

CalAIM REFORMS TO HELP COURT-INVOLVED YOUTH ACCESS MENTAL HEALTH SERVICES AND SUPPORTS

A GUIDE FOR CALIFORNIA COURTS

JUDICIAL COUNCIL OF CALIFORNIA
youth law center
National Center for Youth Law



ABOUT THIS GUIDE

This guide is part of a series of resources to help judicial officers and court stakeholders support the mental health and well-being of court-involved children and youth. It focuses on updated legal entitlements to mental health services under California's multi-year effort to reform Medi-Cal (CalAIM), and how courts can help ensure youth can access necessary services.

ACKNOWLEDGMENTS & DISCLAIMER

This guide was coauthored by the Youth Law Center, the National Center for Youth Law, and the Judicial Council of California.

All errors are our own.

For questions about this guide, please email health@youthlaw.org.

This guide contains legal information, not legal advice. Readers are encouraged to consult their own legal counsel for advice on these topics.

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INTRODUCTION

Research and observation show that children across the country are experiencing a mental health crisis. Children and youth involved in juvenile court proceedings are particularly affected, as they often have significant health care needs, including mental health needs. Unfortunately, a complicated and disjointed health care system, lack of available services and providers, and lack of clear funding has kept access to preventive and community-based services out of reach for many court-involved youth.[1]

Courts play an important role in ensuring that youth in foster care and the juvenile justice system receive the necessary services and support for their mental well-being. This resource provides an overview of the key CalAIM reforms that impact how court-involved youth can access mental health services, including specific actions courts can take to support youth and their mental health needs.

CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CALAIM)

CalAIM is an effort by the Department of Health Care Services (DHCS) to provide more streamlined, coordinated, and standardized care that supports the "whole person." CalAIM includes several initiatives ranging from integrating mental health, substance use disorder, and physical health services; investing in community-based service providers; coordinating a person's health and social needs; and more. This is a multi-year effort that is already underway, with initiatives being implemented from 2022 to 2027.[2]

In addition to CalAIM, there are several other state efforts that impact the accessibility of mental health services for youth:

- **Children and Youth Behavioral Health Initiative (CYBHI).** The CYBHI is a multi-billion dollar project to reimagine a more integrated, youth-centered system to support mental health and substance use needs by meeting young people where they are, including in schools and other learning environments.
- **Child-Specific Requests for Exceptional Needs.** Assembly Bill 153 created several types of funding to support youth with unmet "complex care" needs, including child-specific requests submitted by counties and tailored to the intensive needs of an individual child or youth.
- **Flexible Family Supports and Home-Based Foster Care Funding.** Assembly Bill 179 established one-time funding to reduce placement changes, support foster caregivers, and increase familial connections. This funding can be used by counties on costs to facilitate a child's participation in enrichment and extracurricular activities, which have been shown to be an effective behavioral health intervention and can help stabilize placements. Additionally, the funding can be used to enable or support connections to, and placements with, a youth's relatives, non-relative extended family members, or tribal community, which can be especially important for youth who have experienced trauma and been separated from their homes and families.
- **BH-CONNECT Waiver.** The state submitted an application for a new Medicaid Section 1115 Demonstration to expand access to and strengthen the continuum of mental health services for Medi-Cal beneficiaries living with serious mental illness or emotional disturbance. If approved, this would include several reforms for children and youth in foster care, such as greater coordination between systems and activity stipends to support health and wellness activities that are not otherwise reimbursable by Medi-Cal.
- **Foster Care Permanent Rate Structure.** The state has passed a new foster care rate structure that is based on a youth's assessed level of needs and strengths, rather than their placement, and can be utilized for peer support, caregiver support, and costs to facilitate participation in enrichment activities, among others. This new structure adds two new categories of funding to supplant the "care and supervision" rate: a Strengths-Building and Maintenance rate; and an Immediate Needs rate.



THE STRUCTURE AND SCOPE OF MEDI-CAL MENTAL HEALTH SERVICES

Mental health services include a wide array of treatment and interventions—much more than just therapy. Many court-involved youth are eligible for health care coverage through Medi-Cal, which includes both physical and mental health services, and the services are often delivered through a confusing network of systems. Former foster youth are also eligible for Medi-Cal up to age 26 as long as they were in foster care (in any state) at age 18 or older and now live in California.[3]

Non-specialty mental health services (NSMHS) are generally provided through managed care health plans, such as Kaiser Permanente, while specialty mental health services (SMHS) are "carved out" of managed care and provided through county mental health plans, which are often a county's behavioral health services department. Unlike many other Medi-Cal beneficiaries, children and youth in foster care generally cannot be required to enroll in a managed care plan,[4] and instead have the option to remain in fee-for-service Medi-Cal, or straight Medi-Cal. The exception is if they live in a county in which there is only one managed care plan, they can be mandatorily enrolled into managed care.

NON-SPECIALTY MENTAL HEALTH SERVICES

1. Mental health evaluation and treatment, including individual, group and family psychotherapy;
2. Psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition;
3. Outpatient services for the purposes of monitoring drug therapy;
4. Psychiatric consultation;
5. Outpatient laboratory, drugs, supplies, and supplements.[5]

SPECIALTY MENTAL HEALTH SERVICES

1. Rehabilitative mental health services, including:
    a. Mental health services (defined as individual or group therapies or interventions that are designed to reduce mental disability and improve or maintain functioning, and which are not provided as a component of other rehabilitative services);
    b. Medication support services;
    c. Day treatment intensive services;
    d. Day rehabilitation;
    e. Crisis intervention;
    f. Crisis stabilization;
    g. Adult residential treatment services;
    h. Crisis residential treatment services;
    i. Psychiatric health facility services;
2. Psychiatric inpatient hospital services;
3. Targeted case management;
4. Psychiatrist Services;
5. EPSDT supplemental specialty mental health services, including:
    a. Intensive home-based services;
    b. Intensive care coordination;
    c. Therapeutic Foster Care;
    d. Therapeutic behavioral services;
6. Psychiatric nursing facility services;[6]
7. Peer support services.[7]

Note: Additional services may be available that are not included in these lists.

To receive any kind of service, a clinician must determine that it is "**medically necessary.**" For youth under age 21, a service is medically necessary if it meets Medicaid's Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) services standard to "correct or ameliorate defects and physical and mental illnesses and conditions discovered by the screening services, whether or not such services are covered under the State plan."[8] This means that any medically necessary service must be provided, including services that are not included in the lists above.

Federal guidance further clarifies that mental health services do not need to be curative or restorative to ameliorate a mental health condition.[9] Rather, if a service sustains, supports, improves, or makes more tolerable a mental health condition it is considered to ameliorate the condition, and therefore it is medically necessary and covered as an EPSDT service.[10] Services provided must, however, be medically necessary and clinically appropriate to address the presenting condition.[11]

For more information, see: National Health Law Program (NHeLP), An Advocate's Guide to Medi-Cal Services, Ch. VIII Children's Health Services (2022).



THE NEED FOR TRAUMA-RESPONSIVE CARE AND SERVICES

Youth involved in the child welfare or juvenile justice systems experience high rates of trauma and are more likely to have experienced intergenerational trauma as well.[12] Research shows that approximately 70% of youth in the child welfare system and 80% of youth in the juvenile justice system have experienced trauma.[13] In addition, youth with involvement in both systems are more likely to have experienced complex trauma, which refers to exposure to multiple traumatic events and the potential for extensive, long-term effects on a youth's development.[14] Furthermore, involvement in these systems can exacerbate prior traumas; for example, the seclusion, aggression, and loss of privacy experienced during incarceration can lead to increased symptoms of traumatic stress.[15]

Measuring the impact of trauma is often understood by examining the prevalence of adverse childhood experiences (ACEs) in comparison to various health and social outcomes. ACEs include abuse, neglect, and household challenges, such as domestic violence, substance abuse, mental illness, divorce, and incarceration.[16] Court-involved youth often have several ACEs. Studies have found that the more ACEs a young person has, the higher their risk for developing mental health symptoms during adolescence, as well as educational and employment challenges and long-term medical issues such as heart disease, cancer, and diabetes.[17] Time spent in institutional environments, such as incarceration or group care, can negatively impact development of crucial life skills and lead to poorer health and socioeconomic outcomes.[18]

Trauma also produces physiological changes to the brain, impacting a youth's behavioral, social, and emotional functioning.[19] Neuroplasticity—the brain's ability to learn and adapt—is higher during childhood, creating a window of time in which both negative and positive experiences have significant impact.[20] While traumatic experiences can negatively impact a youth's ability to control their impulses or how they respond to stressful situations, supportive and positive experiences can counteract those impacts and rewire the brain by building resiliency and promoting healing.[21] Ensuring that court-involved youth receive necessary mental health services, particularly community- and home-based services and supports, is critical to healthy development, healing, and preventing adverse outcomes.

For more information, see:

- Supporting the Mental Health of Children & Youth in Family Court (2022)
- Supporting the Mental Health of Youth in Juvenile Court (2019)
- Understanding Trauma and Supporting Educational Opportunity for Children & Youth in Juvenile Court (2019)



IMPORTANT CALAIM UPDATES FOR COURT-INVOLVED YOUTH

There are several CalAIM reforms that impact court-involved youth who need to access mental and behavioral health services. These reforms help reduce barriers and improve access to certain mental health services, as well as increase the availability of services, especially in the Medi-Cal managed care system. Courts should explore whether any of these services might benefit a particular youth, and inquire at hearings whether such services have been considered by the child and family team or other multidisciplinary teams.



INCREASING ACCESS TO SPECIALTY MENTAL HEALTH SERVICES

New Access Criteria for SMHS. A major change for court-involved youth is the updated definition of access criteria for specialty mental health services. Access criteria for SMHS for youth under age 21 is now based on an experience of trauma, rather than a specific mental health diagnosis.[22] While services still need to be medically necessary, the new access criteria make certain populations of court-involved youth categorically eligible to receive SMHS, which was intended to reduce barriers and remove the need for an initial assessment to determine eligibility.

Specifically, county MHPs must provide all medically necessary SMHS to Medi-Cal beneficiaries under age 21 who have a condition placing them at high risk for a mental health disorder due to experience of trauma evidenced by involvement in the child welfare system, juvenile justice involvement, experiencing homelessness, or scoring in the high-risk range on a department-approved trauma-screening tool.[23] Alternatively, beneficiaries are entitled to SMHS if they meet a second set of criteria examining their need for services that is based on a diagnosed or suspected mental health disorder, or significant trauma that places them at risk of a future mental health condition.[24] The MHP will determine if a youth meets the criteria for SMHS. For youth with child welfare involvement, juvenile justice involvement, or experience with homelessness, as defined in BHIN 21-073, the eligibility determination should end once court-involvement has been revealed, and the youth should be referred for a comprehensive clinical assessment to determine their mental health service needs.

Unfortunately, this expanded access criteria has not been fully implemented across the state.[25] Courts should ensure that all youth with requisite court involvement are referred and linked to SMHS and, at minimum, receive Intensive Care Coordination, which is an SMHS that helps facilitate necessary assessments, referrals, and linkages to other services.

For more information, see: NHeLP and NCYL, New Criteria for Access to Medi-Cal Specialty Mental Health Services for Beneficiaries Under Age 21 (2022)

Pre-Release Services for Incarcerated Youth. Under the Medicaid Inmate Payment Exclusion Rule, Medicaid funds cannot be used to pay for health care provided to inmates of public institutions, which includes youth who are detained in correctional facilities.[26] **Through the Justice-Involved Initiative, California became the first state to receive federal approval to offer a targeted set of community-based Medicaid services to Medi-Cal-eligible, incarcerated youth and adults for up to 90 days prior to their release.[27]**

Incarcerated youth must be eligible for Medi-Cal or the Children's Health Insurance Program (CHIP) and must be in custody of a youth correctional facility.[28] No health care criteria applies to youth, while an adult must meet one or more qualifying health care needs.[29] Importantly, here, "youth" is determined by the facility and not a person's age.[30]

The following services are available up to 90 days prior to a youth's release:

- Reentry care management services;
- Physical and behavioral health clinical consultation services;
- Laboratory and radiology services;
- Medications and medication administration;
- Medication-assisted therapy, including coverage for counseling; and
- Services provided by community health workers with lived experience.[31]

For individuals with an anticipated short or unknown length of stay in a county correctional facility, pre-release services must begin as close to intake as possible and as soon as their justice-involved Medi-Cal aid code is activated.[32] For individuals with a known

release date and who will likely stay longer than 30 days, services should begin in the 90-day period prior to their release.[33] Since justice-involved youth meet the access criteria for SMHS, such services should be included in pre-release services, especially intensive care coordination to help arrange for and continue services once released.

For more information, see: DHCS, Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative (2023); DHCS, All County Welfare Directors Letter No. 23-23 (2023)

WHAT TO REMEMBER:

- Youth who are involved in the child welfare or juvenile justice systems, and those who are experiencing homelessness, and meet access criteria are eligible for specialty mental health services (SMHS).
- Youth who are incarcerated can receive a limited set of Medi-Cal services up to 90 days before their release.
- At each hearing, courts should inquire about what SMHS the youth is receiving, or the plan for identifying and providing necessary SMHS.
- For youth who are incarcerated and scheduled to be released within the next six months, ask about the plan for pre-release services.

ENSURING CARE COORDINATION AND IMPLEMENTING NEW SERVICES

There are several new services available to young people to help address their comprehensive mental health, physical health, and social service needs. These can be especially beneficial for court-involved youth who experience frequent placement changes or are transitioning into adulthood or reunifying with family.

Enhanced Care Management (ECM). ECM provides person-centered, community-based care management to address the health and social services needs of the highest-need Medi-Cal members.[34] ECM is offered by community-based providers who will meet members wherever they are: on the street, in a shelter, in their provider's office, or at home.[35] Through ECM, members can also be connected to Community Supports services to help address their health-related social needs, such as access to healthy foods or safe housing to help with recovery from an illness.[36]

ECM is available to youth who are enrolled in managed care and who are members of specific groups, called "Populations of Focus." Youth involved in child welfare and youth transitioning from incarceration are specific populations of focus, but children and youth may also fall under other populations related to homelessness, hospitalization, serious mental health needs, and more.[37] Youth can be enrolled in ECM and also receive intensive care coordination as a SMHS, as long as the services are coordinated and not duplicated.

For more information, see: DHCS, ECM Policy Guide (2023).

Community Supports. Community supports are cost-effective, alternative services that address Medi-Cal members' health-related social needs and avoid higher levels of care.[38] These include a variety of housing supports, assistance with personal care and meals, and caregiver respite services that may be relevant and useful to court-involved youth.[39] Members, their caregivers, and providers can contact MCPs directly to learn which Community Supports are offered that members may be eligible to receive and the eligibility requirements for each service.[40]

For more information, see: DHCS, Medi-Cal Community Spupports, or In Lieu of Services (ILOS), Policy Guide (2023).

Child Welfare Liaisons. Managed care plans must assign a child welfare liaison to serve as the point of contact for local child welfare agencies and for ECM providers working directly with children, youth, and families.[41] The child welfare liaison will have expertise in child welfare services and county behavioral health services, coordinate managed care services with other social or mental health services, and serve as a family advocate.[42] Additionally, the relationship between managed care and child welfare departments is required to be formalized through a memorandum of understanding.[43]

More guidance from the state on this role is forthcoming.

Dyadic Services and Family Therapy. These two benefits help provide holistic, integrated treatment for children and their families. **Dyadic services** are available to families with a child enrolled in Medi-Cal and include, among other things, behavioral health well-child visits with screening for family needs and risk factors; family training and counseling for child development and parenting strategies; and parent or caregiver services, including screening for behavioral health, ACEs, and tobacco or substance misuse.[44] **Family therapy** can be provided to at least two family members or caregivers, with or without the child present, to encourage bonding, resolve conflicts, and create a positive home environment.[45] Eligibility criteria for family therapy is very broad and all court-involved youth under age 21 will qualify under at least one factor: e.g., history of foster home placement, separation from a parent due to incarceration, housing instability, maltreatment, experience of discrimination; or parent or caregiver with a serious illness or disability, history of incarceration, mental health conditions, substance use disorder, job loss, intimate partner or interpersonal violence, or who is a teen parent.[46]

For more information, see: DHCS, All Plan Letter No. 22-029 (Revised) (2022).

WHAT TO REMEMBER:

- There are new benefits and services to support the complex and intersecting needs of court-involved youth, as well as their families, and promote family-based care. These services help to coordinate and address their medical and social needs, and strengthen familial relationships.
- The court should inquire about the youth's various physical health, mental health, and social service needs, and whether any of these services have been considered or provided.

IMPROVING IDENTIFICATION AND NAVIGATION OF CARE FROM MULTIPLE DELIVERY SYSTEMS

Navigating our complex health care system can be confusing, especially when a young person requires services from separate delivery systems that are not coordinated and might provide conflicting information. Several reforms acknowledge this barrier and seek to make it easier to identify, request, and receive the appropriate services.

No Wrong Door for Mental Health Services. This policy is intended to ensure access to timely mental health services even if the Medi-Cal beneficiary initially sought care from a different delivery system than the one from which they ultimately received care, and enables beneficiaries to maintain treatment relationships with trusted providers without interruption.[47] For court-involved youth who may need both specialty and non-specialty services but don't know where to start, this is intended to ease some of the burden in navigating these systems and helps prevent gaps in critical services.

The policy states that SMHS and NSMHS are covered and reimbursable even when:

1. Services are provided prior to determination of a diagnosis, during the assessment, or prior to determination of whether NSMHS or SMHS access criteria are met;
2. The beneficiary has a co-occurring mental health condition and substance use disorder (SUD); or
3. NSMHS and SMHS services are provided concurrently in their respective delivery systems, as long as those services are coordinated and not duplicated.[48]
4. Additionally, NSMHS are covered by MCPs even when services are not included in an individual treatment plan.[49]

Youth Screening Tool for Mental Health Services. The Youth Screening Tool is intended to be used by MHPs and MCPs to guide a referral to the appropriate mental health delivery system for youth under age 21, not to assess for services.[50] It is only used when a youth, or someone on the youth's behalf, contacts the MHP or MCP seeking mental health services; it is not required when a youth is already receiving services or contacts a mental health provider directly.[51] The questions are intended to elicit information about the youth's safety needs, court involvement, life circumstances, and risk of harm or hospitalization; the responses are then scored and determine whether a referral to the MHP or MCP is appropriate.[52] If the youth's responses to questions related to SMHS access criteria indicate that they have involvement with the child welfare or juvenile justice systems, or are experiencing homelessness, the screener must stop the screening and refer the youth to the MHP for a clinical assessment to determine medically necessary services.[53] Otherwise, a score of 0–5 results in a referral to the MCP, while a score of 6 or above results in a referral to the MHP.[54] The MHP must offer and provide a timely clinical assessment to the beneficiary without requiring an additional screening.[55]

Transition of Care Tool for Mental Health Services. The Transition of Care Tool is intended to facilitate timely and coordinated care between MCPs and MHPs when a beneficiary needs either to transition their existing services from one delivery system to another, or to add services from the other delivery system.[56] MHPs and MCPs are required to use the transition of care tool when a beneficiary's service needs change.[57] A clinician must make the determination to transition or add services, but the tool can be completed by a clinical or non-clinician.[58]

WHAT TO REMEMBER:

- There are several policies and practices that should help court-involved youth receive services from multiple delivery systems.
- If a young person has not received necessary services, the court should inquire if these tools have been explored to address any barriers.

PRACTICE TIPS: QUESTIONS TO ASK AND ORDERS TO MAKE

ENSURE AN ADEQUATE ASSESSMENT AND COMPREHENSIVE RECORD

- ❒ Ask what needs, stressors, and challenges ***the youth*** has voiced.
- ❒ Ask what needs, stressors, and challenges ***the parents/caregivers*** have observed in the youth.
- ❒ If the youth is in foster care or being considered for a foster care placement, including youth supervised by Probation, confirm that the youth has received a **Child and Adolescent Needs and Strengths (CANS) assessment**.
    - ❒ If this information is not included in the report you receive, ask the social worker if the child has received this assessment.
- ❒ Review the Health and Education Passport (HEP) attached to the court report, and ensure it includes any relevant mental health information.
- ❒ Ask if the youth has experienced any major transitions that may have impacted the assessment results.
- ❒ Ensure the case plan addresses the youth's social, emotional, and mental health needs, and reflects meaningful input from the child and family team (CFT).
- ❒ Confirm that youth ages 14+ were permitted to choose two or more supportive adults to attend the CFT meeting, and that the CFT had access to the CANS results.



ENSURE ALL APPROPRIATE SERVICES ARE PROVIDED

- ❒ At **EVERY** hearing, determine whether the youth's mental health needs are being identified and met.
    - ❒ Make findings and orders to ensure the youth receives all appropriate assessments, evaluations, and services.
    - ❒ If there is not enough information to make these findings, inquire further and make orders for additional information as needed.
- ❒ Ensure that all mental health services are provided in the least restrictive environment that meets the youth's needs (e.g., home and community-based settings).
- ❒ Ask if the youth has been referred to the county mental health plan for specialty mental health services (SMHS), if they have been assessed, and what SMHS they will receive.
    - ❒ Note: Child welfare and juvenile justice involvement are one route to SMHS eligibility.
- ❒ Ask if the youth is in a Medi-Cal managed care plan (as opposed to fee for service Medi-Cal). If yes, ask if they have been referred for ECM, Community Supports, or other managed care services to support their mental health and social service needs.
    - ❒ Identify who will coordinate the referral and linkage to services.
- ❒ Ask if the youth and their family would benefit from other non-specialty mental health services, such as family therapy and dyadic services.
    - ❒ Identify who will coordinate the referral and linkage to services.
- ❒ Ask if the youth would benefit from peer support services.
    - ❒ Identify who will coordinate the referral and linkage to services.
- ❒ Ask if the youth is interested, or currently involved, in any enrichment or extracurricular activities.
    - ❒ Identify who will help support the youth's participation in any activities, including completing registration information, covering costs, providing transportation, etc. See Youth Law Center's Bench Card: Ensuring Normalcy and Well-Being Through Participation in Enrichment Activities for more practical tips.

IDENTIFY AND ADDRESS ANY BARRIERS

- ❒ Identify any inconsistencies between the case plan, the recommended goals in the court report, and the CFT recommendations, and ask about them.
- ❒ Ensure continuity of mental health treatment for youth who are entering a juvenile facility (when Medi-Cal is temporarily suspended and the facility becomes responsible for providing services) and at the time of re-entry back into the community, beginning 90 days pre-release.
- ❒ If the youth or family has not accessed needed treatment, ask about what obstacles they are facing (e.g., cost/insurance, transportation, scheduling, provider waitlists).
    - ❒ Ask if there are other funding sources that can be utilized, such as complex care funds (AB 153) or Flexible Family Supports (AB 179).
- ❒ Ensure someone on the youth's team is helping with these issues, especially if they are not currently receiving ECM or intensive care coordination. If your court has a "services navigator" or similar role, offer this resource.

ENDNOTES

[1] *See*, e.g., Nat'l Juv. Just. Network, Keep Children with Mental Health Challenges Out of the Youth Legal System 4 (2021), https://nyjn.org/publications/keep-children-with-mental-health-challenges-out-of-the-youth-legal-system/#:~:text=An%20estimated%20two%2Dthirds%20of,result%20of%20mental%20health%20challenges.

[2] For more information on CalAIM, see *Medi-Cal Transformation: Our Journey to a Healthy California For All,* Dep't of Health Care Servs., https://www.dhcs.ca.gov/CalAIM/Pages/CalAIM.aspx (last visited July 12, 2024). *See generally* Youth Law Center, Introduction to CalAIM: A Fact Sheet by the Youth Law Center (2022), https://www.ylc.org/resource/what-is-calaim-a-ylc-fact-sheet/ (providing an overview on CalAIM).

[3] *Frequently Asked Questions,* Covered til 26, https://coveredtil26.org/faq (last visited May 13, 2024).

[4] Cal. Welf. & Inst. Code, § 14093.09 (Deering 2024).

[5] Letter from Cal. Dep't of Health Care Servs., to All Medi-Cal Managed Care Health Plans, at 3 (Apr. 8, 2022) [hereinafter APL 22-006], (https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-006.pdf.

[6] Cal. Code Regs. tit. 9, § 1810.247 (2024); Cal Dep't of Health Care Servs. & Cal Dep't of Soc. Servs., *Medi-Cal Manual for Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS), and Therapeutic Foster Care (TFC) Services for Medi-Cal Beneficiaries 7* (3d ed., 2018), https://www.dhcs.ca.gov/Documents/ChildrensMHContentFlaggedForRemoval/Manuals/Medi-Cal_Manual_Third_Edition.pdf; Cal. Dep't of Mental Health, DMH Info. Notice No.: 08-38, at 2–5 (Dec. 22, 2008), [hereinafter DMH Info. Notice No. 08-28], https://www.dhcs.ca.gov/formsandpubs/MHArchives/InfoNotice08-38.pdf.

[7] Pursuant to Senate Bill 803, counties have the option to add peer support specialists as a Medi-Cal behavioral health benefit. Peer support specialists are people with lived experience who help others in similar situations, and are considered "other qualified providers" under the Medicaid State Plan. For more information, see *Medi-Cal Peer Support Services,* Dep't of Health Care Servs., https://www.dhcs.ca.gov/services/Pages/Peer-Support-Services.aspx (last visited May 14, 2024).

[8] 42 U.S.C. § 1396d(r)(5); Cal. Welf. & Inst. Code, § 14059.5(b)(1) (Deering 2024); Cal. Dep't of Health Care Servs., Behavioral Health Info. Notice (BHIN) No: 21-073, at 2 (Dec. 10, 2021) [hereinafter BHIN 21-073], https://www.dhcs.ca.gov/Documents/BHIN-21-073-Criteria-for-Beneficiary-to-Specialty-MHS-Medical-Necessity-and-Other-Coverage-Req.pdf.

[9] *See* U.S. Dep't of Health & Hum. Servs., *EPSDT – A Guide for States: Coverage in the Medicaid Benefit for Children and Adolescents 10* (2014), https://www.medicaid.gov/sites/default/files/2019-12/epsdt_coverage_guide.pdf; BHIN 21-073, *supra* note 8, at 3.

[10] *Id.*

[11] *See* 42 C.F.R. §§ 440.230(b), 456.5 (2024).

[12] *See* The Child.'s P'ship & Child.'s Action Corps., *Building a Brighter Future for Youth with Dual Status 9* (2018); Child Welfare Info. Gateway, *Health-Care Coverage for Children and Youth in Foster Care—and After 10* (2022).

[13] The Child.'s P'ship & Child.'s Action Corps., *supra* note 11.

[14] The Child.'s P'ship & Child.'s Action Corps., *supra* note 11.

[15] *See* Just Pol'y Inst., Healing Invisible Wounds: Why Investing in Trauma-Informed Care for Children Makes Sense 6 (2010), Karen Abram, et al., Suicidal Thoughts and Behaviors Among Detained Youth 4–8 (2014), https://ojjdp.ojp.gov/sites/g/files/xyckuh176/files/pubs/243891.pdf; *see also* Youth L. Ctr. & E. Bay Cmty. L. Ctr., Calling Out the Harms of Incarceration: Using Research to Fight Confinement of Youth 2 (2022), https://www.ylc.org/wp-content/uploads/2022/09/Calling-Out-the-Harms-of-Incarceration-Handout.pdf.

[16] *About the CDC-Kaiser ACE Study*, Ctr. for Disease Control, https://www.cdc.gov/violenceprevention/aces/about.html (last visited July 12, 2024).

[17] Child Welfare Info. Gateway, *supra* note 11, at 2; Daschel J. Franz et al., *A Longitudinal Examination of Service Utilization and Trauma Symptoms Among Young Women with Prior Foster Care and Juvenile Justice System Involvement*, 97 Child Welfare 199, 200 (2019); Marilyn Metzler et al., *Adverse Childhood Experiences and Life Opportunities: Shifting the Narrative*, 72 Child. Youth Servs. Rev. 141, 141–42 (2017).

[18] *See* Mary Dozier et al., *Consensus Statement on Group Care for Children and Adolescents: A Statement of Policy of the American Orthopsychiatric Association*, 84 Am. J. Orthopsychiatry 219, 221 (2014).

[19] *See* Child Welfare Info. Gateway, Child Maltreatment and Brain Development: A Primer for Child Welfare Professionals 5 (2023).

[20] *See id.* at 2.

[21] Annie E. Casey Foundation, *The Road to Adulthood: Aligning Child Welfare Practice with Adolescent Brain Development 8* (2017), https://assets.aecf.org/m/resourcedoc/aecf-theroadtoadulthood-2017.pdf.

[22] Cal. Welf. & Inst. Code § 14184.402(d) (Deering 2024); *see also*, Cal. Dep't of Health Care Servs., Behavioral Health Information Notice No.: 22-013, at 2 (Apr. 6, 2022) [hereinafter BHIN No. 22-013]; Dep't of Health Care Services, *CalAIM Behavioral Health Initiative Frequently Asked Questions*, https://www.dhcs.ca.gov/Pages/CalAIM-BH-Initiative-FAQ-SMHS.aspx (last visited Mar. 27, 2024) ("[A] mental health disorder diagnosis is not required to receive medically necessary SMHS.").

[23] Cal. Welf. & Inst. Code, § 14184.402(d)(1); BHIN 21-073 *supra* note 8, at 4, 8 (providing definitions of each eligibility category).

[24] Cal. Welf. & Inst. Code, § 14184.402(d)(2).

[25] *See*, *e.g.*, Carly Myers & T. Nancy Lam, Foster Youth Access to Medi-Cal Specialty Mental Health Services: Results from Qualitative Research in the California Counties with the Largest Foster Care Populations 13 (2023).

[26] Cong. Rsch. Serv., *Medicaid and Incarcerated Individuals 1* (2023), https://crsreports.congress.gov/product/pdf/IF/IF11830.

[27] *See* Cal. Dep't of Health Care Servs., Behavioral Health Information Notice No.: 23-059, at 2 (Nov. 8, 2023) [hereinafter BHIN 23-059]; Cal. Dep't of Health Care Servs., Fact Sheet: Transformation of Medi-Cal: Justice-Involved 1 (2023).

[28] BHIN 23-059, *supra* note 26, at 3; Cal. Dep't of Health Care Servs., Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative 63 (2023) [hereinafter JI Initiative Policy Guide].

[29] *See* JI Initiative Policy Guide, *supra* note 27, at 63–66.

[30] *Id.* at 63.

[31] *See* BHIN 23-059, *supra* note 26, at 3; JI Initiative Policy Guide, *supra* note 27, at 75–78.

[32] JI Initiative Policy Guide, supra note 27, at 79.

[33] *Id.*

[34] *See* Letter from Cal. Dep't of Health Care Servs., to All Medi-Cal Managed Care Health Plans, at 2 (Dec. 22, 2023) [hereinafter APL 23-032], https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-032.pdf; Cal. Dep't of Health Care Servs., Fact Sheet, Medi-Cal Transformation: Enhanced Care Management 1 (2022) [hereinafter DHCS ECM Fact Sheet], https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-ECM-a11y.pdf.

[35] DHCS ECM Fact Sheet, *supra* note 33.

[36] *Id.*

[37] *Id.* at 1–2.

[38] Letter from Cal. Dep't of Health Care Servs., to All Medi-Cal Managed Care Health Plans, at 2 (Mar. 1, 2022) [hereinafter Rev. APL 21-017], https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/APL23-032.pdf; Cal. Dep't of Health Care Servs., Fact Sheet: Medi-Cal

Transformation: Community Supports 1 ([hereinafter DHCS Community Supports Fact Sheet], https://www.dhcs.ca.gov/CalAIM/Documents/CalAIM-CS-a11y.pdf (last visited July 12, 2024); Cal. Dep't of Health Care Servs., Fact Sheet, Transformation of Medi-Cal: Community Supports 1–3 [hereinafter DHCS Community Supports Supp. Fact Sheet], https://www.dhcs.ca.gov/CalAIM/Documents/DHCS-Medi-Cal-Community-Supports-Supplemental-Fact-Sheet.pdf.

[39] Rev. APL 21-017, *supra* note 37, at 2.

[40] DHCS Community Supports Fact Sheet, *supra* note 37; DHCS Community Supports Supp. Fact Sheet, *supra* note 37, at 1.

[41] Dep't of Health Care Servs., Medi-Cal Managed Care Boilerplate Contract, at 234–35, https://www.dhcs.ca.gov/provgovpart/Documents/2024-Managed-Care-Boilerplate-Contract.pdf.

[42] *Id.* at 234–35.

[43] *See* Cal. Dep't of Health Care Servs., Behavioral Health Information Notice No.: 23-056, at 2, 5 (Oct. 13, 2023) [hereinafter BHIN 23-056], https://www.dhcs.ca.gov/Documents/BHIN-23-056-MOU-Requirements-for-MHP-MCP.pdf. A template MOU is also available here: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2023/County-Child-Welfare-MOU-Template.pdf.

[44] Cal. Welf. & Inst. Code, § 14132.755 (Deering 2024); letter from Cal. Dep't of Health Care Servs., to All Medi-Cal Managed Care Health Plans, at 1 (Mar. 20, 2023) [hereinafter APL 22-029], https://www.dhcs.ca.gov/provgovpart/Documents/2024-Managed-Care-Boilerplate-Contract.pdf.

[45] APL 22-029, *supra* note 43, at 6.

[46] *Id.* at 6-7.

[47] Letter from Cal. Dep't of Health Care Servs., to All Medi-Cal Managed Care Plans, at 1 (Mar. 30, 2022) [hereinafter APL 22-005], https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-005.pdf; Cal. Dep't of Health Care Servs., Behavioral Health Information Notice No.: 22-011, at 1 (Mar. 31, 2022) [hereinafter BHIN 22-011], https://www.dhcs.ca.gov/Documents/BHIN-22-011-No-Wrong-Door-for-Mental-Health-Services-Policy.pdf.

[48] Cal. Welf. & Inst. Code, § 14184.402(f); APL 22-005, *supra* note 46, at 4-6; BHIN 22-011, *supra* note 46, at 4-6.

[49] APL 22-005, *supra* note 46, at 4.

[50] Cal. Dep't of Health Care Servs., Behavioral Health Information Notice No.: 22-065, at 1 (Dec. 22, 2022) [hereinafter BHIN 22-065], https://www.dhcs.ca.gov/Documents/BHIN-22-065Adult-and-Youth-Screening-and-Transition-of-Care-Tools-for-Medi-Cal-MHS.pdf; letter from Cal. Dep't of Health Care Servs., to All Medi-Cal Managed Care Health Plans, at 1 (Dec. 27, 2022) [hereinafter APL 22-028], https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2022/APL22-028.pdf. Note that there is a separate Adult Screening Tool.

[51] BHIN 22-065, *supra* note 49, at 4, 7.

[52] *Id.* at 6–7.

[53] *Id.* at 6.

[54] Dep't of Health Care Servs., Youth Screening Tool for Medi-Cal Mental Health Services 2 (2023), https://www.dhcs.ca.gov/Documents/DHCS-8765-C.pdf.

[55] BHIN 22-065, *supra* note 49, at 8.

[56] *Id.* at 9; APL 22-028, *supra* note 49. There is one Transition of Care Tool for youth and adults.

[57] BHIN 22-065, *supra* note 49, at 10.

[58] *Id.* at 10–11.

National Center for Youth Law

2026 UPDATED ADDENDUM

CalAIM Implementation Updates for Court-Involved Youth

CalAIM IMPLEMENTATION STATUS (2026)

- Enhanced Care Management is fully implemented statewide.
- Community Supports are operational across all managed care plans.
- Justice-Involved Initiative (JII) is active statewide, providing pre-release Medi-Cal services up to 90 days prior to release.
- Updated specialty mental mealth services (SMHS) access criteria for youth under age 21 are in effect statewide.
- BH-CONNECT 1115 Demonstration Waiver has been approved and implemented.

WHAT TO REMEMBER: Courts should confirm implementation and referral pathways at the local level.

JUSTICE-INVOLVED INITIATIVE: 2026 CLARIFICATIONS

- Medi-Cal benefits are suspended, not terminated, during incarceration.
- For short stays, pre-release services must begin as close to intake as possible.
- Youth qualification is determined by facility designation, not age alone.

WHAT TO REMEMBER: Suspension preserves continuity of coverage.

CHILD WELFARE LIAISON – CONTRACTUAL FORMALIZATION

The child welfare liaison role is formalized within the DHCS Managed Care Boilerplate Contract and must be operational in each managed care plan through a memorandum of understanding.

ONGOING MONITORING FOR COURTS

- Monitor CalAIM implementation updates.
- Monitor Behavioral Health Services Act (Proposition 1, 2024) reforms.
- Monitor managed care procurement transitions.