Evidence-Based and Community-Defined Evidence Practices (EBP/CDEP) Resource Guide Webinar

December 11, 2025

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Webinar notices

- All Q&A will be hosted in the webinar chat
- Materials will be shared with all registrants after the session and posted on the DHCS website
- This session *will not* be recorded

DHCS welcomes feedback on the EBP & CDEP Resource Guide

Please email all feedback to **CYBHI@dhcs.ca.gov**

- **Comment period:** December 2, 2025 – January 16, 2026
- **Email subject line:** "Public Comment: EBP and CDEP Resource Guide"
  - Please **site page number, section & chapter** for feedback referring to specific parts of the resource guide

Written comments can also be submitted via SurveyMonkey

Agenda

1. **Understanding EBPs and CDEPs: What they are and how they're used**
2. **Why now: The importance of EBPs & CDEPs and the impact they can have**
3. **What's inside: How to use the EBP & CDEP Resource Guide**
4. **Q&A**

EBP & CDEP resource guide

View the **EBP/CDEP Resource Guide** to access the document

- **Purpose of the resource guide:** Help Medi-Cal managed care plans, county behavioral health plans, and providers understand how evidence-based and community-defined behavioral health practices (EBP/CDEPs), can be reimbursed through existing Medi-Cal authorities. With the focus on EBPs/CDEPs through initiatives such as CYBHI[1], BH-CONNECT[2], and FFPSA[3], DHCS aims to expand access to these programs by identifying Medi-Cal billing options as a mechanism for sustainability.

  - The strategies detailed in this guide are meant to illustrate billing pathways using existing Medi-Cal benefits, including non-specialty mental health services (NSMHS), specialty mental health services (SMHS) and, as applicable, Drug Medi-Cal (DMC) and DMC Organized Delivery System. In most cases, the identified procedure codes are illustrative and non-exhaustive

  - While bundled rates only exist for a handful of EBP models, this resource guide illustrates strategies for "stacking" codes to bill for reimbursable service components within the highlighted EBP and CDEP models

  - Payors can use this guide to support contracting and billing for EBPs & CDEPs

  - **NOTE:** This resource guide is not a manual for implementing the EBP/CDEP models. EBPs require specific training and manualized implementation with fidelity to the model. CDEPs require culturally relevant and responsive implementation strategies by communities, for communities.

EBP & CDEP resource guide (2/2)

What the guide is

- **A reference describing evidence-based and community-defined evidence practices** prioritized by State initiatives
- A **resource to identify sustainable funding** for EBP and CDEP component services
- **A tool to determine which practice components may align** with Medi-Cal or other reimbursement pathways

What the guide is <u>not</u>

- A rulebook
- An **exhaustive list** of all EBPs or CDEPs
- A **training manual** or a certification of proficiency in any model
- A source of **legal advice**
- An avenue to **create new policy, modify existing policies, or introduce new billing instructions** for clinic providers (e.g., for FQHCs[4])

1. Understanding EBPs and CDEPs: What they are and how they're used

1. Understanding EBPs and CDEPs (1/2)

EBPs and CDEPs are two types of interventions that have demonstrated effectiveness in promoting timely, equitable and culturally responsible behavioral health care

Evidenced-based practices (EBPs)

Practices with **documented, empirical evidence** (e.g., randomized controlled trials, peer-reviewed studies, and publications) of effectiveness in **improving children and youth behavioral health**

EBPs are widely regarded as the **gold standard in behavioral health care**[5]

Community-defined evidence practices (CDEPs)

Practices that have reached a **strong level of support within specific communities.** CDEPs complement EBPs by **integrating culturally relevant and community-specific approaches** to behavioral health care

CDEPs address social determinants of behavioral health (e.g., intergenerational trauma and community violence)

1. Understanding EBPs and CDEPs (2/2)

- Together, EBPs and CDEPs can create a more **inclusive and effective behavioral health delivery system.**[5]
- Increasing access to and utilization of EBPs and CDEPs for behavioral services that are well supported in scientific literature and by community-based practitioners could **improve member outcomes.**
- While the long-term impact of these interventions will depend on various factors, research suggests that **addressing behavioral health challenges early and effectively may help reduce reliance on more intensive and costly services and alleviate pressures on public systems** like healthcare, education, and social services.

1. Delivery of EBPs and CDEPs requires fidelity to specific practice standards

Providers should:

- Deliver services in accordance with the model's core components as identified by SAMHSA[6], CEBC[7] and the Title IV-E Clearinghouse[8]; **adaptations must not constitute redesign of the program**
- Conduct and document **fidelity monitoring using model-specific tools** (e.g., fidelity checklists, session logs)
- Serve only the model's **defined target population** (e.g., age, condition, family characteristics)
- Establish **medical necessity based on the condition** the EBP is designed to address, as defined by clearinghouses

*DHCS seeks to ensure that EBPs and CDEPs covered under Medi-Cal are delivered with **full model fidelity** to ensure improvement in **member outcomes and quality of life***

Suggested resources

- Consult the **California Evidence-Based Clearinghouse** and **SAMHSA's Evidence-Based Practices Resource Center** to find best practices and identify additional EBPs
- Engage **program developers or certified training providers** as a best-practice approach for securing training and implementation support

2. Why now: The importance of EBPs & CDEPs and the impact they can have

2. California has made substantial investments in EBPs & CDEPs (1 of 2)

Program	Description
Children and Youth Behavioral Health Initiative (CYBHI) Scaling EBP & CDEP grant program*	**$381 million in grants to organizations seeking to scale EBPs and CDEPs** that improve **access to quality behavioral health services** for children and youth
Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT)*	**$1.9 billion invested** for incentive program to reward Medi-Cal behavioral health plans (BHPs) for demonstrating **improvements in access to behavioral health services.** Includes a five-year Medicaid Section 1115 demonstration & SPAs[9] to expand EBPs under Medi-Cal

* Indicates details to follow

2. California has made substantial investments in EBPs & CDEPs (2 of 2)

Program	Description
Family First Prevention Services Act (FFPSA)	**~$200M (state funded block grant) invested** to provide enhanced **support to children and families to prevent foster care placements** and supplement the state's efforts to build EBP programming
California Reducing Disparities Project (CRDP)	**$60M+ deployed thus far to support CDEPs** through the CDRP, which developed and leads implementation of the Strategic Plan to Reduce Mental Health Disparities, a community-driven roadmap to improve outcomes for underserved Californians

2. Children and Youth Behavioral Health Initiative (CYBHI) Scaling EBP & CDEP grant program

The resource guide organizes EBPs & CDEPs around five themes prioritized through the CYBHI Scaling EBP & CDEP grant program[10]:

Parent & Caregiver Support Programs & Practices

Trauma-Informed Programs & Practices

Early Childhood Wraparound Services

Youth-Driven Programs

Early Intervention Programs & Practices

Numbers at a glance:

481 awards and **465** grantees across 5 rounds of funding

$305M awarded across 5 rounds of funding

+85% counties represented among awardees to date

40+ EBPs selected for grant funding

View the Grant Round Information to view award announcements

First 5 California

DHCS

EBP's & CDEP's used by local First 5's

- Triple P (Positive Parenting Program)
- Infant & Early Childhood Mental Health Consultation (ECMHC)
- Parent-Child Interaction Therapy (PCIT)
- Home Visiting Programs

"Triple P is built around a core set of evidence-based strategies, they're **designed to help parents find within themselves the capacity to build strong relationships with their kids**—and feel successful doing it."

David Brody, Executive Director of First 5 Santa Cruz County

FIRST 5 CALIFORNIA®

Overview of BH-CONNECT[2]

- The BH-CONNECT initiative is **designed to increase access to and strengthen the continuum of community-based behavioral health services for Medi-Cal members** living with significant behavioral health needs.
- BH-CONNECT is **comprised of a new five-year Medicaid Section 1115 demonstration, State Plan Amendments (SPAs)** to expand coverage of evidence-based practices (EBPs) under Medi-Cal, and **complementary guidance and policies** to strengthen behavioral health services statewide
- Goals of BH-CONNECT focused on children and youth:
  - **Expand the continuum of community-based services and EBPs** available through Medi-Cal for children and youth living with mental health and substance use disorders (SUD)
  - **Strengthen family-based services and supports** for children and youth living with significant behavioral health needs, including children and youth involved in child welfare and the juvenile justice system

BH-CONNECT Evidence Based Practices (1 of 2)

EBPs included in BH-CONNECT	Description
High-Fidelity Wraparound (HFW)*	Team-based in-home support for youth with complex needs
Parent-Child Interaction Therapy (PCIT)*	Real-time coaching to improve caregiver-child interactions and behavior
Functional Family Therapy (FFT)*	Family-centered intervention to reduce youth externalizing behaviors
Multisystemic Therapy (MST)*	Intensive family- and community-based therapy for high-risk youth behaviors
Assertive Community Treatment (ACT)	Intensive team-based community support for adults with severe behavioral health needs

* Indicates EBPs for children and youth also funded through CYBHI

BH-CONNECT Evidence Based Practices (2 of 2)

EBPs included in BH-CONNECT	Description
Forensic ACT (FACT)	Justice-focused adaptation of ACT to reduce recidivism and stabilize community living
Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)*	Early, coordinated intervention for individuals experiencing first-episode psychosis
Individual Placement and Support (IPS) Supported Employment	Employment support to help individuals with behavioral health needs secure work
Enhanced Community Health Worker (CHW) Services	Preventive CHW services tailored for members eligible for specialty mental health and substance use disorder services
Clubhouse Services*	Community-based programs that build social, vocational, and life skills for individuals with behavioral health needs

* Indicates EBPs for children and youth also funded through CYBHI

Building Statewide Momentum

Advancing Access, Equity & Innovation

CYBHI Scaling EBP/CDEP Grant Program

- **Unprecedented Statewide Reach**
- **Strong Implementation Progress**
  - 1,100+ newly hired staff
  - 7,200+ staff trained
  - 876,000+ individuals reached
- **Expanding Investment in Culturally Aligned Practices**
  - 75+ CDEPs and culturally adapted practices
- **Aligned Data Collection & Evaluation Strategy**

Insights & Opportunities for Strengthening Impact

- Equity remains central to our approach
- Continued investments in workforce recruitment, hiring, and training
- Robust data infrastructure is critical
- Strategic partnerships expand reach and strengthen service coordination
- Grantee success stories illustrate meaningful, community-driven change

3. What's inside: How to use the EBP & CDEP resource guide

3. EBP & CDEP resource guide table of contents (1 of 3)

Chapter	Description
1. Introduction	Overview of behavioral health needs among CA children and youth
2. Considerations for Medi-Cal reimbursement of EBPs and CDEPs	Explanation of how behavioral health services are delivered and reimbursed through Medi-Cal
3. Overview of EBPs covered in the resource guide	Definitions of key terms used throughout the guide
4. Introduction to practice level detail	Definitions of each EBPs' evidence base, population, settings, training requirements, and billing components
5. Parent / caregiver support programs and practices*	Details of each EBP included within CYBHI[1], BH-CONNECT[2], and/or FFPSA[3] across the around five themes that were prioritized through the CYBHI Scaling EBP & CDEP grant program

* Indicates deep dive to follow

3. EBP & CDEP resource guide table of contents (2 of 3)

Chapter	Description
6. Trauma-informed programs and practices*	Details of each EBP included within CYBHI[1], BH-CONNECT[2], and/or FFPSA[3] across the around five themes that were prioritized through the CYBHI Scaling EBP & CDEP grant program
7. Early childhood wraparound services*	Details of each EBP included within CYBHI[1], BH-CONNECT[2], and/or FFPSA[3] across the around five themes that were prioritized through the CYBHI Scaling EBP & CDEP grant program
8. Youth-driven programs*	Details of each EBP included within CYBHI[1], BH-CONNECT[2], and/or FFPSA[3] across the around five themes that were prioritized through the CYBHI Scaling EBP & CDEP grant program

* Indicates deep dive to follow

3. EBP & CDEP resource guide table of contents (3 of 3)

Chapter	Description
9. Early intervention programs and practices*	Details of each EBP included within CYBHI[1], BH-CONNECT[2], and/or FFPSA[3] across the around five themes that were prioritized through the CYBHI Scaling EBP & CDEP grant program
10. Overview of CDEPs and reimbursement considerations*	Pathways for CDEPs and how they're established
11. Considerations for payors	Explanation of how health plans and counties make coverage decisions
12. Illustrative beneficiary scenarios	Examples of how interventions align with real-world care pathways
Appendix: Rules for use of specific CPT[11]/HCPCS[12] codes	Service codes, provider eligibility, and billing requirements

* Indicates deep dive to follow

3. Chapters 5-9: Practice level detail for EBPs

Chapters 5–9 provide an overview of EBPs included within CYBHI[1], BH-CONNECT[2], and/or FFPSA[3] with the following information:

i. The California Evidence-Based Clearinghouse (CEBC) designation
ii. Population(s) of focus
iii. Program description
iv. Care delivery setting and provider qualifications
v. Summary of evidence from literature on program efficacy & impact
vi. Potential Medi-Cal covered benefits/services
vii. Potential Medi-Cal non-reimbursable services

The Appendix provides **additional detail on when and how a service is reimbursable** in a specific context

Reimbursable CPT[11]/HCPCS[12] codes for each EBP are listed in the Appendix, where the **rules for using those codes are outlined**

3. Chapter 10: Practice level detail for CDEPs

Chapter 10 outlines CDEP reimbursement pathways & the following information:

i. Introduction to CDEPs
ii. CDEP principles
iii. Establishing Reimbursement Pathways for CDEPs
iv. Illustrative CDEPs reimbursement potential
v. Aunties & Uncles Program, Sonoma County Indian Health Project, Inc.
vi. Gender Health Center
vii. Cultura y Bienstar, La Clinica de La Raza

SONOMA COUNTY INDIAN HEALTH PROJECT

La Clínica SM a california health+ center

GENDER HEALTH CENTER

CDEPs often use **community-based practitioners and culturally grounded activities** that do not easily align with clinical service categories

Chapter 10 can help translate these activities into **service components billable to Medi-Cal**

3. EBP & CDEP service components

Understanding service components

- EBPs & CDEPs are **not typically reimbursable as a whole**[13]
  - Specific components may be reimbursable if they align to Medi-Cal clinical services
- Providers must document these as **discrete, billable components**
- Each service component must map to an **existing Medi-Cal service category** and CPT[11]/HCPCS[12] code

Billing for service components

Once service components are identified, providers must:

- Meet and document **Medi-Cal service requirements** (e.g., duration, modality, purpose, client response)
- Bill **only reimbursable service components**, not administrative or non-clinical EBP tasks
- Maintain **fidelity to the EBP / CDEP models**

3. Example scenario of how to use the resource guide

Scenario context

Practitioner: A Community Health Worker (CHW) who:

- Supports **parents and caregivers** in learning and applying **Triple P[14] strategies**
- Helps strengthen **classroom to home communication**
- Connects families to **behavioral health resources**

Example scenario: The practitioner must determine how these activities **map to Medi-Cal reimbursable service components to bill for services**

How to use the resource guide[5]

Guidance based on flow chart in Appendix, p. 252 in the EBP & CDEP Resource Guide

A. Verify practitioner qualification for Medi-Cal reimbursement

B. Confirm member eligibility & care delivery setting

C. Match service components to appropriate billing codes

Details on example scenario to follow >>

3A Verify practitioner qualification for Medi-Cal reimbursement

Scenario context

The practitioner…

- Is a **Community Health Worker (CHW)**
- Meets CHW Qualifications and Supervising Provider Requirements as outlined by DHCS[2]

Guidance from resource guide[14] *(Chapter 5, p. 43):*

Verify practitioner type is reimbursable via Medi-Cal

Potential Medi-Cal covered benefits/services

Medi-Cal FFS and MCPs

Eligible providers may use the below CPT/HCPCS codes to reimburse Triple P services if they are one of the following provider types: Physicians or other licensed practitioners of the healing arts within their scope of practice under state law,[5]
Clinical Nurse Specialists, Community Health Workers*, Medical Doctors/Doctors of Osteopathy, Licensed Clinical Social Worker (LCSW), Licensed Professional Clinical Counselor (LPCC), Licensed Marriage and Family Therapist (LMFT), licensed psychologists, Psychiatric Physician Assistant (PA), Psychiatric Nurse Practitioner (NP), or psychiatrist.[4]

* Indicates condition(s) met

Assessment: Member population and school setting align

3B Confirm member eligibility & care delivery setting

Scenario context

The practitioner…

- Delivers services within a **community-based non-profit**
- Works with **parents and caregivers of middle school students** with a behavioral health diagnosis

Guidance from resource guide[14] *(Chapter 5, p. 42):*

Confirm care delivery setting

Care delivery setting and provider qualifications

Triple P is typically conducted in an adoptive home, birth family home, foster/kinship care, hospital, outpatient clinic, community-based agency*/ organization*/provider, group or residential care, school setting, or virtually[5]

Confirm population fit

Population of focus

Triple P is a population-level system of parenting and family support for families with children (aged 0-16 years)* with various levels of engagement* depending on the Family's needs.

Studies on Triple P have demonstrated its effectiveness with families from various racial and ethnic backgrounds (See Section on Relevant, Published Peer-Reviewed Research on the CEBC website)

* Indicates condition(s) met

Assessment: Member population and school setting align

3C Match service components to appropriate billing codes (1 of 2)

Scenario context

The practitioner…

- Delivers **education and training sessions** for **parents and caregivers** in the following formats:
  - **30-minute individual** sessions
  - **2-hour small-group sessions** (2-4 members)

Guidance from resource guide[5] *(Chapter 5, p. 42):*

Match service conditions to billing codes

Positive Parenting Program (Triple P) – Levels 2-4 table on next slide.

To bill using these codes, services provided must align with CHW-covered activities under Medi-Cal. See Appendix for more information on rules for use of specific CPT[11]/HCPCS[12] codes

3C Match service components to appropriate billing codes (2 of 2)

Service components of the model	CPT[11]/HCPCS[12] code (see appendix linked for more info)	CPT[11]/HCPCS[12] code description	Illustrative services provided	CPT[11]/HCPCS[12] code can potentially be used to bill for SMHS (Yes/No)
Psychoeducation (CHWS)[15]	98960*	Education and training for patient self-management, individual*	~30-minute consultation with caregiver in single-session meeting*	Yes
Psychoeducation (CHWS)[15]	98961*	Education and training for patient self-management, group (2-4)*	~2-hour discussion group ~2-hour low-intensity seminar*	Yes
Psychoeducation (CHWS)[15]	98962	Education and training for patient self-management, group (5-8)	~2-hour discussion group ~2-hour low-intensity seminar*	Yes

* Indicates condition(s) met

Assessment: Services offered map to valid Medi-Cal service components under codes 98960 & 98961

DHCS welcomes feedback on the EBP & CDEP Resource Guide

Please email all feedback to **CYBHI@dhcs.ca.gov**

- **Comment period:** December 2, 2025 – January 16, 2026
- **Email subject line:** "Public Comment: EBP and CDEP Resource Guide"
  - Please **site page number, section & chapter** for feedback referring to specific parts of the resource guide

Written comments can also be submitted via SurveyMonkey

Q&A

DHCS
CALIFORNIA DEPARTMENT OF
HEALTH CARE SERVICES

Resources (1 of 2)

1 Children and Youth Behavioral Health Initiative

2 Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment

3 Family First Prevention Services Act

4 Federally Qualified Health Centers

5 Evidence-Based Practices and Community Defined Evidence Practices Resource Guide

6 Substance Abuse and Mental Health Services Administration

7 California Evidence-Based Clearinghouse for Child Welfare

8 A database rating evidence-based programs eligible for Title IV-E funding

9 State Plan Amendments

Resources (2 of 2)

[10] The themes and the chosen EBPs and CDEPs were selected by a DHCS-established public working group of leading experts from academia, government and industry, as well as youth, parents, and relevant community members

[11] Current Procedural Terminology

[12] Healthcare Common Procedure Coding System

[13] Bundled EBPs are limited to EBPs specifically included in BH-CONNECT

[14] Positive Parenting Program

[15] Community Health Worker Services