Introduction to the Children/Youth Evidence-Based Practice (EBP) Centers of Excellence (COE)

August 7, 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 Thursday, August 14 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/COEs will provide written responses to any questions submitted.
- We will keep record of all questions for the question-and-answer session, and if not answered during the call, DHCS/HMA will follow-up via email.

Agenda

- Topics for today:
  - Introduction and overview of the children/youth Centers of Excellence (COE)*
    - Multisystemic Therapy (MST)
    - Functional Family Therapy (FFT)
    - Parent-Child Interaction Therapy (PCIT)
  - COE engagement process overview
  - Next steps and questions

- Out of scope for today:
  - Fidelity requirements
  - Billing-related questions
  - Data elements and reporting requirements
  - High Fidelity Wraparound (HFW)

**Information on HFW forthcoming.*

Overview of the Centers of Excellence (COE)

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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)

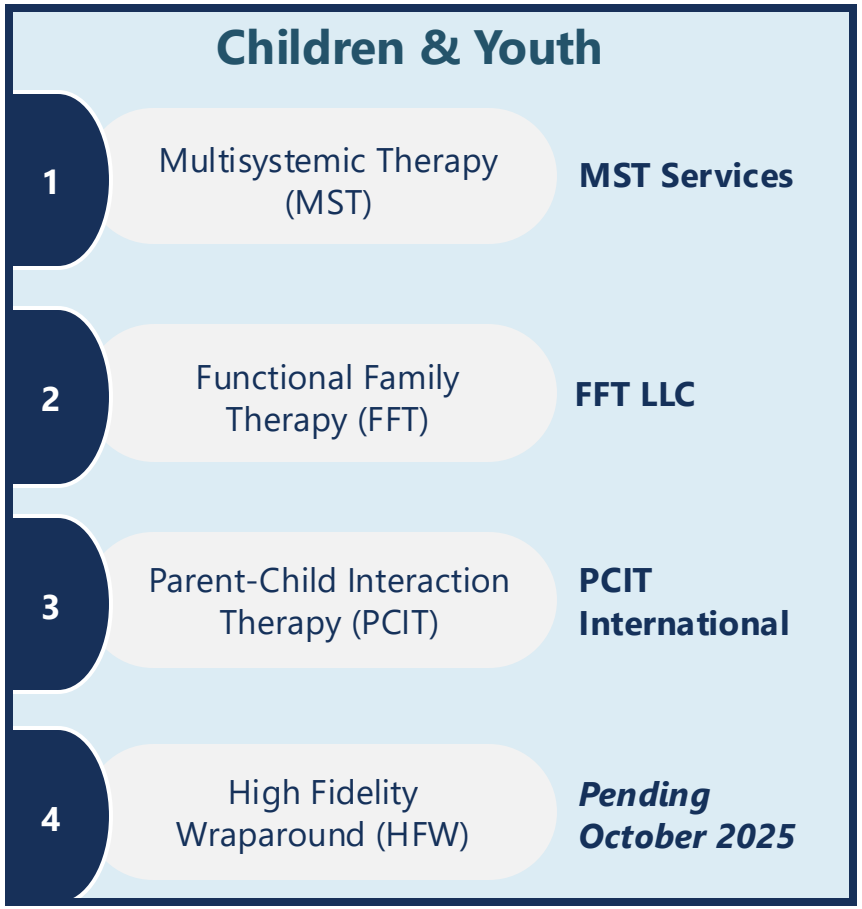
*EBPs in BHSA and BH-CONNECT.

^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 Children/Youth COEs and Responsibilities

- Children/youth COEs to support training, technical assistance, and fidelity monitoring of EBPs statewide.
- MST, FFT, and PCIT are covered under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements.
- COE resources are available to counties and behavioral health practitioners that serve the Medi-Cal and uninsured populations.



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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, MST, FFT, and PCIT are already covered under Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) requirements.
- Under BHSA, counties must offer ACT/FACT, IPS, CSC, and HFW 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 for FEP **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 MST, PCIT, and FFT. 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 for FEP 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	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 Children/Youth EBP COEs

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Multisystemic Therapy (MST): MST Services

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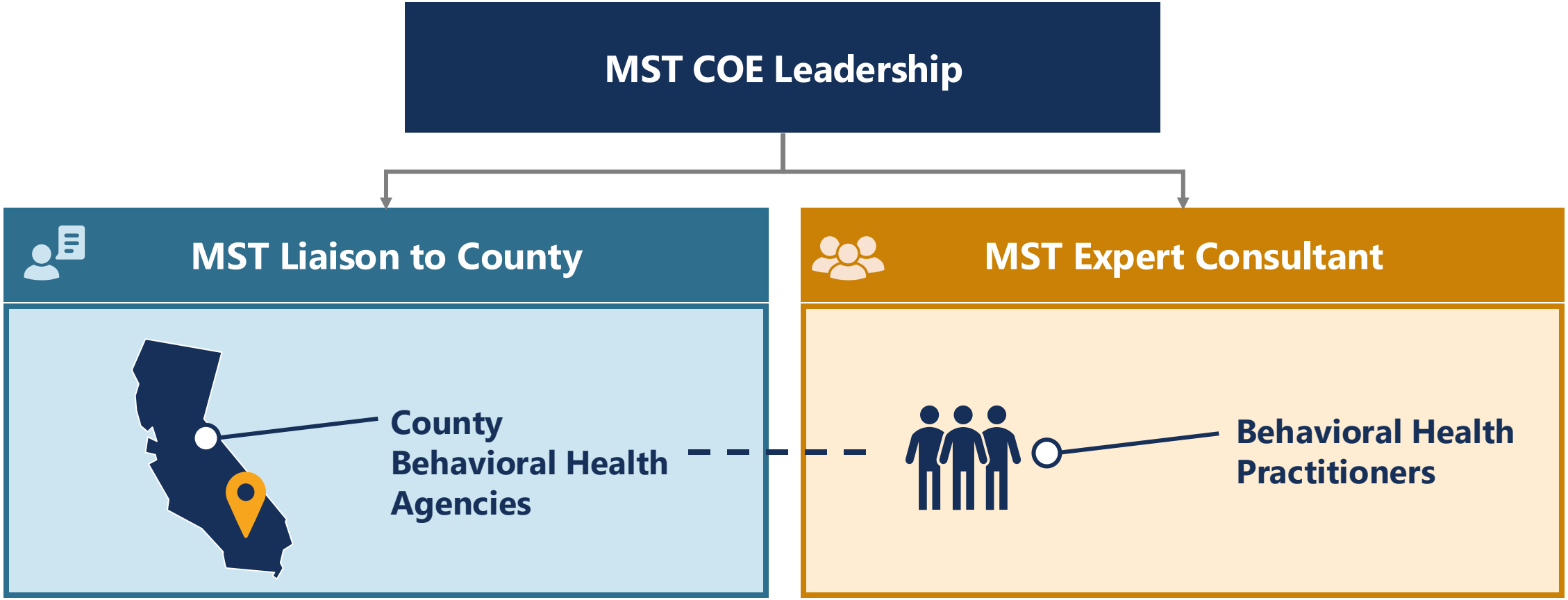
Introduction to MST COE: MST Services

- Core Team:
  - Tom Pietkiewicz, Director of Business Development
  - Betsy Clipper, CA BH COE MST COE Manager (**Point of Contact**)
  - Melanie Duncan, Program Development Coordinator
- Experience
  - Licensed since 1998 by Medical University of South Carolina to disseminate Multisystemic Therapy (MST) globally.
  - MST Services provides intensive quality assurance (QA) and continuous quality improvement (CQI) to providers to implement MST to ensure the highest quality clinical outcomes.
  - MST Services and our Network Partners currently support 643 MST teams globally.

Link to MST Services Website

MST Services Training & Technical Assistance Structure



MST Research and Evidence

Targets youth between 12-17 years old:

- At risk of severe system consequences within their family, school, or community due to serious externalizing, anti-social, and/or challenging behaviors

Short-term program:

- Views client as a network of systems, including (1) family; (2) peers; (3) school; (4) community; and individual youth.
- Average length of treatment: 3-5 months delivered in the community

Range of adolescent problems:

- Theft/other criminal behaviors; aggressive, violent, assaultive behaviors; substance use; chronic school absences and/or problem behaviors; sexual offenses in conjunction with other anti-social behavior

MST Training & Technical Assistance Approach

- **Program Development Process** prepares agencies to become licensed MST providers:
  - Completing all stages of the Program Development Method.
  - Feasibility Assessment, Goals, and Guidelines.
  - Assistance with recruitment, screening, and hiring as of clinical staff for each team.
  - Coordinate meetings for all new teams and stakeholders to facilitate collaboration.

- **Orientation and On-Going Trainings**:
  - Initial Orientation Training (OT) to complete certification/licensing process (blended with both virtual and in-person components).
  - Weekly Clinical Consultations (virtual).
  - Quarterly Booster Trainings occur with each team (in-person).
  - Supervisor Orientation Training (either virtual or in-person).

Approach to Supporting MST Fidelity

- All agencies are required to demonstrate that they are able to and aligned with implementing the model with high fidelity to start a licensed MST team and deliver MST with fidelity:
  - MST Program Development Process culminating in the MST Program Development Final Report.

- Ongoing fidelity is monitored for each MST team through the standard MST assessment tools:

1. Therapist Adherence Measurement (TAM-R)
2. Supervisor Adherence Measurement (SAM)
3. MST Discharge Form (case outcomes)
4. Program Implementation Review (PIR): every 6 months to ensure the agency is adhering to MST Program Practices

Expected Outcomes Based on Fidelity to the MST Model

- Target outcomes for youth at discharge:
  - Youth at home (90%)
  - In school/working (90%)
  - No arrests (90%)
- Research evidence demonstrated long-term outcomes, including:
  - 54% fewer out-of-home placements across all studies
  - 54% fewer arrests at 14 years post discharge
  - 75% fewer violent felony arrests at 22 years post discharge

MST Services Proven Results Webpage

Functional Family Therapy (FFT): FFT LLC

Introduction to FFT COE: FFT LLC

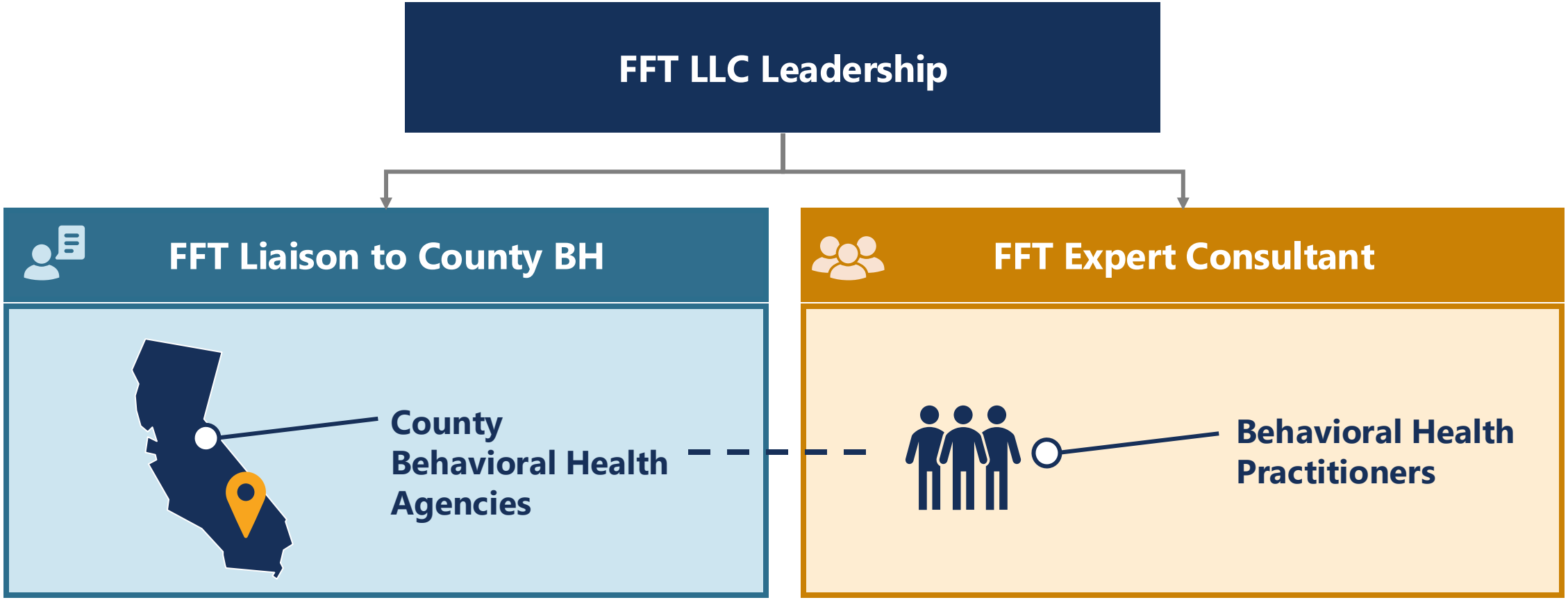
- Core FFT LLC Team:
  - Candis Segars, Business Development Consultant
  - Helen Midouhas, Implementation Director
  - Holly Demaranville, Communications Director (**Point of Contact**)
  - Kellie Armey, Clinical Director
  - Leah Rooney, COE Manager
  - Brandy Morin, COE Implementation Support Analyst

Link to FFT LLC Website

FFT LLC Experience

- FFT LLC was founded in 1998 by the model developer of FFT, Dr. James Alexander to provide training and technical assistance in the FFT model.
- FFT has 71 published outcome, implementation, efficacy, and effectiveness studies.
- FFT LLC has the largest evidence-based FFT training footprint in the world, with over 20 years experience in sustaining 350+ teams in 45 states and 11 countries, working with 50,000 families annually.

FFT LLC Training & Technical Assistance Structure



FFT Research and Evidence

Targets youth between 11-18 years old:

- Prevention intervention: status/diversion kids/at risk for outplacement or further penetration into care systems
- Treatment intervention: moderate and serious delinquent youth

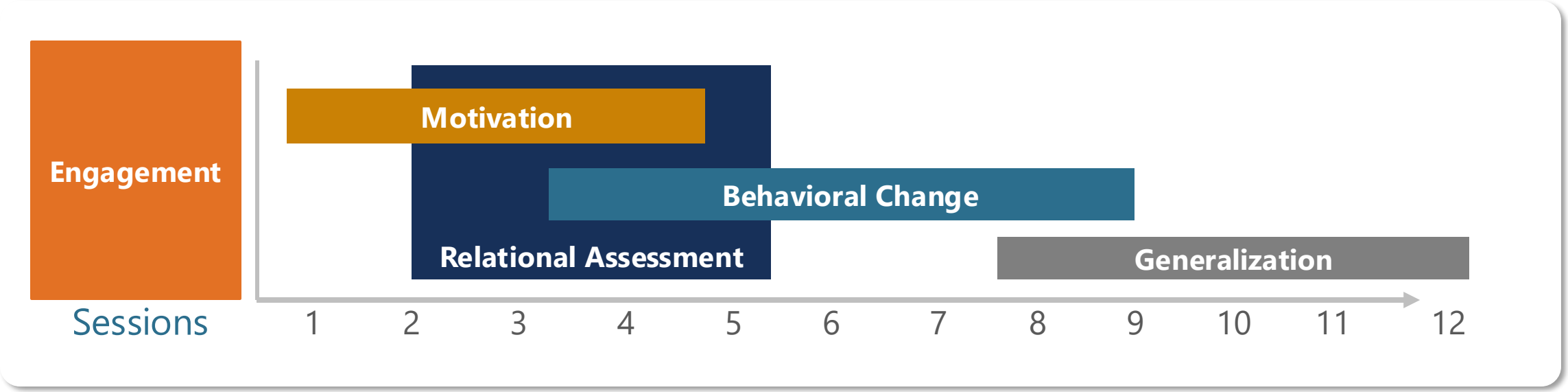
Short-term, family-based program:

- 12-16 for moderate cases, 26-30 for more serious cases, spread over 3 to 5 months, delivered where convenient for the family

Range of adolescent problems:

- Risk factors: violence, drug abuse/use, conduct disorder, family conflict

Five Phases of FFT



- Each phase of engagement has its own assessment focus, intervention goals, strategies, and techniques.
- Interventions start with creating a motivational context for change.
- Build to changing individual behaviors and patterns of family interaction.
- Therapists utilize different strategies over the course of treatment: Relational vs. Structuring/Directive - Interventions include an ecological focus, particularly in generalizing change.

FFT Training & Technical Assistance Approach: Clinical Training

Technical assistance available as needed.

- **Phase 1: Clinical Training**: adherence, accountability, competence:
  - Stakeholder kickoff event and implementation training (in person or virtual)
  - Initial 2-Day clinical training (in person)
  - Zoom consultation (weekly with FFT Consultant) and peer consultation
  - Three, two-day follow-up trainings (FFT Consultant) – (in person and virtual)
  - Second two-day clinical training (virtual)
  - Externship – three, three-day, off-site events (in-person)
  - Clinical Services System (FFT-CSS)
  - Administrative/technical assistance as needed

- **Phase 2: Site Supervisor Training:** building self-sufficiency:
  - Two, two-day supervisor trainings (virtual)
  - Bi-weekly Zoom supervisor consultation
  - Annual one-day site visit (in person or virtual)
  - Clinical Services System (FFT-CSS)
  - Administrative/technical assistance as needed

- **Phase 3: Ongoing Adherence:**
  - Monthly Zoom supervisor consultation
  - Annual one-day site visit (in person or virtual)
  - Clinical Services System (FFT-CSS)
  - Administrative/technical assistance as needed

Use of FFT LLC Client Service System (CSS)

- FFT LLC certified teams are required to use the Client Service System (CSS).
- CSS is built around the model and provides both an ongoing learning tool along with:
  - Supporting the delivery of training (training requirements met, training satisfaction).
  - Supporting fidelity monitoring and assessment (Supporting data collection).
  - Providing reports for process and outcome metrics.
- Therapists enter all service delivery information, contacts, sessions, and assessments into the CSS.
- Site Status Card provides feedback on meeting national standards for best practice and plans to reach those standards when deficient.
- Weekly Supervision Checklist: provides fidelity ratings and dissemination adherence ratings for therapists and their cases.
- Global Therapist Ratings (every four months): given on therapist performance and knowledge along with learning/growth plans.
- Tri-Yearly Performance Evaluation (every four months): provided to the team to provide feedback on capacity, utilization, service delivery, consultation, fidelity, and outcomes. QI plans are developed from this Evaluation.

Expected Outcomes Based on Fidelity to the FFT Model

- Effectively treating youth within the entire range of disruptive behavior disorders.
- Interrupting the matriculation of youth into more restrictive, higher-cost services.
- Preventing younger children in the family from penetrating the system of care.
- Preventing youth from penetrating and/or re-entering the adult criminal justice system and/or child welfare system.

Parent-Child Interaction Therapy (PCIT): PCIT International

Introduction to the PCIT COE: PCIT International

» **Points of contact:**

- Melanie Nelson, Ph.D., Executive Director
- Christina Warner-Metzger, Ph.D. Project Director

» **Experience:**

- Over 50 years of research and clinical use.
- International leader in large scale dissemination projects.
- PCIT International certification recognized world-wide.

Link to PCIT International Website

PCIT International Training & Technical Assistance Structure

PCIT International Leadership

PCIT Implementation Specialists

County Behavioral Health Agencies

PCIT Training Team

Behavioral Health Practitioners

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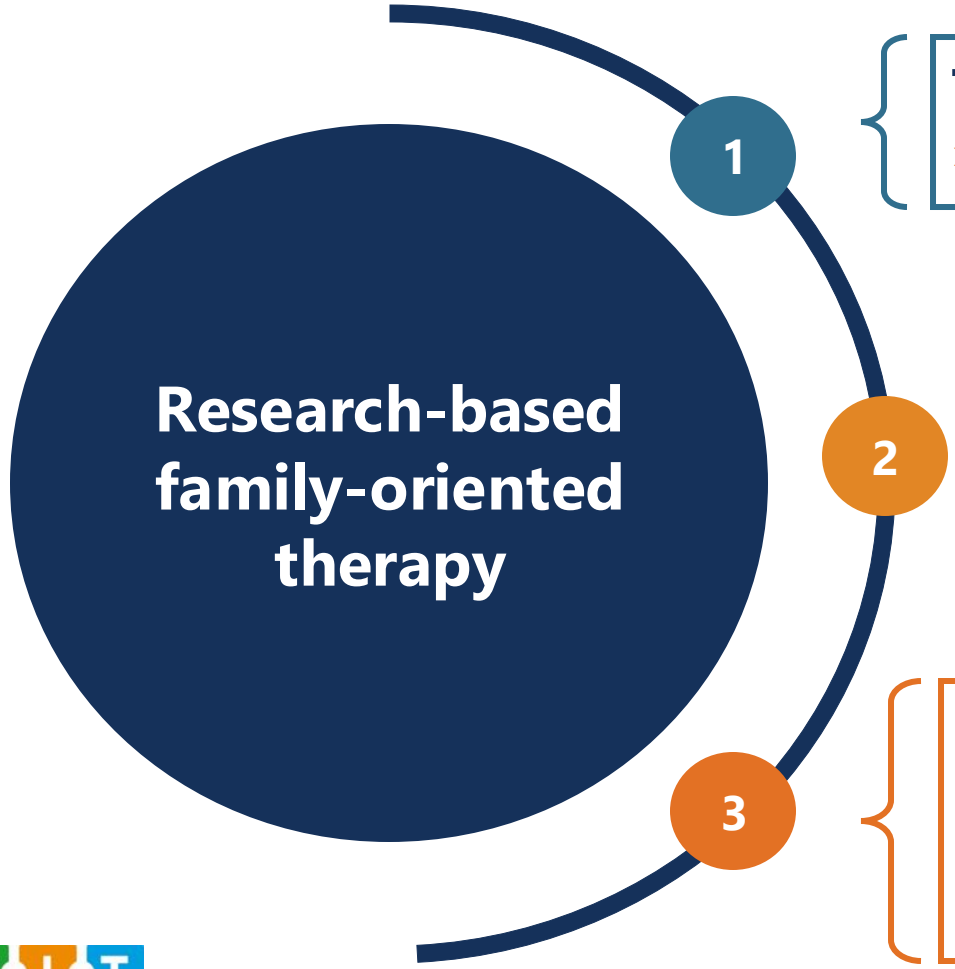
PCIT Research and Evidence



Targets youth between 2 and 7 years:
- Dyadic Care: caregiver and child seen together

Short-term program:
- 16-20 weekly, hour-long sessions on average; in person or via telehealth.
- Practitioner live coaching of caregiver

Range of problems:
- Disruptive behaviors, trauma
- Neurodivergence, internalizing symptoms (e.g., anxiety)

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PCIT Training & Technical Assistance Approach

Pre-training Assessments & Individualized Technical Assistance	Trainings
» Senior leader training (for agency leaders new to PCIT) – group-based » Assistance in setting up PCIT space, sourcing materials, getting appropriate referrals – individualized	» 40-hour Initial Therapist training - therapists never trained/certified in PCIT » 2-day NextStep – current PCIT therapists » Within Agency Trainer - currently certified as PCIT therapist » Regional Trainer—currently certified as a Within Agency Trainer

- Ongoing assistance for new PCIT therapists: weekly/biweekly consultation, session reviews, and fidelity monitoring over 12–15 months.
- Training modalities: in person (highly encouraged) & virtual (synchronous).

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PCIT Training & Technical Assistance Approach: Trainings

Training Component	Description
Technical Assistance	» For agencies new to PCIT, 3-6 months before training; individualized and group based; titrated to need
Next Step Training	» Advanced training for current PCIT providers
Initial PCIT Therapist Training	» For providers new to PCIT
Within-Agency Trainer (WATer) Training	» For certified PCIT providers who are qualified to train as trainers
Regional Trainer Training	» For certified WATers who are qualified to be Regional Trainers
Optional	» Continuing education » Quarterly webinars » Biannual booster training

Quality Improvement to Ensure High-Quality PCIT Care

- Client-level data (reported by therapists):
  - Demographics
  - ECBI & DPICS scores
  - Caregiver homework completion rates
  - Treatment progress
  - Improvement noted
  - Time to treatment completion
- Therapist-level data (reported by trainers):
  - Demographics
  - Training completed
  - Competencies met
  - Cases initiated/completed
  - Time to certification

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Expected Outcomes Based on Fidelity to the PCIT Model

- Target outcomes:
  - Improved caregiver-child relationship
  - Reduced disruptive behaviors
  - Increased caregiver competence and confidence
- Research evidence demonstrated positive outcomes, including:
  - Improvements in child behavior:
    - Generalized to additional settings and siblings
    - Lasting improvements
  - Reduced parental stress and improvements in maternal symptoms of depression
  - Enhanced parenting skills

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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.
- Consultations with MST Services, FFT LLC, and PCIT International are available at any time.

County Engagement Initiation Form (EIF) Link

COE County Consultations

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

- County-specific implementation timelines.
- County-specific resources available to establish and/or expand EBP 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: Question-and-Answer Session Next Week

- Session scheduled for August 14 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.

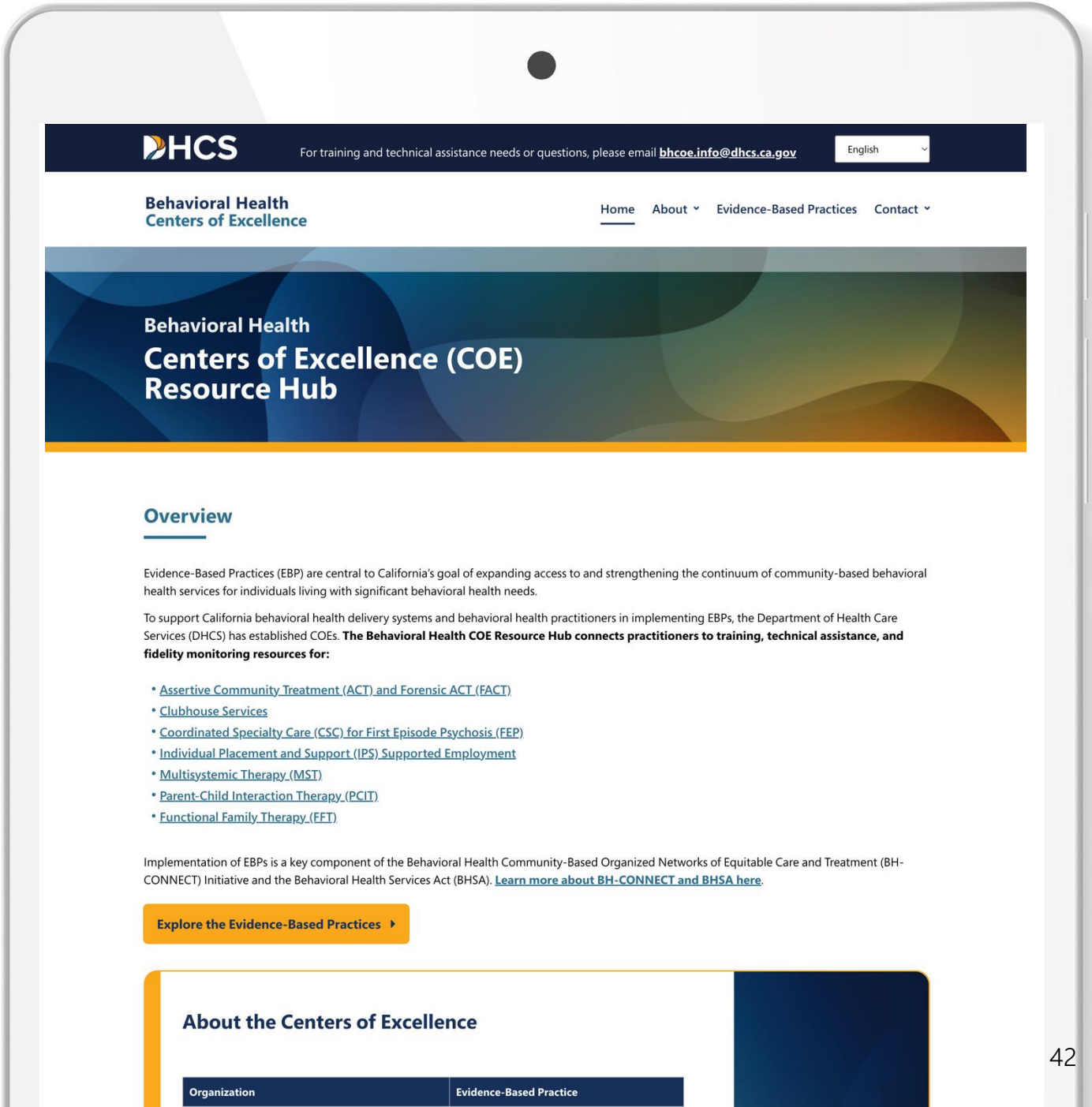
Logistics

- 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?