Introduction to the Adult Evidence-Based Practice (EBP) Centers of Excellence (COE)

August 6, 2025

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Housekeeping

- Today's presentation will be recorded and available on the Behavioral Health Centers of Excellence Resource Hub following this call.
  - The recording and slides will also be sent via email.
- A question-and-answer session is scheduled one week from today on Wednesday, August 13 at 1 p.m. PDT.
- All questions submitted will be tracked/logged for inclusion in the question-and-answer session next week.
- DHCS, HMA, Manatt, and COEs will provide written responses to any questions submitted.

Agenda

» Topics for today:
- Introduction and overview of the adult Centers of Excellence (COE)
  - Assertive Community Treatment (ACT) and Forensic ACT (FACT)
  - Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)
  - Individual Placement and Support (IPS) Supported Employment
  - Clubhouse Services
- COE engagement process overview
- Next steps and questions

» Out of scope for today:
- Fidelity requirements
- Billing-related questions
- Data elements and reporting requirements

Overview of the Centers of Excellence (COE)

DHCS

COE Support for Evidence-Based Practices (EBP)

COEs to support following EBPs:

- Assertive Community Treatment (ACT) and Forensic ACT (FACT)*
- Clubhouse Services
- Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)*
- High Fidelity Wraparound (HFW)*^
- Individual Placement and Support (IPS) Supported Employment*
- Multisystemic Therapy (MST)
- Parent-Child Interaction Therapy (PCIT)
- Functional Family Therapy (FFT)

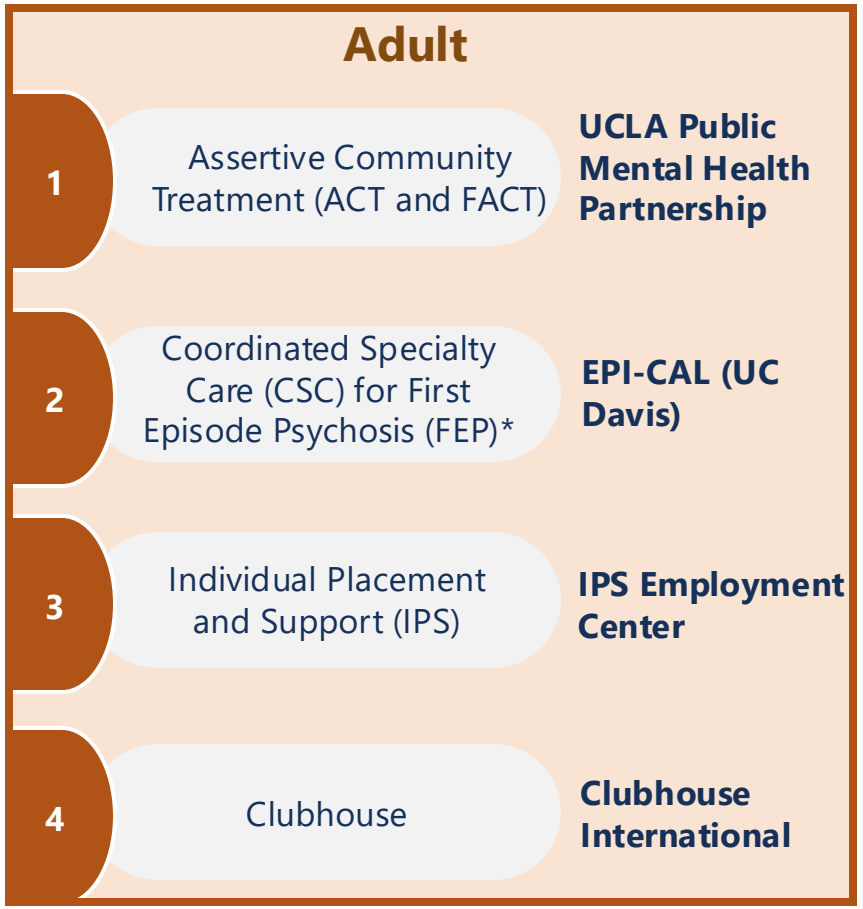
*EBPs in BHSA and BH-CONNECT.

^Additional information on HFW forthcoming.

- **EBPs are central to California's goal** of expanding access to and strengthening the continuum of community-based behavioral health services for individuals living with significant behavioral health needs.
  - EBPs are key components of both the Behavioral Health Services Act (BHSA) and BH-CONNECT.
- **DHCS has established COEs** to support behavioral health practitioners and counties in implementing EBPs under both BHSA and BH-CONNECT. COEs are actively:
  - **Supporting DHCS in developing requirements** on training, technical assistance, fidelity monitoring, and data collection for all EBPs.
  - Developing materials and **beginning to provide training, technical assistance, and fidelity monitoring** to counties implementing EBPs under both initiatives.

Selected Adult COEs and Responsibilities

- COEs will provide training, technical assistance, and fidelity monitoring of EBPs to support the BH-CONNECT and BHSA initiatives.
  - ACT, FACT, CSC, and IPS are part of BH-CONNECT and BHSA.
  - Clubhouse is part of BH-CONNECT only.
- COE resources are available to counties and behavioral health practitioners that serve the Medi-Cal and uninsured populations.



*CSC serves ages 12 through 40 years.

Implementation of EBPs in BHSA and BH-CONNECT

Shared features of EBPs in BHSA and BH-CONNECT:

- Implementation requirements (e.g., eligibility criteria, staffing, fidelity monitoring).
- Access to training, technical assistance, and fidelity monitoring support.
- Workforce (i.e., the same ACT teams may support both Medi-Cal and non-Medi-Cal members).

- The implementation of EBPs included in both initiatives is closely coordinated.
- Counties may opt-in to provide ACT, FACT, IPS, and CSC in Medi-Cal under BH-CONNECT beginning in 2025.
- HFW, FFT, MST, and PCIT are already covered under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements.
- Under BHSA, counties must offer ACT, FACT, CSC, HFW and IPS beginning July 1, 2026.
- **For EBPs in both initiatives, core requirements will be identical regardless of whether a county opts in to BH-CONNECT** (e.g., ACT teams must complete the same trainings to meet Medi-Cal and BHSA standards).

COE Implementation Timeline

Statewide EBP webinars for all COEs

August 2025

Engagement Initiation Forms (EIF) submitted by counties

Beginning August 2025

(Ongoing submissions when ready to consult with COE for each EBP)

County consultations and training & technical assistance, materials available to counties and providers

Beginning September 2025

(Ongoing following EIF submissions)

Status of Guidance on EBPs

DHCS has released initial guidance on coverage of EBPs under Medi-Cal and is currently developing detailed training, technical assistance, fidelity monitoring, and data collection guidance for counties and practitioners that applies to both Medi-Cal and BHSA.

- In April 2025, DHCS released BHIN-25-009 outlining coverage, payment, and other compliance requirements for counties that elect to cover ACT, FACT, IPS, and CSC **under Medi-Cal**.
  - In May 2025, DHCS released the BH-CONNECT EBP Policy Guide to support the implementation of EBPs in BH-CONNECT and BHSA.
- In June 2025, DHCS also released a draft BHIN outlining coverage, payment, and other compliance requirements for FFT, MST, and PCIT. Final guidance will be released in the coming months.
- DHCS will include guidance on BHSA minimum service capacity requirements in future BHSA County Policy Manual updates and release additional guidance on training, technical assistance, fidelity monitoring, and data collection requirements for ACT, FACT, IPS, and CSC that **applies to both Medi-Cal and BHSA**.
- DHCS will also release guidance to support implementation of HFW under BHSA and Medi-Cal. Additional details about HFW are forthcoming.

Timeline for Upcoming Policy Guidance

Date	Milestone
July 30 and July 31	Introduction to COEs: **Webinar #1**
July	Prepare guidance for public comment
August 6	Adult EBPs: **Webinar #2**
August 7	Children & Youth EBPs: **Webinar #3**
August-September	**Public comment on draft guidance on EBP training and fidelity standards**
(Timing TBD)	**Public comment on draft guidance on minimum service capacity** (via County BHSA Policy Manual)
September – October	Revisions and finalization of guidance
October	**Publication of guidance on EBP training and fidelity standards**
(Timing TBD)	**Publication of guidance on minimum service capacity** (in County BHSA Policy Manual)

Overview of Adult EBP COEs

DHCS

Assertive Community Treatment (ACT) and Forensic ACT (FACT): UCLA Public Mental Health Partnership

Public Mental Health Partnership
UCLA Semel Institute

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

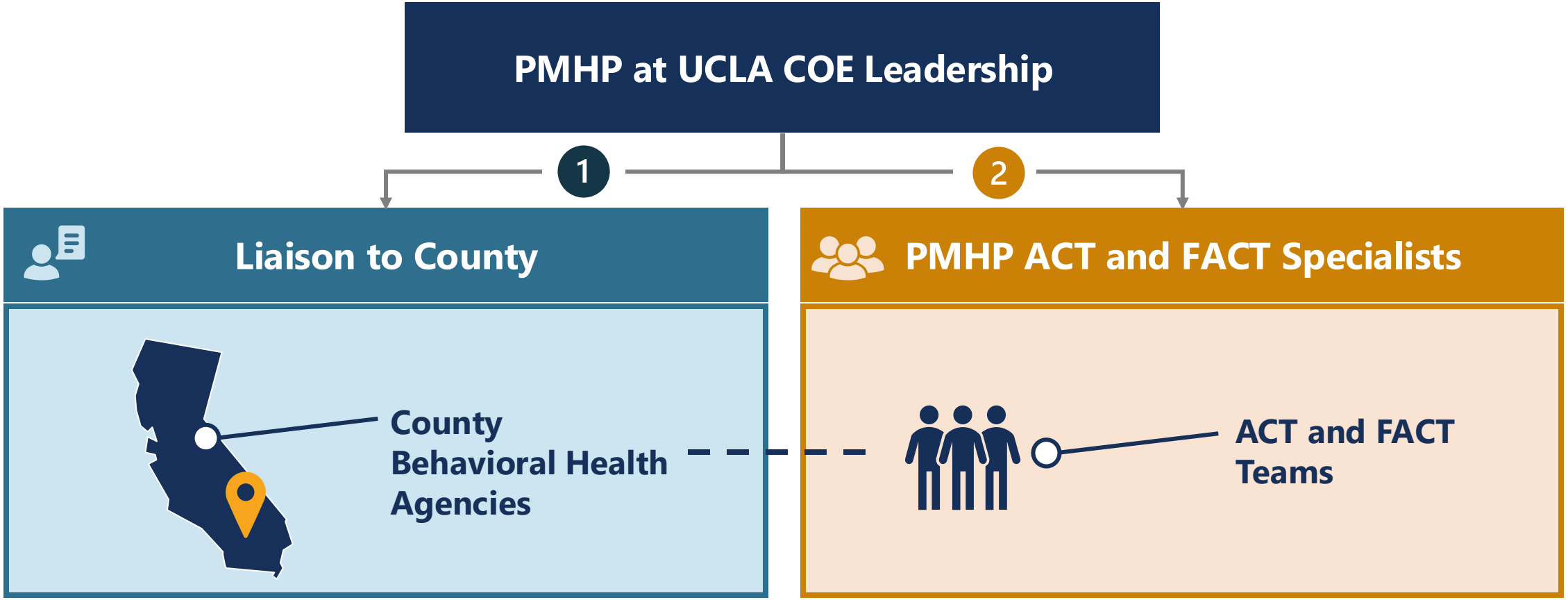
ACT and FACT COE: UCLA Public Mental Health Partnership (PMHP at UCLA)

- **Leadership:** Elizabeth (Beth) Bromley, M.D., Ph.D.; Lisa Davis, Ph.D., L.C.S.W.; Elizabeth Mackey, L.M.S.W.; Rosalinda Cardenas, M.P.A.; Joseph Mango, M.F.A.; Nancy Arechiga, M.B.A.
- **PMHP:** Team of university-based clinicians and researchers committed to supporting public service systems.
  - Since 2018, delivering technical assistance, training (~12 hours per week), and learning communities for Los Angeles County FSP and homeless outreach providers.

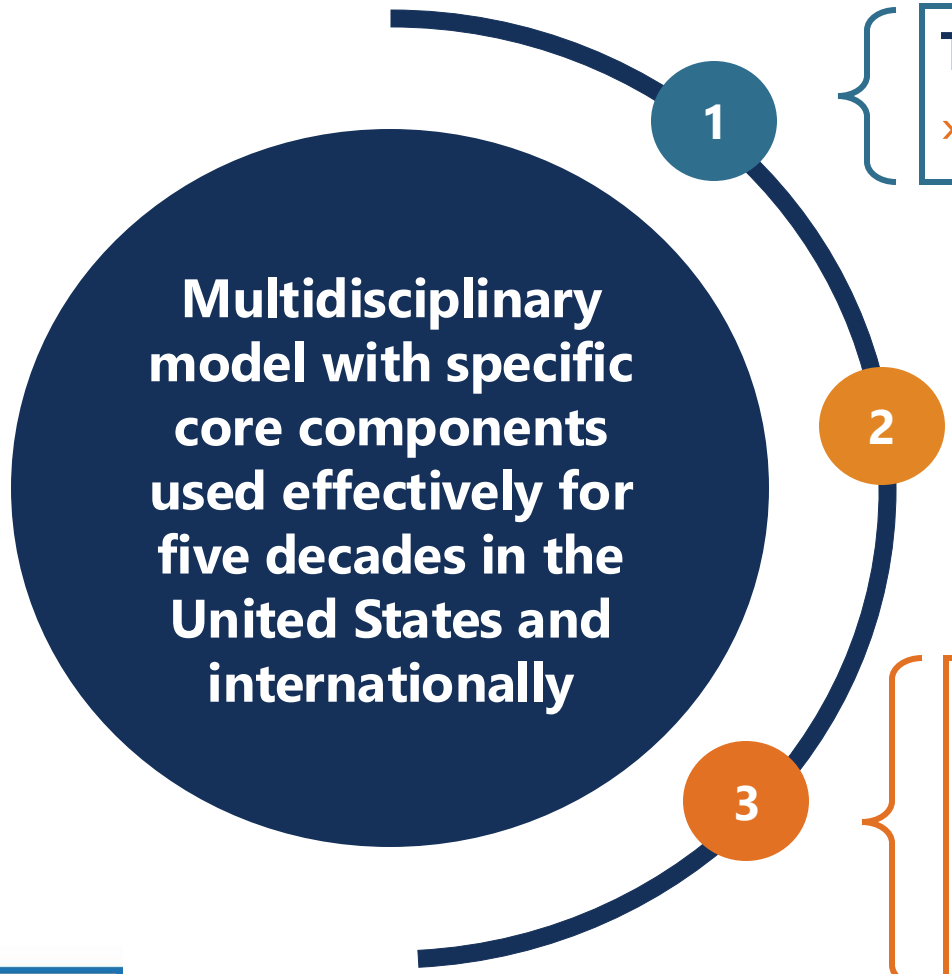
Link to PMHP's ACT and FACT Webpage

Public Mental Health Partnership
UCLA Semel Institute

PMHP at UCLA Training & Technical Assistance Structure



ACT and FACT Research and Evidence



Targets adults aged 18+:

- Individuals with severe mental illness

Multidisciplinary service delivery model:

- Frequent, assertive contact via a dedicated team
- Coordinated, field-based, and person-centered supports across housing and service sectors
- Measurable, core components of services

Addresses complex needs:

- Continuous high service needs and substantial functional challenges
- FACT teams specialize in those with histories of justice involvement

Public Mental Health Partnership
UCLA Semel Institute

Expected Outcomes Based on Fidelity to the ACT and FACT Model

Reductions In

- **Hospitalizations**
- **Crisis service use**
- **Justice involvement**

Improvements In

- **Treatment engagement**
- **Housing**
- **Quality of life**
- **Other outcomes**

ACT and FACT Training & Technical Assistance Approach

- Training & technical assistance offerings available free-of-charge:
  - Foundational and specialized ongoing education on EBPs.
  - Technical assistance to initiate and improve ACT and FACT implementation.
  - Learning communities to share solutions with peers in live sessions and online message boards.
- Online resources using synchronous (i.e., live) and asynchronous (e.g., recorded videos, podcasts) modalities:
  - Available immediately in a dedicated learning center.

Stepwise Approach to Achieve ACT and FACT Fidelity

- Stepwise approach to help teams progress to full fidelity:
  - Baseline Assessment: Survey of core components of ACT and FACT teams.
  - Core Components Checklist: "Core Components of the ACT and FACT Service Model: Setting the Foundation for Fidelity" available August 14 as a recorded webinar on PMHP's website.
  - Fidelity Assessments: In-person site visit to rate practices and suggest quality improvement approaches based on the Tool for Measurement of ACT (TMACT).
- Tailored technical assistance delivered virtually by skilled PMHP specialists when teams encounter implementation challenges.
- Goal: ACT and FACT teams succeed and thrive in delivering high-quality care:
  - We learn from you! Your feedback and input are critical to helping us create products that fit your needs.

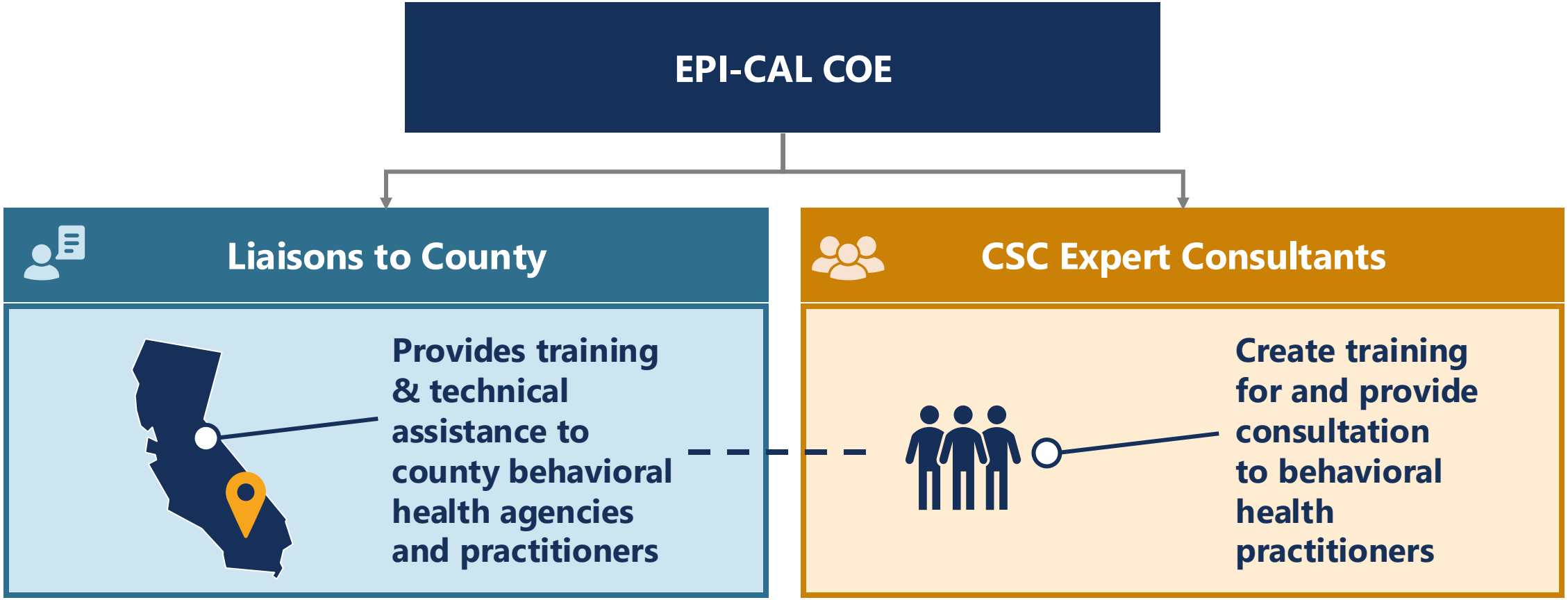
Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP): Early Psychosis Intervention-California (EPI-CAL)

Introduction to the CSC COE: Early Psychosis Intervention-California (EPI-CAL)

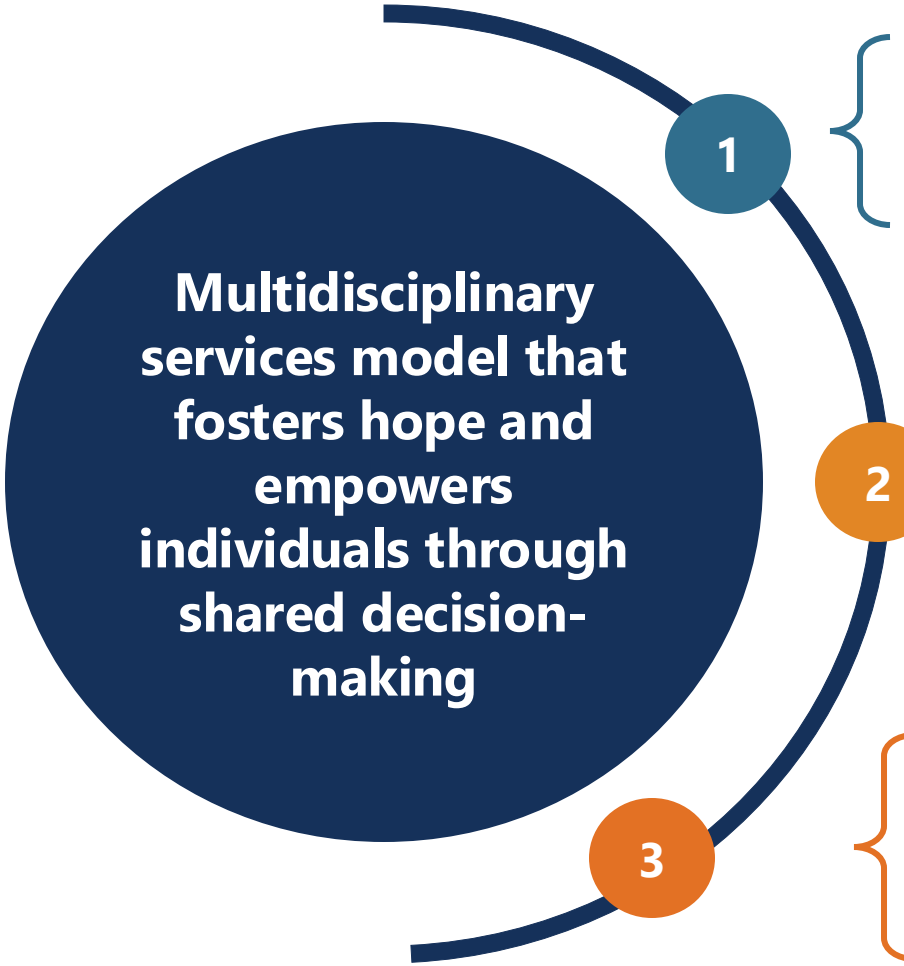
- **Core Team:** UC Davis, UC San Francisco, Stanford University, UC San Diego.
- **Point of Contact:** Katie Perry and Valerie Tryon.
- **Experience:** Multiple decades/30+ years of experience in early psychosis direct service (multiple funding models) and evaluation space.

Link to EPI-CAL Website

EPI-CAL Training & Technical Assistance Structure



CSC Research and Evidence



Targets individuals with early onset or first episode of psychosis:

- Typically young people ages 12 – 40 but can support up to 65 years of age

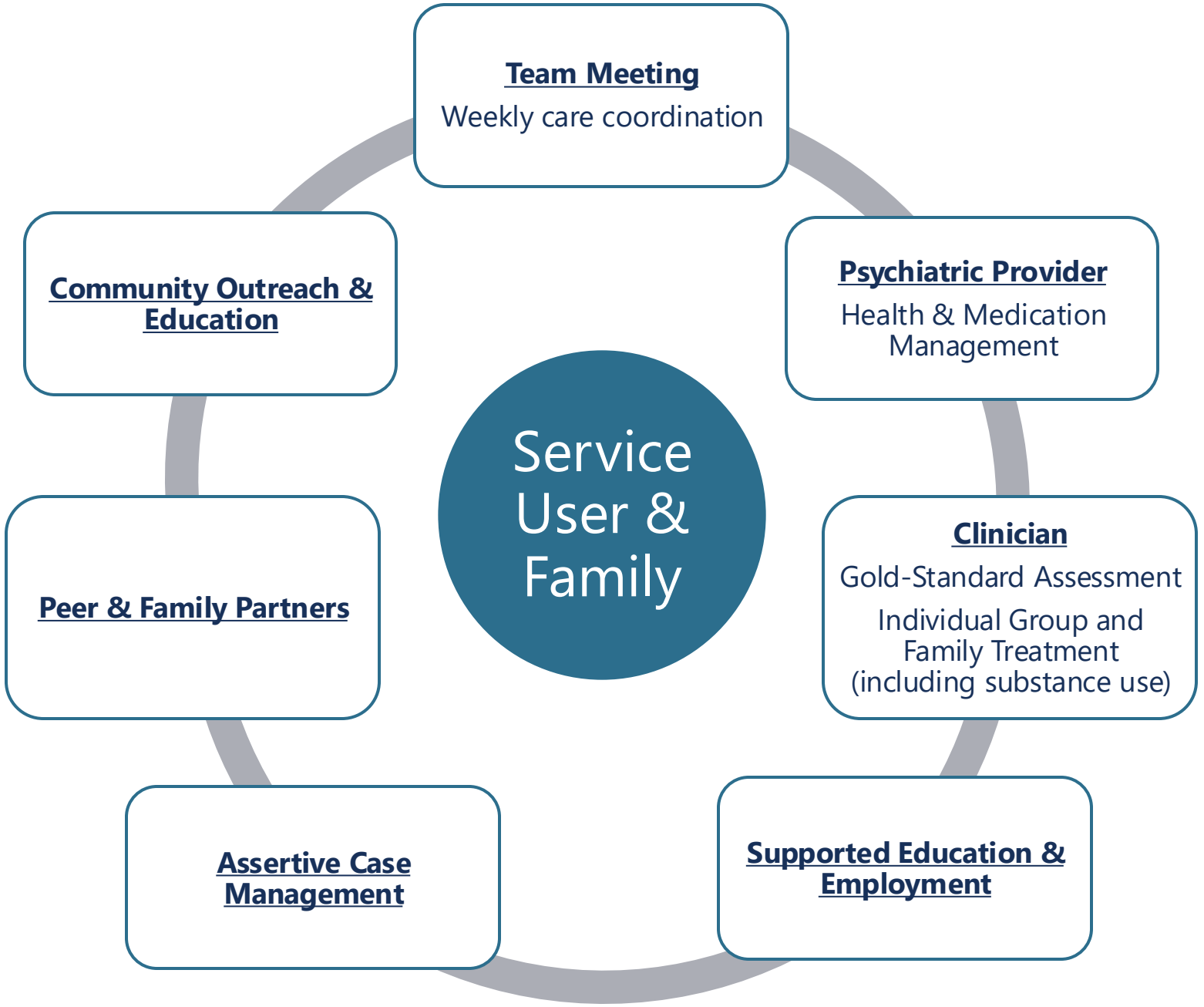
Multidisciplinary service delivery model:

- Team-based approach
- Core services include case management, psychoeducation, health and BH services, supported employment/education, family education/support, and medication management

Service delivery target:

- Primarily affective or non-affective psychosis. May also include clinical high risk for psychosis

EPI-CAL CSC Framework

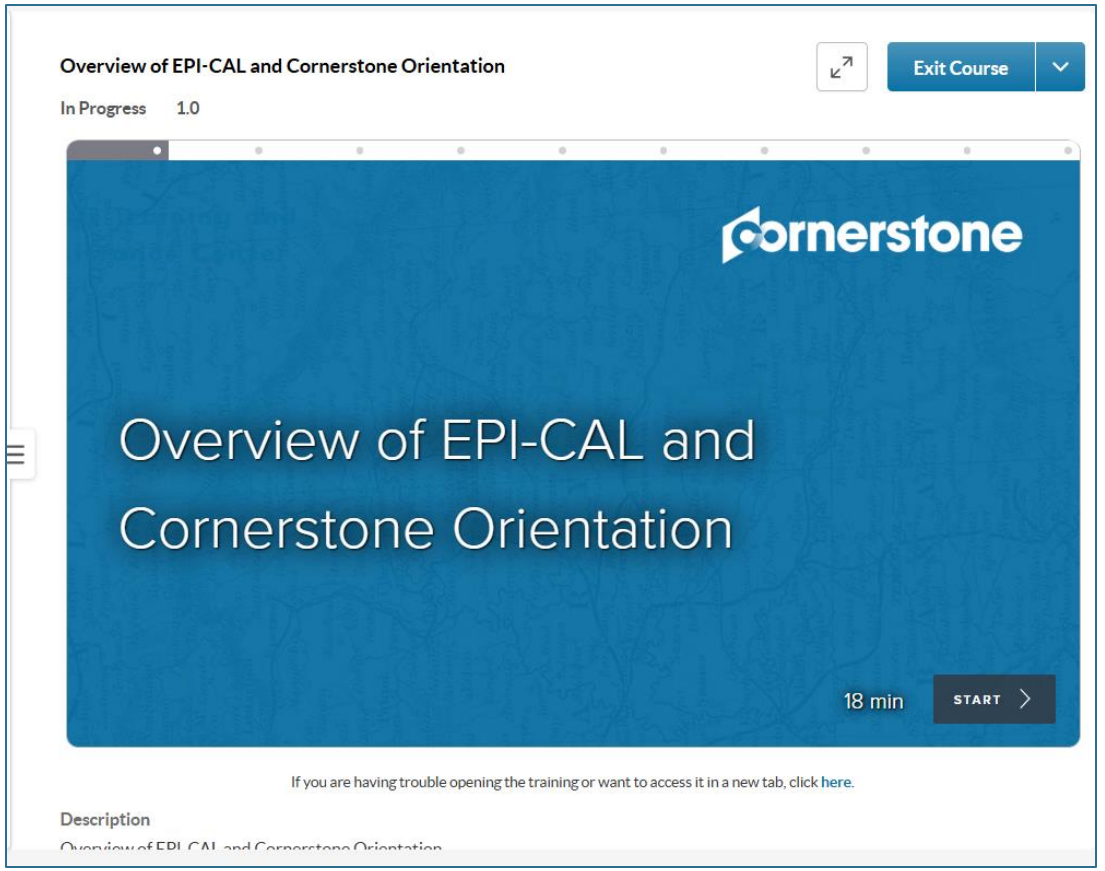


CSC Training & Technical Assistance Approach

Training offered through the Learning Management System, Cornerstone	Technical Assistance
» Structured by clinical role » Extended experiential trainings available to clinic leadership, therapists, and clinicians	» Individual county consultations » By-Role Drop-In Sessions (e.g., Peer Support, Family Services, SEES, Psychiatric Provider, Creating Engaging Groups, etc.) » Bi-Annual Learning Collaboratives, based on requests » At-request

Cornerstone:
Learning Management System

- Software application for the delivery, tracking, reporting, and administration of educational courses, trainings, etc.
- Allows you to attend live AND asynchronous/on-demand trainings.
- Allows you to take trainings specific to your role anytime in the order they should be taken.
- Tracks your progress in each training.



Stepwise Approach to Achieve CSC Fidelity

- Stepwise approach to help teams progress to full fidelity:
  - Baseline Assessment: Structured interview on core components of CSC model.
  - Fidelity Assessments: Interviews and health record review to rate practices and suggest quality improvement approaches based on the First Episode Psychosis Services Fidelity Scale (FEPS-FS 1.1; Addington, 2021).
- EPI-CAL County Liaisons consult using a CSC Implementation Manual and Workbook.
  - Topics include (1) staffing, (2) training on CSC components, (3) billing and documentation, (4) eligibility, (5) program/team structure, and (6) fidelity.
- Beehive application to collect harmonized data relevant to CSC care, track outcomes, and inform training & technical assistance approach.

CSC Data to Inform Quality Improvement and High-Quality Care Delivery

- Beehive: Custom application for data collection at baseline and every 6 months.
- Core Assessment Battery (CAB) includes various validated measures.
- Program staff have access to data entered into Beehive, which is summarized by program and by each individual service user.

EPI-CAL Battery Domains

	Service User	PSP	Clinic/ Clinician
Clinical Status	✓		✓
Demographics/Background	✓		
Family Functioning	✓	✓	
Family Impact		✓	
Functioning (social/role)	✓		✓
Legal experiences	✓	✓	
Medication & Treatment	✓		✓
Medication Side Effects	✓		
Psychiatric Symptoms	✓	✓	✓
Quality of Life	✓	✓	
Recovery	✓		
Risk for Homelessness	✓		
Service Utilization	✓		✓
Shared Decision Making	✓		✓
Stigma	✓		
Stress, Trauma, & ACEs	✓		
Substance Use	✓		
Suicide Risk	✓		✓

Expected Outcomes Based on Delivery of the EPI-CAL CSC Model

Improved outcomes, such as reduced symptoms and improved quality of life

Early support fosters hope and empowers individuals in their recovery journey

Helps people stay connected to what matters to them

Reduces the need for hospitalization by offering care in the community

Centers the person's voice in care through shared decision-making

Can improve overall well-being

Individual Placement and Support (IPS) Supported Employment IPS Employment Center

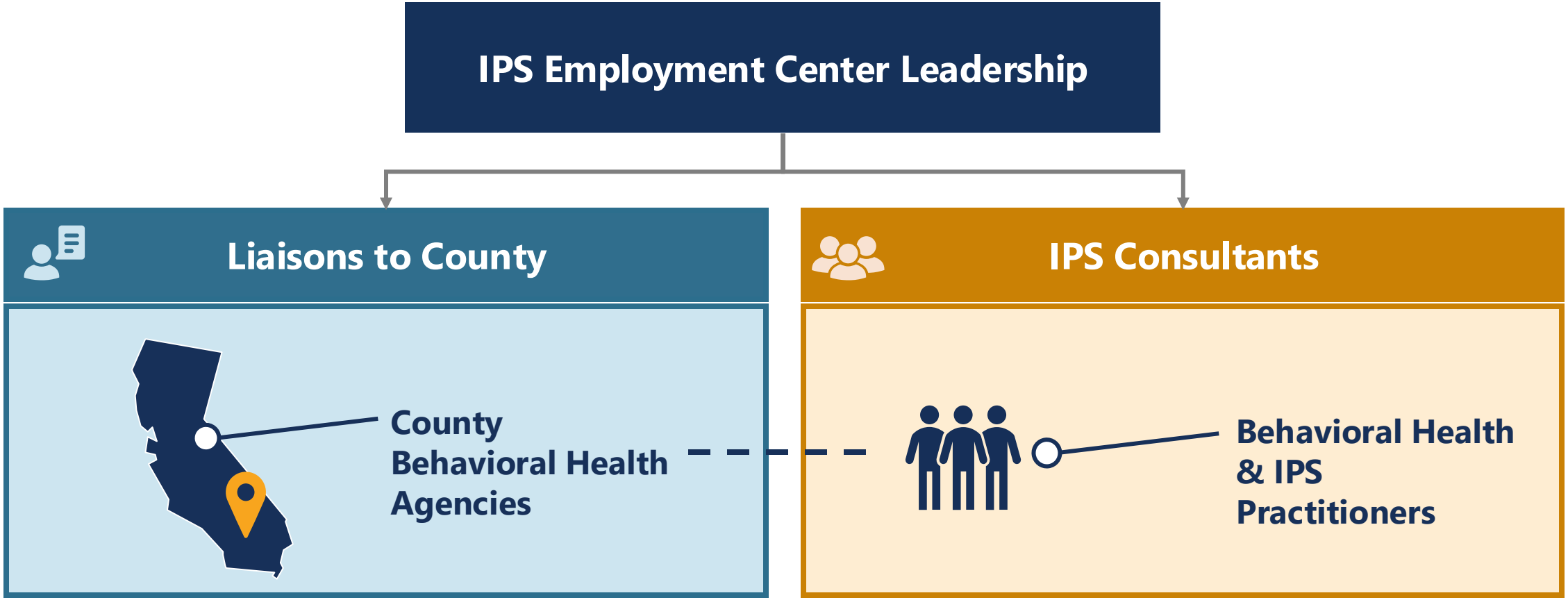
IPS Employment Center

Introduction to the IPS COE: IPS Employment Center

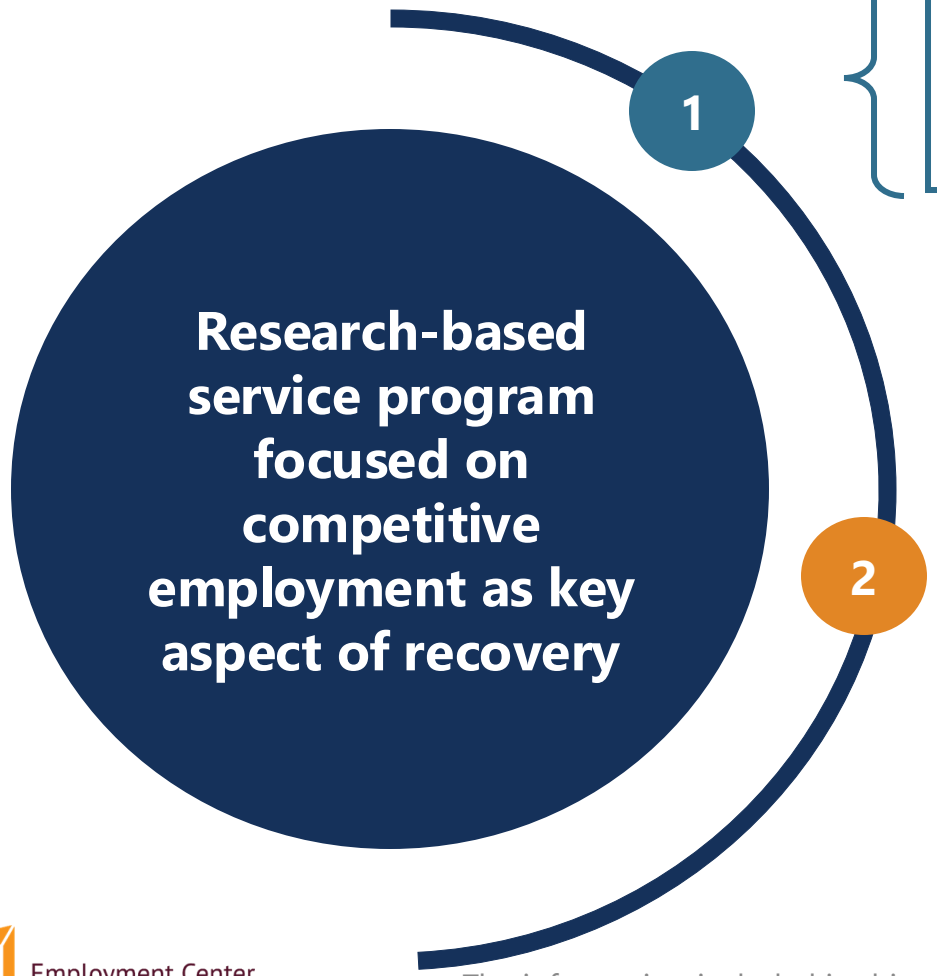
- **Core Leadership Team:** Sarah Swanson, Crystal McMahon, Sandra Reese, Ruth Brock, Jennie Keleher, Kirk Gutierrez, and Lourice Khoury. Robert Drake is a consultant. (Additional staff to be hired.)
- **Point of Contact:** Sarah Swanson.
- **Experience:** The IPS Employment Center has been providing training & technical assistance to programs, states, and countries since 2001. All trainers have experience working as IPS specialists and/or IPS supervisors. The founders of the IPS Employment Center serve as advisors.

Link to IPS Employment Center Website

IPS Training & Technical Assistance Structure



IPS Research and Evidence



Targets any individual with behavioral health needs (typically adults) who wants to work:

- Eligibility is based on client choice

IPS practice principles:

- Focus is on regular jobs with competitive wages
- Client preferences are important
- Job search begins soon after program entry
- IPS specialists build relationships with employers through multiple visits
- Employment and mental health services are integrated
- Job supports are time unlimited
- Benefits planning is offered

IPS COE Training & Technical Assistance Approach

- Preparation for training & technical assistance implementation:
  - Develop integrated mental health/IPS team meetings.
  - Prepare for community-based services.
  - Hire at least one IPS specialist and an FTE supervisor who will carry a small caseload.
    - Supervisor role includes field mentoring.
- Training modalities:
  - In person (1.5 days) and virtual (2 sessions).
  - Online course: Eight-unit self-paced course including homework & feedback.
  - Technical assistance—in person visit (2 days). Trainer works alongside staff visiting employers, attending mental health team meeting, reviewing outcomes, etc.

Stepwise Approach to Achieve IPS Fidelity

- Stepwise approach to help teams progress to full fidelity:
  - **Baseline assessment:** Structured interview with the IPS supervisor and agency leader, with written summary to assist program in preparation for implementation.
  - **Fidelity assessments:**
    - In-person 1.5-day site visit with a planned schedule.
    - Written report, meeting, and assistance writing an action plan to improve fidelity.
    - Reviews are based on the validated IPS Fidelity Tool.

IPS Use of Data to Inform Quality Improvement and High-Quality Care

- Track outcomes regularly, including:
  - Number of people served.
  - Number of job starts.
  - Number of people in school or vocational training programs.
  - Number of degrees or certificates earned.
  - Justice involvement.
  - Housing status.
  - Quality of life.
- IPS trainers help IPS supervisors review data, set goals, and make plans to coach the team or individual practitioners.

Expected Outcomes Based on Fidelity to the IPS Model

- 28 randomized, controlled trials.
- Improve competitive employment rates for a wide variety of populations:
  - Mental illness, co-occurring substance use, PTSD diagnosis, homeless, justice involved, older adults, individuals with disability, first episode psychosis, etc.
- Mean competitive employment rate:
  - 55% for IPS (learning community: 42% any given quarter).
  - 24% for traditional employment program approaches.

Resource: Moving Forward Through Work

Clubhouse Services: Clubhouse International

Introduction to the Clubhouse COE

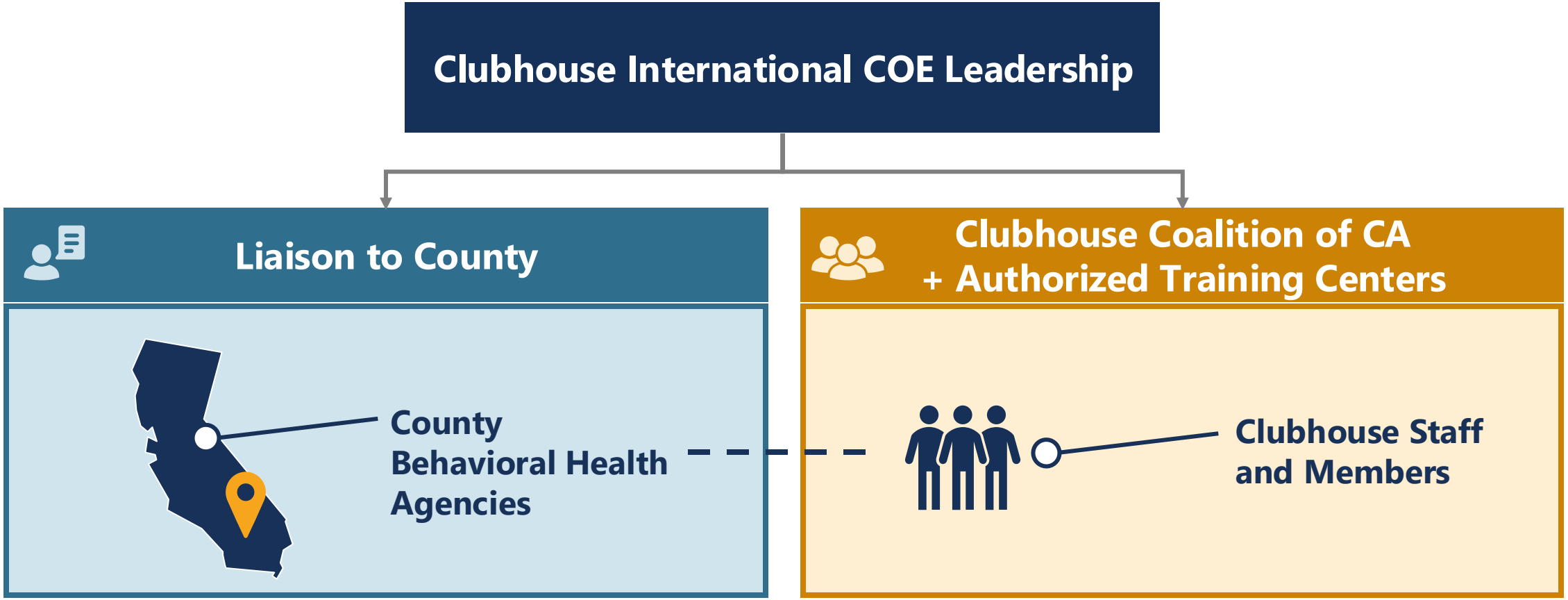
» **Project Team:**
  - Jack Yatsko, Chief Operating Officer (Primary Contact)
  - Lee Kellogg, Program Officer
  - Amber Weber, Employment Program Officer
  - Joel Corcoran, CEO

» **Additional supports:** Clubhouse Coalition California and Authorized Clubhouse Training Centers

» **Experience:** Clubhouse International is the coordinating center for training, support and quality assurance for 380 Clubhouses operating in 32 countries serving adults who have experienced a mental illness.

Link to Clubhouse International Website

Clubhouse International Training & Technical Assistance Structure



Clubhouse Research and Evidence

Targets any individual living with mental health condition(s):

- Provides community-based, non-clinical environment focused on psychosocial rehabilitation and recovery

Community-based service model with a holistic approach consisting of:

- Voluntary participation in a structured work ordered day
- Employment and education programs
- Evening/weekend/holiday programming
- Assistance with community supports (e.g., housing, health and wellness initiatives)
- Enhanced social benefits through friendships and regular reach out activity to absent members

Clubhouse COE Training & Technical Assistance Approach

Training & Technical Assistance Approach	Resources
» Direct support to counties and providers » Immersive training at Authorized Training Centers based on best practices » Virtual training for new Clubhouses » Specialized training in employment services » In-person training sessions as needed	» On-line self-directed and facilitated courses and webinars » Digital resources (e.g., papers, toolkits, fact sheets, videos) » A supportive coalition of Clubhouses throughout the state. » Access to national and international Clubhouse seminars and conferences

Clubhouse International Accreditation Process

Step 1:
The Self-Study

Step 2:
The Site Visit

Step 3:
The Findings Report

Step 4:
Accreditation Status

Step 5:
Ongoing Consultation

Plus:
Employment Guidelines

For more information: [The Clubhouse Accreditation Process Overview]

Supporting Quality Improvement and High-Quality Care for Clubhouses

- Clubhouses monitor specific activities and outcomes.
- Clubhouses complete an annual Clubhouse Profile Questionnaire (CPQ) which covers:
  - Clubhouse operations, including funding, governance, membership, staffing, services offered, and participation in training and research.
- Data used to support quality assurance, program improvement, and progress towards accreditation.

Associated Outcomes with Clubhouse Services

Reductions in

- **Psychiatric hospitalizations**
- **Incarceration**

Improvements In

- **Employment**
- **Education**
- **Quality of life**

COE Engagement Process Overview

DHCS

How Counties Engage with COE: Engagement Initiation Form (EIF)

- Submit an online EIF to initiate a consultation with one or more COEs:
  - **When:** Up to three months ahead of desired consultation.
  - **Who:** County BH agency director or designee.
  - **What to expect:** County contact will receive a follow-up email from the respective COE to schedule consultation within three business days.
- All counties must submit a form for each BHSA EBP (i.e., ACT, FACT, IPS, CSC) by March 31, 2026, to ensure consultation by June 30, 2026.
- Consultations with Clubhouse International are available at any time.

County Engagement Initiation Form (EIF) Link

COE County Consultations

All counties must complete a consultation with a COE by June 30, 2026 for ACT and FACT; CSC; and IPS Supported Employment.

Consultations will be held virtually in 1:1 or small group settings and will cover topics such as:

- County-specific implementation timelines for ACT, FACT, IPS and CSC.
- County-specific resources available to establish and/or expand ACT, FACT, IPS, and CSC programs.
- Anticipated number of individuals in a county that may be eligible for each EBP.
- Referral sources to support identification of individuals that may be eligible for each EBP.
- Training, technical assistance and data collection requirements for each EBP.
- Adaptations for rural areas.
- Other county-specific concerns.

Next Steps and Questions

Reminder: Next Week Question-and-Answer Session

- Session scheduled for August 13 at 1 p.m. PDT.
- DHCS, COEs, and HMA will be available to answer questions.
- Questions submitted today will be logged and shared on next week's session. Responses will be shared via email as well.
- Registrants from today are automatically registered for the Q&A session.

Monthly Office Hours

Intended Audience

- County BH agency staff.
- County and contracted practitioners.

Topics

- Identified topics based on questions received via email, forms, and through county socialization webinars.
- Opportunity to share county/practitioner insights and operational considerations.

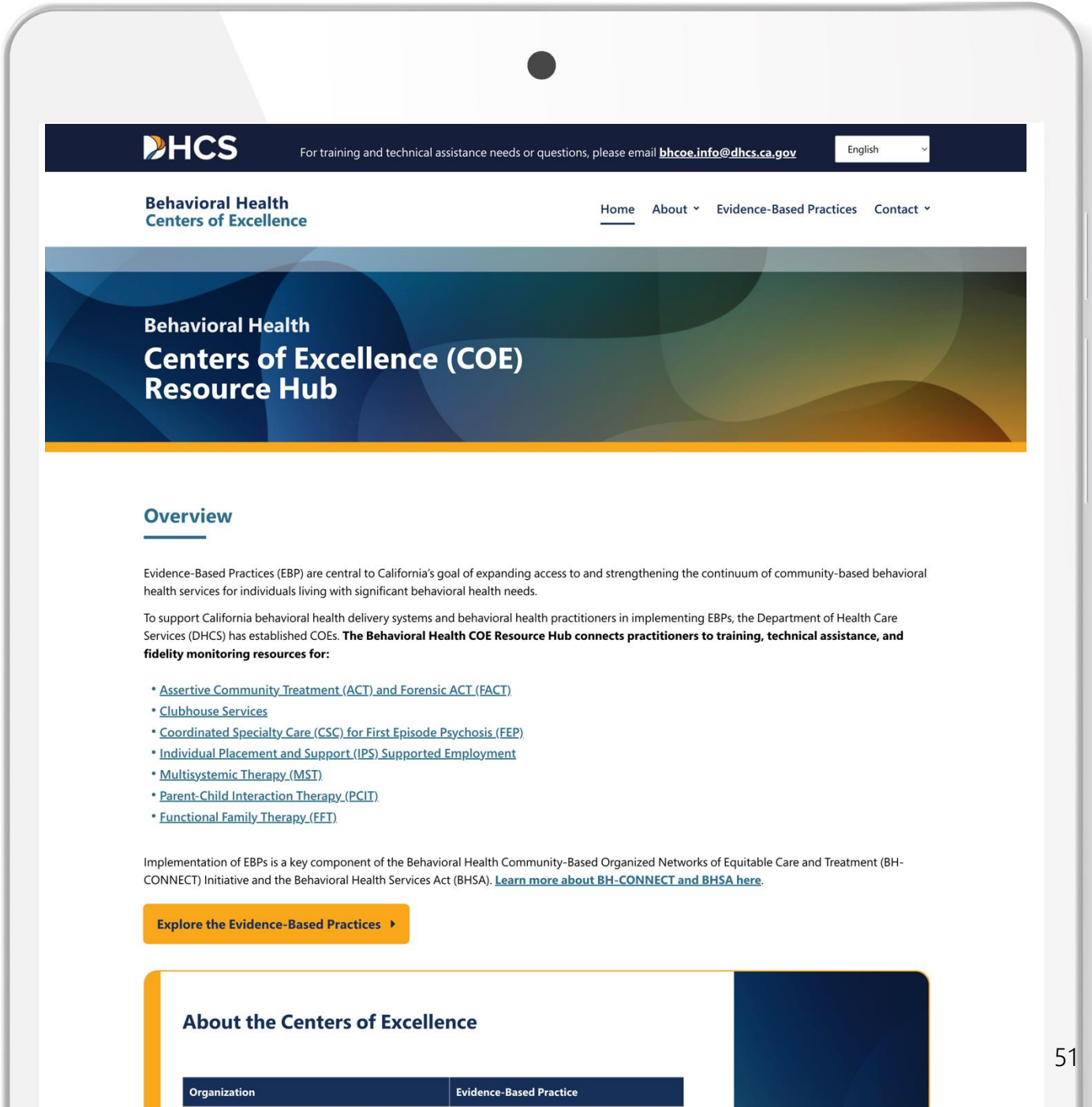
Logistics

- Monthly offered in September, October, and November.
- If continued interest, restarting in January 2026.
- More information coming soon!

COE Resource Hub

Get connected to trainings, technical assistance, and fidelity monitoring resources:

- BH COE Resource Hub
- Join the newsletter
- Ask questions: bhcoe.info@dhcs.ca.gov



Questions?