DEPARTMENT OF MENTAL HEALTH – COMMUNITY PLANNING TEAM
CPT Member/Stakeholder Questions
Friday, October 25, 2024

Frequently Asked Questions (FAQ) for the BHSA Regulations for Prevention

The following are questions, comments and/or recommendations from the DMH Community Planning Team members and stakeholders who attended the virtual meeting on Friday, October 25, 2024. This document will be developed as a frequently asked questions (FAQ) regarding the presentation on the BHSA Regulations for Prevention.

FUNDING

1. Where is the funding for the Underserved Cultural Community (UsCC) projects coming from currently? Is it from Prevention Early Intervention (PEI) component?
    - Response: The funding for UsCC projects comes from the planning outreach engagement budget, it does not come from PEI and that will continue to be resource from that budget.
    - Yes, the UsCC groups will get that same funding for outreach engagement even after BHSA. There is no specific planning outreach budget identified under BHSA so, this is another one of those we will need to work with and engage the state on this. We see this as potentially fundable under BHSA, but this is going to be part of the planning processes and discussion. We will work to identify what we can fund and what we need to prioritize. This is a highly valued investment that's going to be part of the planning discussion. The department values the work of the UsCCs, however the BHSA funding is still something that needs to be addressed during the upcoming planning process. The amounts and types of funding will be determined as we go through the BHSA planning process.

2. Will the UsCC groups still be funded and allowed as part of BHSA funding?
    - Response: There is no specific planning outreach budget identified under BHSA so we will need to work with and engage the state for clarification. We see this as potentially fundable under BHSA, but this is going to be part of the planning processes and discussion. As we work to identify what we can fund, and what we need to prioritize, the one thing we will say is this is a highly valued investment that's going to be part of the planning discussion. The work that's happening through the USCCs is not funded by PEI dollars, it is funded through another bucket of funding.

3. Regarding outreach and services to underserved communities, will Community Based Organizations (CBOs) have access to funding with the new BHSA? If so, what are ALL sources?
    - Response: Outreach services to underserved communities are potentially fundable under BHSA, but we still need to go through the planning process to

figure out what kind of services and outreach activities will be conducted. When it comes to community-based organizations, there would still be an interest to partner with community-based organizations. We come back around to what departments identify what the plan has developed and with our stakeholders. The interest is still to work with community-based organizations, but this will depend on what gets prioritized through BHSA. The purpose of today is to share what we know so far, but a lot of decision-making and some of the details around how we can spend the dollars are still coming and that is the conversation we'll be engaging all of you in March.

4. Are the plans for investments regarding technology to help facilitate leveraging Application Programming Interface (APIs) to integrate systems between county and legal entities to assist with providing outcomes data more easily?
    - Response: Yes, it's really to make sure that we're making not just the exchange of information and outcomes easily but there is also a significant burden in terms of costs to do this kind of work. A lot of this is still unknown to the 58 counties in California. As MHSA and BHSA have varied differences including capital facilities and technology, we're going to have to wait to see what the final regulations are and what they allow for to be able to answer this and to see where the money could be available. The department has an interest in making sure that the outcomes data is exchanged effectively and efficiently between legal entities and the department, as we think it's a requirement for BHSA. The department has an interest in making things easier for providers. Our PEI outcome was built a long time ago. A lot of the instances have happened since then and with our new implementations, we have leveraged APIs and built website variations. As far as those updates and new requirements are concerned, it is always our goal to do that. We will need to figure out how to match and mirror the technology with the provider's capabilities. The emphasis on outcome data is only going to get stronger under BHSA and it is a shared interest. As more information rolls out, there will be more clarity around the next steps around this task.

5. At which point will legal entities know how their contracts are going to be impacted by the changes?
    - Response: Our analyst team is mapping our contracts that mention prevention, early intervention, and prevention and early intervention. We have identified them and are waiting for final guidance from the state about what early intervention will look like. Then we can align the prevention projects that we want to prioritize with the new early intervention requirements. As we learn more, we will be sharing that out and we are aware that contractors need time to plan. They have budget cycles just like our department has budget cycles. We are hoping to have the work and the results available as soon as we can.

6. Will BHSA Housing Intervention dollars be spent on operating subsidies for Permanent Supportive Housing (PSH) to ensure LA can utilize the upcoming Homekey+ funds?
    - Response: This is a brand new opportunity. This comes from the bond part of Proposition 1 and will be in discussion. We will have to come back to this as these questions. This helps us as we think about the planning process. Although we can't answer today, we really do appreciate being able to talk through them and hearing these questions now.

7. For current MHSA funds PEI projects, when will we know the decisions?
    - Response: This is not part of today's updates that we are focusing on. What we're focusing on now is the upcoming behavioral health services funding. Your question is about the current MHSA funds and that will be addressed at our November 19th meeting. We are going to focus on MHSA and then December as well. Let's reconnect on that one and come back to that at that time.

8. Will there be funding for CBOs and community outreach services mentioned?
    - Response: There is a commitment to continue working with community-based organizations during the BHSA planning process. Through the BHSA planning process we will determine which outreach services, what that means and how that will look.

9. California Advancing and Innovating Medi-cal (CalAIM) and how it will affect/impact BHSA?
    - Response: CalAIM is an initiative or a payment reform that began last fiscal year. CalAIM is already implemented, and it changed a lot of rules around servicing and payments that we made to providers and payments to ourselves. The intent was to try to incentivize services a little bit differently. They are both part of the same umbrella or group of initiative that is coming forth from the state to modernize behavioral health and an effort to incentivize. This is also a different way to reduce some of the burden of paperwork and administration and to refocus right now a lot of our mental health services. There is just a broad array of other initiatives that are taking part and BH Connect initiatives that are really looking to transform behavioral health payment reform and BHSA changes the allocations in how we spend our BHSA dollars. There has been an effort with CalAIM especially looking at some non-direct services. There are in lieu of services, some things like housing and some of these other connection services are now covered by Medi-Cal that may not have been before. This also applies to MHSA right now. What is happening in CalAIM now that we can't do with MHSA changes

the priorities and how we allocate the services. However, the same services are eligible under MHSA and BHSA.

10. Any CBOs part of the BHSA planning meetings or committees?
    - Response: Yes, they are open to CBOs, community partners, clients and family members.

SERVICES

1. Why are hot meals not being used in prevention and early intervention?
    - Response: We don't have board authority or board approval to use PEI funding for food. We're not allowed so when we host training or community events, you know, with our PEI funding, we're not allowed to provide. So, for some of you maybe we're looking at our early intervention services.

2. How are you going to ensure the services that will be provided under BHSA are going to be culturally relevant to our various communities? For example, Eye Movement Desensitization and Reprocessing (EMDR) is more effective for the Black and African communities versus Trauma Focus Cognitive Behavioral Therapy.
    - Response: One of our goals as a department that you've probably seen is a commitment to focus and intentional evaluation of services from an equity lens. We are looking at our cultural roots within Los Angeles County. We are looking at the groups of individuals that may employ underserved or unserved people and trying to make sure we're doing outreach into those communities. We are trying to ensure we have practices and trained clinicians through our LA DMH directly operated clinics but also that our legal entity providers are trying to match the clinicians that are hiring with the clients that they're serving. BHSA brings an increased focus on diversity of our work force to match the diversity of our communities. During the planning process, you'll hear us talk about the equity tool that's available through the county CEO's office. Dr. Taguchi and her team and members of my team have been meeting regularly to look at how we're developing an equity tool for LA County DMH to use. This will be the common starting place for the department in planning and developing new services. We will be able to see what the highest risk communities are and which are the most underserved communities, and which practices are effective with those communities. We will be doing a very intentional equity driven internal process and then you'll hear that a lot in the upcoming planning process.

3. Why is EMDR not an approved DMH EBP under MHSA? Will it be a DMH approved EBP under BHSA?
    - Response: Over the years we have had requests to look at EMDR and we have looked at it. When we look at evidence-based practices (EBP) one of the things that we really try to focus on is consistent findings. Whatever we're

supporting as a department we know that it has consistent findings related to the effectiveness and the impacted treatment. We have noticed that there's a lot of mixed research and some providers who have expressed interest; we are going to be working towards a pilot to really look at how the program is impacting our communities. We don't have any specific dates, but we are in the process of looking at a pilot and looking at the impact of EMDR in our communities. It is important to note here that it focuses on African American communities, and we think what's important in LA county. We want to also look at how it's going to impact all of our communities. The pilot will begin, and we'll have more information on that.

4. How is Adverse Childhood Experiences (ACEs) going to be used in BHSA approaches?
   - Response: ACES is a tool we've been looking at, specifically what are the risk factors people have experienced, what are the tools that people can access to help them improve or turn or boost their internal resources. We continued to use ACEs. We heavily invested in our work with youth, and we know that ACEs impact our community as well throughout their life span. The priority for us looking at ACEs and impacting the trajectory of our community and advocating fiercely especially for our populations. You know the populations too because we know the impact of what can happen, and we want to make sure it's emphasized to all our stakeholders that we're very committed and prioritizing and omitting adverse childhood experiences as much as we can.

5. What are you going to do for children 0-13 under BHSA?
   - Response: ACEs approaches in tools are foundational to the work. Under BHSA, they are prioritizing 51% of our allocation will be for youth under the age of 26 and one of the prioritizations is working on interventions that deal with childhood trauma. So, ACEs is embedded in that and for the question about the 13 and under, it is a priority population under the age of 26. With early intervention for youth under 26 there is an emphasis on interventions with respect to childhood trauma. We offer many trainings in best practices, and we are very much committed today to supporting our youth and also our parents.

6. Will children with private insurance be excluded from accessing mental health services under BHSA Early Intervention like they have in the past?
   - Response: There's been a lot of investments around children and youth. We had school-based health and community schools. There are about 14 different programs that are wrapped up in one of the things that the governor has made clear is that the services are made responsible for what they're supposed to be doing and there are sanctions in the legislation. There are also reporting out requirements in the overall behavioral health reform plan,

that road map, there are pieces in place to make sure that youth in schools get services. The managed care plan will be responsible for the population level prevention work. Schools have received funding and have an opportunity to become a provider, and services provided to individuals with private insurance for the private insurance company to have to pay for those services. This will not necessarily be through BHSA, but it will be through the governor's overall vision for behavioral health reform and some of those different packages that he's put into place over the past four years will continue to be set in stone whether it's managed care, individual insurance, mental health plan, etc.

7. In your presentation you mentioned, targeting "individuals in crisis" as part of early intervention, how are we defining "crisis" in this scenario?
    - Response: Unfortunately, we're still trying to define “crisis”. We will take it back to the planning process so we can have that conversation during that planning process around what is the state recommending at the county level, and what are we recommending and what is our funding availability showing us. This is going to get a little complicated, but it will be finalized during planning.

8. Are Peer Supporters/Peer Specialists part of the interventions supported under BHSA? How? If not, why?
    - Response: Allowances for new types of services that are part of the governor's behavioral health reform plan, but we've spent a lot of time and energy in the states, invested a lot of money in certification of peer specialist. We do not anticipate peer specialist going away.

9. Why are there no beds for the Tay youth population?
    - Response: This is an integration division question.

TRAINING

1. Will trainings be made available to other agencies to become certified in some of these methods of delivering preventative services, like neurofeedback?
    - Response: Under BHSA, dollars are being taken and centralized at the state level. What we saw though there may be grants coming out to counties that allow us to train up agencies in various practices or community to find out best practices. The state is going to be standing at the center of excellence doing some of the training. We will need to wait and see to the extent we have money for training. We would take that conversation back to stakeholder and planning process to see if we want to prioritize the utilization of these funds.

2. Will there be another seminar speaking on Other Core Services? Similar like we did for FSP, Housing, and Prevention.
   - Response: Core service is a term we use to group together the community services and supports MHSA funded services that are not FSP and under the new BHSA. We covered housing, FSP, and today was early intervention. We have not covered behavioral health support services. We intend to come back and share more information. This is one area we've not heard a lot about at all because the state has really been focusing on defining these much bigger categories. We understand this is an elimination system, that includes our crisis and planning services. But yes, we would recommend for those that are interested in hearing more, there is a DHCS public listening session on behavioral health services and supports which should include early intervention but should also talk about the other range of service that is are available. The session is scheduled for November 4th from 3:00 p.m. to 4:00 P.M. We are going to put the DHCS stakeholder web page in the chat box, so folks are all welcome to listen in along with us. You have to register if you want to listen in.

REQUESTS

1. When will Dr. Byrds slides be available?
   - Response: Microsoft PowerPoint - Transformation-BHSA Prevention Presentation_10.15.2024 - Read-Only

BHSA Planning Process

1. Will there be more discussion around leveraging the dollars? Specifically, CalAIM expanding eligibility for certain activities funded through BHSA?
   - Response: As we get into the BHSA planning process, we can take a crack at figuring out how they might leverage from each other but that might be part of the planning process. There has been an effort with CalAIM especially looking at some non-direct services. There are in lieu of services, some things like housing and some of these other connection services are now covered by Medi-Cal that may not have been before. That also applies to MHSA right now. What is happening to CalAIM now will be that we can't do with MHSA changes the priorities and how we spend the funding and how we allocate the services.