

BHSA Housing Interventions

- What DMH Program Administrators and Service Providers Need to Know

*Note: Guidance will continue to evolve as the State releases further BHSA implementation details.
Last updated 9/18/26.*



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

▶▶ What changed July 1, 2026?

- Behavioral Health Services Act (BHSA) went into effect July 1.
- BHSA replaces the Mental Health Services Act (MHSA) so as to transform behavioral health services across the State including:

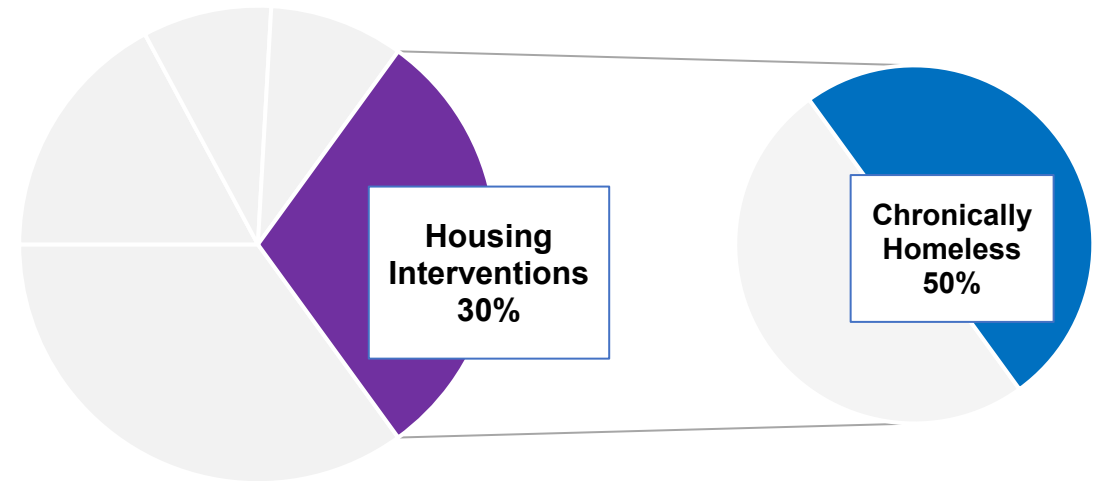
1 Shifting Funding Priorities

2 Expanding the Scope of Available Services

3 Increasing Accountability through New Reporting Requirements

►► How does this impact DMH housing funding?

- Under BHSA, 30% of funding must now be used on housing services for DMH clients **experiencing or at-risk of homelessness**.
- Of this funding, 50% must be used for individuals who are **chronically homeless** - with a focus on those living in **encampments**.



►► How does this expand DMH housing services?

- Housing services that are eligible to be funded by BHSA are known as **Housing Interventions (HI)**.
- BHSA HI funds **new** housing service categories in addition to what was previously funded by MHSA. This includes:

Interim Housing (Time-Limited):	• Interim Housing • Motel/Hotel Stays		
Permanent Housing (Non Time-Limited):	• Rental Subsidies • Licensed Residential Care • Single Room Occupancy (SRO)	• Shared Housing • Tiny Homes • Room & Board (unlicensed)	• Master Leasing • Recovery/Sober Living Homes
Other Housing Supports:	• ID/Document Costs • Housing Application Fees (NEW) • Credit Report Fees (NEW) • Rental Holding Fees • Security Deposits • Utility Deposits • Move-In Costs – Furniture • Storage Fees (NEW)	• Move-In Costs - Transportation (e.g. moving truck, movers) (NEW) • Pet Deposits/Other Pet Costs (e.g. temporary pet boarding) (NEW)	• Damage Reimbursement (NEW) • Eviction Prevention • Rental Arrears • Utility Arrears

►► What DMH programs does this impact?

- Any DMH program providing housing services funded by BHSA is an impacted program including:

- DMH Directly-Operated Programs

Housing Division	Facilitation and Implementation Unit (FIU)	Office of Transition Age Youth (TAY)
- Interim Housing Program (IHP) - Enriched Residential Care (ERC) Program - Rental and Housing Assistance Program (RHAP)	- CAL-Card Program - Procurement Request Tracking System (PTS)	Enhanced Emergency Shelter Program (EESP)

- DMH Contracted Providers

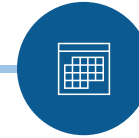
BHSA Administration	Prevention Services	Office of TAY
Client Support Funds	United Mental Health Promoters (UMHP)	TAY Drop-In Centers

▶▶ How were the impacted programs kept informed?

- Housing Division began BHSA HI planning process in January 2026.



Launched six BHSA HI workgroups with representatives from 16 DMH divisions including the impacted programs.



Held 33 workgroup meetings where the representatives participated in developing plans, policies, data collection tools and messaging related to BHSA HI.

- Impacted programs, in turn, have been responsible for leading implementation of BHSA HI changes for their programs and ensuring BHSA HI requirements will be met.
- All impacted programs are expected to become subject matter experts in BHSA HI as it relates to their programs.

►► What BHSA requirements must be met?

- Any DMH program using BHSA HI funding to pay for housing services is responsible for ensuring:

1

Housing services paid for with BHSA HI funds are allowable under BHSA.

2

Clients receiving housing services paid for by BHSA HI are experiencing homelessness, chronically homeless or at risk of homelessness as defined by BHSA.

►► What BHSA requirements must be met? (Cont.)

3 Clients who are Medi-Cal Managed Care Plan members apply for Medi-Cal Housing-Related Benefits.

BHSA requires that eligible MCP members apply for housing-related Medi-Cal benefits under their MCP's CalAIM Community Supports – Transitional Rent and Housing Deposits program if they are in need of housing services under BHSA HI. However, never hold on assisting a client while waiting for MCP approval. Assist the client first with BHSA HI funds. If approval and reimbursement is later received from the MCP, DMH Finance will offset any BHSA HI funds previously expended.

4 Habitability checks are completed at select interim and permanent housing sites paid for with BHSA HI funds.

5 Clients funded with BHSA HI dollars are entered into the Homeless Management Information System (HMIS) including data on homeless and encampment status.

►► What is the difference between homeless statuses?

At risk of homelessness

Housing has not been lost yet, but is in jeopardy – for example, loss of income, an eviction notice or leaving an institution with nowhere to go.

BHSA Policy Manual, Appendix A, pp. 234–235

Experiencing homelessness

No fixed, regular, adequate place to sleep. Includes those staying on the streets or in shelters, vehicles, encampments or places not meant for habitation.

BHSA Policy Manual, Appendix A, pp. 232–233

Chronically homeless

Has a disability plus long-term or repeated homelessness. Full criteria on next slide.

BHSA Policy Manual, Appendix A, pp. 235

Encampment

A group of people sleeping outside in the same location for a continued time – with some presence of structures (tents, tarps, etc.) and personal belongings. Residents share a sense of community.

▶▶ Chronically homeless: What to look for

In plain terms, all three must be true:

- The client has a disability; and
- They have been living in a shelter, on the street or somewhere not meant for habitation; and
- Their homelessness adds up to at least 12 months over the last 3 years.

Also counts as chronically homeless:

- Someone leaving an institution who met the criteria before they went in – no matter how long they stayed.
- A family whose head of household meets the criteria, even if the household composition has changed.

VERBATIM DEFINITION – BHSA POLICY MANUAL, APPENDIX A, p. 235:

a. A homeless individual with a disability as defined in section 401, subdivision (10) of the McKinney-Vento Assistance Act (42 U.S.C. 11360 (10)), who:

I. Lives in a place not meant for human habitation, a safe haven, or in an emergency shelter, and

II. has been homeless as defined in 7.C.4.1.1 Experiencing Homelessness and At Risk of Homelessness on any number of occasions in the last 3 years, as long as the combined occasions equal at least 12 months; or

b. An individual who is exiting an institution and met all of the criteria in section 2 of “Experiencing Homelessness,” immediately prior to entering the institution regardless of the length of stay; or

c. A family with an adult head of household (or, if there is no adult in the family, a minor head of household) who meets all of the criteria in section 1 “At-Risk of Homelessness” or 2 “Experiencing Homelessness”, including a family whose composition has fluctuated while the head of household has been homeless.

►► Why does homeless status matter?

- As mentioned, 50% of BHSA HI funds must be spent on people who are chronically homeless - with a focus on those in encampments.
- BHSA homeless/encampment status and housing expenditures must be tracked at the client level so that:



Finance can ensure DMH is meeting this funding requirement.



DMH can meet the State Individual Service Level (ISL) requirements, which include funding details on non-Medi-Cal expenditures.

- Finance will inform impacted programs on the workflow for submitting this information.

►► What BHSA can pay for: Settings at a glance

Housing Setting Type	Example	TR or HD Needed?	Habitability Check Needed?	Time Limit
Interim Housing: Non-Congregate	IHP, TAY EESP	TR	Yes	12 months (including up to 6 months of TR)
Interim Housing: Congregate	IHP	No	Yes	12 months
Motel/Hotel	Pathway Home	No, unless site has beds dedicated to DMH clients	No, unless site has beds dedicated to DMH clients	12 months (including up to 6 months of TR if the site has beds dedicated to DMH clients)
Licensed Residential Care	ARF/RCFE (Board and Care)	No	No	No limit
Other Permanent Housing (non-time-limited)	Rental subsidies, master leasing, SRO, shared housing, sober living	TR	Yes	No limit
Other Housing Supports – Landlord Outreach and Mitigation	Damage reimbursement, eviction prevention	No	No	As needed with approval
Other Housing Supports – Participant Assistance Funds	Security/utility deposits, furniture, rent/utility arrears	HD for select supports, limitations apply	No	One time for HD or as needed with approval

►► Interim housing and motels: How the time limits work

The 12-Month Interim Clock

The State limits interim housing to 12 months. For clients already in interim housing on July 1, 2026, that window started July 1.

DMH is advocating with the State to change this limit so clients do not return to homelessness.

Where TR Fits In

In non-congregate interim settings including motels/hotels where there are beds dedicated for DMH clients, TR must be used first if the client is eligible. Its six-month (182-day) period runs inside the 12-month time limit.

Congregate interim housing is not eligible for TR.

Motels and Hotels

TR does not apply to motel/hotel stays used as short-term emergency shelter. Keep using BHSA HI funds and submit for payment as you normally would.

What this means for you: Assist clients now. Record the date interim housing started so you always know where clients are in the 12-month window. Flag clients nearing the time limit and focus on assisting them with transitioning to permanent housing.

►► Using Housing-Related Medi-Cal first: Transitional Rent vs. Housing Deposits

	Transitional Rent	Housing Deposits
What it covers	Up to 6 months rent in eligible settings; storage/amenity fees, landlord-paid utilities	Security/utility deposits; utility arrears; medically necessary move-in items
Dollar cap	Based on percentage of SAFMR	Up to \$5,000–\$7,500 one-time (depending on MCP)
One-time or renewable	Not renewable – once 6 months exhausted	One-time per client, possible exception if application can demonstrate why 2 nd time more successful
Settings excluded	Congregate interim housing, hotels/motels used as short-term emergency shelter, licensed residential care	N/A
Is application required?	Yes, for eligible clients	Yes, for eligible clients
Can clients be assisted immediately?	Yes, do NOT wait for MCP approval	Yes, do NOT wait for MCP approval

What this means for you: Never hold on assisting a client while you wait for MCP approval of a TR/HD application. Assist the client first using BHSA HI funds. If MCP approval/payment is later received, DMH Finance will offset any BHSA HI funds expended.

►► What to submit when applying for TR or HD

Within three business days of the client entering housing, send the following to the DMH Housing Division whenever TR or HD apply:

Document	When It's Required
MCP Service Authorization Request Form	Always
Housing Support Plan	TR only
Universal Consent Form	Always
CalAIM Community Supports Opt-In Form	Always
County Notification of Privacy Practices	Always
Housing Inspection Form/Report (only for TR to confirm habitability)	Always
Executed Lease	Permanent housing settings only
Executed Bed/Room Occupancy Agreement	Time-limited interim housing settings only

Within three business days of the client exhausting their TR allowance or exiting from housing, send the following to the DMH Housing Division:

Document	When It's Required
Exit Summary Form	If client was approved for TR

►► HMIS: Who is responsible for what?

Four things to know:

- HMIS entry is required by State law (AB 977) for any housing service paid for with State funds.
- DMH Impacted Programs will enter most of the HMIS data centrally. The Provider Invoice System (PIS) and DMH program forms are being updated to capture the HMIS data elements needed.
- Client consent and authorization forms are needed to enter data into HMIS. Until these forms are collected, data is still required to be entered using the HMIS privacy feature.
- **The State will use HMIS data to determine whether DMH is meeting the metrics related to providing housing assistance to its unhoused clients. For this reason, data quality is CRITICAL.**

HMIS Task	Owner / Responsible Party
HMIS data collection and consent/authorization forms	Service Providers/Case Managers
HMIS data entry	Primarily completed by Impacted Programs
Running HMIS data quality reports	Impacted Programs
Quarterly upload of HMIS data to State	Los Angeles Homeless Services Authority (LAHSA)

What this means for you: Complete all required forms provided by the Impacted Programs fully and on time – that is what makes centralized HMIS data entry possible.

▶▶ Additional resources: BHSA HI Packet

SECTION OF THE BHSA HI PACKET

GO THERE WHEN YOU NEED...

- [BHSA HI Fact Sheet](#) DMH's official BHSA HI summary
- [BHSA HI Workflow](#) All 15 process steps including those for TR/HD
- [BHSA HI Eligibility & Documentation Checklist](#) The complete checklist of eligibility and documentation requirements
- [BHSA Allowable Housing Interventions and Key Requirements](#) Every BHSA HI allowable resource, with its TR/HD and habitability rules
- [BHSA HI FAQs](#) Detailed answers to the BHSA HI questions that providers ask most
- [BHSA HI Definitions](#) Full definitions of common BHSA HI terms including homeless statuses

Helpful Tip: The packet documents are meant to be used together. Use the Definitions if you don't understand a term in the Workflow. Use the Allowable Housing Interventions chart if you are unsure whether a housing service is BHSA HI eligible for the Checklist. Included in the packet are links that help make this process even easier.

▶▶ In Summary

KEY TAKEAWAYS

►► Before and after BHSA: What you need to do differently

Area	Prior State (pre-July 1)	Current State (post-July 1)	Who is Impacted	! Action Required !
Data Tracking	HMIS not required	HMIS entry is mandatory for all clients receiving BHSA HI	All providers, program admin, case managers	DMH administrative teams will identify staff to complete HMIS training and enter client enrollments/exits. Service providers will collect required data.
Forms & Documentation	Referral, enrollment, & exit forms used	Program forms must be updated to capture new BHSA and HMIS requirements	Program admin, case managers	DMH administrative teams will review/update forms as needed. Service providers will use updated forms; ensure timely, accurate completion.
MCP Benefits	MHSA funds used to pay for housing resources	Housing-Related Medi-Cal MCP benefits (TR/HD) must be applied for whenever a client is eligible	Programs serving MCP members	Check MCP enrollment status for every client utilizing a TR/HD eligible resource, apply for TR/HD when eligible

What this means for you: The transition to BHSA does not, and should not, delay your ability to help clients access housing resources. Just make sure to incorporate these steps into your program workflows.

▶▶ Who qualifies for BHSA HI and other considerations: Check these 5 things

THE CHECK

IF IT IS NOT MET

1 Serious Mental Illness
Client meets Specialty Mental Health Services access criteria.

STOP – refer to a non-BHSA housing resource.

2 Homeless status
Experiencing homelessness, chronically homeless or at risk.

Any other status is not eligible for BHSA HI funds.
Refer to another housing resource.

3 Type of housing support
Intervention is BHSA-allowable and BHSA-funded.

STOP – refer to a non-BHSA housing resource.

4 Habitability
Required for select interim and permanent settings.

Site is ineligible until habitability standards are met.

5 Medi-Cal MCP enrollment
Determines whether TR or HD may apply.

Use BHSA HI funding to pay regardless of where the service or client is eligible or approved for TR/HD.

What this means for you: Work through Checks 1–4 before you assist a client with a BHSA-funded housing resource. Check 5 determines whether MCP may reimburse for the service – not whether the client can be assisted. Use checklist in BHSA HI Packet to ensure all requirements to use BHSA HI are met.

▶▶ The whole process - Start to finish

- 1 Identify the need** Identify the client's housing need and confirm their homeless and encampment status.
- 2 Confirm the resource** Check the intervention is BHSA-allowable, BHSA-funded and meets habitability standards.
- 3 Complete the paperwork** Complete all forms. Collect the data elements HMIS requires.
- 4 Check Housing-Related Medi-Cal Eligibility** Confirm Medi-Cal MCP enrollment and whether TR or HD must be applied for.
- 5 Submit TR/HD applications within 3 days** Send the TR/HD application packet to the DMH Housing Division within three business days of client entering housing.
- 6 Assist and report** Assist the client with the housing resource and report any housing changes – including if the client leaves housing – as required by the MCP and HMIS.

Remember: Steps 4 and 5 decide who pays. They never decide whether the client gets assisted.

►► Questions? Who to contact:

If your question is about...	Contact:	Email:
Interim Housing Program (IHP)	IHP Administration	IHP@dmh.lacounty.gov
Enhanced Emergency Shelter Program (EESP), TAY Drop-In Centers	TAY Administration	AskTAY@dmh.lacounty.gov
Enriched Residential Care (ERC)	ERC Administration	ERC@dmh.lacounty.gov
Rental and Housing Assistance Program (RHAP)	RHAP Administration	DMH_FHSP@dmh.lacounty.gov
Client Support Funds	BHSA Administration	ClientSupportFunds@dmh.lacounty.gov
United Mental Health Promoters (UMHP)	UMHP Administration	CP-UMHPProject@dmh.lacounty.gov
CAL-Cards / PTS	Facilitation and Implementation Unit (FIU) Administration	FMT@dmh.lacounty.gov Calcardspreapproval@dmh.lacounty.gov (CAL-Card questions only)

When in doubt, ask before you spend.

- Approvals run through the administrative teams of the Impacted Programs.
- Email BHSAHousing@dmh.lacounty.gov for any other general BHSA HI questions.