DEPARTMENT OF MENTAL HEALTH – COMMUNITY PLANNING TEAM
General BHSA Updates and FSP/BHSA Updates
CPT Member/Stakeholder Questions
Friday, August 23, 2024

CPT MEMBER CODED QUESTIONS & RESPONSES

FSP BUDGET/FUNDING

1. Regarding the section on Prevention, Innovation (INN) and WET (Workforce, Education, and Training) that do not have future allocation, can you please explain that again? What makes these categories different when looking at them through BHSA (Behavioral Health Services Act) versus MHSA?
    - **Response:** Currently under MHSA, we must dedicate funds when we get our MHSA funding to these categories: CSS (Community and Services Supports) (76%), FSP (50% of CSS), PEI (Prevention and Early Intervention) (19%), and INN (5%). Under BHSA, we will need to divide the annual BHSA funds differently with 30% for housing, 35% for FSP, and 35% for a category called Behavioral Health Community Supports and Services.
    - It's important to know that while we allocate funds this way, we might spend some of them faster than others. Under MHSA Prevention is part of PEI, but under BHSA, Prevention will be administered by the state. We're going to be doing a deeper dive into this in our future prevention presentation to the Community Planning Team (CPT). DMH will no longer be deciding how Prevention dollars are spent. The state is going to make some decisions at the state level. This doesn't mean that everything that is funded by prevention is going to go away necessarily. We may find other funding sources and/or some of our Prevention Programs may qualify as Early Intervention programs.

2. Now that BHSA is going to expand to include substance use services, how will those services and allocations look?
    - **Response:** Under MHSA, we provide a lot of those services now to individuals who have co-occurring substance use and mental health disorders. BHSA allows services for people with substance use only. Our partners in the Department of Public Health Substance Abuse Prevention and Control (SAPC) deliver those services. We will need to have discissions on how these services will be used during our planning process, and this is where our executive managers work together, and we will work with stakeholders.

3. Will there be allocations specifically for substance use or will it be integrated across all funding types?
    - In mental health, we are expected to address the needs of individuals with substance use so it is already integrated into all programming including FSP, Early Intervention, and Crisis services. Under BHSA there is no mandate for funding Substance Use Disorder (SUD) services with BHSA funds, so there is not a specific allocation. It is expected that we will look at the full system of care to make sure the system's needs are met.

4. Under BHSA, will our current Wraparound programs be funded under the FSP part of the pie?

- **Response:** Wraparound is currently partially funded under FSP and that will continue. Any Wraparound that's funded by MHSA FSP will continue to be funded that way.

5. How will the State make use of WET funds?
   - **Response:** The State has not yet announced its plans for the use of WET funds.

6. Is the 5% funding to innovative programs only going to newly innovated programs created by DMH? Or will the 5% will also fund innovative programs created by organizations outside DMH?
   - **Response:** Innovations is no longer a category which means we will no longer be setting aside 5% for Innovations programs. We had to pause on Innovations applications because this will not be a component under BHSA. The State has said they expect us to do innovative things with these categories and then demonstrate innovation. It is no longer its own funded category where we can do these big, encapsulated projects.

7. Is any consideration being provided to support alternative and more culturally appropriate mental health supports (i.e. therapies that include art, music and movement)?
   - **Response:** Yes. The language in the BHSA sets expectations that we deliver culturally appropriate services, and DMH values the diverse programming we offer to the community and will continue to consider community needs in planning.

8. What opportunities exist to strengthen mental health support for Foster Youth? Could we attach mental health care to the youth versus the location and extend access after care?
   - **Response:** BHSA doesn't dictate how we implement programs however children and youth involved with or at risk for involvement with child welfare systems are a priority population. Consideration for services to youth and foster youth are developed at the local level during the planning process.

9. Could programs that collaborate with colleges, such as Pasadena College, help with out of jail programs?
   - **Response:** BHSA supports community partnerships and locally defined practices. Collaborations such as these are developed at the local level.

FSP COORDINATION/ACCOUNTABILITY/SOLICITATION

1. Is FSP farmed out to non-profits?
   - **Response:** Our programs are provided by both legal entities contracted providers and DMH directly operated providers. We need as wide of a community as possible because there's a huge need out there for FSP.

2. Who do we contact in the DHS to become an FSP?
   - **Response:** DHS does not administer FSP. If you are a CBO interested in contracting with the County, you can email: cboportal@dmh.lacounty.gov

3. What are the number of Office of Diversion and Reentry (ODR) clients served by FSP?
   - **Response:** DMH is currently working with the Office of Diversion and Reentry to provide FSP services to 500 participants.

4. How are the new standards being accountable through them?
   - **Response:** The new standards for FSP will be reflected in the contract language, and DMH is responsible for monitoring services.

5. How are clients guaranteed their support through non-profits?
   - **Response:** DMH is responsible for monitoring to ensure programs provide quality service. The accountability measures that are identified by the state and some are locally developed by DMH. We always want to start from a place of collaboration by providing technical assistance and training.

6. What challenges are currently being faced where the opportunity for outreach efforts would prevent the allocation of additional grant funding? There is a wealth of community-based grants specifically designed for this very concern.
   - **Response:** I do not understand this question.

7. Are we as individuals unable to apply directly for the opportunity to become involved in the ACT (Assertive Community Treatment)?
   - **Response:** No, individuals cannot apply directly for the opportunity to provide ACT services. There is a lot of infrastructure needed to provide any Medi-Cal services. If you are an individual who wants to provide ACT services as a peer or professional, please seek out providers in your community, providers are always looking for qualified passionate staff.

8. Is there a built-in process for the public to levy concerns? If concerns are not met is there a formal complaint process that is clear to the public? Can we be sure there is one?
   - **Response:** Yes, MHSA has avenues to identify an issue for resolution related to MHSA services. Details are on our MHSA webpage: https://dmh.lacounty.gov/about/mhsa/issue-resolution/
     The MHSA team reviews and responds to inquiries.

9. When a community member or a consumer is challenged with not feeling heard or not getting responses when seeking help, where does one go to address barriers preventing them from getting one's needs met?
    - **Response:** Our first recommendation is always to raise your concern directly with the provider and if needed management for the agency you are seeking services from. If you feel that has not been sufficient you can do any of the following:
        - Reach out to your Service Area manager
        - Submit your concern to the MHSA Resolution Process: https://dmh.lacounty.gov/about/mhsa/issue-resolution/
        - Contact Patient's Rights: You can call (800)700-9996 or complete a form online: https://dmh.lacounty.gov/our-services/patients-rights/

10. How many homeless outreach teams do we have right now? How many homeless teams job developers?
    - **Response:** There are 16 Homeless Outreach Mobile Teams across Los Angeles County based in service areas, and two additional countywide teams.

11. How is equity being incorporated in the design? What is being measured to determine impact?
    - **Response:** The first step is a needs assessment, looking at community demographics and language needs to determine the capacity for each service area. In addition to measuring equity by looking at penetration rates, we can also look at service patterns. Finally, Department of Health Care Services (DHCS) has just begun their public Quality and Equity workgroup to focus on the specific metrics that will be used to measure success in ensuring equitable access to services.

12. Is supportive education and employment provided through the ACT (Assertive Community Treatment) program?
    - **Response:** Supportive Employment is a part of the ACT model.

13. Is there any opportunity to collaborate with the Department of Public Social Services (DPSS) office or strengthen collaboration with Department of Public Social Services General Relief (DPSS GR)clients who are identified as "needing special assistance" and often don't connect to mental health services?
    - **Response:** DMH has had a relationship with DPSS to connect clients to services for many years now, and we anticipate continuing that partnership to connect clients with needed services.

14. Given the urgent need for facilities under the BHSA and MHSA initiatives in LA County, how will these acts promote more Public-Private Partnership (PPP) opportunities for experienced teams like ours that specialize in delivering turnkey facilities to support these efforts? Additionally, how can we become more involved?

Is there a master agreement list or a process for individuals and organizations offering such comprehensive real estate services?

- **Response:** For the current capital opportunities, the Prop 1 bond funds will not be administered by DMH, however DMH is working with the community to ensure awareness of county needs. You can get more information here: **LA County Behavioral Health Continuum Infrastructure Program Webpage: https://dmh.lacounty.gov/bhcip/**

FSP DESIGN/LOWER LEVEL

Would MHSA Outpatient Community Services (OCS) be considered a lower level of FSP under BHSA?

- **Response:** The funding source that funds all our outpatient services will be able to continue to fund outpatient services. We're going to have a general outpatient level of care which will continue. The percentage of services between outpatient and FSP is now going to be a little bit more on the FSP side. Some of the OCS levels of care will become FSP, but we will remain to have an outpatient level of care.

1. Where will Housing Supported Services Program (HSSP) fall within the levels of FSP?
   - **Response:** HFSP is the housing program. These are contracts to deliver support on site. They are working with individuals who have a history of being unhoused or are potentially at risk so we would anticipate they would be a lower level of FSF if the HSSP program is funded FSP. We have not made any final decisions on which funding categories will be used for some of these programs.

2. What level of FSP will Wraparound fit in under the new continuum?
   - **Response:** We anticipate full fidelity Wraparound to be the higher level of care for children and youth. We have not heard from the state what lower levels look like. We will be bringing that information back to you when we get that and I think we have the same question here for adult FSP, we require part of it and that will continue to be the case.

3. Does FSP utilize either paid or volunteer peer counselors?
   - **Response:** FSP uses paid peer team members. Peers are a mandatory staffing element in Adult FSP, and Parent partners are recommended in children's FSP.

HOUSING

1. Will there be enough Interim Housing Sites?
   - **Response:** This isn't a question I'm able to answer, there is always a need for more capacity. That said, DMH currently contracts for 763 interim housing beds

across 24 sites, however these are just the beds DMH contracts for, there is far more capacity than this.

JUSTICE INVOLVEMENT

1. Is FSP a diversion option?
   - **Response:** The FSP program serves individuals who are justice involved.

2. Has or will any analysis take place regarding individuals' engagement in county mental health care, or lack thereof, prior to justice involvement?
   - **Response:** I am not aware of a system wide review of mental health services prior to justice involvement. The jail mental health teams should have access to individual records when treating someone in the justice system.

MEDI-CAL

1. Is FSP only for Medi-Cal clients?
   - **Response:** You do not have to have Medi-Cal to receive Full-Service Partnership services. We want to stress that for individuals who are uninsured. They will have access to full services.

2. Are these services only available to people on Medi-Cal?
   - **Response:** You do not need to have Medi-Cal to receive BHSA services. You can receive services if you are low income and uninsured. If you are insured, you can still receive services but may be responsible for the cost of care if your insurance company will not cover services.

3. What about those who have private insurance or double covered with Medi-Cal and private insurance (e.g., regional center clients)?
   - **Response:** You can still access FSP and will need to do a financial evaluation to determine what benefits will cover services and the cost of care.

POPULATIONS

1. What about children and families FSP?
   - **Response:** We expect that providers have parent partners on hand. This is an important part of this program and part of a multi-disciplinary team.

2. What do services look like for children 0-12 under FSP?
   - **Response:** Our services should be available for individuals 0-12 years old and want to stress that BHSA calls out 0-5 years old as a population as well.

PLANNING

1. Is there a role for SAPC in the planning, implementation and integration?
   - **Response:** Yes. Absolutely. The MHSA team is already meeting with the SAPC team to develop planning for BHSA in the coming year.

2. Is DMH engaging in focus groups or even interested? This is another way to gather realistic perspectives.
   - **Response:** Focus groups are one tool that we are looking to use and to get some direct input. We must look back for feedback. We must make sure there are avenues for people to give us feedback in multiple ways.

PREVENTION

1. What agency in California will administer the Prevention funds?
   - **Response:** The California Department of Public Health.

2. How do you know if these models are culturally relevant to the various communities in LA County?
   - **Response:** When it comes to design, we need to complete a needs assessment. FSPs have grown for a variety of different regions. When we contract out, we need to understand what the needs are in each community and make sure we are contracting with providers that can deliver services in multiple languages and can be respectful and responsible to local cultures.
   - These models of care dictate a level or intensity of service, and we expect providers to understand and adapt to the unique needs of the communities they serve.

3. Can you expand on the plans for prevention services? What specific programs are going away from the county and what programs will be moving to the state? Has the state already made plans to administer these programs? What is the agency at the state level? Is it DHCS?
   - **Response:** There are no decisions made on Prevention at this time. The Department is still gathering critical information from the State about what programming is allowable under Early Intervention. This discussion will take place as part of the upcoming planning process.

PROGRAM IMPLICATIONS

1. Please clarify what goes away with the BHSA?
   - **Response:** Funding categories for INN, Prevention, CFTN, and WET will no longer be formally identified. However, DMH may still use funds for these programs under the very limited BHSA “other” category of funding that has a very limited amount of funding.

2. Could a comparison of year by year be more accurate and how the decision-making shifts to comply with the law and priorities are assessed? Also, if health promoters will be gone, how do you expect to have a person with the community? Prevention is key and if/when schools are trained and included to provide services.
   - **Response:** We have not yet determined that Promoters will be gone. This is a highly valued program in the community, and in fact across the state. Decisions

on programs will be made as part of the planning process. Likely contributing factors to decision making include programs with demonstrated positive outcomes, and those that serve priority or underserved populations.

3. Would you consider changing the landscape to include everyone in one meeting in addition to siloed meetings (community-provider-staff-BOS policy- schools-county agencies, etc.)? Could you focus on building trust and working relationships that help build capacity?
   - **Response:** Our goal is to connect with the community and provide as much opportunity for input as possible and we use the same materials in these presentations. In a county as large as Los Angeles, we must provide multiple opportunities for community members and stakeholders to receive information and provide input. The CPT meetings are open to the public and are the primary forum where everyone can attend and participate.

4. Could a client centric approach be established for MOUs (memorandum of understanding) across counties?
   - **Response:** I would like to hear more about this idea, particularly understanding the need for MOUs across counties and what it may look like.

ACCESS

1. Can you please share the link for the Locus assessment?
   - **Response:** https://www.locusonline.com/