



BHSA FSP Workgroup Meeting Summary

DATE: Wednesday, August 13, 2025

TIME: 2:00 PM – 3:30 PM

LOCATION: In-Person, Behavioral Health Training Center

Meeting Summary

1. Follow Up, Updates and Upcoming Meeting Topics/Process

- a. Regarding prudent reserves follow-up to question from last meeting, there is \$33M in prudent reserve (Max of 33% of CSS 5 yr avg). In order to tap into it, a drop in revenue is required in comparison to the average of the last five years. Even though an anticipated drop for FY 25/26 compared to FY 24/25, we still may not be eligible to access the prudent reserves since we are not comparing FY 25/26 to FY 24/25, but comparing it to the last five-year average, which is much lower due to previous years. The State is looking to update the prudent reserves cap from 33% to 20% (per latest guidance in the BHSA policy manual). For excess funds that are not spent, those can be requested to be used going into BHSA.
- b. DHCS had established Center of Excellence for tech assistance and fidelity monitoring. Update UCLA public mental health partnership to oversee ACT/FACT. IPS by IPS employment center. HFW, concept paper was released for payment and monitoring policies, open for 30 days, closes out on 8-28. Co-chair will send link out and concept paper for review and TMAT EBP to workgroup members.
- c. Updated BHSA County Policy Manual was sent to workgroup members last month and provides how the State will provide trainings. We are hoping for additional guidance but not sure when the State will release. Waiting for clear vision, what services does our community need and what can be covered by BHSA dollars (HFW example), and what is expected to rely on MediCal.
- d. Co-chair will follow-up with QMIS on County opt-in bundled rate. No definitive answer whether the County is opting in yet and still evaluating cost benefits.
- e. Contracted providers shared the importance of billing MediCal for funding. A goal is understanding requirements to ensure compliance and identifying services being conducted and any gaps in service.



- f. Workgroup likely conducted through December or January, looking to identify goals in relation to specific topics, such as EBPs for HFW, identifying gaps and making recommendations.

2. Takeaways from activity in breakout groups by population

- a. Children's - need to understand systems of care to meet requirements. Challenges to incorporate include no data and late implementation. Strategies to meet these challenges include leveraging partnerships, obtaining more specific guidelines and fidelity coaching.
- b. TAY – challenges include deciphering grey areas, County vs. County-contract services due to age range and breaking down silos.
- c. Forensics – understanding FACT involves different levels of training and includes court collaboration and looking ahead with the realization that there may be an increased level of FACT due to SUD and homelessness collectively affecting the amounts of individuals who will be justice involved. Will FACT be enveloped in ACT or FSPs or as a standalone program? Will there be a SUD-specific FSP?
- d. Adult - FSPs are usually using EBPs already and there is a need to identify trainings necessary for new requirements. Challenges with increased staffing requirements (e.g. meeting 1 to 10 ratio, for example) and recognizing peer certifications needed.
- e. Older Adult - reiterating need for increased staffing and training previously mentioned for Adult population. Graduating Older Adults also presents issues because of the concern of isolation and needs of levels of care being specifically challenging.

3. Feedback and Next Steps

- a. All FSP workgroup meetings will be conducted in-person moving forward. A virtual listen-in only option will be available for the 4th Wednesday meetings for those who cannot attend in-person. In-person attendance is highly encouraged to maximize workgroup efforts.

4. Next Meeting- August 27th from 2:00 PM – 3:30 PM ***in-person*** at the Behavioral Health Training Center (with a virtual listen-in option).