Behavioral Health Service Act Community Planning Team (BHSA CPT)

AGENDA

DATE & LOCATION	LINK TO MEETING
Tuesday, April 8, 2025, 9:30-12:30	Click Join the meeting now
St. Anne's Conference and Event Center	Meeting ID: 221 101 411 058 Passcode: Cq94iB3k
155 N. Occidental Blvd, Los Angeles	Dial in by phone <u>+1 323-776-6996,,255407060#</u>
90026	Phone conference ID: 255 407 060#

OBJECTIVES	1. Continue to build and strengthen relationships among BHSA CPT members.
	2. Understand the service categories for the Los Angeles County behavioral health continuum.
	3. Take a client-centered approach to the Los Angeles County behavioral health continuum by walking through specific scenarios.
TIME	ITEMS
9:30 – 9:45	 I. SESSION OPENING A. Land and Labor Acknowledgements B. Announcements & Communication Expectations C. Agenda Review
9:45 – 10:00	 II. BUILD AND STRENGTHEN RELATIONSHIPS AMONG BHSA CPT MEMBERS A. <u>Purpose</u>: Provide an opportunity for BHSA CPT members to learn about each other's background, experience, and role(s).
10:00 – 10:50	 III. BEHAVIORAL HEALTH CONTINUUM: SERVICE CATEGORY DEEP DIVE A. <u>Purpose</u>: Define each service category of the mental health (MH) and substance use disorder (SUD) continuums and identify similarities, differences, and connections.
10:50-11:00	IV. BREAK
11:00 – 12:25	 V. BEHAVIORAL HEALTH CONTINUUM: CLIENT JOURNEY WALKTHROUGH A. <u>Purpose</u>: Apply specific client scenarios to the continuum in order to discuss needs, gaps, and questions in preparation for workgroups.
12:25 - 12:30	VI. CLOSING A. Next Steps & Meeting Evaluation
12:30	VII. ADJOURN

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WORKSHEET 1 LOS ANGELES COUNTY BEHAVIORAL HEALTH CARE CONTINUUM SERVICE CATEGORIES

SUD SERVICE CATEGORIES

SERVICE CATEGORY	DESCRIPTION	EXAMPLES
Primary Prevention Services	The use of strategies or programs to change social norms, social conditions, and risky behaviors to minimize substance use initiation before it leads to substance use-associated disorders (addiction). Programs are geared for individuals who have never used, may be at-risk for using, or do not have a current substance use disorder (also known as addiction) or need treatment. This includes Universal, Selective, and Indicated Prevention.	 Student/parent education sessions Youth mentorship and leadership opportunities Community events such as town halls, health fairs Coalition building and community advocacy Alcohol/cannabis retailer education and engagement Media campaigns such as Bigger Choices than Weed (#BiggerChoices), Fentanyl Frontline, SUD Videos.
Harm Reduction Services	An evidence-based public health approach that aims to reduce the negative consequences associated with substance use. This approach ensures that services meet people where they are at, recognizes that many people are not willing or able to stop using substances, and focuses on reducing negative consequences of use. In addition, these efforts provide support in reducing overdose rates and death.	 Education on Overdose Prevention Medications for Addiction Treatment (MAT) Naloxone (Overdose Prevention Medication) Fentanyl Test Strips Syringe Exchange Services Referrals for Viral Hepatitis and HIV

SERVICE CATEGORY	DESCRIPTION	EXAMPLES
Early Intervention Services	Interventions available to youth and young adults under the age of 21 that take a proactive approach to identifying and addressing substance use issues among individuals who are showing early signs, or are at risk, of a substance use disorder. These interventions, such as outreach, access and linkage, and treatment services, help avert the progression of substance use by offering early educational services designed to discourage risky behaviors and support overall wellbeing.	 Brief Intervention, American Society of Addiction Medicine (ASAM) level 0.5 Screenings Individual and Group Counseling Patient Education Care Coordination
Outpatient Services	Includes a variety of therapeutic substance use disorder services that can be provided anywhere an individual is located, such as in school, home, clinic, office, or other outpatient settings. OP services may help avert the need for, or be provided after, crisis care, inpatient, or residential treatment; are not time limited provided medical necessity is still met; and typically, up to 6 hours per week for youth and 9 hours for adults. Withdrawal Management services are less than 14- days and include physician/nursing staffing.	 ASAM level 1.0 Outpatient, 1-WM and 2-WM Outpatient Withdrawal Management, Opioid Treatment Programs, MAT Screening and Assessment Individual and Group Counseling Care Coordination Contingency Management (CM) Recovery Support
Intensive Outpatient Services	Includes services to support individuals living with higher acuity SUD needs who may require assistance at a higher frequency and/or intensity. These services offer structure and monitoring when more support than routine outpatient visits is necessary. IOP services are not time limited provided medical necessity is still met and are typically, up to 6-19 hours per week for youth and 9- 19 hours for adults. Withdrawal Management	 ASAM level 2.1 Outpatient, 1-WM and 2-WM Outpatient Withdrawal Management, Opioid Treatment Programs, MAT Screening and Assessment Individual and Group Counseling Care Coordination Contingency Management (CM) Recovery Support

SERVICE CATEGORY	DESCRIPTION	EXAMPLES
	services are less than 14-days and include physician/nursing staffing.	
Crisis and Field- Based Services	Includes a range of services that engage, assess, stabilize, treat, and/or coordinate care for individuals in need of substance use disorder services in field settings (e.g., homeless encampments, shelters, or syringe service programs). Services may be delivered in non- traditional settings where individuals work or reside. This service occurs in outpatient, residential, and withdrawal management settings.	 Support when relapse or overdose occurs Field-based outreach to support treatment engagement
Residential Treatment Services	Includes low- to high-intensity clinically managed residential treatment and is appropriate for individuals needing time and a 24-hour structure to practice and integrate their recovery and coping skills in a supportive residential environment. Residential services range from 20- 24 hours per week depending on ASAM level of care. Withdrawal Management services are less than 14-days and include physician/nursing staffing.	 ASAM level 3.1, 3.3, and 3.5, 3.2-WM Withdrawal Management MAT and Medication Support Incidental Medical Services (IMS) Screening and Assessment Individual and Group Counseling Care Coordination Recovery Support
Inpatient Services	Includes 24-hour, intensive treatment services to individuals who require medical management or medical monitoring for substance use disorder needs and withdrawal management.	 ASAM levels 3.7-4.0-WM Withdrawal Management SUD services provided within a Chemical Dependency Recovery Hospital (CDRH) or Acute Psychiatric Hospital Medication support to address withdrawal symptoms and MAT Individual and Group Counseling

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SERVICE CATEGORY	DESCRIPTION	EXAMPLES
Housing Intervention Services	Includes services and supports designed to enable individuals to remain in their homes or obtain housing to support recovery and improved health outcomes. Services help individuals find and retain housing, support recovery and resiliency, and/or maximize the ability to live in the community.	 Recovery Bridge Housing (RBH) is a temporary option for people experiencing homelessness (PEH) who are exiting an institution/residential program, 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.

MENTAL HEALTH SERVICE CATEGORIES

SERVICE CATEGORY	DESCRIPTION	EXAMPLES
Primary Prevention Services	Includes services and activities that educate and support individuals to prevent acute or chronic conditions related to mental health from ever developing. These services/activities may offer communities support in identifying and addressing issues before they turn into problems, tools for coping with stressors and information on ways to promote resiliency.	 Mental health education, such as public health campaigns for suicide prevention or adverse childhood experiences (ACEs) awareness (Administered by the State Dept. of Public Health) Community Health Workers (Administered by Managed Care Plan)
Early Intervention Services	Includes interventions that take a proactive approach to identifying and addressing mental health issues among individuals who are showing early signs, or are at risk, of a mental health disorder. These interventions, such as outreach, access and linkage, and treatment services, help avert the development of a severe and disabling condition,	 Screenings Evidence-based practices, such as coordinated specialty care for first episode psychosis

	discourage risky behaviors and support individuals in maintaining healthy lifestyles.	
Outpatient & Intensive Outpatient Services	Includes a variety of therapeutic mental health services that can be provided anywhere an individual is located, such as in school, home, clinic, office, field settings (e.g. homeless encampments, shelters, etc.) or other outpatient settings. Also includes services to support individuals living with higher acuity mental health needs who may require assistance at a higher frequency and/or intensity, sometimes via a team-based approach. These services may help avert the need for, or be provided after, crisis care, inpatient or residential treatment and are provided, if necessary, as part of stabilization and continued recovery/ongoing evaluation. They may also offer structure and monitoring when more support than routine outpatient visits is necessary.	 Assessment Medication Services Individual therapy Group therapy Assertive Community Treatment/Forensic Assertive Community Treatment (ACT/FACT) High Fidelity Wraparound (HFW) Intensive Outpatient Treatment/Day Treatment Intensive
Crisis Services	Includes a range of services and supports that assess, stabilize, and treat individuals experiencing acute distress. Services are designed to provide relief to individuals experiencing a mental health crisis, including through de-escalation and stabilization techniques, and may be delivered in clinical and non-clinical settings.	 Crisis call centers Crisis stabilization Crisis residential services Mobile Crisis
Residential Treatment Services	Includes intensive treatment services that are provided in a structured, facility-based setting to individuals who require consistent monitoring for mental health needs on a longer-term basis. Services may be delivered in short-term residential	Adult residential treatment services

	settings to divert individuals from or as a step-down from hospital and acute services.	
Hospital/ Acute Services	Includes treatment services that are provided in structured, hospital settings to individuals who require consistent monitoring and stabilization. These services may include comprehensive psychiatric treatment, including medication adjustments, and acute withdrawal services.	 Services within a psychiatric health facility (PHF), acute psychiatric hospital (APH), or psychiatric unit within a general acute care hospital (GACH).
Subacute/ Long-Term Care Services	Includes intensive licensed skilled nursing care provided to patients with mental health needs, most frequently delivered in a skilled nursing facility (SNF) and special treatment programs (STPs).	 Services within a SNF & SNF-STP Services within a MHRC
Housing Intervention Services	Includes services and support designed to enable individuals to remain in their homes or obtain housing to support recovery and improved health outcomes. Services help individuals find and retain housing, support recovery and resiliency, and/or maximize the ability to live in the community.	 Permanent supportive housing Housing tenancy and sustaining services Recovery residences and sober living homes Rent Interim Settings