

Behavioral Health Services Act Update: Services, Planning, and Reporting Overview

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February 2025



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Behavioral Health Services Act Overview

Passed as a voter initiative (Proposition 1) in the March 2024 election.

Makes significant shifts in Mental Health Services Act (MHSA) allocations, impacting funding from core mental health services (Outpatient, Crisis, Linkage) to create a new Behavioral Health Services Act (BHSA) housing category.

Expands the focus of the service categories and the target populations served.

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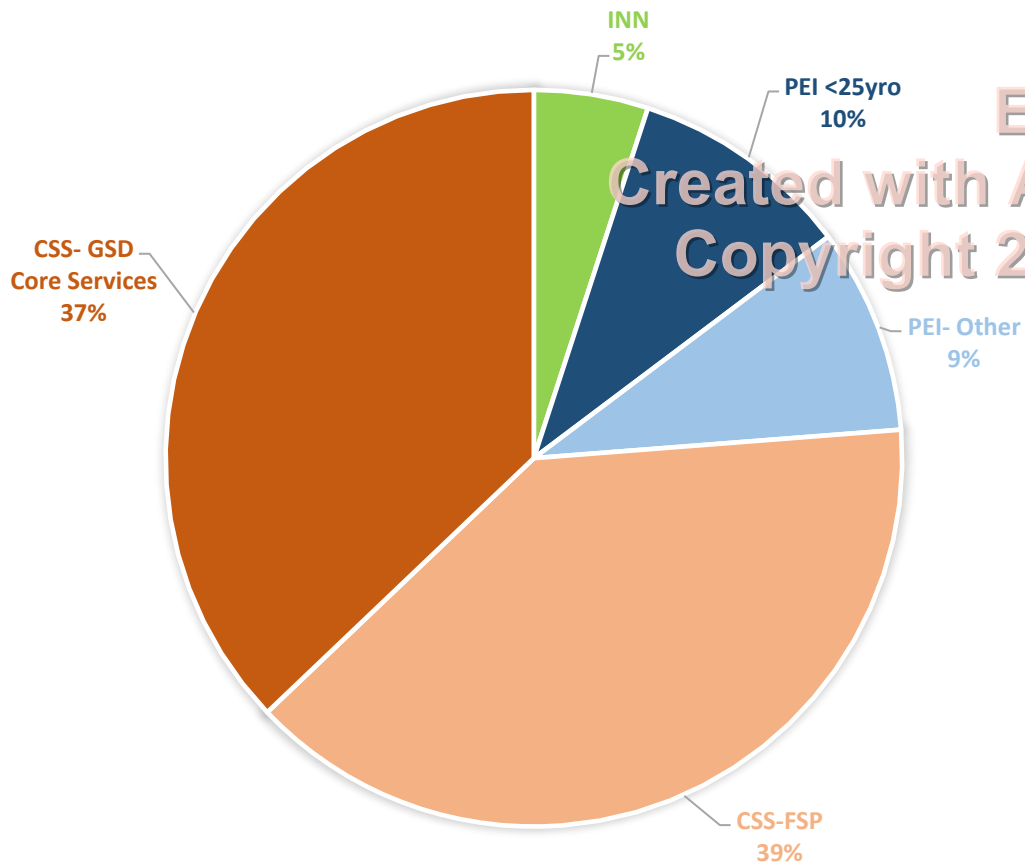
Makes significant shifts in planning and reporting to include all programming for mental health and substance use services, not just MHSA/BHSA.

Expands the purview of the Mental Health Commission to include Substance Use Disorder Services.

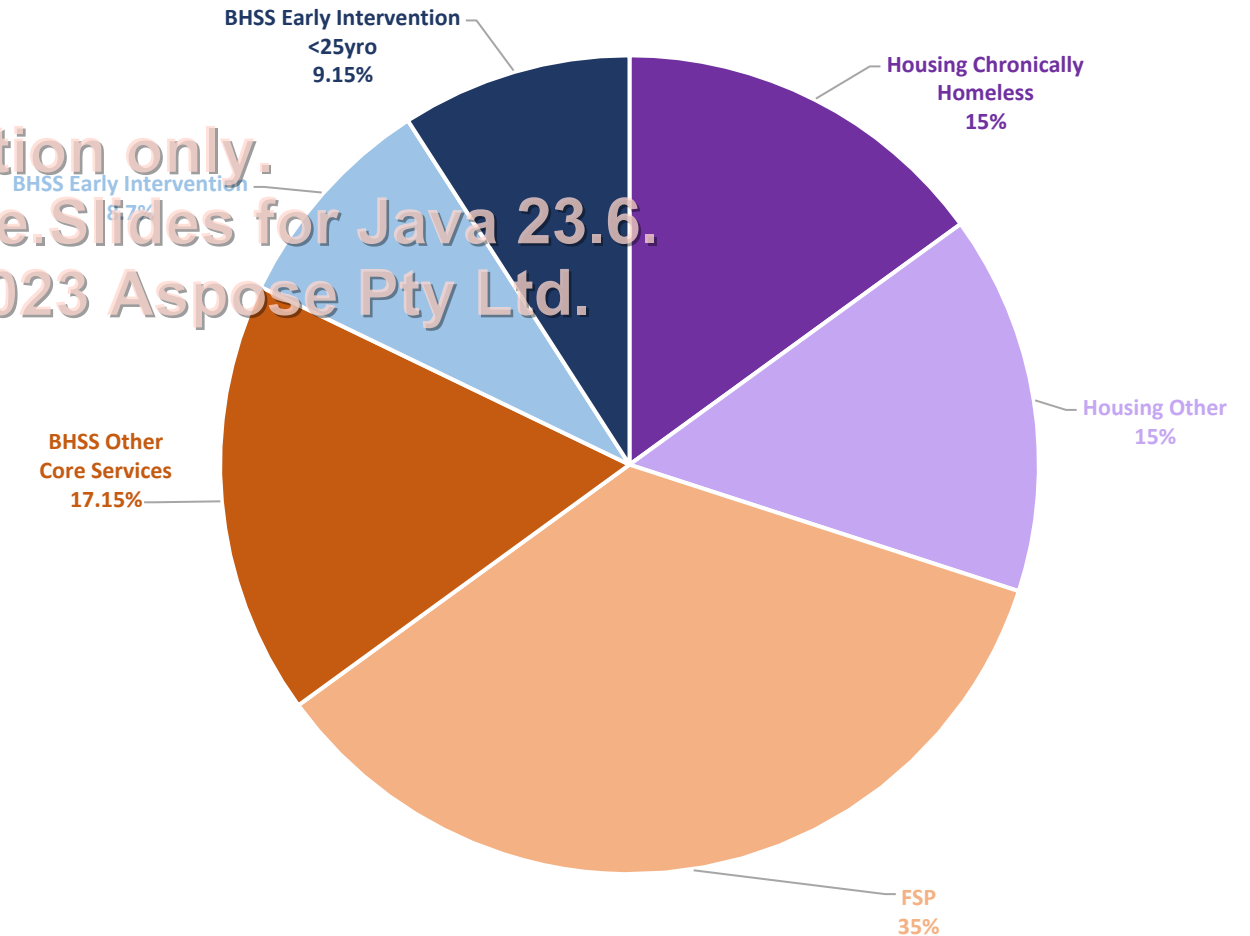
Programmatic changes will begin July 1, 2026.

►► MHSA Components vs. BHSA Categories

Current MHSA Funding Components



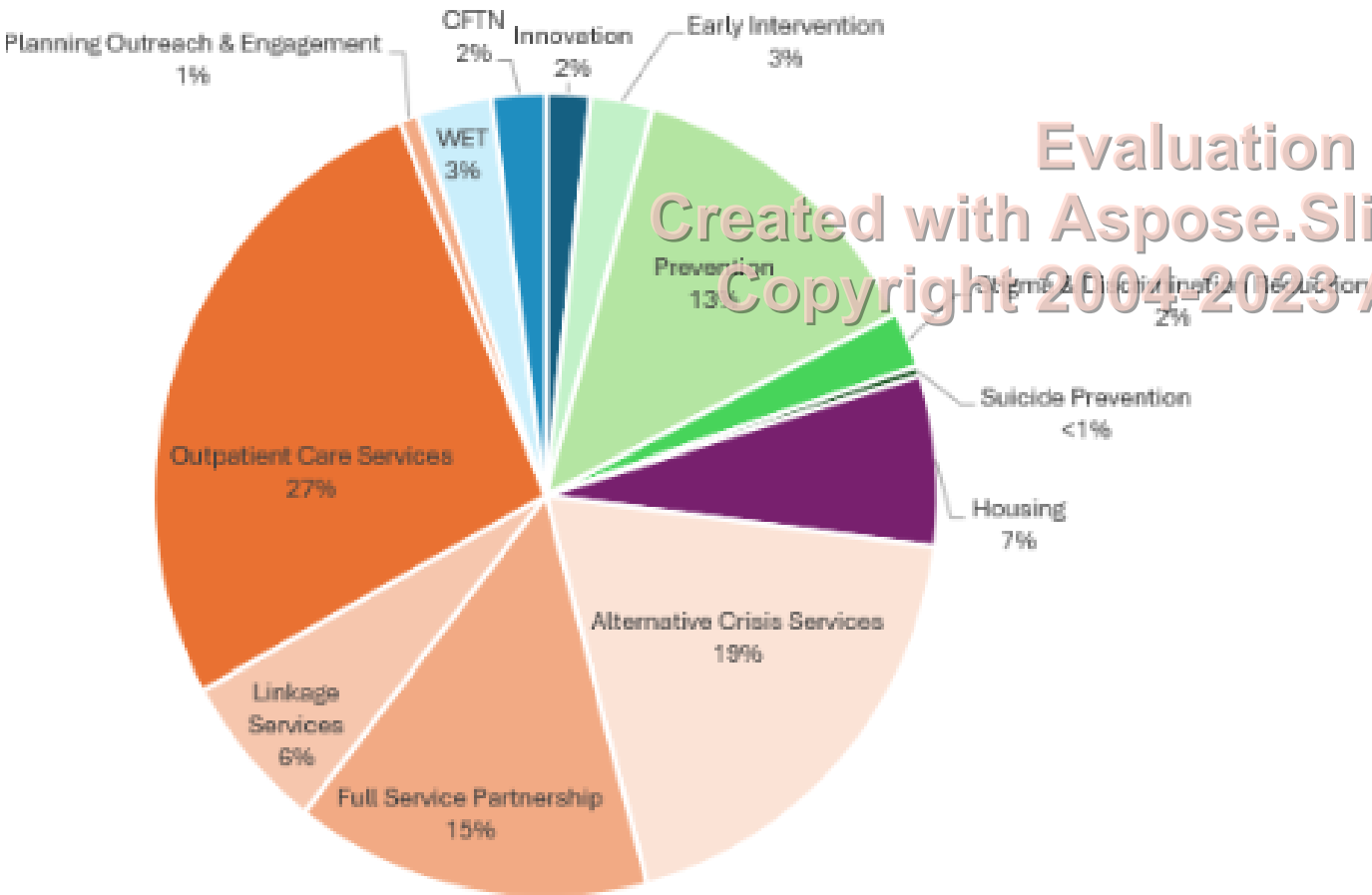
BHSA Proposed Funding Categories



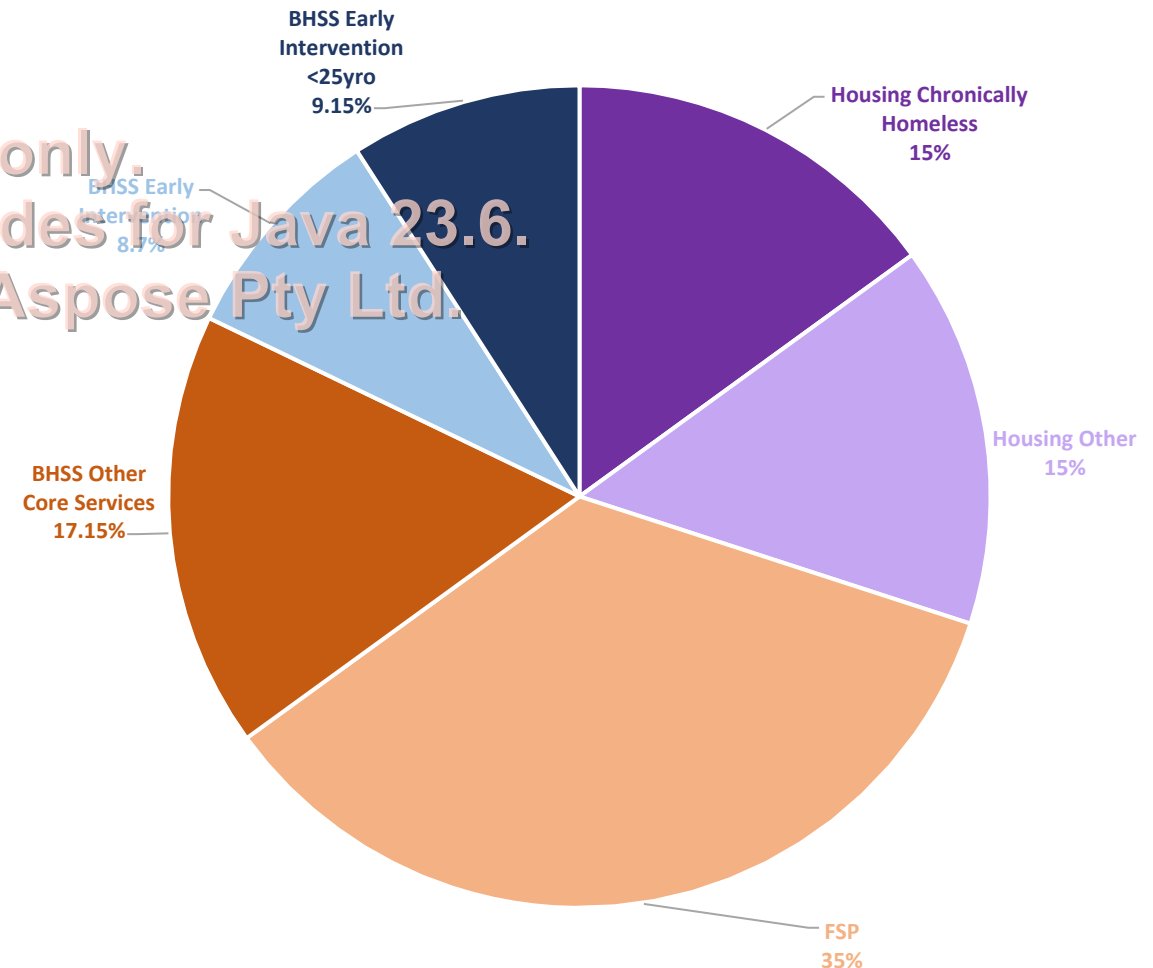
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►► MHSA FY 2023-24 Expenditures vs. BHSA Categories

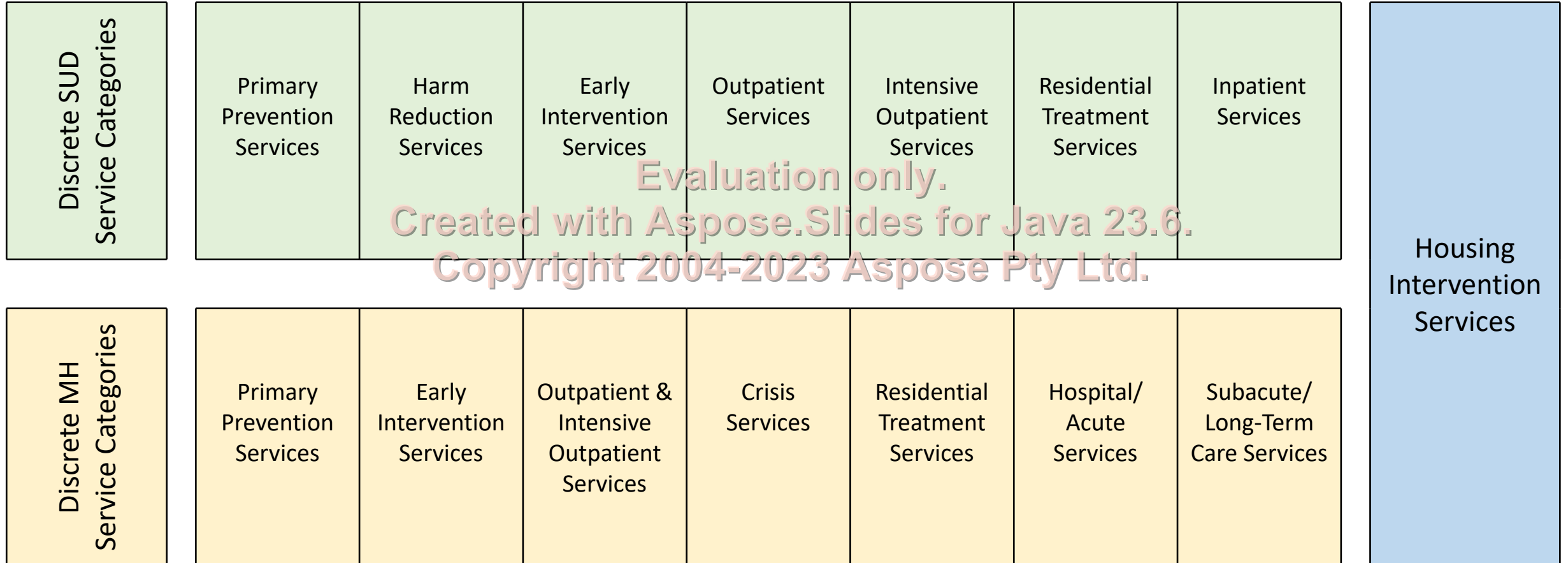
Current MHSA Funding Components



BHSA Proposed Funding Categories



Behavioral Health Continuum



Full-Service Partnership What Changes?

In Los Angeles County, we will see a greater percentage of BHS funding go to Full-Service Partnership and possible expansion.

Implementation of the Assertive Community Treatment (ACT) Service.

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Development of a Step-Down program from ACT services.

Implementation of High-Fidelity Wraparound for Children and Youth.

Integration of Individual Placement and Support (IPS) Employment services into FSP funded services.

Outreach is an allowable service under Full-Service Partnership.

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Housing

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Includes, but not limited to, rental subsidies, operating subsidies (Utilities, maintenance, repairs, leasing costs, tax, insurance, housing incidentals, etc.), shared housing, family housing.

Does not include mental health services and supports. Under certain circumstances, BHSA housing funds may be used for outreach.

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Use of these funds may require collaboration with Managed Care Plans (MCP's) for clients who have access to housing benefits under their managed care provider. BHSA funds can only be used once these benefits are expended or if not available.

51% to support individuals defined as Chronically Homeless per the State definition.

May include capital development at a maximum of 25% of this category.

Outpatient What Changes?

Smaller percentage
of BHSA funds for
outpatient services.

Implementation of
Level of Care tools in
clinics.

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Assessment of
outpatient clients for
eligibility for Full-
Service Partnership
Intensive Case
Management
programs.

Some outpatient
providers may need
to shift to delivering
Full-Service
Partnership Services.

Early Intervention What Changes?

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- BHSA funds cannot be used for universal prevention programs.
 - Universal prevention programs will be administered by the State.
 - DMH will review current prevention funded programs to determine what programs meet the DHCS definition of Early Intervention programming.
- Crisis care including field-based crisis response will be an Early Intervention funded service.
- Existing Early Intervention clinic-based evidence-based practice services may continue to be funded as Early Intervention.
- Outreach is an allowable service under Early Intervention.



Early Intervention Under BHSA

Required Programs within the MHSA PEI Component	Required Components for Behavioral Health Services Act Early Intervention Program		
	Outreach to recognize early signs of severe MH or SUDs	Access and linkage to care provided by county BH	MH & SUD treatment services/EBPs & CDEPs for Early Intervention
Prevention			
Early intervention		X	X
Outreach to recognize early signs of severe MH	X		
Access and linkage to treatment		X	
Stigma and discrimination reduction			

►► Workforce Education and Training (WET)/ Capital Facilities and Technological Needs (CFTN)



DMH will be able to maintain the WET and CFTN accounts, there is no set annual allocation as these categories are funded at the County discretion.

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WET may only be funded with BHSS funds, which is the most limited source of BHSA funds.



WET a new State initiative, BH-Connect may offer workforce incentives which will benefit Los Angeles County, however proposed programming does not cover local workforce training and recruitment needs met by local control of WET funds.

BHSA Integrated Plan and Transition Timeline

DMH and SAPC launch
Community Planning

Development of
Integrated Plan

Identification of
programs to transition,
reduce or sunset

Identify metrics for
tracking

Implementation of
transitional technical
assistance for programs
experiencing change

January –
December 2025

Finalization of
integrated plan

Finalization of transition
plan

Public Hearing

Board approval and
State submission by
June 2026

Finalization of updated
contract language and
agreement with
providers

Prepare for new
solicitations if needed

January –
June 2026

Year 1 implementation
of BHSA

All providers delivering
EBPs to engage with
State Centers of
Excellence for training
and certification

Track BHSA outcomes

Develop first draft
report for submission to
the State

July 1, 2026
– January 31,
2028

Draft BHSA CPP Process

PHASE 1: OUTREACH & INPUT	PHASE 2: RECOMMENDATIONS	PHASE 3: CONSENSUS
April May June	July August September	October November December
FOCUS: Foundation Building + Outreach & Input	FOCUS: Workgroup Recommendations	FOCUS: Stakeholder Agreement

FOUNDATION BUILDING

BHSA CPT

- Affirms Shared Vision.
- Charters Workgroups focused on Integrated Plan topics.
- Analyzes MH and SUD Systems, Data and Disparities.

OUTREACH & INPUT

Stakeholder Groups

- Forums
- Focus Groups
- Interviews

WORKGROUPS

- Workgroups are open to the public for full participation.
- Workgroups conduct analysis focused on specific topics and produce recommendations to the BHSA CPT for the Integrated Plan, addressing disparities.

BHSA CPT

- Reviews Workgroup recommendations for the Integrated Plan.
- Builds consensus on key recommendations for the Integrated Plan.

DRAFT BHSA CPP PROCESS

PHASE 4: INTEGRATED PLAN APPROVAL

DRAFT INTEGRATED PLAN	POST INTEGRATED PLAN	HOLD PUBLIC HEARING	APPROVE INTEGRATED PLAN		
JANUARY	FEBRUARY	APRIL	MAY	MAY/JUNE	JUNE
<ul style="list-style-type: none"> Department Directors review. Write draft Integrated Plan. Los Angeles County Counsel vets Integrated Plan. Summarize Integrated Plan in plain language. Translate Integrated Plan. 	<ul style="list-style-type: none"> 30-Day Public Posting Collect and summarize feedback from stakeholder groups. 	<ul style="list-style-type: none"> Los Angeles County Behavioral Health Commission holds a Public Hearing on the Integrated Plan and proposes changes (if any). 	<ul style="list-style-type: none"> Los Angeles County Board of Supervisors reviews Integrated Plan, makes changes (if any), and votes to approve. 	<ul style="list-style-type: none"> California Department of Health Care Services (DHCS) - Submission and review. 	<ul style="list-style-type: none"> Commission for Behavioral Health (CBH) - Submission and review.

Thank You! Questions?

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