



*Welcome to the March 2026 Rural Resilience
Innovation Hub Convening.
The meeting will begin shortly.*

Leveraging CYBHI to Support Youth and Families

**March 19, 2026
1:00pm – 2:30pm PT**

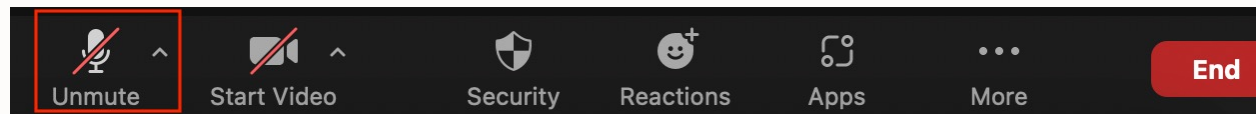


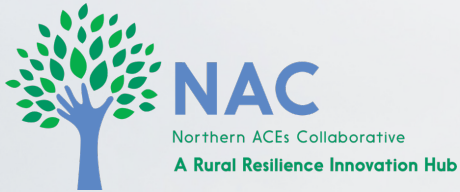
This event is being recorded and transcribed.

Why? PHIL uses the recording and transcription to assess key takeaways, participant needs, and to develop better events for you in the future.

Recordings will be available by request after the event.
Email info@pophealthinnovationlab.org to request access.

Please mute your microphone during the presentation.





Leveraging CYBHI to Support Youth and Families

March 19, 2026
1:00pm – 2:30pm PT

*March 2026 Rural Resilience
Innovation Hub Convening*



Welcome In & Context

Kathryn Stewart, MPP

*Population Health
Innovation Lab (PHIL)*





Beyond Land Acknowledgment

The Population Health Innovation Lab team respectfully acknowledges that we live and operate on the unceded land of Indigenous peoples throughout the U.S.

Acknowledgment is the beginning. Acknowledgment—and the research required to do it with integrity—should be an invitation to deeper analysis, relationship, and action.

Learn more about how to go *beyond* land acknowledgments. Visit www.nativegov.org

Photo by [Ralph \(Ravi\) Kayden](#) on [Unsplash](#)



Welcome & Housekeeping



Roll Call

Please share your name, location, and organization in the chat.



Housekeeping

Be present & take care of yourself. Place questions in the chat. Slides will be shared after the meeting



Thank You for Your Support!

The Rural Resilience Innovation Hub is made possible through support from the Office of Youth and Community Restoration (OYCR).

OYCR's investment allows rural partners to learn together, strengthen systems, and improve outcomes for youth and families.



Menti-Meter Time!



Engage with Us! 📱



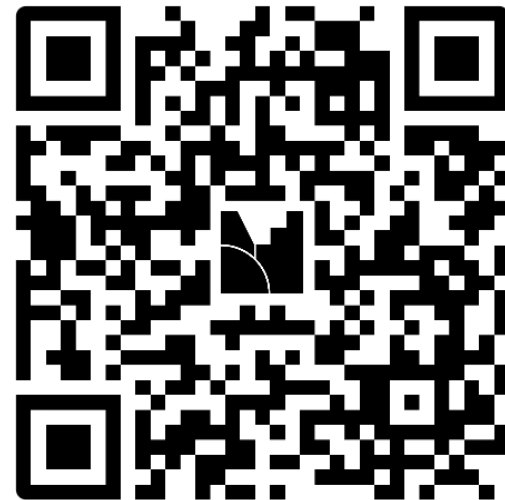
Instructions

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www.menti.com

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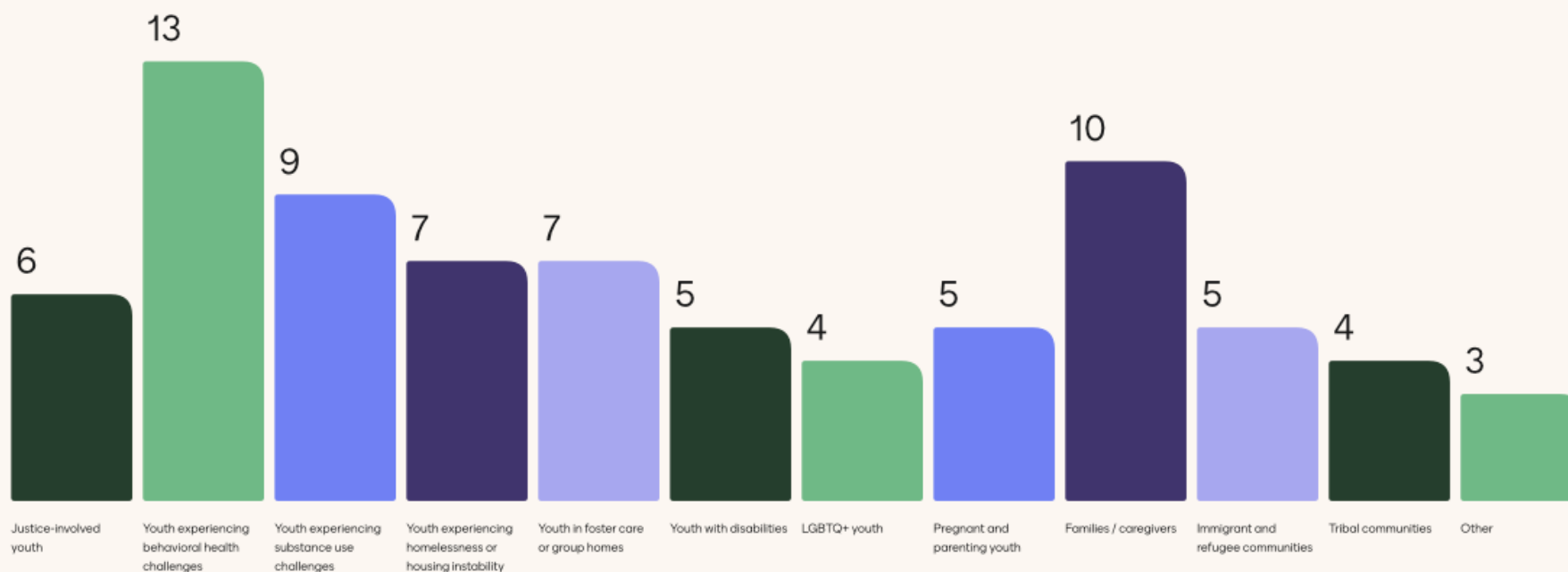
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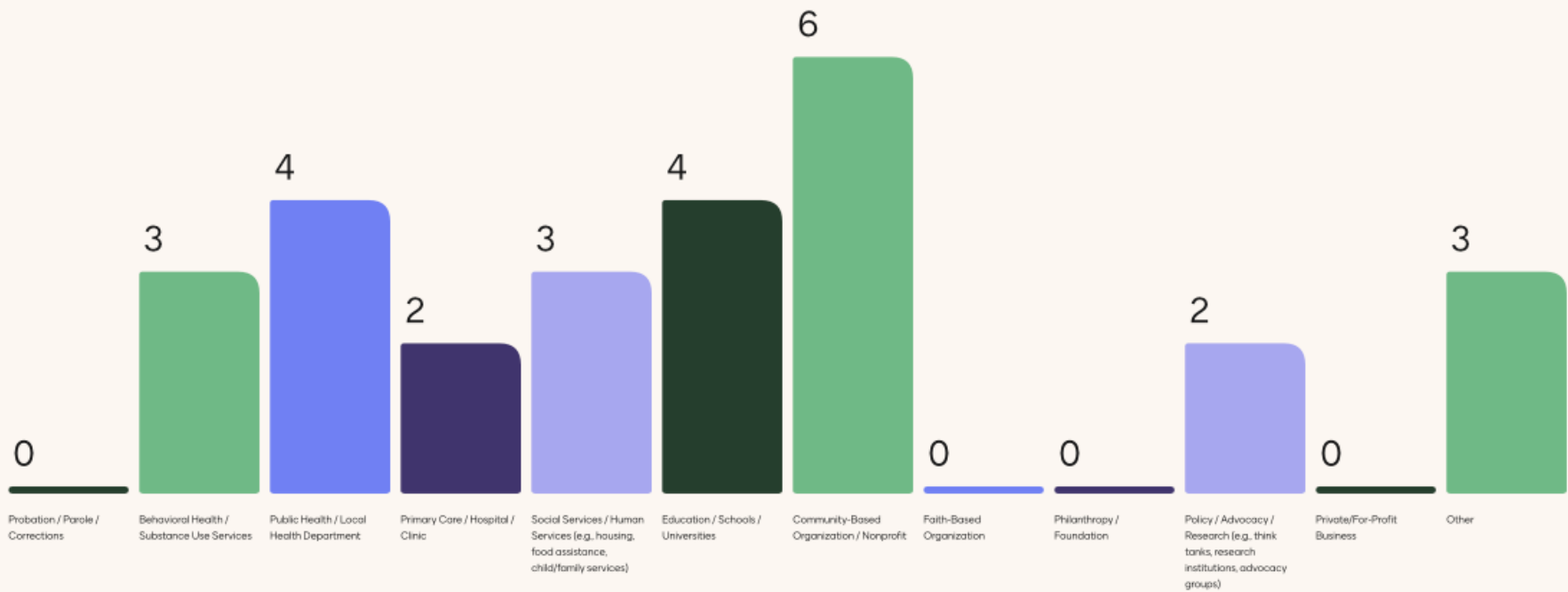
Or use QR code



Which communities or groups are at the center of your work? *Select all that apply.*



What sector(s) do you represent? *Select all that apply.*



Agenda

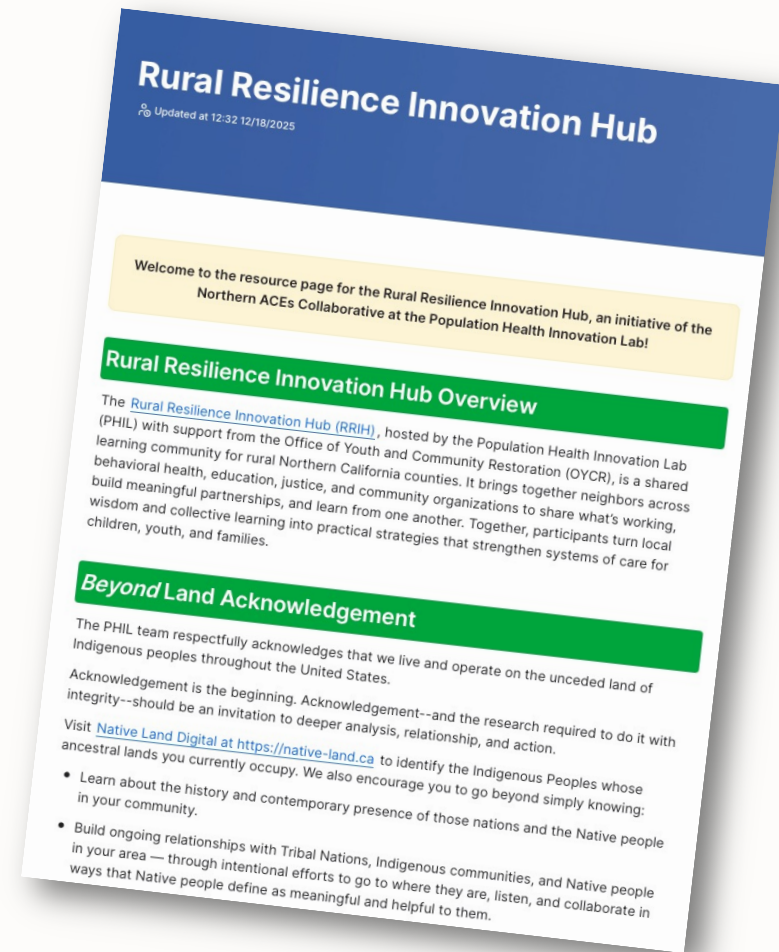
- Welcome and Framing
- Overview of CYBHI Resources
- Local Spotlight
- Dialogue Groups
- Closing and Next Steps



Rural Resilience Innovation Hub Resource Doc



[Link to Resource Document](#)





The Northern ACEs Collaborative's (NAC)
Rural Resilience Innovation Hub (RRIH):
2025 - 2026

- **NAC Vision:** All Northern California residents have everything they need to live resilient and happy, healthy lives.
- **RRIH Purpose:** To strengthen rural Northern California county systems serving children and youth by aligning behavioral health and justice efforts through peer learning, cross-sector collaboration, and shared problem-solving.

To learn more about the Northern ACEs Collaborative (NAC) and other NAC Initiatives, past and present, visit the [NAC Section of the PHIL website](#).





RRIH Meeting Dates

- December 18, 2025 | Strengthening Partnerships Across Systems
- January 22, 2026 | Community-Engaged Practices
- February 19, 2026 | Rural Resilience Related County Plans: Opportunities for Collaboration
- **March 19, 2026 | Leveraging CYBHI to Support Youth and Families**
- April 23, 2026 | Office of Youth and Community Restoration (OYCR) and Least Restrictive Care: A Plain-Language Overview for Counties
- May 19, 2026 | In person, McConnell Foundation – Redding, CA



Mark Your Calendar: May Gathering



In-Person RRIH Meeting
May 19 | 10am – 2pm
McConnell Foundation
Redding, CA 96003

***Registration* is now open!**





Welcome to our guests from DHCS!

Josh Armstrong

Unit Chief

School-Based
Services Branch

Tisha Montiero

Branch Chief

Delivery Systems and
Operations Branch



Children and Youth Behavioral Health Initiative (CYBHI) Supports for Communities

Rural Resilience Innovation Hub

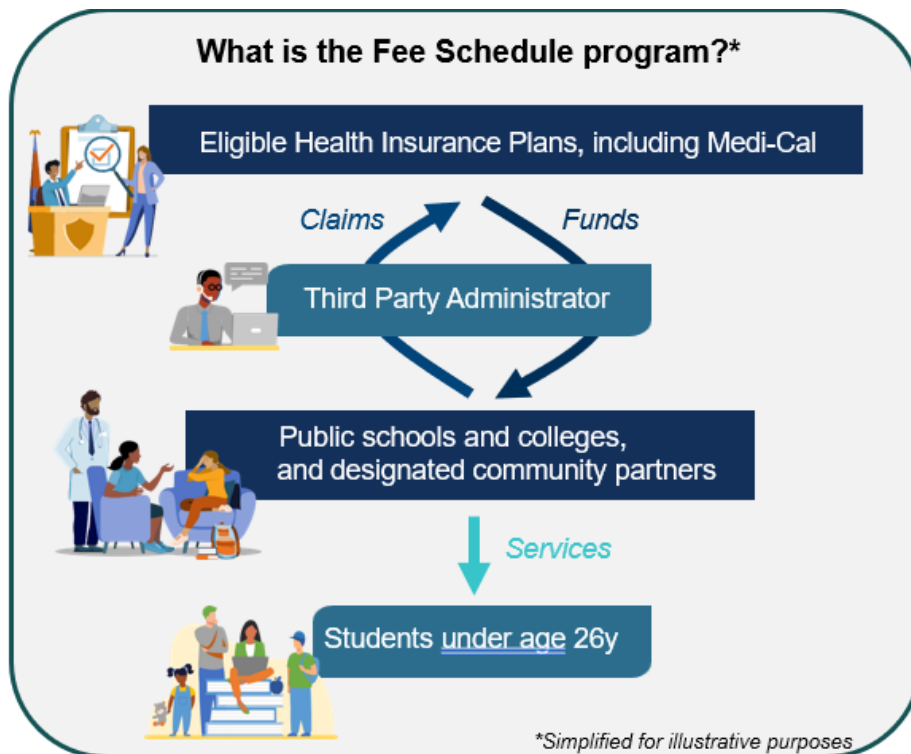
Thursday, March 19, 2026

Agenda

- » CYBHI Fee Schedule
- » Certified Wellness Coach Benefit
- » Evidence-based Practices and Community-Defined Evidence Practices Grant Program and Resource Guide

CYBHI Fee Schedule





- » **The CYBHI Fee Schedule Program** establishes a sustainable reimbursement source for behavioral health provided at school or a school-linked site from Medi-Cal, commercial health insurance, and disability insurers.
- » **Covered services:** certain outpatient mental health and substance use disorder services for students under 26 years of age (TK – higher education).
- » **No out-of-pocket expenses.**
- » **Cohort onboarding:** Entities are onboarded to the program in cohorts approximately every six months.

Scope of Eligible Services

Categories of service

- » Psychoeducation
- » Screening and assessment
- » Treatment
- » Case management

Example of CYBHI Fee Schedule program scope of services, codes, practitioner types, and rates – *not exhaustive*

Procedure codes for reimbursable services

Practitioners eligible to render the service are listed for each code

Procedure Code	Service Description; Modifiers <i>All claims must have U4 modifier</i>	Eligible Practitioners	Fee Schedule Rate
99409	Alcohol and/or substance (other than tobacco) abuse structured screening, and brief intervention (SBI) services, 30 + min	MD, PA, NP, RN, PSYCH, LCSW, LMFT, LPCC, AMFT, ASW, APCC, PSYCH ASSOC, PPS School Psychologist, PPS School Social Worker, PPS School Counselor	\$59.61
96156	Psychosocial Status Assessment; <i>U1 modifier</i> for Dyadic Services	MD, PA, NP, PSYCH, LCSW, LMFT, LPCC, ASW, AMFT, APCC, PSY ASSOC, PPS School Psychologist, PPS School Social Worker, PPS School Counselor	\$85.40
96130	Psychological Testing and Evaluation, first 60 min	MD, NP, PA, PSYCH, PSY ASSOC, PPS School Psychologist	\$107.69
96131	Psychological Testing and Evaluation, each additional 60 min	MD, NP, PA, PSYCH, PSY ASSOC, PPS School Psychologist	\$77.94

Reimbursement rates listed for each procedure code

Brief description of service and required modifier (if applicable) for each code

Location criteria under the CYBHI Fee Schedule program

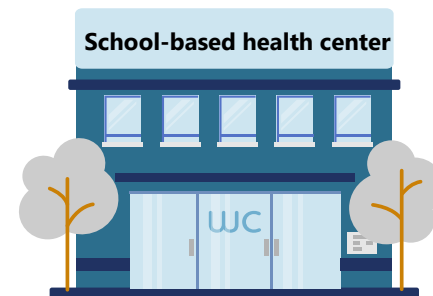
Under the CYBHI Fee Schedule program schoolsites include the following:

1 Traditional schools (i.e., on-campus)



A facility or location used for public kindergarten, elementary, secondary, or postsecondary purposes

2 School-linked site (i.e., off-campus)



Any facility or location not owned or operated by a public school or school district at which an LEA or IHE provides or arranges for the provision of medically necessary behavioral health services

Services may also be provided via telehealth¹

1. All telehealth services must be provided in accordance with the [DHCS Telehealth & Medi-Cal](#) and [DHCS Telehealth provider manual](#)

Student eligibility criteria for the CYBHI Fee Schedule

Student eligibility requirements

- » **Students must be covered under one of four insurance types:**
 - Medi-Cal Fee-for-Service
 - Medi-Cal Managed Care Plans
 - Health Care Service Plans (Knox Keene)
 - Disability Insurers
- » Students must be **under the age of 26**

Student coverage and/or service types NOT eligible for reimbursement:

- » Special education services (e.g., IEP, IFSP, 504 plans)
- » Federal plans (e.g., ERISA, TRICARE)
- » Self-Funded Insurance Plans (e.g., CalPERS Preferred Provider Organizations)
- » Health plans operating in Mexico (e.g., Sistemas Medicos Nacionales, S.A. de C.V.)
- » Health Savings Account (HSA) qualified High-Deductible Health Plans (if deductible not met)
- » Medi-Cal Share of Cost (if SOC deductible not met)

Additional considerations

- » **Student academic status does not affect eligibility** (e.g., academic standing).
- » **Academic calendar does not affect an LEA's/IHE's ability to be reimbursed for CYBHI Fee Schedule program services** (e.g., summer break) – *Note: LEAs/IHEs are responsible for coordinating care during school breaks*



CYBHI Fee Schedule Program Progress

as of March 9, 2026

147

Local Educational Agencies (LEA) and public Institutions of Higher Education (IHE), and designated affiliated providers with submitted claims for reimbursement

390% increase since July 1, 2025

79,601

Claim lines paid

1677% increase

23,910 *students*

represented in claims submitted

1121% increase

\$5.2 million

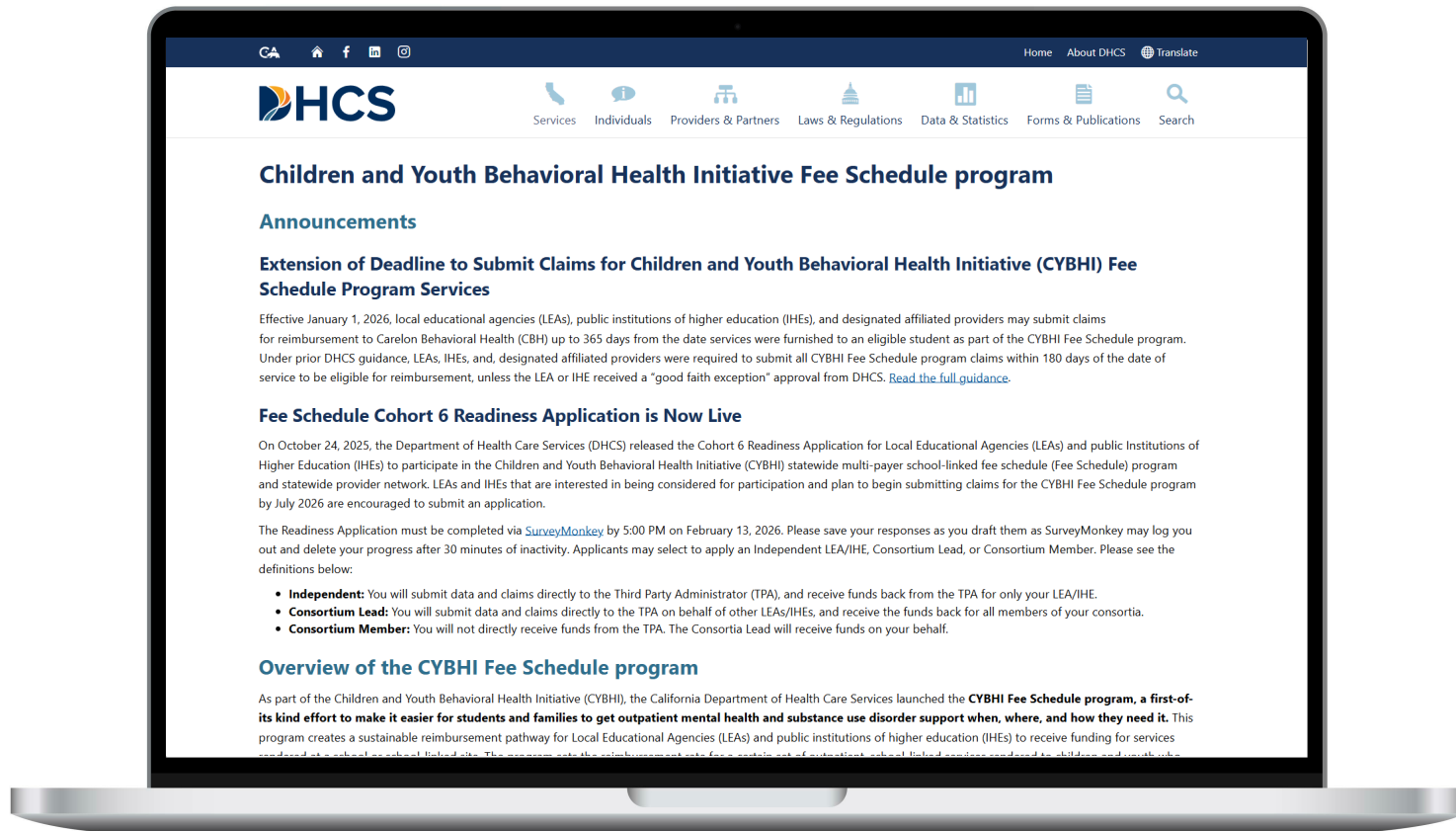
in new revenue will go to LEAs, IHEs, and school-linked affiliated providers.

1658% increase

CYBHI Fee Schedule Program Updates

- » Finalized [Provider Participation Agreement](#) and [Data-Use Agreement](#)
- » Established extensive CYBHI Fee Schedule [program onboarding materials](#)
- » Published CYBHI Fee Schedule [Program Manual](#)
- » Approval of [State Plan Amendment \(SPA\) 23-0027](#) to add Pupil Personnel Services (PPS) Credentialed Providers for the CYBHI Fee Schedule program
- » Approval of [SPA 23-0014](#) to add Certified Wellness Coach Services as a Medi-Cal reimbursable benefit
- » Published [Parent and Caregiver Brochures/Flyers](#) in English and Spanish
- » Published [Guidance for Community Providers](#)

CYBHI Fee Schedule Program Website



CYBHI Fee Schedule Program Manual

- » On **September 3, 2025**, DHCS published an **updated version of the CYBHI Fee Schedule Program Manual**.
- » This manual will help LEAs, IHEs, and program participants best navigate implementing the CYBHI Fee Schedule program at their school or school-linked site. Please see the [CYBHI Fee Schedule Program Manual PDF](#).

HIPAA/FERPA Toolkit



- » **CalHHS released on July 21, 2025.**
- » Explains how these two federal data privacy laws – the Family Educational Rights and Privacy Act (FERPA) and the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule – might apply in different school-behavioral health partnerships.
- » **[Access the Toolkit Here.](#)**

Parent and Caregiver Resources

What happens if I don't want to provide this information?

Your child may still receive no-cost mental health services at school. However, if you decide not to provide your child's health insurance information, your school cannot access this critical source of funding for schools. If your child is eligible for special education services under the Individuals with Disabilities Education Act, they are entitled to receive mental health services and supports pursuant to an Individualized Education Program (IEP) or Individualized Family Service Plan (IFSP). Your decision to provide (or not provide) your child's health insurance information **WILL NOT** affect your child's eligibility for these services.

What else do I need to know?

If you have additional questions about providing your child's health insurance information to your child's school, please contact the school administrator at your child's school site or school district.

If you want to learn more about the CYBHI Fee Schedule program, please contact the Department of Health Care Services (DHCS) at DHCS.SBS@dhcs.ca.gov.



Every student deserves access to the support they need.

Let's work together to improve the wellness of children and youth in California.

For More Information:

CYBHI Fee Schedule program website:

www.dhcs.ca.gov/CYBHI/Pages/Fee-Schedule.aspx

Reach out to DHCS via email: DHCS.SBS@dhcs.ca.gov

Need health insurance coverage? You may be eligible for the Medi-Cal program. Get covered today:



Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule Program

Parent & Caregiver Information



Behavioral Health Services – School Access

Form and provide with insurance day.

Some schools are offering behavioral health services and supports for students and families. Use the word!

What this means: Health plans are required to reimburse your school for providing behavioral health and emotional supports. No copays or deductibles. We need YOU to tell us you will sign up for the program.

How does it work?

California partners with health plans to ensure that students can get behavioral health and emotional supports in schools across the state. Schools already offer an array of health services to students.

However, securing funding for these services can be a challenge. Under the Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule program,

California's health plans and insurers are now required to reimburse public schools (including K-12 school districts, colleges, and universities) for covered mental health services provided to students under the age of 26. State law prohibits health plans and insurers from passing any of the cost of these services on to families. This means that the health plans and insurers will pay for mental health services provided to your child in a school-linked setting and there **WILL NOT** be any out-of-pocket expenses (e.g., co-payments, deductibles) for you and your family.

How can you help?

In order to obtain this funding from the health plans and insurers, including the Medi-Cal program, your child's school district must submit a claim for reimbursement to the health plan or insurer. Your child's school may ask you for your health insurance information and/or may ask you to sign a consent form so they can bill the health plan. If your child is under 18, please sign the consent form and provide a copy of your child's insurance card and/or the name of your child's health insurance company, your child's policy number, and the name of the parent or guardian that carries the health insurance coverage.

Agreeing to provide this information to your child's school **WILL NOT** result in any costs for services being passed onto you or your family. These services are completely free and receiving these services in school **WILL NOT** affect your child's coverage under the health plan or insurer.

Will the information be kept confidential?

Yes, the information that you provide to your child's school, including health insurance information, is completely confidential. You and your child are entitled to privacy, confidentiality, and protections under the Family Educational Rights and Privacy Act, a federal law that protects the privacy of students' education records, and the Health Insurance Portability and Accountability Act (HIPAA), a federal law that provides the privacy and security of health information.

Your child's health insurance information will not be shared with any outside entities, except as necessary to enable you or your child's school district, college, or university to receive reimbursement for mental health services provided to your child and/or family, or as otherwise permitted under state and federal law (e.g., reporting to the California Department of Health Care Services).

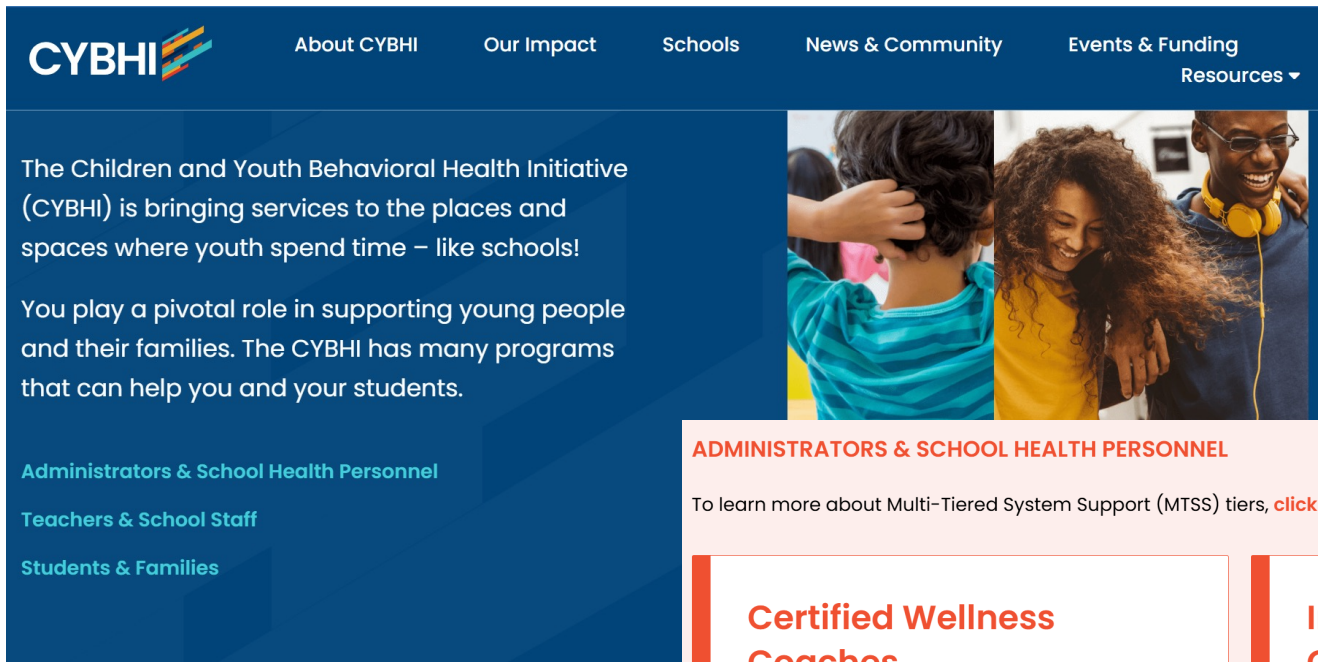
Parent/Caregiver Campaign Videos

The screenshot shows a YouTube channel page for the California Department of Health Care Services. The main video is titled "Children and Youth Behavioral Health ..." and is part of a playlist with 6 videos and 1,777 views. Below the main video is a "Play all" button. To the right, there is a list of five related videos:

1. **CYBHI Fee Schedule - Easy as ABC: Access, Benefits, Confidential**
California Department of Health Care Services • 3.8M views • 4 months ago
2. **CYBHI Fee Schedule - Group Chats and Free Mental Health Care at School**
California Department of Health Care Services • 3.8M views • 4 months ago
3. **CYBHI Fee Schedule - Tan facil como A-B-C: Acceso, Beneficios, Confidencial**
California Department of Health Care Services • 3.2M views • 4 months ago
4. **CYBHI Fee Schedule - Easy as ABC: Access, Benefits, Confidential (Vertical)**
California Department of Health Care Services • 3.4M views • 4 months ago
5. **CYBHI Fee Schedule - Group Chats and Free Mental Health Care at School (Vertical)**
California Department of Health Care Services • 3.4M views • 4 months ago

Please visit [DHCS' YouTube channel](#) to download and share today!

CYBHI Resources for Schools



The screenshot shows the CYBHI website header with navigation links: About CYBHI, Our Impact, Schools, News & Community, Events & Funding, and Resources. Below the header is a main content area with a dark blue background. On the left, there is text describing the CYBHI mission and a list of resources for Administrators & School Health Personnel, Teachers & School Staff, and Students & Families. On the right, there is a photograph of three young people smiling and interacting. Below the photograph, there is a section titled 'ADMINISTRATORS & SCHOOL HEALTH PERSONNEL' with a link to learn more about Multi-Tiered System Support (MTSS) tiers.

CYBHI About CYBHI Our Impact Schools News & Community Events & Funding Resources ▾

The Children and Youth Behavioral Health Initiative (CYBHI) is bringing services to the places and spaces where youth spend time – like schools!

You play a pivotal role in supporting young people and their families. The CYBHI has many programs that can help you and your students.

[Administrators & School Health Personnel](#)

[Teachers & School Staff](#)

[Students & Families](#)

ADMINISTRATORS & SCHOOL HEALTH PERSONNEL

To learn more about Multi-Tiered System Support (MTSS) tiers, [click here](#).

Certified Wellness Coaches

Certified Wellness Coaches provide care to young people through prevention and early-intervention services. These services support overall physical, emotional, and mental well-being. Coaches supplement the efforts of existing professionals,

Increasing Access to Care Services

The Statewide Multi-Payer Fee Schedule provides a sustainable funding source for school-linked behavioral health services and creates a more approachable billing model for schools and local educational agencies. Funding is being distributed

Certified Wellness Coach Benefit



CYBHI Fee Schedule Certified Wellness Coach Services

Procedure Code	Service Description	Fee Schedule Rate
0591T	Health and wellbeing coaching, face to face, individual initial assessment; at least 30 min	\$66.24
0592T	Health and wellbeing coaching, face to face, follow-up sessions for individual; at least 30 min	\$41.08
0593T	Health and wellbeing coaching, face to face, Group (2 or more individuals); at least 30 min	\$12.45

All CWC services can be retroactively billed back to January 1, 2025.

CWC Service Code Utilization

» Service Limitations

- Individual initial assessments **cannot** be billed on the same day as a follow-up session for individual or a group session

» Frequency Limitations

- 0591T: Individual initial assessment - maximum of two (2) units per year, per provider
- 0592T: Follow-up sessions for individual - maximum of three (3) units per day, per provider
- 0593T: Group (2 or more individuals) - maximum of three (3) units per day, per provider

» In order for a service to be eligible, the service must have lasted at least half + one minute of the billing increment specified for that code

- A minimum of sixteen (16) minutes of service must be provided to bill for one 30-minute unit.

» Time billed for services should include **only** direct service time

- Indirect service time has been included in the reimbursement rate and should not be billed

Service Documentation Requirements

- » LEAs and IHEs must comply with service documentation and availability of records requirements specified in Medi-Cal regulations, including maintenance of records necessary to fully disclose the type and extent of services provided, such as:
 - Billings
 - Health records, service delivery reports, and orders prescribing treatment plans
 - Copies of all remittance advices (i.e., explanation of payment or payment summary vouchers) which accompany reimbursement to providers for services furnished to students
 - Identification of the person directly providing services to the student
 - For non-licensed practitioners working under the direction of a licensed practitioner, this includes the supervising licensed practitioner to the extent required by the applicable professional licensing statutes and regulations
 - Records of logs, appointment books, or similar documentation showing the date and both the time allotted for appointments and the time spent on the appointment

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

The Importance of EBP & CDEP and the Impact they can have on Improving Access to Behavioral Health Interventions in California.

Presentation Overview

- **Grant Program Overview:** Grants Awards
- **Understanding EBPs & CDEPs:** What they are and how they're used
- **What's inside:** The EBP & CDEP Resource Guide



Scaling EBP & CDEP Grant Program

The EBPs & CDEPs around five themes prioritized through the CYBHI Scaling EBP & CDEP grant program¹:



Parent & Caregiver
Support Programs &
Practices



Trauma-Informed
Programs & Practices



Early Childhood
Wraparound Services



Youth-Driven Programs



Early Intervention
Programs & Practices

View the [Grant Round Information](#) to view award announcements

Numbers at a glance:

481 awards and **465** grantees across 5 rounds of funding

\$305M awarded across 5 rounds of funding

100+ EBPs & CDEPs scaled

+85% counties represented among awardees to date

7,223 Individuals Trained

113K Hours of Staff Training

203 Learning Collaboratives and 4 Community of Practice (CoP) Sessions

Understanding EBPs & CDEPs

What are these programs and practices? How are they used?

Understanding EBPs and CDEPs (1/2)

EBPs and CDEPs are two types of interventions that have demonstrated effectiveness in promoting timely, equitable and culturally responsible behavioral health care.

What are EBPs?

- » Practices with **documented, empirical evidence** (e.g., randomized controlled trials, peer-reviewed studies, and publications) of effectiveness in **improving children and youth behavioral health**
- » EBPs are widely regarded as the **gold standard in behavioral health care**²

What are CDEPs?

- » Practices that have reached a **strong level of support within specific communities**. CDEPs complement EBPs by **integrating culturally relevant and community-specific approaches** to behavioral health care
- » **CDEPs address social determinants of behavioral health** (e.g., intergenerational trauma and community violence)

Understanding EBPs and CDEPs (2/2)

Together, EBPs and CDEPs can create a more **inclusive and effective behavioral health delivery system.**

Increasing access to and utilization of EBPs and CDEPs for behavioral services that are well supported in scientific literature and by community-based practitioners could **improve member outcomes.**

While the long-term impact of these interventions will depend on various factors, research suggests that **addressing behavioral health challenges early and effectively may help reduce reliance on more intensive and costly services and alleviate pressures on public systems** like healthcare, education, and social services.

Delivery of EBPs and CDEPs requires fidelity to specific practice standards

Providers should:

- ❑ Deliver services in accordance with the model's core components as identified by SAMHSA⁶, CEBC⁷ and the Title IV-E Clearinghouse⁸; **adaptations must not constitute redesign of the program**
- ❑ Conduct and document **fidelity monitoring using model-specific tools** (e.g., fidelity checklists, session logs)
- ❑ Serve only the model's **defined target population** (e.g., age, condition, family characteristics)
- ❑ Establish **medical necessity based on the condition** the EBP is designed to address, as defined by clearinghouses

*DHCS seeks to ensure that EBPs and CDEPs covered under Medi-Cal are delivered with **full model fidelity** to ensure improvement in **member outcomes and quality of life***

Suggested Resources

- Consult the [California Evidence-Based Clearinghouse](#) and [SAMHSA's Evidence-Based Practices Resource Center](#) to find best practices and identify additional EBPs
- Engage **program developers or certified training providers** as a best-practice approach for securing training and implementation support

EBP/CDEP Resource Guide



EBP & CDEP Resource Guide Overview (1/2)



12/2/25, DHCS
released the draft
EBP/CDEP
Resource Guide

The Resource Guide aims to:

- » Assist community-based organizations, schools, counties, and other providers in **navigating new state tools and Medi-Cal billing pathways for reimbursement.**
- » Help Medi-Cal managed care plans, county behavioral health plans, and providers **understand how EBP/CDEPs, can be reimbursed through existing Medi-Cal authorities.**
- » Focus on EBPs/CDEPs through initiatives such as CYBHI, BH-CONNECT, and FFPSA, to **expand access to these programs** by identifying Medi-Cal billing options as a mechanism for sustainability.

The EBP & CDEP Resource Overview (2/2)

What the guide is



- » **A reference describing evidence-based and community-defined evidence practices** prioritized by State initiatives
- » **A resource to identify sustainable funding** for EBP and CDEP component services
- » **A tool to determine which practice components may align** with Medi-Cal or other reimbursement pathways

What the guide is not



- » A rulebook
- » An **exhaustive list** of all EBPs or CDEPs
- » A **training manual** or a certification of proficiency in any model
- » A source of **legal advice**
- » An avenue to **create new policy, modify existing policies, or introduce new billing instructions** for clinic providers (e.g., for FQHCs⁹)

EBP & CDEP Resource Guide: Table of Contents (1 of 3)

Chapter	Description
1. Introduction	Overview of behavioral health needs among CA children and youth
2. Considerations for Medi-Cal reimbursement of EBPs and CDEPs	Explanation of how behavioral health services are delivered and reimbursed through Medi-Cal
3. Overview of EBPs covered in the resource guide	Definitions of key terms used throughout the guide
4. Introduction to practice level detail	Definitions of each EBPs' evidence base, population, settings, training requirements, and billing components
5. Parent / caregiver support programs and practices*	Details of each EBP included within CYBHI ¹ , BH-CONNECT ² , and/or FFPSA ³ across the around five themes that were prioritized through the CYBHI Scaling EBP & CDEP grant program

* Indicates deep dive to follow

EBP & CDEP Resource Guide: Table of Contents (2 of 3)

Chapter	Description
6. Trauma-informed programs and practices*	Details of each EBP included within CYBHI ¹ , BH-CONNECT ² , and/or FFPSA ³ across the around five themes that were prioritized through the CYBHI Scaling EBP & CDEP grant program
7. Early childhood wraparound services*	Details of each EBP included within CYBHI ¹ , BH-CONNECT ² , and/or FFPSA ³ across the around five themes that were prioritized through the CYBHI Scaling EBP & CDEP grant program
8. Youth-driven programs*	Details of each EBP included within CYBHI ¹ , BH-CONNECT ² , and/or FFPSA ³ across the around five themes that were prioritized through the CYBHI Scaling EBP & CDEP grant program

* Indicates deep dive to follow

EBP & CDEP Resource Guide: Table of Contents (3 of 3)

Chapter	Description
9. Early intervention programs and practices*	Details of each EBP included within CYBHI ¹ , BH-CONNECT ² , and/or FFPSA ³ across the around five themes that were prioritized through the CYBHI Scaling EBP & CDEP grant program
10. Overview of CDEPs and reimbursement considerations*	Pathways for CDEPs and how they're established
11. Considerations for payors	Explanation of how health plans and counties make coverage decisions
12. Illustrative beneficiary scenarios	Examples of how interventions align with real-world care pathways
Appendix: Rules for use of specific CPT¹¹/HCPCS¹² codes	Service codes, provider eligibility, and billing requirements

* Indicates deep dive to follow

Chapters 5-9 Overview

Chapters 5–9 provide an overview of EBPs included within CYBHI¹, BH-CONNECT², and/or FFPSA³ with the following information:

- i. The California Evidence-Based Clearinghouse (CEBC) designation
- ii. Population(s) of focus
- iii. Program description
- iv. Care delivery setting and provider qualifications
- v. Summary of evidence from literature on program efficacy & impact
- vi. Potential Medi-Cal covered benefits/services
- vii. Potential Medi-Cal non-reimbursable services

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

Reimbursable CPT¹¹/HCPCS¹² codes for each EBP are listed in the Appendix, where the **rules for using those codes are outlined**

Chapter 10 Overview

Chapter 10 outlines CDEP reimbursement pathways & the following information:

- i. Introduction to CDEPs
- ii. CDEP principles
- iii. Establishing Reimbursement Pathways for CDEPs
- iv. Illustrative CDEPs reimbursement potential
- v. Aunties & Uncles Program, Sonoma County Indian Health Project, Inc.
- vi. Gender Health Center
- vii. Cultura y Bienstar, La Clinica de La Raza



SONOMA COUNTY
INDIAN HEALTH PROJECT



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

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

Questions?

For questions on **CYBHI Fee Schedule and Certified Wellness Coach Benefit** contact: DHCS.SBS@dhcs.ca.gov

For questions on **EBP/CDEP Resource Guide, BrightLife Kids, Soluna and Cal-MAP** contact: CYBHI@dhcs.ca.gov



Appendix



Building a brighter future for California families



BrightLife Kids

A CalHOPE program
by Brightline

0 - 12 years

BrightLife Kids, a CalHOPE program by Brightline, provides **free behavioral health coaching** to all California kids ages 0–12. **No costs attached. No insurance required. No referrals needed.**

- Private 1:1 coaching via video and secure chat
- Diverse coaches offering bilingual support
- On-demand digital resources
- Coach Specialists for complex needs and referrals
- Peer communities

soluna

a CalHOPE Program by Kooth

13 - 25 years

Soluna, a CalHOPE program by Kooth, is a confidential mental health platform for California teens and young adults — built to offer flexible, stigma-free support that's **easy to access and always free.**

- 1:1 coaching via video, phone, or secure chat
- Diverse, bilingual coaches for inclusive support
- Interactive tools for self-guided growth
- Moderated forum for safe peer connection

Making an Impact for California Youth: Soluna and BrightLife Kids

500k+

user registered to connect with the support they need

110k+

coaching sessions delivered to California families and youth

over 50%

of users report never having accessed mental health services before

over 50%

of users identify as BIPOC

more than 55%

of users are from under-resourced communities as defined by the Healthy Places Index



Reporting Period: January 2024 - January 2026



OFFICE OF THE CALIFORNIA SURGEON GENERAL



BrightLife Kids

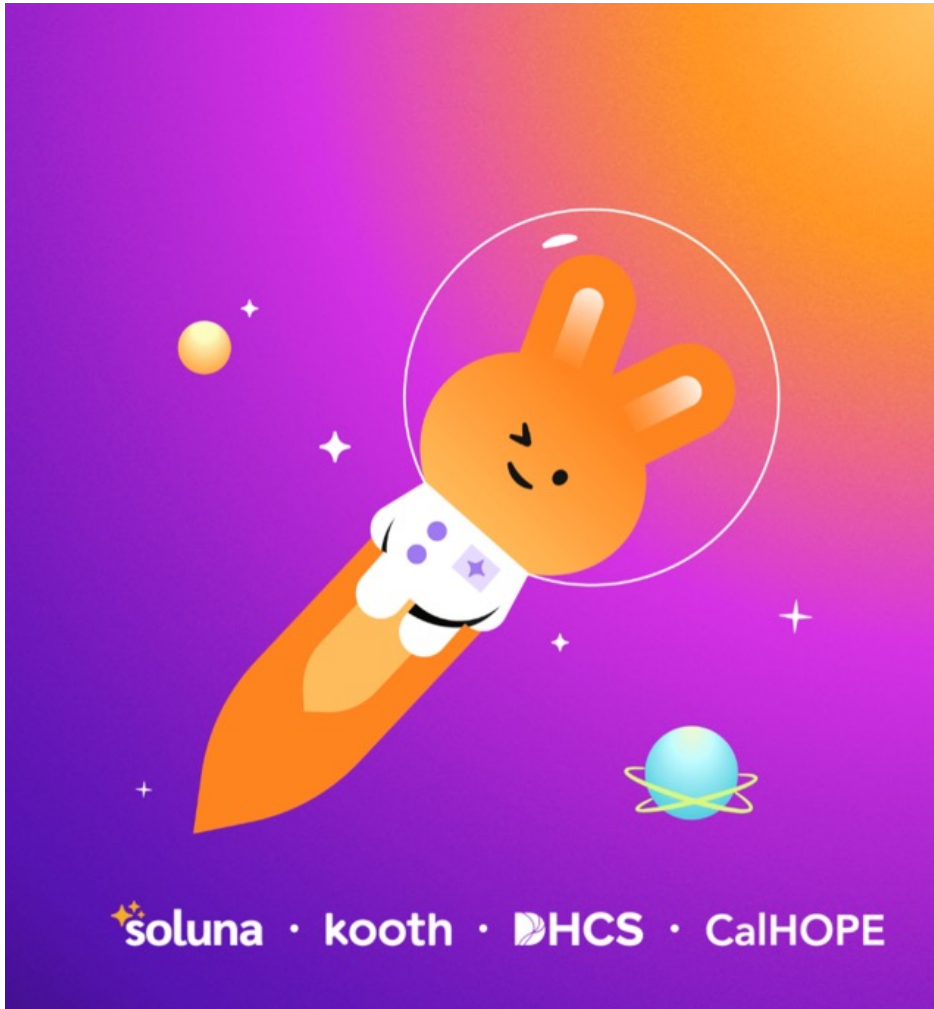
A CalHOPE program by Brightline

350,00+ children enrolled
across all 58 CA counties
in first two years of program

- **77%** are engaging in behavioral health care for the first time with BrightLife Kids
- **89% of children** see symptom improvement¹
- **83% of caregivers** experience less strain²
- **99% of families** satisfied

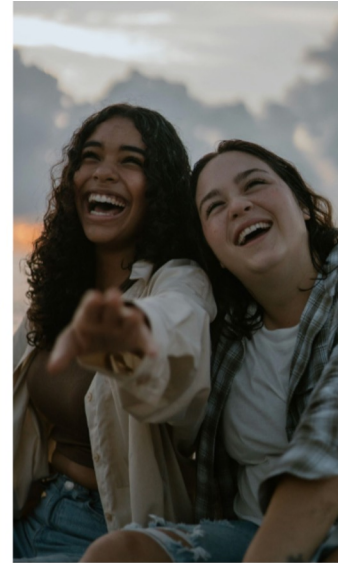


Reporting Period: January 2024 - January 2026; 1: Pediatric Symptom Checklist; 2: Caregiver Strain Questionnaire



Soluna supports the youth you serve

A free, state-funded digital mental health resource for California youth ages 13–25.



What is Soluna?

Soluna provides **self-guided tools, safe peer spaces, and 1:1 coaching** to help young people manage stress and build resilience.

Funded by the CA Department of Health Care Services.



How can you integrate it?

- Bookmark Soluna (web.solunaapp.com) on youth-accessible devices for easy access
- Incorporate Soluna into social emotional learning instruction, psychoeducation etc.
- Share Soluna with your community (i.e., wellness centers, restrooms, website, newsletter)
- Host a youth workshop or family information session
- Include Soluna as a no-cost referral resource



How can you get involved?



Book a Training or Workshop:
ce@solunaapp.com or
partnerships@solunaapp.com



Order Materials (no cost):
solunaapp.com/resources



Share with Youth:
Scan QR code or visit
solunaapp.com



Tell Your Community:
[Download the Digital Tool Kit](#)



Help empower youth and shape futures - go to solunaapp.com for more information and access to exclusive merch and materials!

soluna
a CalHOPE Program

HCS



User Acquisition

Soluna has meaningfully increased access to mental health supports and youth report Soluna has had a positive impact on their mental health

44%

of coaching sessions occur outside of 9-5pm¹

1 in 2

Users wouldn't have access to mental health support without Soluna²

50%

Of users report Soluna is their first time accessing mental health services²

Service users love Soluna coaching:

98%

of coaching users reported they would recommend Soluna to a friend¹

86%

of returning users report they can better support someone struggling with their mental health²

87%

of respondents report Soluna helped them get the support they wanted²

86%

of respondents learned they are not alone in feeling the way they do²

85%

of coaching users meet at least one need during a single coaching session¹

1 - Reporting period Jan 1, 2024 - Dec 31 2025

2 - Soluna User Feedback Survey [Stellar] 2024 & 2025 eligible users in California

Partner with Soluna at no cost: choose the pathway that fits your needs.



Pathway 1: Order Resources & Invite Us to a Community Engagement

Support outreach and awareness with youth-facing materials and event participation.

- Request print or digital Soluna materials
- Invite Soluna to attend tabling or community events

Contact our Community Engagement Team: ce@solunaapp.com



Pathway 3: Receive Closed-Loop Referrals

Join the Soluna Affiliate Network to receive vetted referrals and closed-loop referrals at no cost.

- Low-barrier onboarding
- Clear referral coordination
- Alignment on programs and services

Get started: aserna@kooth.com



Pathway 2: Request Virtual Staff Training

Equip frontline staff, supervisors, and leadership to confidently introduce and refer youth to Soluna.

- How Soluna works and when to refer
- Scripts, registration support, and key features

Schedule a training: partnerships@solunaapp.com



Pathway 4: Establish Bi-Directional Referral Partnership

Explore deeper collaboration through operational or technical referral workflows.





- Bi-directional referrals
- Compliance-aligned data sharing
- Explore integration with existing programs or systems

Schedule a partnership conversation

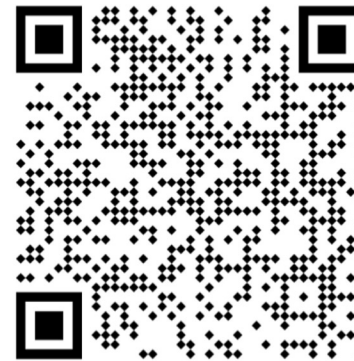
Thank you!

 **soluna**
a CalHOPE Program



- 
-  solunaapp.com
 -  (844) 582-2111
 -  ce@solunaapp.com

BrightLife Kids
A CalHOPE program by Brightline



- 
-  brightlife.kids/ca
 -  (888) 275-5357
 -  ce@hellobrightline.com

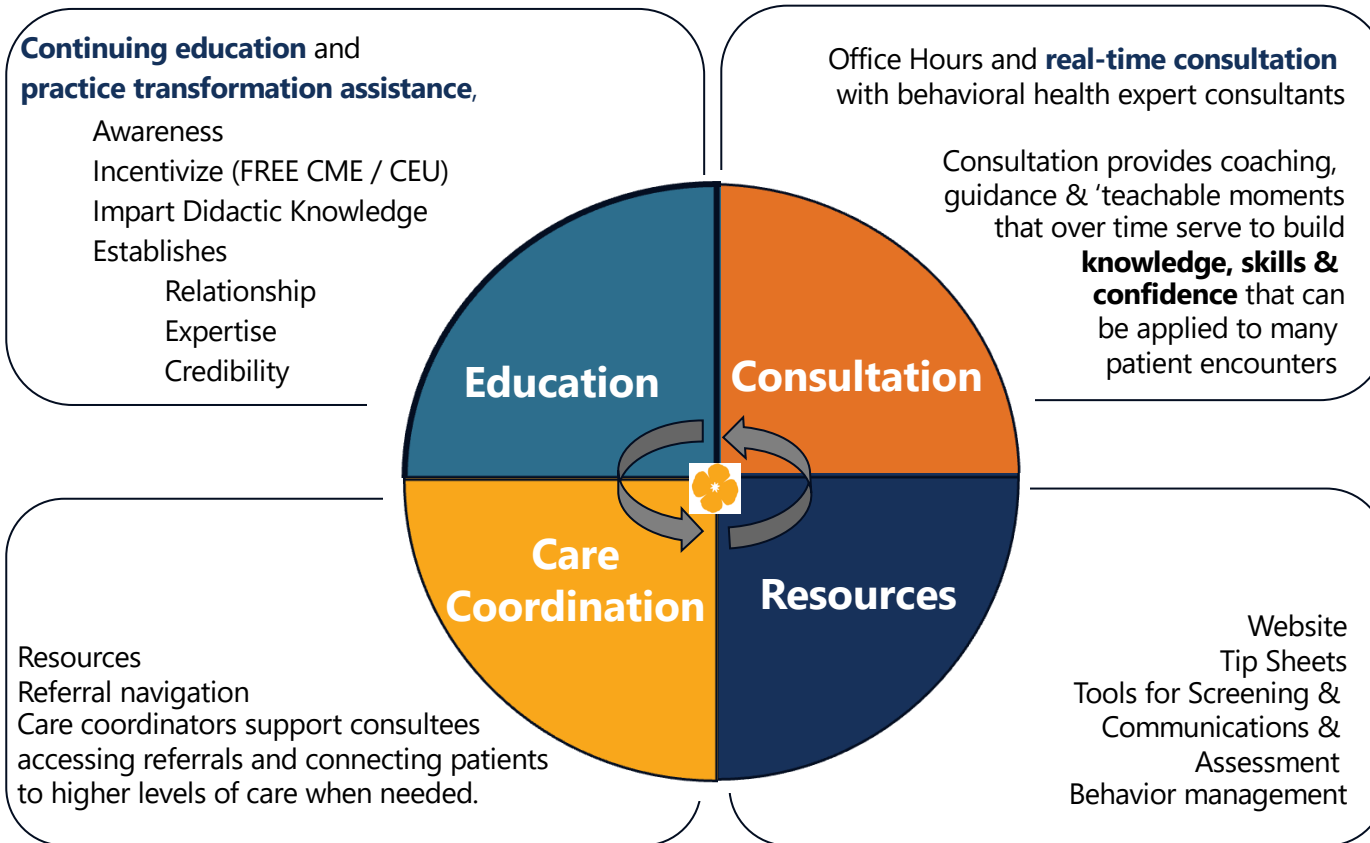
The California Child and Adolescent Mental Health Access Portal (Cal-MAP)

A Children and Youth Behavioral Health Initiative CalHOPE program powered by UCSF.

Empowering California Primary Care Providers to Assess and Treat Mental & Behavioral Health Conditions in Youth 0-25



Mental Health Access Programs



Applications

- » Pediatrics
- » Perinatal
- » Substance Use
- » Early Childhood
- » Eating Disorders
- » Autism
- » Emergency



Cal-MAP

CALIFORNIA CHILD & ADOLESCENT MENTAL HEALTH ACCESS PORTAL

A CalHOPE program powered by UCSF

Do you need help managing the behavioral health needs of your patients aged 0-25?

California primary care clinicians now have free access to expert mental and behavioral health consultations for patients aged 0-25.

Cal-MAP provides free CME*-eligible education and resources and clinician-to-clinician consultation with expert psychiatrists, psychologists and social workers regarding best practices in evidence-based, trauma-informed, culturally responsive care.



What Cal-Map Offers



Mental Health Curbside Consultation [↗](#)

Schedule a free consultation with a child psychiatrist, psychologist or care coordinator for patient care recommendations



Education [↗](#)

Access free CME* & CEU** eligible trainings online and in-person



Resources [↗](#)

Explore and download curated resources and tip sheets for primary care providers and families with topic- and diagnosis-specific information

* CME: Continuing Medical Education

** CEU: Continuing Education Units



"The program has been an absolute godsend... Everyone has been so supportive. I have learned so much and my patients' psychiatric care has dramatically improved."

-Barbara Botelho, MD, Pediatrician

Get your behavioral health questions answered today with a Cal-MAP consult



Or Call (800) 253-2103
Monday - Friday, 8:30am-4:30pm

CONSULTS as of February 15, 2026



7,236 Total Completed Consults

5,433

Completed
Psychiatry

1,654

Completed
Care Coordination

149

Completed
Psychology

Users Endorse Feeling Supported, Positive Experience

*"This was such a successful and efficient consult-
I am so thankful for the assistance!"*

*"Timely response and very helpful consultation.
Very happy with this service."*

*"I appreciate the detailed care that the provider
offered, listened very carefully. thank you"*

EXPERIENCE = 4.54/5

SATISFACTION = 4.6/5

Welcome our Local Spotlight !

Josh Armstrong

Unit Chief

School-Based
Services Branch

Tisha Montiero

Branch Chief

Delivery Systems and
Operations Branch

Local Spotlight

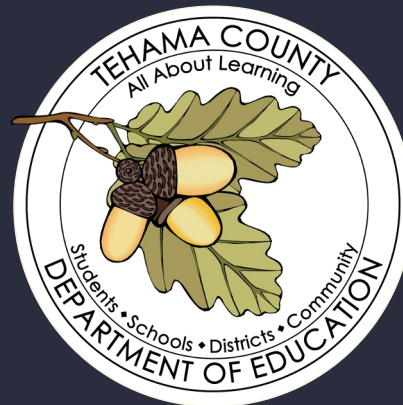


JoNell Amacker, NCC

Director, School-Based Mental Health & Wellness
Tehama County Department of Education



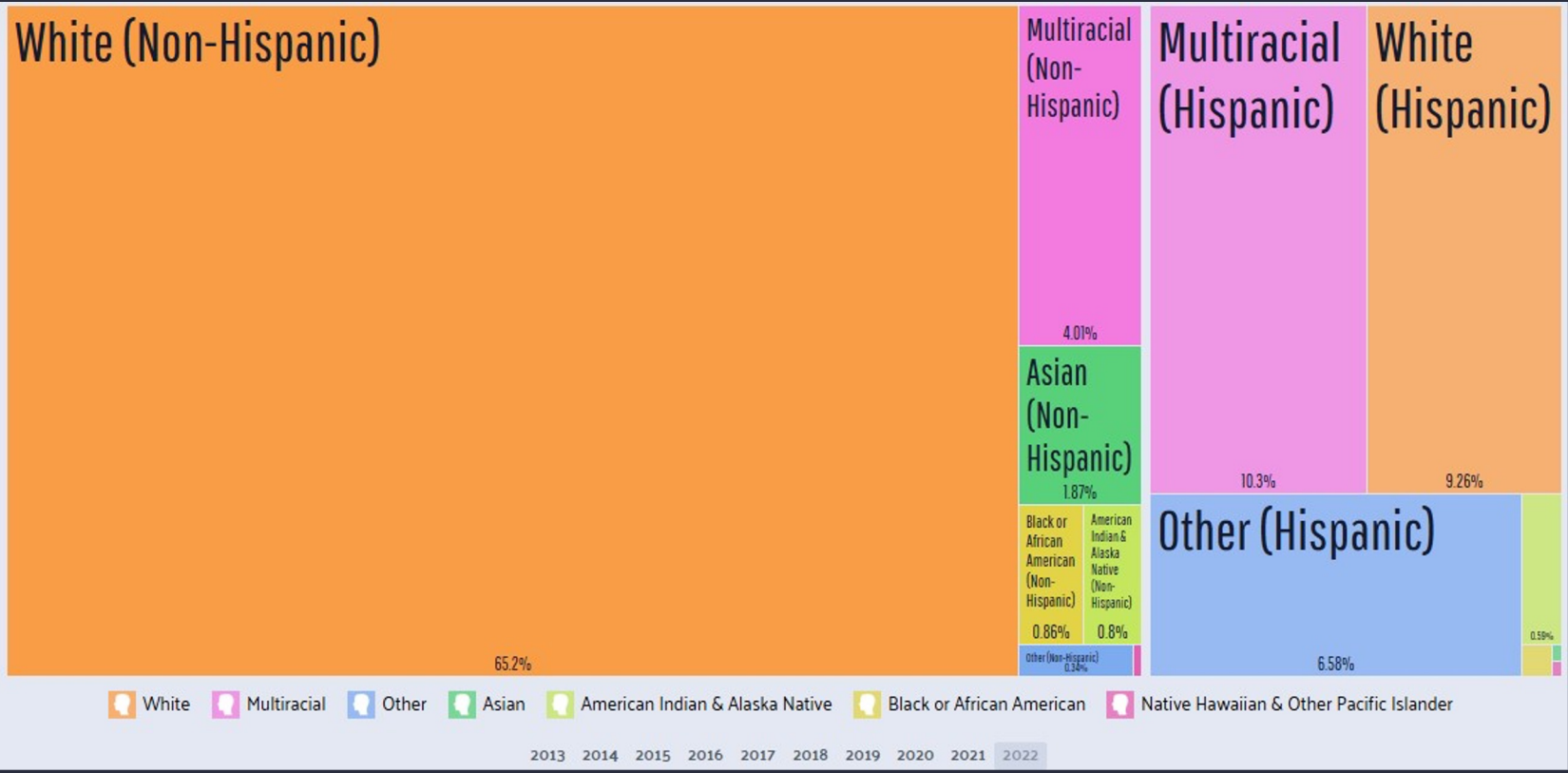
Fee Schedule, Wellness Coaches, Local Impact Tehama County



County Data

	Tehama County	California
Population	65,520	39,242,785
Household Income	\$61,834	\$95,521
Families in Poverty	15.4%	10.5%
Access to doctor	1:1,871	1:1483
Access to MH	1:430	1:310
2+ Child ACEs	22.3%	10.5%

County Data



Economic Mobility

25.6k

2022 VALUE

± 1,426

-1.62%

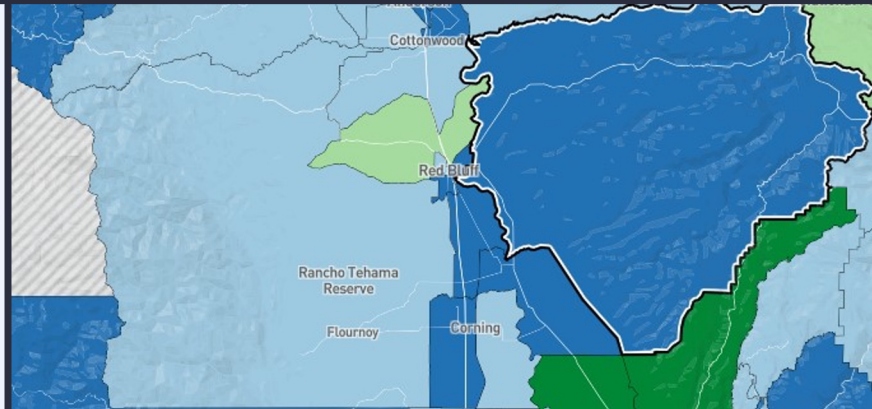
1 YEAR DECLINE

± 8.05%

From 2021 to 2022, employment in Tehama County, CA declined at a rate of -1.62%, from 26k employees to 25.6k employees.

The most common job groups, by number of people living in Tehama County, CA, are Office & Administrative Support Occupations (4,086 people), Production Occupations (2,013 people), and Sales & Related Occupations (1,702 people). This chart illustrates the share breakdown of the primary jobs held by residents of Tehama County, CA.

Data from [the Census Bureau ACS 5-year Estimate](#).



[HPI ranges from 21-52](#)

A lot of diversity in access to health care and employment opportunities



Meet the Certified Wellness Coaches



Jacque Thomas

CWC II



Kacey Cain

CWC II



Kasey Hathaway

CWC II



Paula Vazquez

CWC I



Stephanie Mendoza

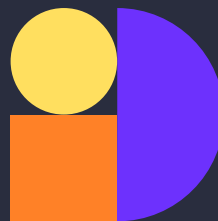
CWC II

Shared Vision for Tehama County Youth



OBJECTIVE 1

Decrease stigma surrounding mental health while respecting family culture, values, and lived experiences.



OBJECTIVE 2

Make access to mental health low barrier, engaging, and whole child focused



OBJECTIVE 3

Support LEAs in connecting to a broader scope of care for youth available within our community and state

Contracted Sites

Plum Valley/ LAVA



Flourney



Evergreen



Gerber



For this model, we will look at a few sites that contract with TCDE for CWC services.

Important Highlights:

- 1) Shared Goals and Vision
- 2) Staffing the represents the community
- 3) Open Communication
- 4) Frequent Check-Ins

Paula: Plum Valley/LAVA

LEA Overview:

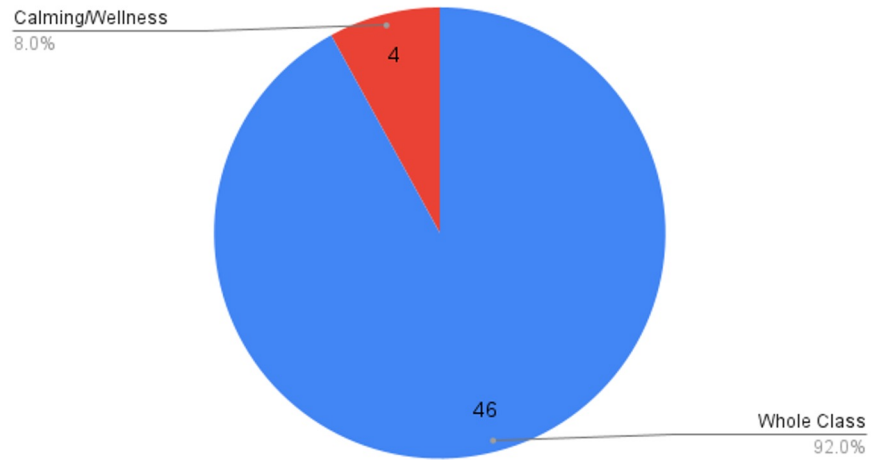
Plum Valley

- 20 students
- TK-5
- 2 Classrooms
- 1 Certified Staff
- 2 Classified Staff
- 30 min from COE

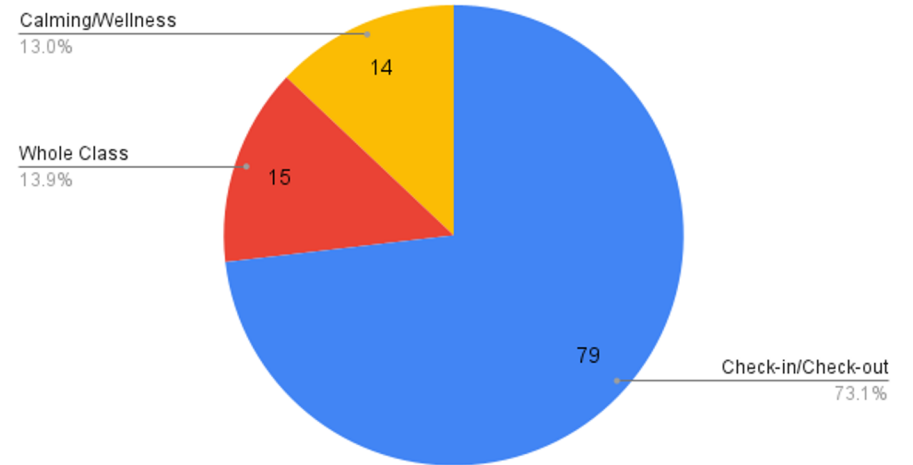
LAVA

- 97 students
- 5-8
- 4 Classrooms
- 4 Certified Staff
- 4 Classified Staff
- 2 min from COE

PV_Types of Student Services



LAVA_Types of Student Services



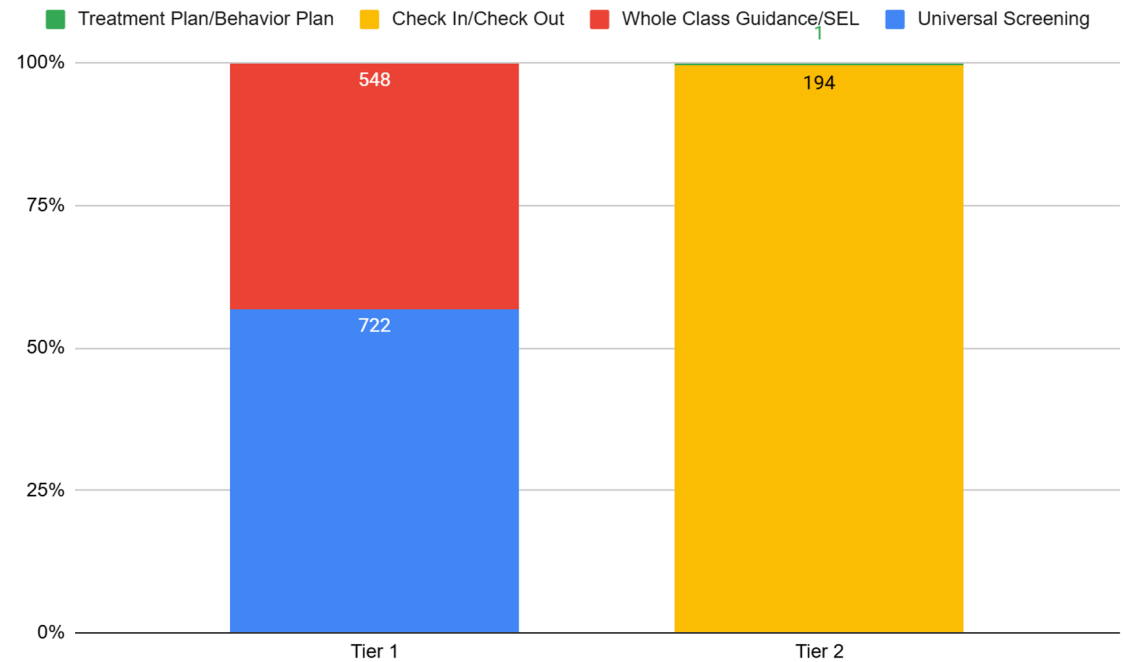
Kasey: Flourney

1,465 Student Contacts

LEA Overview:

Flourney

- 32 students
- TK-8
- 2 Classrooms
- 2 Certified Staff
- 2 Classified Staff
- 40 min from COE





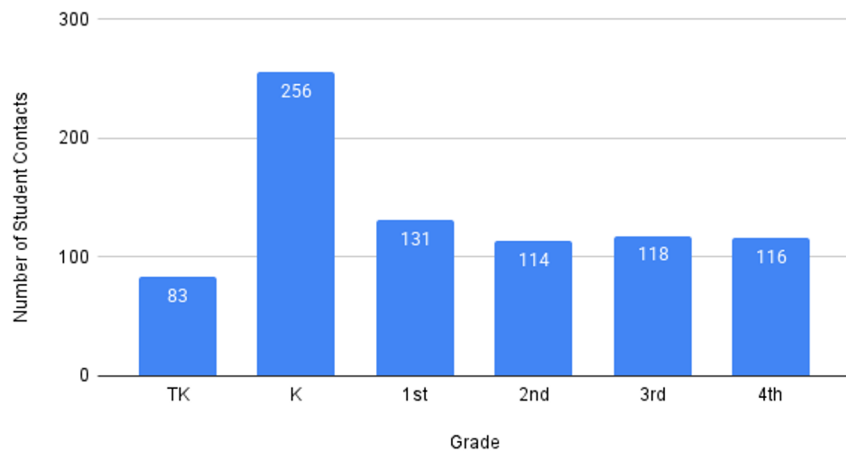
Kacey: Evergreen

LEA Overview:

Evergreen Elementary

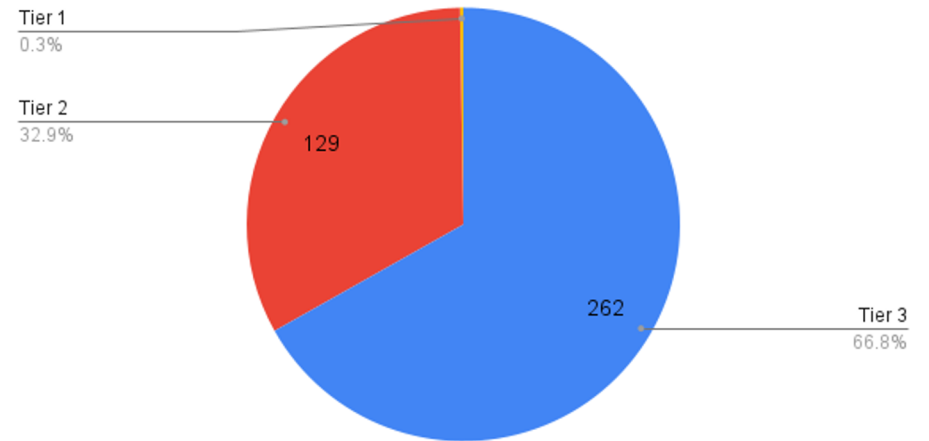
- 541 students
- TK-4
- 25 Classrooms
- 29 Certified Staff
- 40 Classified Staff
- 30 min from COE

Number of Student Contacts vs. Grade Sept-Nov



Number of Student Services by MTTTS Tier 420 Total

Sept-Jan20, 2026





Stephanie: Gerber

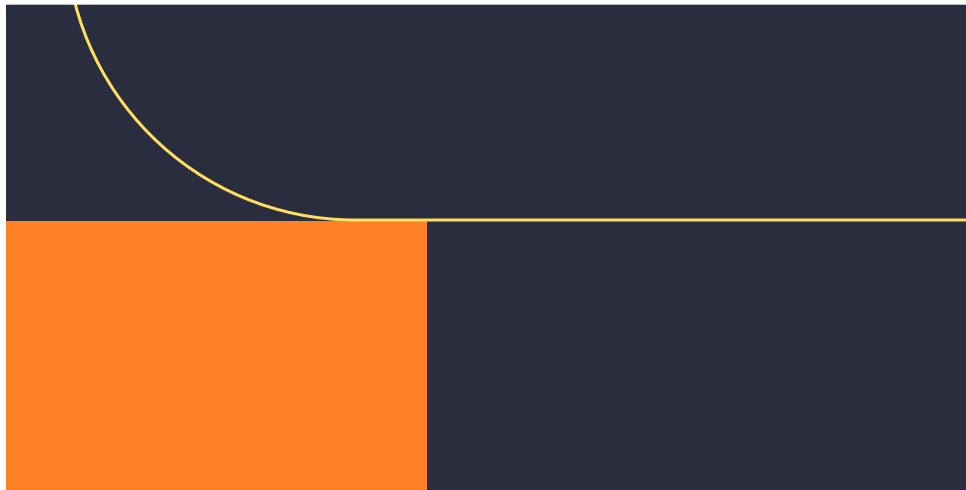
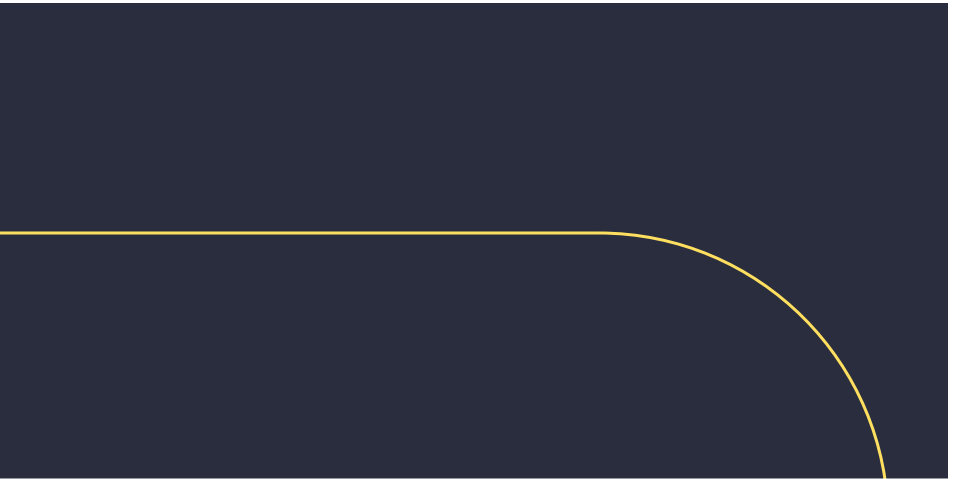
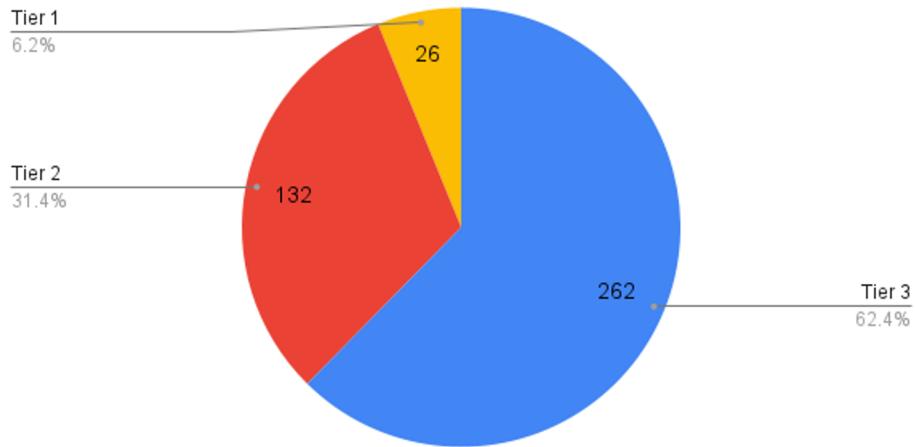
LEA Overview:

Gerber Elementary

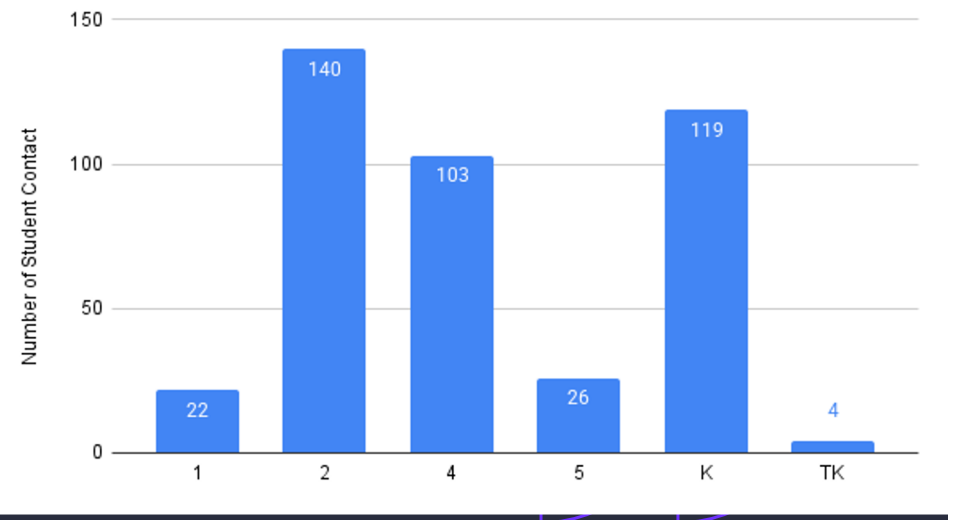
- 400 students
- TK-8
- 25 Classrooms
- 28 Certified Staff
- 20 Classified Staff
- 30 min from COE

Number of Student Services by MTTTS Tier 420 Total

Sept-Jan20, 2026



Number of Student Contacts by Grade Sept-Jan20, 2026



Documentation and Billing



Student Service Tracker



Getting in the habit of documenting type and length of service
Review cases in weekly supervision

Billing



We are billing for CWC services that are referred to our program
Actively building agreements with LEAs who house CWCs to bill
for services

Taking it Step by Step



Examining what types of services are being provided at each site
Determining systems to establish medical necessity
Est \$85,000 in reimbursement based on current service model

Thank You

JoNell Amakcer, NCC, PPS
Tehama County Department of Education
Director, School Mental Health and Wellness

jamacker@tehamaschools.org

Menti-Meter Time!



Engage with Us! 📱



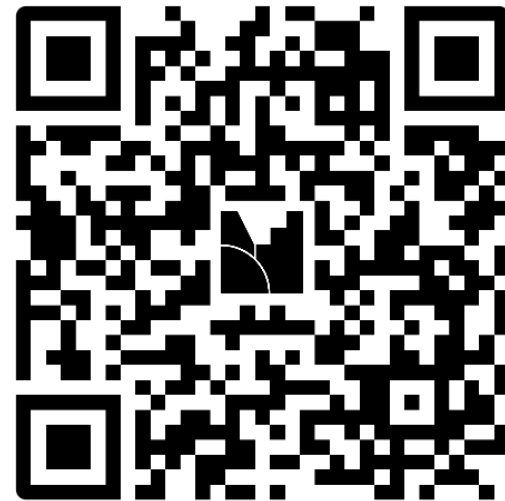
Instructions

Go to

www.menti.com

Enter the code

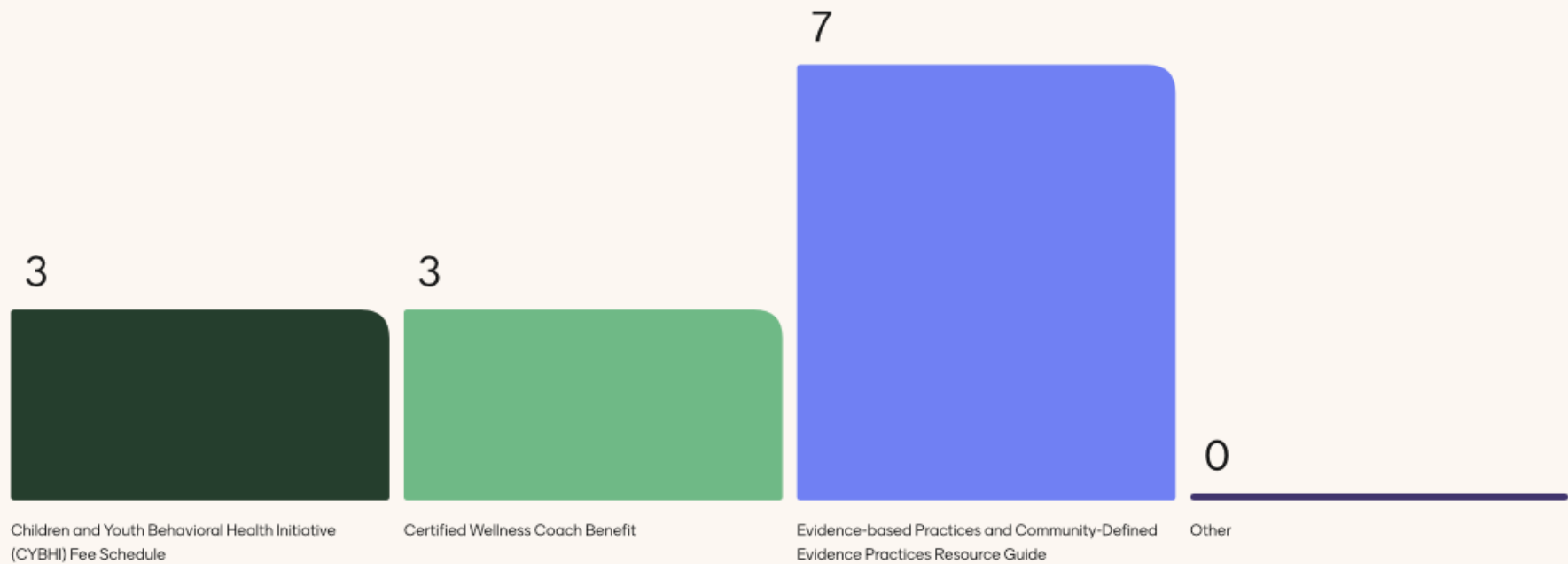
4250 4271



Or use QR code



What CYHBI resources are you most excited about? *Select all that apply.*





Group Discussion

- What struck you during today's presentations?
- Reflecting on the CYBHI opportunities and resources shared today:
 - What opportunities do you see for using them in your community to strengthen youth behavioral health support? How might strategies differ for justice-involved youth?





Wrap Up

PHIL Team



Resources to Support Children and Youth Behavioral Health



EXPANDING ACCESS TO BEHAVIORAL HEALTH RESOURCES IN CALIFORNIA COMMUNITIES

The Children and Youth Behavioral Health Initiative
& The Northern ACEs Collaborative



Looking to reach youth and their families with critical resources to support their behavioral health? Check out the [FREE resources and connections available here](#) and reach out to CMohan2@phi.org to learn more.



Upcoming Free Trainings in Lake County with CYBHI Resource Partners

May 13 & 14

Lakeport, CA

[Click Here to
Learn More!](#)

Expanding Access to
Child & Youth Behavioral
Health Resources for
California Communities

FREE UPCOMING TRAINING EVENTS
Free continuing education (CE/CME) credits available for eligible professionals.

Safe Spaces
SAFE SPACES
TRAIN-THE-TRAINER
May 13, 2026 | Lakeport, CA

🕒 7.5-Hour Interactive Training
Learn how to implement and teach trauma-informed practices.

- Foundation of trauma-informed care
- Tools for educators and youth-serving staff
- Become a certified Safe Spaces trainer

[Learn More](#) [Apply by April 14](#)

OPEN DOORS
OPEN DOORS
TRAINING
May 14, 2026 | Lakeport, CA

🕒 7-Hour Interactive Training
Build stronger relationships with youth and discuss behavioral health.

- Authentic youth engagement
- Conversations addressing substance use
- Practical relationship-building tools

[Learn More](#) [Register by April 14](#)

Click here to learn more about the partnership between The Northern ACEs Collaborative (NAC) and The California Children and Youth Behavioral Health Initiative (CYBHI)

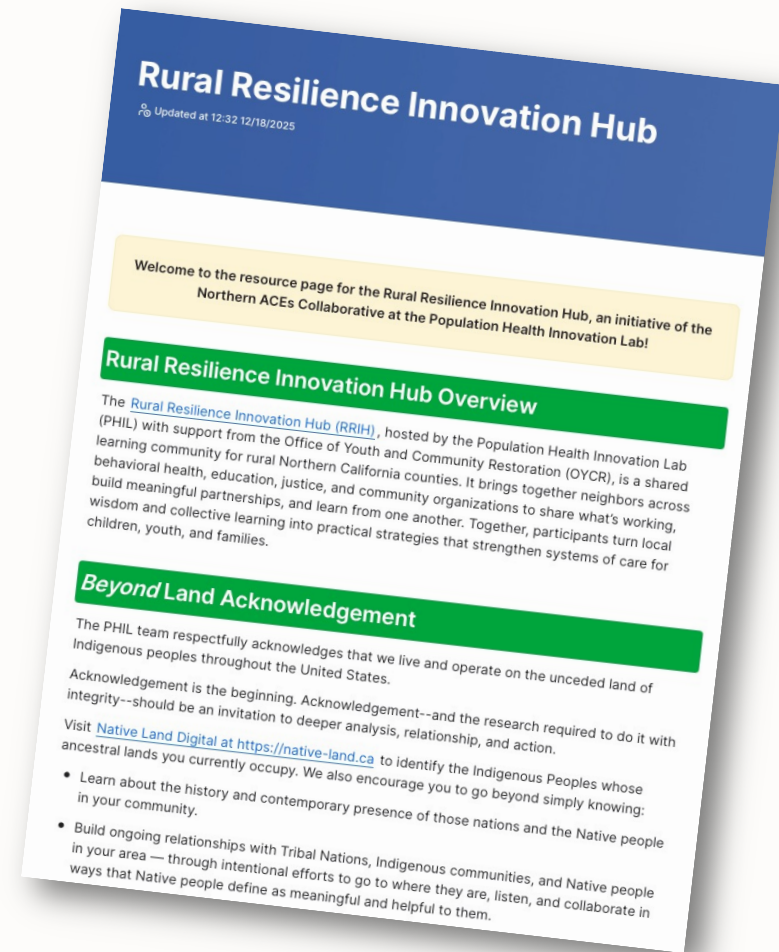
NAC CYBHI



Rural Resilience Innovation Hub Resource Doc



[Link to Resource Document](#)



Reminder: Future RRIH Meeting Dates



- April 23, 2026 | Office of Youth and Community Restoration (OYCR) and Least Restrictive Care: A Plain-Language Overview for Counties
- May 19, 2026 | In person, McConnell Foundation – Redding, CA



Mark Your Calendar: May Gathering



In-Person RRIH Meeting
May 19 | 10am – 2pm
McConnell Foundation
Redding, CA 96003

***Registration* is now open!**





We want to hear how today went!

Before you go, we invite you to share your thoughts! Please complete our quick survey using the poll or clicking on the link in the chat.



<https://s.zoom.us/m/bZEJIVMFI>

Help us make the next event *paw-some.* 🐾



A photograph showing several hands of different people stacked together in a circle, symbolizing unity and support. The hands are wearing various colored sleeves: red, green, blue, yellow, and white. One hand has a ring. The image has a greenish tint.

Thank you!



POPULATION HEALTH INNOVATION LAB

A Program of the PUBLIC HEALTH INSTITUTE

Learn more about PHIL at pophealthinnovationlab.org