BHSA UPDATES: FSP

BHSA FSP Information Session

- This session is intended to provide information on the BHSA, updates on changes to MHSA programing outlined in statute, and receive comments and questions

- This is not a planning session. Planning for the 3- year BHSA plan begins in early 2025.

What is the Mental Health Services Act?

The Mental Health Services Act (MHSA) is a California voter initiative passed in November of 2004 that imposed a 1% tax on all personal income.

The MHSA makes up a little more than 25% of the Los Angeles County Department of Mental Health (LACDMH) budget.

- The MHSA allocation can change dramatically year-to-year depending on the economy and State tax revenues.

The MHSA requires LACDMH to fund specific categories of service with MHSA funds: Community Services and Supports (CSS) which includes Full-Service Partnership (FSP), outpatient, linkage, and crisis services; Prevention and Early intervention (PEI), and Innovations (INN).

The MHSA requires LACMDH hold an annual public stakeholder process to develop a three-year plan for use of funds and annual updates.

Los Angeles County Department of Mental Health
FY 24-25 Adopted Budget and Revenues and Funding

Primary Funding Sources:

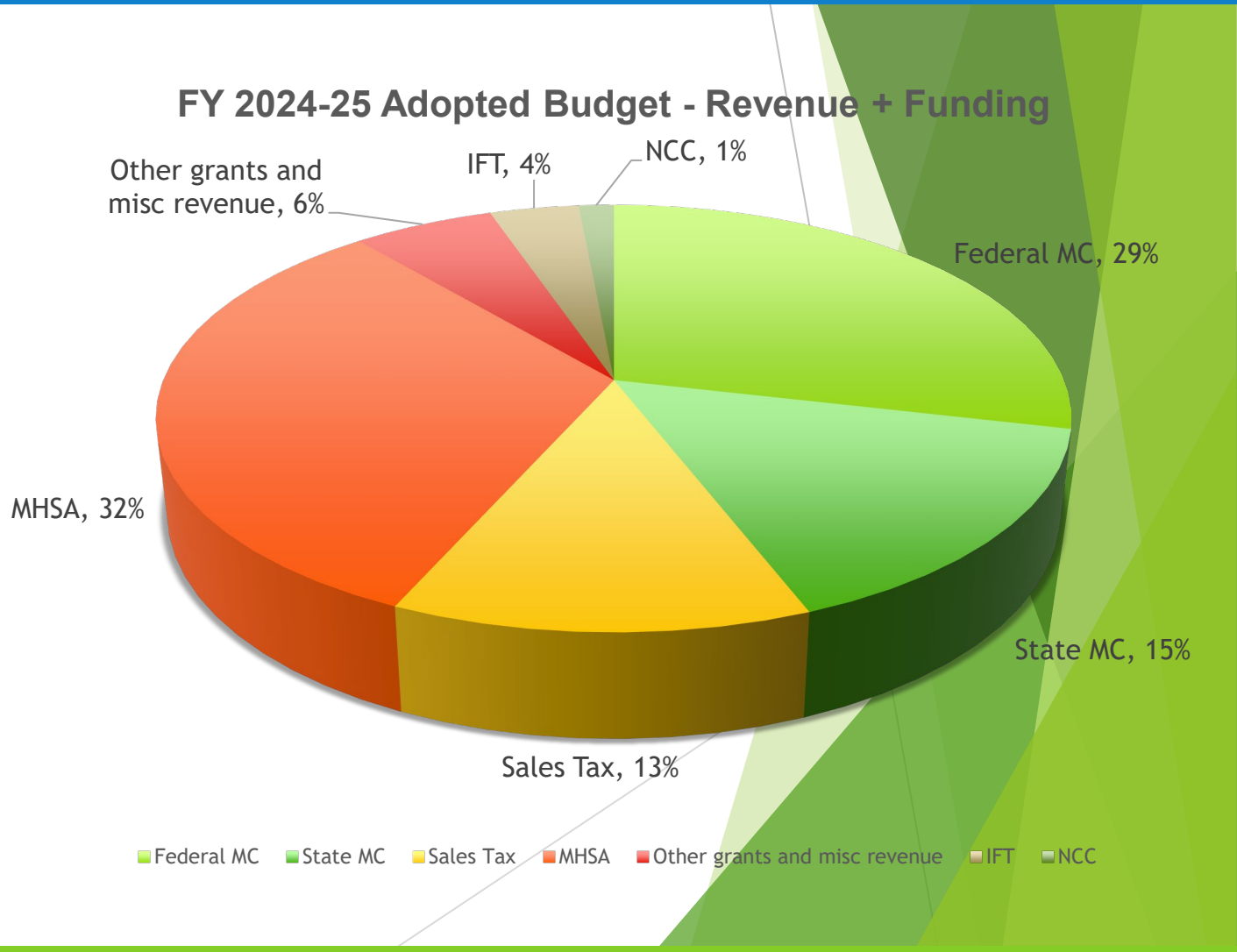
- **44% State and Federal Medi-Cal ($1.81 Billion)**
  Mandated mental health services for eligible clients who meet medical necessity criteria for Medi-Cal.

- **32% MHSA ($1.32 Billion)**
  Outreach, engagement, prevention, outpatient services, housing, capital, technology, workforce enrichment, and projects to mental health innovations.

- **13% Sales Tax Realignment ($512.8 Million)**
  Treatment services in institutional settings, including Probation halls/camps, STRTPs and CTFs for youth and locked mental health treatment beds for adults.

10% Grants and Other Revenues ($394.5 Million)

1% NCC



Behavioral Health Services Act Overview

Makes significant shifts in Mental Health Services Act (MHSA) allocations, impacting funding from core mental health services (Outpatient, Crisis, Linkage) to create a new Behavioral Health Services Act housing category.

Expands the focus of the service categories and the target populations served.

Makes significant shifts in planning and reporting for the Mental Health Services Act/Behavioral Health Services Act.

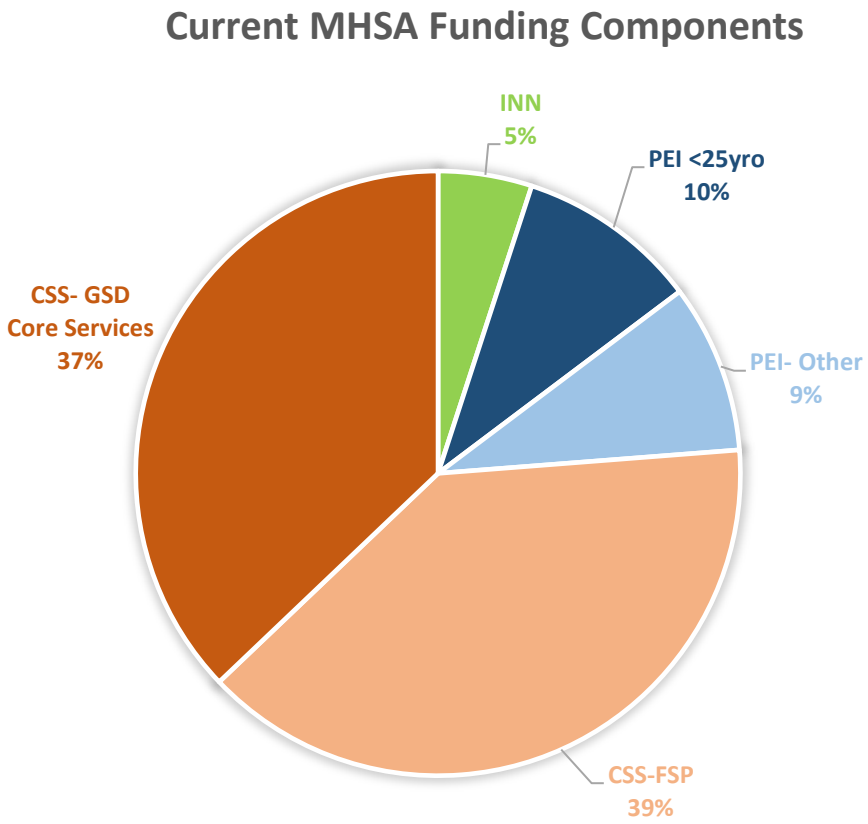
Expands the purview of the Mental Health Commission to include Substance Use Disorder Services.

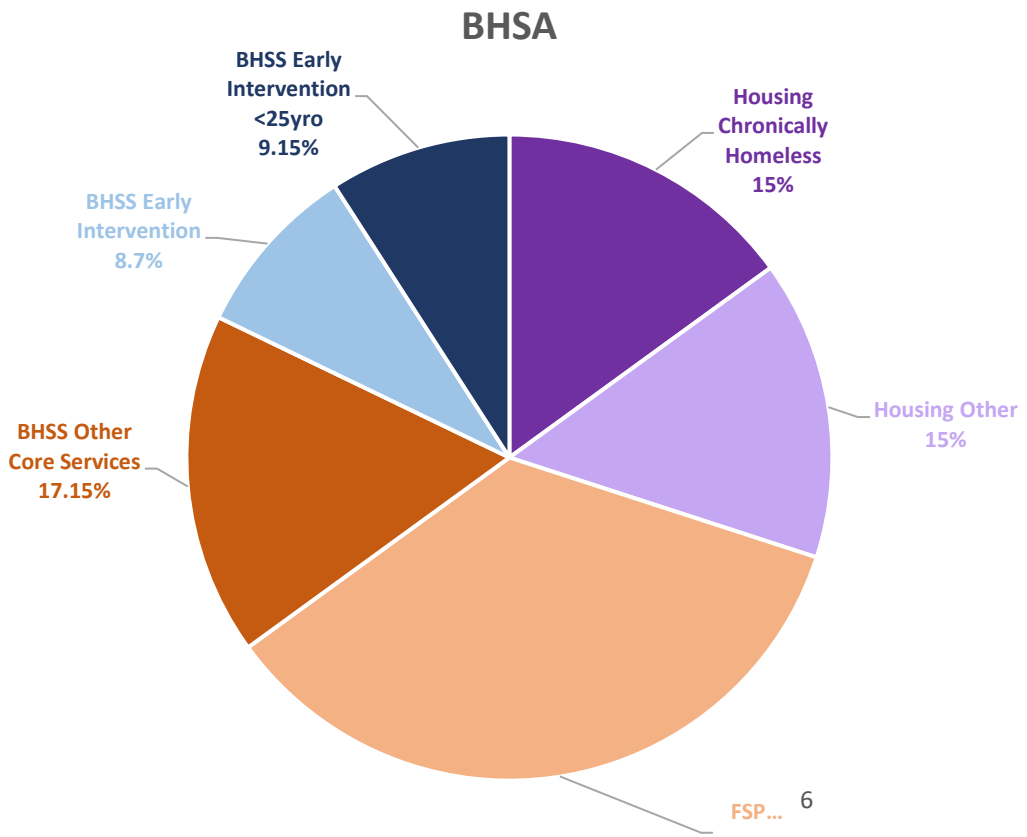
Expands planning and reporting to include Substance Use Disorder Services.

Programmatic changes will begin July 1, 2026. The Community planning process will begin January 2025.

MHSA Components vs. BHSA Categories

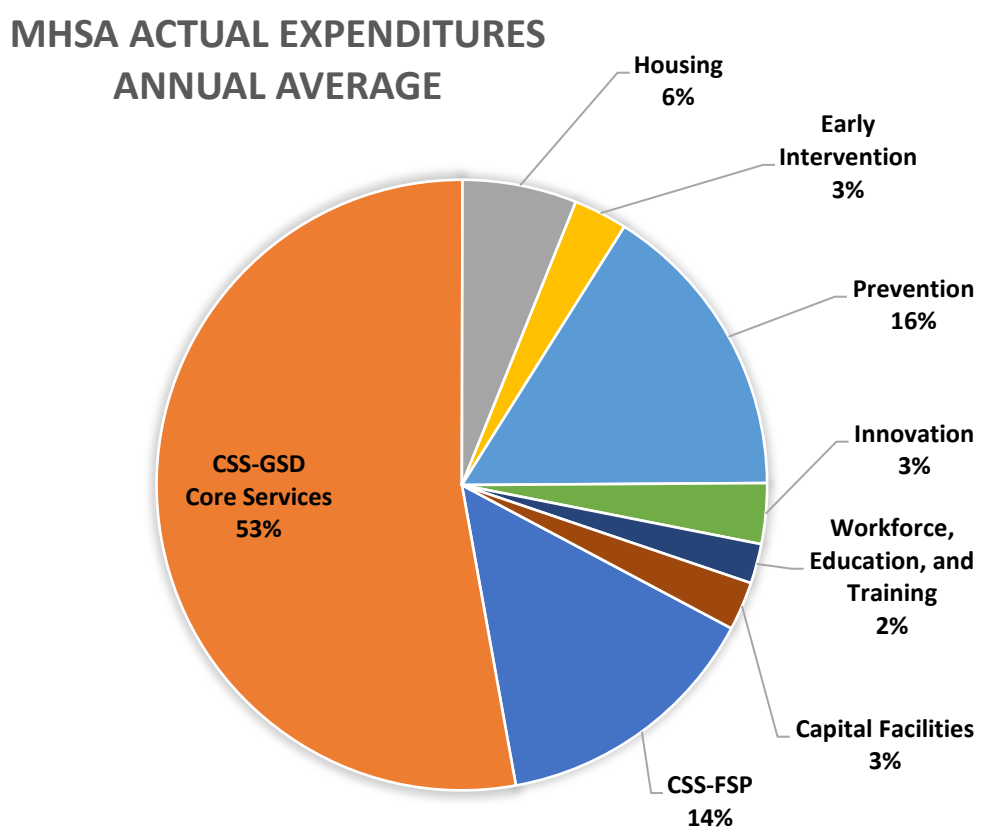
New BHSA Categories Effective July 1, 2026

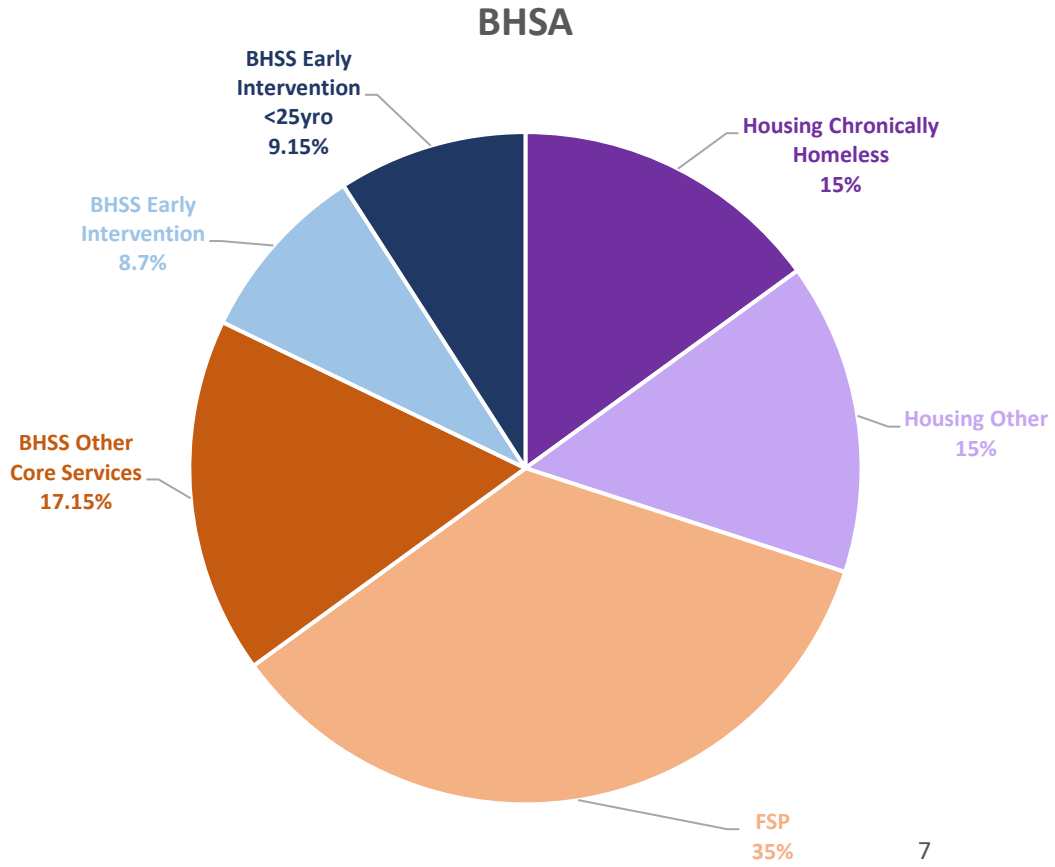




MHSA Actuals vs. BHSA Categories

New BHSA Categories Effective July 1, 2026





Estimated BHSA Expenditure Shifts

BHSA Comparison: Estimated Dollar Impact with State Share

Category	Current Expenditure	Future Allocation	Difference
Full-Service Partnerships	$106,806,000	$196,401,000	$89,595,000
Housing	$44,985,000	$161,329,000	$116,344,000
Early Intervention	$21,103,000	$175,288,000	$154,185,000
Other (Prevention, INN, WET)	$176,969,000	-	($176,969,000)
Core Services (Outpatient, Crisis, Linkage)	$392,393,000	$168,414,000	($223,979,000)
State	$37,113,000	$77,937,000	$40,824,000
Total	$779,369,000	$779,369,000	-

*Based on three-year revenue average FY 20-21 to FY 22-23. Does not reflect shift to prudent reserve or SUD only expenditures.

Planning - Analysis

Planning set to begin early 2025 for FSP and all other programs.

There are no decisions program allocations at this time.

Approximately $10M utilized annually under FSP for housing costs.

Looking at Outpatient population, approximately 18% of adults served in outpatient services had at least one service that would qualify them for an FSP program (recent homelessness or emergency services).

LACDMH is working on categorizing where new funding categories are obvious. Examples include shifting housing costs into Housing and linkage programs serving FSP target populations under FSP.

Programming: Full-Service Partnership

Full-Service Partnership is an intensive field-based outpatient service for clients in all age groups with the greatest clinical needs.

Current Full-Service Partnership Program

LACDMH has Child/Young Adult FSP for individuals ages 0-20, and Adult FSP for individuals ages 21 and over. Services are available in every service area.

Annually, LACDMH serves more than 12,000 people in the FSP program.

Full-Service Partnership Under BHSA

Highest level of adult care will be full fidelity Assertive Community Treatment model (ACT).

Highest level of children/young adult FSP will be high fidelity Wraparound.

DMH will be developing lower levels of FSP, the State will determine the final levels of care within FSP.

First transitions will be internal with the Veterans teams and Linkage teams in the coming year.

- Will be working with some Directly Operated Clinics to initiate a lower level of FSP.

DMH will engage providers in workgroups around FSP levels of care and use of Level of Care tools.

Full-Service Partnership Slots

	General Adult Slot Allocation	General Child/YA Slot Allocation
SA1	540	103
SA2	1025	386
SA3	985	375
SA4	1852	456
SA5	784	36
SA6	1297	531
SA7	775	390
SA8	1574	361
CW	294	15
Total	9126	2653

Other FSP Programs	
	Slot Allocation
AOT	300
IFCCS	500
WRAP	520

Child/Young Adult FSP Today

- Child/Young Adult Full-Service Partnership (FSP) program provides comprehensive intensive mental health services for child/young adults who have a Serious Emotional Disturbance (SED) and their families in their homes and communities.
- Child/YA FSP clients and their families often have co-existing conditions, such as trauma, substance use, homelessness, and involvement with the judicial and/or child welfare systems. FSP Service providers partner with clients and families to develop and accomplish individualized goals that are important to their health, wellbeing, safety, and stability.
- Child/Young Adult FSP services include but are not limited to individual and family counseling, 24/7 assessment and crisis services, Intensive Care Coordination (ICC), and Intensive Home-Based Services (IHBS). The intent of these services is to help clients and their families increase their ability to function at optimal levels.

Adult Full-Service Partnership Today

Population Served: Adults 21yro+ with SMI and, part of one or all, of the focal populations below:

- Homeless
- High Utilizer of Psychiatric Hospitals
- Acute Mental Health Needs
- Justice-Involved

Acuity Level: Severe/High, Voluntary Treatment

Service Location: Field/Homes/Community

Services: Specialty Mental Health Services, 24/7 crisis response

Adult FSP services address the needs of individuals who cannot be served in regular outpatient because functional impairment or they are unable or unwilling to access services in a clinic, and present with far higher service and service coordination needs than available in a traditional outpatient setting

2021: The MHSA FSP Transformation

- Challenges:
  - Access challenges:
    - Specialty programs reached capacity, created barriers to access and less than optimal service/funding utilization
  - Providers voiced challenges serving this intensive population at a 1:15 ratio
  - Recruitment, hiring, and staff retention challenges resulted in programs unable to fill to capacity which was exacerbated by the pandemic
  - Inconsistent quality levels among providers in different programs
  - Inconsistent monitoring across specialty and general programs, as specialty programs were overseen by separate administrations

2021 FSP MHSA Transformation Outcomes

- Improved access and resource utilization
  - Flexible capacity ensured providers were able to take FSP clients using any of their slots and could triage according to acuity
  - Combined programming meant shared resources and staffing for contractors with multiple programs
    - Four age groups (Child, TAY, Adult, and OA) were merged into two groups (Child/YA and Adult)
- Implemented new staffing/caseload ratio of 10:1 (client:staff)
- Developed accountability metrics that are less focused on compliance and more focused on incentivizing achieving client outcomes
  - Provided monetary incentives for the enrollment and retention in FSP of those clients with the greatest needs, who may be hardest to reach and treat
  - Provided additional monetary incentives for improved outcomes including reductions in homelessness, justice involvement, and hospitalizations
- Funding multidisciplinary teams by setting a staffing pattern inclusive of clinicians and peers
- DMH has implemented a virtual site visit monitoring and technical assistance protocol to review model fidelity, including staffing patterns and review enrolled individuals for ongoing needs or potential graduation

FSP Transformation Outcome: Competency Improvement through Training FSP and HOME Staff

Topic Area	All PMHP Trainings		Trainings Focused on the Needs of the Unhoused	
	# of Trainings	# of Hours	# of Trainings (% of Topic Area)	# of Hours
Co-occurring Disorders	78	278.25	29 (37%)	141
Continuous Quality Improvement for FSP Teams	305	352.25	4 (1%)	25.5
Crisis & Safety Intervention	125	506.5	38 (30%)	83.5
Cultural Humility	89	310.5	34 (38%)	170
Ethical Issues	24	57	16 (67%)	36
Everyday Functioning	33	41	19 (58%)	19
Manualized Evidence-based Practices	207	563.75	66 (32%)	298
Persistent & Committed Engagement	36	64	5 (14%)	11
Person Centeredness	78	268	35 (45%)	175
Provider Wellbeing	140	221	26 (19%)	118
Psychiatric Disorders & Symptoms	80	329	18 (23%)	34
Service Delivery Skills	100	141	9 (9%)	26
Team-based Clinical Services	174	291.5	23 (13%)	106
Trauma	46	290.5	29 (63%)	60.5
Whole Person Care	27	118.5	6 (22%)	20.5

- Since 2019, in partnership with UCLA, DMH has provided 1,571 trainings to a cumulative 55,180 FSP and HOME providers
- Since October 2021, 3,421 unique FSP providers have accessed training content
- Trainings are intended to develop skills working with the special needs of those who are unhoused, justice involved or have a hospitalization history
- This includes an ”Intensive Engagement for Field-Based Practice Learning Pathway” which includes 60 hours of training for providers over a 12 month period.

Current DMH Service Continuum

Program Name	Target Population	Acuity Level	How and Where Services are Delivered	Percent on Average Experiencing Homelessness	Clients Served Per Year	Caseload Ratio	Funding Source	Contracted or Directly Operated?	If Client Acuity Rises, Transition to…	If Client Acuity Improves, Transition to…
Interim Housing Outreach Program (IHOP)	Temporary sheltered adults with Severe Mental Illness (SMI)	Severe Mental Illness (SMI) with Moderate to High Severity of Symptoms and Impact on Functioning	Services come to client in the Interim Housing Setting	100%, but temporarily housed in interim housing	2,000 (expected)	1:40	MHSA-INN	DO	Full-Service Partnership, Inpatient	Outpatient
Homeless Outreach Mobile Engagement (HOME)	Unsheltered adults with SMI and are refusing services	SMI with Very High Severity of Symptoms and Impact on Functioning	Services come to the client (on the street)	100% unsheltered upon entry	2,106 (FY 23-24)	1:10 – 1:15	MHSA - Linkage	DO	Inpatient, long term residential, conservatorship	FSP, Outpatient
Full-Service Partnership (FSP)	Adults with SMI and a recent history of homelessness, justice involvement, and hospitalization. Children and youth with SED and justice involvement hospitalization, and/or child welfare involvement	SMI or Severe Emotional Disturbance (SED) with High Severity of Symptoms and Impact on Functioning	Mixed – client comes to clinic, but services also come to client	Over 50% upon entry	12,945 (FY 22-23)	1:10-1:15	MHSA – CSS/FSP	Both	Inpatient, long term residential	Outpatient
Outpatient	Adults with SMI and Children and Youth with SED	SMI or SED with Moderate Severity of Symptoms and Impact on Functioning	Client comes to clinic	15% identified with homelessness over the course of FY 22-23	121,553 (FY 22-23)	1:150 to 1:200	MHSA CSS	Both	Full-Service Partnership, Inpatient	Refer to Managed Care or Recovery Completed

BHSA Full Service Partnership Child and Adult

Each county shall establish and administer a full-service partnership program that include the following services:

1. Mental health services, supportive services, and **substance use disorder treatment services**
2. **Assertive Community Treatment and Forensic Assertive Community Treatment fidelity, Individual Placement and Support model of Supported Employment, high fidelity wraparound, or other evidence-based services and treatment models, as specified by the State Department if Health Care Services (DHCS).**
3. **Assertive field-based initiation of for substance use disorder treatment services, including the provision of medications for addiction treatment, as specified by the State Department of Health Care Services**
4. Outpatient behavioral health services, either clinic or field based, necessary for the ongoing evaluation and stabilization of an enrolled individual
5. Ongoing engagement services necessary to maintain enrolled individuals in their treatment plan include of clinical and nonclinical services, including services to support maintaining housing
6. Housing interventions
7. **FSPs shall employ community-defined evidence practices, as specified by the State Department of Health Care Services**

BHSA Full-Service Partnership

- Full-service partnership services shall support the individual in the recovery process, reduce health disparities, and be provided for the length of time identified during the service planning process
- **Full-service partnership programs shall have an establish standard of care with levels based on an individual's acuity and criteria for step-down into the least intensive level of care, as specified by the State Department of Health Care Services**
- The clinical record of each client participating in a full-service partnership program shall describe all services identified during the service planning process

Who is eligible for Full-Service Partnership? Guidelines for Child FSP Services

- Includes children and youth 25 years or younger including early childhood or transition age youth who do either have Serious Emotional Disturbance or have a substance use disorder
- Eligible children and youth are not required to be enrolled in the Medi-Cal program
- Priorities include eligible children and youth who are chronically homeless or experiencing homelessness or at risk of homelessness, are in, or at risk of being in the juvenile justice system, are re-entering the community from a youth correction al facility, are in the child welfare system, and/or at risk of institutionalization

Who is eligible for Full-Service Partnership? Adult Guidelines

- Includes Adults and older adults who meet the priority population criteria specified in the BHSA and other criteria as specified by the State Department of Health Care Services
- Eligible adults and older adults means persons who are 26 or older who have serious persistent mental illness and/or have a substance use disorder
- Eligible adults and older adults are not required to be enrolled in the Medi-Cal program
- Prioritization for individuals who are chronically homeless or experiencing homelessness, or at risk of homelessness, and/or are in, or at risk of being in the justice system, and/or are re-entering the community from prison or jail, and/or at risk of conservatorship , and/or are at risk of institutionalization

PROPOSED SERVICE CONTINUUM UNDER BHSA*

Program Name	Target Population	Acuity Level	How and Where Services are Delivered	Percent on Average Experiencing Homelessness	Caseload Ratio	Funding Source	Contracted or Directly Operated?	If Client Acuity Rises, Transition to…	If Client Acuity Improves, Transition to…
Interim Housing Outreach Program (IHOP)	Temporary sheltered adults with SMI	SMI, Moderate to High Severity of Symptoms and Impact on Functioning	Full mental health services delivered on-site at the interim housing placement	100%, but temporarily housed in interim housing	1:40	MHSA-INN, then BHSS FSP	DO	ACT, Full-Service Partnership 1 or 2, Inpatient	FSP 2 or Outpatient
Homeless Outreach Mobile Engagement (HOME)	Unsheltered adults with Severe Mental Illness (SMI) and are refusing services	SMI with Very High Severity of Symptoms and Impact on Functioning	Services are delivered on the street, or wherever the client is at	100%, and unsheltered	1:10-1:15	BHSS FSP	DO	Inpatient, long term residential, conservatorship	ACT, FSP 2 or 3, Outpatient
Assertive Community Treatment (ACT)	Adults with SMI and significant history of homelessness, justice involvement, and hospitalization.	SMI with Very High Severity of Symptoms and Impact on Functioning	Services are 100% in the field	Newly Proposed Program, expect well over 50%	1:10	BHSS FSP	Both	Inpatient, long term residential, conservatorship	FSP 2 or 3
Forensic Assertive Community Treatment (FACT)	Adults with SMI and a significant history of justice involvement	SMI with Very High Severity of Symptoms and Impact on Functioning	Services are 100% in the field	Newly Proposed Program, may depend on post forensic placement	1:10	BHSS FSP	Both	Inpatient, long term residential, conservatorship	FSP 2 or 3
FSP 2	Adults with SMI and recent history of homelessness, and/or justice involvement, and/or hospitalization. Children and youth Severe Emotional Disturbance and with justice involvement hospitalization, or and child welfare involvement	SMI or SED with High Severity of Symptoms and Impact on Functioning	Majority of services in the field	Newly Proposed Program, expect well over 50% upon entry	Proposed 1:15-1:20	BHSS FSP	Both	ACT	FSP 3 or Outpatient
Proposed FSP 3 (in discussion at State level)	Adults with SMI and a recent history of homelessness, justice involvement, and hospitalization. Children and youth with SED and justice involvement hospitalization, and child welfare involvement	SMI or SED with Moderate Severity of Symptoms and Impact on Functioning	Depending on client need. Guideline to be developed	Newly Proposed Program, expected percentage to be developed	>1:20, TBD, expected to be more than FSP 2 and less than outpatient	BHSS FSP	Both	FSP 2 or ACT	Outpatient
Outpatient	Adults with Severe Mental Illness (SMI) and Children and Youth with Severe Emotional Disturbance (SED)	SMI or SED with Moderate Severity of Symptoms and Impact on Functioning	Client comes to clinic	15% identified with homelessness over the course of FY 22-23	>1:150, BHSA impact assessment needed	BHSS	Both	Full-Service Partnership 2 or 3, Inpatient	Refer to Managed Care or Recovery Completed

**ACT and lower levels of FSP are planned to be implemented prior to the official BHSA Implementation date in July of 2026*

Adult Full-Service Partnership and ACT – Proposed Future

- **FSP lower levels of care and IHOP will address the gap in services between HOME and FSP and FSP and Outpatient Care Services**
  - Providers may have all three levels of FSP within their single FSP program.
  - Lower level FSP will serve individuals who do not need HOME level services, do not qualify for traditional FSP services, but still need field based intensive services
  - IHOP will focus on providing service to individuals in Interim Housing sites and/or reconnect them with their provider
- Training for all ACT and FSP staff is a requirement. LACDMH will implement State required guidelines, but can also make our local curriculum mandatory for new ACT providers
- ACT model fidelity will be determined by an outside state funded entity. Individual providers must be ACT certified to deliver ACT services
- **Other programs that serve FSP eligible clients and may be funded using FSP Category funds:**
  - HOME, IHOP, Veterans Peer Action Network, Housing Supportive Services Program

ACT and FSP Proposed Future: Adult Full-Service Partnership 3.0

- BHSA has an increased requirement for program reporting which the Department will implement.
  - Consistent contract monitoring is critical
- Solicitation for ACT and Re-solicitation for FSP and Lower Levels of FSP the Department is expected to:
  - Ensure consistent provider quality and accountability through clear SOW language, program reviews, and increased training.
  - Creates the opportunity for new FSP providers
  - Identify providers with substantial experience serving the unhoused and justice involved populations
  - Include expectations for training and team competence

What's Next

- Clarity needed from the Department of Health Care services for established FSP Guidelines
- Stay up to date with DHCS Webinars: https://www.dhcs.ca.gov/BHT/Pages/Stakeholder-Engagement.aspx
- DMH will provide updates as needed until planning sessions begin
- BHSA Community planning kicks off in March 2025
- First sessions will be orientation to BHSA and the Needs Assessment