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

Focus: Overview of Evidence-Based Practice Training, Technical Assistance, Fidelity Monitoring and Data Collection Policy Manual

May 21, 2026

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

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:
  - Components of the recently released *Evidence-Based Practice Training, Technical Assistance, Fidelity Monitoring and Data Collection Policy Manual*.

DHCS Updates

Workforce Initiative Update

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

Workforce Initiative:
Medi-Cal Behavioral Health Recruitment and Retention Program (MBH-RRP)

- The goal of the MBH-RRP is to provide recruitment and retention bonuses, supervision support for pre-licensure and pre-certification practitioners, and certification/licensure and training supports, and providing backfill costs to support behavioral health practitioners receiving training in EBPs with the aim of recruiting and retaining behavioral health practitioners to serve the Medi-Cal population.
- The MBH-RRP requires award recipients to complete a 2-4 year service obligation in a Medi-Cal safety net setting.
- Applications for the MBH-RRP will be open from June 1 to July 15, 2026.

For more information, please visit the Department of Health Care Access and Information (HCAI) MBH-RRP webpage.
For any questions regarding MBH-RRP, please email MBHRRP@hcai.ca.gov.

Overview of EBP Training, Technical Assistance, Fidelity Monitoring and Data Collection Policy Manual

Overview of Policy Manual

- **Policy Guidance:** Evidence-Based Practice (EBP) Training, Technical Assistance, Fidelity Monitoring and Data Collection Policy Manual
- **EBPs Covered in Policy Manual:** Assertive Community Treatment (ACT), Forensic ACT (FACT), Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP), and/or Individual Placement and Support (IPS) Supported Employment
- **Requirements Apply to Both:**
  - Behavioral Health Services Act (BHSA) **and**
  - BH-CONNECT for counties that opt in to provide ACT, FACT, CSC for FEP, and IPS as Medi-Cal bundled services with unique billing codes and monthly bundled rates

Updates to Policy Manual: Data Sharing

Role of the County[1]

- Counties must share information about their network of practitioners delivering EBPs with the respective COEs on an ongoing basis (information about new and existing teams of practitioners delivering EBPs, when a new team of practitioners are established, or when a team is no longer delivering services).

Clarification on use of COE tools[2]

- Indicates that member outcomes must be assessed utilizing identified COE data collection tools and securely submitted to the COE.

[1]*See page 9, Oversight of ACT, FACT, CSC for FEP, and IPS Practitioners Section.*
[2]*See pages 20, 32, 41 , relevant Data Collection section for ACT, FACT, CSC for FEP, and IPS.*

Fidelity Deadlines for ACT & FACT, CSC for FEP, IPS

Baseline Assessment	Fidelity Assessments
• *DHCS assigns Baseline Fidelity Designation following* ***Baseline Assessment***. • Deadline: within 9 months of establishing a EBP team, and no later than December 31, 2027.	• **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 (Evidence-Based Practice (EBP) Training, Technical Assistance, Fidelity Monitoring and Data Collection Policy Manual).

Updates to Policy Manual: Fidelity Designation Clarifications

Clarification on Baseline Fidelity Assessment[1]

- Baseline fidelity assessments will be assessed based on completion only.
- There is no probationary period following a baseline fidelity assessment.
- All teams that complete a baseline fidelity assessment will receive Baseline Fidelity Designation.

COE Recommending Fidelity Designation[2]

- On a case-by-case basis, the EBP COE may recommend and DHCS may approve an EBP team to maintain their Fidelity Designation level even if they do not achieve the required fidelity score.
- In those instances, the EBP team must consult with the EBP COE and establish a team-specific plan to meet fidelity requirements.

[1]See pages 19, 30, and 39, relevant Probationary Fidelity Period section for ACT, FACT, CSC for FEP, and IPS.
[2]See pages 19, 31, and 40, relevant Probationary Fidelity Period section for ACT, FACT, CSC for FEP, and IPS.

Clarification in Policy Manual: Access to Medi-Cal Bundled Rates

- For counties that opt to provide EBPs as bundled Medi-Cal services, teams of behavioral health practitioners must achieve and maintain Fidelity Designation for the county to claim bundled Medi-Cal payment for ACT, FACT, CSC for FEP, and/or IPS.
  - **Baseline Fidelity Designation:** Baseline fidelity assessments must be completed within 9 months of establishing a new EBP team.
  - **Minimum Fidelity Designation:** The first fidelity assessment must be completed within 15 months of establishing a new EBP team.

An "established" team reflects a team that has been staffed and **is beginning to deliver and be paid for services** delivered to individuals living with behavioral health needs.

Open Q&A Session

Open Q&A

- Please submit questions in the Q&A function. If we cannot get to your question today, we will provide written responses following the Office Hours.
- Today's Q&A session will not be covering policy guidance on fidelity requirements; billing-related questions; or data elements and reporting requirements.

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

April Office Hours Q&A Follow-Up

DHCS

April Office Hours Question: FSP and HFW

Should county Full Service Partnership (FSP) programs offer High Fidelity Wraparound (HFW) to all FSP clients or only those who wants HFW?

Under the BHSA, all county FSP programs must include ACT, FACT, FSP Intensive Case Management (ICM), IPS Supported Employment, and HFW.

Each of these services is designed for a specific population of focus. Not all individuals receiving services through an FSP program will be appropriate candidates for HFW.

More information about the HFW eligibility criteria is in the draft HFW BHIN and Policy Manual, and more information about FSP program requirements is in the BHSA Policy Manual Section B.3.

April Office Hours Question: FSP and IPS

For IPS Supported Employment, are two full-time Employment Specialists required or is there flexibility?

Under the BHSA, all county FSP programs must include Individual Placement and Support (IPS) Supported Employment. Counties must ensure they are implementing IPS with fidelity by June 30, 2029.

More information about IPS fidelity requirements is in the BHSA Policy Manual and EBP Training and Fidelity Manual.

For the first Integrated Plan covering fiscal years 2026-2029, all counties are exempt from fidelity requirements for IPS. Counties and IPS providers should work with the IPS COE to work towards meeting IPS fidelity requirements.

DHCS is not requiring a single staffing structure for IPS teams. The IPS COE can provide additional guidance on IPS staffing that reflects county-specific demand and resources. More information about the IPS COE is available on the COE Resource Hub website.

April Office Hours Question: DOR and IPS

The California Department of Rehabilitation (DOR) has implemented Order of Selection, prioritizing the most severely disabled to receive services and putting everyone else on a waiting list. If a county plans to implement IPS within its DOR Cooperative Program, how does the Order of Selection fit within the IPS principle of not turning anyone away from employment services?

To be in compliance with BHSA requirements, counties must implement IPS as a standalone service within their FSP programs. IPS cannot only be available through DOR. DHCS encourages counties to consult the IPS COE on how to effectively coordinate delivery of IPS across the Medi-Cal and Vocational Rehabilitation programs when IPS is available through both programs.

More information about the IPS COE is available on the COE Resource Hub website.

April Office Hours Question: IPS Under SMHS and DMC-ODS

Because IPS is a BH-CONNECT benefit for both Specialty Mental Health (SMHS) and Drug Medi-Cal Organized Delivery System (DMC-ODS), are there any differences in the service model and delivery, outcomes, or reporting between MH and SUD benefit? Should we anticipate adaptation occurring as it rolls out?

There are no differences in the IPS service model when delivered as a SMHS or DMC-ODS service. Counties are encouraged to cover IPS in both delivery systems so that they are able to serve individuals with mental health or SUD needs. DHCS encourages counties to consult the IPS COE on how to effectively deliver IPS to both populations.

More information about the IPS COE is available on the COE Resource Hub website.

Frequently Asked Questions (FAQs)

HFW FAQ: Engagement Requirements

What constitutes engagement requirements for HFW?

Regarding BHSA requirement that counties must include HFW in their FSP program beginning July 2026, counties can fulfill this requirement by:

- Submitting an Engagement Initiation Form (EIF) for HFW by March 31, 2026.
- Completing the initial county consultation with the HFW COE by June 30, 2026.
- Remaining engaged with the COE.

For more information, please reference the draft HFW BHIN and Policy Manual.

HFW FAQ: BHSA Requirements

If a county does not opt-in to BH-CONNECT, is HFW required under the BHSA?

Yes, counties must provide HFW under the BHSA, as described in the BHSA Policy Manual. Additional guidance on Medi-Cal requirements for HFW is also forthcoming from DHCS.

HFW FAQ: Other EBPs

Can HFW be offered concurrently with other children and youth EBPs?

Yes, HFW can be offered concurrently with other children and youth EBPs, including Functional Family Therapy (FFT) or Multisystemic Therapy (MST).

As noted in the draft HFW BHIN, county BHPs are responsible for providing or arranging for the provision of other medically necessary and clinically appropriate SMHS and DMC/DMC-ODS services as part of a youth's individualized Medi-Cal HFW service package.

For more information, please reference the draft HFW BHIN and Policy Manual.

Additional Questions?

Reminders

Reminder: Submit EIFs for Clubhouse Services and Children and Youth EBPs

- County behavioral health agencies that are wanting to learn more about Clubhouse Services, FFT, MST, and Parent-Child Interaction Therapy (PCIT); 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).
  - During initial consultations, 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 county-contracted providers.

2026 Monthly Office Hours

June

- Date: Thursday, June 18
- Time: 1 – 2 p.m. PDT
- June 2026 Office Hours Registration Link

July

- Date: Thursday, July 16
- Time: 1 – 2 p.m. PDT
- July 2026 Office Hours Registration Link

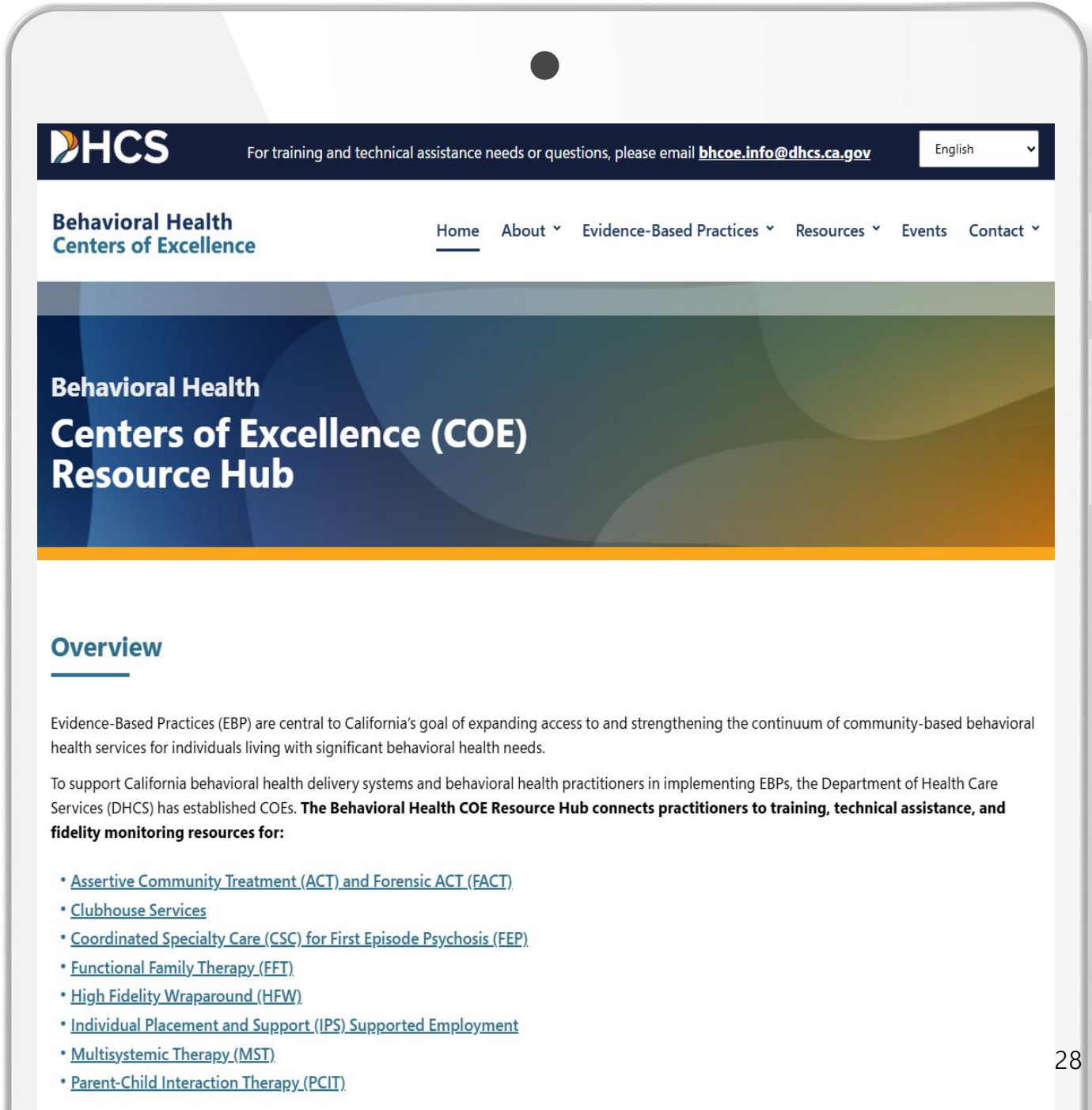
August

- Date: Thursday, August 20
- Time: 1 – 2 p.m. PDT
- August 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



Thank you for attending!

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