

Behavioral Health Centers of Excellence: January Office Hours

Focus: Data Sharing and Reporting Requirements
January 15, 2026

Housekeeping

- » Today's Office Hours will be recorded for notetaking purposes and will not be shared publicly.
- » Please submit questions in the Q&A function.

Objectives

By the end of this Office Hour, counties and behavioral health practitioners will gain a better understanding of the following:

- » Data sharing and reporting responsibilities.
- » Practitioner agreements to support data sharing and reporting.
- » Implications for counties and behavioral health practitioners.
- » Centers of Excellence (COE) resources to support behavioral health practitioner data reporting requirements.

Role of Centers of Excellence (COE)

Evidence-Based Practices (EBP):

- » 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.*

- » **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.
 - EBP are key components of both the Behavioral Health Services Act (BHSA) and BH-CONNECT.
- » **DHCS has COEs** to support behavioral health practitioners and counties in implementing EBPs under both BHSA and BH-CONNECT.

Reminder: Engagement Initiation Forms (EIF)

- » County behavioral health agencies that are wanting to learn more about the EBP, how the COE can support EBP implementation in the county, or are ready to initiate a consultation with one or more COEs should fill out the [Engagement Initiation Form \(EIF\)](#).
 - COEs will work with counties on county-specific needs and implementation considerations. **EIFs are not binding and can be rescinded at any time if a county determines they are not ready to formally engage with a COE.**
- » As a reminder, all training and technical assistance, fidelity assessments/monitoring, and certifications/accreditations provided by DHCS COEs are offered **AT NO COST** to counties or county-operated or contracted providers.
- » All counties must submit a form for each BHSA EBP (i.e., ACT, FACT, IPS, and CSC) by March 31, 2026, to ensure consultation by June 30, 2026.*

*State law permits counties with a population of less than 200,000 to request exemptions from offering ACT, FACT, and/or IPS in their Full Service Partnership (FSP) programs under the BHSA. More information is available in the BHSA Policy Manual. While counties that receive FSP EBP exemptions are not required to meet any of the training, technical assistance, fidelity monitoring, and data collection requirements established in this manual for the respective EBPs, they are strongly encouraged to participate in the trainings and technical assistance offered by the COEs.

Role and Responsibilities of COEs

- » COEs established to provide training, technical assistance, fidelity monitoring, and data collection to optimize outcomes for individuals with significant behavioral health needs
- » COEs support county behavioral health agencies and their practitioners through:
 - County consultations.
 - Training and technical assistance to counties and behavioral health practitioners (new and existing).
 - Conducting fidelity assessments.
 - Collecting data to inform continuous quality improvement (CQI) and outcomes.

Data Required for COE Technical Assistance and Fidelity Monitoring



Per the EBP Training, Technical Assistance, Fidelity Monitoring and Data Collection Policy Manual ([draft for public comment from September 2025; final forthcoming](#)), behavioral health practitioners must meet training, technical assistance, fidelity monitoring, and data collection requirements under Medi-Cal and the BHSA.



Data reported by behavioral health practitioners may serve multiple purposes, including but not limited to:

- » **Monitoring county participation and engagement** with the COEs, via their county-operated or contracted providers.
- » **Tracking behavioral health practitioners' participation** in training and technical assistance and achievement of fidelity milestones.
 - De-identified aggregated client data may be reported to DHCS to support outcome monitoring.*
 - Under [BH-CONNECT Incentive Program](#), specific EBPs (ACT/FACT, CSC, and IPS) require the collection of outcome data to support incentive program payments.

**Identifiable individual-level client data may be reported to the COE for the sole purpose of supporting consultation to achieve EBP certification or licensing, accreditation, and/or EBP fidelity.*

Data Sharing and Reporting Responsibilities

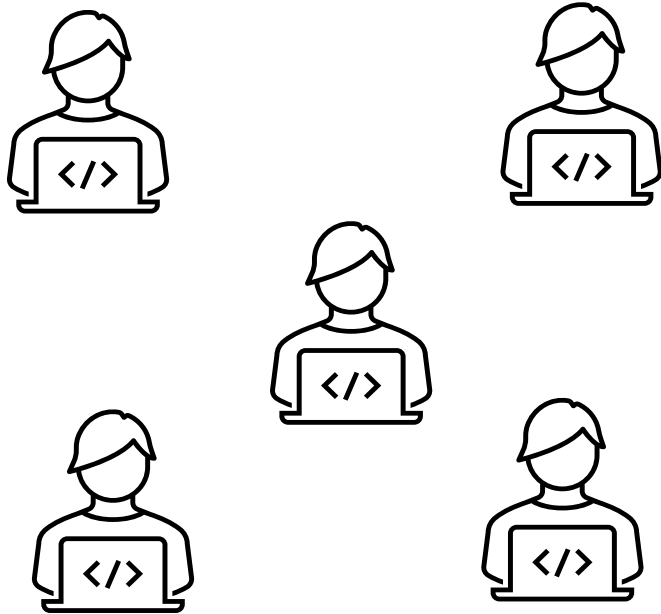
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The information included in this presentation may be pre-decisional, draft, and subject to change.

Behavioral Health Practitioner/COE Data Flow

Behavioral Health Practitioner-COE

County Behavioral Health Plan (BHP)*



**Behavioral Health
Practitioner Teams**

***No county
BHP data
reporting
expected**

**Practitioners
may report
individual-level
data to COEs**

COEs

PMHP at UCLA

EPI-CAL

IPS Employment
Center

Clubhouse
International

MST Services

FFT LLC

PCIT International

COE-HMA & DHCS

**COEs report
aggregated
data to HMA
and DHCS**

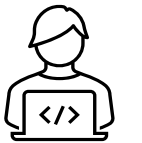
**HMA
&
DHCS**



Viewers



DHCS
Internal
Reporting



Executive
Reporting

Data Informs Fidelity Monitoring/Assessment

ACT & FACT, CSC for FEP, IPS, HFW*

Baseline Assessment

- *DHCS assigns Fidelity Designation following **Baseline Assessment**.*
- Deadline: within 9 months of establishing a EBP team, and no later than December 31, 2027.

Fidelity Assessments

- **Minimum Fidelity Designation** expected by June 30, 2028.
- **Full Fidelity Designation** expected by June 30, 2029.

DHCS assigns Fidelity Designation following Fidelity Assessment.

Note: Please see the EBP Training, Technical Assistance, Fidelity Monitoring, and Data Collection Policy Manual for additional information ([draft for public comment from September 2025; final forthcoming](#)).

**Details for HFW is forthcoming.*

Approach to Fidelity Monitoring/Assessment

COE	Approach
Public Mental Health Partnership (PMHP) at UCLA (ACT and FACT)	- Baseline Assessment: Survey of core components of ACT and FACT teams. - Fidelity Assessments: In-person site visit using Tool for Measurement of ACT (TMACT). - Use data tools to collect data on training, technical assistance, fidelity, and outcomes.
EPI-CAL (CSC for FEP)	- Baseline Assessment: Structured interview on core components of CSC model. - Fidelity Assessments: Interviews and health record review based on the First Episode Psychosis Services Fidelity Scale (FEPS-FS 1.1; Addington, 2021). - Use of Beehive to collect data on training, technical assistance, fidelity, and outcomes.
The IPS Employment Center at RFMH, Inc. (IPS Supported Employment)	- Baseline Assessment: Structured interview with IPS supervisor and agency leader. - Fidelity assessments: based on the validated IPS Fidelity Tool. - In-person site visit with a planned schedule. - Written report, meeting, and action plan to improve fidelity. - Use of IPS data tools to collect data on training, technical assistance, fidelity, and outcomes.

For more information: [Introduction to the Adult Evidence-Based Practice \(EBP\) Centers of Excellence \(COE\) Webinar Slides and Recording](#)

*Note: Complete Training Requirements and Data Tools can be found on the Resource Hub.

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Data Informs Accreditation/Certification for **Clubhouse, MST, FFT, PCIT**

Accreditation, License/Certification (Clubhouse Only)

- Accreditation Type (i.e., Initial or Re-review)
- Accreditation Status

For more information: [The Clubhouse Accreditation Process Overview](#) and [Introduction to the Adult Evidence-Based Practice \(EBP\) Centers of Excellence \(COE\) Webinar Slides and Recording](#)

Accreditation, License/Certification, & Training (MST, FFT and PCIT)

- License/Certification Type (i.e., Initial or Renewal)
- Licensure/Certification Status

For more information: [Introduction to the Children/Youth Evidence-Based Practice \(EBP\) Centers of Excellence \(COE\) Webinar Slides and Recording](#)

Data Elements Tied to Fidelity Monitoring and Outcomes

Outcome-Related Data Points: *All COEs*

- Number of Individuals Enrolled
- Number of Active Individuals (at Intake, every 6 Months & Discharge)
- Reason for Discharge
- Average Treatment Length by Reason for Discharge

Outcome-Related Data Points: *ACT & FACT, IPS, CSC*

- Work or School Involvement
- Justice System Involvement*
- Homelessness
- Quality of Life

Required to support [BH-CONNECT Incentive Program](#)

*IPS is not required to report on justice involvement

Questions?

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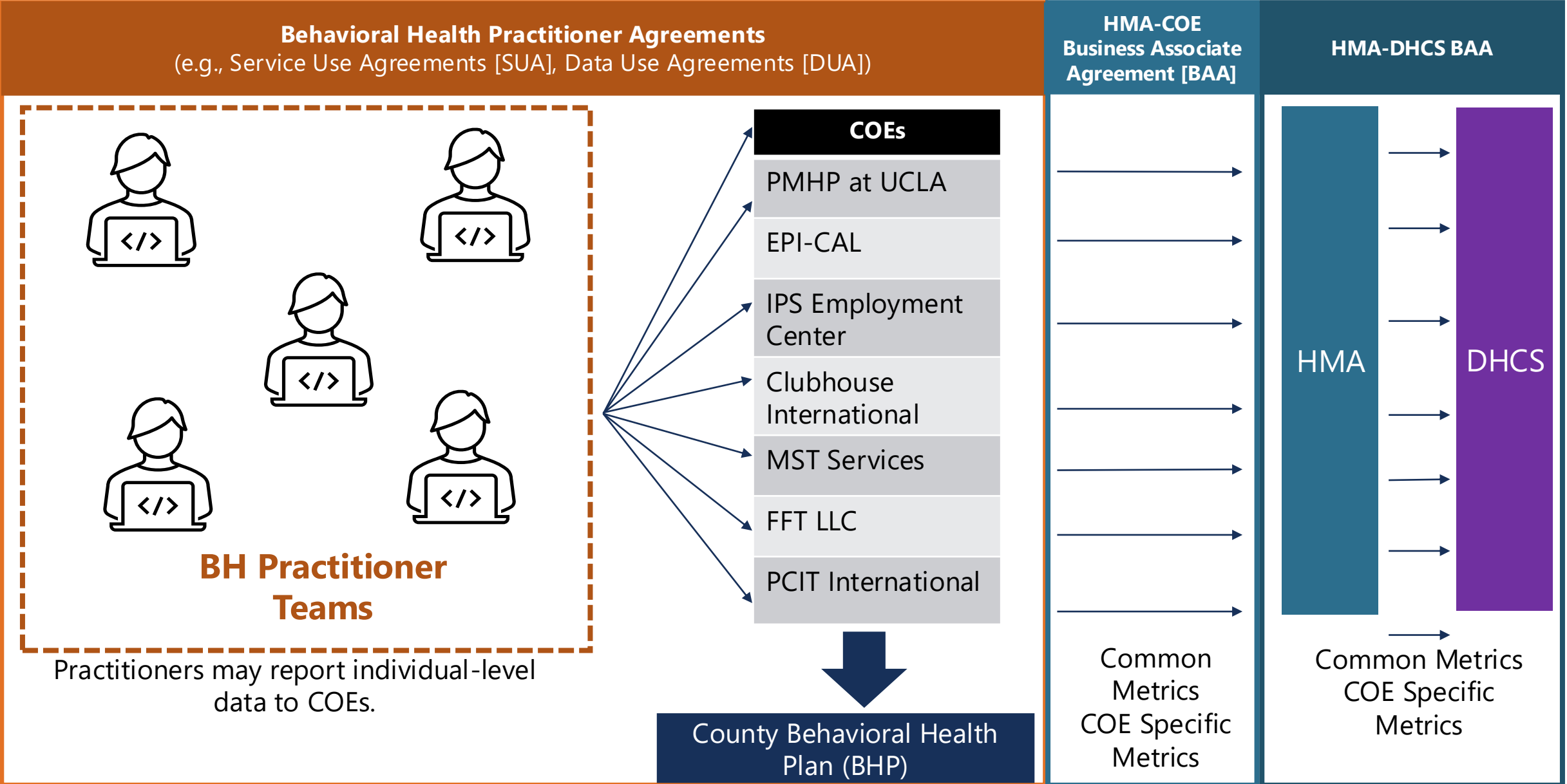
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Behavioral Health Practitioner Agreements to Support Data Sharing and Reporting



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BH Practitioner Agreements to Support Data Flow



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Practitioner Agreements

What are practitioner agreements?

- Agreement between COE and county-contracted or operated behavioral health practitioners.

What types of practitioner agreements are there?

- Practitioner agreements may include Service Use Agreements (SUA) and/or Data Use Agreements (DUA).

Who develops the practitioner agreements?

- The agreements will be developed by COEs.



DHCS to issue further policy guidance in early 2026 clarifying expectations for behavioral health practitioners to use data collection tools and submit data to COEs under BH-CONNECT and BHSA initiatives.

Other Stakeholders Involved

To provide transparency across all stakeholders, minimum core elements should be established between the state-sponsored COE and behavioral health practitioners to support:

- **County behavioral health plans (BHP)** in its role as payer of services and entities accountable to the state.
- **DHCS** in its role for monitoring and oversight of county BHPs and behavioral health practitioner compliance.

Core Behavioral Health Practitioner Agreement Elements

At minimum to include:

- A. Parties included.**
- B. Timeline.**
- C. Costs/payment terms.**
- D. Intellectual property.**
- E. *Data reporting requirements and use case**
 - Data Sharing/Access
 - Data Use

***What is shared by COEs?**

» **Aggregated data shared with county BHP and HMA/DHCS** to include, at minimum:

- Team performance metrics.
- Team progress on EBP implementation.
- Engagement in training, technical assistance.
- Achievement of fidelity milestones.
- Aggregated client outcomes.

Note: Additional data reporting or sharing requirements may be imposed on an individual county/practitioner basis.

Questions?

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COE Resources to Support Behavioral Health Practitioners



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Maintain Up-to-Date EBP Training and Technical Assistance Requirements

- » Each EBP has different training components, including (1) time commitment; (2) training components and modality; and (3) continuing education credits (as applicable).
 - For additional information, please visit the [Behavioral Health COE Resource Hub](#).
- » Note: For ACT and FACT, CSC for FEP, and IPS, previously trained providers must work with the state-sponsored COE to determine acceptance of prior trainings; COE will conduct independent fidelity assessment of each behavioral health team regardless of prior training.
- » For other EBPs, guidance for previously trained providers is forthcoming.

Data Assessment Tools Required for Behavioral Health Practitioners

EBP	COE	Data Tools by COE
ACT and FACT	PMHP at UCLA	ACT and FACT Data Tool Link
Clubhouse Services	Clubhouse International	Clubhouse Data Tool Link
CSC for FEP	EPI-CAL*	CSC for FEP Data Tool Link
FFT	FFT LLC	FFT Data Tool Link
IPS	The IPS Employment Center at RFMH, Inc.	IPS Supported Employment Data Tool Link
MST	MST Services	MST Data Tool Link
PCIT	PCIT International Association*	PCIT Data Tool Link

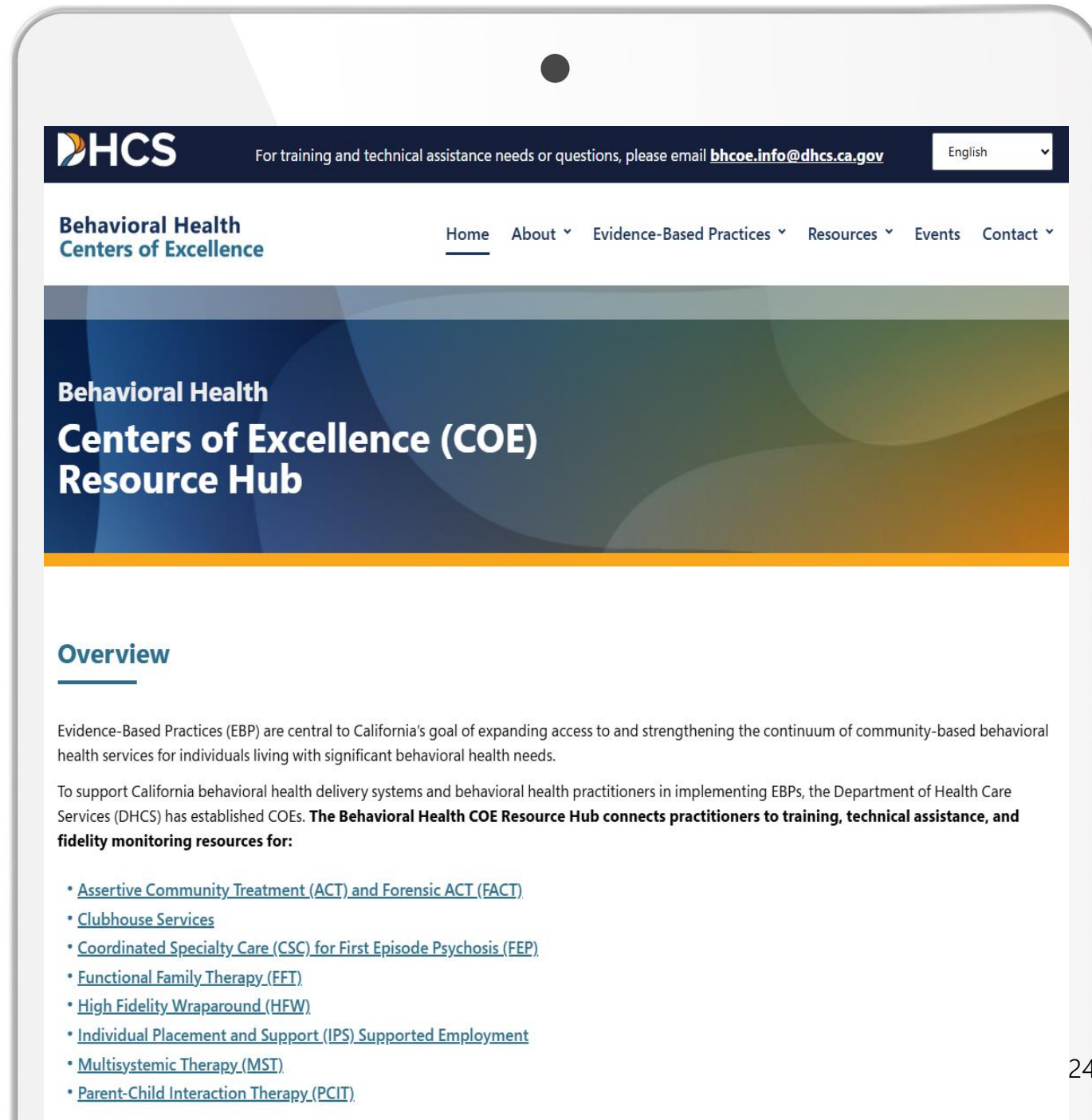
**The EPI-CAL team is in the process of revising the battery of surveys offered through Beehive.*

Behavioral Health COE Resource Hub

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

- » [BH COE Resource Hub](#)
- » [Join the newsletter](#)
- » [BH COE Questions & Feedback Form](#)
- » Ask questions:
bhcoe.info@dhcs.ca.gov

The information included in this pres



COE Contact Information

EBP	COE	Email
ACT and FACT	PMHP at UCLA	ACT.COE@mednet.ucla.edu
Clubhouse Services	Clubhouse International	Clubhouse.COE@clubhouse-intl.org
CSC for FEP	EPI-CAL	epical.coe@health.ucdavis.edu
FFT	FFT LLC	fft.bhcoe@fftllc.com
IPS Supported Employment	The IPS Employment Center at RFMH, Inc.	ips.bhcoe@nyspi.columbia.edu
MST	MST Services, LLC	mst.bhcoe@mstservices.com
PCIT	PCIT International Association	pcit.bhcoe@pcit.org

General Behavioral Health COE questions can be directed to bhcoe.info@dhcs.ca.gov.
Questions specific BH-CONNECT (e.g., policy) can be directed to BH-CONNECT@dhcs.ca.gov.

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2026 Monthly Office Hours

February



- » Date: Thursday, February 19
- » Time: 1 - 2 p.m. PST
- » [February 2026 Office Hours Registration Link](#)

March



- » Date: Thursday, March 19
- » Time: 1 - 2 p.m. PST
- » [March 2026 Office Hours Registration Link](#)

Thank you for attending!

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