

## **Department of Mental Health (DMH) Updates for the Behavioral Health Commission (BHC) Executive Committee Meeting (September 25, 2025)**

**Report Response:** The following reports were submitted by DMH in August 2025.

- Streamlining Los Angeles County Mental Health and Substance Use Disorder Bed Reporting (Item 17, Agenda of May 6, 2025) [Link](#)
  - On July 29, 2025, the Board approved a framework that consolidates the mental health and substance use disorder treatment bed reports into one new streamlined and coordinated mental health and substance use disorder Treatment Bed Report.
  - This report provides a description of network management, resource management, utilization management and funding updates across relevant departments.
  - Capital Projects including, but are not limited to:
    - DMH: 34 Acute Inpatient beds, 64 Mental Health Rehabilitation Center (MHRC) beds, 32 Psychiatric Health Facility (PHF) beds at Los Angeles General Medical Center (LAGMC); 16 Crisis Residential Treatment Program (CRTP) beds at High Desert Regional Health Center; 32 MHRCs for Transitional Age Youth at the LA County Care Community on the Metro State Hospital Campus; 16 PHF, 16 MHRC, and 16 Enriched Residential Services (ERS) beds at the Olive View Continuum of Care Facility; and 32 PHF beds, 48 MHRC beds and 32 CRTP beds on the Martin Luther King, Jr. Behavioral Health Center (MLK BHC).
    - Department of Public Health Substance Abuse Prevention and Control (DPH-SAPC): one non-BHCIP funded capital project under development to provide residential withdrawal management services.
  - Data and Outcomes for the period of January 2025-June 2025 for the following:
    - Crisis Stabilization Units
    - Acute Inpatient
    - Subacute
    - Crisis Residential Treatment Programs
    - Enriched Residential Services
    - SUD Residential Treatment
    - SUD Withdrawal Management
    - SUD Recovery-Oriented Housing
    - DHS Bed Distribution
    - DMH, DPH-SAPC and DHS Discharge Destinations
  - Challenges include, but are not limited to:
    - High demand and high cost of developing acute and subacute beds.

- The ability to develop new beds is impacted by factors outside of the County’s control, such as licensing approval.
    - Various funding considerations, including funding reductions at the State level, Behavioral Health Services Act (BHSA) funding shifts, IMD limitations; increased demands without additional funding; and additional funding needs for Department of Health Services (DHS) Office of Diversion and Reentry (ODR) resources.
    - Competition with other health plans for the same bed resources.
    - Providers report experiencing workforce shortages.
  - Opportunities and Successes include, but are not limited to:
    - Strong cross departmental collaboration through shared initiatives.
    - Sharing rates and contract terms between DHS-Office of Diversion and Reentry and DMH.
    - DPH-SAPC continues open soliciting and contracting for Drug Medi-Cal (DMC) services to expand all treatment levels of care in order to maximize access.
    - DHS-ODR is working to maximize use of existing acute and subacute resources through operational improvement.
    - DMH is actively developing its project proposals for the final round of BHCIP Bond dollars and both DMH and SAPC are supporting the CBOs through the letter of support process.
- Biannual Progress Update on the Los Angeles County Community School Initiative (Item 7, Agenda of April 9, 2019). [Link](#)
  - The report provides an update from January 1, 2025, through June 30, 2025.
  - Provides highlights of outreach and awareness activities facilitated during this period for the DMH School Based Community Access Point (SBCAP) Programs (48 community events), LAUSD Trauma and Resilience Informed Early Enrichment (TRiEE), UCLA-Center of Excellence (57.5 training hours for 216 LAC educators), and LACOE CSI (94 awareness campaigns, 338 engagement activities, and 29 training sessions for staff, parents/caregivers, and community members).
  - The outreach, awareness, and educational activities included collaborations with the School Based Mental Health providers, LACOE-CSI, community partners (including AltaMed Medical Group, Asian American Drug Abuse Program, Metro Boys and Girls Club, others) and other County departments.
- Report Response on Implementing Lanterman-Petris-Short (LPS) Act Reform (Item No. 66A, Agenda of October 17, 2023). [Link](#)
  - This report provides the biannual update on implementing the LPS Act Reform (Senate Bill 43).
  - Highlights:
    - The Client, Flow, System Mapping, System Guidelines, and Evaluation Workgroup developed a summary of the SB 43 process that illustrates

the flow from referrals for involuntary detention evaluation to evaluation and disposition, treatment after 5150, and discharge planning, highlighting key differences post-SB 43 implementation.

- The LPS Designation and Training developed training materials in collaboration with relevant departments and deployed them as part of training for the LPS designated workforce.
  - The Treatment and Care Planning Workgroup completed three checklists focused on treatment and care planning for: 1) LPS designated facilities, 2) Pre-facility practitioners and programs, 3) After-discharge practitioners and programs.
  - The Court Processes Workgroup identified documents required in the involuntary holds and conservatorship processes and drafted changes for review within the workgroup; OPG drafted changes to the LPS conservatorship documents; OPG scheduled justice partner trainings for the October Superior Court mental health symposium.
  - The Communications, Education and Collaboration Workgroup launched the LPS-SB 43 website on the DMH webpage and developed informational/educational materials and social media assets for community audiences and stakeholders.
  - The Managed Care Plan Coordination Workgroup is coordinating an SB 43 overview and open forum with all Los Angeles (LA) County Medi-Cal Managed Care plans for September 2025.
  - All workgroups are currently on track to meet the January 1, 2026, implementation deadline.
- Report Response on Data for the Behavioral Health Center on the Martin Luther King, Jr., Medical Campus (Item No. 29, Agenda of November 16, 2021) [Link](#)
    - This report provides metrics from DMH and DPH for the programs located on the Martin Luther King Jr. Behavioral Health Center campus between April 2025-June 2025. Below are a few of those metrics.
      - DMH Crisis Residential Treatment Program:
        - ◁ Received 84 referrals and 28 admissions.
        - ◁ Occupancy rate and average length of stay: 56%/37 days.
      - DPH Substance Use Disorder (SUD) and Respite and Recovery Center:
        - ◁ Respite/Sobering Center:
          - Received 661 referrals.
          - Occupancy rate and average length of stay: 48%/ 14 hours.
        - ◁ Residential Withdrawal Management (RWM):
          - Received 157 referrals.
          - Occupancy rate and average length of stay: 66%/ 6 days.
        - ◁ Residential:
          - Received 142 referrals.
          - Occupancy rate and average length of stay: 96%/ 74 days.

- Report on Educating Youth About the School Threat Assessment Response Team (START), Bi-Annual Report (Item 24, Agenda of July 26, 2022). [Link](#)
  - This report provides information on trainings, referrals, interventions, and post interventions by START during the period of January 1, 2025, through June 30, 2025.
  - Highlights:
    - Conducted 60 presentations/trainings to various schools/ school districts, community organizations, County departments, law enforcement and other entities.
    - Received 365 referrals for early screenings and threat assessments.
    - Types of post interventions/Number of referrals include crisis intervention (172), initial screening/assessments (360), outreach & engagement (10), monitoring (42), supportive services (196), consultations (5), and linkages (83).
  
- Evaluating the Impact of the Passage of the Federal Big Bill (Item 13, Agenda of July 15, 2025) [Link](#)
  - This report includes the Department’s analysis of the bill’s impact on the County’s mental health delivery system, an estimate of reductions in mental health services for County residents, and an estimate of possible impacts to the Department’s budget.
    - Potential impacts to mental health system include, but are not limited to:
      - Implementation of mandatory work requirements:
        - At this time, it is DMH’s understanding that medi-cal members with serious mental illness (SMI) will be exempt from this requirement due to a finding of disability. If there is required documentation, this could mean an increase in workload for DMH and contracted providers.
        - Expects that a large number of County residents experiencing mild to moderate mental illness, receiving care through the managed care plans, will not be able to meet the work requirement resulting in a loss of coverage.
      - Increase in frequency of eligibility redeterminations for the expansion population: Anticipate a significant loss of enrollment, coverage, and access to services for Medi-Cal members receiving mental health services in both DMH’s system of care and the mild-to-moderate system of care.
      - Limit in Medicaid retroactive coverage (limit varies based on covered population): Expects a loss of provider

reimbursement for providers, including DMH directly operated services. Possible loss of access to care.

- Implementation of new copay requirement: No direct impact, possible indirect impact due to clients' misunderstanding of new requirement.
- Expected Impact of the OBBBA on the Specialty Mental Health Plan's Revenue: Using the financial impact analysis produced by the Congressional Budget Office, DMH estimates that the Specialty Mental Health Plan, which includes all services delivered by both DMH's direct operations as well as the Plan's contracted network of providers, will lose an average of \$57.7 million annually over the first 10-year period of the bill's implementation. This is a rough estimate.
  - DMH will continue to monitor the issuance of new guidelines and analysis to ensure DMH is aware of the latest information and can better understand the expected impacts on our system, residents, and clients.
- Enhancing Access to Health and Social Services for County Immigrants-Directives 4 and 5 (Item 3, Agenda of July 8, 2025). [Link](#)
  - These reports identified resources for parents, guardians, and educators on speaking to children and youth about immigration enforcement; provides information on the status of DMH's language capacity; and plans to work with contracted providers to evaluate the level of need in immigrant communities.
    - Family/Community Resources listed below:
      - [LA County Immigrant Youth Toolkit](#)
      - ["When Children are Afraid of A Parent's Deportation"](#)
      - Additional local resources are included in the report.
    - Currently over 4000 directly operated and contracted community based organizations with the ability to provide services in a language other than English.

**Motions:**

In August 2025, the motions below were approved by the Board with reports to be **submitted by** DMH.

**Inspired by Immigrant Communities, for Everyone: Strengthening the Essential Role of Promotoras/es and Community Health Workers in Linking Vulnerable Communities to Critical Health and Social Services (Revised Item 9, Agenda of August 5, 2025)**

**Purpose:** To address the growing need to provide support/information due to the fears and challenges from the increase in immigration enforcement

