

Behavioral Health Centers of Excellence (COE): March Office Hours

Focus: BH-CONNECT and BHSA Overlap

March 19, 2026

Housekeeping

- » Today's Office Hours will be recorded for notetaking purposes and will not be shared publicly.
- » The slides will be posted to the Behavioral Health COE Resource Hub following the call.
- » Please submit questions in the Q&A function.

Objectives

- » By the end of this Office Hour, county behavioral health plans (BHP) and behavioral health practitioners will gain a better understanding of the following:
 - The overlap of the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative and the Behavioral Health Services Act (BHSA).
 - How the BH-CONNECT supports counties in meeting Evidence-Based Practice (EBP) requirements under the BHSA.
 - How counties can leverage COEs to implement EBPs.

Initiatives to Support Statewide EBP Implementation: BH-CONNECT and BHSA



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

BHSA and BH-CONNECT EBP Overlap

- » Statewide coverage and implementation of EBPs are a core focus to both BHSA and BH-CONNECT initiatives.
- » ***BHSA (Effective July 1, 2026)***
 - County FSP Programs must include Assertive Community Treatment (ACT), Forensic ACT (FACT), Individual Placement and Support (IPS) Supported Employment, High Fidelity Wraparound (HFW).
 - Counties must also provide Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP) in Early Intervention (EI) Programs.
- » **BH-CONNECT (Optional):**
 - Counties may opt in to cover ACT, FACT, IPS, and CSC under Medi-Cal as bundled services.
 - Additional BH-CONNECT only EBPs: Enhanced CHW Services and Clubhouse Services.
- » All teams must meet the same training requirements and fidelity monitoring standards to bill Medi-Cal or be considered in compliance with BHSA standards.

EBPs in BH-CONNECT and BHSA

Evidence-Based Practices (EBP)	BH-CONNECT		BHSA
	BH-CONNECT Opt-In to Monthly Rate	Required if Opting into Mental Health IMD FFP	Required
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	•		
Functional Family Therapy (FFT)^			
High Fidelity Wraparound (HFW)^†			•
Multisystemic Therapy (MST)^†			
Parent-Child Interaction Therapy (PCIT)^			

* Eligible for FSP small county exemption; ^ Required covered benefit under EPSDT; † Monthly rate available

Opting into BH-CONNECT and Forthcoming EBP Guidance

» How to Opt-in to BH-CONNECT

- BHPs and/or Drug Medi-Cal (DMC) Programs can submit a letter of commitment to cover one or more EBP(s) at any time.

» **Upcoming EBP Guidance:**

- Finalized EBP Training, Technical Assistance, Fidelity Monitoring and Data Collection Policy Manual.
- Revised BH-CONNECT EBP BHIN (supersedes [BHIN 25-009](#)).
- Revised BH-CONNECT EBP Policy Guide.
- HFW BHIN and Policy Manual.
- Children and Youth EBP BHIN.

Frequently Asked Questions (FAQ) Regarding BH-CONNECT and BHSA



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

BH-CONNECT and BHSA FAQs (1 of 5)

How do the BHSA requirements for ACT, FACT, IPS, CSC, and HFW differ from coverage requirements for ACT, FACT, IPS, CSC, and HFW under BH-CONNECT?

Under the BHSA, all counties are required to provide ACT, FACT, IPS, and HFW in their FSP programs and provide CSC in their Behavioral Health Services and Supports (BHSS) EI programs.

Counties that do not opt in to cover EBPs under BH-CONNECT must still meet all BHSA requirements. Non opt in counties are still required to bill Medi-Cal for Medi-Cal covered service components using “unbundled” procedure codes.

DHCS expects that all ACT, FACT, IPS, HFW, and CSC are delivered to the same quality standards whether they are offered through an FSP or EI program or if they are delivered as a bundled Medi-Cal service. For example, all ACT teams must meet the same training requirements and fidelity monitoring standards to bill Medi-Cal or to be considered in compliance with BHSA requirements.

Source: [BHSA and BH-CONNECT EBP Overlap FAQ](#)

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

BH-CONNECT and BHSA FAQs (2 of 5)

Does BH-CONNECT also have a July 1, 2026 opt-in requirement?

County BHPs may submit letters of commitment to DHCS at any time upon deciding to cover Adult EBPs.

Do counties need to opt in to the full suite of EBPs under BH-CONNECT?

No. County BHPs may opt to cover the following Adult EBPs as bundled Medi-Cal services in any combination:

- ACT
- FACT
- CSC for FEP
- IPS Supported Employment
- Clubhouse Services
- Enhanced Community Health Worker (CHW) Services

Source: [DHCS BH-CONNECT FAQ Webpage](#)

BH-CONNECT and BHSA FAQs (3 of 5)

Are BH-CONNECT EBPs for adults required or optional under BH-CONNECT?

Counties have the option to cover some or all BH-CONNECT EBPs for adults as bundled Medi-Cal services. However, counties that participate in the option to receive federal financial participation (FFP) for short-term stays in Institutions for Mental Diseases (IMD) must also cover ACT, FACT, CSC, IPS Supported Employment, and Enhanced CHW Services. Counties that cover Community Transition In-Reach Services must also cover ACT, FACT, CSC and IPS Supported Employment.

Source: [DHCS BH-CONNECT FAQ Webpage](#)

BH-CONNECT and BHSA FAQs (4 of 5)

If my county opts in to cover the EBPs under BH-CONNECT and bills the monthly rate, can I use BHSA funding for services not covered by Medi-Cal?

Counties are required to bill Medi-Cal for Medi-Cal billable services provided to Medi-Cal members. However, counties may use BHSA funds (as described in the BHSA Policy Manual) for activities that are not otherwise covered under Medi-Cal, including outreach and engagement to individuals not enrolled in Medi-Cal and other recovery supports.

If my county does not opt in to provide the EBPs under BH-CONNECT, are we required to bill Medi-Cal for the unbundled service components?

Yes, counties are required to cover and bill Medi-Cal on an unbundled basis for Medi-Cal Specialty Mental Health Services (SMHS) provided to a Medi-Cal member. The service components covered by Medi-Cal are outlined in the [BHSA Policy Manual](#). For non-Medi-Cal members, BHSA funding may be used for components commercial health plans do not cover, or for all components for the fully BHSA eligible uninsured.

Source: [BHSA and BH-CONNECT EBP Overlap FAQ](#)

BH-CONNECT and BHSA FAQs (5 of 5)

Are small counties exempt from implementing BHSA EBPs?

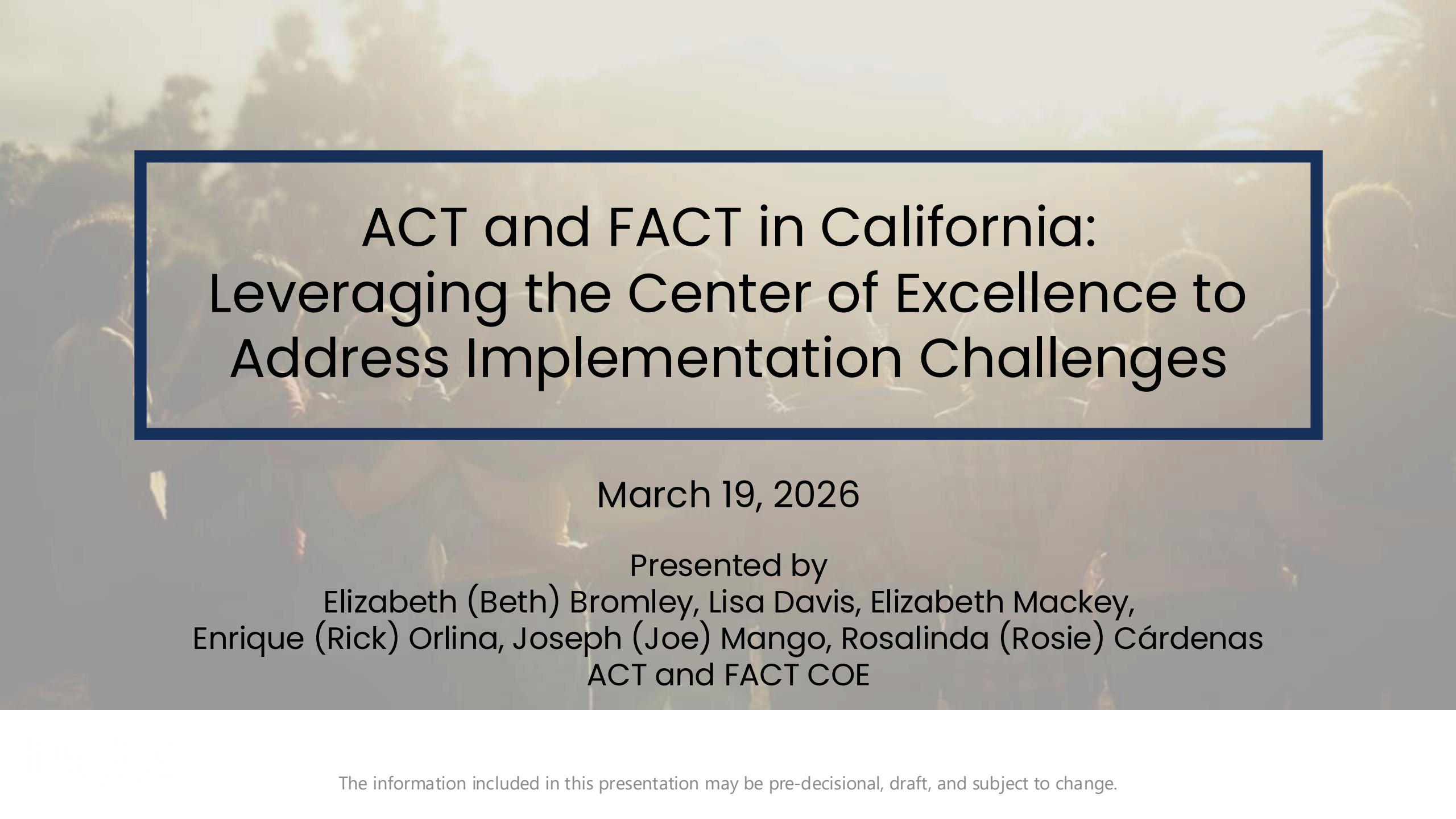
State law permits counties with a population of less than 200,000 to request exemptions from offering ACT and FACT, and/or IPS Supported Employment in their FSP programs under the BHSA. More information is available in the BHSA Policy Manual. While counties that receive FSP EBP exemptions are not required to offer ACT, FACT, and IPS services or meet BHSA fidelity thresholds and timelines, counties are strongly encouraged to identify county-operated or contracted providers to receive training and technical assistance from state-sponsored COEs for free.

HFW is an FSP requirement for all counties. CSC is required as part of BHSS-EI programs.

COE Approaches: How Counties Can Leverage COEs to Implement EBPs



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



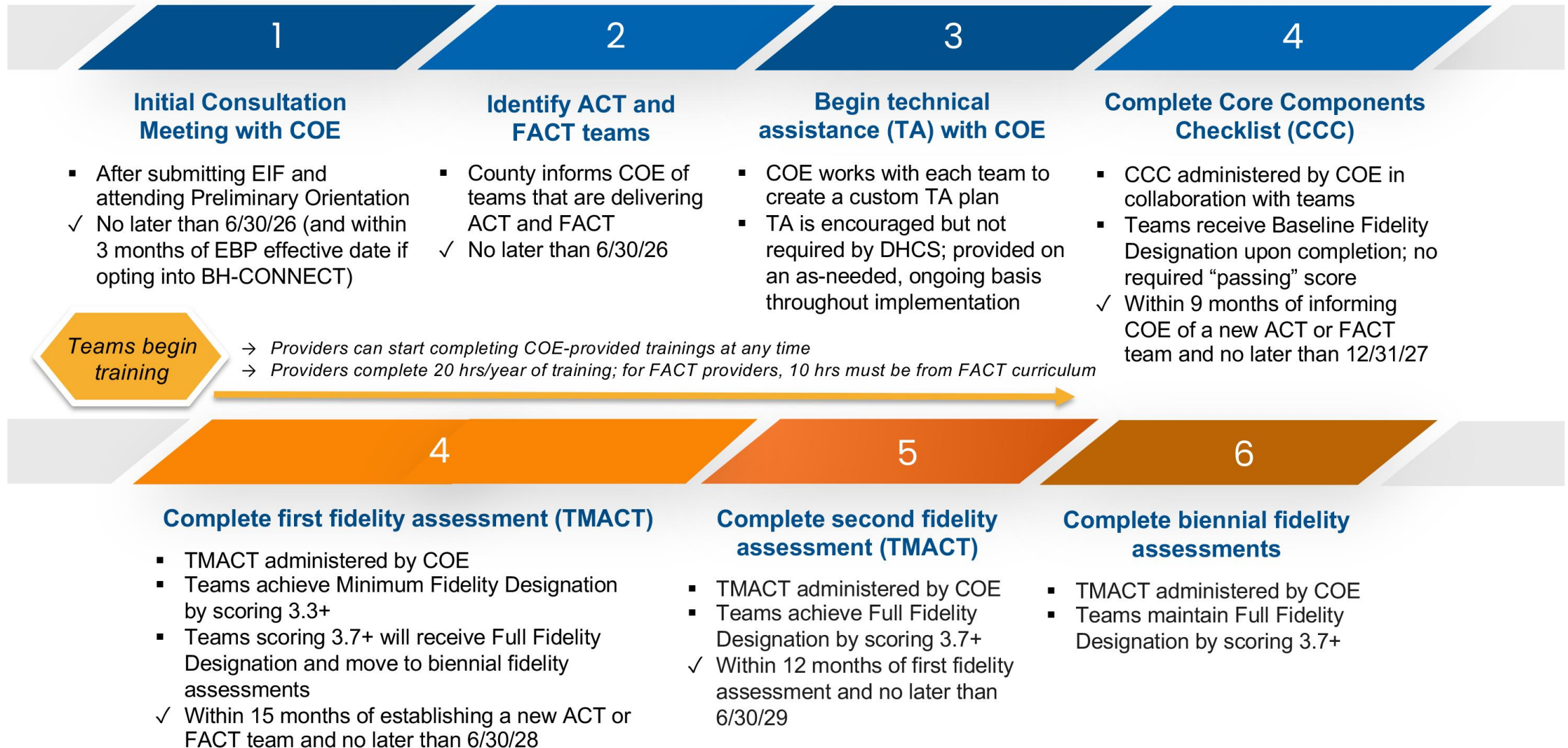
ACT and FACT in California: Leveraging the Center of Excellence to Address Implementation Challenges

March 19, 2026

Presented by

Elizabeth (Beth) Bromley, Lisa Davis, Elizabeth Mackey,
Enrique (Rick) Orlina, Joseph (Joe) Mango, Rosalinda (Rosie) Cárdenas
ACT and FACT COE

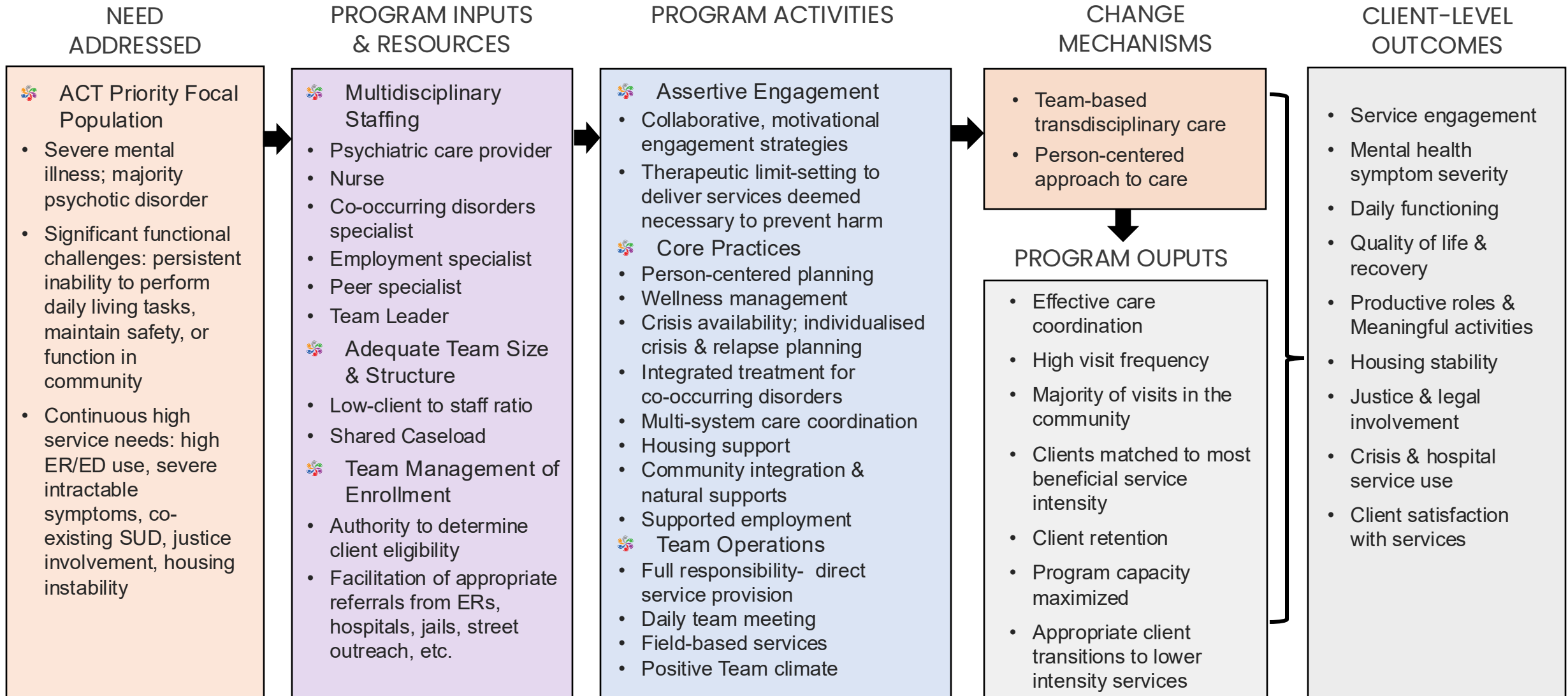
Timeline of Engagement with ACT and FACT COE



County Consultations to Date

- » 53 EIFs Received
- » Preliminary Orientation Meetings
 - 48 scheduled
 - 45 completed
- » First Consultations with County Leaders
 - 45 scheduled
 - 40 completed
- » Second/Third/Fourth/Fifth Consultations with County Leaders
 - 49 scheduled
 - 35 completed

ACT Program Logic Model



ACT and FACT Learning Center

Is your county preparing to roll out ACT and/or FACT? Start [here](#) or [here](#).



Search



HOME

LEARN ▾

EB

Your path to ACT starts here.

Core Components of the ACT Service Model: Setting the Foundation for Fidelity

Watch Video

My Learning

Trainings

About

Calendar

Learning Communities

Introduction to ACT



Core Components of the ACT Service Model: Setting the...



Organizational Readiness for Assertive Community Treatment...



Assertive Community Treatment: Outpatient Management of...



PMHP at UCLA California Behavioral Health Services Act...

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

Questions for



PMHP at UCLA





Parent-Child Interaction Therapy



California Center of Excellence
BH-CONNECT



PCIT International Association



County

- Administrative supports
- Explore workforce expansion



Provider Agency

- Senior Leadership*
- Referral flow
- Room set-up



BH Practitioner

- Eligibility & buy-in
- Focus on individual clinician

PCIT COE Engagement Workflow

*Senior Leaders are administrators and/or supervisors who make informed decisions, align resources, and champion PCIT within their county.



PCIT COE Engagement Best Practices

- » Senior Leader Involvement
- » Implementation Specialists
- » Needs & Readiness Assessments (NARAs)

- Site Visits
 - On-site
 - Virtual

Accessibility

- Hosting on-site trainings
- Flexible PCIT room requirement
- Telehealth service delivery
- Simplified crosswalk to PCIT International Certification for previously trained PCIT Practitioners

Outreach

- » 41 Counties and counting
- » 25 Senior Leaders supported
- » 24 Therapists trained
- » 19 NextStep bridged



Questions?

- » Already completed an EIF? Contact your PCIT Implementation Specialist.
- » Yet to submit an EIF? Contact Christy Warner-Metzger, Project Director at: warner.metzger@pcit.org

Open Q&A



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

Reminders



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

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 Behavioral Health Services Act (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.

High Fidelity Wraparound (HFW) Initial County Consultation

County consultations will be split into a two-part process.

1. In late February, the Resource Center for Family-Focused Practice (RCFFP) started reaching out to counties that have submitted an EIF to schedule an initial county consultation, covering the following topics:
 - Introduction to RCFFP as the COE under the BH-CONNECT and the BHSA.
 - Overview of the [California Wraparound Standards](#) and portal.
 - County-specific resources available to establish and/or expand EBP programs, including identifying existing county-operated or contracted practitioners.
 - County-specific questions or concerns related to HFW.

HFW Second County Consultation

2. After the public comment period ends for the HFW Policy Manual, a second county consultation will be scheduled covering the following topics:
 - County-specific implementation timelines under BHSA.
 - Staffing structure for the teams delivering HFW.
 - Training, technical assistance, fidelity monitoring, and data collection requirements for HFW.
 - Adaptations for small and rural counties/areas.

High Fidelity Wraparound (HFW) FSP Requirement

- » Regarding the BHSA requirement that counties must include HFW in their FSP program beginning July 2026, counties can fulfill this requirement by:
 - Submitting an EIF for HFW.
 - Completing the initial county consultation with RCFFP by June 30, 2026.
 - Remaining engaged with the COE.

49 counties have already submitted EIFs, with 35 county consultations scheduled.

2026 Monthly Office Hours

April



- » Date: Thursday, April 16
- » Time: 1 – 2 p.m. PST
- » [April 2026 Office Hours Registration Link](#)

May



- » Date: Thursday, May 21
- » Time: 1 – 2 p.m. PST
- » [May 2026 Office Hours Registration Link](#)

June



- » Date: Thursday, June 18
- » Time: 1 – 2 p.m. PST
- » [June 2026 Office Hours Registration Link](#)

Behavioral Health COE Resource Hub

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

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

The information included in this pres

The screenshot shows the website for the Behavioral Health Centers of Excellence (COE) Resource Hub. The header features the DHCS logo and contact information: "For training and technical assistance needs or questions, please email bhcoe.info@dhcs.ca.gov". A language dropdown menu is set to "English". The main navigation includes "Home", "About", "Evidence-Based Practices", "Resources", "Events", and "Contact". The main content area has a large banner with the title "Behavioral Health Centers of Excellence (COE) Resource Hub". Below the banner, there is an "Overview" section with the following text: "Evidence-Based Practices (EBP) 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. To support California behavioral health delivery systems and behavioral health practitioners in implementing EBPs, the Department of Health Care Services (DHCS) has established COEs. **The Behavioral Health COE Resource Hub connects practitioners to training, technical assistance, and fidelity monitoring resources for:**

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

Thank you for attending!

