Advocates' Guide to the BH-CONNECT Initative: Quality and Access Initiatives

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In late 2024, California received approval from the Centers for Medicare and Medicaid Services (CMS) to implement a new initiative aimed at improving access to community-based services for Medi-Cal beneficiaries with significant behavioral health needs.[1] The Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) demonstration, which will be effective from January 2025 to December 2029, seeks to complement the California Advancing and Innovating Medi-Cal (CalAIM) demonstration, a larger initiative focused on improving access, quality, and coordination of mental health and substance use disorder (SUD) services in the Medi-Cal system that has been in place since 2022. Together, these demonstrations are designed to help low-income individuals navigate an increasingly complex behavioral health system and are one of California's most important tools in its fights against the mental health and substance misuse crises.

The BH-CONNECT demonstration includes a number of initiatives with distinct goals. These initiatives have been authorized through a Section 1115 Medicaid waiver and through state plan amendments (SPA) that allow the state government to use federal funding to test innovative programs to address ongoing issues with access to health care. This issue brief summarizes the initiatives implemented under BH-CONNECT aimed at improving access to behavioral health services for children and youth, as well as initiatives that seek to improve the quality and availability of mental health and SUD services throughout California.
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* This issue brief is the second of a two-part series on BH-CONNECT. The first issue brief focuses on new services available under BH-CONNECT. For more information, see Héctor Hernández-Delgado & Carly Myers, *Advocate's Guide to the BH-CONNECT Initiative: Services*, Nat'l Health Law Prog (Feb. 5, 2026), https://healthlaw.org/resource/advocates-guide-to-the-bh-connect-initiative-services/.

Children and Youth Initiatives

The BH-CONNECT demonstration includes several initiatives to improve the health and wellbeing of children and youth with behavioral health needs.[2] These include Evidence-Based Practices, Activity Funds, and Child Welfare Liaisons.

Children and Youth Evidence-Based Practices

Under BH-CONNECT, DHCS will clarify existing Medi-Cal coverage requirements for Evidence-Based Practices (EBPs) for children and youth pursuant to the Early Periodic Screening Diagnostic and Treatment (EPSDT) mandate of the Medicaid Act.[3] Children and Youth EBPs include:

- Multi-Systemic Therapy (MST): Family- and community-based treatment that uses therapy sessions to address emerging high-risk behaviors that could lead to behavioral health disorders or juvenile justice or child welfare involvement. The focus of MST is on teaching caregivers skills to independently support the child or youth and cope with other family, peer, or neighborhood problems.[4]

- Functional Family Therapy (FFT): Multi-systemic intervention for at-risk youth who experience challenges with externalizing behaviors—such as physical aggression, oppositional behavior, or substance use—that require the engagement of the youth or family members' support system. FFT focuses on reducing these youth behaviors, improving parenting behaviors, and involving all key home caregivers in the process.[5]

- Parent-Child Interaction Therapy (PCIT): A specialized behavior management intervention for children and their caregivers, where the therapist provides caregivers in-the-moment coaching via a wireless headset while they engage in therapeutic play with their child, helping caregivers apply the most effective strategies with their child. PCIT is focused on improving the caregiver-child relationship through structured interactions.[6]

- High Fidelity Wraparound (HFW): A comprehensive, team-based, and family-centered model of care for youth with significant behavioral health needs and particularly systems-involved youth. HFW provides intensive services in the family's home and community, as an alternative to out-of-home placement.[7]

All counties are currently required to provide medically necessary MST, FFT, PCIT, and HFW to children and youth under age 21 pursuant to the EPSDT mandate.[8] Through BH-CONNECT,

DHCS will release guidance that updates and clarifies coverage of these EBPs—which are considered Specialty Mental Health Services (SMHS)—to align with national practice standards.[9] Further, DHCS will provides guidance about payment models for these services, some of which will have a monthly bundled rate (MST) and others which will not have bundled rates (FFT and PCIT).[10] Additional guidance on HFW is also forthcoming and currently expected in second quarter of 2026.

Activity Funds

BH-CONNECT also created the Activity Funds initiative for children and youth involved in child welfare.[11] Launching in Spring 2026, Activity Funds will provide up to $1,000 per year for activities and items that support the health and wellbeing of children and youth involved in child welfare who have behavioral health needs.[12] Activity Funds will be administered through county behavioral health plans (BHPs), with implementation support from a third-party administrator.[13]

Medi-Cal members will be eligible for Activity Funds if they meet **two criteria**:

1. The member is or has recently been involved in child welfare, meaning they:
    - Are under age 21 and currently involved in the child welfare system in California;
    - Are under age 21 and previously received care through the child welfare system in California or another state within the past 12 months, as measured from the last day of the last month during which child welfare was involved;
    - Have aged out of the child welfare system up to age 26 (having been in foster care on their 18th birthday or later) in California or another state (referred to as "former foster youth");
    - Are under age 18 and eligible for and/or are in California's Adoption Assistance Program; or
    - Are under age 18 and currently receiving or have received services from California's Family Maintenance program within the past 12 months, as measured from the last day of the last month in which these services were received.[14]

AND

2. The member has behavioral health needs, meaning they:
    - Have a diagnosed behavioral health condition as identified via the standardized SMHS assessment process; or

- Are determined to need the service by a qualified Activity Funds provider and at high risk for a behavioral health condition still being assessed per the standardized SMHS assessment process.[15]

Eligible members may use their Activity Fund allowance on services and items that enhance their physical or behavioral health, with the intent of helping them "find a form of expression beyond words or traditional therapies in an effort to reduce anxiety, aggression, and other clinical issues."[16] Specifically, Activity Funds may be used on:

1. Physical wellness activities and goods that promote a healthy lifestyle (e.g., sports club fees; gym memberships; bicycles; scooters; roller skates and related safety equipment; and/or
2. Strengths-developing activities (e.g., music lessons, art lessons, therapeutic summer camps).[17]

Services or items must directly align with the child or youth's clinical needs, as documented in their clinical record by an Activity Funds provider, and either promote inclusion in their community, increase their safety in their home environment, or facilitate their participation or autonomy to make decisions about their health outcomes.[18] Activity Funds may not be used on items solely for recreational or entertainment purposes; tobacco or alcoholic products; illegal activities; or items of the same type for the same member (unless there is a documented change in the member's needs that warrants a replacement).[19]

DHCS will maintain a non-exhaustive list of allowable activity and items types, which will be released in forthcoming guidance.[20] The process for allocation and disbursement of Activity Funds, which will be handled by a third-party administrator—Public Partnerships LLC (PPL)—will also be detailed in future guidance.[21] PPL will maintain an online portal that members, caregivers, and Activity Funds providers will be able to access to manage the disbursement of Activity Funds.[22]

Child Welfare Liaison

Finally, DHCS established a managed care benefit that is designed to help support the goals and implementation of BH-CONNECT: the Child Welfare Liaison.[23] Beginning January 1, 2024, all Medi-Cal managed care plans (MCPs) are required to have at least one Child Welfare Liaison—formerly known as the Foster Care Liaison—on staff to ensure that the health care needs of children and youth involved in child welfare are met.[24] The population that they are required to serve is the same as the Enhanced Care Management (ECM) Population of Focus

(POF), which notably includes current foster children and youth, nonminor dependents, those involved in family maintenance or AAP, and former foster youth up to age 26.[25]

Child Welfare Liaisons coordinate between the MCP and the child welfare agencies in the counties in which they operate. Their roles and responsibilities include, but are not limited to:

- Overseeing the MCP's staff and policies to ensure that the care coordination needs of members involved in child welfare are being met;
- Providing technical assistance, resources, and education to ECM providers, MCP staff, county child welfare staff, providers, and others;
- Serving as a point of escalation when foster children or youth face difficulty or delays in accessing services;
- Providing support during MCP enrollment, disenrollment, and plan changes; and
- Coordinating with other MCPs' Child Welfare Liaisons, including when a child or youth moves to a different county or MCP.[26]

To obtain a list of current MCP Child Welfare Liaisons, email the California Department of Social Services at cwsheallth@dss.ca.gov.[27]

Access, Reform, and Outcomes Inventive Program

The BH-CONNECT demonstration includes a $1.9 billion incentive program for Behavioral Health Plans (BHPs), including mental health plans and Drug Medi-Cal Organized Delivery System (DMC-ODS) plans.[28] This incentive program is intended to improve access and quality for Medi-Cal members with significant behavioral health needs.[29] This incentive program builds on the CalAIM Behavioral Health Quality Improvement Program (BHQIP) to improve BHPs quality monitoring infrastructure.[30] This program was implemented on January 1, 2025 and is approved until December 31, 2029.[31]

This incentive program rewards BHPs for improving performance on three key focus areas:[32]

- Improving access to behavioral health services, including timely access to services, and increased utilization of community-based services and EBPs.
- Improved outcomes and quality of life for Medi-Cal members living with significant behavioral health needs, including SUDs.
- Targeted behavioral health delivery system reforms. This includes showing reductions in county-specific quality improvements gaps, improving data sharing, and improving crisis services capacity.

The focus areas are identified based on a review of the current gaps in California's behavioral health system and barriers faced by Medi-Cal members.[33] Each area of focus has associated

goals such as improving penetration and retention rates in behavioral health services, improving timely access to specialty behavioral health services, and improving utilization of key EBPs, among others.[34] The incentive program seeks to support BHPs in establishing coverage of and implementing EBPs with fidelity. In addition, this program is intended to improve integration and care coordination across the behavioral health and managed care delivery systems.[35]

The incentive program is separate from funding provided by other state or local behavioral health funding sources and should not be used to reduce payment amounts otherwise payable to and by BHPs for Medi-Cal activities.[36]

To participate in this incentive program a BHP must have completed the Targeted Managed Behavioral Healthcare Organizations (MBHO) Self-Directed Assessment with the National Committee for Quality Assurance (NCQA).[37] This assessment evaluates BHPs' performance on managed care, quality improvement, and care coordination. BHPs are also required to submit a letter to DHCS stating its request to participate in the program.[38] DHCS will then approve based on their assessment of the BHP's need for funding to improve performance on access, outcomes, and delivery system reform areas of focus.[39] Once accepted into the incentive program, BHPs must maintain compliance with all program requirements.[40] Funding is also county specific and is allocated based on total Medi-Cal member enrollment, BHPs' scores on the Healthy Places Index, CDC Social Vulnerability Index, among others.[41]

A BHP seeking incentive payments based on the utilization of and outcomes for EBPs must meet the above requirements and must also cover and implement one or more of the following services:[42]

- Assertive Community Treatment (ACT)
- Forensic Assertive Community Treatment (FACT)
- Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)
- Supported Employment
- Clubhouse Services
- Enhanced Community Health Worker Services
- Peer Support Services, including forensic specialization

BHPs may earn additional incentive funding in the high-performance pool. BHPs are eligible for this high-performance pool by meeting standards above and beyond the expectations in the base incentive program.[43] Funds for the high-performance pool are from unearned incentive dollars from previous demonstration years.[44]

Participating BHPs must submit reports and data to DHCS annually to evaluate if the BHP is meeting its performance and reporting requirements. DHCS is responsible for distributing incentive payments based on their review and assessment of the BHPs' performance data. DHCS will also submit summaries of the BHPs' performance annually to CMS. These summaries include an assessment of the BHPs' progress on each of the above-mentioned focus areas.[45] The state must demonstrate sufficient progress in the focus areas or risk funding.[46]

BH-CONNECT Workforce Initiatives

The BH-CONNECT demonstration includes a $1.9 billion Workforce Initiatives to invest in the behavioral health workforce that supports Medi-Cal members and uninsured populations with behavioral health needs. The overall aim of this initiative is to address behavioral health provider shortages. This initiative includes five programs to support the training, recruitment, and retention of behavioral health practitioners who provide services across the continuum of care:[47]

- Medi-Cal Behavioral Health Student Loan Repayment Program
- Medi-Cal Behavioral Health Scholarship Program
- Medi-Cal Behavioral Health Recruitment and Retention Program
- Medi-Cal Behavioral Health Community-Based Provider Training Program
- Medi-Cal Behavioral Health Residency Training Program

Participants in any of these workforce initiatives must fulfill full-time service commitments in safety net settings. These safety net settings include Federally Qualified Health Centers (FQHCs), Community Mental Health Centers (CMHCs), Rural Health Clinics (RHCs), or hospitals or behavioral health settings with forty percent or higher Medicaid and/or uninsured populations or rural hospitals with thirty percent or higher Medicaid and/or uninsured populations.[48] Participants must pass required professional state licensing or certification examinations and obtain licensure or certification no later than one year of completing a degree or certificate program and meeting clinical hour requirements.[49] A participant in one of the workforce initiatives cannot participate in another workforce initiative except the Behavioral Health Residency Training Program and the Behavioral Health Student Loan Repayment Program.[50]

Medi-Cal Behavioral Health Student Loan Repayment Program

This program supports the following participants who have completed their education with loan repayment.

- Licensed practitioners with prescribing privileges and those in training to be licensed practitioners with prescribing privileges can receive up to $240,000 in loan repayment. These practitioners include Psychiatrists, Addiction Medicine Physicians, Psychiatric Mental Health Nurse Practitioners, among others.
- Non-prescribing licensed practitioners, or associate level pre-licensure practitioners may receive up to $180,000 in loan repayment. Participants in this program must commit to practicing full-time in a safety net setting for four years.[51]
- Alcohol or Other Drug Counselors, Community Health Workers, Peer Support Specialists, Wellness Coaches, and other non-prescribing practitioners who meet the qualifications for Community Health Worker services, Rehabilitative Mental Health Services, Substance Use Disorder Treatment Services, and Expanded Substance Use Disorder Treatment Services in the California Medicaid State Plan can receive up to $120,000 in loan repayment. These participants are eligible for a tiered system of time commitment based on the amount of loan repayment. Practitioners seeking less than $10,000 in loan repayment must commit to practicing full-time for two years in a safety net setting. Those seeking between $10,000 and under $20,000 must commit to practicing full-time for three years in a safety net setting. Those who are seeking loan repayments of $20,00 and greater must commit to practicing full-time for four years in a safety net setting.[52]

Medi-Cal Behavioral Health Scholarship Program

This program supports participants through scholarships as they receive their education. Participants must be pursuing behavioral health degrees or certifications and are eligible for scholarship amounts based on the type of practitioner. Participants in this program must submit the Free Application for Federal Student Aid (FAFSA) and application for Cal Grant.[53]

- Licensed practitioners with prescribing privileges and those in training to be licensed practitioners with prescribing privileges can receive scholarship funds up to $240,000. Participants in this program must commit to practicing full-time in a safety net setting for four years.[54]
- Non-prescribing licensed practitioners, or associate level pre-licensure practitioners may receive scholarship funds up to $180,000. Participants in this program must commit to practicing full-time in a safety net setting for four years.[55]
- Alcohol or Other Drug Counselors, Community Health Workers, Peer Support Specialists, Wellness Coaches, and other non-prescribing practitioners who meet the qualifications for Community Health Worker services, Rehabilitative Mental Health Services, Substance Use Disorder Treatment Services, and Expanded Substance Use Disorder Treatment Services in the California Medicaid State Plan can receive scholarship funds up to

$120,000. These participants are eligible for a tiered system of time commitment based on the scholarship amount. Practitioners seeking less than $10,000 must commit to practicing full-time for two years in a safety net setting. Those seeking between $10,000 and under $20,000 must commit to practicing full-time for three years in a safety net setting. Those who are seeking scholarships of $20,00 and greater must commit to practicing full-time for four years in a safety net setting.[56]

Medi-Cal Behavioral Health Recruitment and Retention Program

This program provides recruitment and retention bonuses, supervision support for pre-licensure and pre-certification practitioners, and certification, licensure, and training support. This is intended to recruit and retain behavioral health practitioners to serve the Medi-Cal population.[57] Some funding in this program is intended for the behavioral health practitioner and other payments may go to the provider organization. A participant in this program who received a recruitment bonus must complete their recruitment bonus service commitment before they are eligible for a retention bonus.[58]

Provider organizations must make these payments to licensed and non-licensed practitioners:[59]

- Up to $20,000 per practitioner for recruitment bonuses. Practitioners must commit to practicing full-time in a safety net organization for four years to receive the full $20,000 bonus.
- Up to $4,000 per practitioner for retention bonuses.
- Up to $50,000 per individual for recruitment bonuses for those pursuing behavioral health related degrees (associate's degrees, bachelor's degrees, master's degrees, or doctorate programs). These individuals must be completing their required training before their final year of education. For recruitment bonuses of $20,000 and greater, participants must commit to practicing full-time in a safety net setting for four years.
- Up to $1,500 per practitioner for achieving or maintaining licensure or certification to provider organizations in a safety net setting. This is intended to reduce the cost burden of study materials, examination costs, and licensing or certification fees.

The following funds support provider organizations:[60]

- Up to $35,000 per demonstration year to provider organizations that are safety net settings to support the supervision hours of pre-licensure or pre-certificate practitioners completing their training hours.
- Backfill for licensed or certified practitioners who attend training to provider key EBPs. Specific EBPs are Assertive Community Treatment (ACT), Forensic ACT, Coordinated Specialty Care for First Episode Psychosis (CSC for FEP), the Individual Placement and

Support model of Supported Employment, Clubhouse Services, Multisystemic Therapy, Functional Family Therapy, Parent-Child Interaction Therapy, High Fidelity Wraparound, Community Health Worker Services, and Peer Support Services.

- While practitioners are in training, the provider organization may receive funds for temporary or covering workers based on the type of provider. These are per day funds and may not exceed five days.
- Provider organizations may receive $750 per day for practitioners with prescribing privileges, $500 per day for non-prescribing licensed practitioners, and $250 per day for non-prescribing behavioral health practitioners such as Peer Support Specialists and Community Health Workers.

Medi-Cal Behavioral Health Community-Based Provider Training Program

This program is designed to build address shortages of Alcohol and Other Drug Counselors, Community Health Workers, and Peer Support Specialists. This program provides funding for training and education for community-based workforce. Participants in this program must commit to full-time service in a safety net setting for three years. Training programs may receive up to $10,000 per practitioner participating in their program for the following:[61]

- Tuition and required program fees for course curriculums necessary to achieve the professional titles of Alcohol or Other Drug Counselor, Community Health Worker or Peer Support Specialist
- Textbooks and supplies required be the educational program curriculum
- Professional exam fees and certification or licensure costs.

Medi-Cal Behavioral Health Residency Training Program

This program supports safety net settings to establish new or expanded residency and fellowship slots during the demonstration period. The state will provide up to $250,000 per residency and fellowship slots to these safety net organizations. This amount may be adjusted for inflation. To receive this funding, organizations must demonstrate significant training experience and infrastructure. The organizations must align programs with established standards for residency and fellowship training and be certified or accredited by the state or organizations recognized by the state. This funding is limited to additional slots to accredited or certified professional programs of Psychiatric Residency, Child Psychiatric Fellowship, and Addiction Psychiatry or Addiction Medicine Fellowship.[62] Organization participating in this program must include a sustainability plan after the demonstration years. They must also be approved by the American College of Graduate Medical Education for any new or expanded residencies or fellowships.[63]

The practitioners filling these residency and fellowship slots should be enrolled in the Behavioral Health Student Loan Repayment Program. The practitioners must also fulfill the service commitments associated with the loan repayment program following the completion of their residency or fellowship program.[64]

Conclusion

BH-CONNECT has introduced various initiatives that expand the number of services and settings available for Medi-Cal beneficiaries with significant mental health conditions and SUD. At the same time, the program introduced several innovative initiatives that aim to ensure that behavioral health services are readily and timely accessible for Medi-Cal beneficiaries and that the services being rendered are of high quality. Health advocates and stakeholders throughout California should understand these initiatives and the impact they could potentially have on the populations they serve. The National Health Law Program is available for technical assistance related to BH-CONNECT services and initiatives being implemented at the county level.

ENDNOTES

[1] CMS, Approval Letter for California's Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Section 1115 Demonstration (Dec. 16, 2024), https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-bh-connect-ca-12162024.pdf.

[2] *See* CMS, Special Terms and Conditions for California's Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Section 1115 Demonstration (Jan. 10, 2025), https://www.medicaid.gov/medicaid/section-1115-demonstrations/downloads/ca-bh-connect-01102025.pdf [hereinafter BH-CONNECT STCs].

[3] *See* 42 U.S.C. § 1396d(r); *see also* Cal. Welf. & Inst. Code § 14132(v); Cal. Dep't Health Care Servs., All Plan Letter 14-017 (Dec. 12, 2014), http://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2014/APL14-017.pdf; Cal. Dep't Health Care Servs., Mental Health and Substance Use Disorder Services Information Notice No. 16-061 (Dec. 9, 2016), https://www.dhcs.ca.gov/formsandpubs/Documents/MHSUDS%20Information%20Notices/MHSUDS_16-061.pdf.

[4] *See* BH-CONNECT STCs, *supra* note 2, at 117 (establishing MST as a covered EBP for children and youth under BH-CONNECT); Cal. Dep't Health Care Servs., Children and Youth Evidence-Based Practices, https://www.dhcs.ca.gov/CalAIM/Pages/Children-and-Youth-Evidence-Based-Practices.aspx (last visited Mar. 25, 2026) (broadly describing the MST benefit) [hereinafter DHCS Children and Youth EBPs Webpage].

[5] *See* BH-CONNECT STCs, *supra* note 2, at 117 (establishing FFT as a covered EBP for children and youth under BH-CONNECT); DHCS Children and Youth EBPs Webpage, *supra* note 4 (broadly describing the FFT benefit).

[6] *See* BH-CONNECT STCs, *supra* note 2, at 117 (establishing PCIT as a covered EBP for children and youth under BH-CONNECT); DHCS Children and Youth EBPs Webpage, *supra* note 4 (broadly describing the PCIT benefit).

[7] *See* BH-CONNECT STCs, *supra* note 2, at 117 (establishing HFW as a covered EBP for children and youth under BH-CONNECT); DHCS Children and Youth EBPs Webpage, *supra* note 4 (broadly describing the HFW benefit).

[8] *See id.* (EPSDT requirements); Cal. Dep't Health Care Servs., BH-CONNECT Frequently Asked Questions, https://www.dhcs.ca.gov/CalAIM/Pages/BH-CONNECT-FAQs.aspx (last visited Mar. 25, 2026) ("Are BH-CONNECT EHPs for children and youth required or optional?") [hereinafter DHCS BH-CONNECT FAQs].

[9] DHCS BH-CONNECT FAQs, *supra* note 8 ("Are BH-CONNECT EHPs for children and youth required or optional?").

[10] DHCS BH-CONNECT FAQs, *supra* note 8 ("Are there bundled rates for EBPs for children and youth?").

[11] BH-CONNECT STCs, *supra* note 2, at 30–32.
[12] Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 25-037 (Nov. 21, 2025), https://www.dhcs.ca.gov/Documents/Final-Activity-Funds-BHIN-25-037.pdf [hereinafter BHIN 25-037]; *see also* Cal. Dep't Health Care Servs., Activity Funds, https://www.dhcs.ca.gov/CalAIM/Pages/Activity-Funds.aspx (last visited Mar. 25, 2026) (Activity Funds Implementation Updates) [hereinafter DHCS Activity Funds Webpage].
[13] BHIN 25-037, *supra* note 12, at 3; DHCS Activity Funds Webpage, *supra* note 12.
[14] BHIN 25-037, *supra* note 12, at 3–4.
[15] *Id.* at 4.
[16] BH-CONNECT STCs, *supra* note 12, at 31.
[17] *Id.* at 31; BHIN 25-037, *supra* note 12, at 4.
[18] BH-CONNECT STCs, *supra* note 12, at 31; BHIN 25-037, *supra* note 12, at 4.
[19] BH-CONNECT STCs, *supra* note 12, at 31; BHIN 25-037, *supra* note 12, at 4–5.
[20] BHIN 25-037, *supra* note 12, at 5.
[21] DHCS Activity Funds Webpage, *supra* note 12.
[22] *Id.*
[23] Cal. Dep't Health Care Servs., All Plan Letter 24-013 (Sept. 18, 2024), https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL%202024/APL24-013.pdf [hereinafter APL 24-013].
[24] *Id.* at 3.
[25] *Id.*; *see* DHCS, CalAIM Enhanced Care Management Policy Guide at 49 (August 2024), https://www.dhcs.ca.gov/CalAIM/ECM/Documents/ECM-Policy-Guide.pdf#page=49 (detailing the ECM Child Welfare POF).
[26] APL 24-013, *supra* note 23, at 4–6.
[27] Cal. Dep't Soc. Servs., County Child Welfare Points of Contact, https://cdss.ca.gov/inforesources/county-child-welfare-points-of-contact (last visited Mar. 25, 2026).
[28] *See* BH-CONNECT STCs, *supra* note 2.
[29] *See id.* at 13
[30] Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 25-006 (May 10, 2025), https://www.dhcs.ca.gov/Documents/BHIN-25-006-BH-CONNECT-Access-Reform-and-Outcomes-Incentive-Program.pdf [hereinafter BHIN 25-006].
[31] *See* BH-CONNECT STCs, *supra* note 2, at 114.
[32] *See id.* at 7.
[33] *See id.* at 116.
[34] *See id.* at 117.
[35] *See id.* at 116.
[36] *See id.* at 14.

[37] Cal. Dep't Health Care Servs., Behavioral Health Information Notice No. 24-019 (May 20, 2024), https://www.dhcs.ca.gov/Documents/BHIN-24-019-Targeted-MBHO-Self-Direct-Assess-NCQA-County-BH-CONNECT-Statewide-EBP.pdf.
[38] *See* BHIN 25-006, *supra* note 30.
[39] *See* BH-CONNECT STCs, *supra* note 2, at 138
[40] *See* BHIN 25-006, *supra* note 30.
[41] *See* BH-CONNECT STCs, *supra* note 2, at 142.
[42] *Id.* at 138.
[43] *Id.* at 143.
[44] *See* BHIN 25-006, *supra* note 30.
[45] *See* BH-CONNECT STCs, *supra* note 2, at 16.
[46] *Id.* at 145.
[47] *Id.* at 21
[48] *Id.* at 21.
[49] *Id.* at 22.
[50] *Id.* at 23.
[51] *Id.* at 24.
[52] *Id.*
[53] *Id.* at 25.
[54] *Id.* at 24.
[55] *Id.*
[56] *Id.* at 25.
[57] *Id.*
[58] *Id.* at 25-27.
[59] *Id.* at 25.
[60] *Id.* at 26-26.
[61] *Id.* at 27.
[62] *Id.* at 27-28.
[63] *Id.* at 28.
[64] *Id.*