

Medi-Cal Children's Health Advisory Panel (MCHAP) Meeting

June 11, 2026
10 a.m. - 2 p.m.

Hybrid Meeting Tips



Use either a computer or phone for audio connection.



Mute your line when not speaking.



Members are required to turn on their cameras during the meeting.



Registered attendees will be able to make oral comments during the public comment period.



For questions or comments, email MCHAP@dhcs.ca.gov.

Welcome, Roll Call, Agenda

Nancy Netherland, Chair

Director's Update

Michelle Baass, Director

2026-27 May Revision Update



Governor's May Revision Budget Proposal

- » The Governor's proposed May Revision budget includes \$334.2 billion total funds for all health and human services programs.
- » For DHCS, the proposal includes **\$223.2 billion total funds for DHCS** and **4,749.5 positions**.
 - Of this amount, \$1.4 billion is state operations (DHCS operations), while \$221.8 billion is local assistance (funding for program costs, partners and administration).
- » The proposed budget continues to support the Department's purpose to provide equitable access to quality health care.

May Revision: Major Budget Issues and Proposals

- » Managed Care Organization (MCO) Tax
- » H.R. 1 of 2025:
 - Work and Community Engagement Requirements
 - Federal Medical Assistance Percentage for Emergency Services
 - Restrictions on Immigrant Eligibility
 - Affordable Care Act Adult Expansion Six-Month Redeterminations
 - Reduce Retroactive Medi-Cal Timeframes
 - County Medi-Cal Administration
- » Transition of Unsatisfactory Immigration Status (UIS) Members to Fee-For-Service
- » Hospital Quality Assurance Fee
- » Medi-Cal Efficiencies

[DHCS FY 2026-27 May Revise Highlights](#)

May Revision: Major Budget Issues and Proposals

» General Fund Solutions:

- Increase Monthly Premium for Adults with Unsatisfactory Immigration Status (Aged 19–59) from \$30 to \$50
- Medi-Cal Asset Test Limits
- Enhanced Care Management
- Community Supports
- Cap Program of All-Inclusive Care for the Elderly Rates (PACE)
- Medical Loss Ratio Remittances
- Eliminate Optional Adult Acupuncture Benefit

» Trailer Bill Language

[DHCS FY 2026-27 May Revise Highlights](#)

Additional Information and Resources



- » DHCS Website - [**Governor's Budget Documents 2026-27.**](#)
- » Statewide Budget Website – [**ebudget.ca.gov.**](#)
- » Department of Finance Website - [**https://dof.ca.gov/.**](#)
 - Budget Change Proposals - [**Governor's Budget BCPs.**](#)
 - Trailer Bill Language - [**DHCS Trailer Bill Language.**](#)

H.R. 1 Stakeholder Engagement



How DHCS Communicates H.R. 1 Updates



- » DHCS provides regular H.R. 1 updates across multiple forums to ensure counties, health plans, advocates, and community partners receive timely and consistent information.
- » Updates are shared across various workgroups, stakeholder meetings, and meetings that include Medi-Cal members.
- » DHCS collaborates regularly with the California Department of Social Services (CDSS), California Statewide Automated Welfare System (CalSAWS), County Welfare Directors Association of California (CWDA), Covered California, and the California Healthcare Eligibility, Enrollment, and Retention System (CalHEERS) to ensure cross-agency alignment on policy, systems, and implementation.

Key Workgroups (1 of 2)

- » **Medi-Cal Member Advisory Committee (MMAC)** – Offering Medi-Cal members and caregivers a space to share feedback on a wide range of topics directly with DHCS leadership.*
- » **Medi-Cal Voices and Vision Council** – Brings together Medi-Cal members, health plans, providers, community-based organizations (CBO), counties, and DHCS leaders to discuss key Medi-Cal topics and ensure member voices inform decisions.*
- » **Consumer-Focused Stakeholder Workgroup** – Reviews and provides feedback on member-facing materials, with a focus on eligibility, enrollment, and clear communication.
- » **CDSS and DHCS Joint Workgroup** – Aligns policy and operations across Medi-Cal eligibility, CalFresh, CalWORKs, and refugee programs.
- » **BenefitsCal H.R. 1 Workgroup** – Designs and plans H.R. 1 changes and updates to the BenefitsCal portal.
- » **H.R. 1 County Workgroup** – Supports county planning, coordination, and readiness for H.R. 1 implementation.

* Groups that include Medi-Cal members.

Key Workgroups (2 of 2)

- » **Managed Care Plan (MCP) H.R. 1 Workgroup** – Supports MCPs in preparing for operational readiness around H.R. 1.
- » **H.R. 1 Implementation Stakeholder Workgroup** – Reviews H.R. 1 materials, member-facing communications, and consumer impacts
- » **Immigration-Focused County Workgroup** – Supports county planning and implementation of H.R. 1 policies affecting immigrant communities. Participants include counties, CalSAWS, CWDA, and CDSS.
- » **Immigration-Focused Advocate Workgroup** – Gathers community-level needs and feedback related to H.R. 1 immigrant provisions.
- » **County Support Call** – Provides counties with H.R. 1 updates, system changes, and training
- » **CWDA Technical Response Team** – Discusses county-requested policy topics and shares DHCS updates.
- » **Covered California and DHCS Joint Workgroup** – Coordinates eligibility and system alignment across programs
- » **Three-Way Operations (DHCS – Covered California – CalSAWS/CalHEERS)** – Aligns service center operations, policy, systems, and the overall member experience.

Areas of Stakeholder Engagement

What They Review

Stakeholders review key H.R. 1 materials before they are finalized, including:

- » Policy guidance
- » All Plan Letters
- » Member notices and forms
- » Member-facing outreach materials
- » BenefitsCal and CalHEERS portal design
- » Work and Community Engagement Rule communications, including the digital experience and the communications plan

What They Discuss

- » Operational readiness for counties, health plans, and systems
- » Implementation timelines and major milestones
- » Cross-agency coordination (DHCS, CDSS, CalSAWS, CWDA, Covered California, CalHEERS)
- » Medi-Cal member impacts and feedback
- » Communications and outreach strategies
- » Training and support needs for counties and partners



Questions?

Scaling Evidence-Based Practices and Community-Defined Evidence Practices (EBP/CDEP) Grant Program

Tisha Montiero, Branch Chief, Office of Strategic Partnerships

Scaling EBP/CDEP Grant Program

The CYBHI Scaling EBP/CDEP grant program¹ prioritizes five themes²:

1. Parent & Caregiver Support Programs & Practices
2. Trauma-Informed Programs & Practices
3. Early Childhood Wraparound Services
4. Youth-Driven Programs
5. Early Intervention Programs & Practices

1. [W&I Code section 5961.5](#)

2. View the [Grant Round Information](#) and award announcements

Numbers at a glance:

- » **481** awards and **465** grantees across 5 rounds of funding
- » **\$305M** awarded across 5 rounds of funding
- » **100+** EBPs & CDEPs scaled
- » **+85 percent** counties represented among awardees to date
- » **7K+** Individuals Trained
- » **107K+** Hours of Staff Training
- » **203** Learning Collaboratives and 4 Community of Practice Sessions

Interim Public Report Overview

- » This interim report highlights the progress of the Scaling EBP/CDP grant program from July 2023, beginning with the initial awards, through November 2025.
- » It highlights how these investments are advancing the shared vision of [Governor Newsom's Master Plan for Kids' Mental Health](#), and CYBHI by expanding equitable access to critical interventions and building long-term system capacity across California.

Interim Public Report Highlights



- » Through **465 active grants** operating statewide, the Scaling EBP/CDP grant program has significantly expanded access to behavioral health support.
- » Grantees reached **852,110 individuals** through outreach, engagement, and screening, and provided **34,915 participants** with behavioral health interventions beyond single day or short-duration activities.



- » **51 counties** have physical locations and /or staff in local communities (primary service location).
- » **58 counties** included as secondary service location.
- » **19 programs** provide service statewide.

Statewide Investment in Behavioral Health Priorities (1 of 2)

Round 1

Parent and Caregiver Support Programs and Practices (July 2023)

- » Grants promote the well-being of parents and caregivers to improve their ability to support positive social and emotional development for children and youth.
- » **67 programs awarded, 62 active.**
- » **4,933 participants served.**
- » **Launched March 2024.**

Round 2

Trauma-Informed Programs and Practices (December 2023)

- » Grants are scaling trauma-informed care for children, youth, parents, and caregivers in California.
- » **192 programs awarded, 183 active**
- » **6,830 participants served.**
- » **Launched April 2024.**

Round 3

Early Childhood Wraparound Services (September 2024)

- » Grants expand early childhood wraparound services to support skill building among adults who work with infants and young children, caregivers, and expecting new parents.
- » **54 programs awarded, 54 active.**
- » **1,075 participants served.**
- » **Launched December 2024.**

Statewide Investment in Behavioral Health Priorities (2 of 2)

Round 4

Youth-Driven Programs (December 2023)

- » Grants scale youth drop-in centers and other youth-driven programs that provide mental health and wellness services to children and youth in California.
- » **69 programs awarded, 69 active.**
- » **16,202 participants served.**
- » **Launched April 2024.**

Round 5

Early Intervention Programs and Practices (March 2024)

- » Grants support early intervention programs and practices that provide mental health and wellness services to children, youth, parents, and caregivers in California.
- » **99 programs awarded, 97 active.**
- » **5,875 participants served.**
- » **Launched September 2024.**

Children and Youth EBP/CDEP Resource Guide



*Practical Tool for EBP/CDEP Providers on
Medi-Cal Billing and Services*

EBP & CDEP Resource Overview



What the guide is

- » A reference describing EBPs and CDEPs prioritized by State initiatives
- » A resource to identify sustainable funding for EBP/CDEP component services
- » A tool to determine which practice components may align with Medi-Cal or other reimbursement pathways



What the guide is not

- » A rulebook
- » An exhaustive list of all EBPs or CDEPs
- » A training manual or a certification of proficiency in any model
- » A source of legal advice
- » An avenue to create new policy, modify existing policies, or introduce new billing instructions for clinic providers (e.g., for federally qualified health centers)

Table of Contents:

EBP & CDEP Resource Guide (1 of 3)

Chapter	Description
1. Introduction	Overview of behavioral health needs among CA children and youth
2. Considerations for Medi-Cal Reimbursement of EBPs and CDEPs	Explanation of how behavioral health services are delivered and reimbursed through Medi-Cal
3. Overview of EBPs Covered in the Resource Guide	Definitions of key terms used throughout the guide.
4. Introduction to Practive Level Detail	Definitions of each EBPs' evidence base, population, settings, training requirements, and billing components
5. Parent/Caregiver Support Programs and Practices	Details of each EBP included within CYBHI ¹ , BH-CONNECT ² , and/or FFPSA ³ across the five themes prioritized through the CYBHI Scaling EBP & CDEP grant program

[CYBHI](#)¹, Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment ([BH-CONNECT](#)²), and Family First Prevention Services Act ([FFPSA](#)³) Initiatives

Table of Contents:

EBP & CDEP Resource Guide (2 of 3)

Chapter	Description
6. Trauma-Informed Programs and Practices	Details of each EBP included within CYBHI, BH-CONNECT, and/or FFPSA across the five themes prioritized through the CYBHI Scaling EBP & CDEP grant program
7. Early Childhood Wraparound Services	Details of each EBP included within CYBHI, BH-CONNECT, and/or FFPSA across the five themes prioritized through the CYBHI Scaling EBP & CDEP grant program
8. Youth-Driven Programs	Details of each EBP included within CYBHI, BH-CONNECT, and/or FFPSA across the five themes prioritized through the CYBHI Scaling EBP & CDEP grant program
9. Early Intervention Programs and Practices	Details of each EBP included within CYBHI, BH-CONNECT, and/or FFPSA across the five themes prioritized through the CYBHI Scaling EBP & CDEP grant program

Table of Contents:

EBP & CDEP Resource Guide (3 of 3)

Chapter	Description
10. Overview of CDEPs and Reimbursement Considerations	Pathways for CDEPs and how they're established
11. Considerations for Payors	Explanation of how health plans and counties make coverage decisions
12. Illustrative Member Scenarios	Examples of how interventions align with real-world care pathways
Appendix: Rules for Use of Specific Current Procedural Terminology (CPT)/Healthcare Common Procedure Coding System (HCPCS) codes	Service codes, provider eligibility, and billing requirements

Chapters 5-9 Overview

The Appendix provides additional detail on when and how a service is reimbursable in a specific context.

Reimbursable CPT/HCPCS codes for each EBP are listed in the Appendix, where the rules for using those codes are outlined

Chapters 5–9 provide an overview of EBPs included within CYBHI, BH-CONNECT, and/or FFPSA with the following information:

1. The California Evidence-Based Clearinghouse designation
2. Population(s) of focus
3. Program description
4. Care delivery setting and provider qualifications
5. Summary of evidence from literature on program efficacy and impact
6. Potential Medi-Cal covered benefits/services
7. Potential Medi-Cal non-reimbursable services

Chapter 10 Overview

CDEPs often use community-based practitioners and culturally grounded activities that do not easily align with clinical service categories

Chapter 10 can help translate these activities into service components billable to Medi-Cal

Chapter 10 outlines CDEP reimbursement pathways & the following information:

1. Introduction to CDEPs
2. CDEP principles
3. Establishing Reimbursement Pathways for CDEPs
4. Illustrative CDEPs reimbursement potential
5. Aunties & Uncles Program, Sonoma County Indian Health Project, Inc.
6. Gender Health Center
7. Cultura y Bienstar, La Clinica de La Raza



SONOMA COUNTY
INDIAN HEALTH PROJECT





Questions?

BrightLife Kids and Soluna Impact Report and Updates

Rebecca Sterling, Assistant Deputy Director,
Office of Strategic Partnerships

BrightLife Kids and Soluna Services



- » For parents and caregivers with children ages 0-12
 - » Video or chat-based 1:1 coaching with diverse, bilingual coaches and 17+ languages
 - » On-demand digital tools and resources
 - » Peer support
 - » Coach **s**pecialists to help with referrals
- » For youth & young adults ages 13-25
 - » Scheduled or drop-in 1:1 coaching via video or secure chat with diverse, bilingual coaches and 17+ languages
 - » Self-directed tools to lower stress
 - » Moderated community forum, self-support guides, and articles
 - » Care navigation for community-based resources

Providing Early Support and Expanding Access



Launched through the Children & Youth Behavioral Health Initiative (CYBHI).



Provides accessible digital tools for families and youth.



Expands prevention and early intervention supports across the state.



Strengthens California's behavioral health ecosystem through innovative, scalable services.

Platforms available here: <https://www.brightlife.kids/> and <https://solunaapp.com/>.

2025 Impact Report



2025 Impact Video



2025 Impact Report Highlights

- » More than **500,000 children, youth, and families** have accessed behavioral health support through these platforms, as of January 31, 2026.
- » Children and youth from **all 58 California counties** are using BrightLife Kids and Soluna.
- » **More than 112,000 coaching sessions** completed since launch.
- » **98 percent** of coaching participants are satisfied with their experience.
- » **More than 5,000 referrals** to community-based partners for higher acuity mental health support and social services.

[BrightLife Kids and Soluna 2025 Impact Report](#)

BrightLife Kids: Children Registered



350,000 children+



262,000+ caregivers



165 percent increase in children registered in 2025



73 percent of members identify as Black, Indigenous, People of Color (BIPOC)

BrightLife Kids: Coaching Sessions



58,000+ sessions



Average of 1.4 days
wait time for a
coaching session



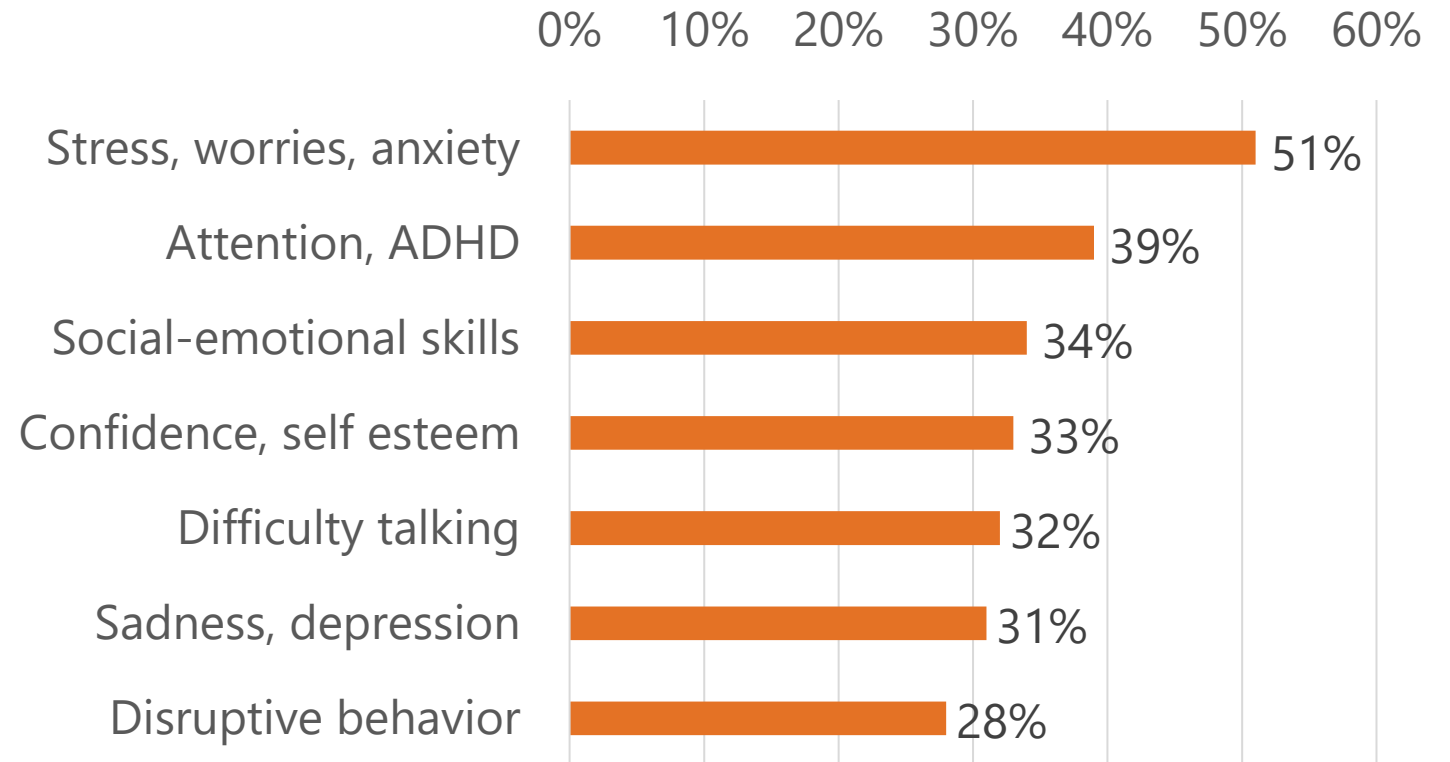
168 percent
increase in sessions
in 2025

BrightLife Kids: Common Concerns

- » Stress and anxiety
- » Attention/ADHD
- » Social-emotional skills
- » Confidence and communication
- » Sadness/depression

92 percent of children showed improvement in their personalized coaching goals.

Common Concerns



BrightLife Kids Outcomes

"It helps me so much by giving me the tools on how to be a better, more present mom,"

- *Lillian, BrightLife Kids parent of a 6 year old*

- » 77 percent had no prior behavioral health care support.
- » 65 percent live in lower socio-economic communities.
- » 89 percent of families saw improvement in emotional or behavioral challenges.
- » 95 percent of caregivers reported improved ability to manage children's needs
- » 83 percent of parents and caregivers experienced improvement in at least one area of the Caregiver Strain Questionnaire, including financial strain, family disruption, sadness, worry, and fatigue.

Soluna: Youth Registered



150,000+ youth
and young adults



50 percent had never before
accessed mental health support



57 percent live in under-
resourced communities



53 percent of members
identify as BIPOC

Soluna: Coaching Sessions



53,000+ sessions



1.6M chat-based coaching exchanges



44 percent of sessions occurred outside of the traditional 9am–5pm period

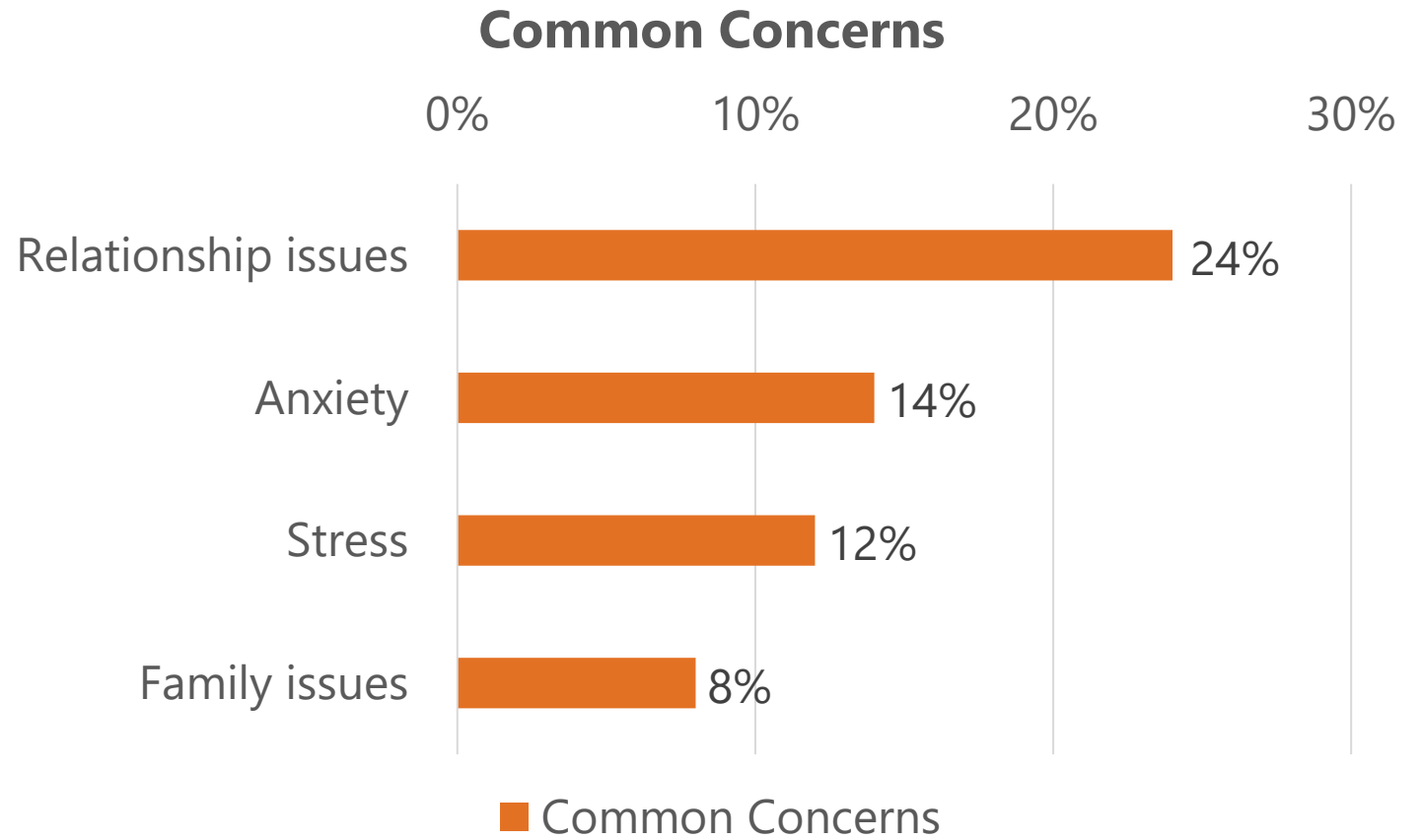


97 percent of coaching users reported feeling heard, understood, and respected

Soluna: Common Concerns

- » Relationships issues
- » Anxiety
- » Low mood
- » Stress
- » Family issues

85 percent met at least one need in a single session.



Soluna Outcomes

"One time my dad had to go to the hospital. I was at college six hours away, so I booked a coach with Soluna and ... They helped me talk through it,"

- *Oden, Soluna Young Adult Ambassador*

- » 87 percent reported Soluna helped them get the mental health support they wanted.
- » 86 percent reported feeling less alone in what they're going through or how they feel.
- » 47 percent said Soluna helped them stay in education, training, or employment.
- » 49 percent reported they wouldn't have access to care without Soluna.

Independent Research Validates Soluna's Impact

- » The Lab for Scalable Mental Health at Northwestern University, in partnership with Kooth Digital Health, conducted an external evaluation of Soluna to assess outcomes over time.
- » Findings:
 - Young people showed **significant reductions in distress** one month after using Soluna.
 - **Reductions in distress were consistent** across users, regardless of background or identity.
 - There was no fade-out effect: **improvements persisted at the three-month mark.**

Study pre-print available here: <https://osf.io/preprints/psyarxiv/qn892>.

Partnerships and Community Engagement

Care navigation

is central to the BrightLife Kids and Soluna approach to increasing access to the right care, when, where, and how it is needed.



2,200+ BrightLife Kids and Soluna Partners



5,211 community support referrals

Voices of Impact

“Soluna has been a vital resource in our community, successfully lowering the barriers to mental health support for our youth and young adults. It’s free, confidential platform offers culturally responsive coaching and tools that feel truly relevant and accessible... ensuring help when young people need it most.”

Josh Selo

*Chief Executive Officer
Bill Wilson Center*

“BrightLife Kids serves as a trusted resource for our families by meeting them where they are...and addressing their specific questions and needs with care and intention...We are grateful for their continued collaboration and commitment to supporting our students and families.”

Kelsey Hermann

*School Counselor
Natomas Charter School*



Questions?

Break



BH-CONNECT: Children and Youth Policy Updates and Opportunities

Ivan Bhardwaj, Chief, Medi-Cal Behavioral Health Policy Division

BH-CONNECT Children and Youth Activities

- » Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (**BH-CONNECT**) 1115 Demonstration targets improvements to care for children and youth statewide, including:
 - **Activity Funds** for children/youth involved in child welfare to promote social/emotional well-being.
- » DHCS is also making other statewide changes to strengthen services for children and youth that do not require waiver expenditure authority, including:
 - **Clarification of coverage** of specific evidence-based practices (EBPs) for children and youth (MST, FFT, PCIT, HFW);
 - **Centers of Excellence** to support the implementation of evidence-based practices for children and youth; and
 - **Alignment of the Child and Adolescent Needs and Strengths (CANS)** tool to ensure both child welfare and behavioral health providers are using the same CANS tool and policies.

Children and Youth Evidence-Based Practices



Children and Youth EPBs Clarification of Coverage

Under BH-CONNECT, DHCS will clarify coverage requirements for [Children and Youth EPBs](#).

Evidence-Based Practices for Children and Youth	
Functional Family Therapy (FFT)	Parent-Child Interaction Therapy (PCIT)
Multisystemic Therapy (MST)	High-Fidelity Wrap-Around (HFW)
Pursuant to EPSDT requirements for all state Medicaid programs, all children under the age of 21 enrolled in Medicaid, are entitled to receive any Medicaid-coverable service in any amount that is medically necessary, regardless of whether the service is covered in the State Plan.	

Note: Beginning July 2026, DHCS will implement HFW using a monthly rate under Medi-Cal Specialty Mental Health Services and as a county requirement under the Behavioral Health Services Act.

Children & Youth EBPs Centers of Excellence

- » [Centers of Excellence \(COEs\)](#) support DHCS in providing training and technical assistance to counties and contracted and county-operated providers for select EBPs.
- » Children & Youth COEs:
 - Multi Systemic Therapy: MST Services, LLC
 - Functional Family Therapy: FFT LLC
 - Parent-Child Interaction Therapy: PCIT International Association
 - High Fidelity Wraparound: Resource Center for Family-Focused Practice at UC Davis Human Services

Children & Youth EBPs Guidance Updates

- » The draft BHIN clarifying Medi-Cal coverage requirements of PCIT, MST, and FFT for children and youth was released for public comment.
- » The final BHIN is planned to be published in Q2 2026 and will provide standards for required Medi-Cal coverage of PCIT, MST, and FFT pursuant to the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) mandate.
- » A [draft EBP/CDEP Resource Guide](#) was released for public comment in December 2025. It highlights Medi-Cal billing guidance EBP and CDEPs supported by the CYBHI, FFPSA, and BH-CONNECT initiatives.

High Fidelity Wraparound (HFW)



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.

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, providers)
- ✓ Avoid billing and service duplication

HFW Guidance Timeline

- » [ACL 25-47/BHIN 25-027](#) was released on July 8, 2025, to establish the statewide minimum standards to be able to provide family-based aftercare services utilizing the California High Fidelity Wraparound Model.
- » Last summer, DHCS published the [Medi-Cal HFW Concept Paper](#)
- » The first draft [HFW BHIN](#) Public Comment Period was January 15 - January 29, 2026.
- » The [draft HFW Policy Manual](#) was released on April 16, 2026 along with a [second draft of the HFW BHIN](#) for public comment. Comments were due May 1, 2026.

HFW: Medi-Cal HFW Alignment

- » 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.
- » BHPs shall ensure Medi-Cal members under the age of 21 receive HFW if determined medically necessary and clinically appropriate.
- » As described in the [BHSA County Policy Manual](#), counties must also include HFW in their Full-Service Partnership (FSP) program beginning July 2026.
- » FSP HFW program requirements under BHSA will align with requirements for Medi-Cal HFW.

Medi-Cal HFW Service Package

What's included in the HFW Monthly Rate?

Covers direct & indirect service time performed by the HFW team for these components:

- » Targeted Case Management: CANS updates, CFT meetings, care coordination, team oversight, training, monitoring, care plan documentation, staff travel/admin, care transition support
- » Peer Support Services: For caregivers/parents on behalf of youth
- » Psychosocial Rehabilitation (psychoeducation/skills coaching for the youth)
- » Crisis Intervention (telephonic crisis support)

Indirect Service Staff: Supervisor, Licensed Clinician, Fidelity Coach, Community Developer

Direct Service Staff: Facilitator, Family Specialist, Parent/Caregiver Peer



Other Medi-Cal Services The Youth May Need Billed Outside the Monthly Rate

- » Any other Medi-Cal SMHS services the youth may need (provided or arranged by BHP)
- » Any Medi-Cal Managed Care services (per [MOU requirements](#))
- » Any Fee-for-Service Medi-Cal services for youth not in managed care

Note: The draft HFW BHIN does not include details on the HFW monthly rate amounts, though the final HFW BHIN will include a HFW monthly rate billing code.

Use Of CANS Decision Support Criteria (DSC)

» **Assessment Requirement:**

- All youth for whom HFW will be claimed must receive a CANS assessment.

» **Uniform Decision Support Tool:**

- DHCS will implement the HFW DSC, applied using the CANS assessment. Developed in collaboration with the Praed Foundation.

» **Purpose of DSC:**

- Research-based process
- Supports clinical decision-making
- Ensures statewide consistency in access to HFW

» **While Evaluating for HFW:**

- BHPs must ensure youth have access to medically necessary SMHS.

» **Requirements for Claiming HFW:**

- Use CANS DSC developed by Praed Foundation
- Confirm HFW is medically necessary and clinically appropriate by a qualified behavioral health professional
- No prior authorization or additional requirements that delay referral or services

Child Adolescent Needs and Strengths (CANS)



Child Adolescent Needs and Strengths (CANS)

- » CANS is assessment tool used by all Behavioral Health Plans (BHPs) to identify actionable needs and meaningful strengths
 - Used for service planning and outcome tracking for children and youth
- » Required for all children and youth receiving SMHS, ensuring consistent assessment and support across counties and providers.
- » Supports [Child Family Team \(CFT\)](#), shared decision-making, and integrated care planning.

Aligned Use of the CANS Tool

- » DHCS and CDSS are aligning the use of the CANS tool and policies across the child welfare and SMHS systems in two phases.
- » CANS alignment will ensure that county child welfare agencies and BHPs administer the same CANS tool in the same manner, so that:
 - Results are comparable and outcomes can be tracked over time
 - Results can be more easily shared between care partners
 - Redundancies are avoided across partners
 - Collaboration is promoted among the CANS between partners

Phase I and II Alignment Plan

DHCS will align use of the CANS tool across the child welfare and specialty mental health systems. Policy changes to align use of the CANS tool will take place across two phases.

Phase I

Policy changes focused on administrative alignment, enacted through BHIN 25-035 ACL 25-71. These changes included:

- » Aligned timing of administration of the CANS tool.
- » Shared certification requirements.
- » Expansion of individuals able to administer the CANS tool.

Phase II

Policy changes focused on programmatic alignment, to be released in a subsequent joint BHIN/ACL, include:

- » The use of the same CANS tool, including automation of CANS and training requirements.
- » Shared data collection and storage

Activity Funds

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Activity Funds Overview

- » The **Activity Funds initiative** is a component of BH-CONNECT and a required SMHS benefit through December 31, 2029.
- » Activity Funds can cover up to \$1,000 in services and items for eligible members that:
 1. Promote physical wellness and a healthy lifestyle (e.g., sports club fees and gym memberships, bicycles, scooters, roller skates and related safety equipment) and
 2. Develop strengths (e.g., music lessons, art lessons, therapeutic summer camps)
- » Services and items covered with Activity Funds **must directly align with assessed clinical needs** and:
 - Promote inclusion in the community;
 - Increase the child/youth's safety in their home environment; or
 - Facilitate the member's age-appropriate participation or autonomy to make decisions to improve their physical or behavioral health outcomes.

Activity Funds Overview

- » To be eligible to receive Activity Funds, children and youth must:
 - Be an enrolled Medi-Cal member;
 - Meet Child Welfare involvement criteria; and
 - Have a qualifying behavioral health condition or be at high risk for one.
- » Licensed Mental Health Professionals are responsible for determining eligibility and recommending eligible youth to activity funds

Activity Funds Updates

- » In November 2025, DHCS published [BHIN 25-037](#), detailing eligibility, allowable uses, provider responsibilities, documentation standards, and compliance requirements.
- » DHCS is revising the BHIN to expand on the areas where it noted that additional guidance was forthcoming.
- » The draft BHIN was released for public comment in May 2026.
- » Forthcoming handbooks for LMHPs, members, and Activity Providers, along with FAQs and other resources will be released with the final BHIN guidance.

Activity Funds Updates

- » DHCS is partnering with [Public Partnerships LLC \(PPL\)](#) as the third-party administrator to support BHPs in implementing the Activity Funds program.
- » DHCS and PPL are finalizing the online portal design which will serve as the primary tool for BHPs, LMHPs, Medi-Cal members, and activity providers to use when an eligible member is recommended for Activity Funds.
- » DHCS anticipates launching the Activity Funds Initiative portal in **Summer 2026.**



Questions?

Public Comment

The image features two decorative, wavy horizontal lines. The top line is a medium teal color, and the bottom line is a darker navy blue. Both lines have a smooth, undulating path across the width of the page.

Public Comment Guidelines

- » During the public comment period, we do not answer questions, but simply listen to public comments.
- » All public comments are recorded in the meeting minutes.
- » Public comments are from members of the public present in the room and those attending virtually.
- » Please state your name and organization.
- » Please keep your comments concise and limited to 1 minute.

Final Comments and Adjourn



Upcoming Meeting Dates



- » September 10, 2026
- » November 5, 2026

Thank You.

