BH-CONNECT and CalAIM Behavioral Health Workgroup

Medi-Cal High Fidelity Wraparound Concept Paper:

DHCS' Proposal to Align Medi-Cal Service Requirements with National Wraparound Initiative Standards

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

August 14, 2025

Welcome and Webinar Logistics

Zoom Logistics

- Participants are joining by computer and phone
- Everyone will be automatically muted upon entry
- Use the Q&A to submit questions
- Please use the Chat box for any technical issues related to the webinar

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Housekeeping

- Members of the public will be able to comment at the end of the meeting.
- Workgroup members can participate in the “chat.”
- Workgroup members are encouraged to turn on their camera.
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Welcome & Introductions

- **Paula Wilhelm**, Deputy Director, Behavioral Health, DHCS
- **Erika Cristo**, Assistant Deputy Director, Behavioral Health, DHCS

Agenda

10:00 – 10:05: Welcome and Objectives

10:05 – 10:40: High Fidelity Wraparound

10:40 – 11:15: Workgroup Discussion

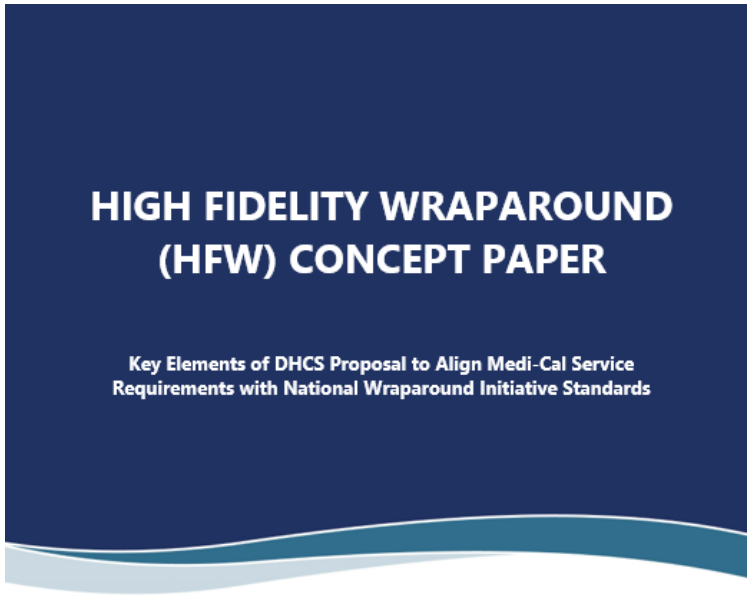
11:15 – 11:30: Public Comment

Today's Objective

Objective: Outline context for and key components of DHCS' Medi-Cal HFW Proposal described in the Concept Paper **currently out for public comment through August 28th**. Discuss preliminary feedback from workgroup.

This Concept Paper is **not formal guidance**, but an opportunity for the department to seek feedback from stakeholders on its initial vision for Medi-Cal HFW payment and monitoring policies and associated updated standards for service delivery in both Medi-Cal and BHSA, in alignment with national standards and state best practices. **Importantly, the design decisions included in the Concept Paper and discussed today are subject to revision based on feedback from stakeholders as DHCS works to develop Medi-Cal guidance.**

NOW AVAILABLE!



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Overview

High Fidelity Wraparound (HFW) Overview

HFW is a **team-based** and **family-centered evidence-based practice (EBP)** that includes an **"anything necessary"** approach to care for children and youth living with the **most significant behavioral health needs**. HFW is regarded as an **alternative to out-of-home placement for children with complex needs**, by providing intensive services in the family's home and community.

- HFW centers family voice and decision-making in developing a care plan to reach desired family outcomes by providing a structured, creative, and individualized set of strategies that result in plans/services that are effective and relevant to the youth and family.
- HFW is delivered by a **HFW Facilitator**, who leads a team through the development and implementation of an individualized plan of care with strategies that are responsive to child and family-identified strengths and needs.

*The information included in this presentation may be pre-decisional, draft, and subject to change.

NWI HFW Established Practice Model

HFW Practice Model includes four phases and key activities while also leaving flexibility to align services/supports with child and family-identified strengths and needs. There are ten principles intended to serve as a foundation for understanding the HFW philosophy: keeping children and youth at home, in school, and out of trouble.

HFW Phases

1: Engagement and Team Preparation

2: Plan Development

3: Plan Implementation

4: Transition

HFW Principles

1. Family Voice and Choice
2. Strengths Based
3. Individualized
4. Natural supports
5. Community based
6. Culturally Respectful and Relevant
7. Team-Based
8. Collaboration
9. Outcome-Based
10. Persistence

Overview: DHCS Medi-Cal HFW Proposal

DHCS aims to align CA's HFW programs with national standards and deliver effective, evidence-based care to CA's youth living with significant behavioral health needs in the least restrictive environment.

Proposal: Beginning July 1, 2026, and in accordance with Assembly Bill (AB) 161 and BH-CONNECT, DHCS will align Medi-Cal HFW service requirements with national practice standards and implement a corresponding **updated payment model within Medi-Cal SMHS**. Pursuant to the BHSA, counties must also implement HFW under the Full Service Partnership (FSP) program beginning in July 2026. FSP HFW program requirements under BHSA will align closely with requirements for Medi-Cal HFW.

Goals of HFW Design:

- Integrate HFW appropriately into the Medi-Cal care continuum
- Improve delivery of HFW
- Make roles/responsibilities as clear as possible (California Dept. of Social Services (CDSS)*, DHCS, County Behavioral Health, Child Welfare, Managed Care Plans and Providers
- Avoid billing and service duplication

***Collaboration with CDSS:**

CDSS is working with CA Wraparound stakeholders to ensure CA Wraparound standards are aligned with the National Wraparound Initiative (NWI)'s principles/standards *(see next slide)*.

Statewide CA HFW Model With Unified Standards Across FFPSA Aftercare, Medi-Cal HFW, and CDSS Immediate Needs Program (1/2)

DHCS and CDSS seek to align efforts and ensure that all qualifying youth have access to the full evidence-based HFW service model statewide, collaborating across efforts to minimize duplication and administrative complexity.

- DHCS and CDSS are collaborating to develop a **unified CA HFW Model** (based on the CA Wraparound Standards and NWI Practice Model) across several efforts:
  - Family First Prevention Services Act (FFPSA) Part IV Aftercare
  - Medi-Cal HFW
  - Behavioral Health Services Act (BHSA) Full Service Partnership (FSP) program
  - The Immediate Needs (IN) program

Statewide CA HFW Model With Unified Standards Across FFPSA Aftercare, Medi-Cal HFW, and CDSS Immediate Needs Program (2/2)

DHCS and CDSS seek to align efforts and ensure that all qualifying youth have access to the full evidence-based HFW service model statewide, collaborating across efforts to minimize duplication and administrative complexity.

- The CA Wraparound Standards are evolving and are subject to change over time. DHCS and CDSS intend that the CA Wraparound Standards for FFPSA Part IV family-based aftercare and forthcoming Medi-Cal HFW guidance will align. **There may be necessary changes to the CA Wraparound Standards as updated Medi-Cal HFW payment and monitoring policies are implemented in July 2026.** The departments will also continue to collaborate if the Foster Care Tiered Rate Structure Immediate Needs program results in additional changes to the CA Wraparound Standards.

DHCS/CDSS Policy Development Next Steps

Following this public comment period, DHCS will refine policies through the end of CY 2025 informed by stakeholder feedback and plans to release Medi-Cal HFW policy guidance in early Calendar Year (CY) 2026.

Timing	Milestone
July 2025	• Released: FFPSA Part IV Aftercare ACL 25-47/BHIN 25-027 regarding CA's implementation of FFPSA Part IV family-based aftercare services requirements, which build upon CA Wraparound Standards
August 2025	• **Medi-Cal HFW Concept Paper public comment**
Late 2025-Early CY 2026	• Draft Medi-Cal HFW Guidance public comment
Early CY 2026	• Release of Medi-Cal HFW Guidance
July 2026	• **HFW service requirements for BHSA FSPs take effect** • **Payment and Monitoring Policies for HFW in Medi-Cal go live**
July 2027	• CDSS IN Program and Permanent Foster Care Rate structure payments go-live • Within 12 months of the effective date of Payment and Monitoring Policies, initial Medi-Cal HFW fidelity monitoring assessments for Medi-Cal fidelity standards begin for HFW providers

HFW Concept Paper
Discussion of Key Elements

DHCS

Medi-Cal HFW Design Concept Paper

The Medi-Cal HFW Concept Paper comprehensively outlines design elements, service requirements, and policies, to spur discussion with stakeholders. Some design decisions warranting further collaboration will be developed following stakeholders' initial feedback on the concept paper.

Design Decisions Included in Concept Paper (Non-Exhaustive)

- Background and Proposal to Align Medi-Cal HFW Service Requirements with National
- CA HFW Model Service Components
- How a Youth Qualifies for HFW
- HFW Team Functions and Staffing
- Interactions with Existing SMHS and Medi-Cal MCP Care Management Services
- Fidelity, Quality, And Quality Oversight

For Future Discussion in 2020 (Non-Exhaustive)

- Service and training Standards
- Process for Medi-Cal Fidelity Designation and fidelity assessments and monitoring via HFW Center of Excellence
- Joint guidance on the intersections between CDSS Immediate Needs Program and Medi-Cal HFW
- Medi-Cal payment model development and SMHS billing guidance *

Reminder: The design decisions included in the Concept Paper and previewed today are subject to revision based on feedback from stakeholders.

*DHCS will be developing the payment model in the coming months and will actively engage key stakeholders as this process unfolds.

CA HFW Model Service Components (1/2)

DHCS proposes one core group of Medi-Cal services that all Medi-Cal youth will receive under a new payment model. DHCS will also require that youth receive any Medi-Cal service determined clinically appropriate and necessary, as well as any other supports the Child and Family Team (CFT) deems necessary for the youth's success. These services would be billed separately from the new payment model.

Medi-Cal HFW Core Group of Services:

- HFW Facilitation and Coordination
- Child and Adolescent Needs and Strengths (CANS) Administration
- Individualized Care Planning, including Safety and Crisis Planning
- Caregiver Peer Support

Any Medi-Cal Service Children/Youth May Need, e.g.:

- Additional Assessments (e.g., Psychological and Neuropsychological Testing) as needed
- 24/7 Support (Mobile Crisis Services)
- Intensive Home-Based Services (IHBS), and therapies like Multisystemic Therapy (MST), & Functional Family Therapy (FFT)
- Youth Peer Support
- Caregiver Respite (Medi-Cal Managed Care)
- Activity Funds

CA HFW Model Service Components (2/2)

DHCS proposes one core group of Medi-Cal services that all Medi-Cal youth will receive under a new payment model. DHCS will also require that youth receive any Medi-Cal service determined clinically appropriate and necessary, as well as any other supports the Child and Family Team (CFT) deems necessary for the youth's success. These services would be billed separately from the new payment model.

Non-Medi-Cal Supports: When a need identified by the CFT is not Medi-Cal covered, **flexible funds must be made available** to meet the youth and family needs. These can be used for non-traditional purposes and may be covered through multiple funding sources (a non-exhaustive list of potential sources is outlined in the Concept Paper). HFW staff should also identify no cost community-based supports (e.g., recreational programs, neighborhood and civic organizations, etc.) that may be provided to the youth.

Example Concept Paper Questions for Stakeholder Input:

- What is your initial feedback on DHCS's proposed Medi-Cal HFW core group of services? Is there anything missing?

How a Youth Qualifies for HFW (1/2)

DHCS intends to adopt standardized decision support criteria (DSC) for statewide use by all HFW providers and BHPs, streamlining referral processes across BHPs and Child Welfare agencies to better serve youth in SMHS, including those involved in the child welfare system.

- States implementing HFW typically use standardized criteria and a decision rubric to support providers, referral partners, and plans to better identify youth and families who would benefit from HFW. The CANS is the most commonly deployed tool used to define these criteria under the term "decision support criteria" (DSC).
- DSC is a standardized set of criteria to inform whether a youth and their family require the intense level of support provided by HFW.
- Consistent with national best practice and existing CA requirements, DHCS has selected **CANS** as the basis for HFW DSC.
- **Next Step:** DHCS is working with the Praed Foundation to develop HFW CANS DSC consistent with other state approaches.

Example Concept Paper Question for Stakeholder Input:

- Do you support the concept of using CANS to develop statewide, standardized DSC for HFW? What elements of the HFW DSC need further clarification?

How a Youth Qualifies for HFW (2/2)

By adopting standardized DSC for statewide use by Medi-Cal and FSP HFW providers and BHPs, DHCS aims to support proactive identification and referrals of youth who meet SMHS access criteria.

At a high level, DHCS proposes the following high-level process to determine if HFW is appropriate for a youth:

Step 1: Referral partners submit a referral for the youth to be assessed for HFW.

Step 2: Youth is assessed via the CANS by a certified CANS assessor (who may not be a clinician), or a recent CANS is used, if appropriate.

Step 3: The DSC provides a recommendation for youth to receive HFW based on their identified needs in the CANS. If the youth meets criteria for HFW through the DSC, any clinician who is a BH professional qualified to direct services as required in CA's Medi-Cal state plan can confirm that HFW is an appropriate service based on DSC/CANS results.

Step 4: Communication of initial determination to youth and their family, referring entity/CANS assessor (if the clinician making the recommendation is not the same entity), and placing/child welfare agency (for welfare-involved youth) and the BHP.

Note: In future Medi-Cal guidance, DHCS will detail key operational processes to implement the DSC, such as:

- HFW DSC data system
- How referral resources, HFW providers, and BHPs can collaborate in this process, and any associated timeliness requirements

Example Concept Paper Questions for Stakeholder Input:

- How can DHCS develop referral standards that support the proposed HFW process? How could DSC be used to more proactively identify and facilitate timely access?

HFW Team Staffing (1/3)

According to national and state best practices, a HFW team consists of the youth and family, natural supports, and HFW Facilitator and other paid HFW staff. DHCS proposes a staffing model with five different roles for paid team members.

Medi-Cal HFW Staff Team Structure

- **HFW Facilitator:** Works with the youth/family to identify CFT members and leads the HFW team to develop and implement the youth/family's HFW plan of care in the context of the CFT.
- **HFW Supervisor:** Responsible for recruitment, selection, training, coaching and management of HFW team members who provide direct services to youth/families. Ensures that team follows HFW process with fidelity.
- **Caregiver Peer Partner:** Directly supports/engages caregivers new to HFW process, such as by educating them about how the CFT works and identifying shared experiences between them and the caregiver receiving HFW.

HFW Team Staffing (2/3)

According to national and state best practices, a HFW team consists of the youth and family, natural supports, and HFW Facilitator and other paid HFW staff. DHCS proposes a staffing model with five different roles for paid team members.

Medi-Cal HFW Staff Team Structure (continued)

- **Licensed Clinician:** A licensed practitioner that supports non-clinical staff in providing engagement/clinical consultation to intensive interventions (e.g., crisis management) and assessments for youth/families. **This is not the youth's therapist.**
- **[NEW] Community Developer:** An ancillary staff role to support the HFW team in identifying and facilitating coordination of community resources, including low- or no-cost resources (e.g., recreational programs, neighborhood and civic organizations).

Proposed provider qualifications and case ratios are outlined within the Concept Paper.
When developing Medi-Cal rates for county BHPs, DHCS will make informed assumptions about the SMHS practitioner types most likely to perform these roles. However, DHCS does not propose to require that all roles be held by specific practitioner types.

HFW Team Staffing (3/3)

For Consideration - HFW Fidelity Coach:

- Currently an additional role defined under the CA Wraparound Standards.
- Team members like the HFW Supervisor must play a role in coaching the team to deliver HFW with fidelity.
- There are also distinct fidelity training and monitoring functions which DHCS proposes to be incorporated into a HFW Center of Excellence (described on the following slides).
- **DHCS envisions that both HFW staff members and an external training and technical assistance will take part in supporting high fidelity service delivery and is seeking stakeholder comment on whether this role should be preserved a distinct role within the HFW staff.**

Example Concept Paper Questions for Stakeholder Input:

» Do you foresee barriers to ensuring access to certified Caregiver Peer Partners?

» What is your feedback on DHCS's proposal to assign some fidelity coaching functions to an external COE (while acknowledging that HFW team members must play a role in assuring fidelity as well)?

Interaction with Existing SMHS – *Intensive Care Coordination (ICC) and HFW*

To improve the effectiveness of ICC, DHCS proposes to update the delivery of the service by requiring adherence to HFW facilitation standards. In other words, SMHS ICC will become HFW Facilitation.

- In 2013, DHCS implemented ICC in Medi-Cal in response to the Katie A. Litigation that sought to provide access to high-intensity community-based services to youth who were both SMHS and child welfare involved.
- **As currently implemented in California, ICC functions as a form of Wraparound.**
- HFW represents an updated and evidence-based approach to delivering ICC, centering the role of the CFT in service planning, empowering the CFT to lead care delivery, and adhering to fidelity standards as the gold standard of implementing the CFT process. **This aligns with the original intent of implementing ICC in CA following the Katie A. Litigation.**

For Youth Currently Receiving ICC, DHCS intends to explicitly offer to youth receiving ICC the ability to automatically qualify for HFW, effectively "grandfathering" any youth who is receiving ICC into HFW.

SMHS and Other Managed Care Plan (MCP) Care Management Services (1/2)

HFW is part of a continuum of services available through Medi-Cal to support youth living with behavioral health needs. DHCS intends to provide more details on how Medi-Cal HFW relates to other community-based services in future guidance.

- DHCS will need to determine how MCP care management services interact, whether they are allowed concurrently with SMHS, and provide guidance as to how to choose one of these services as a stepdown service post HFW, as needed. Current Medi-Cal policy guidance states that it is important for MCPs, BHPs, and providers to ensure the non-duplication of care management services but does not specify how to do so.
- **Example:** In the current Enhanced Care Management (ECM) Policy Guide (including for CA Wraparound, ACT, ICC and others) guidance specifies that ECM may be provided concurrently with these care management services.

SMHS and Other Managed Care Plan (MCP) Care Management Services (2/2)

HFW is part of a continuum of services available through Medi-Cal to support youth living with behavioral health needs. DHCS intends to provide more details on how Medi-Cal HFW relates to other community-based services in future guidance.

Example Concept Paper Questions for Stakeholder Input:

- What standards are currently used to determine the appropriateness of referring a youth to HFW versus relying on other care management services? Are these standards applied consistently?
- Do some children receiving HFW need an MCP care management service, such as ECM, to assist with coordination of physical health care services—particularly if they have complex physical health needs—or is this duplicative?
- What lessons from the field can be shared about the value of concurrent use of HFW alongside MCP care management models (e.g., use cases, and service delineation)?

Fidelity, Quality, and Oversight (1/2)

As noted, studies suggest that adherence to and monitoring of fidelity to the HFW evidence-based model are key components of successful HFW implementation and subsequent improved outcomes among youth.

CA Fidelity Context: DHCS is planning a robust approach to oversight, quality measurement and fidelity monitoring strategy to refine and improve practices.

- DHCS will complement and build out CDSS' statewide Continuous Quality Improvement (CQI) pilot to refine the CQI approach and monitoring of HFW under Medi-Cal in partnership with the COE*.
- DHCS and CDSS are working to align fidelity standards and processes across FFPSA Aftercare, Medi-Cal, and BHSA.

DHCS seeks to establish a COE for preliminary monitoring and oversight of HFW to support the implementation of the CA HFW Model. The COE will administer training, fidelity assessments, and ongoing technical assistance to BHPs and practitioners consistent with EBPs outlined in BH-CONNECT and BHT.

DHCS is developing a process for providers to become approved to provide HFW under the new Medi-Cal payment model. This process will be called HFW **Medi-Cal Fidelity Designation**. Medi-Cal HFW teams (as with other EBPs) will be required to meet fidelity requirements specified by DHCS for the BHP to claim Medi-Cal payment for HFW. Therefore, fidelity assessments will be conducted by a COE on a regular cadence.

Fidelity, Quality, and Oversight (2/2)

The expected outcomes outlined below are aligned with those detailed in the FFPSA Part IV Aftercare BHIN/ACL, as well as other states' HFW programs and DHCS behavioral health initiatives, including BHT statewide behavioral health goals, BHT/BH-CONNECT priority populations, and BH-CONNECT Incentive Program measures.

HFW Expected Outcomes	
» Youth and Family Satisfaction » Improved School Functioning » Improved Functioning in the Community » Improved Interpersonal Functioning » Increased Caregiver Confidence	» Stable and Least Restrictive Living Environment » Reduced Justice Involvement » Reduction in Inpatient, Emergency Department Admission for Behavioral Health Visits » Reduction in Crisis Visits

Note: DHCS and CDSS will continue to collaborate to refine the outcomes and data sources used to evaluate the effectiveness of HFW in the following areas, in partnership with the HFW COE.

Example Concept Paper Questions for Stakeholder Input:

» What is an appropriate timing of an initial fidelity assessment? Cadence of ongoing fidelity assessments by the COE?

Next Steps

During the public comment period, DHCS is seeking input on the HFW components presented today and in the Concept Paper.

8/28: Comments may be submitted to **BH-CONNECT@dhcs.ca.gov** with the subject line "Comments on Proposed Medi-Cal HFW Service Requirements Aligned With National Practice Standards."

Following this public comment period: DHCS will refine policies through the end of CY 2025 informed by stakeholder feedback and plans to release Medi-Cal HFW policy guidance in early CY 2026.

Workgroup Discussion

Public Comment

- Members of the public may use the raise hand feature to make a comment.
- Comments will be accepted in order of when hands are raised.
- When it is your turn, you will be unmuted by the meeting host.
- Please keep comments to 2 minutes or less.

Wrap Up

- If you have additional questions, please email DHCS at BH-CONNECT@dhcs.ca.gov with the subject Line "BH-CONNECT and CalAIM BH Workgroup – August 2025."

Thank you!

Appendix

Evolution of HFW as an EBP

HFW research highlights the importance of adhering to defined Wraparound standards, reflecting that high fidelity to these standards is directly correlated with improved outcomes for young people.

Late 1970s: The term "Wraparound" originated to describe grassroots efforts to provide individualized, comprehensive, community-based care for youth with complex behavioral health needs.

Late 1990s: A group of family advocates, providers, and researchers came together to more clearly define the goals and key components of Wraparound, as there was not yet a way to ensure quality across programs or establish a Wraparound evidence-base.

Early 2000s: Wraparound was further standardized when the National Wraparound Initiative (NWI) began developing the HFW model and expanding research on HFW's efficacy to establish a basis for service delivery standards.

Over the past decade: NWI has engaged national experts to continue to define a standardized practice model, and today, a growing body of research has emerged associating HFW with **improvements in mental health, living environment, and social functioning:**

- Improved child behavior, parent satisfaction, and mental health functioning
- Reduced absences and suspensions from school
- Cost savings through reduced claims expenses for Emergency Room and inpatient psychiatry visits.

HFW History in California (1/2)

California has operated its own variation of "Wraparound," known as "CA Wraparound" for nearly 30 years. At this point in time, CA Wraparound is delivered across the state, to both child welfare and non-child-welfare involved youth, with varying levels of fidelity.

- In **1997**, **CA Wraparound** was established through SB 163 to allow counties the option to provide Wraparound to children/youth with child welfare involvement, with the goal of supporting reunification, timely exits to permanency, and placement in the least restrictive environment.
- Existing CA Wraparound programs originated from the collaborative work between California's child welfare system, Medi-Cal, and the persistent efforts of stakeholders and advocates.

*Welf. & Inst. Code 16562, subd. (h)(1)(C))

HFW History in California (2/2)

California has operated its own variation of "Wraparound," known as "CA Wraparound" for nearly 30 years. At this point in time, CA Wraparound is delivered across the state, to both child welfare and non-child-welfare involved youth, with varying levels of fidelity.

- In recent years, CDSS has invested in promoting fidelity to the HFW model for the youth they serve, working with the CA Wraparound stakeholders (including Behavioral Health Plans (BHPs), system partners, and CA Wraparound providers) to ensure that CA Wraparound standards are aligned with the National Wraparound Initiative's principles and standards.
- In **2024,** AB 161 specified that DHCS will implement "a case rate or other type of reimbursement" for **HFW as a Medi-Cal specialty mental health service** for members under 21 years of age.*

Currently, Medi-Cal can be and is billed for components of CA Wraparound for eligible members, but there is no guidance as to how BHPs are expected to comprehensively claim for multiple components of the service nor how fidelity of the service model will be assured statewide.

*Welf. & Inst. Code 16562, subd. (h)(1)(C))

Summary of Example Concept Paper Questions for Stakeholder Input (1/2)

1. What is your initial feedback on DHCS's proposed Medi-Cal HFW core group of services? Is there anything missing?
2. Do you support the concept of using CANS to develop statewide, standardized DSC for HFW? What elements of the HFW DSC need further clarification?
3. How can DHCS develop referral standards that support the proposed HFW process? How could the DSC be used to more proactively identify and facilitate timely access?
4. Do you foresee barriers to ensuring access to certified Caregiver Peer Partners?
5. What is your feedback on DHCS's proposal to assign some fidelity coaching functions to an external COE (while acknowledging that HFW team members must play a role in assuring fidelity as well)?

Summary of Example Concept Paper Questions for Stakeholder Input (2/2)

6. What standards are currently used to determine the appropriateness of referring a youth to HFW versus relying on other care management services? Are these standards applied consistently?
7. Do some children receiving HFW need an MCP care management service, such as ECM, to assist with coordination of physical health care services—particularly if they have complex physical health needs—or is this duplicative?
8. What lessons from the field can be shared about the value of concurrent use of HFW alongside MCP care management models (e.g., use cases, and service delineation)?
9. What is an appropriate timing of an initial fidelity assessment? Cadence of ongoing fidelity assessments by the COE?

Context: SB326 on FSP Programs (1/2)

Per WIC § 5887, each county shall administer a full service partnership program that includes the following services:

(a)(1) **Mental health services, supportive services, and substance use disorder treatment services.**

(2) **Assertive Community Treatment and Forensic Assertive Community Treatment fidelity, Individual Placement and Support model of Supported Employment, high fidelity wraparound**, or **other evidence-based services and treatment models, as specified by the State Department of Health Care Services.**

(3) **Assertive field-based initiation for substance use disorder treatment services**, including the provision of medications for addiction treatment, as specified by the State Department of Health Care Services.

(4) **Outpatient behavioral health services**, either clinic or field based, necessary for the ongoing evaluation and stabilization of an enrolled individual.

*The information included in this presentation may be pre-decisional, draft, and subject to change.

Context: SB326 on FSP Programs (2/2)

Per WIC § 5887, each county shall administer a full service partnership program that includes the following services:

(5) **Ongoing engagement services** necessary to maintain enrolled individuals in their treatment plan inclusive of clinical and nonclinical services, including services to support maintaining housing.

(6) **Other evidence-based services and treatment models**, as specified by the State Department of Health Care Services

(7) **Service planning**

(8) **Housing interventions** pursuant to Section 5830.

…

(e) Full-service partnership programs shall have an **established standard of care with levels based on an individual's acuity and criteria for step-down** into the least intensive level of care, as specified by the State Department of Health Care Services, in consultation with the Behavioral Health Services Oversight and Accountability Commission, counties, providers, and other stakeholders.