

Preview Session

January 8, 2026



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



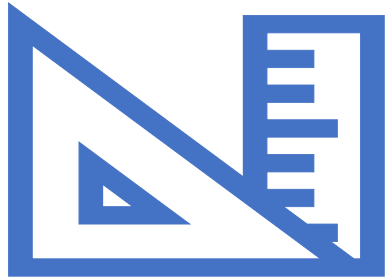
COUNTY OF LOS ANGELES
Public Health
Substance Abuse Prevention and Control



PURPOSE

Provide an overview of the BHSA Community Planning Process and the BHSA Integrated Plan.

OUTLINE



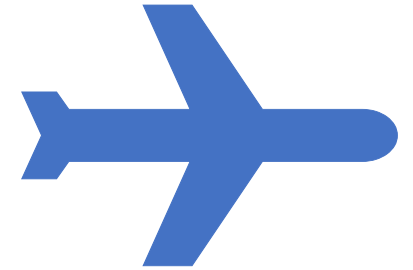
BHSA Community
Planning Process



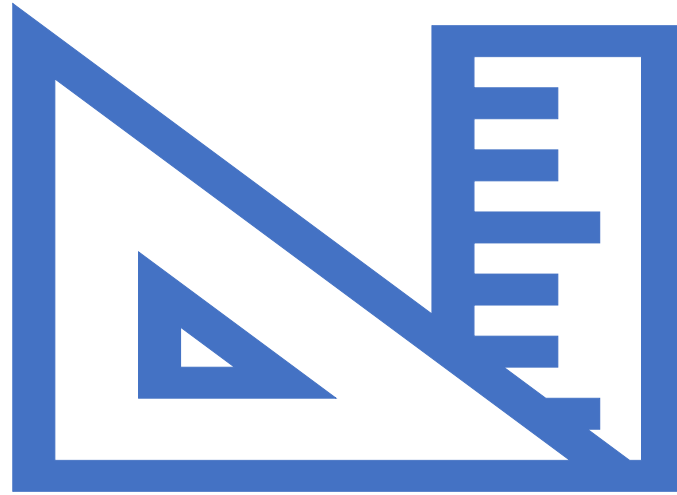
BHSA Integrated Plan
Template



Behavioral Health
Continuum of Care



BHSA IP Approval
Roadmap & 2026 Focus



BHSA Community Planning Process

BHSA COMMUNITY PLANNING PROCESS (BHSA CPP)



PURPOSE OF ENGAGEMENT



Gather broad community input



Reach priority & underserved populations



Inform BHSA Integrated Plan priorities

FOCUS

- Behavioral Health Continuum of Care
- Statewide Population Behavioral Health Goals

PARAMETERS

- State: 'What'
- Counties: 'How'

COMMUNITY PLANNING PROCESS

- Time: January – December 2025
- Phases: Foundation Setting + Stakeholder Input + Stakeholder Feedback

STAKEHOLDER ENGAGEMENT

- DHCS' 30 Stakeholder Groups
- Diverse Community Planning Team

BHSA CPP - JOURNEY

FOUNDATION SETTING

Jan – Feb – Mar

1. Generated stakeholder definition of behavioral health.
2. Identified similarities and differences among mental health and SUD stakeholders.
3. Reviewed DHCS' definition of behavioral health.
4. Developed frameworks for the BHSA CPP: membership, timeline, commitments, etc.
5. Formed initial BHSA Community Planning Team (CPT) and launched the BHSA CPP.

STAKEHOLDER INPUT

Apr – May – Jun – Jul - Aug

1. Used client-centered scenarios to review and understand the local behavioral health continuum of care (BHCoC).
2. Identified unmet needs & service gaps for Prevention, Early Intervention, Outpatient & Intensive Outpatient, and Housing Interventions.
3. Produced and reviewed disparity data for seven statewide behavioral health goals.
4. Identified factors driving disparities for each goal proposed stakeholder solutions to reduce disparities.
5. Expanded, diversified, and onboarded BHSA CPT.

STAKEHOLDER FEEDBACK

Sep – Oct – Nov - Dec

1. Reviewed BHSA-funded and non-BHSA-funded programs and services across the BHCoC.
2. Held 7 BHSA CPT sessions led by Subject Matter Experts to provide in-depth descriptions of specific programs and services across the BHCoC.
3. Held 1 BHSA CPT Forum to discuss content for Behavioral Health Prevention.
4. Held 2 BHSA Forums to discuss Housing Interventions content and obtain stakeholder input.
5. Held 3 youth-centered focus groups.

BHSA CPP - HIGHLIGHTS

- 26 (3-hour) BHSA CPT sessions and forums focused on BHSA-related content.
- All meetings provided CART services, ASL interpretation, Korean/Spanish materials and interpretation, and in-person and online options.
- Stipends were provided to clients and community representatives (e.g., SALT and UsCC Co-Chairs).
- Materials were typically posted one week prior to the session.

Overall, BHSA CPP participants responded in the following way to key meeting evaluation questions:

- **88%** strongly agreed or agreed that **'The session had a clear purpose and objectives relevant to the purpose'** (**7%** were neutral and **5%** disagreed or strongly disagreed).
- **87%** strongly agreed or agreed that **'The presentations for today's session provided helpful information pertaining to the meeting objectives'** (**7%** were neutral and **6%** disagreed or strongly disagreed).
- **81%** strongly agreed or agreed with statement **'I felt safe expressing my views and questions'** (**14%** were neutral and **4%** disagreed or strongly disagreed).
- **80%** strongly agreed or agreed that **'The meeting time was used efficiently'** (**12%** were neutral and **7%** disagreed or strongly disagreed).

BHSA COMMUNITY PLANNING TEAM (CPT)

THE BHSA CPT INCLUDED REPRESENTATIVES FROM DHCS' 30+ STAKEHOLDER GROUPS

1. Area Agencies on Aging
2. BHSA Eligible Adults and Older Adults (Individuals With Lived Experience)
3. Community-Based Organizations Serving Culturally and Linguistically Diverse Constituents
4. Continuums of Care, including Representatives from the Homeless Service Provider Community
5. County Social Services and Child Welfare Agencies
6. Disability Insurers
7. Early Childhood Organizations
8. Emergency Medical Services
9. Families of BHSA Eligible Children and Youth, Eligible Adults, and Eligible Older Adults (With Lived Experience)
10. Higher Education Partners
11. Health Care Organizations, including Hospitals
12. Health Care Service Plans, including Medi-Cal Managed Care Plans
13. Independent Living Centers
14. Individuals with Behavioral Health Experience, including Peers and Families
15. Labor Representative Organizations
16. Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+) Communities
17. Local Education Agencies
18. Local Public Health Jurisdictions
19. Organizations Specializing in Working with Underserved Racially and Ethnically Diverse Communities
20. People with Lived Experience of Homelessness
21. Providers of Mental Health Services
22. Providers of Substance Use Disorder Treatment Services
23. Public Safety Partners, including County Juvenile Justice Agencies
24. Regional Centers
25. The Five Most Populous Cities in Counties with A Population Greater Than 200,000
26. Tribal and Indian Health Program Designees Established for Medi-Cal Tribal Consultation Purposes
27. Veterans and Representatives from Veterans' Organizations
28. Victims of Domestic Violence and Sexual Abuse
29. Youth from Historically Marginalized Communities
30. Youths (Individuals With Lived Experience), Youth Mental Health Organizations, or Youth Substance Use Disorder Organizations

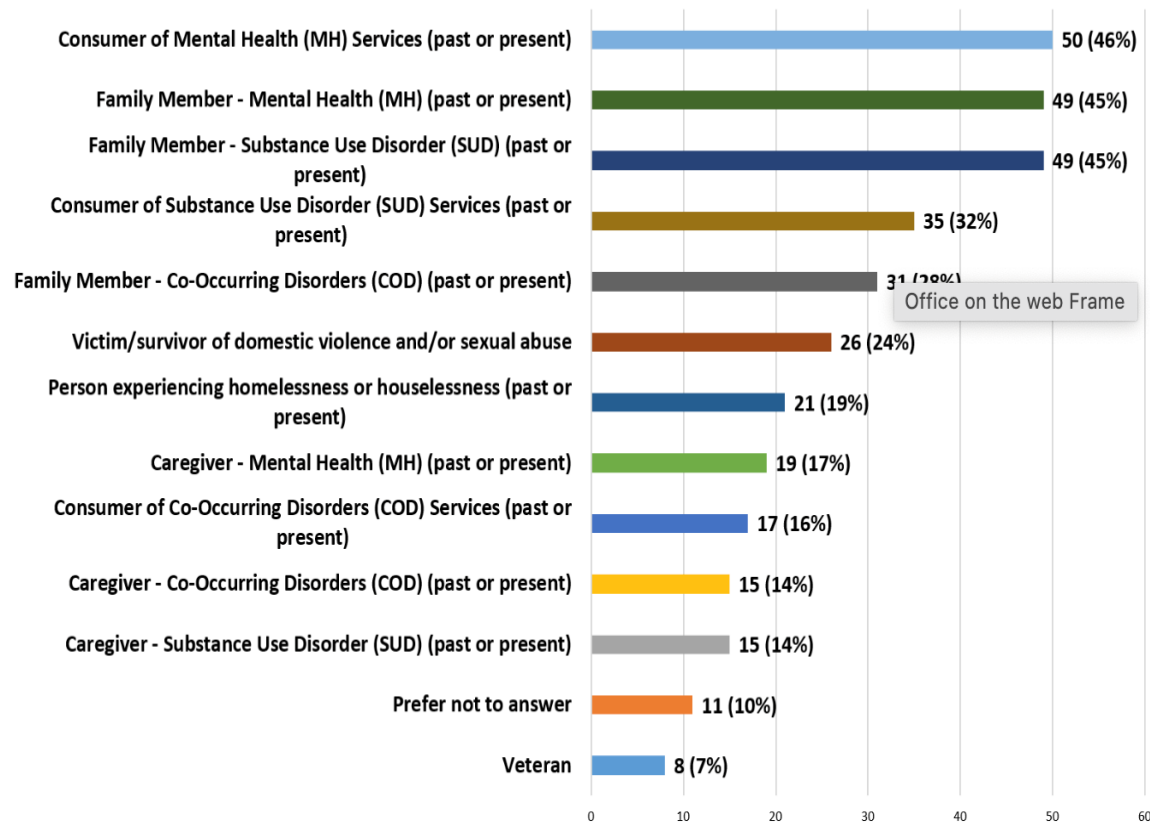
HIGHLIGHTS

- All DHCS stakeholder groups were engaged in the BHSA CPT or through a BHSA-related forum or focus group.
- From January to December 2025, over 450 unduplicated people representing 224 unduplicated organizations participated in at least one session or forum.

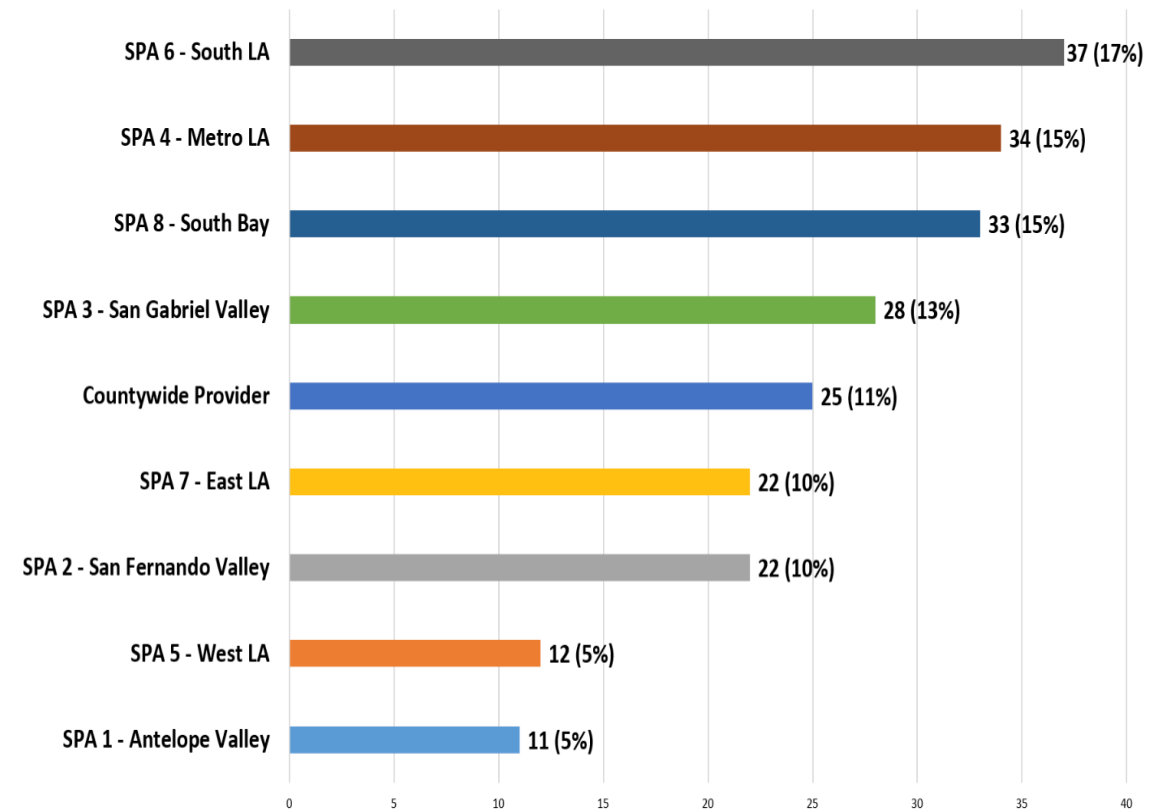
BHSA CPT STAKEHOLDER DIVERSITY

PEOPLE WITH LIVED EXPERIENCE & SERVICE AREA REPRESENTATION

BHSA CPT MEMBERS: ALL LIVED EXPERIENCES



CPT MEMBERS: SERVICE PLANNING AREA REPRESENTATION

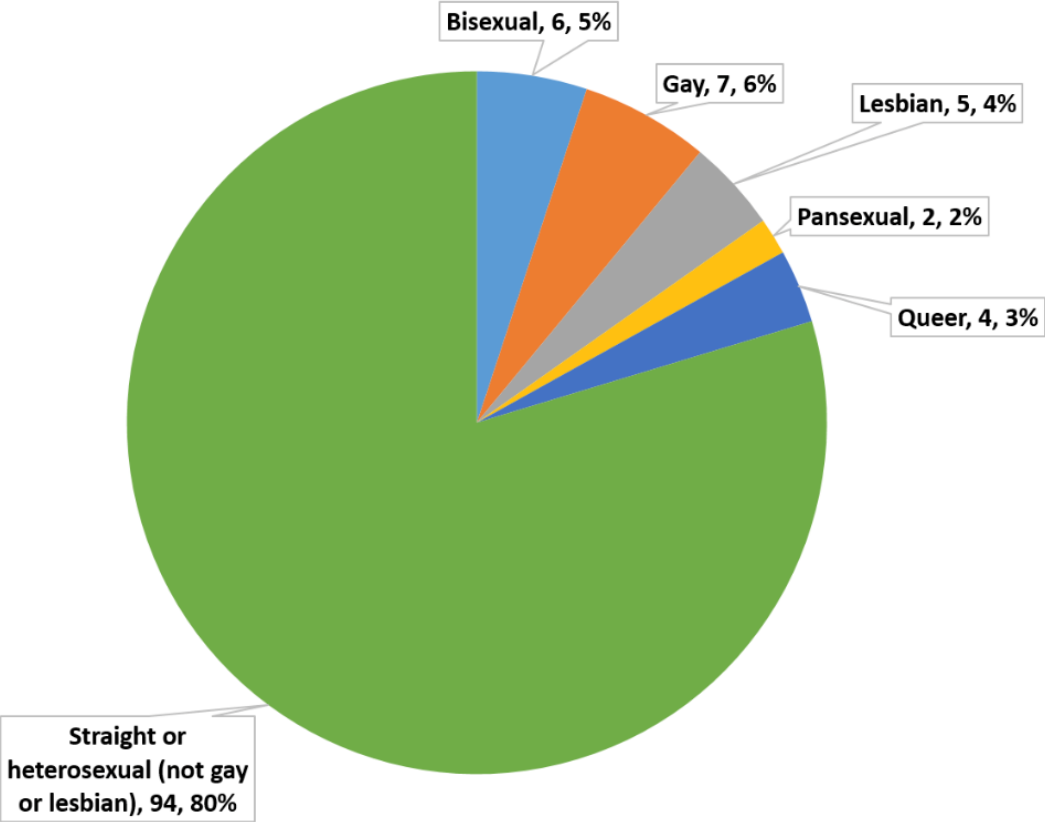


NOTE: This information comes from 109 of 139 CPT members that submitted their Member Information Form.

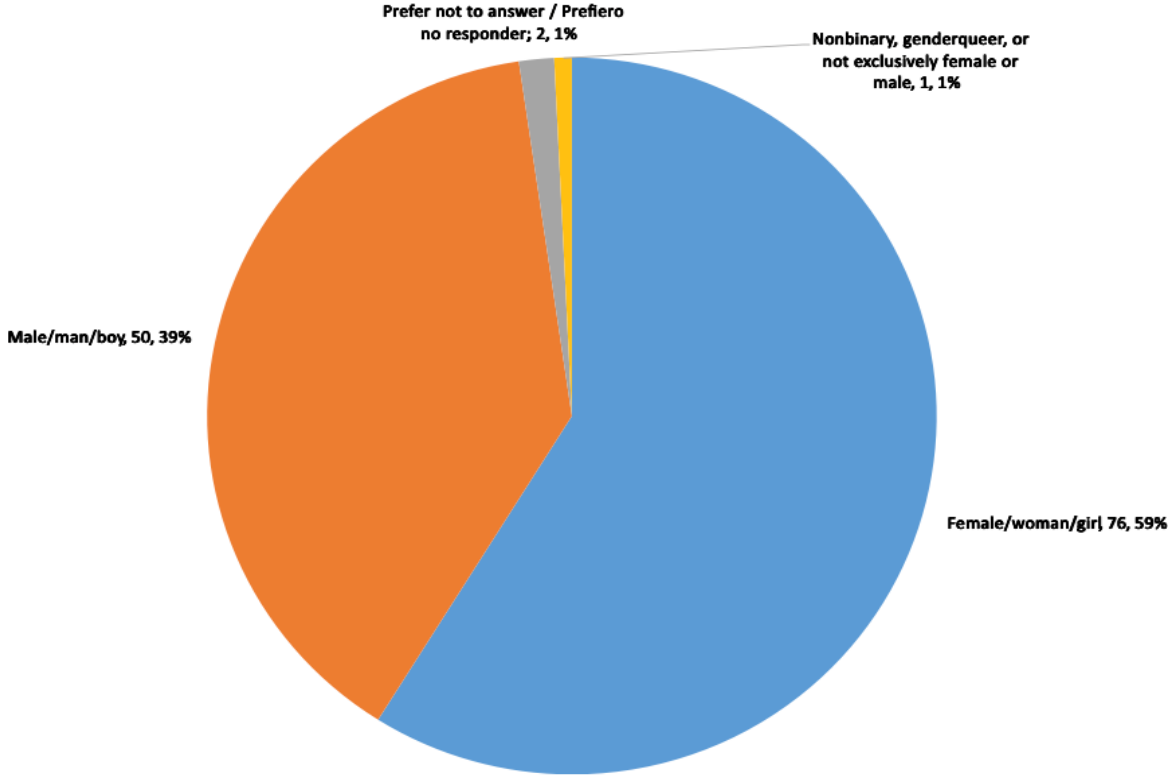
BHSA CPT STAKEHOLDER DIVERSITY

SEXUAL ORIENTATION AND GENDER IDENTITY

CPT MEMBER: SEXUAL ORIENTATION



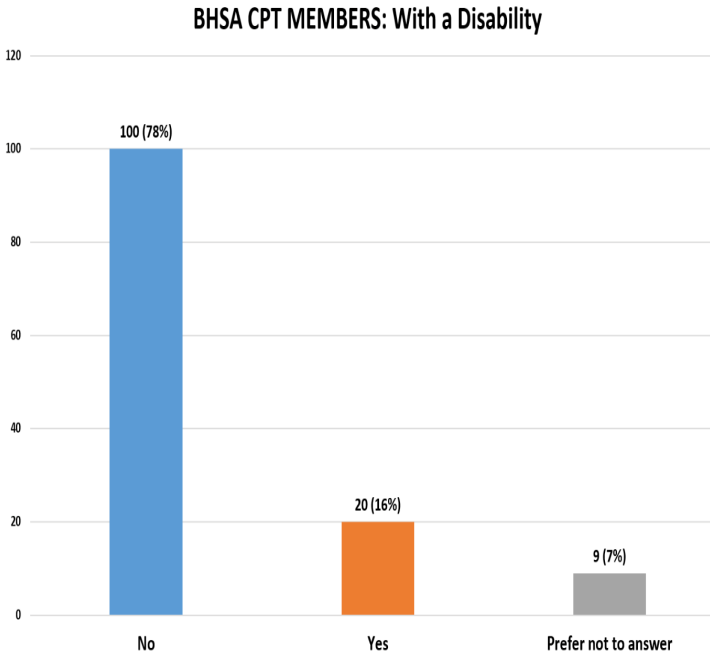
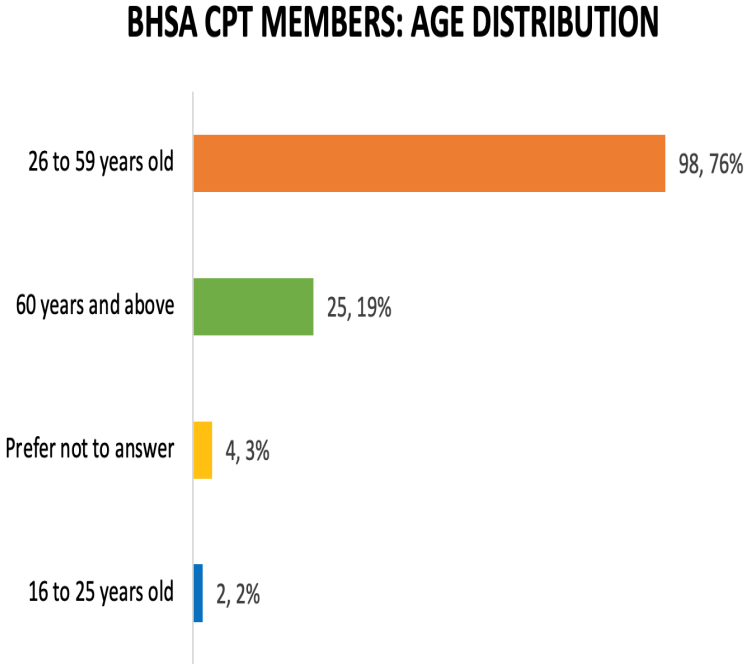
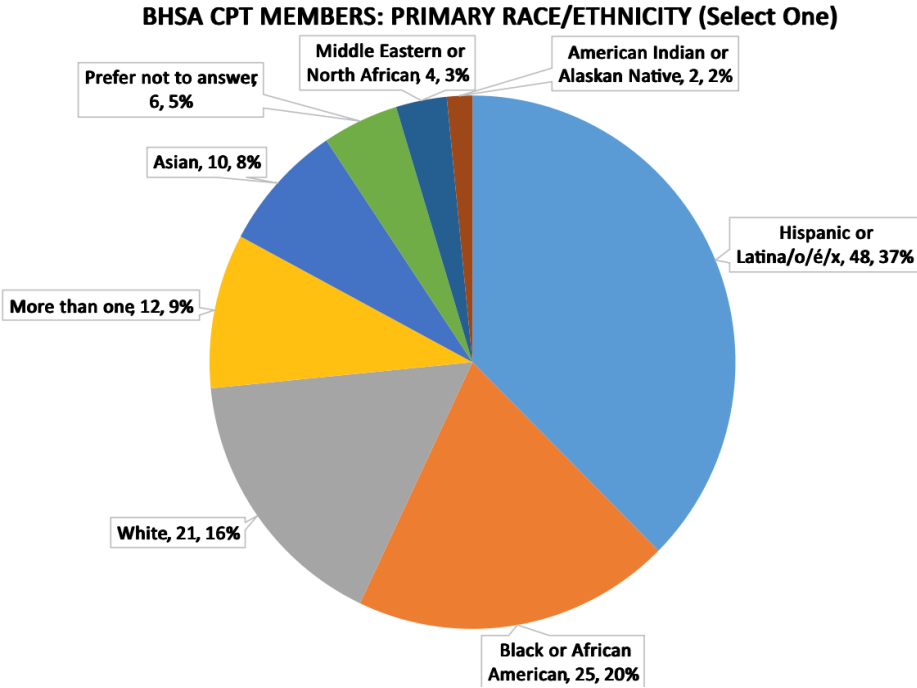
CPT MEMBERS: CURRENT GENDER IDENTITY



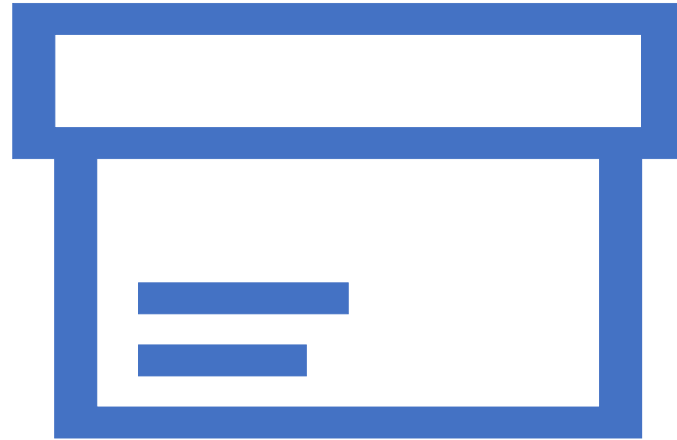
NOTE: This information comes from 109 of 139 CPT members that submitted their Member Information Form..

BHSA CPT STAKEHOLDER DIVERSITY

RACE/ETHNICITY, AGE DISTRIBUTION, AND DISABILITY



NOTE: This information comes from 109 of 139 CPT members that submitted their Member Information Form..



BHSA Integrated Plan Template

BHSA IP TEMPLATE

BHSA IP Template Covers
8 High-Level Categories

FOCUS:
Foundations &
System Context

01



GENERAL INFORMATION

- Key department contact information
- Who is responsible for the plan
- Basic county behavioral health identifiers

02



FUNDING FLEXIBILITY & FINANCIAL REQUESTS

- Exemption requests available for small counties
- Requests to shift funding percentages based on local needs
- How counties align funding with community priorities

03



COUNTY BEHAVIORAL HEALTH SYSTEM OVERVIEW

- How the county's mental health & substance use system operates
- Populations served (youth, adults, older adults)
- Data systems, technology, and reporting tools used
- Types of services offered across the continuum

04



STATEWIDE PLANNING REQUIREMENTS

- Six statewide behavioral health goals
- Population-level measures all counties must use
- How these measures guide planning and resource allocation

BHSA IP TEMPLATE, Continued

BHSA IP Template covers
8 high-level categories

FOCUS:
Implementation &
Accountability

05



COMMUNITY ENGAGEMENT & TRANSPARENCY

- Required stakeholder engagement
- Community input across planning stages
- Public comment and hearing process

06



COUNTY BEHAVIORAL HEALTH SERVICE SYSTEM

- Full care continuum (prevention → outpatient → crisis → housing)
- Oversight and monitoring of contracted providers
- BHSA-funded services and programs provided locally

07



WORKFORCE & FISCAL STABILITY

- Workforce planning, recruitment & retention
- Peer roles, clinicians, support staff
- Budget allocation and prudent reserve requirements

08



APPROVAL & COMPLIANCE

- Required county approvals (Behavioral Health Board, Board of Supervisors)
- State-level compliance and submission processes
- Required certifications and accountability steps



Behavioral Health Continuum of Care

BEHAVIORAL HEALTH CONTINUUM OF CARE

LOS ANGELES COUNTY MENTAL HEALTH CONTINUUM

Primary Prevention Services	Early Intervention Services	Outpatient Services	Intensive Outpatient Services	Crisis Receiving & Stabilization Up to 24 hours <small>(licensed: except sobering center)</small>	Acute Inpatient/ Subacute Hospital level care (licensed)	Crisis Residential/ Extended Residential Residential <small>(with onsite clinical/treatment services - licensed)</small>	Housing Intervention Services
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LOS ANGELES COUNTY SUD CONTINUUM

Primary Prevention Services	MAT and Opioid Treatment Program						
	Harm Reduction Services	Early Intervention Services	Outpatient Services	Intensive Outpatient Services	Residential Treatment Services	Inpatient Services Withdrawal Management	Housing Intervention Services
	Field-Based Services						

KEY DIFFERENCES: MHSA-BHSA PROGRAMMING

MHSA	BHSA	CHANGES
<p>Prioritizes the full spectrum of community and outpatient care from Prevention to Intensive Outpatient.</p>	<p>Prioritizes the most intensive, high-risk populations. Additional focus on Substance Use Disorders and Co-occurring disorders</p>	<p>Increased focus on Intensive Outpatient Full-Service Partnership (FSP) services to address homelessness, incarceration, institutionalization and removal of children from the home. FSP will include evidenced-based practices such as Assertive Community Treatment and Forensic Assertive Community Treatment. All FSP services require co-occurring services competency and access to Medications for Addition Treatment (MAT)</p>
<p>Funds can be used for Housing under the Community Services and Supports Category.</p>	<p>Housing is a priority and a new Housing component is established.</p>	<p>Creation of a new Housing component with mandated allocation. While funds can be used for transitional housing if an individual has not used their Managed Care benefits, the priority for BHSA Housing funds is permanent housing.</p>
<p>Allowed for investment in the full spectrum of community and outpatient care, including Prevention services.</p>	<p>Prioritizes individuals who have or are at high risk of developing a severe mental illness and substance use disorders.</p>	<p>Universal and Selective Prevention programming is no longer funded. Prevention programs that serve and link “Indicated” individuals at high risk who are in early stages of developing a severe mental illness can be funded. DMH is committed to delivering some “Indicated” Prevention services such as Prevention and Aftercare.</p>
<p>Allowed 76% of funding for Community Services and Supports. This includes FSP and adult and child outpatient services.</p>	<p>Allows 17% of funding for “Behavioral Health Services and Supports.” Requires 35% of BHSA funds for FSP as its own component. Broader criteria are established for FSP, making more children and adults eligible.</p>	<p>Decreased available funding for non-FSP services such as outpatient services. Both Adult and Child services will see an increase in available FSP service availability and more individuals currently served in outpatient will be eligible for FSP. We expect to see a transformation of Adult Outpatient to FSP in the coming three years. Children’s Outpatient services will become “Child Wellbeing” services and High-Fidelity Wraparound will be available to children served in the Child FSP and Child Wellbeing programs.</p>

BEHAVIORAL HEALTH SERVICE AND SUPPORTS (BHSS)

BHSS programming includes:

1. Adult and Older Adult System of Care (Non-FSP):
 - Outpatient Care Services
 - Mobile Response
2. Early Intervention Programs:
 - Child Wellbeing
 - Screening and Linkage
 - Outreach and Engagement
 - Mobile Response
3. Coordinated Specialty Care for First Episode Psychosis (CSC for FEP) Program
4. Outreach and Engagement (O&E): Navigation
5. Workforce, Education, and Training (WET) Program
6. Capital Facilities and Technological Needs (CFTN)

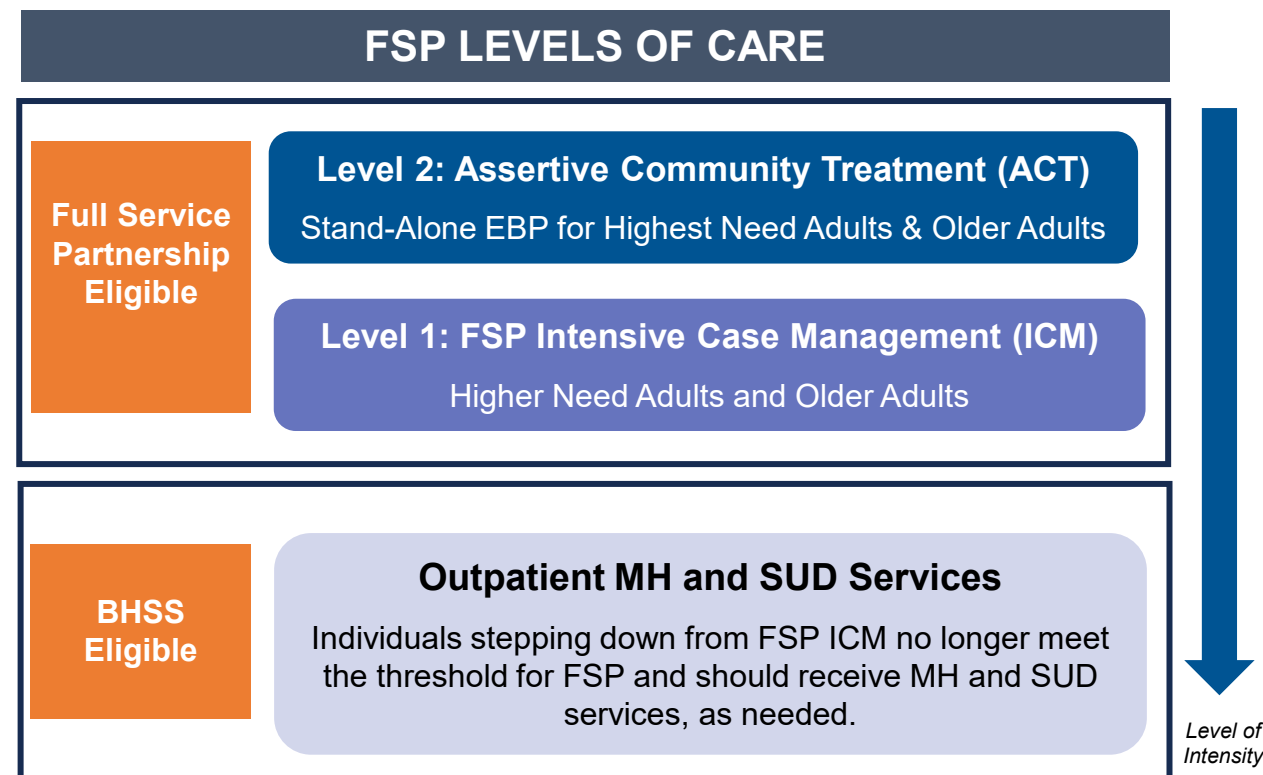
FULL SERVICE PARTNERSHIP (FSP)

BHSA REQUIREMENTS

Counties are required to use 35% of the funds for FSP.

FSP programs must make available the following specified services:

- Mental Health Services, Supportive Services, and Substance Use Disorder (SUD) Services
- Assertive Community Treatment (ACT)
- Forensic ACT (FACT)
- FSP Intensive Case Management (ICM)
- Individual Placement and Support (IPS) Model of Supported Employment
- High Fidelity Wraparound (HFW)
- Assertive Field-Based Initiation for SUD
- Outpatient Behavioral Health Services for Evaluation and Stabilization
- Ongoing Engagement Services
- Service Planning
- Housing Interventions (funded under the Housing Interventions Category)



ADULT FSP & CHILD FSP

ADULT FSP

MHSA

- Age 21+
- Single Level of FSP care
- 1:10 staff-to-client ratio

BHSA

- ACT & FACT– 1:10 staff-to-client ratio
- FSP-ICM (lowered criteria) – 1:25 staff-to-client ratio
- Inclusion of COD and IPS
- Can serve TAY if clinically appropriate
- Eligible BHSA Adults and Older Adults

CHILD FSP

MHSA

- Age 0-20
- General Child/YA, IFCCS, and WRAP

BHSA

- FSP- HFW
- All Child FSP programs incorporate High Fidelity Wraparound (HFW) as an EBP
 - Child Welfare/Justice Involved
 - Children with SED
 - Eligible BHSA Child and Youth
 - Age 0-25 including TAY age

HOUSING INTERVENTIONS

The Los Angeles County behavioral health system's overall strategy to promote permanent housing placement and retention for individuals receiving BHSA Housing Interventions:

DMH

- **Investing in permanent housing resources** (e.g., Flexible Housing Subsidy Pool, licensed facilities, PSH), identifying **unhoused DMH clients**, and helping develop and execute **short- and long-term housing plans through case managers**.
- **Key funded Permanent Supportive Housing (PSH) resources** include RAP (for those ineligible for federal subsidies), HFMMH (high-acuity and non-subsidized), HEAL (transition from licensed facilities to subsidized apartments), Homekey+ (local match for project-based PSH), and HAP (security deposits and essential household items).
- **Enriched Residential Care (ERC) program** provides rental subsidies and enhanced services for DMH clients in licensed residential care with insufficient income for NMOHC rates and complex needs.
- **DMH participates in LA County's Coordinated Entry System (CES)** to prioritize unhoused individuals; PSH placements use Los Angeles Housing Assessment Tool, HMIS, and document readiness to place clients on the CES queue.
- **For Interim Housing Program (IHP) participants**, DMH requires housing navigation, individualized long-term housing plans, monthly housing-status reports, and CES enrollment validation to ensure appropriate PSH matching, with ongoing SMHS support post-housing.

DPH - SAPC

- **Low-Barrier Housing Model with Behavioral Health Integration:** The County ensures individuals can access housing without requiring sobriety or treatment compliance, integrating voluntary SUD treatment with housing options.
- **Cross-Agency Collaboration and Data Sharing:** DPH-SAPC collaborates closely with DMH, LAHSA, DHS and Housing for Health to coordinate care and housing placements, adhering to applicable State and federal laws and regulations, including the use of HMIS.
- **Housing Navigation and Case Management:** Through BHBH funding, contracted agencies assist individuals in Recovery Bridge Housing (RBH) and Recovery Housing (RH) with unit searches, landlord negotiations, lease support, and securing stable housing upon discharge.
- **Housing Retention Through Wraparound Support:** Once housed, clients can continue receiving field-based behavioral health services, including outpatient SUD treatment, recovery services, and peer support to maintain housing stability.
- **Continuous Quality Improvement and Outcome Monitoring:** DPH-SAPC conducts regular audits, utilizes client feedback, engages in learning collaboratives to refine housing strategies and close service gaps.

DMH: FY 2025-2026 REVENUE SOURCES

32% State and Federal Medi-Cal (\$1,406.04M)

Funds specialty mental health services (SMHS) for eligible clients who meet medical necessity criteria for Medi-Cal. Entitlement program.

32% BHSA (\$1,428.56M)

Funds community mental health services in unlocked settings, which includes Full-Service Partnerships, Prevention and Early Intervention, Housing, Innovations, Workforce Education and Training, Capital Facilities and Technological Needs. May be used as a local match for federal Medi-Cal revenue.

18% 2011 Realignment – BH, AB109 (\$789.32M)

Provides the local match for Medi-Cal SMHS, including the Early and Periodic Screening, Diagnosis, and Treatment Program and mental health managed care.

9% 2011 Realignment – MH (\$401.95 Million)

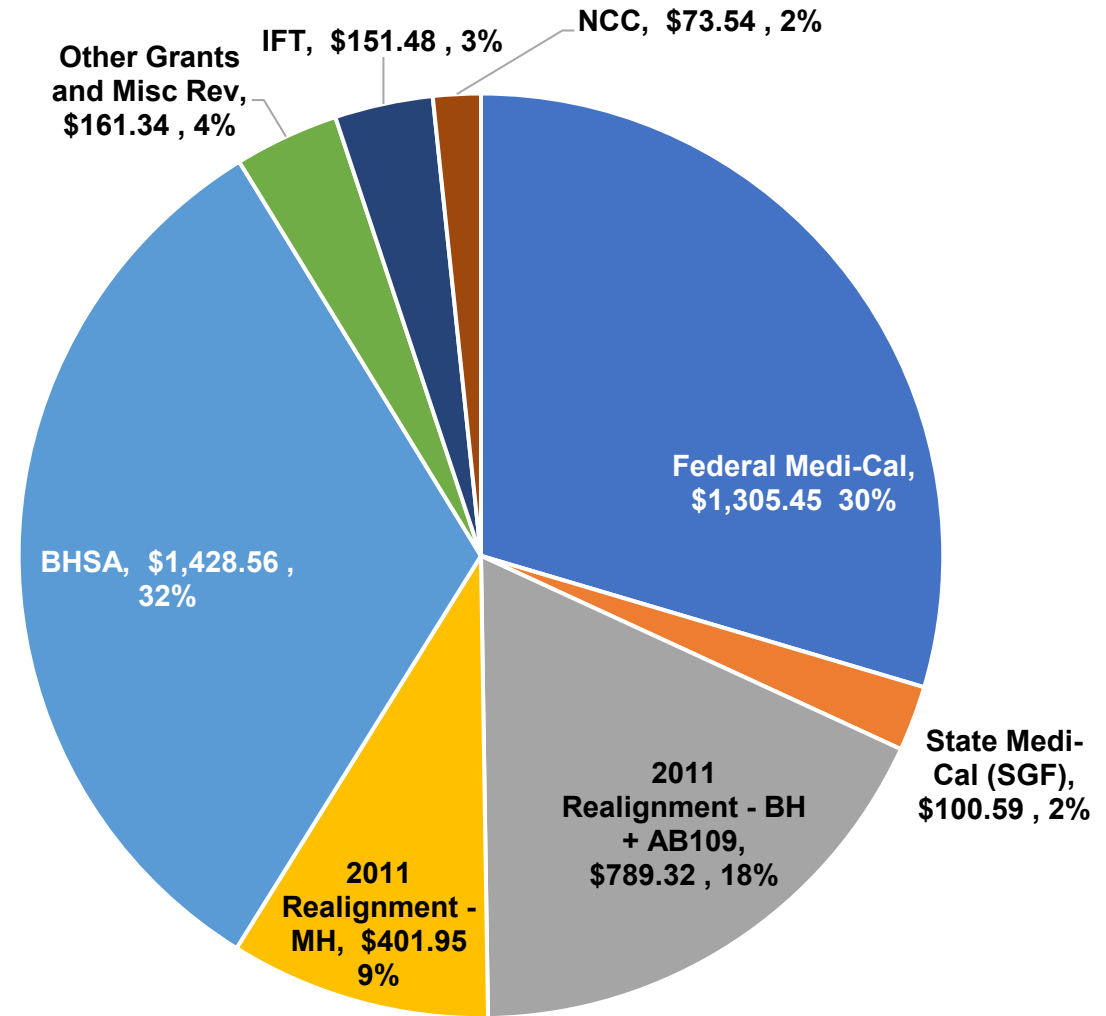
Community MHS, including acute psychiatric inpatient hospital services provided in Institutions for Mental Diseases (IMDs).

7% Grants and Miscellaneous Revenues (\$312.82 M)

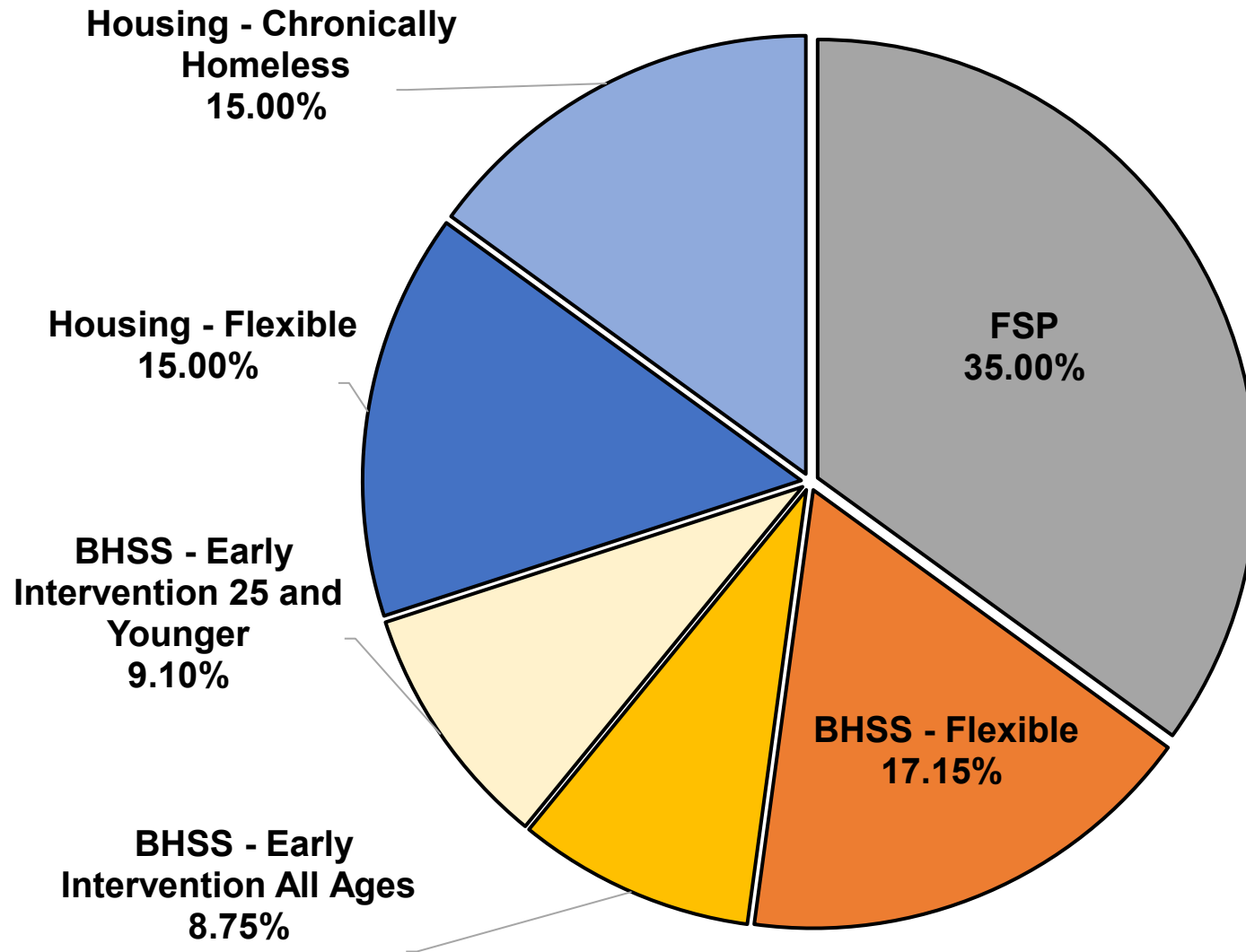
BHBH, CCE, Disaster Grants (SERG, RSP), SAMHSA, PATH, MHSSA, patient fees, parking fees, and estate fees, NPLH, and other miscellaneous revenues.

2% NCC (\$73.54 Million)

Maintenance of Effort for SMHS and discretionary funds for PG Probate, Jail MHS, emergency shelter, Project 50, and other homeless prevention programs.

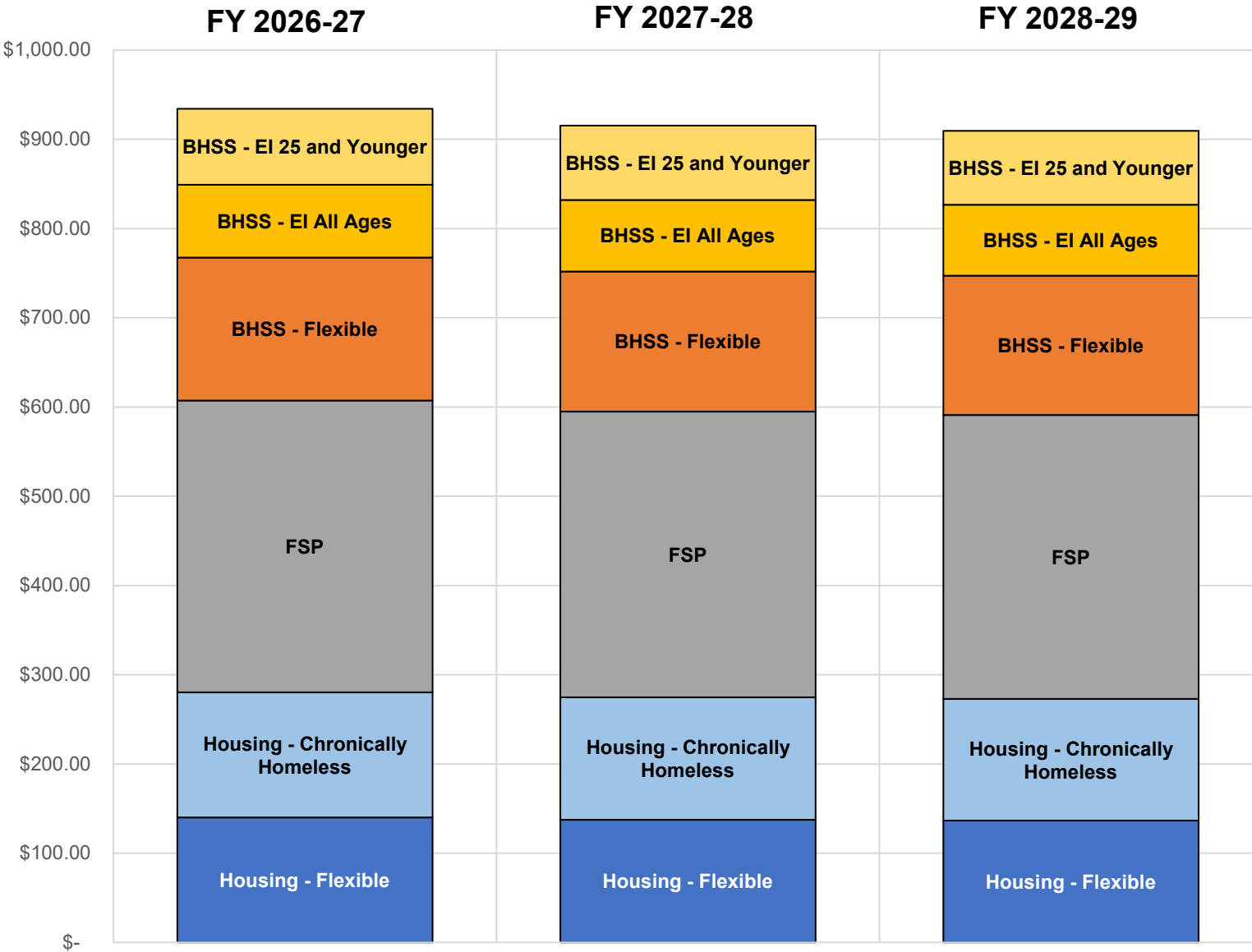


BHSA FUNDING ALLOCATIONS: SUB-CATEGORIES



- Each subcategory is reflected as a percent of total BHSA revenue
- Once sub-requirements are considered, BHSA revenue allocations become more prescriptive
- BHSA eliminates separate funding categories for innovation and prevention programs

ESTIMATED BHSA FUNDING AMOUNTS



- 5-year revenue average based on actuals through FY 2025-26 is \$862 million
- DMH estimates receiving:
 - \$934.1 million in FY 2026-27
 - \$915.4 million in FY 2027-28
 - \$909.4 million in FY 2028-29
- This estimate is based on statewide revenue estimates approved in the 2025 Budget Act
- Revenue estimates are subject to change

DPH-SAPC: FY 2025-2026 REVENUE

- **67% Drug Medi-Cal (\$501.2M)**

Funds specialty SUD treatment services for Medi-Cal eligible adolescents and adults.

- **8% Substance Use Block Grant (\$60.4M)**

Funds comprehensive SUD planning, implementation, and evaluation of prevention, treatment, and recovery services.

- **7% 2011 Realignment (\$53.9M)**

Funds public safety, mental health, and social services programs, including substance abuse treatment, from the state to counties.

- **2% Behavioral Health Bridge Housing (BHBH) (\$15.2M)**

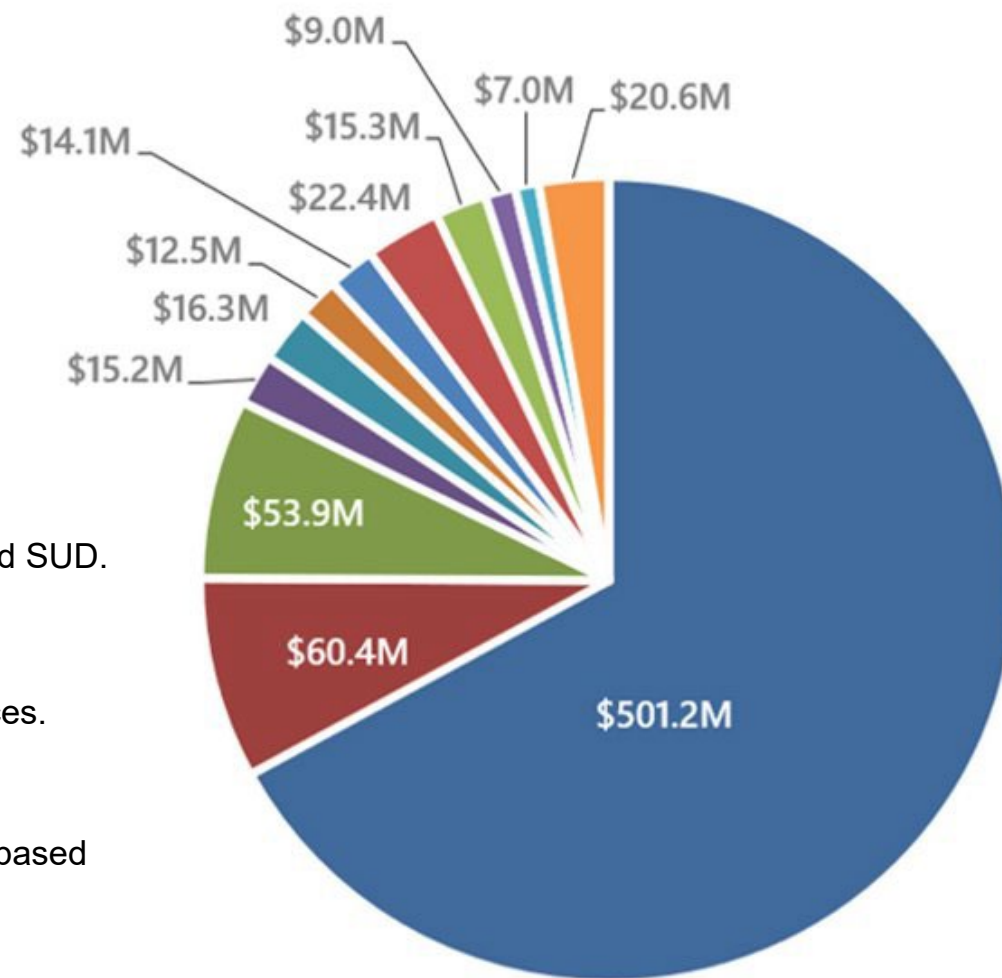
Provides bridge housing for homeless individuals with serious behavioral health conditions and SUD.

- **2% Measure H (\$16.3M)**

Funds homeless prevention, education, screening, and referrals for SUD treatment and services.

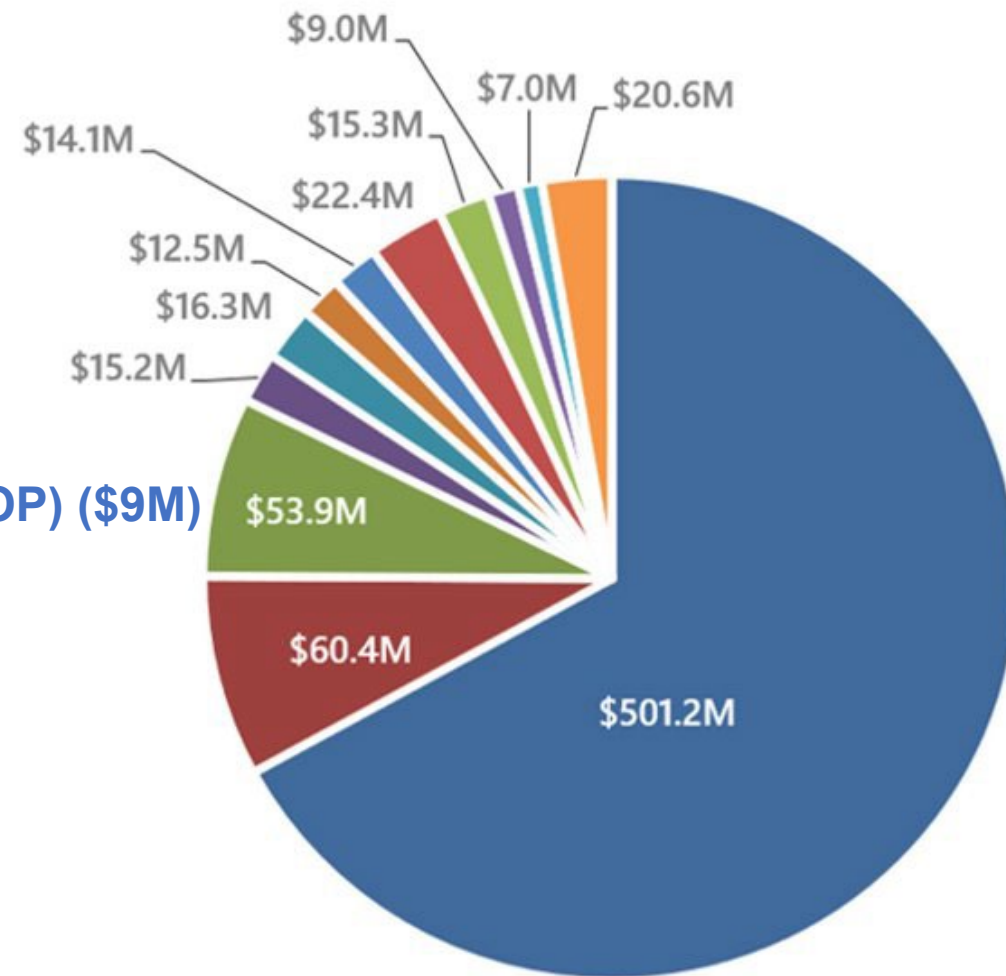
- **2% Care First, Community Investment (\$12.5M)**

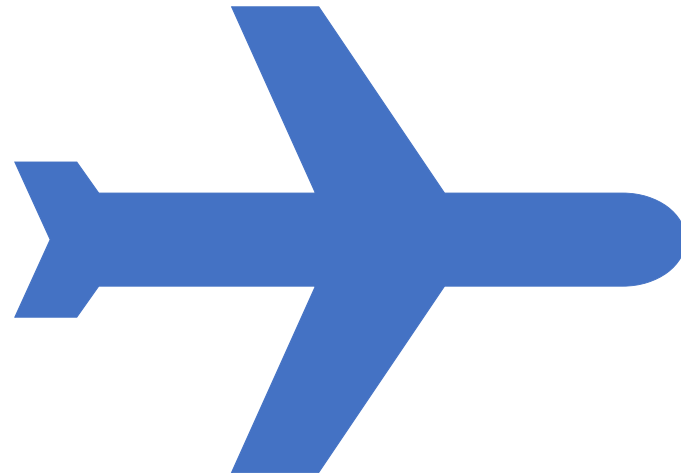
Redirects funds from incarceration towards community-based mental health, SUD, and court-based diversion programs for justice-involved individuals.



DPH–SAPC: FY 2025-2026 REVENUE, Continued

- **2% AB 109 (\$14.1M)**
Funds SUD treatment and recovery services for justice-involved individuals who may not be eligible for Medi-Cal.
- **3% Opioid Settlement Funds (\$22.4M)**
Expands and implements opioid prevention and treatment services following pharmaceutical settlements.
- **2% DPSS: General Relief and CalWorks (\$15.3M)**
Provide cash aid for rent, food, and utilities for individuals in SUD treatment.
- **1% Innovations Grant – Interim Housing Outreach Program (IHOP) (\$9M)**
Funds SUD outreach, screening, MAT, and referrals within housing sites for individuals experiencing homelessness.
- **1% Juvenile Justice Grants (JJCP & JJRBG) (\$7M)**
Funds screening, early intervention, counseling, and treatment referrals for probation-involved youth to prevent substance use and reduce recidivism.
- **3% Other Funding (\$20.6M)**





BHSA IP Approval Roadmap & 2026 Focus

BHSA IP APPROVAL ROADMAP



December 2025

Community Planning & Preparation

- Engaged stakeholders and community partners through the development process
- Completed required BHSA IP and budget sections
- Developed cost estimates for each BHSA program component

01



January 2026

Draft BHSA IP & Early Review

- Behavioral Health Commission preview presentation (January 8, 2026)
- Submit draft BHSA IP to the County Executive Officer (CEO) for signature
- Submit draft BHSA IP to DHCS
- Post BHSA IP for public comment

02



April 2026

Public Hearing & Updates

- Behavioral Health Commission hosts public hearing (April 9, 2026)
- Community Feedback Reviewed
- Revise IP based on public comment/feedback

03



May - June 2026

Final Approval & Submission

- Submit the IP to the Board for approval
- Submit final IP to DHCS by June 30, 2026
- Post final IP to DMH website

04

2026 FOCUS

- **Transformation of MHSA Programs and BHSA Implementation**
- **Outcomes, Accountability, Transparency**
 - Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR)
 - Client-Level Behavioral Health Integration and Related Topics
 - Population Disparities and Access to Care
- **Intentional Youth Engagement**

QUESTIONS?