

## DEPARTMENT OF MENTAL HEALTH – COMMUNITY PLANNING TEAM

CPT Member/Stakeholder Questions

Friday, September 27, 2024

### Frequently Asked Questions (FAQ) for the BHSA Regulations for Housing

The following are questions, comments and/or recommendations from the DMH Community Planning Team members and stakeholders who attended the virtual meeting on Friday, September 27, 2024. This document will be developed as a frequently asked questions (FAQ) regarding the presentation on the BHSA Regulations for Housing.

#### BHSA

1. What are Specialty Services?

- Response: Specialty mental health services are the services that DMH provides. It includes individual and group therapy, crisis intervention, medication support, case management, so that's kind of our typical suite of services. Currently, we do provide specialty mental health services to people living in permanent supportive housing. We have a program called Housing Supportive Services Program (HSSP) and we provide onsite mental health services to people living in permanent supportive housing. We will continue to provide those services; they just can't be part of the 30% housing funding. It will have to come out of the other buckets.

2. Regarding housing after incarceration/hospitalization, will there be collaboration with Regional Centers for those with co-occurring developmental disabilities?

- Response: Our department already works with the regional centers for people who have co-occurring mental health and developmental disabilities. Under BHSA we will continue to do that. If we need to strengthen this coordination around targeting people that are leaving incarceration or hospitalization and have co-occurring mental health and development disabilities, then we will talk about what the need is and figure out how we can make sure we are meeting those needs. Perhaps, if it is a gap and we do not see it is because we do not work in that area, we can identify that gap and figure out how to better meet the needs of that population.

3. What are the definitions and criteria guidelines that are changing for housing? E.g. Chronic Homelessness, etc.

- Response: We discussed the main change and that is the definition that HUD has of chronic homelessness. The state is modifying the definition of chronic homelessness to indicate that people are considered chronically homeless if they have a total of 365 days of homelessness over the last three years. This also includes changing the definition so that if an individual is leaving an institution such as a hospital or a jail that they can be considered chronically homeless if they are in the institution for more than 90 days, if they were homeless prior to entering the institution and will be homeless upon release. There might be other changes as well as guidance progresses. We will send out the link to the document where this definition is modified so people can read it, but that was the main change in the definition of homelessness or chronic homelessness discussed.

4. How will Measure A affect fund categories if passed?

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- Response: Measure A is a 0.5% sales tax on goods sold in Los Angeles County to support affordable housing, increase rental assistance, increase mental health and addiction treatment, reduce and prevent homelessness and provide services for children, families, veterans, domestic violence survivors, seniors, and disabled people experiencing homelessness. Measure A will repeal Measure H and provides ongoing support for housing solutions. This will not change any of the funding categories that were created through Prop 1 and will not directly impact BHSA funding. This is an additional funding source that the department will leverage to assist clients with housing and support.
5. Question about referring to HEAL program: Are referral sources limited to open DMH cases? If so, will clients who have transitioned to community-based providers such as UCLA or USC Keck Center be excluded?
- Response: The HEAL program which was mentioned came out of a recommendation supported through DMH's stakeholder process last year which was to support people that are living in licensed residential care facilities who have increased their stability and want to move out into more independent living settings such as an apartment, but they can't afford to do so without a subsidy. Before the HEAL program, it was challenging for clients to transition to a lower level of care since they did not meet homeless criteria, and therefore did not qualify for most subsidies however were unable to afford independent housing without a subsidy. The program is available to clients that are being served by DMH, either by directly operated or contracted agencies. The staff that are working with them, typically the case managers would be the eligible party to refer someone to this program. The case manager would be responsible for talking to their client and learning that they want to take advantage of this housing resource as well as assessing whether their client is stable enough to manage their own care needs in an independent housing setting. If UCLA and USC are DMH contractors and are providing ongoing mental health services to the client, then they would be eligible to refer their clients. If not, then they wouldn't be eligible to make referrals. This is to ensure that clients who are referred to independent housing resources are adequately supported in their transition to permanent housing.
6. Will the funding go to mental health agencies, or will the housing funds be filtered through the existing housing lead agencies?
- Response: A lot still must be figured out. DMH will have a planning process that will be used to guide expansion of housing resources and where the funding will be allocated. Right now, our FSP programs, as an example, do have the ability to use some of their funding to support their clients in housing. For FSPs, one of the things we are understanding right now is that the way that they want to split up the funding is any housing expenses for FSP clients will come out of the housing bucket. Currently we know housing and housing support will continue to be paid for and it will come out of that housing side which helps us a little bit which gives us a little more funding for FSP services.

### BOND FUNDING

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1. Has DMH clarified your process for determining who will get support letters for the BHCIP applications? These letters are required for an application.
  - Response: DMH has included a Letter of Support (LOS) dropdown on the DMH/DPH BHCIP webpage that includes County LOS information. LA County Behavioral Health Continuum Infrastructure Program Webpage: <https://dmh.lacounty.gov/bhcip/>
  - Action Item: The department will send out the webinar link and the FAQs.
2. Please define Social Rehab Facilities and the specific services that should be considered.
  - Response: A Social Rehab Facility is a facility that provides 24-hour-a-day nonmedical care and supervision in a group setting to adults recovering from mental illness who temporarily need assistance guidance or counseling. These facilities must be licensed. These facilities are meant to provide a homelike environment with 16 beds or fewer. Social rehabilitation is a person-centered approach that focuses on creating opportunities for growth and healing with a goal of helping people to reach healthy levels of social and vocational success. In the BHCIP RFA, DHCS included these as eligible facility types. For more specifics they will need to reach out to the state: [bondbhcipround1@ahpnet.com](mailto:bondbhcipround1@ahpnet.com)
3. Who is the county partnering with for BHCIP round one funding?
  - Response: This has not been determined yet.
4. Will State-licensed ARFs and RCFEs be eligible for Round 2 BHCIP Funding, under Unmet Needs?
  - Response: Eligible facility types have not yet been released for Round 2.
5. Where can I find the State Public comment for Homekey+? I have been a participant in Project Homekey for 17 months before being exited out back to street homelessness.
  - Response: HomeKey: Homekey+ Draft Guidelines PDF: [https://www.gov.ca.gov/wp-content/uploads/2024/09/20240919\\_Homekey-Plus\\_Draft-Guidelines.pdf](https://www.gov.ca.gov/wp-content/uploads/2024/09/20240919_Homekey-Plus_Draft-Guidelines.pdf)
6. Would operational funding be provided by County Mental Health Plan or developer? Or could it be both?
  - Response: The bond funding will be used for the capital development of permanent supportive housing. The operational funding is the funding that makes the housing affordable. Basically, if the developer wants to apply for the funding to build housing, they must identify the source of their operational funding. Operational funding could be provided by the County, or it could be from the housing authority. It is also possible that developers that already have a subsidy from the housing authority committed to the project could apply for gap funding. Operational funding could be provided by many different sources. Regardless of the source, one of the requirements to be eligible to apply for capital funding is that they have an operational subsidy in order to ensure the housing that the developer provides will remain affordable.
7. What is the process by which agencies get a support letter from the County to apply for BHCIP?

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- Response: The department has included a LOS dropdown on the DMH/DPH BHCIP webpage that includes County LOS information. LA County Behavioral Health Continuum Infrastructure Program Webpage: <https://dmh.lacounty.gov/bhcip/>

#### BH-CONNECT

8. What type of significant modifications would ARF/RCFE facilities need to make to qualify for the BH-Connect Project? Also, who covers the client's room and board after six months?
  - Response: According to the State's BH Connect guidance that has been released to date, any housing that is funded must reflect core principles of self-determination, purpose, belonging, inclusivity by ensuring services and settings are voluntary, high-quality, accessible and equity anchored. It also indicates the physical environment must be consistent with therapeutic goals through its furnishings, decorations, physical spaces, welcoming environment, people must have privacy, choice, and freedom of movement. The guidance also indicates that the residents need to have access to core clinical services. The messaging is saying that many licensed residential facilities don't have those things and would need to have an environment as described above in order to apply. Those are assumptions that the State is making so that might not be true for all ARFs and RCFEs. But we'll send out the BH-connect and if you're interested, you can read more.
9. How are you addressing the IMD (sub-acute/locked) issue with a 94-bed program? [Not getting BH-Connect for this project and not considered IMD.]
  - Response: Under BH-connect from what we know, the program would need to look like the one that we have in Hollywood 2.0 at a 94-bed facility that we have funded to create an environment that is more enriched. An IMD is an institute for mental disease also known as sub-acute and is often a locked facility. The settings through BH-Connect would not be IMDs and would not be locked facilities. Through BH-connect the State has identified that they are only going to fund facilities that have 16 beds or less, so even though the program design is similar to what BH-Connect describes, the facility in Hollywood 2.0 would not be eligible for funds through BH-Connect due to having 94- beds. We are not getting BH-connect funding for this program and instead we use MHSA Innovations funding to support this project.

#### TRANSITIONAL RENT

10. Can individuals be allowed to live in housing if they agree to mental health treatment? Is housing also provided where homeless individuals can live together with their families? Wouldn't living together with family be beneficial for mental health recovery?
  - Response: The State has emphasized that in order to use transitional rent, you have to adopt a housing first practice meaning that you can't have requirements in place for clients as a condition to help them with housing. In order to qualify for transitional rent however, people do have to be a member of the managed care plan because they're the ones funding it, but as long as a client is enrolled with a managed care plan and meets the eligibility criteria for the program, there are no additional requirements to access transitional rent. This means that clients cannot be required to receive mental health services in order to

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access the resource. There are also other categories outside of mental health that could make a client eligible for this resource. For example, they could have a physical health issue. Housing resources are available if there is a person within the household that qualifies for the resource. For this program, a family could all be adults or it could be an adult with minor children. We do not want to break up a family just so they can move into housing. An example of a housing resource where it wouldn't include the whole family would be an interim housing bed for single adults. However, we have family shelters where the whole family unit can be in the shelter together. We want to keep families together.

11. Are the various Medi-Cal benefits accessible by "all" Medi-Cal members? Or are California only Medi-Cal members excluded? Do California Medi-Cal members not have MCP (managed care plans)?

- Response: For transitional rent, people do have to be enrolled in Medi-Cal through a managed care plan, such as LA Care or Health Net. Transitional Rent will be optional for the health plans to implement starting January 2025. One thing that we're aware of is that as of January 2024, according to the State anybody who's eligible for Medi-Cal is eligible regardless of immigration status. We want to establish that anybody who meets Medi-Cal criteria would qualify. This question is for individuals who have what we refer to as straight Medi-Cal or that it's not assigned to a managed care plan. Right now, we don't have the specific answer to that. We can ask and determine how these benefits will be managed. When a benefit is identified, it should be available to all Medi-Cal recipients. For individuals who don't have an assigned managed care plan, that's where we would have to go back and get more information on.
- Medi-Cal application information:  
<https://www.coveredca.com/learning-center/information-for-immigrants/#:~:text=Everyone%20Can%20Apply,regardless%20of%20their%20immigration%20status.>

12. Will ICMS (intensive case management service) programs have access to the transitional rent through CalAIM?

- Response: While one of the eligibility criteria for transitional rent is FSP enrollment, this is not the only way for a client to qualify for this resource. ICMS is a program funded by the Department of Health services Housing for Health. The question is will ICMS programs have access to transitional rent through Cal Aim. Again, I think we must see how the health plans roll this out. I do know that ICMS is funded already through the health plans under Community Supports and that money flows through the contracts that DHS has with the managed care plans, so I imagine that the ICMS programs will probably in some ways have access to link clients to transitional rent. The ICMS funded agencies might also have a direct contract with the managed care plans. If DHS partners with the managed care plans under Community Supports to administer Transitional Rent, I suspect the ICMS agencies will be able to access Transitional Rent.

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13. How is 'support' paid for in permanent supportive housing?
  - Response: The support part of permanent supportive housing is the services provided to people that live in permanent supportive housing. The model in LA is that all clients in permanent supportive housing are offered ICMS services which are typically funded through Department of Health Services (DHS). So that's one type of housing case management support. Specialty mental health services are provided to those who qualify and voluntarily engage, through our DMH housing supportive services program (HSSP). Also, the Department of Public Health-Substance Abuse Prevention and Control (DPH-SAPC) provides substance use assessment and linkage services through their Client Engagement and Navigation Services (CENS).
  
14. Is there any oversight mechanism to ensure people with serious mental illness continue to receive adequate care and support after transition to BHSA?
  - Response: There is a lot to figure out about partnerships. If they get the transitional rent benefit, the FSP will continue to serve them, and I imagine that it would be true for any of our outpatient programs that we're going to keep serving the client regardless of who is subsidizing their housing. If there are people that get transitional rent that aren't connected to DMH, then, there are many pathways into DMH to get linked to our services.
  
15. Will clients be encouraged to enroll in Medi-Cal managed care to receive rent support?
  - Response: At DMH and in the homeless service system we already have a goal to help people get access to any benefits that they qualify for. We should already be helping clients get access to Medi-Cal. This is another reason we need to help anyone who is potentially eligible for Medi-Cal apply.

### OTHER QUESTIONS

1. How are you going to get data which indicates what programs work best for our communities?
  - Response: Whenever we do planning, we absolutely want to bring data in to figure out what we know about the services we've provided, what we know about the identified gaps and how we can fill them and knowing what programs work is very important. During the October CPT meeting which will be on a Tuesday and in person, I am going to be presenting on housing data, and we just finished our presentation that we are doing. We did the most in-depth analysis that we've done on our housing data and who we serve including demographics and outcome data. This will help provide some information, not the totality of information that we need, but I think that will start the conversation and we want to bring in other data sources that we have from other communities and other groups. I think it is important to understand what works best in different communities. We don't have the totality of the data. We will need other people to bring in data too just like we've done in the past. Stay tuned for that meeting and hopefully you can join, and we'll talk about DMH's housing programs and data we have on those programs.

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2. What would be the participation of CBOs in this part of the funding? Will community outreach be involved?
  - Response: At DMH, a lot of our funding is in contracts with community-based organizations and there are also CBOs that we partner with. As an example, the ICMS partners. We work very closely and collaborate with CBOs, many of which are DMH contractors and some that are not. I think we've talked about many different housing types and many resources they're providing that we rely on. Without CBOs we would not have a complete network, and we do intend to keep partnering and figuring out with BHSA if there are opportunities to form more partnerships. In terms of community outreach, there are different types of outreach that can be considered community outreach. Whether it is outreach to CBOs or outreach to other people in the community about MH resources – DMH does both. But I would say yes to all the above that community outreach will be involved.
  
3. Regarding the requirement to spend 30% of BHSA funds on housing, are there any details about what will be modified and/or cut to make this shift?
  - Response: This question will be figured out during the planning process. I would say if you ask Dr. Wong our director, she would say her goal would be to ensure there are no cuts to services. That said, we have not made any decisions yet. We can't make any decisions around what we're going to do with programs, what's going to move, what might go away until we have the full set of regulations from the state that tell us what these different components of BHSA can pay for. From there, our goal is to engage the stakeholder group around some principles and criteria when thinking about how we make decisions about programming.
  
4. How can we ensure that these housing and/or other funds have a simple process and not with a bias, bureaucratic system, eligibility and consumer friendly and easy to understand?
  - Response: It is always our goal for the resources that we provide to be as consumer friendly and easy to understand as possible, however this is an ongoing challenge with so many varied resources. There are a few things we do to ensure that resources are distributed without bias and based on the needs in the community, including engaging with stakeholders and using the data to determine where we need to fill gaps. In terms of accessing resources, most of the permanent supportive housing resources within the County are matched through the Coordinated Entry System, which was designed to ensure that clients are matched to the most appropriate housing resources in an unbiased manner. In addition, teams at DMH are always working to advocate for the needs of the clients that we serve and to make sure case managers are well trained in how to assist clients to access the resources that exist.
  
5. Who is the contact to help find the right program for an unhoused person in SA1? (connected to BHSA #2-3)
  - Response: Every service area has a lead agency that oversees outreach and the system we use to help people get matched to housing.  
<https://www.lahsa.org/ces/home/accessingces/>

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LAHSA also has a list of Access Centers for each service area which would be one way to help someone get started in finding the right program. Here is a link to the Access Centers Countywide. <https://www.lahsa.org/documents?id=2760-ces-access-center-directory.pdf>

6. Can we have the webinar for BHCIP sent to us?

- Response:

### GENERAL REQUESTS/RECOMMENDATIONS

1. Can the department create a simple flow chart of yes & no questions for the public to help them to understand if they qualify or not and options to call, email text, etc. either housing or/other services just food for thought?

- Response: Thank you for the suggestion. We will look into developing this.

2. How do CBOs get into a partnership with the department?

- Response: Reaching out to the Service Area Chiefs would be an important place to start.

3. How can CBOs become part of the Program Based Voucher system if we have housing and if we already have a program?

- Response: PBVs are administered by the Housing Authorities.

4. Is the data updated on DMH website? Does the public have access to the Dashboard?

- Response: Up to date housing program information should be available through the DMH website at [Housing - Department of Mental Health \(lacounty.gov\)](https://www.lacounty.gov/housing). We will post our housing data that will be presented on October 8, 2024, on the DMH website.

### COMMITMENTS

1. The department will develop and provide FAQ based on the BHSA sessions.

2. The department will provide digital copies of the presentation slides.

3. The department will provide links for:

- BH Connect: [The California Behavioral Health Community-Based Continuum Demonstration](#)
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- HomeKey: Homekey+ Draft Guidelines PDF: [https://www.gov.ca.gov/wp-content/uploads/2024/09/20240919\\_Homekey-Plus\\_Draft-Guidelines.pdf](https://www.gov.ca.gov/wp-content/uploads/2024/09/20240919_Homekey-Plus_Draft-Guidelines.pdf)
- Links to meeting materials: **Meeting Link and Materials:** [MHSA Announcements - Department of Mental Health \(lacounty.gov\)](#)



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- e. MHSa List Serv Sign Up:  
[https://public.govdelivery.com/accounts/CALACOUNTY/subscriber/new?topic\\_id=CALACOUNTY\\_2952](https://public.govdelivery.com/accounts/CALACOUNTY/subscriber/new?topic_id=CALACOUNTY_2952)
  
- f. Medi-Cal application info: <https://www.coveredca.com/learning-center/information-for-immigrants/#:~:text=Everyone%20Can%20Apply,regardless%20of%20their%20immigration%20status.>
  
- g. Housing data link: <https://www.dhcs.ca.gov/Documents/MCQMD/ECM-Key-Design-Implementation-Decisions-05252021.pdf>
  
- h. SA1 contact for unhoused person. Leads- LAHSA Providers: [2760 - CES Access Center Directory \(lahsa.org\)](#)
  
- i. BHSA Public Listening Sessions: [Stakeholder-Engagement \(ca.gov\)](#)