California Association of Local Behavioral Health Boards and Commissions

CALBHB/C Newsletter, August 2026

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1 Focusing on Performance

According to California law, the local behavioral health board [commission] shall:

> *"Review and comment on the county's performance outcome data and communicate its findings to the California Behavioral Health Planning Council."* *CA Welfare & Institutions Code 5604.2 (Duty #7)*

On August 4, 2026, DHCS released the first set of statewide and county rates for Behavioral Health Services Act performance measures. This is a historic shift toward more complete behavioral health data. Developed with input from the Behavioral Health Transformation Quality and Equity Advisory Committee, counties, stakeholders, providers, community partners, and subject matter experts, these measures replace earlier population-level indicators with specific, goal-aligned metrics, supporting efforts to reduce homelessness, institutionalization, and other key behavioral health challenges. This new data will help counties and Medi-Cal managed care plans improve planning, population health, and equitable service delivery.

The Performance Measures Report information is on the DHCS website. Scroll down on their website page to view reports containing state and county information.

The Steinberg Institute provided a presentation on Performance Accelerator tools during CALBHB/C's April meeting. The Steinberg Institute will provide a follow-up training on October 23, 2026 during CALBHB/C's Quarterly Meeting. Invitations will go out soon.

2 Grants, Funding & Support

Children & Youth Behavioral Health

Children and Youth EBP/CDEP Resource Guide – Medi-Cal Funding Pathways

DHCS released a resource guide helping community-based organizations, schools, and counties navigate Medi-Cal reimbursement/funding pathways for 43 Evidence-Based Practices and Community-Defined Evidence Practices supported through CYBHI, FFPSA, and BH-CONNECT.

Crisis Care

Peer Respite Pilot Project RFA (RFA PRO-001) – $8.5M Available

The Commission for Behavioral Health released RFA PRO-001, offering $8.5 million to fund at least 9 Peer Respite Pilot Projects as part of a broader $20 million statewide investment. Peer-Run Organizations can apply for Small Grants (under $500,000) or Large Grants (up to $1.5 million) to establish peer respites serving people approaching, experiencing, or stepping down from a behavioral health crisis. Applications are due August 14, 2026 by noon Pacific; questions go to procurements@bhsoac.ca.gov with subject line RFA PRO-001.

Digital Access

California LifeLine is a state program that 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)

Upcoming Broadband Grant Opportunities: Four CASF grant programs have upcoming application windows. Interested entities can prepare to **apply** to these programs:

- Broadband Infrastructure Grant Account – October 1, 2026
- Tribal Technical Assistance Account – October 1, 2026
- Broadband Adoption Account – January 1, 2027
- Broadband Public Housing Account – January 1, 2027

For the most up to date information, please visit the California Advanced Services Fund website.

Health Facility

CHFFA Bond Financing Program – This program provides public health facilities (e.g. district hospitals) with access to low interest rate capital markets through the issuance of 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 – This 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) – This program will provide low-interest rate loans to California's non-profit small or rural health facilities in an efficient, timely, and cost-effective manner.

Peer Support

Fee-Waivers | Medi-Cal Peer Support Specialist Certification: CalMHSA is offering a limited Fee Waiver Program to support individuals pursuing Certified Medi-Cal Peer Support Specialist (CMPSS) certification as part of its commitment to strengthening the behavioral health workforce. Fee waivers are available for individuals applying for the CMPSS certification to help cover application and exam fees, as well as core competency training and certification renewal fees. Fee waivers are offered on a first-come, first-served basis and are subject to availability. Please email any questions to PeerCertification@CalMHSA.org

Rural

California Rural Health Transformation (CalRHT) Program – Grant Funding Opportunities:

1. Electronic Health Record (EHR) Modernization Grants
    - Accelerator Partners
    - Expand and Support Rural Workforce Capacity
2. Transformative Care Model
3. Workforce Development, Recruitment & Retention

Rural Hospital Stabilization Program (RHSP) offers assistance to rural hospitals, at no cost to them, to help them improve their financial stability by enhancing or expanding health care services that meet community needs. This may include everything from pulmonary rehabilitation to outpatient behavioral health services to expanding primary care and keeping care close to home. Comprehensive financial and operational assessments, education, one-on-one coaching, peer-to-peer sharing and other forms of customized assistance are provided by The Center's subject matter experts and a team of nationally recognized consultants familiar with rural hospitals. This approach helps hospital leaders gain the tools and understanding necessary to adopt best practices and evidence-based models and enhance financial performance and operational efficiency. The program is administered by the National Rural Health Resource Center.

Skilled Nursing Facility

Civil Money Penalty Reinvestment Grant – This 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

Free 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.

PC-TEAM – Addiction Medicine Training for Primary Care Providers

The Training and Education in Addiction Medicine (PC-TEAM) fellowship strengthens the ability of primary care providers to identify, treat, and manage substance use disorders. This year-long training helps clinicians build confidence in supporting patients with complex needs, ultimately improving continuity of care across the health system. The application period closes on October 31, 2026.

3 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

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

4 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. Fact Sheet. CALBHB/C is a co-sponsor! ***AB 2324 was signed into law!***

AB 1586 (Ramos) | School Safety and Opioid Overdose Prevention Act – Support!

- Sample Letter
- Fact Sheet

AB 2093 (Bauer-Kahan) | 988 – Support!

- Sample Letter
- Fact Sheet

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

- Sample Letter (Google Doc)
- Fact Sheet

Coalition Letter Opposing the 2026-27 Governor's Proposal to Eliminate the Statewide Medi-Cal Mobile Crisis Benefit, March 23, 2026 — *Funding was reinstated for one year.*

California Warm Line Funding | Letter — *Partial Funding Restored: $5 Million*

CA Reducing Disparities Project Budget Ask | Fact Sheet — *Funding was eliminated.*

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

Final Budget Protects Many County Priorities — with One Critical Gap (CSAC Article)

5 Meetings / Events

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

Quarterly Meeting & Training (Hybrid: Zoom/South San Francisco)

Meeting: Friday, October 22nd, 1:30 pm – 5:30 pm
Training: Saturday, October 23rd, 9 am – 12 pm

Save the date(s). Registration will open soon.

More at 2026 Schedule (Google Doc) (PDF)

CA Health & Human Services (HHS)

Behavioral Health Task Force Next Quarterly Meeting
October 14, 2026, 10 AM–3 PM

CARE Act Working Group Meeting
Sacramento & Zoom
August 12, 2026, 10 am – 3 pm

CA Department of Health Care Services (DHCS)

DHCS Stakeholder Advisory Committee / Behavioral Health-SAC Meeting
Hybrid Meeting (Sacramento & Virtual)
August 19, 2026, 9:30 a.m.–3 p.m.

20th Annual Substance Use Disorder (SUD) Integrated Care Conference
Long Beach | August 25 – 27, 2026

Medi-Cal Voices and Vision Council Quarterly Meeting
Virtual | September 30, 5:30 pm – 7:30 pm

CA Behavioral Health Planning Council (CBHPC) Quarterly Meeting

Hybrid: Zoom/South San Francisco
October 19 – 23, 2026

Tuesday October 20, 2026 Meetings:

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

Wednesday October 21, 2026 Meetings:

- Executive Committee: 8:30 am 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 October 22, 2026 Meetings:

- Housing and Homelessness Committee: 8:30 am to 12:00 pm
- Systems and Medicaid Committee: 8:30 am to 12:00 pm
- **General Session:** 1:30 pm to 5 pm

Friday, October 23, 2026

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

Commission for Behavioral Health

Commission Meeting (BHSOAC)
August 20, 2026
October 22, 2026

CBH Committee Meetings

Health Care Access & Information (HCAI)

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

6 Articles, Webinars, and Reports

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Access

Recorded Workshop: Advancing Access to Mental Health Services through Single Session Interventions (SSIs) – Center for Mental Health Implementation Support (CMHIS)

Artificial Intelligence

AI and mental health: Promise, risks, and the future of care | As behavioral health systems face workforce shortages, rising demand for care, and provider burnout, interest in and use of artificial intelligence (AI) tools have grown rapidly. But there are concerns around safety, privacy, effectiveness, bias, emotional dependency, and regulation, particularly around AI-powered mental health chatbots. This article explores how AI is currently being used in mental health care, the potential benefits and risks of those applications, the emerging regulatory landscape, and the policy questions states and health systems are beginning to confront. The Steinberg Institute

APA 2026 Chatbots and Mental Health Survey Findings

The American Psychological Association published results from its 2026 Chatbots and Mental Health Survey, finding that 77% of surveyed psychologists reported patients discussing AI use, and 35% reported patients using AI as an additional mental health professional.

Assisted Living (AKA “Board & Cares”)

Assisted Living: An Underused Community-Based Housing Option for People with Behavioral Health Needs Report – This outlines concrete steps that managed care plans, county behavioral health plans, and assisted living operators can take to improve referral pathways, expand use of available funding, and strengthen care coordination.

Highlights from the brief include:

- Assisted living provides a home-like, supportive environment that can improve stability and outcomes for residents with behavioral health needs.
- It is underutilized due to fragmentation across Medi-Cal managed care, county behavioral health, and housing systems.
- Existing pathways (e.g., the Assisted Living Waiver and CalAIM Community Supports) are not being fully leveraged.
- There is a meaningful opportunity for operators to expand access and strengthen partnerships with Managed Care Plans and Behavioral Health Plans.

The brief also outlines practical strategies to expand utilization, including improved referral pathways, stronger coordination across systems, and tools like bed registries and administrative hubs. CA Health Care Foundation

Behavioral Health Services Act (BHSA)

Reader's Guide for Reviewing BHSA County Integrated Plans

The Steinberg Institute published a reader's guide explaining what these 150-200+ page plans are, how they differ from prior MHSA plans, and how to navigate one quickly.

BHSA Racial Equity Scorecard, CA Pan-Ethnic Health Network

A System in Transition: Implications of California's Move from MHSA to BHSA – A California Health Care Foundation issue brief detailing key changes as California transitions from the Mental Health Services Act (MHSA) to the Behavioral Health Services Act (BHSA).

Public County Dashboards – DHCS released the first iteration of the Behavioral Health Public County Profile, a public dashboard showing how each county plans, funds, and delivers behavioral health services, supporting Proposition 1 transparency requirements.

MHSA Regulation Superseded by BHSA County Policy Manual

DHCS notified counties that, effective July 1, 2026, Mental Health Services Act (MHSA) regulations are superseded by the new Behavioral Health Services Act (BHSA) County Policy Manual, which becomes the authoritative source for policy and program guidance through July 1, 2033. Counties are directed to reference the BHSA County Policy Manual going forward.

NAMI CA BHSA Guide – Counties are now moving from approved plans into implementation, including budgets, contracts, and provider decisions. NAMI California has published a guide outlining what affiliates and families can expect over the next 6-12 months and how to engage counties on behalf of those with serious mental illness.

CDPH Fact Sheet: Population-Based Prevention vs. Early Intervention – CDPH published a fact sheet explaining the distinction between population-based prevention and early intervention as California transitions from the Mental Health Services Act to the Behavioral Health Services Act.

Budgets/Funding Issues

A 70-Year Look at California's Public Behavioral Health Funding

With the 2026-27 state budget signed, the Steinberg Institute revisited its report tracing 70 years of state and national behavioral health funding, finding a recurring boom-bust cycle that has undercut lasting progress in behavioral health care.

Final Budget Protects Many County Priorities — with One Critical Gap, CA State Association of Counties

Making Money Move: How States And Counties Can Put Outcomes-Focused Funding Into Practice – When outcome goals are written into contracts and appropriation language, it changes what staff and providers are accountable for, even before a single incentive payment is made. Program managers begin owning the problem rather than managing compliance. They track progress, identify what isn't working and can adjust without waiting for a contract amendment to give them permission. Forbes Article

Mobile Crisis Benefit Preserved – The California Legislature rejected making Mobile Crisis a county-optional benefit. Rural County Representatives of California (RCRC)

New Staffing Ratios Force Psychiatric Bed Closures Statewide

California Hospital Association media advisory reports that despite hiring 1,000+ nurses to comply with new June 1 psychiatric staffing ratios, at least 4 counties (Kern, Contra Costa, Madera, San Diego) have already closed psychiatric beds, at a time California needs 1,800 more child/adolescent beds and 2,000 more adult crisis beds.

Capacity Building

Transformational Change Partnership (TCP): Building Capacity to Improve Behavioral Health Outcomes for Californians – Third Sector Capital Partners spotlighted its Transformational Change Partnership (TCP), a cohort program that uses structured learning and capacity-building to help California teams transform their behavioral health systems and improve outcomes, aligned with the Behavioral Health Services Act (BHSA).

CARE Act

CARE Act Working Group Meeting
Sacramento & Zoom
August 12, 2026, 10 am – 3 pm

CARE Act Data Dictionary Version 2.1 Released

DHCS released Version 2.1 of the CARE Act Data Dictionary, aligning with Senate Bill 27's expansion of CARE Act eligible diagnoses to include bipolar I disorder with psychotic features. Counties were required to begin reporting using the revised dictionary effective July 1, 2026.

Los Angeles County Shows Growing Momentum in CARE Act Implementation

Los Angeles County reported an 85% increase in Community Assistance, Recovery, and Empowerment (CARE) Act petitions between November 2025 and March 2026, reflecting stronger coordination among behavioral health, first responders, and courts. Statewide CARE-related outreach has connected more than 4,000 Californians to services.

NAMI California CARE Court Feedback Survey

NAMI California is collecting feedback from individuals and families with experience in California's CARE Court (Community Assistance, Recovery, and Empowerment) process, which provides community-based behavioral health services to adults with bipolar I disorder with psychotic features, schizophrenia spectrum disorder, or other psychotic disorders. The survey aims to identify opportunities to improve the program and how NAMI California and state partners can better support participants.

Children & Youth Behavioral Health

High Fidelity Wraparound for Foster Children & Youth Recorded Webinar & Materials, CALBHB/C and CA Alliance for Child & Family Services

Beyond the Screen: Creating Healthy, Engaged Elementary School Classrooms, Substance Abuse and Mental Health Services Administration (SAMHSA)

AAP Center of Excellence on Social Media and Youth Mental Health. This National Center serves as a centralized, trusted source for evidence-based education and technical assistance to support the mental health of children and adolescents as they navigate social media. American Academy of Pediatrics (AAP)

BrightLife Kids — a CalHOPE program by Brightline — designed to support the behavioral health of every family living in California with kids ages 0–12 **at no cost**. No insurance or referrals are required to access this resource.

Connecting policy to practice: How to implement the new AAP digital media guidelines. The American Academy of Pediatrics (AAP) has released a new version of what are often called the “screen time guidelines.” Except this time, the focus goes way beyond the amount of time children, teens, and parents spend on screens. The policy statement and technical report emphasize two new concepts that shape how digital media impacts children’s well-being:

- Socio-ecological systems *and*
- Child-centered design

Activity Funds Medi-Cal Benefit – Activity Funds can provide eligible children and youth enrolled in Medi-Cal, diagnosed with a behavioral health condition or at high risk of a behavioral health condition, and involved in Child Welfare with up to $1,000 per year to participate in activities. Activities can include camps, soccer, dance, music lessons, activity equipment and supplies and more!

One Student's Quick Thinking Shows Coordinated Action Works | In one New Hampshire school last year, a sixth-grade student noticed that something was wrong with a close friend. He told his parents, who contacted the school’s counselors. The school responded quickly and connected the friend to the help he needed. Just days earlier, that student had learned to recognize the warning signs of suicide in a lesson funded through SAMHSA’s Project AWARE program, and that gave him the confidence to know what to do. Substance Abuse and Mental Health Services Administration (SAMHSA)

Children and Youth Behavioral Health Initiative (CYBHI) Quarterly Public Webinar Recording

DHCS Children and Youth Evidence-Based Practices and Community-Defined Evidence Practices Resource Guide – DHCS developed a resource guide to help counties, providers, and community partners identify potential reimbursement and billing pathways for effective, culturally responsive behavioral health interventions for children and youth.

AB 2003 (Berman): Pupil Health: Suicide Prevention – Governor Newsom signed AB 2003, an urgency measure directing the Commission for Behavioral Health, with state partners, to develop a free statewide online suicide prevention training for school staff, students, and parents/caregivers, and to strengthen understanding of suicide risk screening. The bill also requires local educational agencies (LEAs) that elect to conduct suicide risk screenings to annually report specified information to the CA Department of Education (CDE).

CYBHI Scaling Evidence-Based Practices Interim Report – DHCS published an interim report on its Scaling Evidence-Based and Community-Defined Evidence Practices Grant Program, highlighting progress expanding behavioral health services for children, youth, and caregivers under the Children and Youth Behavioral Health Initiative (CYBHI). Since July 2023, CYBHI has reached more than 852,000 people through outreach and screening and provided in-depth behavioral health support to nearly 35,000.

HFW Bundled Rate – DHCS released a public notice which establishes a monthly bundled rate for High Fidelity Wraparound (HFW) services provided to Medi-Cal Specialty Mental Health members. CA Department of Health Care Services (DHCS)

Child and Adolescent Needs and Strengths (CANS) Tool – DHCS and CDSS released a draft notice describing Phase II policy changes for aligned use of the Child and Adolescent Needs and Strengths (CANS) tool across county Behavioral Health Plans, child welfare agencies, and juvenile probation departments, including IP-CANS use and training requirements.

Cross-System Strategies for Children with Complex Behavioral Health Conditions, SAMHSA 2026 Report

SAMHSA Working to Restore Specialized 988 Crisis Services for LGBTQ+ Youth – SAMHSA confirmed it is working to restore specialized suicide-prevention services for LGBTQ+ youth through the 988 Suicide & Crisis Lifeline by the end of 2026, though implementation has been complicated by federal policies affecting recognition of transgender people.

Community Engagement

Meaningfully Engaging and Integrating Partners Into Community Mental Health Services: A Learning Community (CMHIS) – CMHIS (Center for Mental Health Implementation Support) is offering a free six-session learning community (September 10–November 19, 2026) combining community engagement practices, implementation science, and peer learning to help participants build authentic partnerships using the CMHIS Partner Engagement Guide. Six sessions are 11 am – 1 pm PT: September 10, 24; October 8, 22; November 5, 19. Applications are due Friday, August 14, 2026.

Community Supports / Enhanced Care Management

Enhanced Care Management and Community Supports Quarterly Report – DHCS released its Q3 2025 Enhanced Care Management (ECM) and Community Supports quarterly report, showing nearly 227,500 members received ECM (a 59% increase year-over-year) with gains among children, youth, and people experiencing homelessness. Supports like sobering centers and housing tenancy/sustaining services show early cost-effectiveness trends as members stabilize.

Criminal Justice

Medi-Cal Reentry Services Expand Health Care Access | The California Health Care Foundation recently highlighted how Medi-Cal's Justice-Involved Reentry Initiative is improving continuity of care for people leaving jails and prisons. Through CalAIM, counties like Yuba and Sutter are coordinating medical, behavioral health, and social services before release, ensuring individuals have medications, appointments, and connections to housing and food supports. Early results show thousands enrolled pre-release and more than 159,000 services delivered in the program's first year. This resource explains how coordinated reentry care strengthens health outcomes, promotes equity, and supports long-term stability in communities.

Justice-Involved Reentry Initiative Goes Live in Los Angeles County

On July 1, 2026, Los Angeles County rolled out California's Justice-Involved Reentry Initiative, expanding prerelease services (which include behavioral health navigation) for eligible youth and adults in county jails, state prisons, and secure youth treatment facilities. All California county correctional facilities must implement the initiative by October 1, 2026.

Project imPACT – RAND released an evaluation of Cohort 3 of Project imPACT, a Los Angeles reentry program for adults with justice involvement and behavioral health needs, aimed at providing client-centered support, expanding access to mental health and substance use services, and reducing recidivism.

Op-Ed: A California Judge on Fixing the State's Mental Health Crisis – In a San Francisco Chronicle op-ed (June 13, 2026), a San Mateo County judge argues that California's criminal justice system has become the state's largest, most expensive, and least effective mental health provider, and calls for reforms to address the state's mental health crisis.

Opinion: People with Mental Illness Deserve Help, Not Handcuffs – Opinion piece arguing people experiencing mental illness need treatment and support rather than criminal-justice responses, cited by the CA Hospital Association (CHA) amid the psychiatric bed-closure crisis coverage.

Crisis Care

Cross-Systems Collaboration for Crisis Continuum of Care Learning Community – Strengthening coordination across partners involved in the crisis continuum of care is an important part of improving service delivery. Examine how roles, communication pathways, and referral processes influence crisis response across agencies. Dr. David Lopez will support us in identifying collaboration challenges within our local crisis systems and exploring practical strategies to improve alignment across partners. August 13, 2 pm – 3 pm PDT

Outcomes review of AB 988 Mental Health Crisis Intervention – Assembly Select Committee on Native American Affairs, CalMatters

CDC Refreshes Mental Health Data Channel with Near-Real-Time ED Visit Data

The CDC refreshed its Mental Health Data Channel to include near-real-time emergency department visit rates related to mental health, broken out by age, sex, and race/ethnicity, updated monthly.

Baltimore Uses Opioid Settlement Funds for Non-Police Mental Health Crisis Response

Baltimore is directing $15 million of its opioid settlement funds to expand non-police crisis response, sending mobile clinician teams instead of officers to mental health calls, per NPR. The program has significantly reduced arrests for calls that used to default to law enforcement.

NAMI National 988 Public Perception Survey Findings

A new NAMI National survey found nearly 3 in 4 Americans (74%) have heard of 988, up from just 18% before its 2021 launch, and that 6-7% have contacted 988 for themselves or someone else – double the 2023 rate.

SAMHSA Working to Restore Specialized 988 Crisis Services for LGBTQ+ Youth – SAMHSA confirmed it is working to restore specialized suicide-prevention services for LGBTQ+ youth through the 988 Suicide & Crisis Lifeline by the end of 2026, though implementation has been complicated by federal policies affecting recognition of transgender people.

Culture, Race, Ethnicity

Creating Connections: How Community Cultural Liaisons Foster Wellness and Belonging, CA Institute for Behavioral Health Solutions (CIBHS)

CDPH Community-Defined Evidence Based Practices and Evidence Based Practices Program
Informational Recorded Webinar, CA Department of Public Health

DHCS Children and Youth Evidence-Based Practices and Community-Defined Evidence Practices Resource Guide – DHCS developed a resource guide to help counties, providers, and community partners identify potential reimbursement and billing pathways for effective, culturally responsive behavioral health interventions for children and youth.

Gen Z Speaks Wellness: Culturally Affirming Healing Circles for Black Youth in Sacramento

Gen Z Speaks Wellness is a new Sacramento mental health initiative offering culturally affirming healing circles for Black youth ages 17-25. Rather than clinical therapy, it uses intergenerational dialogue to address identity, relationships, and the toll of social media and cyberbullying on this age group.

Data & Reporting

Myths Metrics and Meaning: Measurement-Based Care Skills for Everyday Practice, Center for Mental Health Implementation Support, Tuesday, Sept. 15, Noon – 1:30 pm PT

Behavioral Health Public County Profile | DHCS released the first iteration of the Behavioral Health Public County Profile, previewing California's first public-facing tool showing how counties plan, fund, and deliver behavioral health services. The profile includes data that counties are required to report under the Behavioral Health Services Act (BHSA) and supports Proposition 1's commitment to statewide transparency. The initial version of the profile brings together county demographic breakdowns, homelessness and housing-related behavioral health services, and draft Integrated Plan submission statuses into a single, easy-to-understand dashboard. Future versions will add performance measures and reporting sections, supporting ongoing oversight and continuous improvement in California's behavioral health system. The Integrated Plan is a three-year plan required by the BHSA that outlines how counties will utilize various behavioral health funding sources to meet statewide and local outcome measures, reduce disparities, and address unmet needs along the Behavioral Health Care Continuum. For the first time, Californians, policymakers, and stakeholders can compare county data and track progress toward statewide goals. Over time, more data, monitoring, and performance measures will be added to the tool. Please email any questions to BHTinfo@dhcs.ca.gov.

Making Money Move: How States And Counties Can Put Outcomes-Focused Funding Into Practice – When outcome goals are written into contracts and appropriation language, it changes what staff and providers are accountable for, even before a single incentive payment is made. Program managers begin owning the problem rather than managing compliance. They track progress, identify what isn't working and can adjust without waiting for a contract amendment to give them permission. Forbes Article

New Individual Service-Level (ISL) Encounter Reporting System Launches Statewide

DHCS rolled out a BHSA-mandated Individual Service Level (ISL) encounter reporting system to capture county-delivered behavioral health services not reimbursable through Medi-Cal, giving counties visibility into submitted records and strengthening statewide accountability and transparency.

Revised 2026 Medi-Cal Managed Care and Behavioral Health Accountability Set Measures

DHCS published updated 2026 Medi-Cal Managed Care Accountability Set (MCAS) and Behavioral Health Accountability Set (BHAS) measures, adding two new report-only measures for mental health plans and eight new report-only MCAS measures to align with federal CMS quality rating requirements.

Evidence-Based Practices

Webinar Series: Making It Work — Implementing Evidence-Based Practices in Real-World Settings – CMHIS's (Center for Mental Health Implementation Support's) East Coast Hub is hosting a two-part series on implementing and sustaining evidence-based behavioral health practices, facilitated by Dr. Nilaja Green, covering practical tools and strategies for adoption, evaluation, and long-term sustainability. Sessions are Mondays Aug. 17 and Aug. 24, 2026, 9-10 a.m. PT.

Hospitalization

New Staffing Ratios Force Psychiatric Bed Closures Statewide

California Hospital Association media advisory reports that despite hiring 1,000+ nurses to comply with new June 1 psychiatric staffing ratios, at least 4 counties (Kern, Contra Costa, Madera, San Diego) have already closed psychiatric beds, at a time California needs 1,800 more child/adolescent beds and 2,000 more adult crisis beds.

US Psychiatric Inpatient Bed Shortage and the Toll of Involuntary Holds

KFF Health News reports the U.S. now has fewer than half the inpatient psychiatric beds per capita that researchers consider optimal. A journalist's first-person account of an involuntary 72-hour psychiatric hold illustrates the toll on people waiting in ERs and clinics for care to open up.

Housing

CARE Act Working Group Meeting

August 12th Meeting, 10 a.m.–3 p.m. in Sacramento and via Zoom. Agenda includes CARE Act implementation updates, the CARE Act Annual Report, a DHCS **presentation on Medi-Cal housing/ homelessness initiatives**, and a county panel (Fresno, San Bernardino, San Diego, Tuolumne, Stanislaus).

Nowhere to Go: Addressing the Crisis in Supportive Housing for Older Californians

Former Hampton Inn Converted to Permanent Supportive Housing – CapRadio reported on how a former Hampton Inn in Roseville was converted into a permanent supportive housing community, helping a formerly homeless man achieve long-term recovery.

Sacramento County Jail Data: One-Third of Bookings Involve Individuals Experiencing Homelessness – Recent data shows that about one-third of people booked into county jails each month over the past year were homeless, and roughly 12% of unhoused people booked each month had a serious mental illness, according to the Sacramento Bee.

Street Therapy: Clinicians Meeting Unhoused Californians Where They Are

CalMatters reports that therapists are increasingly meeting unhoused Californians in the field, filling gaps left by a system focused on visible psychosis while missing the anxiety, depression, and PTSD affecting most unhoused residents. Clinicians say this therapy is crucial to successful housing transitions, but demand outpaces available street-medicine teams.

Infrastructure

Analysis: BHCIP Behavioral Health Facility Groundbreakings and Ribbon Cuttings – The Steinberg Institute compiled and analyzed publicly available groundbreakings and ribbon cuttings from the Behavioral Health Continuum Infrastructure Program (BHCIP) over the past year, examining how this multi-billion-dollar 2021 investment in behavioral health facilities has been allocated across counties and facility types.

Lanterman-Petris-Short (LPS) Data

2026 Lanterman-Petris-Short (LPS) Annual Report Published

DHCS published the 2026 LPS Annual Report on its Mental Health Licensing and Certification Branch Data webpage, summarizing the department's LPS Act data collection processes under Welfare and Institutions Code section 5402. Underlying LPS data is also available on the California Health & Human Services Open Data Portal.

LGBTQ+

California LGBTQ+ youth build safe spaces in rural San Benito County | LGBTQ+ youth are building peer-led safe spaces and advocacy networks as local leaders reassess mental health funding, gender-affirming care and support services under Proposition 1. KQED

SAMHSA Working to Restore Specialized 988 Crisis Services for LGBTQ+ Youth – SAMHSA confirmed it is working to restore specialized suicide-prevention services for LGBTQ+ youth through the 988 Suicide & Crisis Lifeline by the end of 2026, though implementation has been complicated by federal policies affecting recognition of transgender people.

Reflections on Pride Month and Fighting for a Better World (NAMI California Blog)

Article includes Trevor Project data on LGBTQ+ youth suicidality and unmet mental health care needs, and calls for recommitment to a world where everyone feels supported and safe.

Maternal Mental Health

California Ranks #1 in U.S. for Supporting Maternal Mental Health

A report by the Policy Center for Maternal Mental Health ranked California #1 in the nation for supporting maternal mental health.

Maternal Mental Health Policy FORUM Session – Discussion on how healthcare financing shapes the maternal mental health support actually available during pregnancy, in a session recorded at the Maternal Mental Health Policy FORUM. YouTube Recording

Medi-Cal

Activity Funds Medi-Cal Benefit – Activity Funds can provide eligible children and youth enrolled in Medi-Cal, diagnosed with a behavioral health condition or at high risk of a behavioral health condition, and involved in Child Welfare with up to $1,000 per year to participate in activities. Activities can include camps, soccer, dance, music lessons, activity equipment and supplies and more!

HFW Bundled Rate – DHCS released a public notice which establishes a monthly bundled rate for High Fidelity Wraparound (HFW) services provided to Medi-Cal Specialty Mental Health members. CA Department of Health Care Services (DHCS)

Local Collaborative Efforts – The PATH CPI initiative fosters regional collaboration to strengthen the implementation of ECM and Community Supports. During monthly meetings, CPI facilitators and participants discuss challenges, share best practices, identify solutions to improve service delivery, and explore strategies for long-term sustainability. Participant registration is required prior to joining a CPI group. Register to Participate in Local Collaborative Efforts. Examples of CPI successes:

- Launching local resource groups that share program tips, best practices, funding opportunities, and other administrative tools.
- Working with Medi-Cal health plans to update ECM and Community Supports provider lists to improve member access.
- Mapping referrals, workflows, and member navigation channels.
- Creating provider forums to focus on specific populations.

Conejo Health Uses PATH (Providing Access & Transforming Health) TA Marketplace to Scale Substance Use Disorder Treatment Program – After launching its Enhanced Care Management program in Ventura County, Conejo Health used PATH's free Technical Assistance Marketplace to engage a consultant, more than doubling its ECM enrollment for substance use disorder treatment and harm-reduction services while strengthening operational, clinical, and financial infrastructure.

Toolkit: Collaborative Planning and Implementation (CPI) CalAIM Best Practices Toolkit & Webinar – This toolkit provides an overview of CalAIM, offering providers clear, accessible materials to deepen their understanding of ECM and Community Supports. It explains core CalAIM concepts and outlines how these services operate within Medi-Cal. Benefit from practical resources and actionable tips related to streamlining operations and improving outcomes. Questions? Contact collaborative@ca-path.com.

To access this and other CPI Best Practices toolkits, please visit the On-Demand Resource Library or the PATH CPI webpage under “Best Practices & Resources.”

How Federal Policy Changes are Impacting a Healthy California for All, Recorded Webinar

2026 Behavioral Health Network Adequacy Certification Requirements, CA Department of Health Care Services (DHCS)

2027 Integrated Behavioral Health Member Handbook includes requirements for the integrated member handbook templates for calendar year 2027, including new language-assistance and nondiscrimination notice enclosures.

Medi-Cal Claiming for EBPs, Full Service Partnership Services, and BHSS Early Intervention Services – DHCS provided guidance on Medi-Cal claiming for Evidence-Based Practices, other Full-Service Partnership (FSP) services, and Behavioral Health Services and Supports (BHSS) Early Intervention services under BHSA requirements. Effective January 1, 2027, counties must use specified billing codes/ modifiers for these unbundled services.

See “Policy & Regulatory Updates” for additional information.

Older Adults

Nowhere to Go: Addressing the Crisis in Supportive Housing for Older Californians

H.R.9538 Residential Recovery for Seniors Act (Medicare SUD Coverage)

The National Council for Mental Wellbeing notes that Medicare currently excludes community-based residential substance use treatment, a major access gap as overdose deaths among people over 65 have risen sharply over the past 20 years. H.R.9538, the Residential Recovery for Seniors Act, was introduced in the House to create a new Medicare benefit and payment system for residential addiction treatment programs.

Parity

California Mental Health Parity Index Data Used to Defeat Reimbursement Cap Proposal

In California, data from the Mental Health Parity Index helped advocates successfully argue against a proposed policy that would have capped out-of-network mental health/substance use disorder reimbursement at 125% of Medicare rates.

Mental Health Parity Enforcement and Funding Act Introduced by Rep. Tom Kean Jr.

Rep. Tom Kean Jr. disclosed he had been receiving treatment for depression and introduced the Mental Health Parity Enforcement and Funding Act.

Insurance Denials for Eating Disorder Care

A Rolling Stone investigation documents that patients are still frequently denied insurance coverage for residential and inpatient eating disorder care, despite the serious and often deadly nature of these conditions.

Op-Ed: How Parity Can Break Down Silos Between Cancer Care and Mental Health

This opinion article discusses how a cancer diagnosis profoundly affects mental health, and how parity enforcement can help break down the silos that too often separate physical and mental health care.

Peer Support

Behavioral Health Essentials: What Are Peer Support Specialists?

The Steinberg Institute's video explains the role of Peer Support Specialists — non-clinical workers with lived experience who help people with mental illness and substance use disorders navigate recovery.

Policy & Regulatory Updates

DHCS Updates “Authorization to Share Confidential Member Information” (ASCMI) FAQ

The ASCMI FAQ provides new guidance on sharing behavioral health and other sensitive member data among providers, health plans, and county agencies. Updates address consent for sharing housing information, requirements for county behavioral health plans to adopt the ASCMI form, and sharing with non-HIPAA entities and law enforcement.

Phase II CANS Tool Policy Changes to align use of the Child and Adolescent Needs and Strengths (CANS) tool across county behavioral health plans, child welfare agencies, and juvenile probation departments, including IP-CANS use and training requirements.

New Application Types Added to DHCS Licensing and Certification Portal

On June 2, DHCS expanded its Licensing and Certification Portal so mental health providers can submit all licensing/certification application types online, including for Mental Health Rehabilitation Centers, Psychiatric Health Facilities, and other behavioral health facility types.

Licensing and Certification Portal Now Accepts DUI and Narcotic Treatment Program (NTP) Applications – As of June 24, 2026, DHCS expanded its Licensing and Certification Portal so Alcohol and Other Drug, Mental Health, DUI, and Narcotic Treatment Program applications can all be submitted directly online, streamlining licensing and helping DHCS track behavioral health treatment capacity statewide.

BHIN 26-022: Narcotic Treatment Program (NTP) Counseling Unit Threshold and Manual Review – DHCS issued BHIN 26-022 giving Drug Medi-Cal (DMC) and DMC-ODS (Organized Delivery System) counties guidance on the threshold for reasonable Narcotic Treatment Program counseling units billable per member per day, and the manual review process and claims modifier required once that threshold is met or exceeded.

BHIN 26-025: MAT Requirements for PHFs and MHRCs to Admit Individuals with Severe SUDs

This BHIN provides guidance for Psychiatric Health Facilities (PHFs) and Mental Health Rehabilitation Centers (MHRCs) seeking DHCS approval to admit individuals diagnosed solely with severe substance use disorders, as authorized by SB 1238. It outlines Medication-Assisted Treatment (MAT) policy requirements, SUD treatment protocols, staff training, and application procedures.

See “BHSA”, “Medi-Cal” or “Substance Use Disorder” for additional information.

Rural

California LGBTQ+ youth build safe spaces in rural San Benito County | LGBTQ+ youth are building peer-led safe spaces and advocacy networks as local leaders reassess mental health funding, gender-affirming care and support services under Proposition 1. KQED

CMHIS Learning Lab: Practice-Informed Conversations on Rural Mental Health – A new recorded conversation discussing the successes and challenges of delivering mental health care in rural settings, including workforce shortages, travel distances, and limited specialty resources, offering a practitioner's perspective for anyone supporting rural mental health services.

Rural Health Toolkit (Rural Health Information Hub) includes several modules:

1. Creating a Program
2. Developing a Program
3. Implementing a Program
4. Evaluating a Program
5. Planning for Funding and Sustainability
6. Dissemination

Champion Spotlight: Salvador Montanez, Mono County Behavioral Health – The Steinberg Institute profiled Salvador Montanez, its inaugural Richard Van Horn Award recipient and a 2025 Champion, who has spent his career at Mono County Behavioral Health bridging courts, schools, hospitals, and tribal communities to expand access to culturally responsive behavioral health care in rural California.

Substance Use Disorder

Alcohol Research Group Latest News (right-hand column of webpage)

Social Anxiety and Mental Health Concerns Hinder Participation in Recovery Support Groups, Alcohol Research Group Article, July, 2026

Free 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.

CA Bridge Connect: New Statewide Call/Text Hotline for Opioid Use Disorder Services

DHCS and California Bridge launched CA Bridge Connect, a new call- and text-based hotline providing immediate, same-day access to Medications for Addiction Treatment (MAT) and other substance use disorder resources statewide. Individuals and families can connect with a Behavioral Health Navigator for confidential support and real-time referrals to emergency departments, clinics, community providers, and telehealth.

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Suicide

Video: Aspire to Zero | Zero Suicide

Resources: Zero Suicide Toolkit℠ | Zero Suicide, Zero Suicide Work Plan Template – Google Sheets

AB 2003 (Berman): Pupil Health: Suicide Prevention – Governor Newsom signed AB 2003, an urgency measure directing the Commission for Behavioral Health, with state partners, to develop a free statewide online suicide prevention training for school staff, students, and parents/caregivers, and to strengthen understanding of suicide risk screening. The bill also requires local educational agencies (LEAs) that elect to conduct suicide risk screenings to annually report specified information to the CA Department of Education (CDE).

Suicide Prevention and Intervention in California's First People's Communities – Assembly Select Committee on Native American Affairs, CalMatters

Sustainment Planning

CMHIS Webinar Series: Sustaining Success — Building Infrastructure for Long-Term Service Delivery – CMHIS's Pacific West Hub is offering a two-session series on building the infrastructure needed to sustain mental health services beyond initial implementation or short-term funding. The Aug. 11 session (2-3:30 p.m. PT) covers staffing, workflows, and funding alignment for sustainment planning; the Aug. 18 coaching session (2-3 p.m. PT) helps participants assess sustainment readiness and identify operational gaps.

Workforce

How Leaders Can Improve Workplace Climate for Successful Implementation of Mental Health Practices, Center for Mental Health Implementation Support Recordings

Grief and Crisis Management: Building a Grief-Ready Workforce – Recorded webinar facilitated by Leora Wolf-Prusan, EdD, exploring how organizational responses to grief and cumulative stress affect program delivery and workforce stability.

Developing the Mental Health Workforce Through Bachelor's Programs – The Center for Mental Health Implementation Support provides a webinar recording and materials. This presentation examines Washington State's Behavioral Health Support Specialist role as a model for expanding the mental health workforce through bachelor's-level training pathways, addressing workforce shortages and limited provider pipelines.

What Mental Health Technicians (MHTs) Actually Do – Guest commentary describing the essential, often-overlooked work of Mental Health Technicians (MHTs) in psychiatric care settings. Sacramento News & Review Article

7 Resources for Boards/Commissions

Full listing at: calbhbc.org/resources

Acronyms

Annual Goals – ***New!***

Best Practices Handbook

Behavioral Health Continuum

Behavioral Health Services Act

- Community Planning Training (15 Minutes) – *Updated!*
- Funding Categories Training
- Stakeholder Requirements
- Fiscal Components (p. 20)

Brown Act Guide

Bylaws (Sample)

Conduct (Conducta – Spanish)

Cultural Relevance

Documents: Retaining & Sharing – ***New!***

Membership Guide (Sample)

News/Issues

Performance Outcome Data – ***Updated!***

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
- Recruitment
- Site Visits

And More!

Training: Materials/Recordings

1. Basic Training: How to be an Effective BH Board/Commission (90 minutes), with Spanish Translation – ***New!***
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