

### Overview

Implementation of evidence-based practices (EBPs) is 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. Statewide coverage and implementation of EBPs are a core focus of both the Behavioral Health Services Act (BHSA) and the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) initiative.

The BHSA, part of the Proposition 1 "Behavioral Health Transformation" legislative package approved by California voters in March 2024, aims to modernize California's behavioral health delivery system, improve accountability and increase transparency, and expand the capacity of behavioral health care facilities. To learn more about the Behavioral Health Transformation and BHSA, please visit the DHCS [Behavioral Health Transformation webpage](#).

The BH-CONNECT initiative builds on California's historic investments and policy changes to establish a robust continuum of community-based behavioral health services. It aims to improve access, equity, and quality in behavioral health services for Medi-Cal members with significant behavioral health needs. To learn more about the BH-CONNECT initiative, please visit the DHCS [BH-CONNECT webpage](#).

### BHSA EBP Policy

Beginning July 1, 2026, counties are required to spend 35 percent of their annual allocated BHSA funding on county Full Service Partnership (FSP) programs (see California Welfare & Institutions (W&I) Code section 5892, subdivision (a)(2)(A)). Under the BHSA, county FSP programs must, among other requirements, include the following evidence-based practices (EBPs):

- » Assertive Community Treatment (ACT) and 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) as part of their Behavioral Health Services and Supports (BHSS) – Early Intervention (EI) programs. Please see [Chapter 7, Section A.7](#) of the BHSA Policy Manual for more information.

## **BH-CONNECT EBP Policy**

As part of BH-CONNECT, counties have the option to cover ACT, FACT, IPS and CSC under Medi-Cal as bundled services with unique billing codes and monthly bundled rates. Under BH-CONNECT, counties also have the option to implement Enhanced Community Health Worker (CHW) Services and Clubhouse Services. Enhanced CHW Services and Clubhouse Services are not required under the BHSA. See [BHIN 25-009](#) for more information about Medi-Cal coverage requirements for BH-CONNECT EBPs.

Below, find frequently asked questions and responses related to the implementation of EBPs included in both BHSA and BH-CONNECT.

## **BHSA and BH-CONNECT EBP Overlap**

### **1. How does the BHSA intersect with BH-CONNECT?**

BHSA and BH-CONNECT include complementary programs designed to support the most vulnerable Californians living with significant behavioral health needs, including the coverage and implementation of EBPs. BHSA and BH-CONNECT also share a focus on populations disproportionately impacted by behavioral health needs, including individuals and families experiencing or at risk of homelessness, people involved in the justice system, and children and youth involved in child welfare, and spur investments in housing and the behavioral health workforce. BH-CONNECT focuses on the Medi-Cal program, while BHSA focuses on broader changes to California's county-driven behavioral health system.

### **2. Which EBPs are included in both BHSA and BH-CONNECT?**

The following EBPs are included in both BHSA and BH-CONNECT:

- » ACT
- » FACT
- » IPS
- » CSC
- » HFW

DHCS is currently working to develop guidance on Medi-Cal coverage of HFW, which will have a unique billing code and bundled rate beginning in 2026. HFW is required as part of county FSP programs.

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

Under the BHSA, all counties are required to provide ACT, FACT, and IPS in their FSP programs and provide CSC in their 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 (see Question 6).

Under BH-CONNECT, counties have the option to provide ACT, FACT, IPS and CSC as bundled Medi-Cal services. If counties opt in to provide these services under Medi-Cal, they must be available to anyone for whom they are medically necessary and counties can receive federal matching funds consistent with the bundled rates.

DHCS expects that all ACT, FACT, IPS 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.

### **4. How are counties expected to plan for HFW implementation under BHSA when Medi-Cal guidance is not yet available?**

DHCS and CDSS are collaborating to develop a unified statewide CA HFW Model across Medi-Cal HFW and BHSA, Family First Prevention Services Act Part IV Aftercare, and the CDSS Immediate Needs Program, in alignment with National Wraparound Initiative (NWI) standards. [ACL 25-47/BHIN 25-027](#) (released July 2025) details the expectations of the CA HFW Model and CA Wraparound Standards (Appendix A), which are based on NWI standards. The CA Wraparound standards are subject to updates based on forthcoming Medi-Cal guidance in Early 2026. Until guidance is released, counties should consider these to be the foundational service standards under Medi-Cal and BHSA, and in accordance with required components of the CA HFW Model as outlined [BHSA Policy Manual](#) (e.g., use of FSP funding for flexible funds).

On July 31, 2025 DHCS released a Medi-Cal HFW Concept Paper, which further describes DHCS’ vision for Medi-Cal HFW payment and monitoring policies and associated updated standards for service delivery in both Medi-Cal and BHSA. DHCS will leverage stakeholder feedback to refine the service standards for counties, payment model, and

fidelity monitoring approach based on stakeholder feedback and intends to release draft Medi-Cal guidance in Late CY 2025-Early CY 2026 for public comment.

**5. Do counties need different provider networks for EBPs offered under the BHSA and under BH-CONNECT?**

The same teams of practitioners may deliver services to individuals living with significant behavioral health needs as part of both the BHSA and BH-CONNECT initiatives. For example, an ACT provider can deliver services as part of a county FSP program and be contracted with the county to offer ACT under Medi-Cal. In addition, the same ACT team's caseload could include Medi-Cal members and non-Medi-Cal members.

**6. If my county opts in to provide the EBPs under BH-CONNECT and bills the bundled 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.

**7. 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.

**8. What training and technical assistance is available to support the implementation of EBPs under the BHSA and BH-CONNECT?**

DHCS is committed to supporting counties in meeting BHSA and BH-CONNECT requirements. Counties will have access to training, technical assistance, and fidelity monitoring support to implement required EBPs through designated Behavioral Health Centers of Excellence (COEs). DHCS has contracted with UCLA Public Mental Health Partnership (UCLA PMHP), the IPS Employment Center, and Early Psychosis Intervention California (EPI-CAL) for ACT/FACT, IPS, and CSC, respectively. DHCS is contracting with additional COEs to provide training and technical assistance for EBPs included under BH-CONNECT that are not required under BHSA. More information about COEs is available on the [DHCS Behavioral Health COE Resource Hub](#).

**9. Where can I learn more about the training, technical assistance, and fidelity assessment requirements for EBPs?**

DHCS is developing detailed guidance on the training, technical assistance, and fidelity monitoring requirements for EBPs included in both BHSA and BH-CONNECT, which will be issued in late 2025. Preliminary policy requirements and operational guidance for the EBPs is outlined in the [BHSA Policy Manual](#), and additional operational guidance to support implementation of the EBPs is in the [BH-CONNECT EBP Policy Guide](#).

**10. My county has limited workforce availability to implement EBPs. Is there any flexibility in the EBPs to account for workforce constraints?**

DHCS recognizes that, like the rest of the nation, California is experiencing an acute behavioral health workforce shortage. Each COE will work with counties to help ensure they are able to deliver EBPs with fidelity to the evidence-based models, despite workforce constraints. Additionally, DHCS encourages counties and behavioral health providers to utilize funding available through the [BH-CONNECT Workforce Initiative](#) to support the recruitment and retention of a strong and sustainable behavioral health workforce.

**11. If my county is providing IPS Supported Employment through the Department of Rehabilitation, am I considered in compliance with BHSA requirements?**

No, IPS Supported Employment services provided through the Department of Rehabilitation (DOR) are not considered in compliance with BHSA requirements. To be in compliance with BHSA requirements, IPS Supported Employment must be available through the county behavioral health agency, either through opting in to provide IPS Supported Employment via Medi-Cal or as part of the county's FSP program.

DHCS recognizes that in some counties, IPS Supported Employment is available through both county behavioral health and the DOR. In those counties, Medi-Cal must be the payer of last resort for IPS services. An individual who has access to IPS through DOR cannot receive IPS funded by Medi-Cal until DOR funds for IPS are exhausted. The IPS Supported Employment COE will provide counties with technical assistance on how to effectively coordinate delivery of IPS across the Medi-Cal and Vocational Rehabilitation programs when IPS Supported Employment is available through both programs.