



STANISLAUS COUNTY BEHAVIORAL HEALTH & RECOVERY SERVICES: QUALITY SERVICES

QS INFORMATION NOTICE

MAY 2026

PURPOSE: To keep Stanislaus County staff, contractors, and the community informed about updates to local, state, and federal programs, policies, and procedures, QS Information Notices will be distributed monthly and posted on the Stanislaus County website.



GENERAL UPDATES

Announcement of Resignation: Brittney Dobson-Ellis, Assistant Director

On behalf of Behavioral Health Director, Ruben Imperial, an announcement was shared on April 24th, 2026, on the resignation of Brittney Dobson Ellis, AMFT effective April 30th, 2026. Next steps regarding recruitment for the Assistant Director position will be shared soon, along with information on reassignment of roles and responsibilities to ensure continuity of operations. For further details, please see email from Ruben Imperial sent on April 24th, 2026.

BHRS Authorization to Share Confidential Member Information (ASCMI): Effective Immediately

Stanislaus County BHRS has implemented the new Authorization to Share Confidential Member Information (ASCMI) form, effective April 1st, 2026, replacing the Coordinated Care Consent (CCC) to better support coordinated, person-centered care. The ASCMI streamlines information sharing across health and social service systems by addressing long-standing privacy, technology, and communication barriers, and aligns with statewide CalAIM and AB 133 requirements. All staff involved in intake, documentation, and/or care coordination must begin transitioning to the ASCMI, with designated pilot programs using it for all new intakes and renewals starting now, while existing CCC forms remain valid until expiration or replacement. Staff must document consent in SmartCare, follow HIPAA and 42 CFR Part 2 requirements, and ensure only necessary information is shared. Countywide trainings will occur April through July 2026. For further details, please see email from Sara Jacobo sent on April 20, 2026.

BEHAVIORAL HEALTH SERVICES ACT (BHSA) UPDATES

BHSA Integrated Plan Updates: Two Meetings Held, More to Come

BHRS has held two meetings to date on the Stanislaus County Behavioral Health Services Act (BHSA) Integrated Plan, offering staff an overview of key priorities, strategic direction, and how the upcoming fiscal year budget supports these efforts. These sessions also shared a broader three-year vision, highlighting how this work will guide the future of the department and enhance services for the community. The plan is scheduled for submission in June 2026. Public comment will take place on April 28, 2026, with the comment period closing on May 28, 2026. Comments may be submitted by email, in person, or by phone. Details for the third meeting will be shared soon. For further information related to BHSA, please contact the BHSA Planning Team at BHSA@stanbhers.org.



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BEHAVIORAL HEALTH INFORMATION NOTICE (BHIN) UPDATES

BHIN 26-005-Reimbursement guidance for covered Medi-Cal services provided to a Medi-Cal member receiving involuntary treatment under the Lanterman-Petris-Short (LPS) Act for a severe Substance Use Disorder (SUD) only.

Effective January 1, 2025, SB 1238 expanded the facility types authorized to provide involuntary evaluation and treatment under the Lanterman-Petris-Short Act (LPS Act). This expansion also includes serving individuals diagnosed solely with a severe substance use disorder (SUD). SB 1238 permits Psychiatric Health Facilities (PHFs) and Mental Health Rehabilitation Centers (MHRCs) to be licensed by DHCS to admit individuals diagnosed with a severe SUD for involuntary treatment, if specified requirements are met. BHIN 26-005 implements these provisions by clarifying that Behavioral Health Plans (BHPs) may seek Medi-Cal reimbursement through Specialty Mental Health Services (SMHS) for covered inpatient and rehabilitative mental health services provided during evaluation and treatment, intensive treatment, and conservatorship, provided members meet SMHS access criteria and medical necessity requirements. For full information, please refer to BHIN 26-005.

BHIN 26-006 - Admission Agreements and “Return to Use” Plans for Substance Use Disorder (SUD) Recovery or Treatment Facilities

Beginning January 1, 2026, AB 1037 strengthens access and continuity of care for individuals receiving substance use disorder (SUD) treatment. Key changes include:

- No denial of admission based solely on intoxication or recent substance use.
- No abstinence requirement for admission, treatment consideration, or continued care.
- Facilities must develop “return to use” policies that prioritize keeping individuals connected to treatment, rather than automatically discharging them for relapse.
- DHCS must offer a combined application process for SUD licensure and Incidental Medical Services (IMS).

Updates align SUD treatment with a chronic disease and harm-reduction framework, reduce barriers to care for Medi-Cal members, and require facilities to revise admission agreements and relapse policies to remain compliant. For full information, please refer to BHIN 26-006.

BHIN 26-007 - Reporting Requirements for Substance Use Disorder (SUD) Facilities

This notice informs SUD recovery and treatment facilities of updated reporting requirements under Assembly Bill 1356 (“John’s Law”) regarding resident deaths. The Department of Health Care Services (DHCS), currently requires a telephonic report within one working day and a written report within seven days, including all known details and actions taken. AB 1356 adds that facilities must also submit any additional relevant information discovered within 30 days of a resident’s death, or DHCS will issue a notice of deficiency. DHCS will also issue deficiencies when investigations identify regulatory violations, requiring corrective action plans from facilities. For further information, please refer to BHIN 26-007.



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BHIN 26-013 - Real Time Data Sharing Requirements for Behavioral Health Plans

BHIN 26-013 updates the data-sharing requirements for Behavioral Health Plans (BHPs). It standardizes how behavioral health data must be exchanged with Managed Care Plans (MCPs), contracted providers, community-based organizations (CBOs), and other Medi-Cal partners to support care coordination, referrals (including closed-loop referrals), service delivery, continuity of care, and required state/federal reporting. The BHIN requires adoption of specific DxF Policies & Procedures (P&Ps) to ensure consistent data elements, formats, and technical standards across the Medi-Cal system. It also mandates the use of the statewide **ASCFI consent form** when consent is required under federal or state law. DHCS also hosted an All-Comer Webinar on April 2, 2026, providing an overview of these requirements and outlining county responsibilities for secure, real-time sharing of admission, discharge, and event notifications, use of the ASCFI form, and data reporting expectations. For further information, please refer to BHIN 26-013.

BHIN 26-015 - 2026 Behavioral Health Network Adequacy Certification Requirements

The Department of Health Care Services (DHCS) has released updated 2026 certification requirements for Behavioral Health Plans to ensure they meet federal and state network adequacy standards. These rules, rooted in the federal Managed Care Rule, require counties to demonstrate sufficient provider capacity, timely access to care, geographic coverage, language access, and accurate network data through regular submissions such as provider files, timely access reports, grievance data, and continuity-of-care reports. Counties must also report significant network changes, participate in state reviews, and submit corrective action plans when deficiencies are identified. Key deadlines include June 10, 2026, for annual attestations and August 3, 2026, for language access contract submissions, with additional timelines tied to reporting periods and DHCS review processes. DHCS may impose sanctions or payment withholds if plans fail to comply, and counties must ensure members receive out-of-network services when necessary to maintain access. For further information, please refer to BHIN 26-015.

BHIN 26-016 - Removal of Mental Health Services Act (MHSA) County Data Collection Reporting (DCR) Requirement

Effective July 1, 2026, as part of the implementation of the Behavioral Health Services Act (BHSA), counties will no longer have a requirement to report Mental Health Services Act (MHSA) Full Service Partnership (FSP) partner assessment outcomes through the Data Collection Reporting (DCR) system. Counties must continue submitting MHSA FSP partner assessment data collected through June 30, 2026, with a final submission deadline of October 1, 2026. After that date, the DCR system will be decommissioned. This change is intended to reduce county reporting burden as FSP program requirements are updated and standardized. DHCS will transition oversight to alternative data sources, including Individual Service Level (ISL) encounter data. Counties may optionally begin submitting ISL encounters for services delivered July–December 2026, and beginning January 1, 2027, all counties and cities must submit ISL encounters for all in scope services (including FSP) within 90 days of date of service, with additional ISL guidance forthcoming in Spring 2026. For further information, please refer to BHIN 26-016.



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QUALITY SERVICES (QS) & RISK MANAGEMENT (RM) UPDATES

New Guidance on Claiming and Tracking for Quality Improvement Activities (QS, UM, and Compliance Activities)

A new Standard Operating Procedure has been implemented for the department can claim for quality improvement activities. Time spent on QS, UM, and Compliance activities can be claimed for enhanced funding reimbursement. All BHRS staff, including managers, must code time spent on quality improvement activities on their timecards (PeopleSoft or paper, as applicable) and ensure they also sign the sign-in sheet for these activities. This process does not apply to contracted providers. Detailed instructions for claiming these activities are available on the BHRS Quality Services intranet and extranet. Detailed instructions for claiming these activities are available on the BHRS Quality Services intranet and extranet page. While Quality Services collaborated with the Compliance and UM teams to establish these codes, staff with questions should contact the appropriate department based on the type of work performed:

Compliance

209-525-5373

BHRSCompliance@stanbhrs.org

UM

209-525-5373

UM@stanbhrs.org

QS

209-525-6043

qsemail@stanbhrs.org

Upcoming Training: Risk Management (Problem Resolution Process & Change of Provider Request)

BHRS Quality Services & Risk Management (QS/RM) is pleased to announce an upcoming core competency Risk Management training on the Problem Resolution Process and Change of Provider Requests, taking place on **Friday, May 8, 2026**, led by Nasrin Safi, LMFT. This training will cover agency policies and procedures, key processes and timelines, member rights, and staff responsibilities, along with guidance on accurately completing required forms. Registration closes on May 1, 2026. Please refer to the BHRS Training email sent on April 10, 2026 for the registration link.

Upcoming Training: Symplr Incident Reporting

BHRS QS/RM is pleased to announce the upcoming core competency training on symplr Incident Reporting, scheduled for **Thursday, May 7, 2026**, led by Nasrin Safi, LMFT. This is a required training for all supervisory-level staff. Participants will learn about relevant policies and procedures, what qualifies as an incident and why reporting is essential, as well as how and when to report, including key roles and timelines. The session will also cover how to access and use the appropriate reporting systems and forms, how to complete clear, accurate, and objective incident reports, and how to maintain confidentiality and compliance while avoiding common errors. Please refer to the BHRS Training email sent on April 10, 2026 for the registration link.

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Medi-Cal Informing Materials

Our featured Medi-Cal informing materials for May are the Problem Resolution Process posters, available in both English and Spanish. These posters outline the required problem-resolution processes for Medi-Cal members and must be displayed in the lobbies of all Medi-Cal-serving Mental Health and SUD facilities. For more information, scan the QR code.



English Version



Spanish Version

COMPLIANCE, PRIVACY, & ETHICS UPDATES

Mental Health Awareness Week

Mental Health Awareness Week, observed May 11–17, offers a meaningful opportunity to pause, reflect, and prioritize emotional well-being both personally and professionally. It encourages open dialogue, reduces stigma, and promotes supportive environments where individuals feel safe seeking help—strengthening both individual wellness and the health of our entire community. To support this effort, staff can access a variety of tools designed to build resilience and adaptability, including LinkedIn Learning courses such as “How to Talk About Change with Your Manager,” “Building Resilience,” “What Brings You Stability in Uncertainty?,” and “Jumpstart Your Energy in the Morning.” These professional development resources focus on communication, confidence, emotional well-being, and maintaining energy throughout the workday. LinkedIn Learning offers a free trial, and all courses can be accessed through the Stanislaus County website under *LinkedIn Training – Human Resources*. Together, let’s use this week to support one another and continue building a workplace culture that values mental health every day.

Symplr Statistics: 2025 Fourth Quarter (Oct-Dec)

A total of 14 reports were received during Quarter 4 – October through December 2025, with the majority related to Privacy/Security. Review outcomes indicate varied levels of breach probability, with several cases requiring further evaluation. Reported concerns spanned ethical conduct, policy adherence, regulatory compliance, and other risk areas, reflecting the complexity of issues addressed.

Key Takeaways: Privacy and security remain primary focus areas, continued adherence to policies and regulations is essential, and timely reporting and review processes are critical to maintaining organizational integrity.



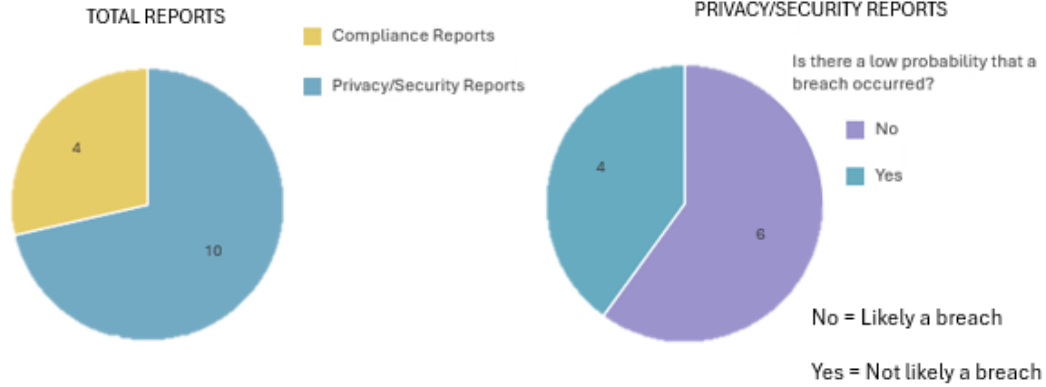
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Symplr Statistics - 2025 4th Quarter (Oct - Dec)



If you have any questions related to QS Information Notices, contact Quality Services by:

- Email: QSEmail@stanbhhs.org, PHONE: (209) 525-6043, or FAX: (209) 558-4324