, is providing over \$1 billion to county behavioral health agencies and tribal entities to address the immediate housing and treatment needs of people experiencing homelessness with serious behavioral health conditions.
- » Round 1 of BHBH funding is driving approximately:
 - **3,448 new housing beds** created through infrastructure projects.
 - **4,700 beds funded annually** through rental assistance programs, shelter/interim housing, and/or auxiliary funding to assisted living.
- » As of June 2025, **over 10,600 people** have received housing through BHBH.

	Total Awards	Eligibility
Round 1	\$907M	Behavioral health agencies
Round 2 & 2B	\$50M	Tribal entities Request For Applications
Round 3	\$132.5M	Behavioral health agencies with Round 1 contracts

Reducing Justice Involvement: CalAIM Justice-Involved Initiative

- » The CalAIM Justice-Involved Initiative provides access to key services (including behavioral health services) for individuals pre-release, supports enrollment in Medi-Cal coverage, and provides connections with community-based providers.
- » Between October 2024 and October 2025:
 - All **31 state prison facilities** and **27 county jails and youth correctional facilities** in 12 counties went live with pre-release services.
 - Correctional facilities screened and identified **34,956 incarcerated individuals** eligible for pre-release services.
 - Facilities and implementing partners delivered over **159,000 billable pre-release services** and prescriptions to incarcerated individuals. Specifically:
 - **14,086** JI individuals received **94,450** prescriptions for the 90-day pre-release period and medications upon release.
 - **596** JI individuals have received **702** durable medical equipment items upon release.
 - Over **23,300** new Medi-Cal enrollments were completed prior to release.**

**Does not include services rendered without a submitted claim **Does not include Los Angeles County.*

Reducing Suicides: Mobile Crisis Services

- » Mobile crisis services are a community-based intervention to provide de-escalation and relief to individuals experiencing a mental health or substance use crisis wherever they are, including at home, work, school, or on the street.
- » DHCS made an initial investment of over \$205 million in mobile crisis services through BHCIP (\$150 million state general fund/\$55 million federal funds).
- » As of November 2025, this investment is supporting:
 - **459** new or enhanced mobile crisis teams
 - **270** vehicles
 - **178,360** service episodes



Mobile crisis services currently operate in most California counties, covering **99% of Medi-Cal members.**

Cross-Cutting Investments to Support Progress Towards All Behavioral Health Goals

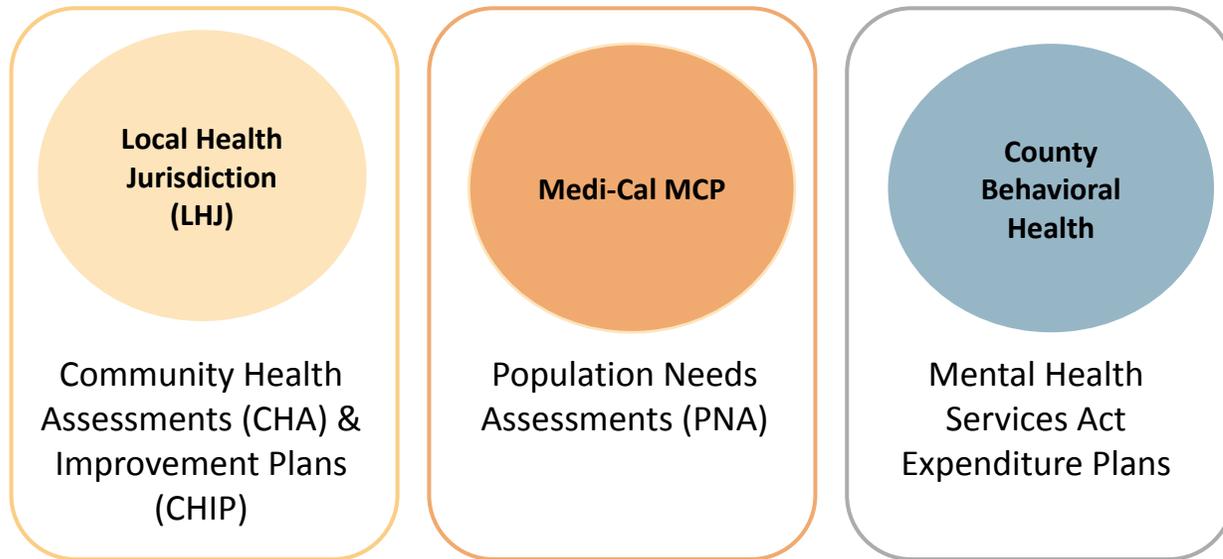
- » **Workforce investments.** In 2025, DHCS received 5,200 applications and plans to award \$161 million for the first cohort of BH-CONNECT Workforce Initiative loan repayments, out of \$1.9 billion authorized for this initiative.
- » **Incentive dollars to strengthen behavioral health delivery systems.** 41 counties completed the first submission for the Access, Reform and Outcomes Incentive Program, and DHCS distributed approximately \$46 million in late 2025 in earned incentive dollars to county behavioral health agencies, out of \$1.9 billion authorized for this program.
- » **Funding for short-term stays in Institutions for Mental Diseases.** In 2025, DHCS approved participation of three counties in the BH-CONNECT IMD FFP Program to begin receiving Medi-Cal payment for services provided during short-term stays in IMDs.
- » **Initial investments in evidence-based practices.** Six counties have opted in to cover one or more optional evidence-based practices, and 38 counties have submitted requests to initiate consultations with the Centers of Excellence DHCS established to provide training, technical assistance, and fidelity implementation of Assertive Community Treatment, Forensic Assertive Community Treatment, Coordinated Specialty Care for First Episode Psychosis, Clubhouse Services, and Individual Placement and Support Supported Employment.

Looking Ahead: Community Planning and Investment Requirements to Support Statewide Goals

Community Planning to Support Goals

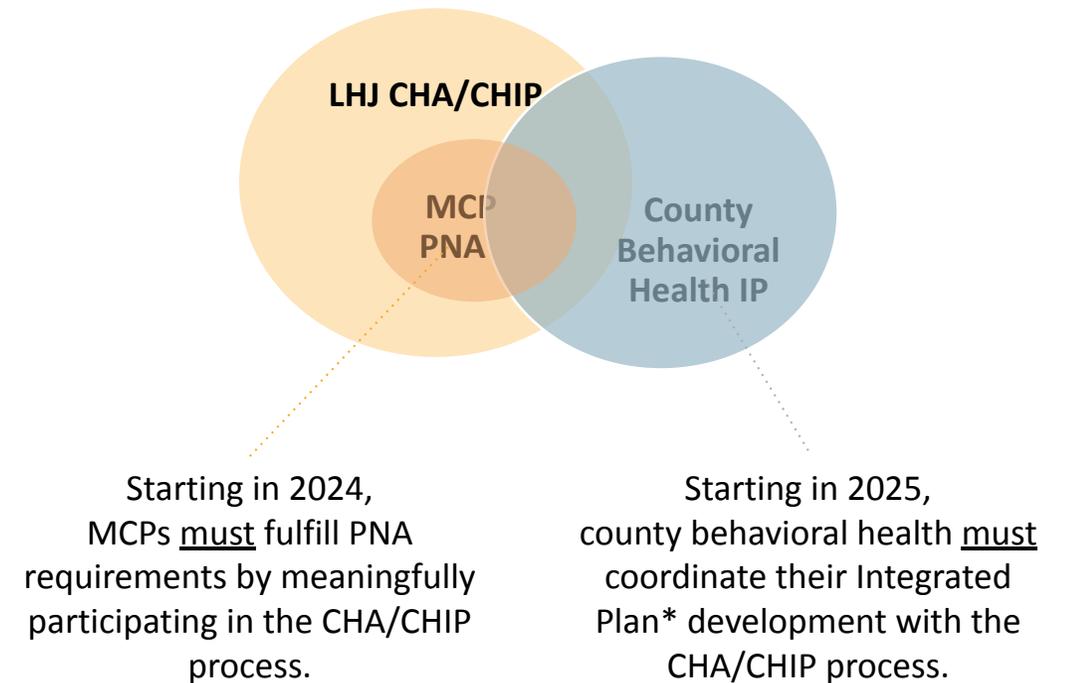
To further support statewide goals, DHCS in collaboration with California Department of Public Health (CDPH) set forth a cohesive set of requirements to align community planning processes across public health, managed care, and behavioral health.

Historical Context: Separate & Distinct Community Planning Processes



Although community planning processes cover many of the same populations and share goals, each historically had separate, uncoordinated requirements & timelines.

New Requirements: Intersecting Community Planning Processes



*The Integrated Plan is the global spending plan for how counties plan to use all available behavioral health funding.

Community Planning: New MCP and County Behavioral Health Requirements

Under these new community planning requirements, Medi-Cal MCPs and County Behavioral Health must:



Attend key meetings and serve on CHA/CHIP governance structures, as requested by LHJs



Share relevant data to support CHA/CHIPs



Report on their progress towards statewide population BH goals and their participation in LHJ CHAs/CHIPs as part of DHCS deliverables



Since January 2025, MCPs must contribute funding and/or in-kind staffing to support CHA/CHIP processes.

Community Planning: Looking Ahead

In 2028, CHA/CHIP development cycles will become standardized across California and synced with the county behavioral health Integrated Plan submission processes.

Initial guidance released via Behavioral Health Transformation Policy Manual

Counties begin collaboration with MCPs and LHJs on CHA and/or CHIP based on LHJs' current activities

January 2025

June 2026

LHJ CHA due

Aligned CHA timelines statewide

December 2028

June 2029 - Ongoing

First County Integrated Plan due

Counties use the most recent CHA and CHIP (or Strategic Plan if the CHA/CHIP is unavailable) on record to inform Integrated Plans

Next County Integrated Plan due

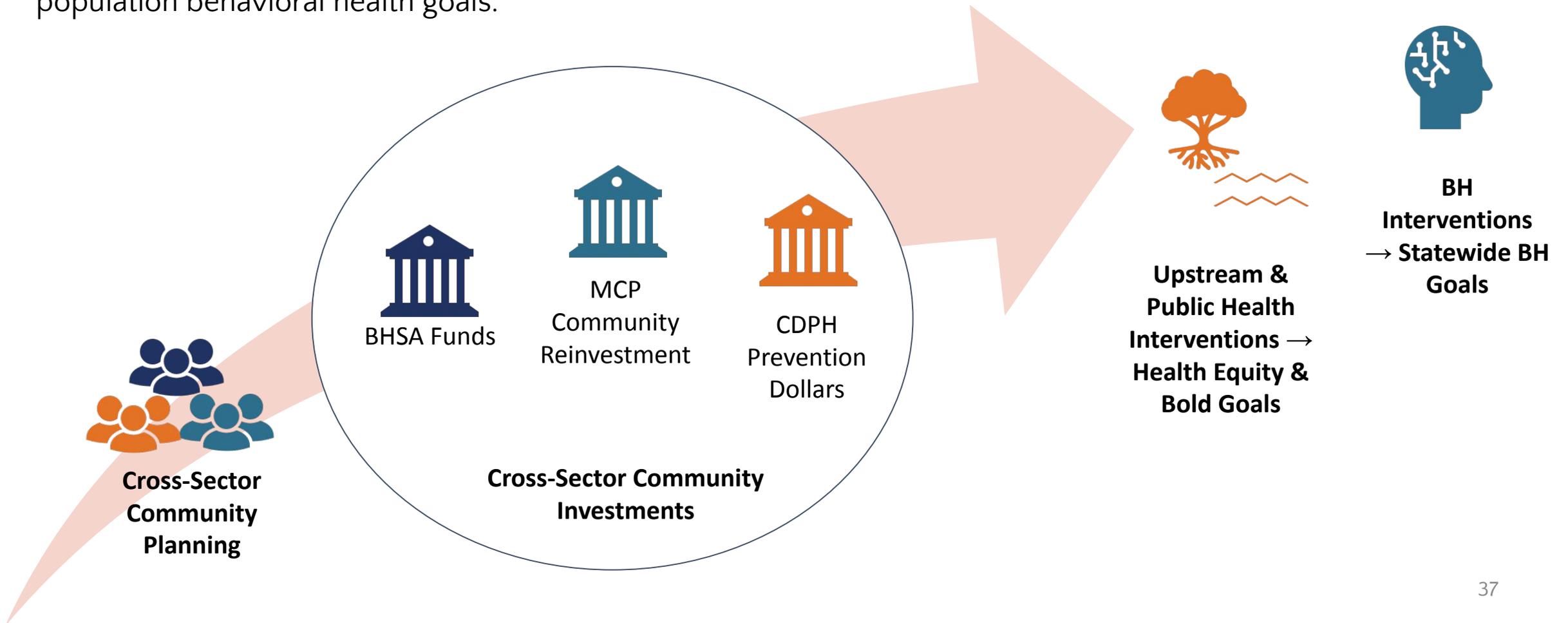
LHJ CHIP due

Aligned CHIP timelines statewide

Counties use information gathered through collaborative CHA and CHIP processes

Aligning Community Investment with Community Planning

DHCS, working with CDPH, seeks to further align MCP community investment timelines and activities with county behavioral health, and public health community planning to advance health equity and statewide population behavioral health goals.



Thank You

Appendix: Overview of Key Behavioral Health Initiatives

California Advancing and Innovating Medi-Cal (CalAIM)

CalAIM is a series of initiatives and reforms to advance the Medi-Cal program and create a more coordinated, person-centered, and equitable health system that works for all Californians.

- » CalAIM is a multi-year effort to transform the Medi-Cal system. Initial reforms were implemented in January 2022, with additional initiatives being phased in over time.
- » The current CalAIM Section 1115 and 1915(b) waivers expire in December 2026; DHCS is actively working to renew both waivers effective January 2027.

Goals of CalAIM

- ✓ Identify and manage member risk and need through whole person care approaches.
 - Members have access to new and improved comprehensive preventive and personalized care that spans their physical, mental health, and social needs.
- ✓ Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility.
 - Several initiatives serve to standardize, simplify, and streamline how members across the state access health care.
- ✓ Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform.
 - Build a healthier and more equitable system through reforms that require commitment and partnership from a broad network of partners.

CalAIM Behavioral Health Priorities

Continued focus on behavioral health is a key priority for the next five-year period of DHCS' CalAIM Section 1115 and 1915(b) waivers.

- » **Drug Medi-Cal Organized Delivery System** – Federal reimbursement for Medicaid services provided to short-term residents of Institutions of Mental Diseases (IMDs) receiving substance use disorder services.
- » **Peer Support Specialist Services** – Culturally competent services provided by certified peer support specialists that promote recovery, engagement, socialization, self-sufficiency, self-advocacy, development of natural supports, and identification of strengths.
- » **Recovery Incentives Program** – Evidence-based, cost-effective stimulant use disorder treatment using motivational incentives to support recovery.
- » **Community Supports** – Services and supports (e.g., housing transition and navigation, medically tailored meals, day habilitation) to address members' clinical and non-clinical needs that impact their health.
- » **Justice-Involved Initiative** – Provision of key services (including behavioral health services) for individuals pre-release, enrollment in Medi-Cal coverage, and connections with community-based providers.
- » **Traditional Healers and Natural Helpers** – Culturally appropriate care for members receiving care at Indian Health Centers, Federally recognized Indian Communities, and Tribal Health Centers.

CalAIM Recovery Incentives Program

- » California was the **first** state to receive federal approval for contingency management under Medicaid as part of CalAIM.
- » Contingency management is an evidence-based, cost-effective treatment that has demonstrated robust outcomes for treating stimulant use disorders.
- » DHCS offers contingency management through the Recovery Incentives Program.
- » California launched the Recovery Incentives Program in 2023; as of June 2025, more than 8,000 members have participated.

Key Elements of the Recovery Incentives Program:

Participate in a structured **24-week program**. 12 weeks with twice weekly testing/incentives and a 12-week continuation with once weekly testing/incentives

Receive incentives for testing **negative for stimulants only** even if they test positive for other drugs

Earn a **maximum of \$599** over the 24-week period in the form of gift cards

Generate incentives and track progress using **Incentive Manager** software

Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT)

BH-CONNECT builds upon CalAIM and leverages a 1115 waiver, State Plan Amendments and existing federal authorities to expand access and strengthen community-based behavioral health services for Medi-Cal members living with significant behavioral health needs.

Effective January 2025, BH-CONNECT aims to:

- » **Expand the continuum of community-based services and evidence-based practices (EBPs)** available through Medi-Cal.
- » **Strengthen family-based services and supports** for children and youth living with significant behavioral health needs, including children and youth involved in child welfare.
- » **Incentivize behavioral health plans (BHPs) to improve access, health outcomes, and invest in delivery system reforms** to better support Medi-Cal members living with significant behavioral health needs.
- » **Strengthen the workforce** needed to deliver community-based behavioral health services and EBPs to members living with behavioral health needs.
- » **Access federal funds for short-term stays in facility-based care**, but only for BHPs that commit to providing robust community-based services and meet quality of care standards for such stays.
- » **Promote transitions out of facility-based care** and support successful transitions to community-based care settings and community reintegration.

Key Components of BH-CONNECT

BH-CONNECT includes a wide range of benefits and programs, some of which are available at county option and others are being implemented statewide.



Community-Based Services

- ✓ Assertive Community Treatment and Forensic Assertive Community Treatment
- ✓ Coordinated Specialty Care for First Episode Psychosis
- ✓ Individual Placement and Support Supported Employment
- ✓ Clubhouse Services
- ✓ Enhanced Community Health Worker Services
- ✓ Community Transition In-Reach Services



Statewide Supports

- ✓ Workforce Initiative
- ✓ Access, Reform and Outcomes Incentive Program
- ✓ Centers of Excellence
- ✓ Federal Financial Participation for Mental Health Care in Institutions for Mental Disease
- ✓ Transitional Rent (Short-Term Rental Assistance)
- ✓ Bed Tracking Service



Supports for Children, Youth and Families

- ✓ Clarification of Coverage of Evidence-Based Child and Family Therapies, including Multisystemic Therapy, Parent-Child Interaction Therapy, Functional Family Therapy, and High Fidelity Wraparound
- ✓ Activity Funds
- ✓ County Child Welfare Liaison Role
- ✓ Alignment of the Child and Adolescent Needs and Strengths (CANS) Tool

Behavioral Health Transformation (BHT)

In 2024, California voters passed Proposition 1, a two-bill package to modernize the state's behavioral health system, including substantial investment in housing for people living with behavioral health needs.

Behavioral Health Services Act:

- » Reforming behavioral health care funding to provide services to those living with the most serious mental illness and to treat substance use disorders (see box at right).
- » Expanding the behavioral health workforce to reflect and connect with California's diverse population.
- » Focusing on outcomes, accountability, and equity.

Behavioral Health Infrastructure Bond Act:

- » Funding behavioral health treatment beds, supportive housing, and community sites.
- » Directing funding for housing for veterans living with behavioral health needs.

County Funding Allocations:

30%

Housing Interventions

35%

Full-Service Partnership Programs

35%

Behavioral Health Services & Supports

Key Components of BHT



Behavioral Health Services Act

- ✓ Expands services to include treatment for those with SUDs
- ✓ Identifies priority populations
- ✓ Updates local categorical funding buckets, including:
 - ✓ 30% for housing interventions
 - ✓ 35% for Full Service Partnership (FSP) Programs
 - ✓ 35% for Behavioral Health Services and Supports
- ✓ New investments in housing and workforce



Increasing Accountability

- ✓ Creates County Integrated Plan
- ✓ Establishes Outcomes, Accountability, and Transparency Report
- ✓ Creates a BHSA Revenue Stability Workgroup
- ✓ Directs DHCS to develop a plan for parity between commercial and Medi-Cal MH/SUD benefits
- ✓ Requires alignment of county behavioral health plan contracts with Medi-Cal Managed Care Plan (MCP) contracts



Infrastructure Bond Act

A \$6.38 billion bond to build 11,150 new treatment beds and housing units, specifically:

- ✓ Grants for behavioral health treatment and residential settings
- ✓ Housing investments for veterans who are experiencing or at risk of homelessness
- ✓ Other investments for Californians who are experiencing or at risk of homelessness

Behavioral Health Continuum Infrastructure Program (BHCIP)

- » In 2021, DHCS was authorized to establish BHCIP for eligible grantees to expand substance use disorder and mental health facilities across California.
 - Between November 2021 and June 2023, DHCS awarded **\$1.65 billion** to support mobile crisis services (round 1), county and tribal planning (round 2), and expansion of SUD and mental health facilities (rounds 3-5).
- » The Infrastructure Bond Act of 2024 provides additional funding for BHCIP grants.
 - An **additional \$3.3 billion** was conditionally awarded in May 2025 through the first round of Bond BHCIP funding. To date, 117 conditional awards remain after the final vetting award process.
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New residential and inpatient beds

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New outpatient slots

» **Data is point in time and subject to change.*

Mobile Crisis Services

- » Mobile crisis services are a community-based intervention to provide de-escalation and relief to individuals experiencing a mental health or substance use crisis wherever they are, including at home, work, school, or on the street.
- » DHCS made an initial investment of over \$205 million in mobile crisis services through BHCIP (\$150 million state general fund/\$55 million federal funds).
- » As of November 2025, this investment is supporting:
 - **459** new or enhanced mobile crisis teams
 - **270** vehicles
 - **178,360** service episodes



Mobile crisis services currently operate in most California counties, covering **99% of Medi-Cal members.**

988 Suicide and Crisis Lifeline

To support Californians in **accessing support and resources in the event of a behavioral health crisis**, DHCS:

- » Oversees and supports California's 988 network in close partnership with CalHHS
- » Administers funding and subcontracts to 988 Crisis Centers
- » Collects, monitors, and analyzes 988 data
- » Provides technical assistance to Crisis Centers and stakeholders
- » Develops implementation strategies and reporting frameworks
- » Leads statewide communications strategies

Key Program Updates:

- » In September 2025, DHCS launched a 988 communications campaign to raise awareness, reduce stigma, and promote 988 access.
- » The communications campaign runs through January 31, 2026, and uses billboards, digital ads, posters, flyers, and placements in malls and theaters.
- » DHCS is also nearing completion of its 988 website, which will:
 - Promote mental health awareness and crisis intervention resources.
 - Facilitate communication and coordination within the CA 988 Network.

Behavioral Health Bridge Housing (BHBH)

- » BHBH, signed into law in September 2022, is providing over \$1 billion to county behavioral health agencies and tribal entities to address the immediate housing and treatment needs of people experiencing homelessness with serious behavioral health conditions.
- » Round 1 of BHBH funding is driving approximately:
 - **3,448 new housing beds** created through infrastructure projects.
 - **4,700 beds funded annually** through rental assistance programs, shelter/interim housing, and/or auxiliary funding to assisted living.
- » As of June 2025, **over 10,600 people** have received housing through BHBH.

	Total Awards	Eligibility
Round 1	\$907M	Behavioral health agencies
Round 2 & 2B	\$50M	Tribal entities Request For Applications
Round 3	\$132.5M	Behavioral health agencies with Round 1 contracts

Community Assistance, Recovery, and Empowerment Act (CARE) Act

The CARE Act provides community-based behavioral health services and supports to Californians living with schizophrenia spectrum and other conditions who meet health and safety criteria.

- » December 1, 2025 marks one year of statewide implementation of the CARE Act.
- » On July 1, 2025, DHCS published its first Annual CARE Report on the first nine months of CARE Act Implementation.
 - A total of 3,366 people have been petitioned or otherwise engaged with county behavioral health under the CARE Act between October 2023 and April 2025.
- » By December 31, 2026, DHCS will publish the preliminary program evaluation conducted by the RAND Corporation.

Beginning January 2026, SB 27 makes key changes to the CARE Act:

- » Adds Bipolar I with psychotic features as an eligible diagnosis
- » Defines clinically stabilized in ongoing voluntary treatment
- » Allows for certain court referrals to serve as CARE petitions
- » Allows courts to consider CARE referrals earlier for individuals found incompetent to stand trial in misdemeanor cases
- » Authorizes nurse practitioners and physician assistants to complete affidavits
- » Includes technical amendments to streamline the CARE process

Children and Youth Behavioral Health Initiative (CYBHI)

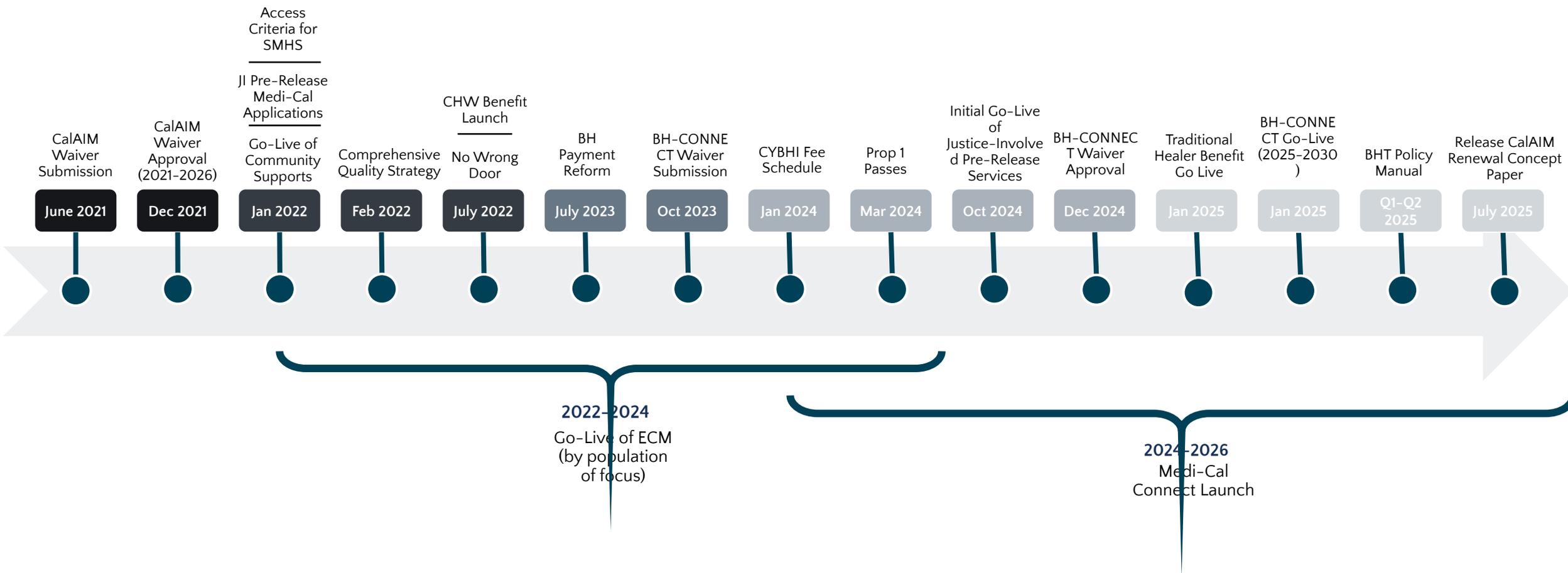
CYBHI is a statewide effort to support the behavioral health of young people in California. CYBHI makes it easier for children, teens, and young adults to get help wherever they need it.

CYBHI includes 20 workstreams which are run by different California departments. Key efforts include, but are not limited to:

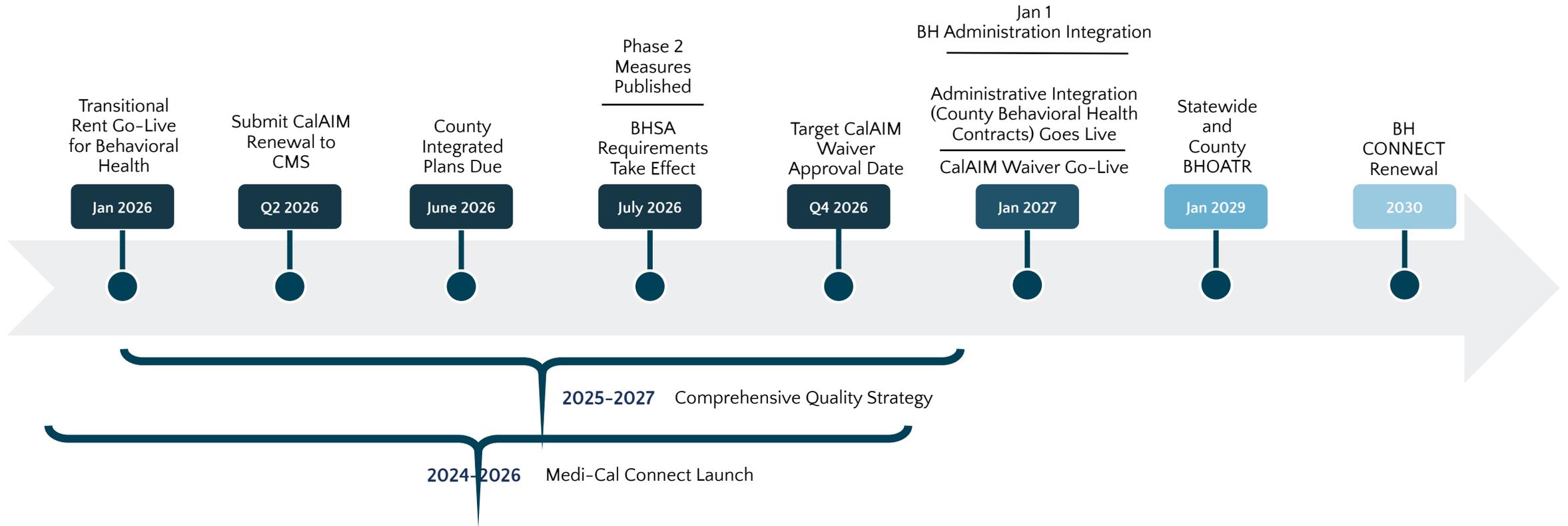
- » **CYBHI Fee Schedule**, which helps public schools, colleges, and school-linked sites get paid for offering mental health and substance use disorder services.
- » **School-based services**, which help schools and colleges offer mental health care on or near campus.
- » **Virtual behavioral health platforms**, which provide California youth and families with free online mental health support.
- » **Cal-MAP (California Child and Adolescent Mental Health Access Portal)** helps pediatricians and other providers get advice from mental health experts. This helps kids get care faster, especially in rural or underserved areas.
- » **CalHOPE** offers free, safe, and confidential mental health support to people of all ages in California.
- » **Dyadic services** involve a doctor or therapist seeing a parent and child together. These visits help strengthen the parent-child relationship and support mental health.
- » **Grants for community programs** to support delivery of evidence-based practices and community-defined evidence practices.
- » **Certified Wellness Coaches**, who provide non-clinical services to support health and wellbeing.

Appendix: High-Level Timeline of DHCS Initiatives

Behavioral Health Milestones: 2021-2025



Upcoming Behavioral Health Milestones: 2026-2030





Investing in California's Behavioral Health Workforce

Presentation to the Behavioral Health Task Force

Elizabeth Landsberg, HCAI Director

January 21, 2026

HCAI's Vision and Mission



Vision

A healthier California where all receive equitable, affordable, and quality health care.

Mission

HCAI expands equitable access to quality, affordable health care for all Californians through resilient facilities, actionable information, and the health workforce each community needs.

HCAI Health Workforce Purpose

Develop, support and expand a health workforce that:

- Serves medically underserved areas
- Serves Medi-Cal members
- Reflects and responds to the needs of California's population

A circular icon with a blue background and a faint image of a waiting room. The text "BEHAVIORAL HEALTH" is written in yellow and white.

**BEHAVIORAL
HEALTH**

A circular icon with a blue background and a faint image of a nurse in a white coat. The text "NURSING & MIDWIFERY" is written in white.

**NURSING
& MIDWIFERY**

A circular icon with a blue background and a faint image of a doctor in a white coat. The text "PRIMARY CARE" is written in white.

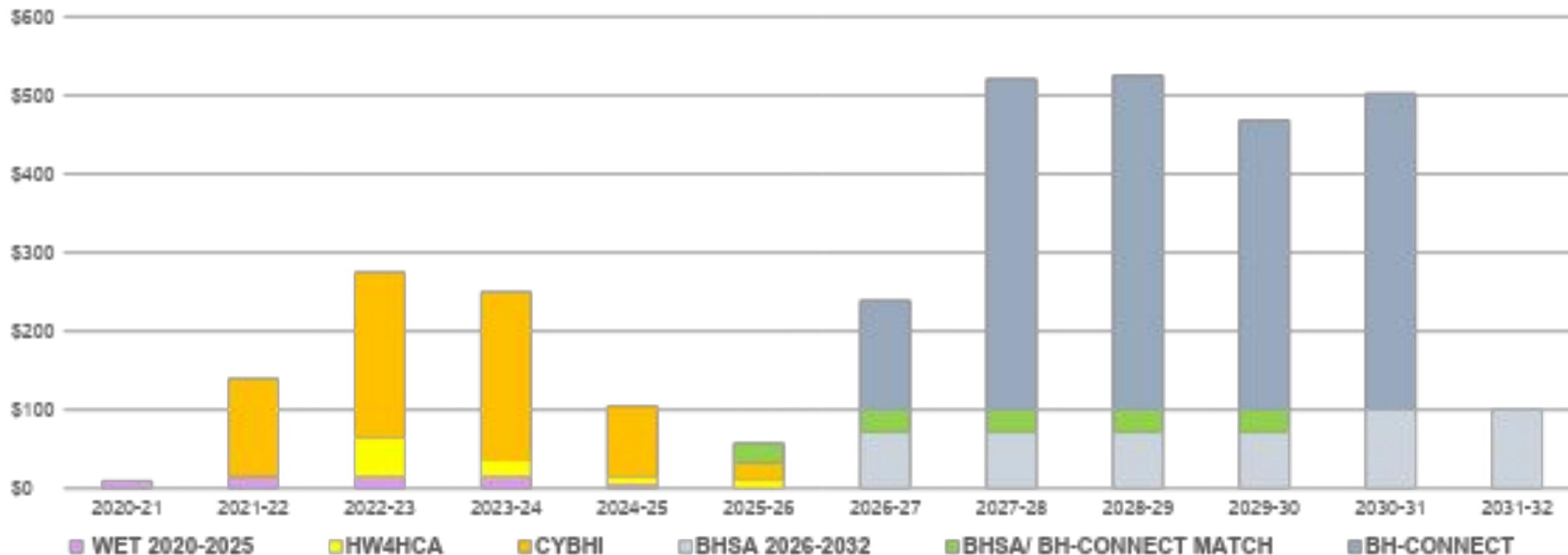
**PRIMARY
CARE**

A circular icon with a blue background and a faint image of dental equipment. The text "ORAL HEALTH" is written in white.

**ORAL
HEALTH**

Behavioral Health Funding Overview

(Current and Estimated, in Millions)



WET—MHA Workforce Education and Training
 MHA—Mental Health Services Act
 CYBHI—Children and Youth Behavioral Health Initiative

BHSA—Behavioral Health Services Act
 BH-CONNECT—Behavioral Health Community-Base
 Networks of Equitable Care & Treatment





HCAI Behavioral Health Workforce Strategy & Supply and Demand Modeling

In 2024, HCAI developed a behavioral health workforce strategy.

We identified the need for the following statewide interventions to expand supply and address equity.



Expand educational capacity, particularly in public education institutions and underserved areas



Expand clinical supervision – A significant share of Master's level graduates do not achieve licensure, in part due to lack of clinical supervision opportunities



Recruit and retain faculty, e.g., through incentives



Lower barriers to training – Through scholarships and non-financial completion supports (e.g., childcare, living accommodation, transportation); potentially linked to service obligations



Recruit / retain BH professionals in targeted settings – Through tuition reimbursement, loan repayment with service obligation, or financial incentives to remain long term (e.g., stipends, bonuses)

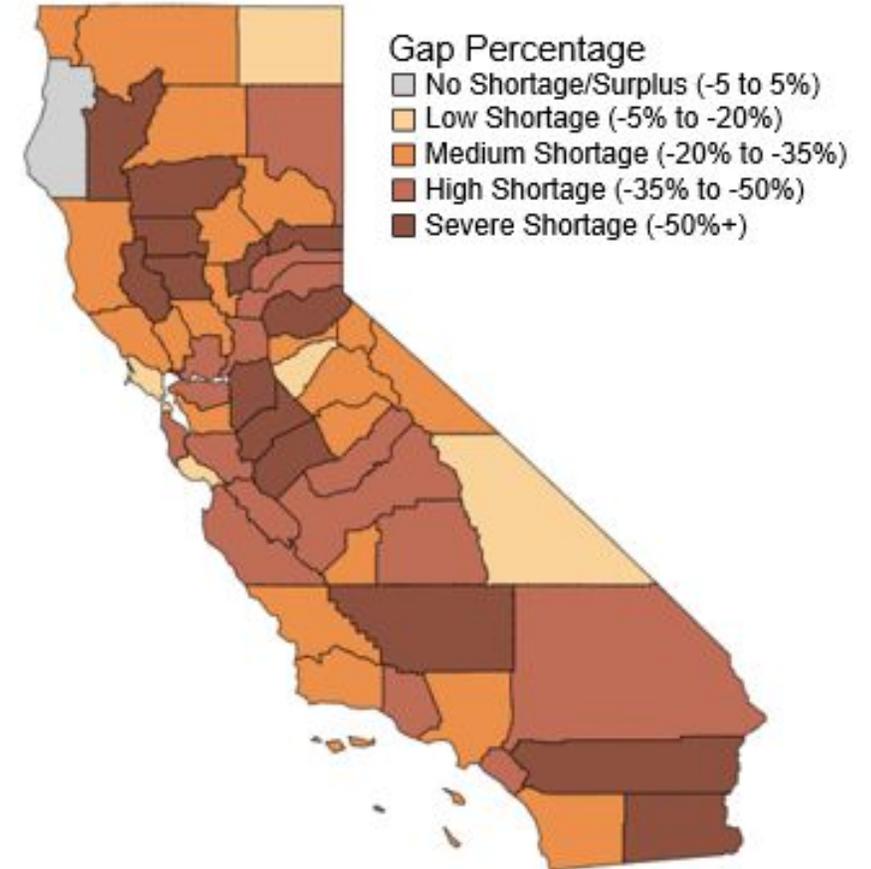


Integrate behavioral health into primary care: PCPs play an extremely critical role in the behavioral health ecosystem, and primary care teams should be trained on how to treat behavioral health conditions, especially in underserved areas

Supply & Demand Modeling for California's Behavioral Health Workforce Shows Statewide Shortages, but Severity Varies

Projections indicate that by 2033:

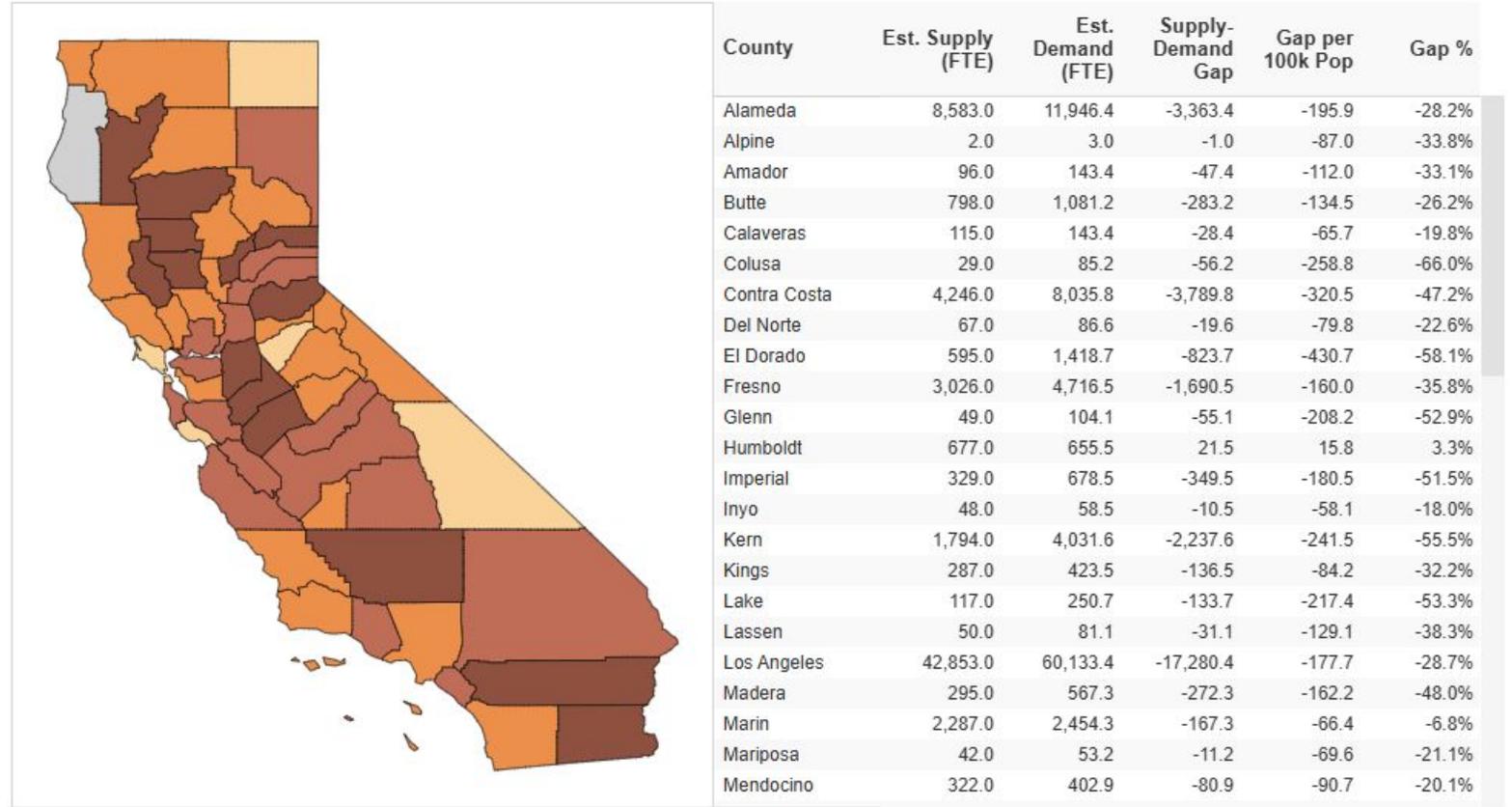
- The Psychiatrist shortage is expected to double to 6,200+ needed
- All counties could face Non-Prescribing Clinician shortages; 22 counties could have shortages of 50% or greater
- Statewide need could rise to 171,000 Non-Prescribing Clinicians—more than double today's supply of about 81,000



Note: This map represents all behavioral health clinical professions.

Supply & Demand Dashboards

County Data		Regional Data		Trends		Forecast Comparisons	
Year	Role/Group	Region Type	Region	County			
2033	(All)	CHIS Region	(All)	(All)			



- Low Shortage (-5% to -20%)
- Medium Shortage (-20% to -35%)
- High Shortage (-35% to -50%)
- Low Surplus (5% to 20%)
- Medium Surplus (20% to 35%)
- High Surplus (35% to 50%)
- Severe Shortage (-50% or more)
- No Shortage/Surplus (-5% to 5%)
- Severe Surplus (50% or more)

Supply and Demand dashboards have been launched for behavioral health and nursing workforce.



CYBHI* Spotlight: Certified Wellness Coach Profession

*Children and Youth Behavioral Health Initiative

Certified Wellness Coaches (CWC)

The 2021-2022 California Budget included the **Children and Youth Behavioral Health Initiative**.

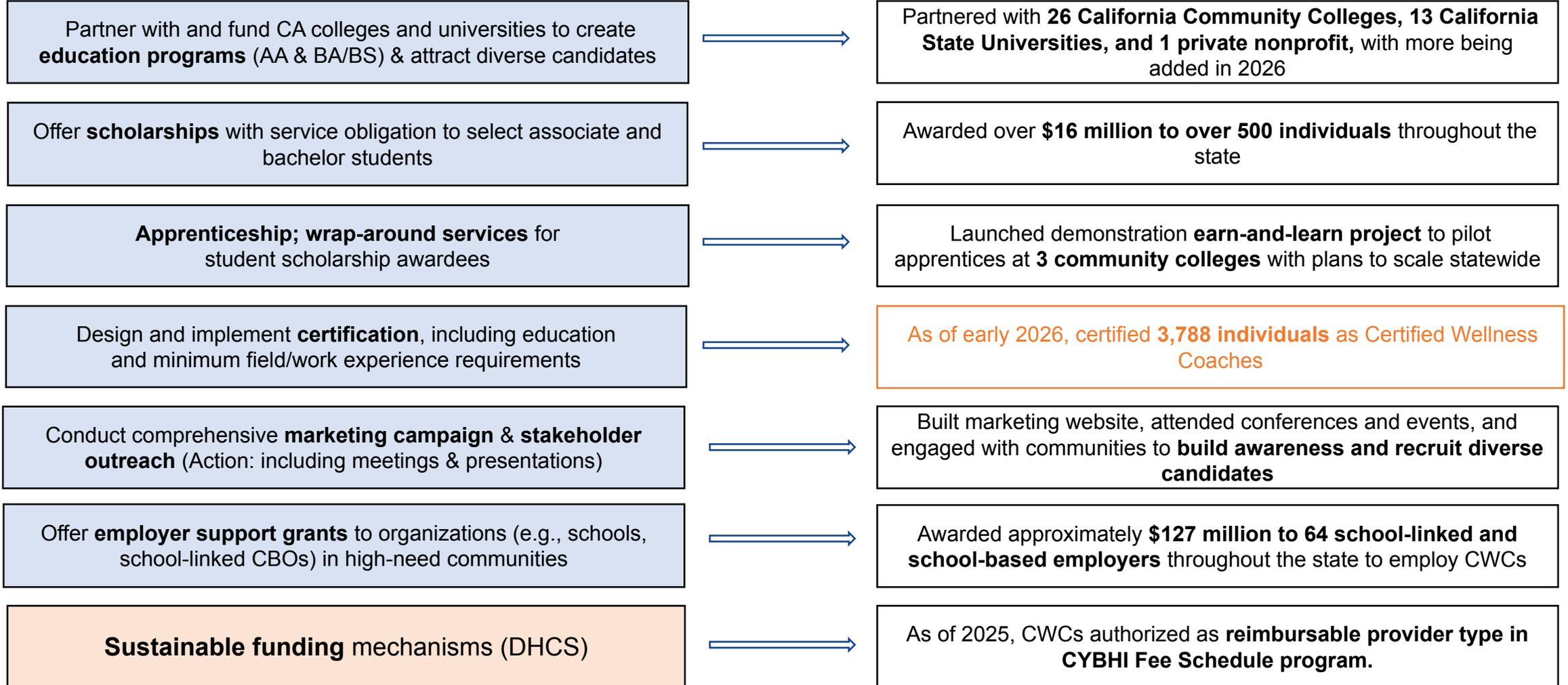
As part of that initiative, **HCAI received funding to design and build a new profession – Certified Wellness Coaches – to support children, youth and families.**

HCAI is currently working on two early outcomes to improve access to the behavioral health care children and youth need:

1. Create **supply of competent and skilled CWC workforce** that is representative of the populations they serve and accessible in underserved communities.
2. Generate **demand for CWCs in school systems** (school-linked & school-based orgs) and **settings outside of schools**, particularly in underserved settings.



Building CWC Supply and Demand





BH-CONNECT* Initiative

* Behavioral Health Community-Based Organized
Networks of Equitable Care and Treatment

BH-CONNECT Workforce Initiative

Five Medi-Cal Behavioral Health Programs:

Student Loan Repayment



- Cycle 1, Jul. 2025
- As of Dec. 31, 2025, 1,615 awards: ~\$133M
- Cycle 2, May 2026

Residency Training



- Cycle 1, Jul. 2025
- Five awards, ~\$15M
- 17 training positions
- Cycle 2, Mar. 2026

Scholarship



Cycle 1, Feb. 2026

Community-Based Provider Training



Cycle 1, Mar. 2026

Recruitment and Retention

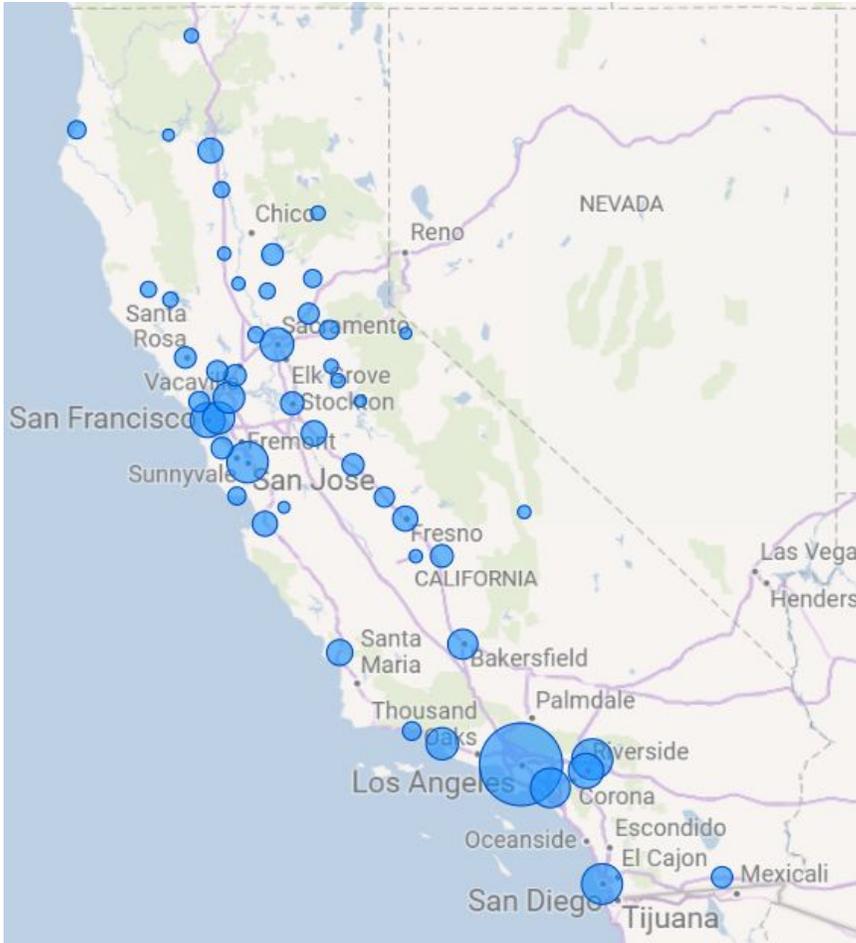


Cycle 1, Jun. 2026

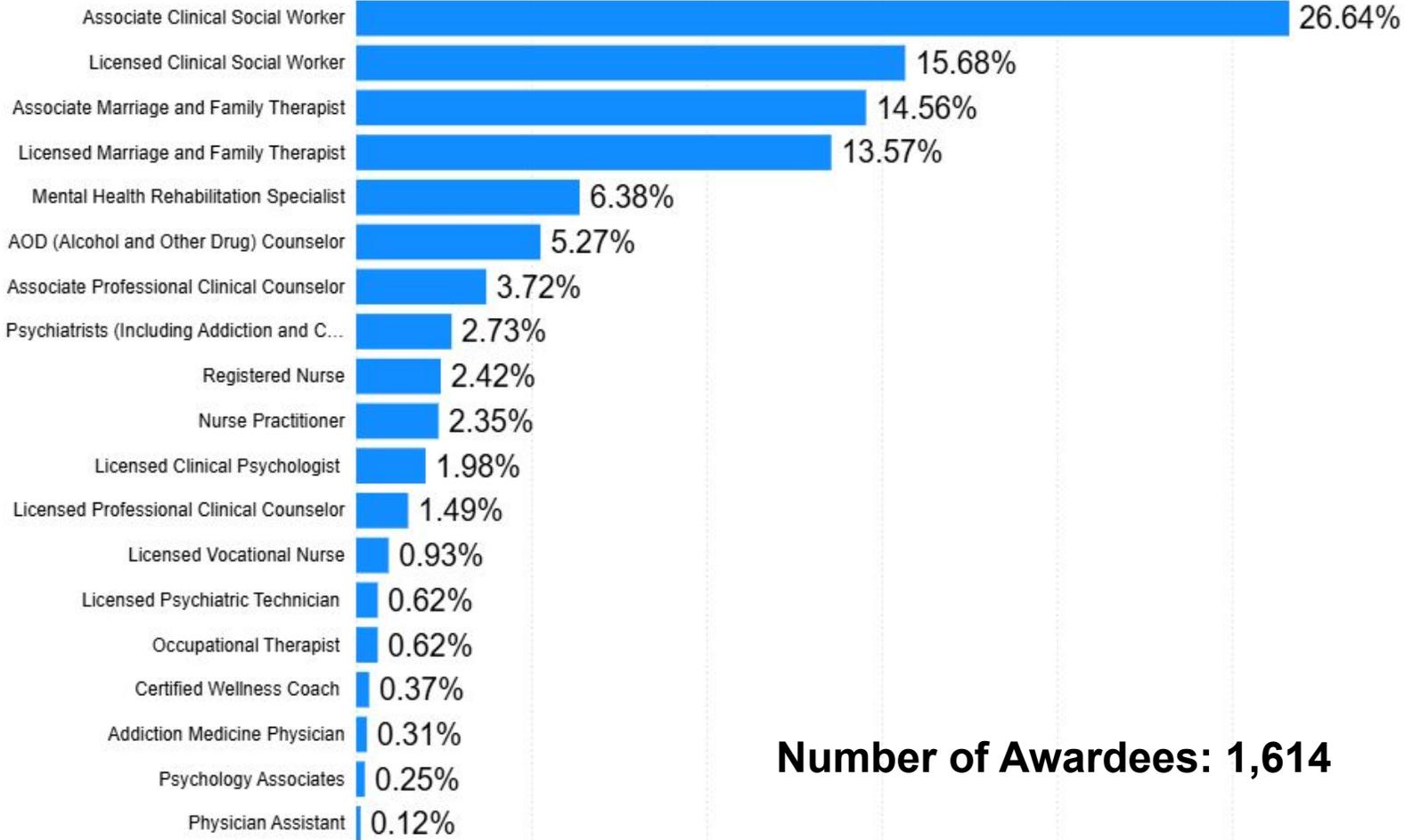
Launching in 2026

Medi-Cal Behavioral Health Student Loan Repayment Program

Primary Employer County Map



Professions



Number of Awardees: 1,614

Medi-Cal Behavioral Health Residency Training Program

Goal: Increase the availability of General Psychiatrists, Child and Adolescent Psychiatrists, Addiction Psychiatrists and Addiction Medicine Physicians that are trained and serve in Medi-Cal safety net settings.

December 2025: 5 programs were awarded totaling \$15M to support 17 new residency training slots.

March 2026: Individuals considering a spot in one of the 5 awarded residency training programs will be eligible for loan repayment through a special MBH-SLRP cycle, projecting another \$4M in awards.

March 2026: Next program funding cycle will launch with a focus on fellowship programs.



BHSA Statewide Goals & Workforce Objectives

Alignment with Statewide BHSA Goals

Increase Access to Care:

- Expand and diversify the workforce
- Address geographic shortages and market inequities
- Incentivize and support behavioral health professionals to work in county and safety net settings

Reduce Untreated Behavioral Health Conditions:

- Enhance training to ensure the behavioral health workforce can address the needs of individuals with significant behavioral health conditions

BHSA Workforce Funding and WET Plan

Under BHSA, HCAI is required to complete a 5-Year Workforce Education and Training (WET) Plan informed by a community engagement process.

Timeline: July/August 2025: 21 convenings | 287 participants

Focus Areas: Education & Training, Innovation, Retention & Recruitment, Workplace Well-Being, Work-Based Learning, Significant Behavioral Health Care Conditions, Pipelines & Pathways, Diversity & Equity, Consumer Perceptions, Technology & Telehealth

Key Populations: Older Adults, LGBTQIA+, Justice System-Involved

County Perspectives: County Behavioral Health Directors Association

Community Engagement Summary Findings

- **Workforce Readiness Gaps:** Workforce is not fully prepared for the complex needs of CA populations due to outdated and incompatible training, limited supervision, and unclear career pathways.
- **Funding and System Gaps:** Inconsistencies in SUD counselor licensure, reliance on paraprofessionals, limited funding for peer support and community-based organizations, and lack of consistent statewide workforce competencies resulting in fragmented preparation and uneven quality of care.
- **Equity and Representation:** The workforce does not reflect the communities served especially for communities of color, LGBTQIA+ populations, immigrants, rural residents, and justice-involved individuals.
- **Structural/Access Barriers:** High education and living costs, limited paid training opportunities and apprenticeships, instructor/mentorship shortages, rural infrastructure challenges (telehealth, broadband, devices), and insufficient graduate-level training capacity.

WET Plan Investment Objectives

1. Expand on-the-job training and professional development opportunities for existing behavioral health workforce to develop the skills they need to serve individuals with significant behavioral health conditions and other BHSA priority populations
2. Expand affordable education and training opportunities that prepare the future behavioral health workforce to serve individuals with significant behavioral health conditions and other BHSA priority populations
3. Expand and increase access to clinical supervision in county and safety net settings for current behavioral health workforce and recent clinical graduates serving those with significant behavioral health conditions
4. Identify and standardize upskilling pathways to promote career pathway development, and stabilize and diversify the behavioral health workforce
5. Recruit and retain behavioral health professionals in county and county-contracted organizations and institutions
6. Develop and implement pathway programs, including for diverse candidates and those with lived experience

Example Proposed Programs & Investments

Objective 2: Expand affordable academic-based education and training opportunities that prepare behavioral health professionals

Fund development of standardized academic curricula (by degree type); implement and tie funding for programs to require implementation of standard academic curricula

Objective 6: Develop and implement pathway programs

Pending an analysis of the attributes of successful pathway programs for behavioral health, will explore using funds to expand existing successful and scalable programs



Looking Ahead

Five-Year Workforce Education and Training (WET) Plan Development

Key Milestones

- November 2025 through May 2026: Draft WET Plan development and review by key partners.
- Q2/Q3 2026: Review and approval by the full California Behavioral Health Planning Council, followed by publication of the final plan.



Strengthening Access to Behavioral Health Services in Rural California

Through the Rural Health Transformation Program behavioral health supports include:

- Expanding behavioral health training opportunities through train-the-trainer programs for all levels of primary care and maternal health providers
- Supporting improvements in technology infrastructure of rural facilities to expand tele-health services
- Integrating behavioral health consultation tools into rural facilities such as Perinatal Psychiatry Access Program, the California Child and Adolescent Mental Health Access Portal, and other behavioral health e-consult services

Office of Health Care Affordability Behavioral Health Investment Benchmark

Statutory Requirements

- OHCA is statutorily required to **measure behavioral health spending** as a percentage of total health care spending and **set spending benchmarks** that facilitates care improvement in behavioral health.

Measurement

- OHCA will collect 2024-2025 behavioral health spending data from payers for the first time in September 2026.
- Data will be used only for measurement and reporting, not comparison to a benchmark.

Benchmark

- Working with the Health Care Payments Data team, OHCA is analyzing behavioral health spending to inform setting a benchmark.
- OHCA will revisit setting a benchmark in summer 2026 informed by the data analysis.

Sign Up for Our Newsletter!



<https://hcai.ca.gov/mailling-list/>

Contact Us!



Phone (916) 326-3700



Email Healthworkforce@hcai.ca.gov

**#WeAreHCAI #HCAI #HealthWorkforce
#HealthFacilities #HealthInformation**

DMHC Update

2026 Behavioral Health Task Force

January 21, 2026

Mary Watanabe, Director

Our Mission

The **MISSION** of the DMHC is to ensure health plan members have access to equitable, high-quality, timely, and affordable health care within a stable health care delivery system.

Our Approach

The DMHC accomplishes this important mission by:

- **REGULATING** health plans
- **ENFORCING** California's strong consumer protection laws
- **ASSISTING** health plan members

Behavioral Health Updates

- Behavioral Health Investigations
- Children and Youth Behavioral Health Initiative (CYBHI) Implementation
- SB 855, Mental Health/Substance Use Disorder Coverage Oversight
- SB 1338, CARE Act
- AB 988, Mobile Crisis Services
- Behavioral Health Services Act Reform

Behavioral Health Investigations

- Phase One and Two Summary Reports, Individual Plan Reports, and Corrective Action Plans posted on DMHC website.
- Knox-Keene Act violations have been referred to Office of Enforcement.
- Phase Three Summary Report, Individual Plan Reports, and Corrective Action Plans will be released in early 2026.
- Phase Four plans have been notified, and the consumer and provider outreach has begun.

Children and Youth Behavioral Health Initiative

- School-based behavioral health services are provided without utilization management and will not be subject to copayment, coinsurance, deductible, or any other form of cost sharing.
- DMHC issued guidance via an [APL 23-026](#) in December 2023, addressing commercial plan coverage of school-linked Behavioral Health services.

SB 855 (Wiener): MH/SUD

- Initial Guidance: [APL 21-002](#) and [APL 22-030](#)
- Formal Rulemaking:
 - Initiated in December 2022
 - Approved by Office of Administrative Law in January 2024
 - Effective on April 1, 2024
- Ongoing Compliance/Oversight

CARE Act

- Commercial health plans are required to cover medically necessary services for enrollees pursuant to the CARE plan.
- DMHC Guidance: [APL 23-016](#)
- CARE [Point of Contact Listing](#) for Counties

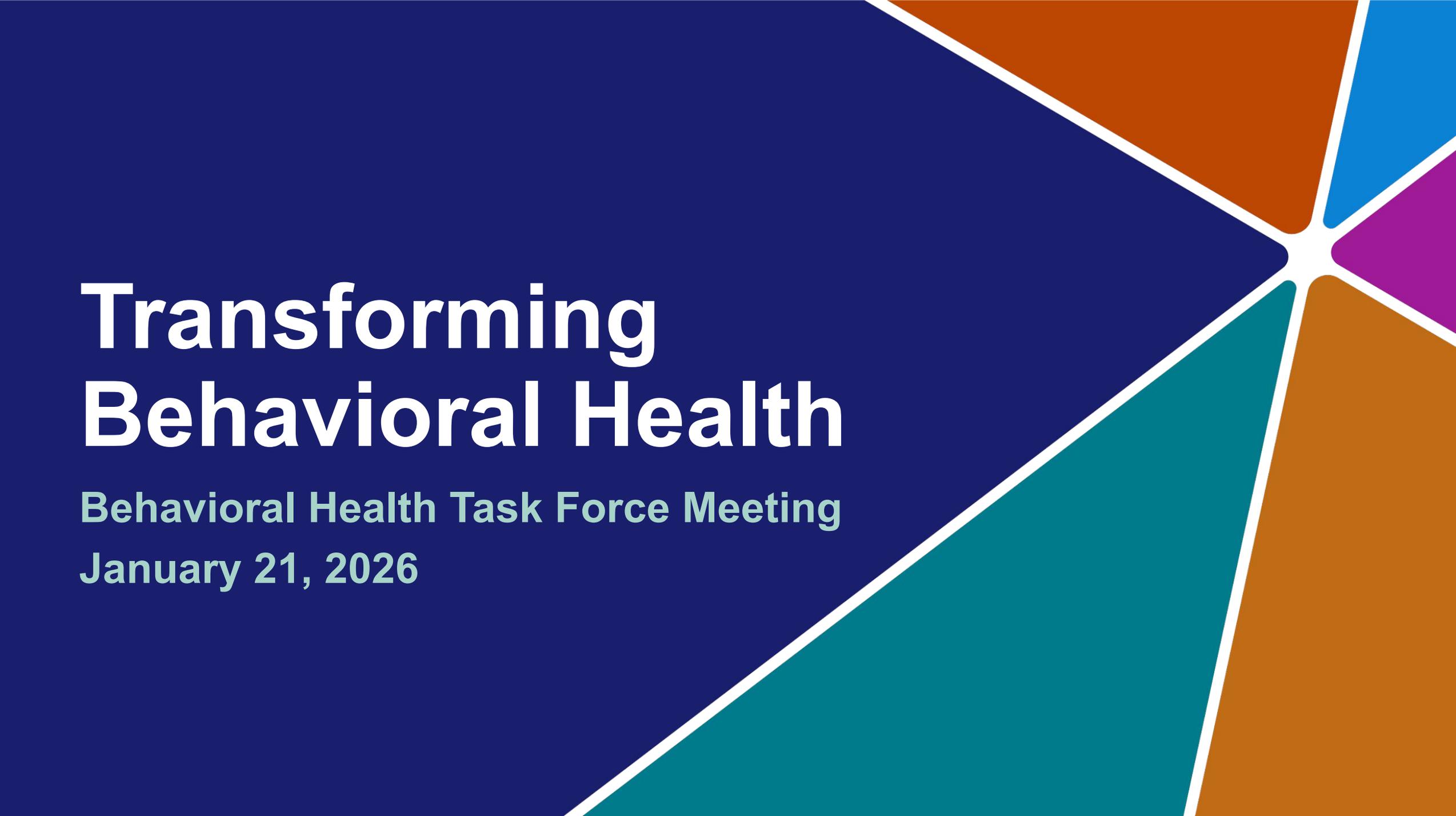
AB 988: Mobile Crisis Services

- [APL 25-006](#)
 - Detailed billing codes
 - Required patient information
- [APL-22-031](#) and [APL 23-025](#)
 - Behavioral health services covered
 - Post-stabilization process
 - Cost-sharing

BHSA Reform

The Behavioral Health Services Reform Act provides for continued collaboration with DMHC, Health Plans, and County Behavioral Health Departments on the following issues:

- Plan contracting with counties as in-network providers
- Increased collaboration on billing issues



Transforming Behavioral Health

Behavioral Health Task Force Meeting

January 21, 2026

CDPH Vision

Improve key behavioral health outcomes by promoting protective factors and reducing risk factors and underlying drivers associated with adverse outcomes, with a focus on BHSA priorities:

- Reduce the prevalence of mental health and substance use disorders and resulting conditions.
- Reduce stigma associated with seeking help for mental health challenges and substance use.
- Focus efforts with populations disproportionately impacted by systemic racism and discrimination.
- Prevent suicide, self-harm, or overdose.

Strengthen **multisectoral, statewide coordination and collaboration on shared behavioral health transformation goals and plans**, contributing a **public health perspective**:

- Primary prevention
- Social determinants of health
- Life course perspective
- Health equity
- Trauma-informed approaches

How is CDPH improving behavioral health?

Coordinating statewide efforts

Elevating behavioral health as a public health priority

Conducting public awareness and stigma reduction efforts

Providing public health perspective and expertise in monitoring and evaluation strategies

Key CDPH Behavioral Health Initiatives

Office of Suicide Prevention (OSP)

Overdose Prevention Initiative

California Reducing Disparities Project (CRDP)

Office of School Health

FLOURISH Initiative

All Children Thrive – California



The FLOURISH acronym is presented in a vertical list on the left side of a graphic. Each letter is in a dark teal box with white text, followed by a description in a light teal box. To the right is a photograph of a smiling family (a man, a woman, and a child) with a child on the man's shoulders. Above the photo are four small white leaf icons on a teal background.

- F** Foster mental wellness
- L** Leverage resources
- O** Optimize early interventions
- U** Uplift communities
- R** Reinforce social drivers
- I** Implement evidence-based practices
- S** Strengthen resilience
- H** Holistic approaches to mental health



Major Accomplishments

CYBHI workstreams:

Never a Bother

> 1.12 billion impressions

CBO grantees conducted >4,600 activities that supported 106,000+ direct interactions with youth and caregivers

Take Space to Pause

1.1 billion+ impressions;
5.7 million youth reached

↓ mental health stigma

↑ youth co-governance

Youth Suicide Reporting and Crisis Response Pilot Program:

Local systems strengthening for rapid report and response to youth suicides and suicide attempts in 10 counties

Evaluation summary forthcoming

Never a Bother
Youth Suicide Prevention
Media Campaign

Suicide Prevention Month Toolkit



Never a Bother | September 2024

© 2024 California Department of Public Health. Funded under contract #23-10993.

Major Accomplishments

- **CRDP:**

- Demonstrated improvement of behavioral health for historically unserved and underserved communities through sustainable, scalable and systems transformational CDEPs

- **Violence Prevention Initiative:**

- Release of the [California Public Health Roadmap for Firearm Violence Prevention Report](#) and statewide convening in 2025

- **Office of Suicide Prevention:**

- Grants and partnership with Native and Tribal communities to support culturally anchored youth suicide prevention strategies

- **Facts Fight Fentanyl:**

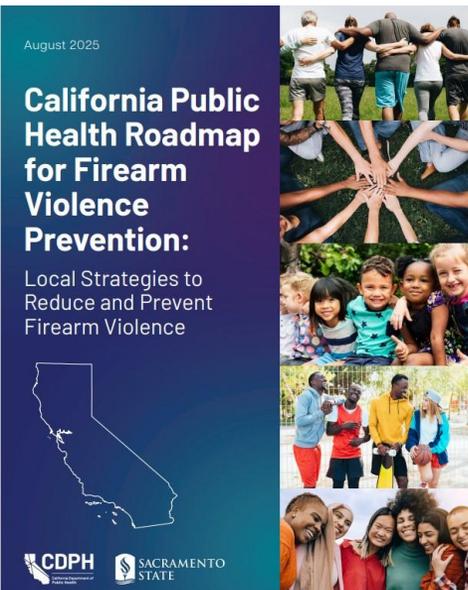
- Campaign successfully reached more than 60% of Californians 16 to 39 years of age in just 6 months.

- **Youth Vaping Alternative Program Education (YVAPE):**

- Enrolled over 1500 students between July 2024- December 2025. State Superintendent letter encouraging YVAPE instead of school suspension

- **Office of School Health:**

- Released [Recognize Respond Connect](#) training on supporting student behavioral health.
- Ongoing support for [Safe Spaces](#) foundations of trauma informed practice training for educational and care settings. Over 4,000 trainings were completed.



2026 Behavioral Health Priorities

Q3 FY 25-6

- Release CDPH BHSA Population-Based Prevention Program Final Plan

Q3/4 FY 25-6

- Release funding announcements to mobilize local reach

Q4 FY 25-6/
Q1 FY 26-7

- Select implementation partners (e.g. CBOs, LHJs, Tribes, etc.) and distribute funding for local implementation

Q1 FY 26-7

- Launch CDPH BHSA Implementation Workgroup
- Release final evaluation plan and training/technical assistance plan

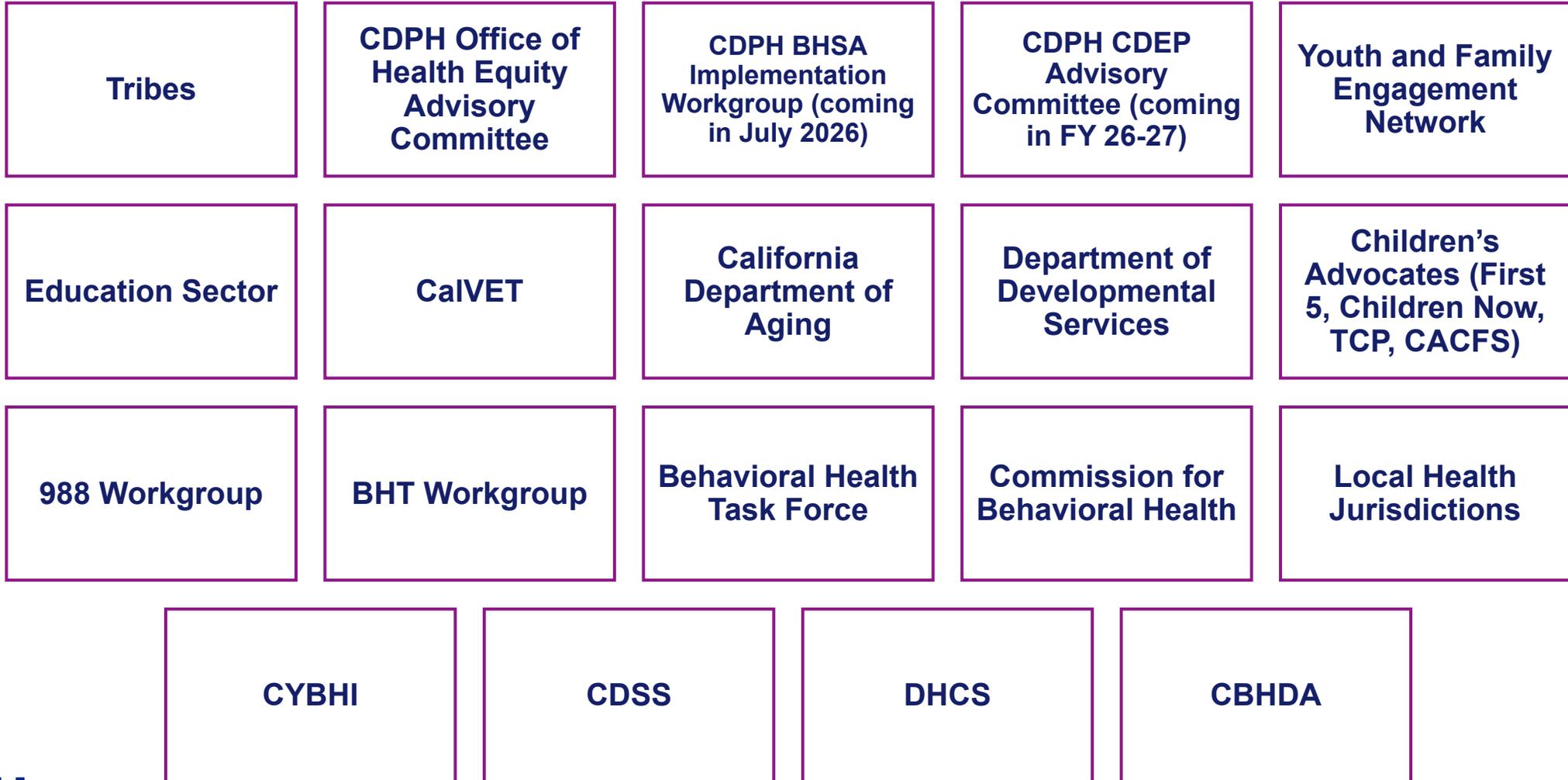
Ongoing

- Continue cross-sector coordination to address Governor's Executive Order N-31-25 focused on young men and boys
- Support CDPH BH awareness campaigns
- Track BH policy
- Promote California Public Health Roadmap for Firearm Violence Prevention Report
- Participate in 988 Workgroup and Governor's Innovation Council

Barriers and Opportunities

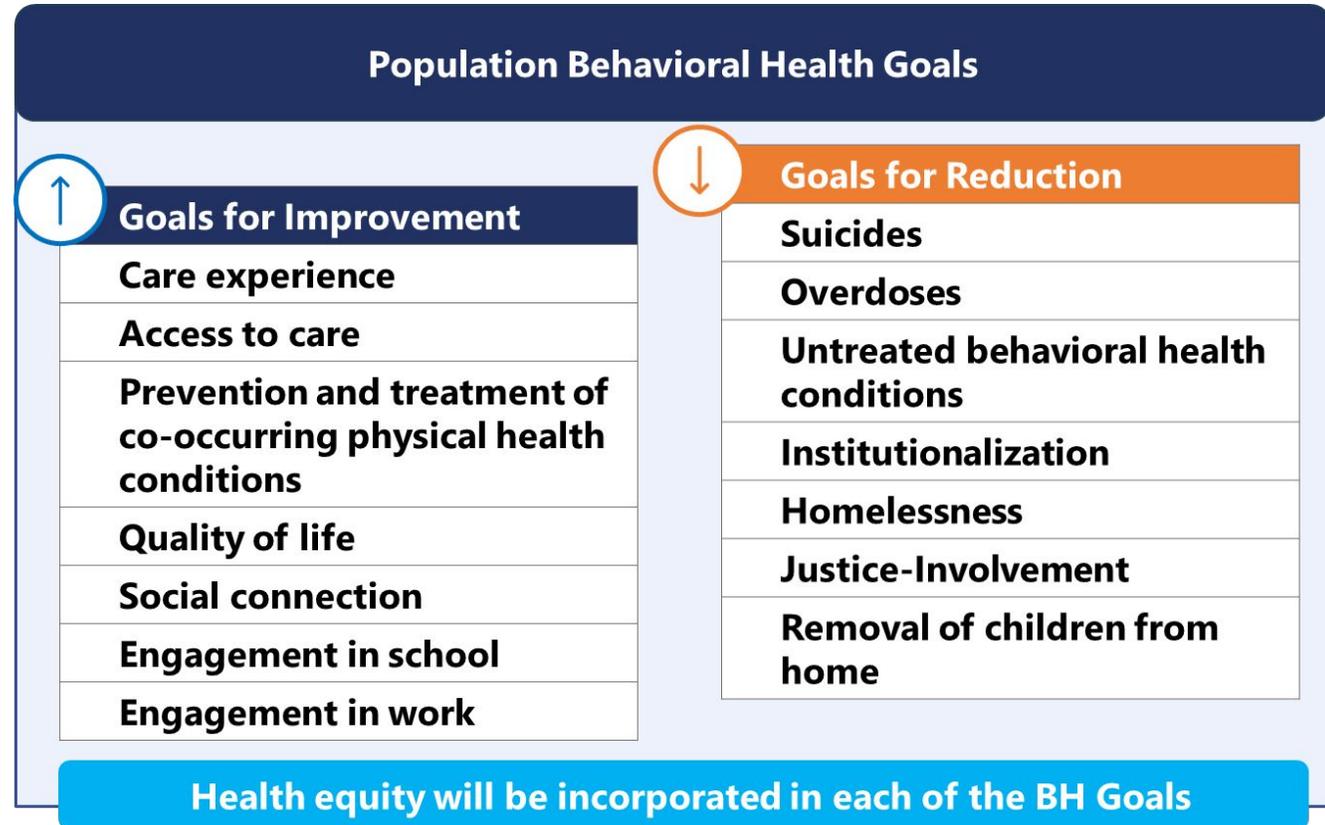
- Volatile federal policy, CA budget landscape and growing uncertainties
- Complex BH landscape of existing funding streams and partnerships
- Challenging transition from MHSA to BHSA and local impacts
- Diverse, complex Behavioral Health needs across the state
- Uplift behavioral health as a public health priority
- Unify and maximize population-based prevention efforts through meaningful collaboration, coordination and enhanced partnerships

BHT Community and Partner Engagement



How is CDPH addressing the 14 BHT goals?

- Focusing strategies on reducing suicide and overdose, as well as improving quality of life, social connection, and engagement in school and work
- Partnering with other State agencies (e.g., DHCS, CDSS, CalVET) to address additional goals
- Developing metrics that align to goals as part of the monitoring and evaluation plan





CDPH

California Department of
Public Health



LUNCH BREAK

30 Minutes

Discussion & Breakout Session

Celebrating Success

What successes from YOUR work should this Task Force know about?

Priorities and Challenges

- What are your BH priorities for 2026 to work toward the achievement of the statewide goals?
(e.g. how will you/your organization work towards improving access to care?)
- What are the challenges, barriers, or areas of opportunity to achieve these priorities that will impact the statewide BH goals?

Learning & Collaboration

- What can we learn from our successes to address challenges and barriers?
- Where are opportunities for collaboration (across departments, partner organizations, etc.)

Taking Action

- What are the actions you can take to make progress toward the 14 statewide BH goals?
- What are the actions this task force can take to make progress toward the 14 statewide BH goals?

BHSA Target Populations

The target population for the Behavioral Health Services Act generally includes individuals who are dealing with significant behavioral health needs. This includes those with mental health conditions and/or substance use disorders.

BHSA Priority Populations

Eligible adults and older adults, or eligible children and youth who are:

- Chronically homeless, experiencing homelessness, or at risk of homelessness
- In, or at risk of being in, the justice system
- Re-entering the community from prison, jail, or youth correctional facility
- At risk of conservatorship or in the child welfare system
- At risk of institutionalization

↑ 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

Building Out California's Behavioral Health Continuum of Care



Workforce and Facilities/Housing

Equity

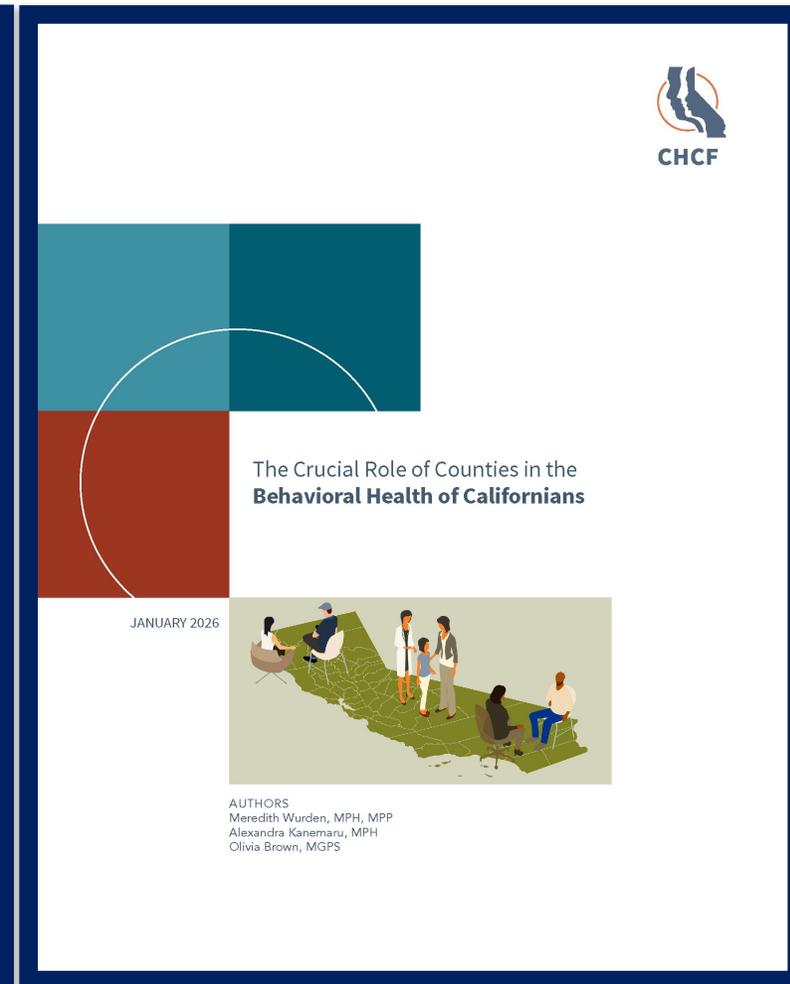
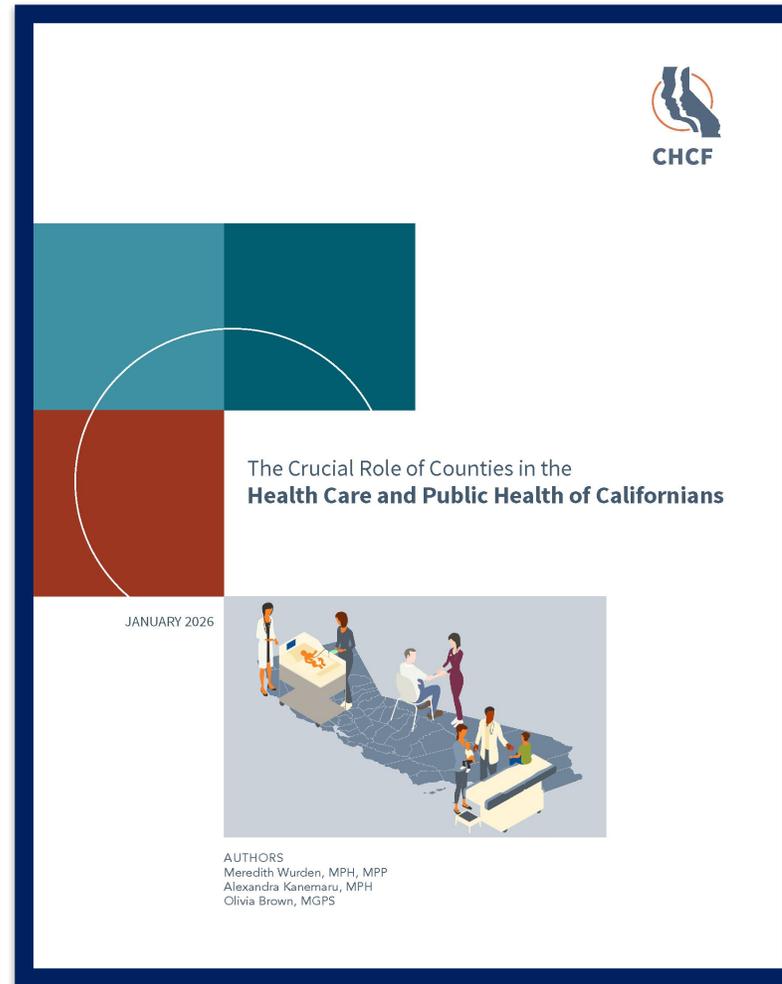
Oversight and Accountability

Department & BHTF Member Updates



The Crucial Role of Counties in the Health of Californians

California Health
Care Foundation



BHTF 2026 Schedule & Updates

2026 Schedule

April 8, 2026:

Sustainable Investment in the Workforce

July 15, 2026:

Supporting Children and Youth

October 14, 2026:

Measuring Progress and Impact

Overarching Theme:

- 14 Statewide Goals
- Continuum of Care
- Vulnerable & Priority Populations

2026 Updates

- Outcomes Based Afternoon Activities
- Task Force Subject Matter Expertise (SME) Support
- Membership & Charter Revise
- Enhanced Member Communication and Engagement
- More Frequent Lunch & Learn Webinars

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.

- April 8, 2026
- July 15, 2026
- 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 at:
[Behavioral Health Task Force webpage](#)



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/>