BEHAVIORAL HEALTH TASK FORCE MEETING

CALIFORNIA HEALTH & HUMAN SERVICES AGENCY

October 14, 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

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

10:10 Secretary Kim Johnson Opening Remarks

10:10 DHCS Presentation

11:20 Questions & Discussion

12:00 [Lunch Break]

12:30 Launching the Next Phase of Behavioral Health Transformation

1:00 Department Updates

2:30 Discussion

2:50 Closing & Adjourn

WELCOME & INTRODUCTIONS

STEPHANIE WELCH, MSW
Deputy Secretary of Behavioral Health, CalHHS

Opening Remarks

KIM JOHNSON
Secretary of the California Health & Human Services Agency

Welcome New BHTF Members



Carly Clemmons
Senior Policy Associate, Children Now



Claire Ramsey
Director, California Department of Aging



Marni Sandoval
Behavioral Health Director, Santa Cruz County

Behavioral Health Public County Profile

Marlies Perez
Department of Health Care Services

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

October 14, 2026

Agenda

- Background
- What is the Behavioral Health Public County Profile?
- How Can It Be Used?
- Deep Dive: Performance Tab
- Deep Dive: Integrated Plan Tab
- What's Next?
- Demo

Background

Former State of Behavioral Health Data

No Shared Home

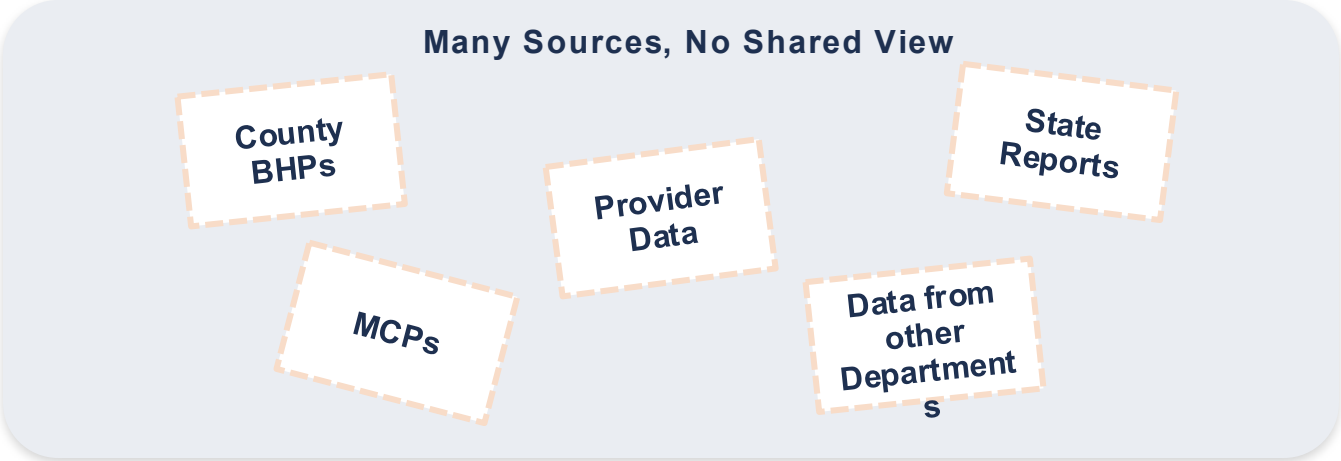
Housed across many different systems and owners, with no shared home for the public to go to

Technical

Where data is public, it's often built for technical audiences, not for less familiar users trying to make sense of it

Surface Level

Published in high-level statewide reports, with no easy way to explore what's happening in a specific county



What is the Behavioral Health Public County Profile?

The Behavioral Health Public County Profile is California's first public-facing tool to combine county behavioral health data. It brings together data from a variety of funding sources and delivery systems to provide an overall snapshot of behavioral health.

With the Profile, DHCS has taken a significant step forward in delivering on the Behavioral Health Services Act's (BHSA) goal of making behavioral health data more transparent and accessible.

"We've never had anything like this"

-County Profile User

Why DHCS Built the County Profile






UNIFY | **CLARIFY** | **IMPROVE** | **COMMUNICATE**

Bring together data that currently lives in disconnected systems and reports into one accessible tool

Make the data understandable - not just published, but visualized and explained

Support transparency, planning, behavioral health monitoring, and accountability across the behavioral health system

Designed for a broad audience: the public, county staff, providers, advocates, and policymakers, not just data analysts

The Profile is accessible through the DHCS Behavioral Health Transformation webpage. Login not required.

What is currently on the Profile?

The profile shows behavioral health data for every California county to support transparency and accountability. The following elements are included:



Overview

County Contact Information

Managed Care Plans (MCP) in County



Demographics

County population, Medi-Cal enrollment, and Specialty Mental Health Services, and Substance Use Disorder treatment by sex, age, and race and ethnicity



Integrated Plan

Final Integrated Plan content can be exported and displayed



Homelessness

Medi-Cal members experiencing homelessness; Enhanced Care Management services and members receiving housing-related community supports



Performance

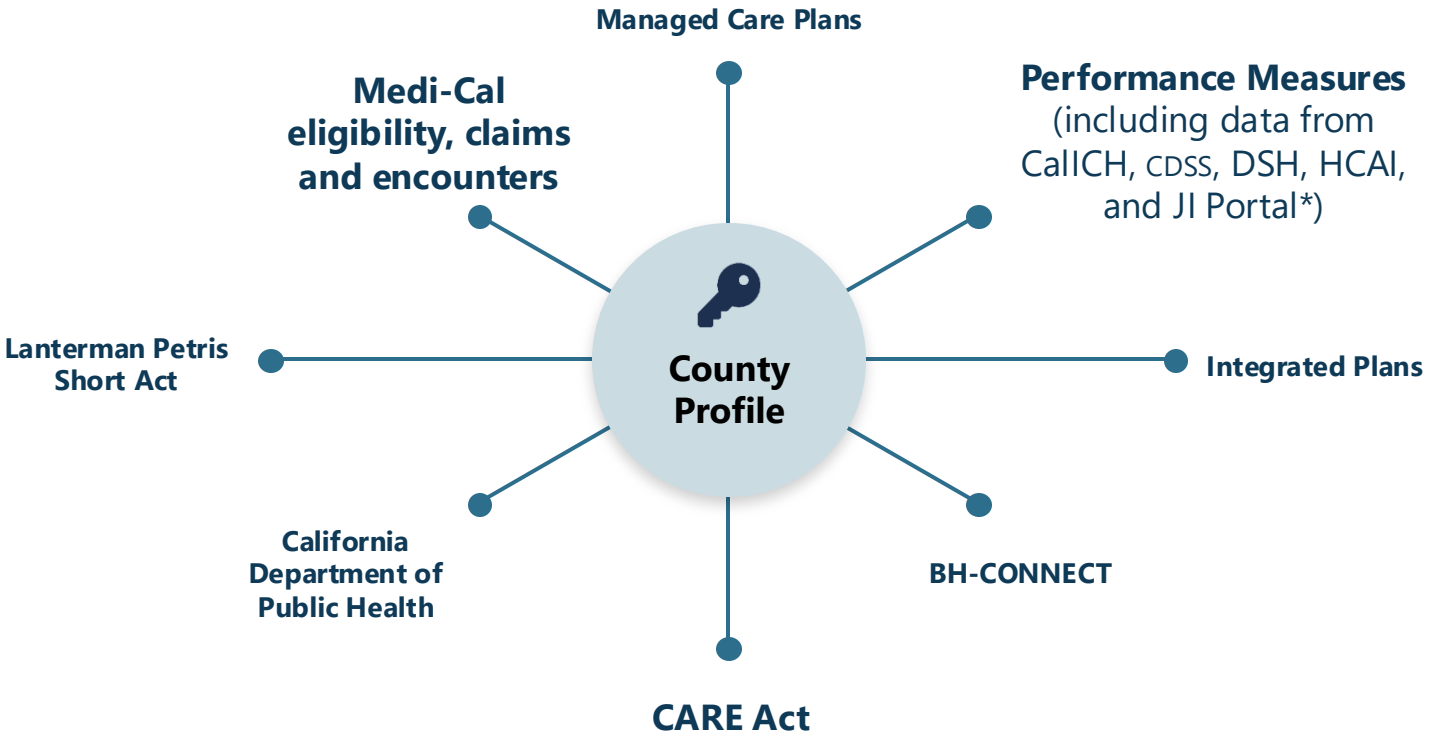
A subset of Behavioral Health Transformation performance measure results across the six priority statewide goals



Behavioral Health Reporting

Data from the LPS Act, BH-CONNECT, and California's overdose surveillance dashboard

Connecting Data Across Systems



* California Interagency Council on Homelessness, Department of Social Services, Department of State Hospitals, Department of Health Care Access and Information, and Justice-Involved Screening Portal

The Profile's Reach

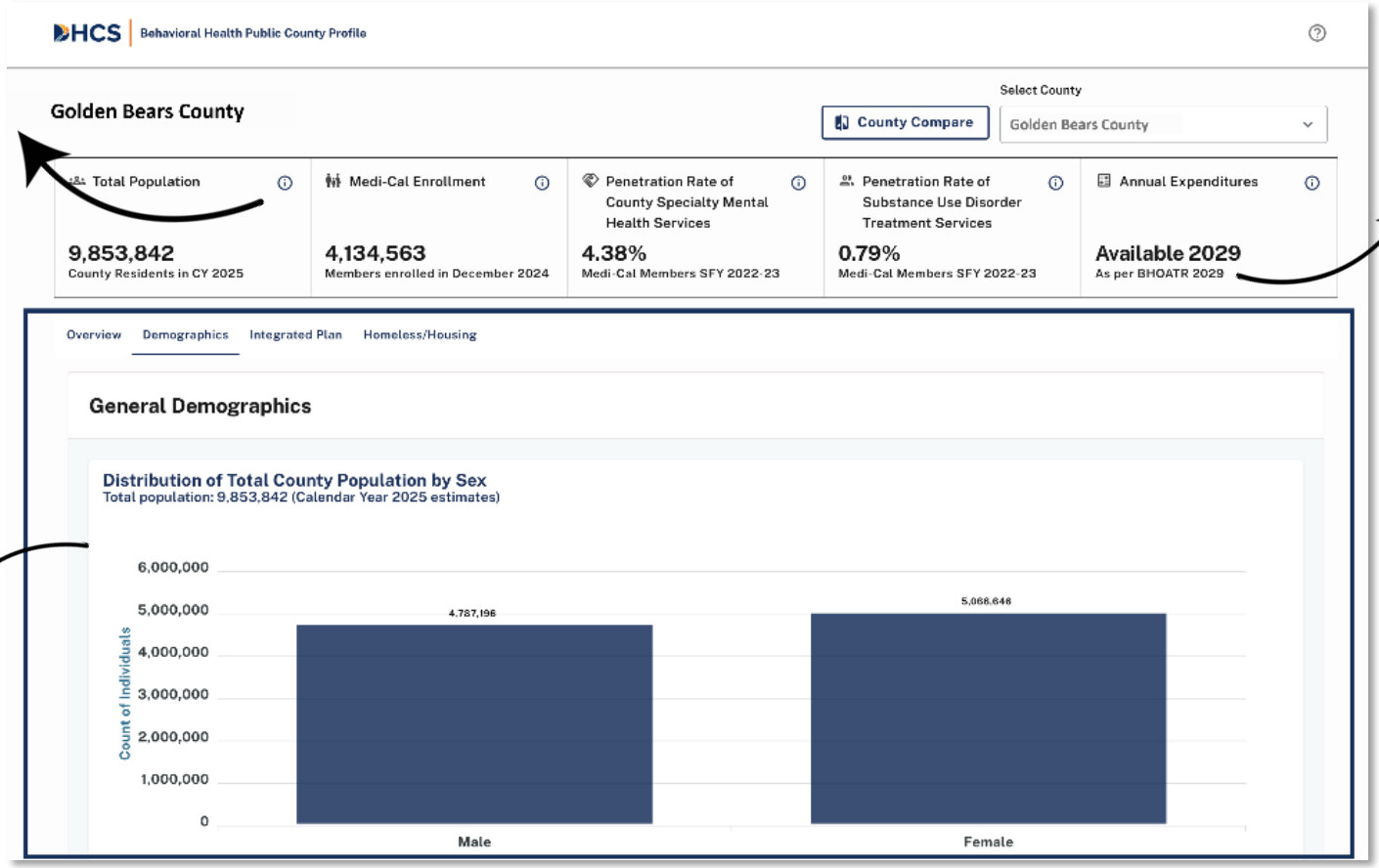
DHCS initially released the Behavioral Health Public County Profile on May 28, 2026, featuring demographic breakdowns, homelessness and housing-related behavioral health services, and draft Integrated Plan submission data. DHCS updated the Profile on October 1, with visits increasing substantially since this update.

Since initial launch on May 28:

- **17,130** total visits to the site
- Averaging **132** unique visits to the site per day
- Users spending an average of **18 minutes** on the site

User-Friendly, County-Level Views

Information bubbles call out key county stats



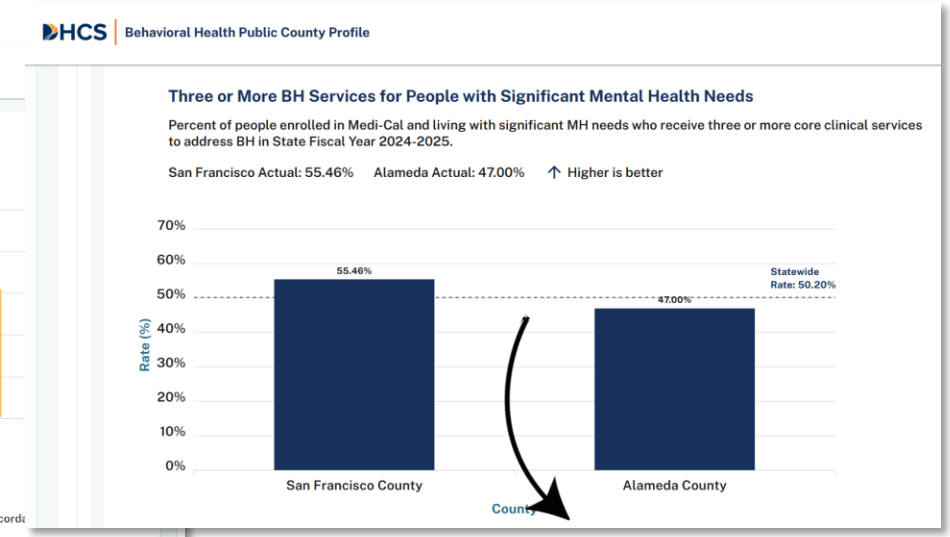
Descriptions clearly explain each statistic

Easy to read graphs in large formats

County Compare Feature

Compare counties for specific metrics

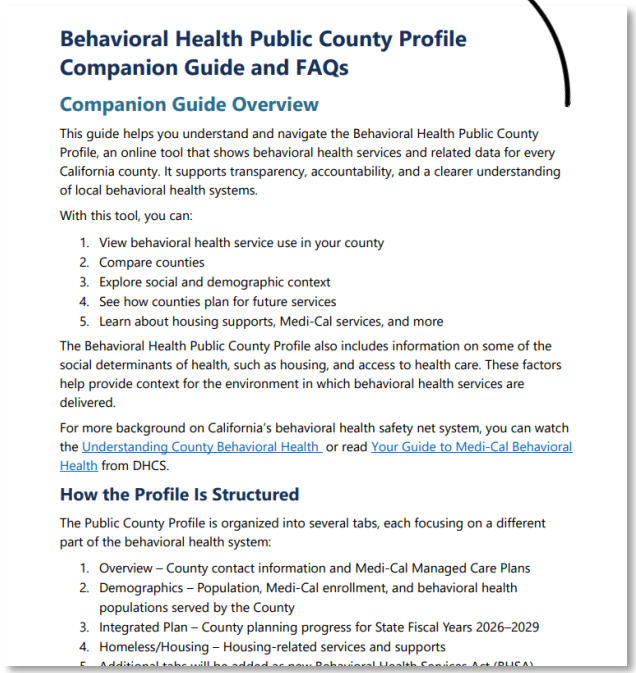




In several places, users can also compare against the state rate for increased context

Companion Guide

Built-in Companion Guide to help users navigate County Profile features



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

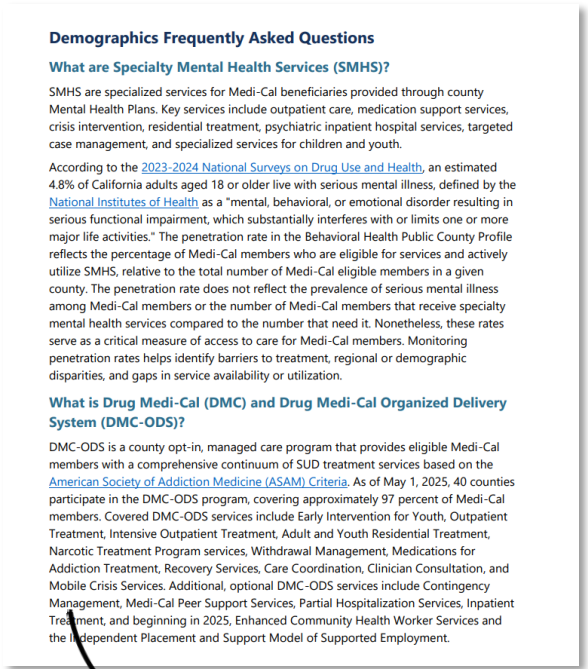
The Behavioral Health Public County Profile also includes information on some of the social determinants of health, such as housing, and access to health care. These factors help provide context for the environment in which behavioral health services are delivered.

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:

1. Overview – County contact information and Medi-Cal Managed Care Plans
2. Demographics – Population, Medi-Cal enrollment, and behavioral health populations served by the County
3. Integrated Plan – County planning progress for State Fiscal Years 2026–2029
4. Homeless/Housing – Housing-related services and supports
5. Additional tabs will be added as new Behavioral Health Services Act (BHSA)



Demographics Frequently Asked Questions

What are Specialty Mental Health Services (SMHS)?

SMHS are specialized services for Medi-Cal beneficiaries provided through county Mental Health Plans. Key services include outpatient care, medication support services, crisis intervention, residential treatment, psychiatric inpatient hospital services, targeted case management, and specialized services for children and youth.

According to the 2023-2024 National Surveys on Drug Use and Health, an estimated 4.8% of California adults aged 18 or older live with serious mental illness, defined by the National Institutes of Health as a "mental, behavioral, or emotional disorder resulting in serious functional impairment, which substantially interferes with or limits one or more major life activities." The penetration rate in the Behavioral Health Public County Profile reflects the percentage of Medi-Cal members who are eligible for services and actively utilize SMHS, relative to the total number of Medi-Cal eligible members in a given county. The penetration rate does not reflect the prevalence of serious mental illness among Medi-Cal members or the number of Medi-Cal members that receive specialty mental health services compared to the number that need it. Nonetheless, these rates serve as a critical measure of access to care for Medi-Cal members. Monitoring penetration rates helps identify barriers to treatment, regional or demographic disparities, and gaps in service availability or utilization.

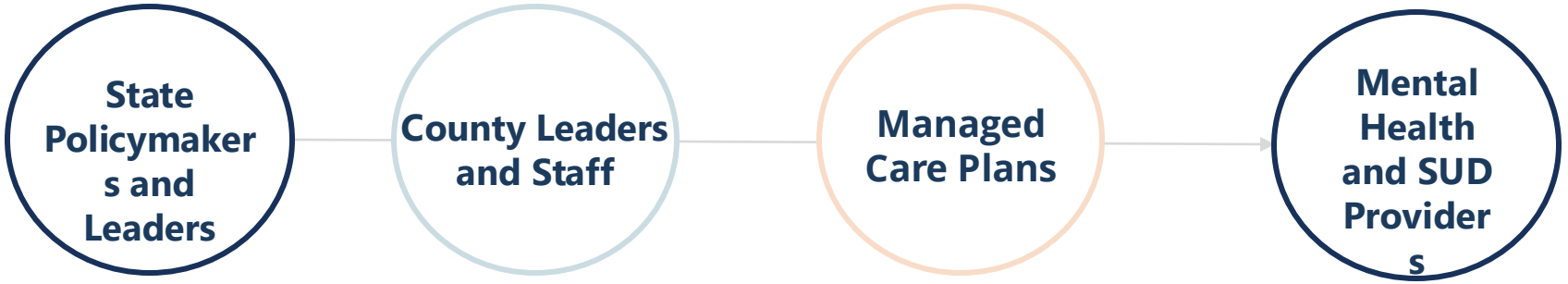
What is Drug Medi-Cal (DMC) and Drug Medi-Cal Organized Delivery System (DMC-ODS)?

DMC-ODS is a county opt-in, managed care program that provides eligible Medi-Cal members with a comprehensive continuum of SUD treatment services based on the American Society of Addiction Medicine (ASAM) Criteria. As of May 1, 2025, 40 counties participate in the DMC-ODS program, covering approximately 97 percent of Medi-Cal members. Covered DMC-ODS services include Early Intervention for Youth, Outpatient Treatment, Intensive Outpatient Treatment, Adult and Youth Residential Treatment, Narcotic Treatment Program services, Withdrawal Management, Medications for Addiction Treatment, Recovery Services, Care Coordination, Clinician Consultation, and Mobile Crisis Services. Additional, optional DMC-ODS services include Contingency Management, Medi-Cal Peer Support Services, Partial Hospitalization Services, Inpatient Treatment, and beginning in 2025, Enhanced Community Health Worker Services and the Independent Placement and Support Model of Supported Employment.

FAQ answers many common questions and provides resource links

How Can It Be Used?

How Can Audiences Use the Profile?



How Can Audiences Use the Profile?



Understand behavioral health services and outcomes in their own community

Access standardized, comparable county-level data without special requests

Hold systems accountable and support data-driven advocacy; identify unmet needs

The BH Public County Profile is Built for Collaboration

Service-capacity planning

Compare behavioral health need, Medi-Cal utilization, homelessness, and planned investments to identify where capacity may be insufficient.

Integrated care coordination

Behavioral health, housing, public health, and managed care teams can use a shared county profile to agree on priorities rather than relying on disconnected reports.

Equity-focused planning

Demographic and utilization information can help counties test whether planned services address disparities and reach populations with different access barriers.

Performance, transparency, and accountability

County leaders and community stakeholders can track progress against behavioral health goals, spending, and other measures as reporting phases mature.

Deep Dive: Performance Tab

Performance Foundation: Statewide Goals

DHCS is advancing a population behavioral health approach that is grounded in the following 14 goals. It will take cross-service delivery system collaboration to advance these goals.

Goals for Improvement

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

Goals for Reduction

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

Health equity will be incorporated across each of these goals.

*Additional information on the statewide behavioral health goals is available in the **BHSA Policy Manual**.*

Performance Tab: Tracking Progress, Publicly

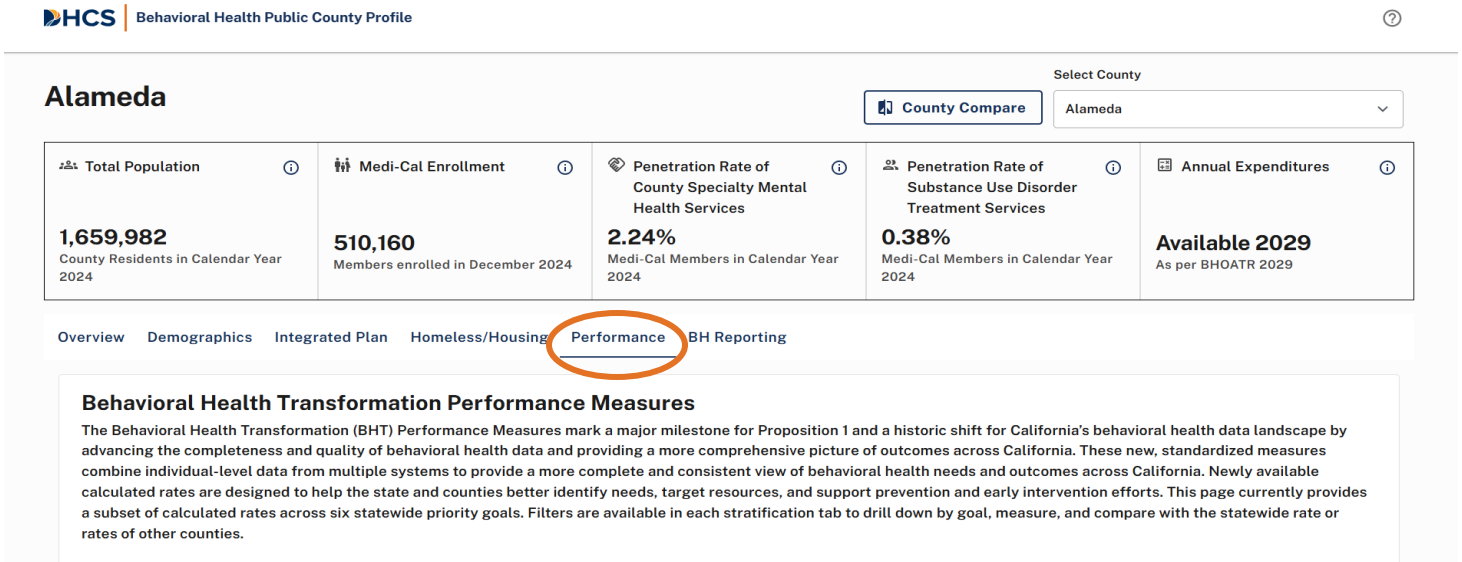
For the first time, the public will be able to track county-level behavioral health measures and outcomes year over year, in one place.

6 of 14
statewide priority goals available on the Profile now

10
performance measures live today

11 of 14
statewide priority goals (and cross-goal equity measures) to be available in 2027

30
performance measures live in 2027



Performance Tab: Coming Soon

TODAY

An initial subset of measures drawn from the 6 priority statewide behavioral health goals are available now. County BHP rates and statewide rates are currently available.

COMING SOON

MCP-level rates by county, plus demographic stratification (age, sex, race/ethnicity, language) — to understand gaps and who most needs to be served.

Deep Dive: Integrated Plan Tab

Integrated Plan Tab: Planning in the Open

Real-time visibility into where every county stands in its BHSA Integrated Plan

Real-Time Status

See where each county stands in its Integrated Plan process: submission status, DHCS approval, and more

Downloadable Plans & Budgets

The public can directly download each county's approved final Integrated Plan, including its associated budget

A Living Document

As counties submit annual and other intermittent updates, the Profile reflects those changes over time

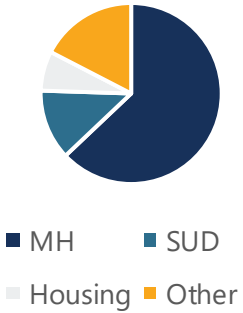


Strengths Identified Across Submitted Integrated Plans

The first integrated plan cycle provides a comprehensive view of how counties plan to use behavioral health resources.

Comprehensive Planning and Funding across the Continuum

- County plans reported planned investments across the Mental Health (MH) and Substance Use Disorder (SUD) care continuums as well as housing services across **11+ funding sources**. The category 'Other' includes Capital Infrastructure, Workforce Investment, Quality & Accountability and Other Behavioral Health Agency Services & Activities.
- The first cycle of IPs reported a total of **~$57.9B** of projected behavioral health funding across the care continuum.



- **~$36.5B MH funding**
- **~$7.3B SUD funding**
- **~$4.1B Housing funding**
- **~$10B Other**

Strong Alignment with Fiscal Requirements

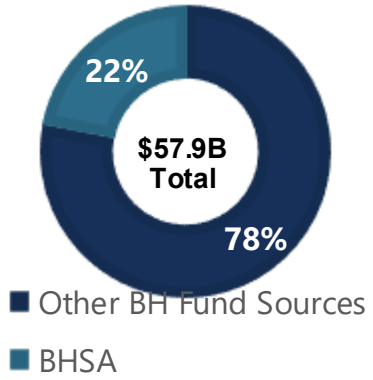
- County submitted budgets reflected key BHSA fiscal requirements.
  - 22/59 counties/cities utilized BHSA transfers to move funding between BHSA components based on local need.
  - All county prudent reserves are reported to be within their maximum limits.
  - Counties are also utilizing unspent MHSA funds towards new BHSA programs and services.

Total Spending Projected in the Integrated Plan Over Three Years

Total BH Spending across Care Continuums

$57.9B

Total Projected Behavioral Health Spending



BHSA Planned Component Spending across the 3-Year Integrated Plan (funded by BHSA)

≈$12.6B

Cumulative planned spending across Housing, FSP, and BHSS

(inclusive of approved exemptions and funding transfer requests)

Housing Intervention	Full Service Partnership	Behavioral Health Services and Supports
≈ $3.043 B	≈ $3.620 B	≈ $5.958 B
24.1%	28.7%	47.2%

1. Projected BHSA revenues and allocations are subject to change based on annual BHSF revenue estimates.

First Insights from the Integrated Plan

1. **Counties are aligned on direction – implementation diverges by geography**
   All plans reflect the same BHSA goals, but rural counties face additional structural constraints (workforce vacancies, data system gaps, mobile crisis requirements).

2. **Penetration rate disparities are the most consistent quantitative finding**
   Every county identifies racial/ethnic penetration rate gaps in services; however, Hispanic/Latino, Asian/Pacific Islander, and Black adults often appear below county averages.

3. **CalAIM is reshaping every section of the Integrated Plan simultaneously**
   CalAIM Enhanced Care Management (ECM), Community Supports, and the Justice-Involved Initiative appear in workforce, housing, Full Service Partnership (FSP), and community planning sections. 28 of 58 plans describe parallel BHSA+CalAIM implementation.

4. **Community Planning Processes have top areas of focus**
   The top community priority identified is housing and homelessness (most plans). The second priority is SUD and co-occurring needs (28+ plans). The third is language access / cultural responsiveness as named gap (23+ plans).

Challenges and Lessons Learned from the Integrated Plan Review Process

Challenges

- The County Portal and the IP process were new and some counties experienced technical issues. DHCS remedied issues timely.
- Portal functionality is still being developed, counties requested features that were not yet available.
- More educational materials about the BH field and budgeting to better support stakeholder process.

Lessons Learned

- Counties appreciated the office hours and 1:1 technical assistance calls.
- Using portal metrics, DHCS is able to identify questions that may need to be revised.
- Because IPs were completed through an online platform, DHCS was able to quickly update the template to capture late addition questions.

What’s Next?

Future County Profile Additions

Expanded BHT Performance Measures

Future releases will include all available performance measures, breakdowns of rates by demographics and MCP, and additional years of measure rates

Integrated Plan Annual Updates

As counties provide their required Annual Updates, these updates will be made available on the Profile

Individual Service Level Encounters

Elements of the ISL[1] data will be shared on the BH Public County Profile

Behavioral Health Outcomes, Accountability, and Transparency Reports

Beginning in 2029, these reports and county expenditures will be available to the public

[1] ISL reporting provides a unified, statewide view of non-Medi-Cal behavioral health services delivered directly to clients by county behavioral health systems and provider networks. ISL reporting is a BHSA-mandated requirement and applies exclusively to services not reimbursed by DHCS through Medi-Cal.

One foundation. Many releases to come.

The Behavioral Health Public County Profile Is Just Getting Started

The October 1, 2026, release brought in data and transparency from several behavioral health programs, the BHT performance measures, and county behavioral health planning. Future releases will go deeper — adding more measures and further stratification, expenditures, individual service-level encounter data, and more.

Demo

Discussion Questions

- What does the information and data on the profile make visible that we couldn't see before?
- What might the profile still be missing?
- How can you see yourself, or the organizations/constituencies you represent, using this information?
- How can counties use the information presented in the profile to learn from one another and improve outcomes?
- How can this information be used for local planning – including decisions on how to prioritize all available funding streams, consistent with their allowable uses?
- What is the role of the state in supporting counties to learn from each other and improve outcomes?
- How can the county profile also be used to support state accountability



LUNCH BREAK

30 Minutes

Launching the Next Phase of Behavioral Health Transformation

Behavioral Health Transformation (BHT) Project Update

October 14, 2026

BHT Project Purpose

CalHHS is developing a BHT document to memorialize the significant accomplishments in transforming California's behavioral health system.

The document will:

- Highlight the major behavioral health accomplishments achieved across the system
- Highlight collaboration
- Identify five key recommendations to carry this work forward

The document will inform the new administration about the progress made to date while underscoring the work that still remains.

BHT Project Overview

The Document will be organized according to the **14 statewide behavioral health goals** outlined in the Behavioral Health Services Act (BHSA) County Policy Manual:

	Goals for Improvement		Goals for Reduction
1i	Care Experience	**1r**	Suicides
2i	Access to Care	**2r**	Overdoses
3i	Quality of Life	**3r**	Untreated Behavioral Health Conditions
4i	Engagement in School	**4r**	Homelessness
5i	Engagement in Work	**5r**	Institutionalization
6i	Social Connection	**6r**	Justice-Involvement
7i	Prevention and Treatment of Co-Occurring Physical Health Conditions	**7r**	Removal of Children from Home

We asked each department/office that has a role in BHT to complete an excel spreadsheet that lists BH initiatives created during this administration and identify the statewide goal that the initiative addresses.

We received submissions from all departments/offices.

BHT Project Outline

- **Introduction**
  Briefly tell the story of behavioral health in California using key data to show why state investment matters and highlight a few early successes.

- **Analysis**
  Organize investments by the 14 statewide goals, plus an equity section. For each area, we highlight programs and contributions from departments that support the specific statewide goal .

- **5 Key Recommendations**
  Developed collaboratively with departments and offices, then presented to BHTF members for feedback.

BHT Project Draft Recommendations

Data-Driven Decision Making

- Finding: Behavioral Health Transformation (BHT) has made new behavioral health data available to the public, linked here.
- Recommendation: Utilize new data resources to inform policy development and strengthen data-driven decision making across the behavioral health system.

Coordination, Collaboration, and Integration

- Finding: BHT has made historic investments across the behavioral health continuum, enabling CalHHS and its departments to support improved behavioral health outcomes in new and expanded ways.
- Recommendation: To maximize the impact of these investments, prioritize coordination, collaboration, and integration across departments to break down silos and align departmental approaches to behavioral health policies and programs to support more streamlined local implementation.

Sustainability and Long-Term Infrastructure

- Finding: Some BHT workforce and infrastructure initiatives were supported by one-time investments.
- Recommendation: Commit to supporting the ongoing implementation and operation of these investments, acknowledging they were funded through one-time resources and emphasizing that strategies to sustain them are essential to ensuring lasting impact.

BHT Project Draft Recommendations

Accountability

- Finding: Effective implementation is strengthened by clear accountability at the state and local level. Recent efforts have provided the state with new oversight authorities and tools to help support accountability.
- Recommendation: Pair accountability measures with consistent, high- quality technical assistance to achieve timely adoption of changes. Use data and outcomes to target implementation support, provide incentives, and apply performance improvement and corrective action plans when appropriate.

Stakeholder Engagement for Quality Improvement

- Findings: New transparency tools can empower stakeholders more than ever before but must be understood and leveraged.
- Recommendation: Support the adoption and use of these new tools proactively and consistently and incorporate the perspectives of people with lived experience, service users, and service providers into program and policy development to support ongoing system improvement.

Discussion

- What are your initial reactions?
- Is there anything you feel is missing or should be added?
- Is your organization developing any transition materials for the incoming administration?

Note: BHTF members will have the opportunity to provide written feedback. CalHHS will distribute recommendations and instructions by Friday, with a request that all feedback be submitted by 10/26.

Timeline and Next Steps

10/26/26	BHTF members to submit feedback on recommendations
12/1/26	CalHHS to produce final draft
1/27/27	CalHHS to present final draft at the next BHTF

Department Updates

Sohil Sud, California Department of Public Health

Elizabeth Landsberg & Libby Abbot, Department of Health Care Access and Information

CDPH
California Department of Public Health

MENTAL HEALTH FOR ALL

CDPH BHSA Population-Based Prevention Plan Updates

September 23, 2026

Final Budget, effective July 1, 2026

Programs Supported by Behavioral Health Services Fund *Population-Based Behavioral Health Prevention Programs (Dollars in Millions)*		
Program Description	**FY 26/27 Allocation**	**FY 27/28 Allocation**
Funds to other Departments to support prevention efforts	$ 61.6	$ 102.8
Funds to CDPH for Population-Based Prevention Program	**$ 113.2**	**$ 72.0**
Original CDPH Plan Budget (March 2026)	**$ 134.8**	**$ 134.8**
Impact to CDPH	**($ 21.6M)**	**($ 62.8M)**

CDPH

CDPH BHSA Population-Based Prevention Plan

Investment Updates

Statewide Policy & Prevention Strategies

$14.5 million across two years

- Refine statewide programs that monitor behavioral health and offer population-level approaches
- Leverage existing initiatives and build on current projects such as:
  - Postmortem Xylazine Data Collection and Reporting Project
  - Alcohol Harms Prevention Initiative
- Support and resources through:
  - CalHOPE Red Line
  - CalHOPE Warm Line
- Ongoing community engagement (through workgroups, networks, etc) remain central.

CDPH

Statewide Awareness Campaigns

$29.2 million across two years

- Leverage existing campaigns:
  - **Unshame** – SUD stigma reduction
  - **Never a Bother** – youth suicide prevention
  - **Live Beyond –** ACEs and toxic stress
  - **Take Space to Pause** – youth mental health stigma reduction

- Two initially proposed new campaigns will be consolidated with complementary focuses:
  - Adult and older adult suicide prevention + messaging, awareness, and use of 988

Community-led Prevention Strategies

$40 million across two years

- Trusted Messengers to support awareness campaigns
  - Bridge communication gaps in public health
  - Foster empathy, understanding, and respect for health information
  - Improve health outcomes in communities with disparities
  - Dedicated funding for 988 Crisis Centers to support those in immediate need
- Community-defined Evidence Practices (CDEPs) grant program for CBOs & Tribal entities

CDPH

CDEP Program

In partnership with the California Institute for Behavioral Health Solutions as the third-party administrator and TA provider

CIBHS
CALIFORNIA INSTITUTE for BEHAVIORAL HEALTH SOLUTIONS

CDPH

Community-Driven Behavioral Health Initiative (CDBHI)

- Scale and uplift community-defined, culturally responsive practices across the state
- Reduce behavioral health disparities among historically unserved, underserved, and inappropriately served populations
- Improve access to behavioral health prevention and resiliency – especially for those that have traditionally been disproportionately impacted by systemic racism and discrimination

Learn more: **CDPH Community-Defined Evidence Practices (CDEP)**

- CDEP Resource Guide
- For more RFA information:
  - **CDEP RFA Informational Webinar**
    Tuesday, October 6 (1:00 - 3:00 pm)

Dedicated Support for Tribal Entities

$21 million across two years

- Support population level approaches to prevent mental health challenges and substance misuse
- Honor sovereignty and strengthen government-to-government relationships
- Support to Tribal entities to advance community approaches along with technical assistance from culturally rooted third parties
- Support programming for youth suicide prevention

CDPH

Training and Technical Assistance

$23.4 million across two years

- Consolidated while preserving targeted support for veterans, older adults, and youth.
- Efforts are intended to help all partners conducting population-based prevention-focused activities, including community-based organizations, schools, Tribal entities, and local government entities.
- Tailor resources to local needs and address disparate outcomes

CDPH

Local Health Jurisdictions

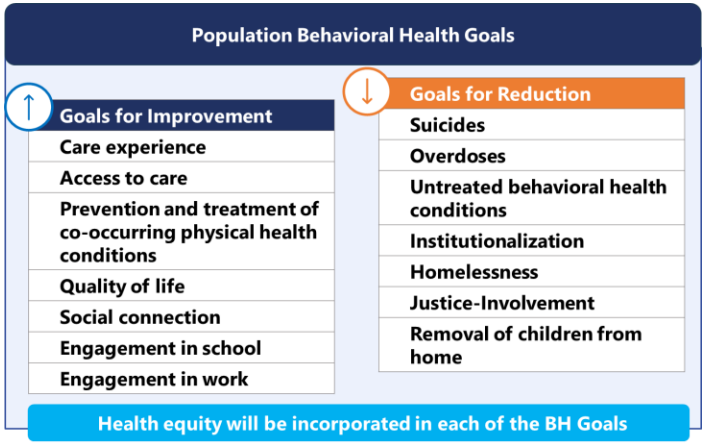
$24 million across two years

- Convene stakeholders and coordinate activities that support well-being and prevent/reduce substance misuse
- Lead development/update of local suicide prevention plans
- Integrate behavioral health prevention efforts into Community Health Assessment and Community Health Improvement Plans
- For more information on LHJ guidance and allocations: All Local Health Jurisdiction Letters and Notices

Statewide Evaluation

$8.4 million across two years

- Adjusted to reflect revised activities
- Will provide data and analysis of CDPH's overall portfolio as well as detailed assessments of key components
- Remains aligned with BHSA statewide goals



CDPH

Social Health

California Love
California Strong

CDPH

First Partner Siebel Newsom launches California's first Social Health Council to strengthen community connection

What you need to know: First Partner Jennifer Siebel Newsom convenes state and local leaders through California's first-ever Social Health Council to make social connection a public health priority and develop a roadmap for strengthening belonging across California.

SACRAMENTO – First Partner Jennifer Siebel Newsom today announced the launch of the first-ever California Social Health Council, bringing together leaders from across the state to advance social connection and address loneliness as a public health priority.

The Social Health Cou
and local governmen
develop recommenda
meaningful connectio



Questions

HCAi
Department of Health Care Access and Information

Behavioral Health Services Act (BHSA) 2026-2030 Workforce Education and Training (WET) Plan Update

October 14, 2026

Agenda

- 2026-2030 BHSA WET Plan
  - Development & Approval
  - Workforce Objectives
  - Year 1 Scope
- Next Steps

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2026-2030 BHSA WET Plan

Community & Partner Engagement

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
- Public engagement/comment
- CBHPC approval

2025 **2026**

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

Resulted in:
- Final 5 Objectives framework, including refined language
- Further fleshed out program ideas, by objective

Resulted in:
- CBHPC approval of the WET Plan in June 2026
- Wet Plan publication in July 2026

BHSA WET Plan: 5 Objectives

#	Objectives	Descriptions
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.
2.	**Educate and Train Future Licensed Professionals**	**Expand affordable academic-based education and training** to prepare future licensed behavioral health workforce.
3.	**Scale and Optimize Deployment of Non-Licensed Workforce**	Provide **placement and support** for peer support specialists (PSSs) and **training and transition-to-practice** opportunities for individuals seeking to be employed as substance use disorder (SUD) counselors and other non-licensed behavioral health professionals.
4.	**Enhance Career Pathways and Advancement**	Develop and implement standardized behavioral health **career pathways** to increase awareness and **support upward mobility with career ladders** for non-licensed behavioral health professionals.
5.	**Recruit and Retain Workforce**	Recruit and retain behavioral health professionals in **county** and **county contracted organizations**.

Advance diversity and equity across all.

BHSA 2026–2030 WET Plan

Year 1 investments were prioritized based on:

- Community, partner, and county priorities
- Mental health and substance use disorder (SUD) workforce needs
- Geographic and linguistic reach
- Complementary to existing programs (e.g., BH-CONNECT and Rural Health Transformation)
- Potential for measurable workforce impact and sustainable systems change

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Year 1 Scope

FY 2026-2027 WET Funding: $46M

Year 1 prioritizes near-term workforce needs while building the foundation for future investments across all five WET objectives:

- Upskilling the current behavioral health workforce
- Laying the groundwork for future licensed professionals
- Training and job placement for SUD Counselors and Peer Support Specialists
- Enhancing career pathways and advancement
- Supporting recruitment and retention in the County Behavioral Health System (CBHS)

BHSA WET Plan: Year 1 (2026-27) 1 of 3

OBJECTIVE 1: Expand Existing Workforce Skills

A. **INVESTMENT**: Define and develop prioritized mental health and substance use training for existing workforce
B. **PROGRAM**: Fund prioritized mental health and substance use training
C. **PROGRAM**: Fund addiction medicine and psychiatry training for primary care professionals in Federally Qualified Health Centers (FQHCs) and health practitioners in Emergency Departments

OBJECTIVE 2: Educate and Training Future Licensed Professionals

A. **INVESTMENT**: Fund development of County Behavioral Health System (CBHS) aligned curricula for graduate level training programs toward licensure that integrate SUD treatment and other key competencies

BHSA WET Plan: Year 1 (2026-27) 2 of 3

OBJECTIVE 3: Scale and Optimize Deployment of Non-Licensed Workforce

A. **INVESTMENT**: Fund labor market analysis for non-licensed professionals
B. **PROGRAM**: Scale training and transition-to-practice in the CBHS for SUD Counselors to address gaps by region
C. **PROGRAM**: Fund job placement and employment support programs for PSS in the CBHS

OBJECTIVE 4: Enhance Career Pathways and Advancement

A. **INVESTMENT**: Fund career ladders analysis in mental health and SUD services to identify career ladder gaps and potential solutions in the behavioral health workforce
B. **PROGRAM**: Fund early evidence-based pathway programs (e.g., internships, apprenticeships) in the fields of mental health and substance use conditions.

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OBJECTIVE 5: Recruit and Retain Workforce

A. **PROGRAM:** Fund technical assistance to support counties and county-contracted organizations to apply to the BH-CONNECT Medi-Cal Behavioral Health Recruitment and Retention Program, prioritizing small and rural counties while ensuring all counties have access

Implementation Progress

The detailed design and implementation phase of Year 1 activities is actively underway:

- Engaging partners to provide specialized trainings to the CBHS workforce (Objective 1)
- Exploring development of a labor market analysis of non-licensed behavioral health professions, beginning with Peer Support Specialists (Objective 3)
- Funding behavioral-health focused eligible applicants to existing HCEP and HPPP programs (Objective 4)

Looking Ahead

As the work progresses, HCAI remains committed to:

- On-going community and partner engagement
- Monitoring outputs and outcomes of Year 1 programs
- Sharing findings through public meetings, including HCAI's Health Workforce Education and Training (HWET) Council, the California Behavioral Health Planning Council, and the Commission on Behavioral Health
- Sharing outcomes from the previous WET Plan (Regional Partnership evaluation) available in early 2027

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Discussion / Q & A

2027 Schedule

Quarter 1: **January 27**

Quarter 2: **April 28**

Quarter 3: **August 18th**

Quarter 4: **October 27th**

CLOSING – REFLECTIONS AND NEXT STEPS

STEPHANIE WELCH, DEPUTY SECRETARY OF BEHAVIORAL HEALTH, CalHHS

ENGAGEMENT OPPORTUNITIES (1/2)

FUTURE 2027 QUARTERLY MEETINGS

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

Lunch & Learn Presentations between meetings – TBA

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/