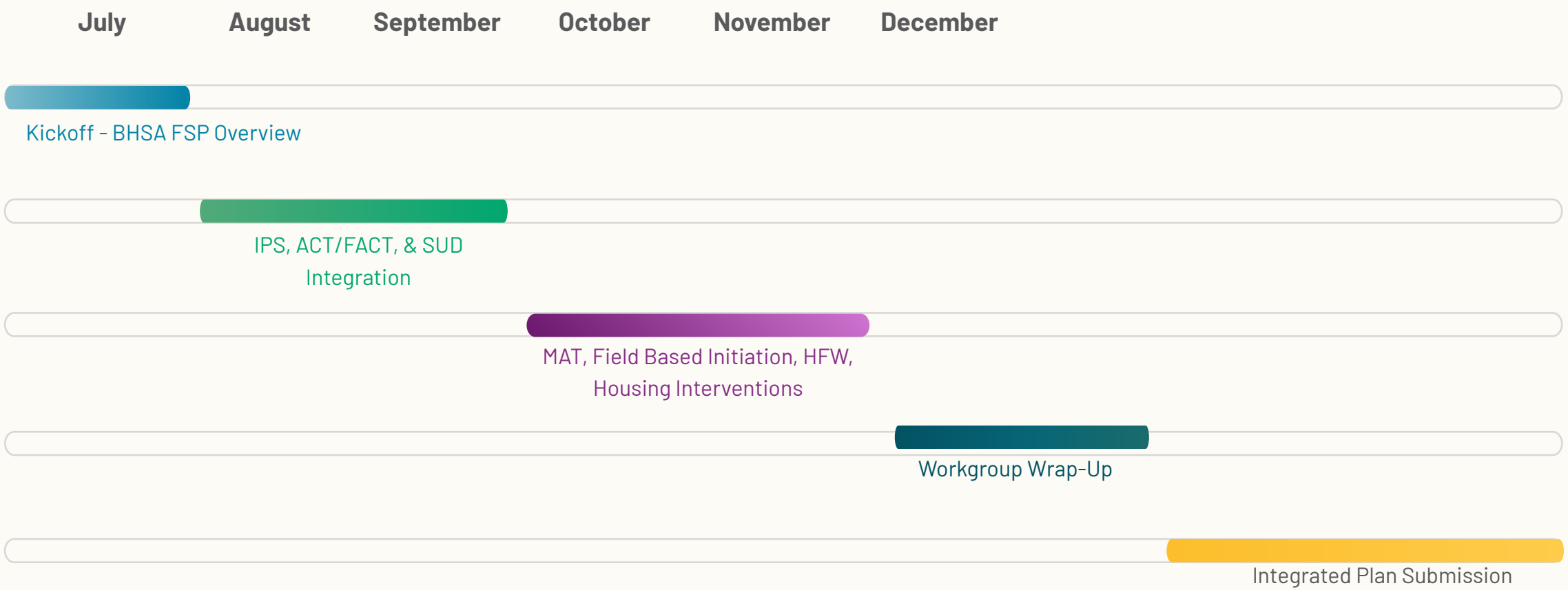
THIRD SECTOR

BHSA FSP Workgroup Meeting: Recap and Overview

DECEMBER 10, 2025

FSP Workgroups Overview



Key Themes

- **Shift to Evidence-Based Practices** (EBP): A cultural shift to strict fidelity models.
- **Housing Funding Silos**: MHSA housing funds are moving from flexible funds to a "Housing Interventions" bucket (1/3 of BHSA funding).
- **Staffing:** Concerns regarding new ratios (e.g., 1:10, 80% licensed for ACT) and the ability to recruit/retain staff
- **Integrated Care Needs**: Strong support for "co-occurring capable" FSP teams, and meeting the needs of FSP clients.
- **Administrative**: Navigating change, new fidelity standards, & documentation expectations.

Key Discussions: *Navigating the culture shift to fidelity models/EBPs*

- **Individual and Placement Support**: Potential challenges for Youth & Older Adults, differing opinions on bringing IPS "in house".
- **ACT/FACT**: Strong support/need for developing "forensic informed care", concerns that TAY may fall into a gap between HFW and ACT, concerns about meeting staffing requirements, desire to more clearly define distinction between levels of care.
- **HFW:** Introduction of HFW as the required model for children/youth FSPs, replacing existing contracts. Further clarity desired on the distinction between current HFW and new EBP/fidelity expectations , discharge criteria, and outcomes measures.
- **SUD Integration & MAT/Field-Based Initiation**: Expanding MAT access via mobile units and field-based initiation, strong support for harm reduction /field-based approach and increasing "co-occurring capabilities" within FSP teams, recognition of provider knowledge gaps about SUD system, logistical complexity of bringing mobile access to treatment to scale and fully integrating this into existing BH system.
- **Housing Interventions**: Overview of new housing requirements/funding shifts, discussion of operational barriers, concerns about federal impacts on housing, and defining a "viable" housing plan.

Subpopulation Discussions

Population	Key Topics & Challenges	Proposed Solutions/Insights
Adults	**Housing Logistics**: Need clarification on how months are counted toward requirements, tracking usage, and monthly coverage caps.	Requested decision trees and flowcharts to understand the process
	IPS/Employment: Current employment programs are often too rigid, making adherence difficult for FSP members who need flexibility aligning with "worker preferences."	Preferred a separate IPS entity with strong coordination to avoid multiple agencies competing for the same employers.
Children / Youth	**Model Shift**: Transitioning to HFW, which focuses on building family confidence and structure for long-term self-sufficiency.	HFW requires a time-limited approach (6–18 months), raising concerns about chronic needs.
	SUD/MAT: The primary barrier is "buy-in," as youth are often not ready for abstinence-based treatment. Youth can experience service overwhelm from too many disparate services.	Recommended adopting harm reduction and integrating SUD services.

Subpopulation Discussions

Population	Key Topics & Challenges	Proposed Solutions/Insights
Transition Aged Youth	**Service Gap:** TAY (16–25) fall into a "grey area" between HFW (child) and ACT (adult). HFW's time limit may be insufficient for chronic conditions.	Need significant housing navigation and visual tools/scenarios to assist with the transition to adulthood.
	IPS/Employment: Competitive employment can be difficult for those under 18. TAY lack work experience and soft skills.	In-house IPS teams are preferred to build on existing trust/rapport within FSP team.
Justice-Involved/Juvenile-Justice	**Immediate Housing:** This population requires immediate housing upon release from jail.	Stabilization requires a higher upfront cost/effort, even if the housing duration is shorter than standard FSP levels of care.
	Systemic Barriers: The justice system may order specific treatment without understanding availability or nuances. There is a need for standalone FACT teams and staff training in court systems, probation coordination, and understanding charges. For justice-involved youth, lack of parental buy-in upon release can derail treatment plans.	Training on ASAM levels of care should be provided to judges/courts. Need to ensure continuity plans are established before discharge.

Subpopulation Discussions

Population	Key Topics & Challenges	Proposed Solutions/Insights
Older Adults	**Demographics & Housing:** Experiencing a "silver tsunami" in an expensive county with limited housing; clients are reluctant to "graduate" from FSP due to reliance on housing subsidies and connection to their teams.	Success in housing is defined as no one becoming homeless and having clarity on funding sources.
	SUD: Addiction symptoms can be misdiagnosed as other conditions. FSP is receiving inappropriate referrals for OA with new depression/anxiety who do not meet SMI criteria. Technology and transportation barriers.	Need for training, and use of "Brief ASAM" screenings.
	IPS/Employment: The principle of seeking competitive employment conflicts with the cultural and "retirement mindset" of this demographic (most are 65+).	Preferred a separate IPS team because employment is rarely a goal for this group. Volunteerism was suggested as an alternative to competitive employment.

Discussion Questions

[Population Focus: Child Welfare/LGBTQ]

Based on today's FSP workgroup summary and themes that emerged across subpopulations, what additional considerations should we take into account as far as how FSP program changes will impact the following populations?

How can the county's plan for implementing the FSP EBP's and levels of care transitions (e.g., IPS, HFW, transitioning teams to ACT, establishing new ACT/ICM teams) ensure equitable access for the following populations?

Beyond current planning, what specific actions must the FSP program take to deepen the utilization of a whole-person, trauma-informed approach when serving these specific populations?

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Thank you!

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