

**California Behavioral Health Planning Council**

**Systems and Medicaid Committee Agenda**

Thursday, April 16, 2026

8:30 a.m. to 12:00 p.m.

[California Endowment](#)

1414 K St #500

Sacramento, CA 95814

Adelante Room

[Zoom Link](#)

**Meeting ID:** 868 3500 1082

**Passcode:** SMC2026

**Join by phone:** 1-669-900-6833

**Passcode:** \*4148529#

**Meeting Focus:** **High-Fidelity Wraparound (HFW) Services**

- |                   |   |              |
|-------------------|---|--------------|
| <b>8:30 a.m.</b>  | <b>Welcome, Introductions, and Housekeeping</b><br><i>Karen Baylor, Chairperson and All Members</i>   |              |
| <b>8:35 a.m.</b>  | <b>Review and Accept January 2026 Draft Meeting Minutes (Action)</b><br><i>Ian Kemmer, Chair-Elect and All Members</i> <ul style="list-style-type: none"><li>• Committee Discussion</li><li>• Public Comment</li><li>• Accept Minutes</li></ul> | <b>Tab 1</b> |
| <b>8:40 a.m.</b>  | <b>Overview of High-Fidelity Wraparound (HFW) Services</b><br><i>Erika Cristo, Assistant Deputy Director of Behavioral Health, California Department of Health Care Services</i>  | <b>Tab 2</b> |
| <b>9:20 a.m.</b>  | <b>Public Comment</b>   |              |
| <b>9:25 a.m.</b>  | <b>Children’s Advocate Perspective of High-Fidelity Wraparound (HFW) Policy and Implementation</b><br><i>Elizabeth Oseguera, Director of Public Policy, California Alliance for Child and Family Services (CACFS)</i>                           | <b>Tab 3</b> |
| <b>10:10 a.m.</b> | <b>Public Comment</b>   |              |
| <b>10:15 a.m.</b> | <b>Break</b>  |              |
| <b>10:30 a.m.</b> | <b>Sacramento County and Provider Perspective of High-Fidelity Wraparound (HFW) Local Implementation</b>  | <b>Tab 4</b> |

**If reasonable accommodations are required, please contact the Council at (916) 701-8211, at least 5 working days prior to the meeting date.**

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*Sheri Green, Youth and Family Division Manager, Sacramento County Behavioral Health Services Department*

*Brian Olden, Wraparound Program Monitor, Sacramento County Behavioral Health Services Department*

- 11:45 a.m. General Public Comment**  
*Members of the public can comment on any non-action agenda item that did not have public comment or any other general item.*
- 11:50 a.m. Committee Updates, Wrap-Up, and Next Steps** **Tab 5**  
*Karen Baylor, Chairperson and All Members*
- 12:00 p.m. Adjourn**

*The scheduled times on the agenda are estimates and subject to change.*

**Public Comment:** Limited to a **2-minute maximum** to ensure all are heard.

### **Systems and Medicaid Committee Members**

Karen Baylor, Chairperson      Ian Kemmer, Chair-Elect

Amanda Andrews	Dale Mueller	Karrie Sequeria
Jessica Grove	Noel O'Neill	Tony Vartan
Steve Leoni (on leave)	Liz Oseguera	Susan Wilson
Catherine Moore	Deborah Pitts	Milan Zavala
Javier Moreno	Marina Rangel	Uma Zykfosky

**Committee Staff:** Ashneek Nanua, Health Program Specialist II

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**California Behavioral Health Planning Council  
Systems and Medicaid Committee**

**Thursday, April 16, 2026**

**Agenda Item:** Review and Accept January 2026 Draft Meeting Minutes (Action)

**Enclosures:** January 2026 Draft Meeting Minutes

**Background/Description:**

Committee members will have the opportunity to ask questions, request edits, and provide other feedback before the minutes are accepted.

California Behavioral Health Planning Council

**Systems and Medicaid Committee (SMC)**

Meeting Minutes - DRAFT  
Quarterly Meeting – January 21, 2026

**Members Present:** Karen Baylor, Jessica Grove, Ian Kemmer, Catherine Moore, Javier Moreno, Dale Mueller, Noel O’Neill, Elizabeth Oseguera, Marina Rangel, Susan Wilson, Milan Zavala

**Staff Present:** Ashneek Nanua

**Presenters:** Uzma Rahman, Paula Wilhem, Ivan Bharwaj, Nadia Privara, Kimberly Pauly, Ian Kemmer

**Meeting commenced at 8:30 a.m.**

**Quorum Established:** 11 out of 17 members

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**Item #1      Review and Accept October 2025 Draft Meeting Minutes (Action)**

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The Systems and Medicaid Committee reviewed the October 2025 draft meeting minutes. No edits were requested. The committee accepted the meeting minutes as written.

**Action/Resolution**

The accepted minutes will be posted to the Council’s Website.

**Responsible for Action-Due Date**

Ashneek Nanua – January 2026

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**Item #2      Update Systems and Medicaid Committee Work Plan for 2026-2028 (Action)**

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Committee staff summarized the recommended changes to the Systems and Medicaid Committee Work Plan for 2026-2028. The committee leadership recommended that the action items for Objective 1.1 (CalAIM Initiative) and Objective 1.2 (BH-CONNECT Initiative) be combined into a single objective. Additionally, leadership recommended that Objective 2.1 on children and youth be broader and less specific. Committee members reviewed additional edits to the Work Plan, which were primarily grammatical

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Committee members requested the following edits to the Work Plan:

- Add an action item focused on high-fidelity wraparound services, specifically due to Assembly Bill 896, which focuses on wraparound services for foster youth and the juvenile justice population.
- Add an action item focused on the implementation of the wraparound immediate needs program, which is specific to foster youth.

Susan Wilson moved to approve the Systems and Medicaid Committee Work Plan for 2026-2028, with the requested edits. Noel O'Neill seconded the motion. Committee staff conducted a roll call vote. The motion to approve the committee's Work Plan passed.

### **Action/Resolution**

Committee staff will make changes to the Work Plan based on the feedback provided. The approved Work Plan will be posted to the Council's website.

### **Responsible for Action-Due Date**

Ashneek Nanua – January 2026

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### **Item #3      Public Comment**

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Janet Frank from the Commission on Aging requested that language be added to Objective 2.1 to include other priority populations in addition to children and youth. The committee Chairperson stated that Goal 2 of the Work Plan includes various populations, such as older adults and substance use disorder populations.

### **Action/Resolution**

N/A

### **Responsible for Action-Due Date**

N/A

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### **Item #4      Overview and Updates for BH-CONNECT Implementation**

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Uzma Rahman, the Branch Chief of the Medi-Cal Behavioral Health Policy Division at the Department of Health Care Services (DHCS), presented an overview of the implementation of the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative. This historic effort aims to transform behavioral health services for Californians with significant behavioral health needs. It is structured as a five-year Medicaid Section 1115 demonstration, supported by State Plan Amendments (SPAs) and complementary policies to strengthen behavioral health systems statewide.

The goals of BH-CONNECT include expansion of the continuum of community-based

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services and evidence-based practices (EBPs) for individuals with mental health and substance use disorders, access federal funds for short-term facility-based care, and promotion of successful transitions from institutional settings to community-based care. The initiative also aims to strengthen family-based services for children and youth and expand the behavioral health workforce through scholarships, loan-repayment programs, and training opportunities.

Key federal approvals under the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative include Section 1115 Demonstration components such as the Workforce Initiative, Access Reform and Outcomes Incentive Program, Community Transition In-Reach Services, and the Institute for Mental Disease (IMD) Federal Financial Participation (FFP) Program. State Plan Amendments (SPAs) have been approved for Assertive Community Treatment (ACT), Forensic ACT, Coordinated Specialty Care for First Episode Psychosis (CSC), Clubhouse Services, Individual Placement and Support (IPS) Supported Employment, and Enhanced Community Health Worker (CHW) Services.

The Institute for Mental Disease (IMD) Federal Financial Participation (FFP) Program allows counties to receive federal funds for short-term stays of up to 60 days in Institutions for Mental Diseases, if they meet quality standards and offer a full suite of evidence-based practices. Counties that have opted into this benefit include Sacramento, San Diego, and Santa Clara. Community Transition In-Reach Services were also highlighted as a critical component, which offer intensive pre- and post-discharge plans for individuals that transition from institutional care to community settings. These services are available for up to 180 days prior to discharge.

The presentation detailed evidence-based practices available for adults. For children and youth, the initiative clarifies coverage for Functional Family Therapy (FFT), Multisystemic Therapy (MST), Parent-Child Interaction Therapy (PCIT), and High-Fidelity Wraparound (HFW). Additional efforts include Activity Funds to support children and youth in the child welfare system and efforts to align the Child and Adolescent Needs and Strengths (CANS) tool with the California Department of Social Services (CDSS).

The BH-CONNECT Initiative also includes the Access Reform and Outcomes Incentive Program, which is a mechanism to reward counties to improve access, outcomes, and delivery system performance. In its first submission, 42 counties collectively received \$50 million. Finally, the Workforce Initiative was emphasized as a cornerstone of BH-CONNECT, with a planned \$1.9 billion investment between 2025 and 2029 to recruit, retain, and train behavioral health practitioners. Recent awards include \$15.8 million for residency programs and \$134 million for student loan repayment grants, with scholarship and training program applications that open in early 2026.

After the presentation, the committee engaged in a question-and-answer session with Uzma Rahman, Paula Wilhem, and Ivan Bharwaj of the Department of Health Care Services (DHCS). The main discussion points included the following:

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- The committee Chairperson asked the presenters to explain the difference between High-Fidelity Wraparound and Full-Service Partnerships (FSPs). Paula Wilhelm, the Deputy Director for Behavioral Health, stated that counties are required to operate FSPs for both youth and adults under the Behavioral Health Services Act (BHSA). The Act includes a statutory requirement for the use of evidence-based practices (EBPs) in Full-Service Partnerships. Guidance from the Department of Health Care Services states that youth who receive Full-Service Partnership services should receive High-Fidelity Wraparound, the core evidence-based practice for youth with complex or significant behavioral health needs. The Department of Health Care Services will update Medi-Cal coverage to align with national standards for High-Fidelity Wraparound, and counties must provide these services in youth Full-Service Partnership programs as of July 1, 2026, as mandated by the Behavioral Health Services Act.
- A committee member asked the presenters to address any workforce challenges in the Institutes for Mental Disease (IMD) facilities. The committee member noted that staff skills are often insufficient to deliver these services to the level required under Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative. Paula Wilhelm stated that the evidence-based practice requirements apply to county Behavioral Health Plans that opt into the Institutes for Mental Disease opportunity under the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative. She indicated that the state aims to improve the quality of care and strengthen community-based supports to help people transition out of inpatient facilities and avoid inpatient utilization. This requirement applies at the county level rather than the facility level. Paula also stated that the Institutes for Mental Disease opportunity requires certain standards of care to be observed in the facilities that participate in the demonstration, such as consistent screening for comorbidities, which includes substance use disorders; consistent discharge planning to community-based organizations; and use of the evidence-based practices level of care tool to inform decisions about inpatient stays.
- A committee member asked the presenters to address the involvement of small counties in the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative Demonstration. The committee member noted that small counties face challenges to meet these requirements. Paula Wilhem reported that counties, providers, and other stakeholders have raised this issue. She noted that small counties face challenges in relation to geography and population size. The state works with the Centers of Excellence (COE) to help train providers and counties to scale and expand evidence-based practices. The state discusses strategies and flexibilities to support implementation of BH-CONNECT in small counties. Small and rural counties also have certain exemptions under the Behavioral Health Services Act regarding Full-Service Partnership requirements. Uzma Rahman added that the state aims to explore options for regional approaches and hybrid models for small and rural counties to meet the fidelity requirements. Ivan Bhardwaj added that the Workforce Initiative partners with the Department of Health Care Access

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and Information (HCAI) to build and retain the behavioral health workforce in small and rural counties.

- A committee member asked the state to describe the transition process for youth who age out of services that provide evidence-based practices, if the youth still require services. Paula Wilhelm stated that the state describes some evidence-based practices for adults and others for children to reflect how the evidence base was developed for each population group. She stated that an important distinction is that evidence-based practices have no age limits, but rather, it is an individualized determination between the client and service provider. Paula stated that the youth's care team would identify the treatment goals, and continuity of care includes a warm hand-off transition.
- The committee Chairperson asked what will happen at the end of the five-year waiver and how the state will measure the demonstration's success. Paula Wilhelm explained that the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative includes several policy initiatives; some need waiver authority, while others do not.
- At the end of the waiver, the state will determine whether to renew programs authorized by the waiver, such as the authority and activity funds. The evidence-based practices are covered under the Medicaid state waiver authority, so the state anticipates that the counties will be able to continue service delivery regardless of what the next waiver package will include. Paula added that 1115 Waivers require an independent evaluation, which has an interim and final evaluation. The evaluation will assess success with indicators such as the number of individuals served and outcomes.
- A committee member asked what happens to individuals who move counties when one county provides an optional service and the county they move to does not. Paula Wilhelm stated that there is an expectation that all services covered under Medicaid be available statewide, or an equivalent support for children should be provided in each county under the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) mandate. Paula acknowledged that gaps may still exist and that the state will continue to develop capacity to fill them. For adults, optional services create a continuity-of-care issue, and the county Behavioral Health Plans are expected to coordinate care between counties to ensure the individual receives the care they need.
- A committee member asked how different counties can access medical records to coordinate care for Medi-Cal members. Paula Wilhelm said most counties can transfer records between providers, consistent with all applicable privacy laws. She expressed that the goal is to make information transfer more seamless and real-time to support transitions in care. Additionally, the state has comprehensive guidance for counties and Managed Care Plans (MCPs) on their data exchange and care coordination obligations. Paula also noted that the state has Medi-Cal Connect, a population health management platform that helps counties and providers look up information for Medi-Cal members who may have been served elsewhere. However, there is a lag because the information is based on claims data.

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### Action/Resolution

N/A

### Responsible for Action-Due Date

N/A

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### Item #5 Public Comment

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Janet Frank from the Commission on Aging asked the state to provide more details on how the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative relates to the priority population of older adults. Paula Wilhelm stated that BH-CONNECT does not include dedicated initiatives for older adults; however, its performance goals will significantly support older adults. The evidence-based practices and Workforce Initiative may support these efforts.

### Action/Resolution

N/A

### Responsible for Action-Due Date

N/A

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### Item #6 San Diego County Perspective for BH-CONNECT Implementation

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Nadia Privara, the Director for San Diego County Behavioral Health Services, and Kimberly Pauly, the Deputy Director of Behavioral Health, presented on the local implementation of the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative. BH-CONNECT offers significant opportunities for San Diego County, which includes the expansion of Medi-Cal benefits, the addition of new evidence-based practices (EBPs), and increased reimbursement rates aligned with the cost of care. These changes create new avenues for counties to enhance services and receive reimbursement. However, challenges remain, such as expedited timelines and integration with CalAIM payment reform.

The implementation timeline began in November 2023 and moved through several key steps. Internal workgroups met in early 2024. In March 2025, the Board of Supervisors approved opting into BH-CONNECT. By October 2025, additional activities were completed which included billing for Enhanced Community Health Worker services, submission of incentive program documentation, and Institutes for Mental Disease (IMD) Implementation Plan approval.

San Diego opted into several evidence-based practices under the Institutes for Mental Disease (IMD) Waiver, which includes Assertive Community Treatment (ACT), Forensic ACT, Individual Placement and Support (IPS) Supported Employment, and High-Fidelity

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Wraparound (HFW). The county operates 10 Clubhouses and chose to participate in Clubhouse services under the BH-CONNECT Initiative. The county chose not to participate in Community Transition In-Reach Services. The Oasis Clubhouse was highlighted as a new service opportunity.

The county will move from its locally funded, evidence-based practices to statewide standardized high-fidelity models. This shift will require meeting statewide expectations for fidelity scales, staffing patterns, caseload, and service intensity standards. It also brings new statewide standards for quality, accountability, and outcomes.

Challenges include operational shifts for community-based organizations, bundled rate structures, and workforce sustainability. The county faces a critical need for 18,500 additional behavioral health workers, as identified in the 2022 Behavioral Health Workforce Report. Initiatives such as the ELEVATE Behavioral Health Workforce Fund aim to address these workforce gaps and support long-term growth.

The Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative offers significant financial benefits for San Diego County, including new Medi-Cal reimbursement opportunities and the ability to redesign evidence-based practices to improve care. The Institute for Mental Disease (IMD) Waiver allows the county to bill for services previously funded by the county, which creates savings that can be reinvested into the expansion and enhancement of other critical services.

After the presentation, the committee held a question-and-answer session with the presenters. The key discussion points include the following:

- A committee member asked whether San Diego County has been able to adjust Institute for Mental Disease (IMD) personnel to prepare clients to transition to community-based services. The presenters stated that the optimal care pathways model helps evaluate the services provided in the county's Licensed Mental Health Rehabilitation Centers (MHRCs), Skilled Nursing Facilities (SNFs), and other behavioral health settings. The county has also invested in Adult Residential Facilities (ARFs) and in staff rates for different levels of acuity. Additionally, the county pursues grant funds to develop and improve infrastructure in licensed Board and Care facilities. Behavioral Health Bridge Housing funds have contributed to these efforts.
- A committee member asked about the impact of state rates on facilities' ability to remain open, particularly for foster youth. The presenters described challenges with state rates with the shifts for payment reform and providers' adaptability to these changes. However, the county has worked to redesign programs to be Medi-Cal reimbursable and to meet Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative requirements.

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- A committee member stated that there is a difference in financial support for foster care between children who are connected to family members and those who are placed in a foster care home. The presenters stated that the county has developed close partnerships with the child welfare system and there is close collaboration to find creative ways to blend and create funding.
- A committee member stated that there have been challenges to find qualified ARFs and facilities' willingness to accept supports. The member asked whether the county has a recruitment program for licensed facilities. The county indicated that staff has worked to identify licensed facilities willing to serve individuals with Serious Mental Illness (SMI). The presenters shared that facilities have been willing to serve clients with SMI but have been unable to do so likely due to parity issues with reimbursement. The county has been focused on preservation of current facilities, recruitment through grant funds to determine whether new providers are interested, and development of a roadmap to work with providers to identify needed resources.
- A committee member asked about the contract requirements for the High-Fidelity Wraparound (HFW) Benefit for Community-Based Organizations (CBOs) and the intersection between the county behavioral health department and child welfare. The committee member also asked the presenters how they foresee implementation for the tiered rate structure that affects foster care. The presenters stated that the county is committed to the standards in place to avoid barriers for providers. The county aligns the Behavioral Health Services Act County Policy Manual and the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative requirements. San Diego County has approximately 350 contracted programs accountable to meet the requirements, while the county is responsible to monitor the programs. The county works closely with the child welfare system to discuss BH-CONNECT implementation based on the needs of the child and family.

### **Action/Resolution**

N/A

### **Responsible for Action-Due Date**

N/A

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### **Item #7 Orange County Perspective for BH-CONNECT Implementation**

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Ian Kemmer, the Behavioral Health Director for the Orange County Health Care Agency, provided the committee with the county's implementation of the BH-CONNECT Initiative. Orange County has opted into the Access, Reform and Outcomes Incentive Program. The county completed its baseline submission in June 2025 and will prepare for the next submission in June 2026, with a focus on quality improvement, care coordination, and meet Behavioral Health Accreditation standards. The Quality

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Management Services Unit was restructured to be more responsive to this process. Funds from this program support the following:

- Improve access to care and achieve better health outcomes for members with significant behavioral health needs.
- Expand EBPs such as Assertive Community Treatment (ACT), Coordinated Specialty Care (CSC), Multisystemic Therapy (MST), and Parent-Child Interaction Therapy (PCIT).
- Strengthen community-based infrastructure, workforce development, and Enhanced Care Management (ECM).
- Reduce institutionalization and improve transitions to community care.

Orange County is currently in the evaluation phase to determine readiness to opt into the Federal Financial Participation (FFP) for the Institute for Mental Disease (IMD) Incentive, which would allow federal funds for short-term stays in Institutions for Mental Diseases, contingent on the county's engagement in Evidence-Based Practices (EBPs) and services such as Certified Peer Support Specialists (CPSS) and Community Health Workers (CHWs). While CPSS services are in place, CHW infrastructure is still under development. Savings from this incentive would be reinvested in expanded community services, housing support, and workforce development. Orange County will likely opt in to the Institutes for Mental Disease (IMD) Incentive in 2026.

For adult Evidence-Based Practices (EBPs), Orange County's work includes several activities:

- Solicit Assertive Community Treatment (ACT) and Forensic ACT programs.
- Address challenges related to Individual Placement and Support (IPS) Supported Employment.
- Offer Clubhouse Services. This is a long-term goal, as the county currently offers recovery centers.
- Evaluate rate structures to ensure sustainability to opt into these benefits. This involves evaluation of bundled rates compared to standalone Fee-For-Service (FFS) payment rates.

Orange County has started early planning for Community Transition In-Reach Services to support members' transitions from institutional settings. This initiative is also expected to strengthen the county's performance on Follow-Up after Hospital Discharge (FUH) Healthcare Effectiveness Data and Information Set (HEDIS) measures. This work will take place in 2026 and in subsequent years.

The county also works to address challenges such as workforce shortages, administrative infrastructure, reimbursement uncertainties, payment reform implementation, local priorities, and data and technology needs. Next steps include partnerships, collaboration with Institutes for Mental Disease (IMD) facilities, and optimization of funding streams to sustain and expand the behavioral health system of care.

After the presentation concluded, the committee held a question-and-answer session with Ian Kemmer. Key questions and discussion points included:

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- A committee member asked whether the standards for the Access, Reform and Outcomes Incentive Program will apply to network providers. The member also asked whether the county will cross-reference the standards with national accreditation standards that apply to certain provider organizations to avoid providers being held accountable to two different standards. Ian stated that the measures will apply to providers because the state has established a specific standard of care. He added that there have been minor changes to the measure for the service provided, but there is not a major change from the prior standards.
- A committee member asked how Orange County will approach High Fidelity Wraparound (HFW) services and engage organizations to bill Medi-Cal for services. Ian stated that the Improved Innovations Program includes technical assistance for providers who would like to become Medi-Cal certified. He added that the county is in conversations with Full-Service Partnership providers on how to implement the High-Fidelity Wraparound Benefit.
- Committee members discussed how Realignment funds draw federal match funds from the federal government and how reimbursement occurs in the
- Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative.
- A committee member asked about staffing for short-term stays in Institutes for Mental Disease facilities. Ian stated that the regulations for IMD staff are not complete.

### **Action/Resolution**

N/A

### **Responsible for Action-Due Date**

N/A

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### **Item #8 Public Comment**

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Karen Cameron, a patient rights advocate for 20 years in Sacramento County, stated that her county has two Institutes for Mental Disease (IMD) facilities. She shared that people are often forgotten once they are placed in these facilities and that it can be difficult to help them leave because there are often no appropriate options available.

Steve McNally from Orange County stated that it may be helpful for the committee to review Assembly Bill 96, which would allow Peer Support Specialists to bill Managed Care. He noted that the state now has 8,000 certified peers.

### **Action/Resolution**

N/A

### **Responsible for Action-Due Date**

N/A

## California Behavioral Health Planning Council

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### Item #9 Committee Updates, Wrap Up, and Next Steps

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#### **Action/Resolution**

The committee's leadership and staff will plan the agenda for the April 2026 Quarterly Meeting.

#### **Responsible for Action-Due Date**

Ashneek Nanua, Karen Baylor, Ian Kemmer – April 2026

## California Behavioral Health Planning Council Systems and Medicaid Committee

Thursday, April 16, 2026

**Agenda Item:** Overview of High-Fidelity Wraparound (HFW) Services

**Enclosures:** Overview of Medi-Cal High-Fidelity Wraparound (HFW) Presentation

### **How This Agenda Item Relates to Council Mission**

*To review, evaluate and advocate for an accessible and effective behavioral health system.*

The committee will use information about High-Fidelity Wraparound (HFW) services to help inform policy recommendations that aim to improve access and quality of care for children and youth with behavioral health conditions served by California’s public behavioral health system.

This agenda item relates to the Council’s focus areas of statewide behavioral health integration for children and youth who experience a mental health or substance use disorder condition.

This agenda item corresponds to the **Systems and Medicaid Committee Work Plan Objective 1.1** and **Objective 2.1**:

- **Objective 1.1**: Monitor and provide feedback on the implementation of the California Advancing and Innovating Medi-Cal (CalAIM) Initiative and the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) 1115 Demonstration Waiver. to assess successes and challenges of the Initiatives and provide policy recommendations to the Department of Health Care Services (DHCS).
- **Objective 2.1**: Collaborate with state, county, and health plan partners to participate in priority initiatives that help increase and improve behavioral health and student mental health services for children and youth.
  - Activity: Monitor and provide feedback on High-Fidelity Wraparound (HFW)

### **Background/Description:**

High-Fidelity Wraparound (HFW) is a team-based, family-centered planning process designed to support children and youth, particularly those involved in child welfare or foster care, who have complex behavioral health needs. The model focuses on

individualized care, collaboration across systems, and family voice and choice. On July 31, 2025, the California Department of Healthcare Services (DHCS) released the [High-Fidelity Wraparound Concept Paper](#). DHCS describes its initial vision for Medi-Cal HFW payment and monitoring policies and associated updated standards for service delivery in both Medi-Cal under the BH-CONNECT Initiative and the Behavioral Health Services Act (BHSA), in alignment with national standards and state best practices.

The purpose of this agenda item is to provide the committee with the information regarding the High-Fidelity Wraparound (HFW) Benefit, an evidence-based practice within the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative from the Department of Health Care Services (DHCS). Erika Cristo, the Assistant Deputy Director for Behavioral Health at the Department of Health Care Services (DHCS), will present an overview of the HFW Evidence-Based Practice for children and youth in the BH-CONNECT Initiative. The presentation will include the state's expectations for implementing this program. Committee members will have the opportunity to ask questions after the presentation.

### **Presenter Biography:**



Erika Cristo is an Assistant Deputy Director (ADD) for Behavioral Health at the California Department of Health Care Services (DHCS). In this role, Erika serves as the policy lead for all crisis continuum of care initiatives and proposals and behavioral health policy related to improving care for children and youth, particularly for children in the child welfare system. Erika also serves as DHCS' behavioral health lead on efforts to improve the quality of behavioral health data reporting and use and provides leadership support for the DHCS Community Services and Licensing & Certification Divisions related to departmental priorities in these areas. Erika has over 25 years of State of California experience in the behavioral health

State of California experience in the behavioral health field. She began her state career as an Associate Mental Health Specialist with the former Department of Mental Health, and has worked in various analyst, specialist, and management capacities since then. Prior to her ADD role, Erika was the Branch Chief overseeing the Program Policy, Legislation, and Regulations Branch in the DHCS Medi-Cal Behavioral Health Services Division, where she was responsible for overseeing teams analyzing, developing, and implementing policy related to the Medi-Cal behavioral health delivery systems, including DHCS' CalAIM Behavioral Health initiatives. Erika earned a bachelor's degree in Sociology from the University of California, Davis, which solidified her desire to pursue a career in public service.

# California Behavioral Health Planning Council

## Overview of Medi-Cal High Fidelity Wraparound (HFW)

Thursday, April 16, 2026

# Children and Youth EBPs - Clarification of Coverage

**Under BH-CONNECT, DHCS will clarify coverage requirements for the following:**

<b>Evidence-Based Practices (EBPs) for Children and Youth</b>	
Functional Family Therapy (FFT)	Parent-Child Interaction Therapy (PCIT)
Multisystemic Therapy (MST)	<b>High Fidelity Wrap-Around (HFW)</b>
<i>Pursuant to <b>Early and Periodic Screening, Diagnostic, and Treatment (EPSDT)</b> requirements for all state Medicaid programs, all children under age 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.</i>	

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

# 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.

# HFW BHIN Key Policy

- » BHPs shall ensure Medi-Cal members **under age 21** receive HFW if determined **medically necessary and clinically appropriate**.
- » Effective July 1, 2026, in accordance with [Assembly Bill \(AB\) 161](#) (Welfare & Institutions Code 16562), which requires DHCS to implement “a case rate or other type of reimbursement” for HFW services, **BHPs must claim for specified activities using the updated payment model** (“the monthly HFW rate”).
  - HFW teams must also achieve and maintain Medi-Cal Fidelity Designation.
- » As described in the [BHSA County Policy Manual](#), **counties must also include HFW in their FSP program** beginning in July 2026.
  - HFW teams must meet the same fidelity requirements for Medi-Cal and BHSA.

# Medi-Cal HFW Policy Development Timeline

- Updated BHSA Policy Manual, which includes requirements for counties to implement HFW in their FSP program beginning July 2026
- Released Medi-Cal HFW Concept Paper

- 1/15: Released draft Medi-Cal HFW BHIN for 2-week public comment

- Release Medi-Cal HFW Policy Manual for public comment
- Release final BHIN

August 2025

September 2025

January 2026

Q1 2026

Q2 2026

July 2026

- Established Medi-Cal HFW Center of Excellence (UC Davis)

- Refine BHIN based on public comment and stakeholder input

- Service requirements, payment and monitoring policies take effect in Medi-Cal BHSA FSPs 7/1/26

# Medi-Cal HFW Policy Development

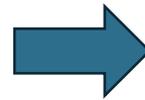
## HFW BHIN

Released for Public Comment from  
January 15-January 29, 2026

Describes **minimum requirements that Behavioral Health Plans (BHPs)** must meet in implementing Medi-Cal HFW related to:

- » Scope of coverage;
- » Medical necessity criteria;
- » Care delivery settings;
- » Provider qualifications; and
- » Claiming/payment for providing HFW under Medi-Cal.

Importantly, the requirements in this BHIN are **dependent on approval from CMS**.



## HFW Policy Manual

Planned Release for Public Comment:  
Q2 2026

This manual will **provide guidelines for practice and operations**, as well as requirements for fidelity, outcomes, and training. It will include details on:

- » Identifying eligible children and youth using decision-support tools and clinical guidelines;
- » Team structure for delivering HFW services;
- » Additional Medi-Cal billing guidance;
- » Training and technical assistance;
- » Monitoring outcomes and fidelity; and
- » Data collection requirements.

# 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 (TCM): 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.

# Alignment Across Medi-Cal, California Wraparound, & National Wraparound Initiative (NWI) Standards

DHCS will broadly align Medi-Cal requirements with the California Wraparound Standards, which are based on National Wraparound Initiative (NWI) guidelines and were developed over several years in close collaboration with the Medi-Cal Centers of Excellence (COE) (UC Davis).

- » **California Wraparound Standards' definition of HFW principles, phases, and operationalization of core service standards as defined in the Aftercare BHIN/ACL align with NWI.** Select 'organizational supports/systems standards' are Child Welfare specific and will not be mirrored under Medi-Cal guidance.
- » **Staffing:** NWI does not prescribe specific staffing models, but key functions across HFW teams, including the central role that the HFW Facilitator and Child and Family Team (CFT) play, along with a range of formal and informal (natural) supports, including peers.
- » **Fidelity and Outcomes Monitoring:** To inform California Wraparound Standards, UC Davis worked with Wraparound Evaluation Research Team (WERT) to define fidelity indicators and a continuous quality improvement (CQI) pilot using WERT-developed tools, which will inform the Medi-Cal Fidelity Designation and outcomes monitoring approach.

# Fidelity Assessments and Fidelity Designation for HFW

**BHPs must work with the HFW COE to ensure that HFW teams are delivering HFW to fidelity. HFW teams must achieve and maintain Fidelity Designation under both BHSA and Medi-Cal.**

## **Initial Claiming Period:**

- » BHPs may claim for HFW for up to nine months before teams complete a baseline fidelity assessment with the COE.

## **Ongoing Claiming Requirement:**

- » After the initial nine months, teams must achieve and maintain Fidelity Designation, defined as meeting a specified fidelity threshold on assessments conducted by the COE.

## **Three Levels of Fidelity Designation**

- 1. Baseline Fidelity Designation:** Team has completed their baseline fidelity assessment.\*
- 2. Minimum Fidelity Designation:** Team has completed their first fidelity assessment and meets the minimum fidelity threshold for HFW.
- 3. Full Fidelity Designation:** Team has completed their second fidelity assessment and meets the full fidelity threshold for HFW.

\*DHCS intends to align the certification process for FFPSA Aftercare providers (outlined in [ACL 25-47/BHIN 25-027](#)) with Medi-Cal HFW Baseline Fidelity Designation.

The same process/requirements for Aftercare certification will serve as the first step in achieving Fidelity Designation under Medi-Cal.

# Use of Child and Adolescent Needs and Strengths (CANS) Decision Support Criteria

## Assessment Requirement:

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

## Uniform Decision Support Tool:

- » DHCS will implement the HFW Decision Support Criteria (DSC), which will use CANS assessment data and is being 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 for HFW:

- » Qualified BH professionals must refer to CANS DSC developed by Praed Foundation, and confirm HFW is medically necessary and clinically appropriate.
- » No prior authorization or additional requirements that delay referral or services.

***Details will be in the forthcoming HFW Policy Manual.***

# Questions?



Please send additional questions to:

[BH-CONNECT@DHCS.ca.gov](mailto:BH-CONNECT@DHCS.ca.gov)

# Thank You



# Appendix



# 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: HFW Fidelity Approach

**The draft HFW Policy Manual will be released in early Q2 for public comment and will include details on the following components of the HFW fidelity approach.**

DHCS' approach to fidelity for HFW includes the following policy components:

- » Provider and County-Level HFW Fidelity Designation Requirements
- » County Consultations with COE
- » HFW Fidelity Tool: Document Assessment and Review Tool (DART)
- » Fidelity Monitoring – Maintaining Fidelity and Probationary Period
- » Additional TA Tools
- » HFW Training Requirements
- » HFW in Rural Areas
- » Tracking Fidelity Monitoring Status
- » Data Collection
- » Technical Assistance from the HFW COE

# High Fidelity Wraparound (HFW) COE

- » [Resource Center for Family-Focused Practice \(RCFFP\)](#), a program within the Division of Continuing and Professional Education at the University of California, Davis was selected as the COE for High Fidelity Wraparound (HFW). The primary goals for RCFFP are to:
  - Support county behavioral health plans (BHPs) and providers by offering training and technical assistance for HFW services.
  - Support establishing statewide fidelity and practice standards, ensuring that services are delivered consistently and effectively.
  - Expand eligibility for HFW to all youth under 21 who need intensive care coordination and family-centered support, regardless of child welfare or probation involvement.
- » Counties may submit an Engagement Initiation Form (EIF) to begin consultation for trainings, technical assistance, and fidelity monitoring. More information available:
  - [Visit the BH COE Resource Hub – bhcoe.dhcs.ca.gov](#)
  - [Join the newsletter](#)
  - Ask questions: [bhcoe.info@dhcs.ca.gov](mailto:bhcoe.info@dhcs.ca.gov)

## California Behavioral Health Planning Council Systems and Medicaid Committee

Thursday, April 16, 2026

**Agenda Item:** Children’s Advocate Perspective of High-Fidelity Wraparound (HFW) Policy and Implementation

**Enclosures:** None

### **How This Agenda Item Relates to Council Mission**

*To review, evaluate and advocate for an accessible and effective behavioral health system.*

The committee will use information about High-Fidelity Wraparound (HFW) services to help inform policy recommendations that aim to improve access and quality of care for children and youth with behavioral health conditions served by California’s public behavioral health system.

This agenda item relates to the Council’s focus areas of statewide behavioral health integration for children and youth who experience a mental health or substance use disorder condition.

This agenda item corresponds to the **Systems and Medicaid Committee Work Plan Objective 1.1** and **Objective 2.1**:

- **Objective 1.1:** Monitor and provide feedback on the implementation of the California Advancing and Innovating Medi-Cal (CalAIM) Initiative and the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) 1115 Demonstration Waiver. to assess successes and challenges of the Initiatives and provide policy recommendations to the Department of Health Care Services (DHCS).
- **Objective 2.1:** Collaborate with state, county, and health plan partners to participate in priority initiatives that help increase and improve behavioral health and student mental health services for children and youth.
  - Activity: Monitor and provide feedback on High-Fidelity Wraparound (HFW)

## **Background/Description:**

The purpose of this agenda item is to provide the committee with the policy and implementation perspective of the High-Fidelity Wraparound (HFW) Benefit, an evidence-based practice within the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative. The committee will use this information to help inform policy recommendations that aim to improve access and quality of care for children and youth with behavioral health conditions.

Elizabeth Oseguera, the Director of Public Policy for the [California Alliance for Child and Family Services \(CACFS\)](#), will present on the policy and implementation of the High-Fidelity Wraparound (HFW) Evidence-Based Practice for children and youth served in the public behavioral health system. The presentation will include a historical summary of high-fidelity wraparounds services, and the benefits and challenges of implementation of HFW under the BH-CONNECT Initiative.

The California Alliance of Child and Family Services is the unifying force for organizations serving California's children, youth, and families, driving policy change and amplifying member impact. The Alliance's mission is to promote the health, well-being and safety of children, youth and families in California as a collective voice that impacts policy and best practices to strengthen the systems that serve them.

## Presenter Biography:



Elizabeth Oseguera is the Director of Public Policy for the California Alliance of Child and Family Services (CACFS). They help lead the policy team and has worked on finding legislative solutions for the insurance crisis and supporting member advocacy regarding the Tiered Rate Structure implementation. Before that, Elizabeth was the Assistant Director of Policy for the California Primary Care Association where they worked to advocate for behavioral health, workforce, farm workers, health equity, and immigration. As the lead on immigration work, they have collaborated with immigrant partners to create resources such as sample policies and procedures, toolkits, and trainings that help

service providers improve communications with immigrant communities.

Elizabeth also has a passion for working with youth and helping to offer mentorship. They have been a mentor for youth in college through the PUENTE Community College Mentorship Program and has worked with a Foster Youth as a CASA.

Elizabeth graduated from Sonoma State University in 2010 with a bachelor's in political science and criminal justice with a minor in English. During college they worked as an educational advisor for migrant students. They are a child of immigrant parents creating in them a passion for helping marginalized communities gain access to basic health services in a culturally appropriate way.

## California Behavioral Health Planning Council Systems and Medicaid Committee

Thursday, April 16, 2026

**Agenda Item:** Sacramento County and Provider Perspective of High-Fidelity Wraparound (HFW) Local Implementation

**Enclosures:** Sacramento County HFW Services Presentation

### **How This Agenda Item Relates to Council Mission**

*To review, evaluate and advocate for an accessible and effective behavioral health system.*

The committee will use information about High-Fidelity Wraparound (HFW) services to help inform policy recommendations that aim to improve access and quality of care for children and youth with behavioral health conditions.

This agenda item relates to the Council's focus areas of statewide behavioral health integration for children and youth who experience a mental health or substance use disorder condition.

This agenda item corresponds to the **Systems and Medicaid Committee Work Plan Objective 1.1** and **Objective 2.1**:

- **Objective 1.1:** Monitor and provide feedback on the implementation of the California Advancing and Innovating Medi-Cal (CalAIM) Initiative and the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) 1115 Demonstration Waiver. to assess successes and challenges of the Initiatives and provide policy recommendations to the Department of Health Care Services (DHCS).
- **Objective 2.1:** Collaborate with state, county, and health plan partners to participate in priority initiatives that help increase and improve behavioral health and student mental health services for children and youth.
  - Activity: Monitor and provide feedback on High-Fidelity Wraparound

### **Background/Description:**

The purpose of this agenda item is to provide the committee with a local county perspective and insights from a provider organization on the implementation of the High-Fidelity Wraparound (HFW) Benefit, an evidence-based practice within the

Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative.

Sheri Green, the Youth and Family Division Manager at Sacramento County Behavioral Health Services Department, and Brian Olden, the Wraparound Program Monitor, will present on the implementation of the High-Fidelity Wraparound (HFW) Evidence-Based Practice for children and youth in the BH-CONNECT Initiative. The presentation will include an overview of the program's components and how it differs from regular wraparound services and Full-Service Partnerships (FSPs). The presentation will also cover the rate structures used, how counties will evaluate fidelity of the program, and the benefits and challenges of implementation. The committee will have time to ask questions after the presentation.

**Presenter Biographies:**



Sheri Green is a Licensed Marriage and Family Therapist (LMFT) with over 25 years of experience in behavioral health. She manages Sacramento County's youth and family mental health division, including foster care behavioral health programs and behavioral health services for individuals experiencing homelessness. Sheri has launched multiple innovative programs, integrating mental health care with child welfare, education, probation, and homeless services. Her

career spans leadership roles in both County government and nonprofit sectors, with a focus on system integration, cross-sector collaboration, and culturally responsive care.



Brian Olden is a Licensed Clinical Social Worker with over 40 years of experience in the field of behavioral health. For the last nine years he has been the Program Coordinator and Contract Monitor for the Children's Wraparound Programs contracted through Sacramento County BHS. Prior to that, Brian's career included over 30 years of service with the Department of Defense and the Veteran's Administration developing and implementing innovative behavioral health programs for Soldiers and their family members/children, and Veterans.

Please contact Ashneek Nanua at [Ashneek.Nanua@cbhpc.dhcs.ca.gov](mailto:Ashneek.Nanua@cbhpc.dhcs.ca.gov) for a copy of the presentation.

## California Behavioral Health Planning Council Systems and Medicaid Committee

Thursday, April 16, 2026

**Agenda Item:** Committee Updates, Wrap-Up, and Next Steps

**Enclosures:** [Council Letter Re: CalAIM Section 1115 Waiver Renewal Application](#)

### **How This Agenda Item Relates to Council Mission**

*To review, evaluate and advocate for an accessible and effective behavioral health system.*

The purpose of this agenda item is to provide the committee with updates and deliverables submitted to the Department of Health Care Services, specifically in regard to the California Advancing and Innovating Medi-Cal (CalAIM) Initiative.

This agenda item relates to the Council's focus areas of statewide behavioral health integration for children and youth who experience a mental health or substance use disorder condition.

This agenda item corresponds to the **Systems and Medicaid Committee Work Plan Objective 1.1**.

- **Objective 1.1:** Monitor and provide feedback on the implementation of the California Advancing and Innovating Medi-Cal (CalAIM) Initiative and the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) 1115 Demonstration Waiver. to assess successes and challenges of the Initiatives and provide policy recommendations to the Department of Health Care Services (DHCS).

### **Background/Description:**

The Department of Health Care Services released a 30-day public comment period for the renewal of the CalAIM Section 1115 Waiver Application on February 10, 2026. The Systems and Medicaid Committee (SMC) wrote a recommendation letter that identifies areas of support and concern for the behavioral health proposals within the waiver. The committee will use this letter as a reference to monitor areas of concern identified in the letter and support future committee activities related to the CalAIM Initiative.