

# Get to Know Your Neighbor

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# Behavioral Health Services In Los Angeles County

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LOS ANGELES COUNTY  
**DEPARTMENT OF  
MENTAL HEALTH**  
hope. recovery. wellbeing.



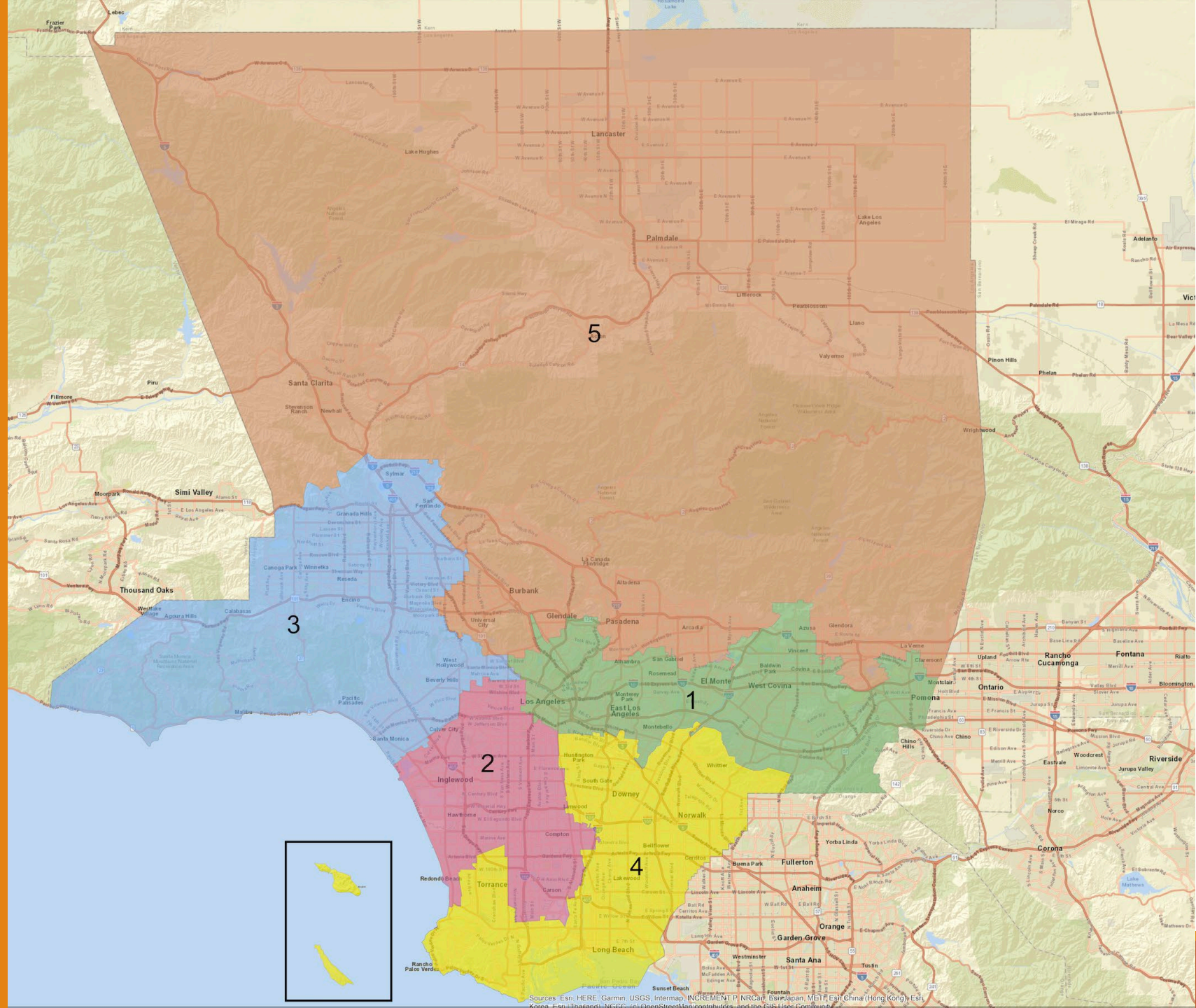
COUNTY OF LOS ANGELES

**Public Health**

Substance Abuse Prevention and Control

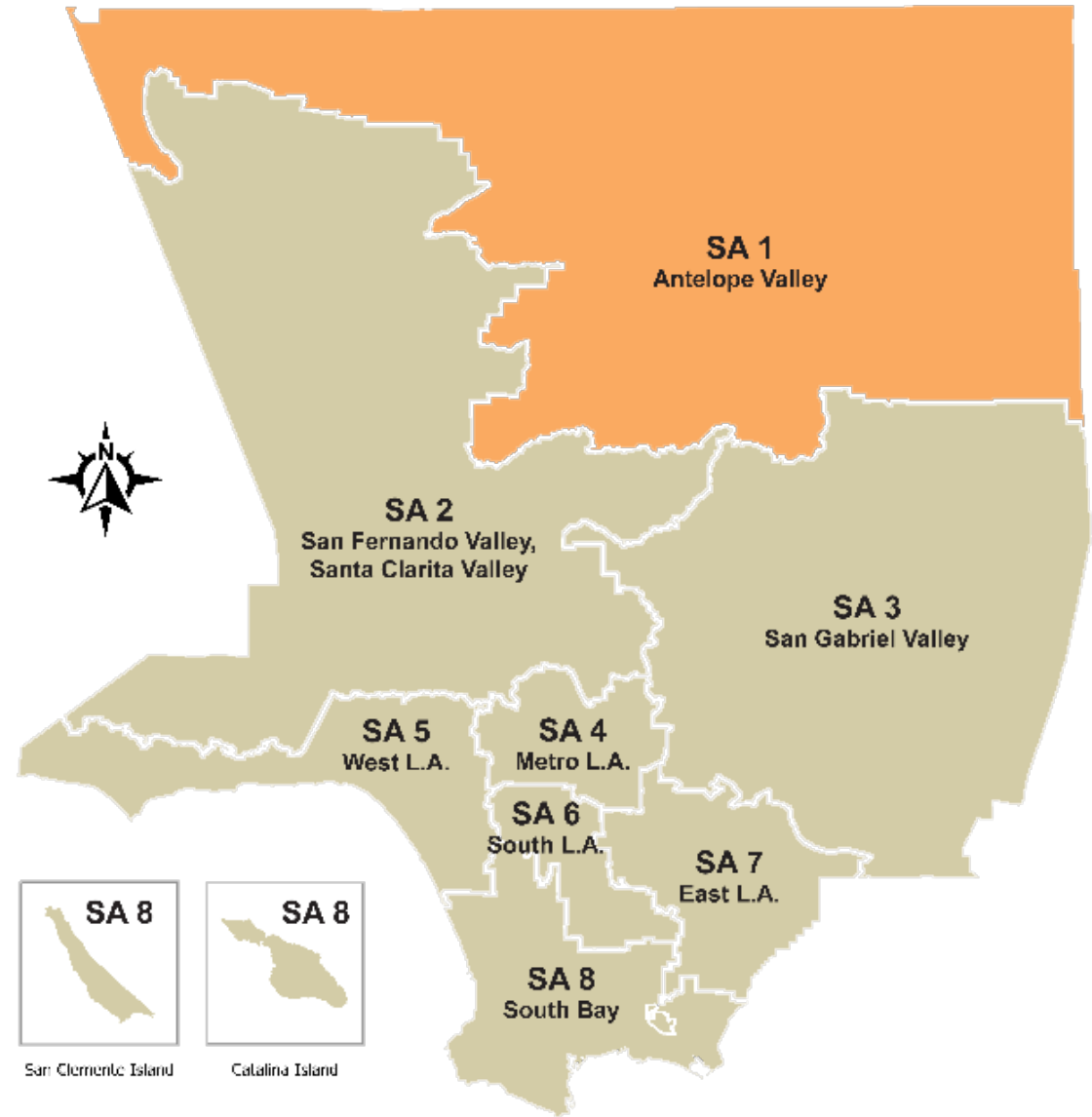
JUNE 18<sup>TH</sup>, 2025

# Los Angeles County Supervisory Districts



Sources: Esri, HERE, Garmin, USGS, Intermap, INCREMENT P, NRCan, Esri/Japan, METI, Esri/China (Hong Kong), Esri/

# LA County – Service Areas



# Behavioral Health Services

- Behavioral Health = Mental Health + Substance Use
- Behavioral Health is an umbrella term intended to address both mental health (depression, anxiety, etc.) and substance use disorders (SUD).

# LA County Behavioral Health Services Funded by Medi-Cal

**The Department of Public Health (DPH), Substance Abuse Prevention and Control Bureau (SAPC)** is the specialty managed care plan for youth (12-17) and adult Los Angeles County residents who have Medi-Cal and a substance use disorders (SUD).

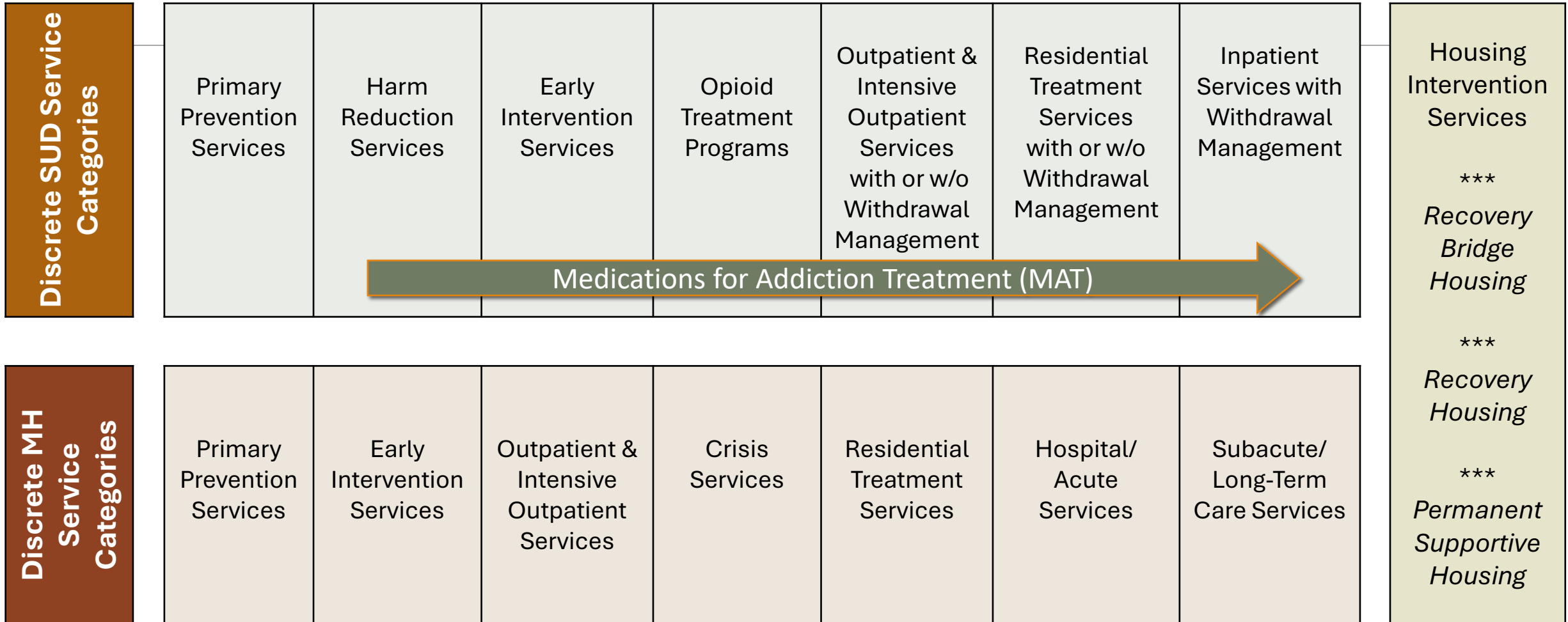
- This covers the full spectrum of mild to severe SUDs, as determined by DSM-5

Medi-Cal recipients can access DPH-SAPC and DMH services simultaneously and do not need to apply for separate Medi-Cal benefits.

**The Department of Mental Health (DMH)** is the specialty managed care plan for children, youth, and adult Los Angeles County residents who have Medi-Cal and a serious mental illness (SMI).

- This covers people with moderate to severe mental illness, including those with schizophrenia, bipolar disorder, depression, anxiety and more if they significantly impact ability to function, work, or maintain relationships.
- Individuals with a mental health diagnosis that is mild to moderate without serious impact to functioning should receive treatment through their Medi-Cal managed care plan.

# LA County Behavioral Health Continuum



# LA County Department of Public Health – Substance Abuse Prevention and Control (DPH-SAPC)

With a budget of \$750M, over 550 staff, and serving 275,000 people per year, DPH-SAPC oversees one of the largest specialty SUD networks in the nation.

DPH-SAPC's diverse and comprehensive continuum of substance use prevention, harm reduction, treatment, and recovery housing sites spans over 350 community-based sites.

DPH-SAPC has been growing its provider network year-by-year since it launched its Drug Medi-Cal Organized Delivery System in 2017 and is committed to innovative, equitable, and quality-focused prevention, harm reduction, treatment, and recovery services.

**Primary Prevention Services** • Harm Reduction Services • Opioid Treatment • Early Intervention Services • Outpatient & Intensive Outpatient Services • Residential Services • Inpatient Services • Housing Intervention Services

# Primary Prevention Services

Advocate and educate to reduce the impact of substance use on individuals and communities and address access and availability of alcohol/drugs that contribute to youth use:

- Youth development programs
- Community organizing
- Media campaigns
- Community education and referrals
- Data analysis and action

**29 provider agencies • 133 site locations**  
**69,552 served**



The Los Angeles Our SPOT  
(Social Places and  
Opportunities for Teens)  
Program

Primary Prevention Services • **Harm Reduction Services** • Opioid Treatment • Early Intervention Services • Outpatient & Intensive Outpatient Services • Residential Services • Inpatient Services • Housing Intervention Services

## Harm Reduction Services

Reduce the negative consequences associated with substance use, including for people who aren't interested or able to stop using substances:

- Engagement & Overdose Prevention (EOP) Hubs
- Naloxone distribution: saving > 6,000 lives in '23-24
- Community and student education and collaboration

**12 provider agencies • 17 site locations • 35,000 served**



## Medications for Addiction Treatment (MAT)

- Prescribed medications to reduce cravings and minimize withdrawal symptoms that when combined with behavioral health interventions, support people in achieving and staying in recovery.
- Any treatment provider offering any treatment option can either provide or refer to MAT services.

## Opioid Treatment Programs

- Prescribe and dispense medications to treat AUD and OUD coupled with other services like individual counseling.
- Medications include methadone (most common and only available at these locations), buprenorphine, naltrexone, disulfiram etc.

## Withdrawal Management *Commonly known as detox*

- Refers to the medical and psychological care of patients who are experiencing withdrawal symptoms after stopping or reducing use of a drug they are dependent on.
- Services are offered for a short period and may be provided in community setting or in settings with 24-hour care depending on the severity.

Primary Prevention Services • Harm Reduction Services • Opioid Treatment • **Early Intervention Services** • **Outpatient & Intensive Outpatient Services** • **Residential Services** • **Inpatient Services** • Housing Intervention Services

The following treatment options all offer assessment, group and individual counseling, case management, toxicology testing, and MAT services:

## Early Intervention

- Services for youth and young adults who are at risk of developing an SUD, provided in an outpatient setting and focused on patient education and treatment as needed

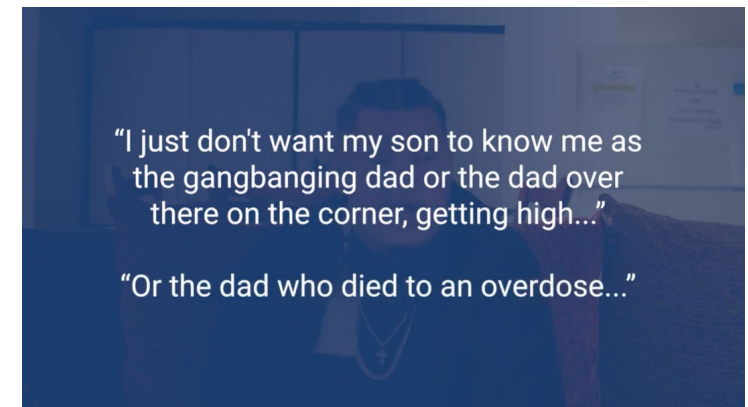
## Outpatient & Intensive Outpatient

- Treatment that does not require 24-hour care (outpatient) or overnight stays (intensive outpatient)
- Treatment is offered during the day before or after work or school, in the evening, and/or on weekends, number of hours varies as needed

## Residential & Inpatient

- 24-hour home-like setting that provides 24-hour care and support

**86 provider agencies • 394 site locations • 33,800 served**



# Housing Intervention Services

**Recovery Bridge Housing (RBH)** is a temporary option for people experiencing homelessness (PEH) who are concurrently enrolled in outpatient treatment and seek a recovery-oriented living situation.

**Recovery Housing (RH)** is a temporary option for PEH who need continued housing support, who may or may not be enrolled in outpatient treatment and seek a recovery-oriented living situation.

**26 provider agencies • 143 site locations • 4,123 served**



# Los Angeles County – Department of Mental Health (DMH)

## **What is the DMH?**

As the nation's largest public mental health department, DMH ensures access to care and treatment for our most vulnerable residents. DMH is responsible for providing services to the LA County residents who are experiencing severe and persistent mental health symptoms among the more than 4 million residents with Medi-Cal.

With more than 800 service sites across Los Angeles County, our mission is to optimize the hope, wellbeing and life trajectory of Los Angeles County's most vulnerable through access to care and resources that promote not only independence and personal recovery but also connectedness and community reintegration.

# Los Angeles County – Department of Mental Health (DMH)

## Who does DMH serve?

Adults, older adults, children and youth.

Our services for adults and older adults are focused on those who are experiencing functional disability due to severe and persistent mental illness, including those who are low-income, uninsured, temporarily impaired, or in situational crises. Adults with mild to moderate mental health symptoms are served by their managed care provider.

Services to children and youth are focused on those who are emotionally disturbed and diagnosed with a mental disorder. They include wards or dependents of the juvenile court, children in psychiatric inpatient facilities, seriously emotionally disturbed youth in the community, and special education students referred by educational institutions.

Primary Prevention Services • Early Intervention Services • Outpatient & Intensive Outpatient Services • Crisis Services  
Residential Treatment Services • Inpatient Services • Housing Intervention Services

## **Primary Prevention:**

Includes Mental Health Awareness Campaigns and Community Engagement Activities. Currently provided by the Mental Health Services Act. Under the Behavioral Health Services Act these services will be provided by the State Department of Public Health

## **Early Intervention Services:**

Includes early childhood mental health services, outreach, engagement, and linkage to mental health services for individuals who have experienced trauma and likely qualify Specialty Mental Health Services



### **Outpatient Services:**

Includes clinic services are available countywide and inclusive of assessment, mental health rehabilitation services, therapy, and medication services for adults and children

### **Intensive Outpatient Services:**

Adult intensive outpatient services includes Full-Service Partnership program provides field based mental health care for individuals who have severe symptoms which impact functioning, and also have a history of hospitalization, homelessness, or incarceration.

Children and youth intensive outpatient services include Wraparound and Full-Service Partnership for Children and Youth which provides field-based services for children and youth, inclusive of their families and their caretakers. Services are designed for children and youth with severe emotional disturbance who are at risk for, or involved with the juvenile justice system and/or the child welfare system.



Primary Prevention Services • Early Intervention Services • Outpatient & Intensive Outpatient Services • **Crisis Services**  
**Residential Treatment Services** • **Inpatient Services** • Housing Intervention Services



**Crisis Services:**

- Field Based Crisis Services for individuals where there is a danger to self and/or others
- Urgent Care Services for individuals who are in crisis and in need of immediate care, but do not require hospitalization

**Residential Treatment Services:**

- Short term residential services to support stabilization

**Inpatient Services:**

- Short term treatment serviced for individuals experiencing acute crisis and present a danger to self or others.

Primary Prevention Services • Early Intervention Services • Outpatient & Intensive Outpatient Services • Crisis Services  
Residential Treatment Services • Inpatient Services • **Housing Intervention Services**



### **Housing Services:**

LA County provides housing supports, including rental assistance, interim, and permanent supportive housing.

Housing services are also available to eligible Medi-Cal beneficiaries who opt into the Community Supports benefit through their Medi-Cal managed care plan.

# How do I find and access DMH Services?

## Online

Go to [dmh.lacounty.gov](http://dmh.lacounty.gov). Click the "Get Help Now" icon and use the tool to find services nearest you

## Call

Access Hotline for Substance Use and Mental Health Services:  
(800) 854-7771

988 – Dial 988 to access our Crisis and Suicide Hotline

# DPH-SAPC Resources

## Service & Bed Availability Tool (SBAT)

[www.SUDHelpLA.org](http://www.SUDHelpLA.org)

Find SUD treatment beds and services

## RecoverLA Web App

[www.RecoverLA.org](http://www.RecoverLA.org)

Learn more about SUDs and find local prevention, harm reduction, and treatment resources

## Access Hotline for Substance Use and Mental Health Services (SASH)

Call (800) 854-7771, Select Option 2

## SAPC Website

<http://publichealth.lacounty.gov/sapc/>

Learn more about the work we do at SAPC

# What is the Behavioral Health Services Act (BHSA)?

- ❖ Proposed by California State Legislature, the BHSA makes significant changes to the existing Mental Health Services Act (MHSA) and renames it the BHSA.
- ❖ The MHSA was passed in 2004 and imposed a 1% tax on all personal income over \$1,000,000. This additional funding significantly increased available mental health services to individuals experiencing severe and persistent mental illness.
- ❖ The BHSA expands local planning process to include substance use services and managed care plans. The BHSA requires local counties to review and plan for all services under their full continuum of care and include new community members in the planning process.
- ❖ The BHSA also changes how counties can use their BHSA funds, moving some programs to state administration, and requires use of BHSA on housing.
- ❖ The BHSA allows for SUD investments in addition to mental health investments as before. It does NOT provide new funds for services or housing, it redistributes existing funds under the MHSA and reduces what counties receive by 5% to allow the State to implement Prevention and Workforce initiatives.

# BHSA Community Planning Process (Joint)

## **Who must we include?**

Counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement and sufficient participation from diverse groups.

# Required BHSA Stakeholders

1. Eligible adults and older adults, as defined in Section 5892.
2. Families of eligible children and youth, eligible adults, and eligible older adults, as defined in Section 5892.
3. Youths or youth mental health or substance use disorder organizations.
4. Providers of mental health services and substance use disorder treatment services.
5. Public safety partners, including county juvenile justice agencies.
6. Local education agencies.
7. Higher education partners.
8. Early childhood organizations.
9. Local public health jurisdictions.
10. County social services and child welfare agencies.
11. Labor representative organizations.
12. Veterans.
13. Representatives from veterans' organizations.
14. Health care organizations, including hospitals.
15. Health care service plans, including Medi-Cal managed care plans as defined in subdivision (j) of Section 14184.101.
16. Disability insurers.
17. Tribal and Indian Health Program designees established for Medi-Cal Tribal consultation purposes.
18. The five most populous cities in counties with a population greater than 200,000.
19. Area agencies on aging.
20. Independent living centers
21. Continuums of care, including representatives from the homeless service provider community.
22. Regional centers.
23. Emergency medical services.
24. Community-based organizations serving culturally and linguistically diverse constituents.

# Required BHSA Stakeholders

Stakeholders should have diverse viewpoints and include:

- Representatives from youth from historically marginalized communities.
- Representatives from organizations specializing in working with underserved racially and ethnically diverse communities.
- Representatives from LGBTQ+communities.
- Victims of domestic violence and sexual abuse.
- People with lived experience of homelessness.

# BHSA Stakeholder Responsibilities

## Participate in Planning Processes

- Stakeholders contribute insights and feedback during the planning stages to ensure community needs and priorities are addressed.

## Provide Local Knowledge:

- Offer valuable local context and expertise that inform decision-making and project design.

## Advocate for Community Interests

- Represent and advocate for the needs and interests of community residents, especially marginalized groups.

## Monitor and Evaluate

- Help track progress, assess outcomes, and suggest adjustments to ensure community goals are met effectively.

# BHSA Community Planning Team

**Time:** 2 meetings per month during the planning period (July-December):

- In person meetings on the 2nd Tuesday from 9:30am to 12:30 pm at St. Anne's in Los Angeles
- Virtual meetings the final Friday of the month from 9:30am-12:30pm
- Information including address and links can be found here: [dmh.lacounty.gov/MHSA/announcements](https://dmh.lacounty.gov/MHSA/announcements)

**Preparation:** Agenda and materials are released one week in advance of the meeting and provided in English, Spanish, and Korean

**Stipends:** SAPC and DMH are encouraging individuals with lived experience to attend and participate. Stipends of \$50 per meeting are available for community members in need of assistance for incidentals to attend meetings.

- Registration and orientation training is required.

**Participation** – Bring yourself and your lived community experience

**Supportive Environment** – Meeting with others who are also committed to this community

# How can you get involved?

## Join our Community Planning Team meetings!



<https://forms.office.com/g/bz6eRFG9DT>

Meetings are open to the public. We meet in-person on the 2nd Tuesday of every month and virtually on the last Friday of every month.

These meetings are a great way to meet others in your community, local government, and provider network, and we provide food!

For more on BHSA Planning: <https://DMH.lacounty.gov/MHSA>

For more on State Level Planning around Prevention (California Department of Public Health):

<https://www.cdph.ca.gov/Programs/OPP/Pages/Engagement.aspx>

# Join your local community leadership team meetings!

## **Service Area Leadership Teams (SALT)**

The Department of Mental Health sponsors local Service Area Leadership Team meetings in each of the 8 LA County Service Area regions. To learn more about joining a SALT, go to: <https://dmh.lacounty.gov/about/salt/>

## **Underserved Cultural Community Subcommittees (USCC)**

The Department of Mental Health also sponsors advocacy committees for underserved cultural communities to lift voices for the Black/African American community, Asian Pacific Islander Community, Latino Community, American Native/Alaskan Native community, Eastern European/Middle Eastern Community, LGBTQ2SI Community, and Access for all giving voice to individuals with disabilities. Community members and individuals with lived experience are encouraged to participate.

To learn more about joining a USCC go to: <https://dmh.lacounty.gov/about/mhsa/uscc/>

