California Association of Local Behavioral Health Boards and Commissions

CALBHB/C Newsletter, Spring 2026

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The California Association of Local Behavioral Health Boards/Commissions (CALBHB/C) supports the work of CA's 59 local Behavioral Health Boards and Commissions. www.calbhbc.org

5-Year BHSA WET Plan *In Final Stages*

CA's 5-Year WET (Workforce, Education & Training) Plan will be finalized over the next several weeks. Local members and staff are encouraged to provide input!

- HCAI Recorded Presentation & Slides (68 Pages)
- CBHPC April 15th Workforce and Employment Committee, Draft 2026-2030 Workforce Education and Training (WET) Five Year Plan (HCAI) Presentation & Discussion, including Public Comment, 1:40 - 3:40 pm
- CBHPC April 17th General Session: Presentation: 9:10 am - 10:20 am; Discussion: 10:35 am - 11:10 am
- Timeline for Draft Plan/Finalization:
  - May 25: WET Plan development and refinement complete.
  - May 26th - June 2nd: WET Plan available for public comment.
  - June: Final WET Plan presented and approved by the CA Behavioral Health Planning Council

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Workforce Issue Brief (CALBHB/C)

Workforce Issue Brief

Grants, Funding and Free Support

Assisted Outpatient Treatment

Assisted Outpatient Treatment Program (SAMHSA) The purpose of this program is to facilitate the implementation of AOT for adults with serious mental illness. Recipients are expected to implement the AOT program, working with civil courts, community partners, and other entities to support community-based treatment for adults with SMI who meet criteria for AOT. Anticipated Award Amounts: $500,000 - $750,000

- Pre-Application Webinar: March 20, 1 - 2 pm
- Applications Due: April 20, 2026

Children & Youth

Children's Mental Health Initiative (SAMHSA) The purpose of the Children's Mental Health Initiative program is to provide comprehensive community mental health services to children, youth, and young adults, birth through age 21 with a serious emotional disturbance, which may include efforts to identify and serve children at risk, and their families. Anticipated Award Amounts: $1 Million to $3 Million. SAMHSA
Applications Due: April 20, 2026

California Arts Council | Arts and Youth: Up to $25,000 in support of meaningful arts participation and learning in diverse settings and contexts for infants, children, and youth ages 0-25 by prioritizing programs that directly bridge barriers to access and participation. Applications due: May 12 at 11:59pm.

Culture/Race/Ethnicity

California Arts Council | Impact Projects
Up to $25,000 in support collaborative projects that center artists and artistic practice in responding to issues experienced by California's historically and systemically under-resourced communities.
Application Deadline: May 12 at 11:59 pm.

Digital Access

California LifeLine provides discounted home phone and cell phone services to eligible households.

Broadband for All is a state program in partnership with EveryoneOn* and the California Emerging Technology Fund to help individuals find local programs, including: Low-cost internet service; Computer offers; Digital skills training (i.e. computer skills and internet basics)

Health Facility

CHFFA Bond Financing Program - Provides public health facilities with access to low interest rate capital markets through tax-exempt and taxable revenue bonds. Participants must be non-profit 501(c)(3) corporations or public health facilities. Funds may be used for:

- Construction, remodeling, renovation, and/or improvements
- Land acquisition
- Acquisition of existing health facilities
- Equipment and/or furnishings
- Refunding of prior debt
- Working capital for start-up facilities
- Costs of bond issuances, feasibility studies & reimbursement of prior expenditures

CHFFA Commercial Paper Program will provide a borrower with access to low interest rate capital markets through the issuance of tax-exempt and taxable commercial paper notes.

Healthcare Expansion Loan Program II (HELP II), provides low-interest rate loans to California's non-profit small or rural health facilities

Also see Skilled Nursing Facility

Housing

Encampment Resolution Funding Program, CA Dept. of Housing & Community Development. Applications will be accepted on a rolling basis through June 30, 2026.

Innovative Projects

Innovation Partnership Fund (IPF) Grants from the Commission for Behavioral Health

- Category 1 - Small Grants (Less than $500,000): A minimum of 8 grants will be awarded, with a total of $4 million available. These grants are exclusively open to community-based organizations, non-profit entities, and/or tribal organizations.
- Category 2 - Large Grants ($500,000 to $5,000,000): A minimum of 3 grants will be awarded, with a total of $16 million available. These grants are open to all organization and entity types including public, private, and non-profit entities.

Application Deadline: May 8, 2026, by 12pm

Peer Support

Free Support | Peer Integration Learning Collaborative, June 11, 18, 25 at 2 -3 pm PT

- Description: This three-session learning collaborative supports participants in applying implementation strategies to strengthen peer support integration within their local systems. Each session builds on the last, moving from reflection on current practice to identifying concrete next steps for improving implementation readiness.
- Registration: Please apply by Friday, May 29th. We will let you know the status of your application within a week of receiving it.

Rural

California Rural Health Transformation Program, HCAI Funding Webinar, April 21, 9 am - 10 am

Rural Hospital Stabilization Program (RHSP) offers assistance to rural hospitals, at no cost to them. National Rural Health Resource Center

Scholarships & Training

Medi-Cal Behavioral Health Community-Based Provider Training Program is designed to build up the workforce of Alcohol or Other Drug Counselors, Community Health Workers/Promotores/Representatives and Peer Support Specialists by funding training and education to create a healthcare workforce to address community-based workforce shortages throughout the state. The program supports the development of community-based providers. Applications close April 30th, 2026

Skilled Nursing Facility

Civil Money Penalty Reinvestment Grant - Allows applicants to apply for funding to implement programs for improving Skilled Nursing Facility residents' quality of life. Projects may span topics such as training, culture change and direct improvements to quality of life, direct improvements to quality of care, and other applicable topics. Examples of projects include, but are not limited to, developing and implementing methods to increase Person-Centered Care, Infection Control Training, Arts and Engagement projects, and other topics.

Substance Use Disorder (SUD)

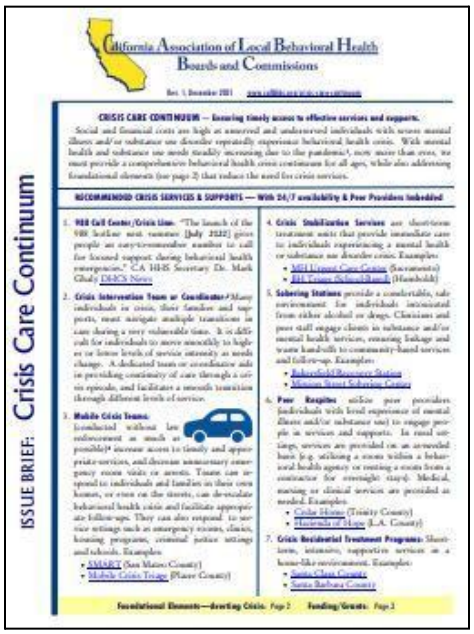
New Online Training to Support SUD Counselors, DHCS, in partnership with UC San Diego, launched the Advancing SUD Counselor Education and Development (ASCEND) Program. This is a free, self-paced, 80-hour online training for substance use disorder (SUD) counselors. More information and video about ASCEND.

Support (Free)

SAMHSA Pacific West Hub | Center for Mental Health Implementation Support - Free Support

- Support in preparing for, implementing, and sustaining effective mental health prevention, treatment, and recovery practices programs
- Join at any stage of the implementation process
- Assistance with organizations providing community-based services

CALBHB/C Issue Briefs



Board & Cares (ARFs/RCFEs)
Children & Youth
- Integrated School-Based Services
- Transitional Age Youth

Criminal Justice
Crisis Care Continuum
Disaster Prep/Recovery
Employment
LGBTQ+
LPS Act - ***Updated!***
Older Adults
Performance Outcome Data
Substance Use Disorder
Suicide Prevention
Workforce

Full listing of issues (30+) at: www.calbhbc.org/newsissues Questions: cal@calbhbc.com

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Resources for Boards/Commissions (Full listing at: calbhbc.org/resources)

Acronyms
Best Practices Handbook
Behavioral Health Continuum
Behavioral Health Services Act
- Funding Categories Training (15 Minute Module)
- Stakeholder Requirements
- Fiscal Components (see Page 18)

Brown Act Guide
Bylaws (Sample)
Conduct (Conducta (Spanish))
Cultural Relevance
Documents: Retaining & Sharing - ***New!***
Membership Guide (Sample)
News/Issues
Performance Outcome Data
Recommendations (Page 19 of Handbook)
Review (see Page 23)
Roles of Officers/Staff - ***New!***

Templates/Sample Docs
- Agendas
- Annual Reports
- Annual Goals: Goal Setting & Issue Identification - ***New!***
- Recruitment
- Site Visits

And More!

Training: Materials/Recordings
1. Basic Training: How to be an Effective BH Board/Commission (90 minutes)
2. Chair & Admin (45 minutes)
3. Community Planning & Unconscious Bias: Ensuring Citizen & Professional Involvement Throughout the Planning Process

Welfare & Institutions Code
- Bylaw Requirements
- Duties
- Expenses
- Membership Criteria

Reports, Articles & Webinars - *Topics* Include:*

Access
Artificial Intelligence
BHSA | Behavioral Health Services Act
Budget (Federal & State Funding)
CARE Act
Children and Youth
Criminal Justice
Crisis Care Continuum
Culture, Race, Ethnicity
Dental
Employment
Housing/Homelessness
Intellectual & Developmental Disabilities
Lanterman Petris Short (LPS) Act
Maternal Health
Medi-Cal
Older Adults
Peer Support
Performance
Prevention
Rural
Traumatic Brain Injury
Veterans
Wellness Centers
Workforce, Education & Training

*Additional Topics Are Available at calbhbc.org/newsissues

Access

Advancing Access to Mental Health Services Through Single Session Interventions, What if therapy worked in one visit? Most evidence-based mental health treatments include 8–20 sessions, yet the average number of visits people receive is one. This mismatch has sparked interest in single-session interventions (SSIs)—structured, evidence-based programs designed to deliver meaningful benefit in one encounter. 3-Part SAMHSA Pacific West Hub, May 21, May 28 and June 18, 9 - 10 am PT Session 1 & 2 Registration, Session 3 Registration

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Artificial Intelligence

What Californians Are Saying About AI in Health Care | CA Health Care Foundation conducted focus groups across the state to understand Californians' attitudes about AI in health care. Their responses reveal that people are open to AI's potential to improve care quality and to give medical providers more time with patients — if it is used safely and with an option to opt out. Participants' concerns focused less on AI itself and more on the risks of misuse, depersonaliz-ation, and lack of transparency

NAMI Ask the Expert: Facts, Myths and Misconceptions About AI, National Alliance on Mental Illness (NAMI)

BHSA | Behavioral Health Services Act

CDPH Behavioral Health Services Act (BHSA) Population-Based Prevention Program Final Plan includes funding on page 5.

Behavioral Health Services Act County Policy Manual, CA Department of Health Care Services (DHCS)

BHSA *Continued*

BHSA Housing Interventions Frequently Asked Questions (FAQ), DHCS

BHSA and BH-CONNECT Evidence-Based Practices Overlap FAQs, DHCS

Continuum of Care Inventory, DHCS

Budget (Analyses of Federal Actions)

Realignment and County Indigent Health Care Programs, CA Legislative Analyst's Office

H.R. 1 Jeopardizes Californians' Access to Behavioral Health Care and Key State Reforms, Federal Cuts to Medi-Cal Weaken Behavioral Health Supports for Children, Adults, and People Experiencing Homelessness, CA Budget & Policy Center

County Leaders Warn of Lasting Safety Net Impacts at H.R. 1 Budget Hearing, CA State Association of Counties

Update on H.R. 1 Impacts on Medi-Cal and CalFresh, CalHHS leadership provided updates on the implications of H.R. 1 for California's safety net programs, including Medi-Cal. The discussion highlighted ongoing efforts to address these federal changes and ensure continuity of care for vulnerable populations. Key points included California's recent award under the Rural Health Transformation Program, which aims to strengthen access and improve care delivery in rural communities. Slides | Recording

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CARE Act

The CARE Act at Work Video Series, CA Health & Human Services (HHS) (YouTube Videos)

Riverside County Leaders Share How the CARE Act is Helping People With Severe Mental Illness Find Stability, CA HHS Article

Children and Youth

Report: California's peer-to-peer mental health support program shows gains, EdSource Pilot Demonstration, The Children's Partnership

Strengthening Connections with Children and Youth Providers Best Practices Webinar, CA Department of Health Care Services (YouTube) (Slide Deck) (Q&A)

2026 Guide: California Programs Serving Students with Mental Health Needs, CA Alliance for Child and Family Services | The guide includes:

- Accredited nonprofit nonpublic schools for day and residential students.
- High-quality behavioral health services customized for individual schools to support multi-tiered systems of support.
- Expertise on the school-related needs of foster youth.
- Guidance on behavioral health services available for students in California.
- Assistance with Local Control Accountability Plans (LCAPs).

CMS Releases Toolkit for Children's Behavioral Health Services and EPSDT, Community Planning | The toolkit provides guidance for state Medicaid and CHIP agencies to ensure children and youth with behavioral health conditions receive timely, appropriate care. It outlines strategies to strengthen behavioral health delivery systems, promote early intervention, improve access through coordination and integration, and expand workforce capacity. The resource also includes information on behavioral health service models and best practices to support care delivery for children and youth. U.S. Centers for Medicare & Medicaid Services

Criminal Justice

Strengthening Post-Crisis Partnerships Between First Responders and Community Providers from the SAMHSA-funded Crisis Systems Response Training & Technical Assistance Center Recorded Webinar, Substance Abuse and Mental Health Administration (SAMHSA)

Justice-Involved Reentry Initiative Impact Report: The report highlights statewide progress in launching pre-release services, cross-agency collaboration, and stories of affected members served by the initiative. Notably, in the first year, correctional facilities and implementing partners delivered more than 159,000 billable pre-release services and prescriptions to incarcerated individuals and enrolled more than 24,000 individuals in Medi-Cal. This focus on coordinated, person-centered care was highlighted in a recent New York Times article, which examined how California is implementing systemic changes to support individuals returning to their communities. Please see the Justice-Involved Reentry Initiative webpage for more information. CA DHCS

Growing number of California sheriffs no longer respond to mental health calls, The Guardian

Mitigating the Stress of Housing Instability: The Impact of Housing Choice Vouchers on Social Supports, Behavioral Health, and Criminal Justice Involvement, CA Policy Lab Summary, Full Report

False positives create dilemma for CA prisoners, 11 prison physicians urged the parole board to stop using drug tests, which they wrote are prone to error, to determine whether to release someone. They said the practice erodes trust and has already begun dissuading their incarcerated patients from seeking help. CalMatters

Essentials: California's Justice-Involved Reentry Initiative, The Steinberg Institute

A National Strategic Research Framework to Decriminalize Mental Illness, Sozosei Foundation

Criminal Justice *Continued*

Preliminary Prop 36 Court Data, CSAC 2025

County Jail Populations Spikes Post-Proposition 36, Voice of San Diego

California's History with Criminal Justice & Behavioral Health Reform, Proposition 47 (2014) and Proposition 36 (2024) represent two key shifts in how California approaches incarceration and behavioral health treatment. The Steinberg Institute

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Crisis Care Continuum

Model Standards for Crisis Care Workers The Substance Abuse and Mental Health Services Administration (SAMHSA) has articulated the vision that crisis care should be available 24/7 and wherever the person in crisis is located. Put simply, crisis care should be available to anyone, anywhere, at any time. This document describes the current workforce shortages across the continuum of crisis care services. It presents ten standards for crisis care workers that states can offer to build a skilled, representative, and billable workforce. Recommendations include core values, competencies, education and training requirements, certification, credentialing, supervision, and ethical standards.

A new 988: California's vision for mental health crisis line plagued by delays, Sacramento Bee, California's 988 suicide and crisis line use has surged, but Cal OES delays and funding issues threaten interoperability with 911 and local crisis center capacity.

Crisis Care Continuum

988 & 911: Strengthening Crisis Response While Managing Risk and Liability offers guidance to improve coordination between crisis lines and emergency response systems, Substance Abuse and Mental Health Services Administration

Modernizing 911 to Meet the Moment: How Phoenix, Arizona Is Strengthening Coordinated Behavioral Health Crisis Response, Steinberg Institute

Growing number of California sheriffs no longer respond to mental health calls, The Guardian

Fixing California's crisis response system: Why the ER isn't the right destination for all emergencies. How alternative destination programs work, and what they mean for California's behavioral health system, Steinberg Institute Article

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Culture, Race, Ethnicity

Hidden Crises—Stress, Mental Health & Brain Health in the Black Community, California Black Health Network (Webinar Registration is $60 - $75)

Traditional Health Care Practices Frequently Asked Questions (FAQs), CA Depart. of Health Care Services (DHCS)

Dental

DHCS provided Coverage Ambassadors with an overview of Smile, California's Medi-Cal dental benefits, outreach resources, educational materials, and tools to help members access oral health services. Coverage Ambassadors are trusted messengers who help raise awareness about Medi-Cal benefits, enrollment opportunities, and new initiatives aimed at building a healthier California for all. Visit the Coverage Ambassador website for more information, including how to subscribe to receive regular updates, newsletters, and webinar reminders. CA DHCS

Employment

National Expansion of Employment Opportunities Network (NEON) Community of Practice webinars are normally held monthly on the 2nd Wednesday, from 12 pm - 1 pm PT

Housing/Homelessness

Toward Thriving: Understanding Health and Homelessness, UCSF Benioff

Transitional Rent assistance is now available in California through Medi-Cal, Webinar Presentation, CA Department of Health Care Services

BHSA Housing Interventions Frequently Asked Questions (FAQs), CA Department of Health Care Services, The FAQ are primarily aimed at county behavioral health agencies and may be helpful for MCPs, housing providers, and other stakeholders. BHSA allowable expenses are identified in Section 7.C.9.2 of the BHSA Policy Manual.

A new homelessness strategy is sweeping California, CalMatters

New Data Shows 42% Drop in Unsheltered Homelessness in SLO County, San Luis Obispo Supervisor Jimmy Paulding News Release March 2026

Street Medicine Team's Behavioral Health Care Builds Trust with Inland Empire's Unhoused Residents, CA Health Care Foundation

Townspeople Builds Momentum to Expand Housing Supports Under CalAIM, CA PATHway to Success

Mitigating the Stress of Housing Instability: The Impact of Housing Choice Vouchers on Social Supports, Behavioral Health, and Criminal Justice Involvement, CA Policy Lab Summary, Full Report

Housing/Homelessness *Continued*

Toward Thriving: Understanding Health and Homelessness This UCSF Benioff report examines the relationship between poor health and homelessness, the barriers people face in accessing care, and evidence-based recommendations for policymakers, healthcare leaders, public health agencies, Continuum of Care leaders, and social service systems. Key recommendations are listed below.

- Expand and stabilize Medicaid coverage for people experiencing homelessness.
- Scale street medicine and shelter-based care models that deliver primary and urgent care in non-traditional settings.
- Enhance medical respite programs for people discharged from hospitals without stable housing.
- Create accessible, supportive housing designed for people with disabilities and chronic disease.
- Invest in culturally and linguistically responsive care to build trust and equity across diverse communities.

Continuing to serve the under-served: Leveraging Proposition 1 for housing and mental health services, CA Behavioral Health Association, A&A Health Services, Alamo Health Management

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Lanterman Petris Short (LPS) Act

Emergency Physicians Eligible for LPS Designation (Assembly Bill 416) Beginning January 1, 2026, emergency physicians are included on the list of practice disciplines eligible to be designated by the county to cause a person to be taken into custody for assessment, evaluation, and treatment for 72 hours. DHCS Memorandum

Maternal Health

Birthing Care Pathway - DHCS announced the one-year anniversary of the Birthing Care Pathway Report, which outlines 42 policy solutions designed to improve maternal health outcomes for pregnant and postpartum Medi-Cal members. So far, 28 policies have already been completed, including removing administrative barriers for midwives and doulas, issuing statewide doula guidance, launching the Doula Directory, strengthening behavioral health treatment guidance, and increasing provider reimbursement for maternity care. The remaining 14 recommendations are still in progress, including the development of a joint agency letter that will strengthen statewide expectations for referrals to and use of home visiting programs for pregnant and postpartum Medi-Cal members, created through a collaboration with the California Department of Public Health, California Department of Social Services, and First 5 California. Explore the year-one accomplishments to see how the Birthing Care Pathway is transforming care for families across California.

Medi-Cal

How Federal Policy Changes are Impacting a Healthy California for All, CalHHS recorded presentation. The Medi-Cal Impact Update begins at 12:32.

H.R. 1 Financing Impact on Medi-Cal Providers, CA Legislative Analyst's Office

H.R.1 and the Impact of Medicaid Work Requirements - This white paper provides background information on the requirements as delineated in H.R.1, lessons learned from previous work requirement implementation efforts by several states, and recommendations for both CMS and clinics on best practices for implementation.

Medi-Cal *Continued*

Implementation Plan for New Federal Eligibility and Enrollment Changes Under HR 1, CA's Department of Healthcare Services outlines California's approach to implementing federally required Medi-Cal eligibility and enrollment changes. The plan focuses on minimizing disruption, maintaining coverage continuity, and supporting counties, health plans, and community partners through clear guidance and resources. Recorded Webinar | Slides | Key elements include:

- Automate to protect coverage: Use data to confirm eligibility and reduce paperwork.
- Communicate with clarity and connection: provide plain-language, culturally appropriate information in all threshold languages.
- Simplify the renewal experience: Streamline six-month renewal steps to help members stay enrolled.
- Educate and train those who serve Medi-Cal members: Offer training and tools for counties and Coverage Ambassadors (community partners who share Medi-Cal information and help members navigate coverage).
- Provide timely and transparent communication: Share updates early and through multiple channels so members have time to prepare. DHCS will complement these updates with multilingual toolkits, text outreach, and community engagement through Coverage Ambassadors to ensure members and partners are prepared.

Medi-Cal *Continued*

Preserving Medicaid Coverage for People with Disabilities: What Federal Disability Rights Laws Require of States, Bazelon Center for Mental Health Law and the Corporation for Supportive Housing | This guide highlights how federal disability rights laws may be used to help people with disabilities secure or maintain Medicaid coverage in the wake of changes made by the recent budget reconciliation bill passed by Congress on July 4, 2025. HR 1 cut $1 trillion from the Medicaid program and is expected to result in millions of people losing Medicaid coverage due to certain provisions such as work requirements and more frequent eligibility redeterminations. HR 1 requires Medicaid enrollees and applicants to work or participate in certain other activities (such as community service, a work program, or an educational program) for at least 80 hours per month. The law exempts people from this requirement if they are "medically frail" or have "special medical needs," including for example people with:

- a "disabling mental disorder"
- a substance use disorder
- a physical, intellectual, or developmental disability "that significantly impairs their ability to perform 1 or more activities of daily living"
- a "serious or complex medical condition"
- a disability as defined for purposes of Social Security Disability or Supplemental Security Income benefits

Medi-Cal *Continued*

Accelerating Improvement with the California Advancing and Innovating Medi-Cal (CalAIM) Collaborative Planning and Implementation (CPI) Best Practices and Sustainability Toolkits Webinar (advance registration required) will introduce the CalAIM Best Practices and Sustainability Toolkits; demonstrate how these toolkits can strengthen partnerships, workflows, and referral networks; and outline clear, actionable steps that organizations can take to support long-term sustainability after Providing Access and Transforming Health ends. Webinar is April 17, 10 am - 11 am

Technical Assistance Marketplace, The Providing Access and Transforming Health (PATH) Technical Assistance (TA) Marketplace serves as a virtual marketplace for TA services, a one-stop-shop website where entities can access TA resources needed to implement Enhanced Care Management (ECM) and Community Supports. CA Department of Health Care Services (DHCS)

Real Time Behavioral Health Data Sharing Information Notice (BHIN) outlines real time data sharing requirements for Behavioral Health Plans (BHPs), and Drug Medi-Cal (DMC) Counties. The BHIN, along with the accompanying All Plan Letter (APL), provides clarifying and updated responsibilities for counties to support the secure and real time exchange of physical and behavioral health information with Medi-Cal partners to facilitate timely care coordination. These responsibilities include sharing admission, discharge, and event notifications with each other in real time. CA Department of Health Care Services

Behavioral Health Services Act (BHSA) Housing Interventions and Medi-Cal Community Supports Frequently Asked Questions (FAQ), CA Department of Health Care Services

Medi-Cal *Continued*

Medi-Medi Plan Expansion - Starting in 2026, California is expanding access to Medi-Medi Plans—integrated health plans for people who have both Medicare and Medi-Cal—to improve care coordination for individuals eligible for both Medicare and Medi-Cal.Medi-Medi Plans, also known as Dual Eligible Special Needs Plans (D-SNP), offer integrated benefits, streamlined services, and a single point of contact for members who qualify for both programs. These features help members navigate complex systems and access more person-centered care. Medi-Medi Plans include coordinated medical, behavioral health, and long-term services, along with Enhanced Care Management and support for social needs.
More details:

- Medicare Medi-Cal Plan List webpage
- Joining a Medi-Medi Plan information sheet, and Medi-Medi Plan Expansion Fact Sheet

Transitional Rent Now Required Statewide (See Page 57): Beginning January 1, 2026, all Medi-Cal managed care plans are required to provide Transitional Rent to eligible members of the behavioral health population of focus. Transitional Rent is the newest addition to the suite of Community Supports, designed to help Medi-Cal members experiencing or at risk of homelessness. This benefit provides up to six months of rental assistance in interim or permanent housing settings for members who are homeless or at risk, have certain clinical risk factors, and have recently undergone a critical life transition, such as exiting an institutional or carceral setting, foster care, or other high-risk situations.

Medi-Cal *Continued*

Dually Enrolled Medicaid and Medicare Beneficiaries: Publicly Available Databases and Tools to Improve Understanding and Provide Relevant Services
Individuals dually eligible for Medicaid and Medicare face unique health challenges, including high rates of chronic health conditions and barriers to accessing high-quality and care. Expanding research on this population can help strengthen service delivery and improve health outcomes while reducing costs. This report provides a guide to publicly accessible data sources to support research and improve data-driven decision-making for individuals dually eligible for Medicaid and Medicare.

- Download the report
- View the webinar (1 hour)
- Download the webinar slides (1.2 MB)

Older Adults

California's Behavioral Health Older Adults Survey Report - The California Older Adults Behavioral Health Community Survey reveals critical gaps and opportunities in supporting the behavioral health needs of older adults. Social isolation, cognitive decline, and caregiver burnout emerged as top concerns, while lack of targeted services, fragmented care, and limited cultural responsiveness remain significant barriers. Nearly half of respondents rated access, outreach, and data systems as only fair to poor. Respondents emphasized the need to merge aging and behavioral health services, invest in culturally competent community-based care, and improve workforce training and care coordination. Top funding and policy priorities include expanding mobile/home-based services, supporting caregivers, and addressing social isolation through integrated, community-driven approaches. Insure the Uninsured Project (ITUP)

Older Adults *Continued*

Understanding Behavioral Health Needs in Older Adults: Facts and Services, California Commission on Aging

Remembering Papa: Northern California's elderly face hidden epidemic of gun suicides, Senior Californians in rural communities are dying by suicide at troubling rates—struggling with pain, cut off from doctors and mental health care, with guns at hand. Access to care and safety planning would help, experts say. Cal Matters Article

Behavioral Health Services Act Advocacy for Older Californians, Justice in Aging Fact Sheet

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Peer Support

The Critical Role Peer Support Specialists Play on ACT and FACT Teams, Steinberg Institute

What is Youth and Parent Peer Support: This animated video introduces the foundational concepts of youth and parent peer support. It explains how peer support specialists use their own lived experiences – whether as a young person navigating services or as a caregiver supporting a child through mental health or related systems – to build trust, offer guidance, and empower others. The video highlights the distinct roles of youth and parent peer support specialists and how they work together to support healing, advocacy, and systems change.

Report: California's peer-to-peer mental health support program shows gains, EdSource Pilot Demonstration Report, The Children's Partnership

Peer Integration for Implementation Readiness: Building and Sustaining Peer Support Roles Across Systems Recording and Slides, SAMHSA Center for Mental Health Implementation Support

Peer Support *Continued*

Peer Support Do's and Don'ts: This follow-up video offers a practical look at the core principles of peer support through the lens of what to do – and what to avoid. It covers key values like honoring voice and choice, maintaining appropriate boundaries, and avoiding overstepping into clinical roles. Designed for both new and experienced peer support specialists, the video reinforces best practices while helping teams and supervisors understand how to support and sustain meaningful peer roles.

Proposition 1 and the Peer Support Movement: A False Divide, "...In 2020, the Steinberg Institute co-sponsored Senate Bill 803, requiring the state to set up a process for certifying peer support specialists. It also enables counties to be partially reimbursed by the federal government for the services they provide. Today, peers continue to be among the strongest responses to our workforce challenges and should be integrated wherever possible because of their impact on recovery and outcomes. Peers are especially critical to the successful implementation of Prop 1. When we think about the priority populations within Prop 1—justice-involved, unhoused, child-welfare-involved, those who have been conserved or hospitalized—we know that peers who have lived experience with mental health, substance use, and these systems are the best equipped to support individuals in their recovery goals." Steinberg Institute Article

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Performance

County Behavioral Health Plans: Clinical Quality Performance for Measurement Year 2024 (MY24), CA Department of Health Care Services

Levels of Measurement | Understanding Common Terms and Jargon in Health Care, CA Health Care Foundation

Performance *Continued*

DHCS BHT Performance Measures Recording, Anna Naify, PsyD, BHT Quality and Equity Workstream Lead, presented on the Department of Health Care Services' data strategy for BHSA, including a description of statewide goals and associated measures for monitoring the performance and outcomes of California's Behavioral Health Transformation (BHT) initiatives.

Regarding how measures are calculated and distributed (Slide 22 of PowerPoint): DHCS expects to publish BHT performance measures, stratified by county and MCP and by age and key demographics, for public access annually. Via Medi-Cal Connect, a statewide data analytics solution and tool for population health management, DHCS will also provide updated measure calculations to counties and MCPs as frequently as monthly, depending on the data sources. DHCS expects to revisit Intervention Measures on an ongoing basis to ensure that they are appropriate and advancing the goal.

Phase 1 ("Know Your County" Measures)

- County Population Behavioral Health Measure Workbook - Measure Access Instructions & Notes, CA Department of Health Care Services (DHCS) has provided detailed information on each measure and how to access the data.
- County Population Behavioral Health Measure Workbook This Excel workbook provides county-level performance on each measure.

BH-CONNECT Incentive Program Scoring and Benchmarks Manual

- Performance Outcomes eligible for payment incentives are listed on pages 12 - 15 (Items 9 and 10a-d)
- Funding Allocation/Measure Weights for Calendar Years 2025 - 2029 (listed on Pages 20-22)

Prevention

CDPH Behavioral Health Services Act (BHSA) Population-Based Prevention Program Final Plan

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Rural

Integrating Behavioral Health in Rural Kansas: Building a Sustainable System from the Start, Center for Mental Health Implementation Support

Rural Health Transformation Program (RHTP)
California Awarded Over $233 million From Federal Rural Health Transformation Program | California's application for RHTP funding was submitted by the California Department of Health Care Access and Information (HCAI) in early November. According to HCAI's project abstract, California will use the funds to focus on three overarching initiatives: transformative care model, workforce development, and technology. Through these initiatives, the state's program will seek to improve health outcomes by increasing access to primary, maternity, chronic disease, and specialty care services in rural communities. More information on the state's RHTP application, including an overview of California's RHTP program proposal, is available on the State Office of Rural Health Page.

Questions about the state's RHTP initiatives can be directed to CALSORH@hcai.ca.gov.

Substance Use Disorder

Kratom | Local board/commission members have reported local deaths related to the drug Kratom. According to the CA Department of Public Health, foods, dietary supplements and medical drugs containing Kratom and 7-OH are dangerous and illegal to sell or manufacture for consumption.

False positives create dilemma for CA prisoners, 11 prison physicians last fall urged the parole board to stop using drug tests, which they wrote are prone to error, to determine whether to release someone. The practice, they said, erodes trust and has already begun dissuading their incarcerated patients from seeking help. CalMatters

Survey | 2026 Addiction Medicine Research Priorities American Society of Addiction Medicine (ASAM) is requesting your input on which areas of addiction clinical practice are most in need of further research. This input will be shared with federal research agencies, including the National Institute on Drug Abuse (NIDA), National Institute on Alcohol Abuse and Alcoholism (NIAAA), and Agency for Healthcare Research and Quality (AHRQ). They are planning a listening session called "Bridging the Gap between Science and Clinical Practice" with federal research agency representatives at the ASAM 57th Annual Conference.

Overdose Deaths Decline Nationwide | New CDC data released shows overdose deaths fell year-over-year in 45 states. Approximately 73,000 overdose deaths were recorded in the 12-month period ending August 2025, a 21% decline from the prior year. Researchers attribute the decrease to expanded access to naloxone, opioid settlement funding, and increased substance use treatment.

Alcohol or Other Drug (AOD) Counselor Educational Requirements: Changes to the education requirements for counselors due to the passage of AB 2473, effective January 1, 2026, CA Department of Health Care Services

New Online Training to Support SUD Counselors, DHCS, in partnership with the University of California San Diego Division of Extended Studies, launched the Advancing SUD Counselor Education and Development (ASCEND) Program. ASCEND is a free, self-paced, 80-hour online training for substance use disorder (SUD) counselors featuring instruction from experienced professionals. The program was developed with the University of California San Diego Division of Extended Studies and the Assembly Bill 2473 Stakeholder Advisory Group as part of DHCS' ongoing efforts to strengthen the SUD workforce. The curriculum covers 12 core competencies required for counselor certification. For more information and to view a video about ASCEND, visit the DHCS YouTube channel. Registration is available on the University of California San Diego Division of Extended Studies website.

Substance Use Disorder Services in California, CA Department of Healthcare Services YouTube

CA Behavioral Health Task Force Meeting Brief The core question guiding the discussion was simple but urgent: How do we reach Californians with substance use disorders who don't access treatment? During the discussion, a shared understanding emerged: Most people aren't avoiding care because they don't want help, **they don't see existing systems as built for them**. Redesigning behavioral health to meet people where they are is key to closing this gap.

Traumatic Brain Injury

Traumatic Brain Injury 101 Presentation (by the CA Department of Rehabilitation*) covers:

- The difference between traumatic and acquired brain injuries.
- Common causes, symptoms, and long-term effects.
- The role of the California Department of Rehabilitation in supporting individuals with TBI.
- The intersection of TBI with issues like substance use, intimate partner violence, incarceration, and housing instability.
- How to support survivors and prevent future injuries.
- Resources and services available statewide.

*The CA Department of Rehabilitation provides additional resources on their website.

Veterans

VA Releases New Mental Health Mobile App for Native Veterans, The Veterans Wellness Path app was created for American Indian and Alaska Native Veterans, their families, and communities. The app supports the transition from military service to home, and encourages balance and connection with self, family, community, and environment. U.S. Department of Veterans Affairs

Toolkit for Certified Community Behavioral Health Clinics (CCBHCs) Serving Veterans, The toolkit includes strategies for engaging service members, veterans and their families, ideas for building partnerships with veteran-serving organizations, and practical tools to strengthen behavioral health services. SAMHSA also notes that this toolkit is widely applicable for SAMHSA grantees and community-based behavioral health providers.

Veterans *Continued*

VA and DOJ Announce Joint Effort for Veterans
The Department of Justice and the Department of Veterans Affairshave established a Memorandum of Understanding (MOU) which gives DOJ the authority to appoint VA attorneys as special assistant U.S. attorneys. That appointment will give VA attorneys the legal authority to initiate and participate in state court guardianship or conservatorship proceedings in cases where a legal decision-maker is required for post-acute transitions of care. The MOU aims to facilitate care for veterans deemed unable to make their own health care decisions and have no family or legal representation. This includes some Veterans who are either homeless or at risk of homelessness.

Wellness Centers

Wellness and Recovery Centers in California's Public Behavioral Health System: Overview Report on the 2025 Data Notebook Project, California Behavioral Health Planning Council

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Workforce, Education and Training

5-Year BHSA WET Plan (Newsletter Page 1)

Supply and Demand Modeling for California's Behavioral Health Workforce, Data by county and by year (including forecasts), HCAI

Online Training to Support SUD Counselors
DHCS, in partnership with UC San Diego launched the Advancing SUD Counselor Education and Development Program. ASCEND is a free, self-paced, 80-hour online training.The curriculum covers 12 core competencies required for counselor certification.

As funding falters, young brain scientists rethink careers in research, NPR Article

Legislative Advocacy

Join with us in legislative advocacy *after* reviewing "**Understanding your Role**" (below).

CALBHB/C's Governing Board supports legislation and budget items in response to issues reported from CA's 59 local behavioral health boards and commissions, providing written and in-person advocacy. Top issues are included in our Annual Goals document, item C.

Understanding your Role

1. As Individuals:
   Individuals can and should write to their state legislators! Legislators especially appreciate hearing from residents within their districts.

2. As Advisory Bodies:
   Local behavioral health boards/ commissions are in an advisory role. In most counties, legislative advocacy is handled through the Board of Supervisors/ Executive Office. Boards/commissions may wish to recommend specific legislation to their Governing Body (in most cases Board of Supervisors) and the Behavioral Health Director (the Behavioral Health Directors also advocate through their statewide association, the County Behavioral Health Directors Association (CBHDA)).

CALBHB/C Governing Board Legislative & Budget Advocacy

Letters & Fact Sheets

AB 2324 (Gonzalez) | Workforce: Vocational education: Youth Caregivers Career Pathway program. CALBHB/C is a co-sponsor!

- Sample Letter (Word)
- Fact Sheet

AB 2011 (Hart) | Behavioral Health Parity - Support!

- Sample Letter (Google Doc)
- Fact Sheet

County HR-1 Multi-Year Budget Request

- Letter to Governor Newsom, March 29, 2026
- Letter to CA Assembly, March 29, 2026
- Letter to CA Senate, March 29, 2026

Coalition Letter Opposing the 2026-27 Governor's Proposal to Eliminate the Statewide Medi-Cal Mobile Crisis Benefit, March 23, 2026

CA Reducing Disparities Project Budget Ask | Fact Sheet | Draft Letter

Meetings/Events

CA Association of Local Behavioral Health Boards/Commissions (CALBHB/C)

Central/Superior Region (Open Statewide)
April 17 Meeting | 12:30 pm - 4:30 pm
April 18 Meeting | 9 am - 12 pm

Registration: calbhbc.org/registration
More at 2026 Schedule (Google Doc) (PDF)

CA Department of Health Care Services (DHCS)

Stakeholder Advisory Committee (SAC) and Behavioral Health Stakeholder Advisory Committee (BH-SAC)
Zoom and In-Person (Sacramento)
Registration is required to attend by Zoom
Wednesday, May 20, 9:30 am - 3 pm

CA Health & Human Services (HHS)

Behavioral Health Task Force
July 15, 2026, 10 am to 3 pm
October 14, 2026, 10 am to 3 pm

CARE Act Working Group
May 13, 2026, 10 am - 3pm
August 12, 2026
November 18, 2026

SUD Integrated Care Conference in Long Beach
August 25 - 27, 2026 (Fee & registration to be posted)

Commission for Behavioral Health (CBH)

CBH Meetings
May 28, 2026
August 27, 2026
October 22, 2026

CBH Committee Meetings

CA Behavioral Health Planning Council (CBHPC)

Quarterly Meeting
Zoom and In-Person (Sacramento)
April 14 - 17, 2026

Tuesday April 14, 2026 Meeting:

- Performance Outcomes Committee: 2:00 pm to 5:00 pm

Wednesday April 15, 2026 Meetings:

- Executive Committee: 8:30 to 10:15 am
- Patients' Rights Committee: 10:30 am to 12:30 pm
- Workforce and Employment Committee: 1:30 pm to 5:00 pm
- Legislation and Public Policy Committee: 1:30 pm to 5:00 pm

Thursday April 16 Meetings:

- Housing and Homelessness Committee: 8:30 am to 12:00 pm
- Systems and Medicaid Committee: 8:30 am to 12:00 pm
- Reducing Disparities Workgroup: 12:10 pm to 1:10 pm
- General Session: 1:30 pm to 5:00 pm

Friday, April 17 Meeting:

- General Session: 8:30 am to 12:00 pm

Health Care Access & Information (HCAI)

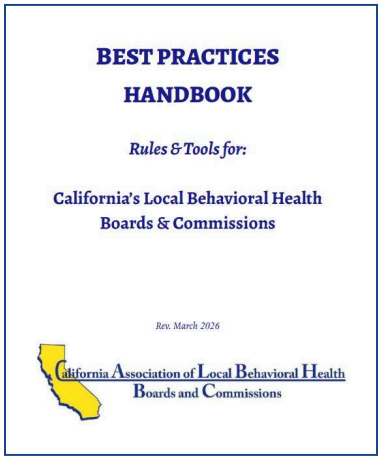
CA Health Workforce, Education and Training Council (Virtual & Sacramento)
July 22 & 23, 2026
November 4 & 5, 2026

CALBHB/C is here to support you!

Whether you are new to a board/commission, an experienced member, or a behavioral health agency staff member, CALBHB/C is here to provide resources, support, training, communication and to coordinate advocacy for statewide issues as detailed in our Annual Report.

Do not hesitate to contact us with questions (info@calbhbc.com). Key resources are in the Best Practices Handbook and on our website (www.calbhbc.org):

Best Practices Handbook



Website

Contact Us!

Email: info@calbhbc.com Website: www.calbhbc.org
Facebook: www.facebook.com/CALBHBC
Report issues to CALBHB/C | Evaluate CALBHB/C (let us know how we're doing!)

For ADA compliant or printed copies of CALBHB/C documents and resources, contact cal@calbhbc.com

The CA Association of Local Behavioral Health Boards/Commissions (CALBHB/C) supports the work of CA's 59 local behavioral health boards & commissions. www.calbhbc.org. CALBHB/C is a 501(c)(3) nonprofit.