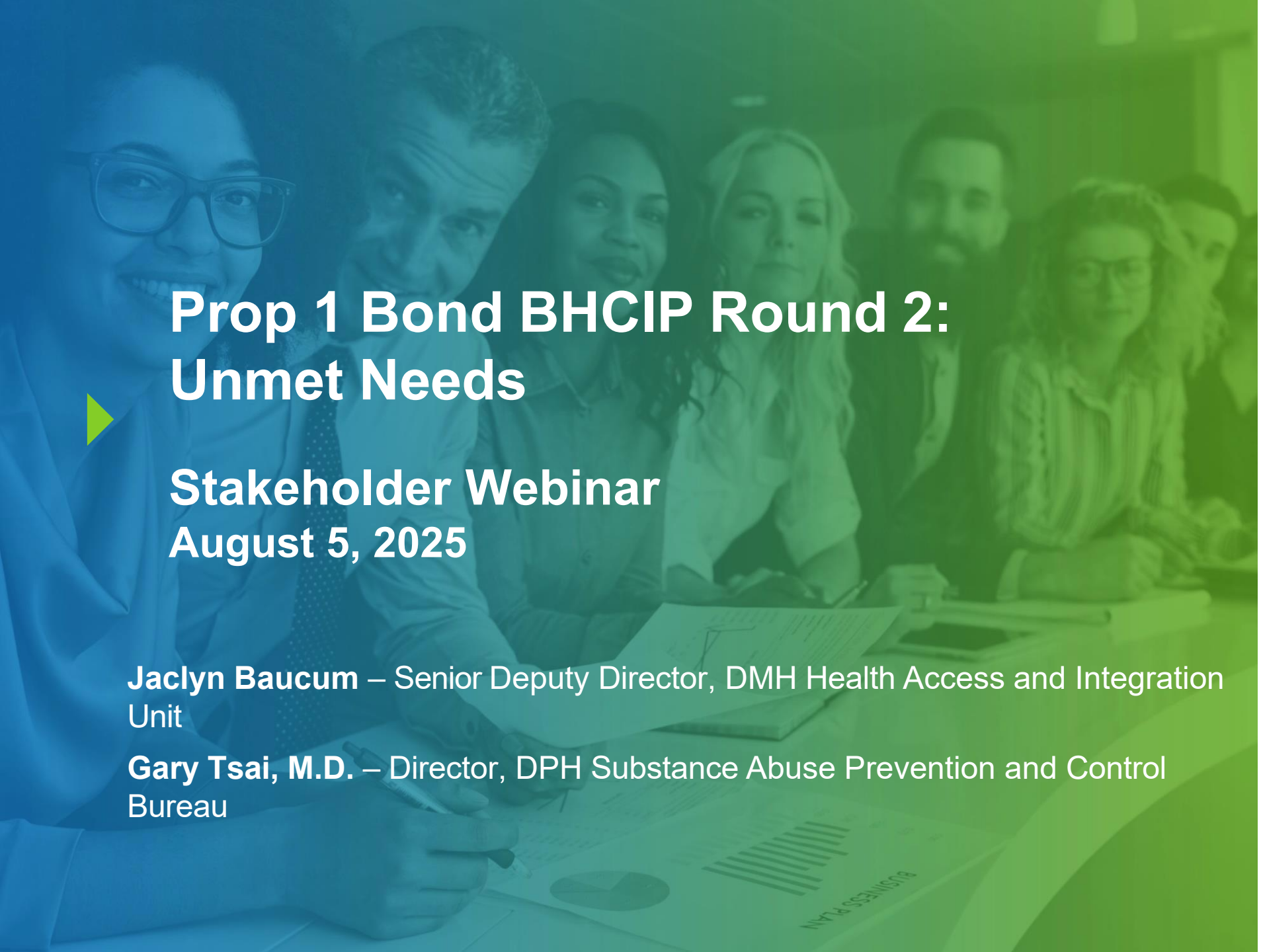

Prop 1 Bond BHCIP Round 2: Unmet Needs

Stakeholder Webinar
August 5, 2025

Jaclyn Baucum – Senior Deputy Director, DMH Health Access and Integration Unit

Gary Tsai, M.D. – Director, DPH Substance Abuse Prevention and Control Bureau

County of Los Angeles Public Health SAPC

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Agenda

BHCIP Bond Round 2: Unmet Needs Overview

Needs Across the Network

County BHCIP Letters of Support

Questions

BHCIP Basics

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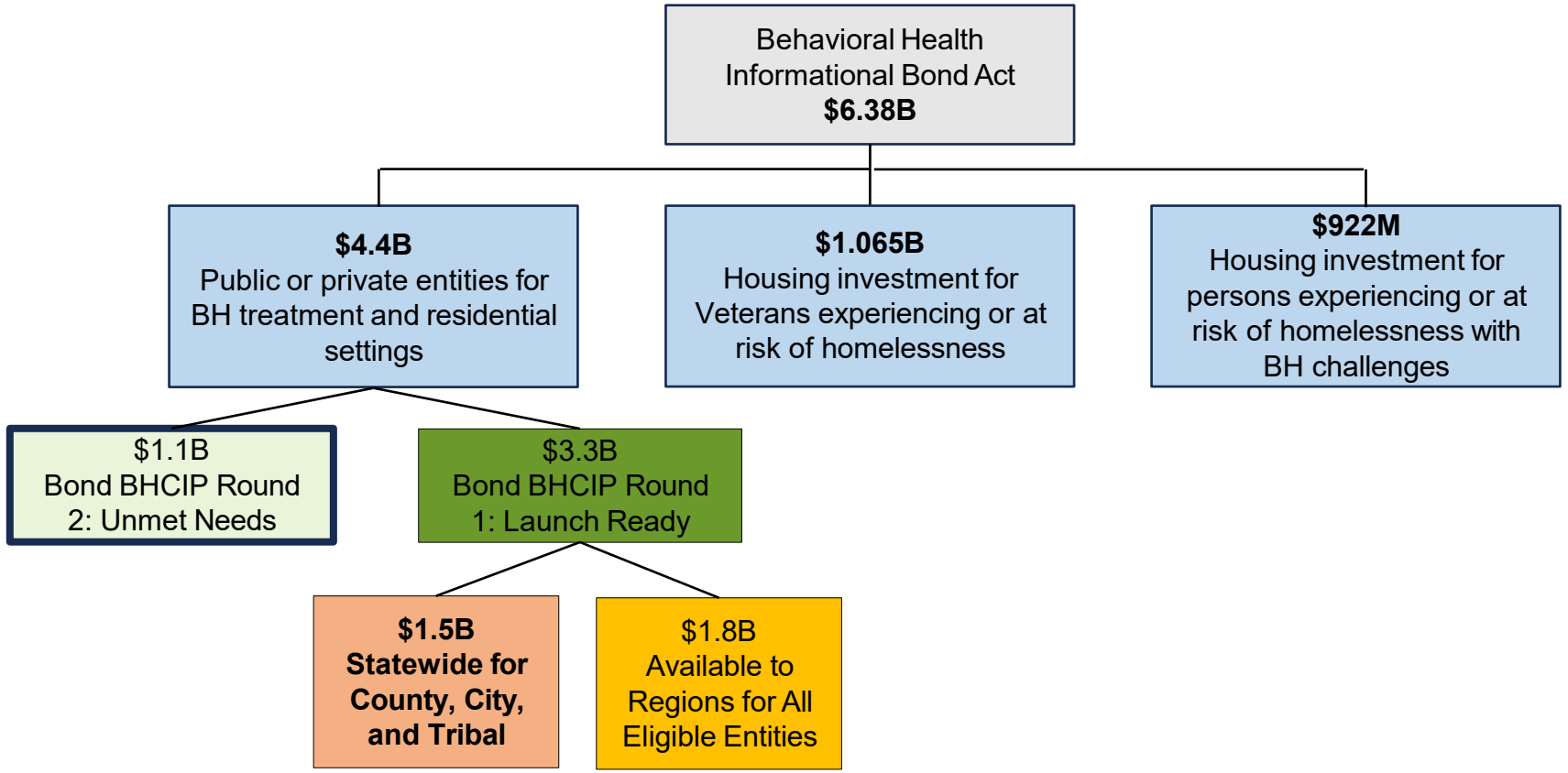
Prop 1 Bond BHCIP Basics



The Grant Timeline – Round 2: Unmet Needs (2025)

- RFA released May 30, 2025
- $800M statewide allocation
- Applications will be due October 28, 2025
- Round 2 will be awarded in Spring 2026
- Grant funds must be fully expended and construction completed within five years of receipt of conditional award notice (~2031)

Round 2 Unmet Needs

Eligible Facility Types

Bond BHCIP Round 2: Unmet Needs Eligible Facility Types
Mental Health Facilities
Acute Psychiatric Hospital
Behavioral Health Urgent Care (BHUC)/Mental Health Urgent Care (MHUC)*
Children's Crisis Residential Program (CCRP)
Community Mental Health Clinic (outpatient)
Community Treatment Facility (CTF)
Crisis Stabilization Unit (CSU)*
General Acute Care Hospital (GACH) for behavioral health services only
Mental Health Rehabilitation Center (MHRC)
Peer Respite*
Psychiatric Health Facility (PHF)
Psychiatric Residential Treatment Facility (PRTF)
Short-Term Residential Therapeutic Program (STRTP)
Skilled Nursing Facility with Special Treatment Program (SNF/STP)
Social Rehabilitation Facility (SRF) [1]*
Substance Use Disorder (SUD) Facilities
Adolescent Residential SUD Treatment Facility
Adult Residential SUD Treatment Facility
Chemical Dependency Recovery Hospital
Hospital-Based Outpatient Treatment (outpatient detoxification/withdrawal management)
Narcotic Treatment Program (NTP)
NTP Medication Unit
Office-Based Opioid Treatment (OBOT)
Outpatient Treatment for SUD
Partial Hospitalization Program
Perinatal Residential SUD Facility
Sobering Center

[1] Also referred to as Social Rehabilitation Program (SRP). California Department of Social Services licenses SRFs and DHCS provides the Social Rehabilitation Program certifications as either a Short-Term Crisis Residential Treatment Program, Transitional Residential Treatment Program, or Long-Term Residential Treatment Program. The SRP is a certification and does not exist without the SRF license.

*Eligible facility types that are highly encouraged. These proposed facility types do not guarantee a Bond BHCIP award.

Needs Across the Network

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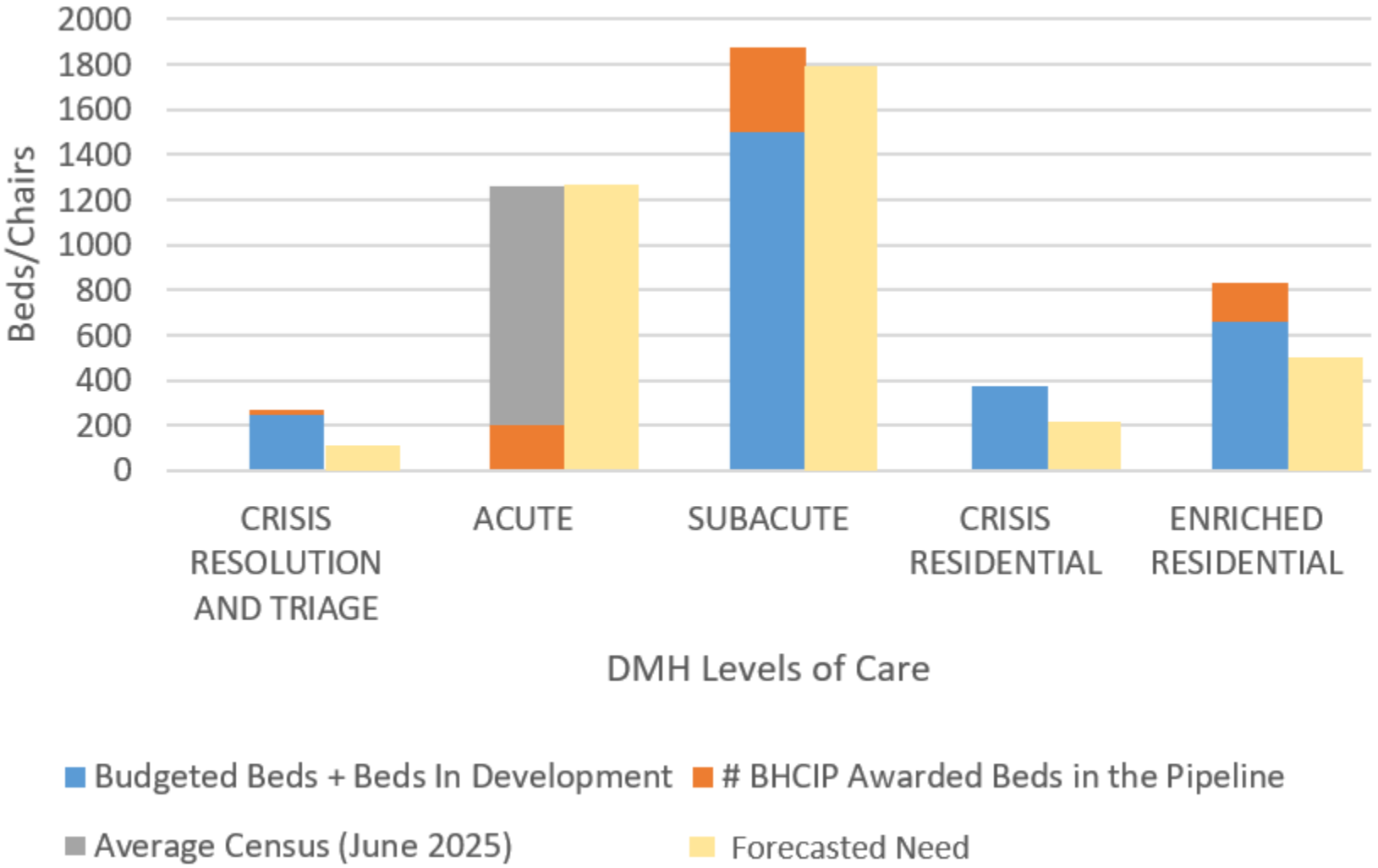
DMH Projections by Level of Care



DMH Client Scenarios – Psychiatric Health Facility (PHF)

Client Composite 1

- **Male, 55 years old**
- **Schizoaffective disorder, Traumatic Brain Injury (TBI)**
- **Transferred from jail on a temporary conservatorship (T-Con)**
- **Requires 1:1 monitoring for impulsivity and high fall risk**
- **Insulin-dependent diabetes mellitus with poor self-management**

Placement challenges: Medically fragile with neurocognitive deficits and psychosis; requires locked setting for stabilization, medical management, and LPS evaluation.

Client Composite 2

- **Female, 61 years old**
- **Schizophrenia, Antisocial Personality Disorder**
- **Polydipsia; frequently assaultive toward staff and peers**
- **Has high blood pressure and urinary incontinence**
- **Often requires intramuscular antipsychotics due to refusal of oral meds**

Placement challenges: Requires locked setting with capacity for incontinence needs, IM meds, and safety staffing; history of repeated aggression and noncompliance.

Client Composite 3

- **Female, 35 years old**
- **Schizoaffective Disorder, Seizure Disorder**
- **Refuses all oral psychotropic medications, adherent to neurological medications**
- **Behavioral dysregulation worsens without psychotropic medication adherence**
- **Past history of seizures but none in the past 5 years**

Placement challenges: Recurrent decompensation, frequent ED and inpatient stays; requires structured PHF environment to safely manage psychiatric and neurologic conditions.

Client Composite 4

- **Male, 38 years old**
- **Murphy Conservatorship (WIC 5008(h)(1)(B))**
- **Previously IST following murder charge; charges dropped after 6 months of failed competency restoration**
- **Now conserved due to both grave disability and ongoing risk of violence**
- **Persistent psychosis with poor insight and impaired reality testing**

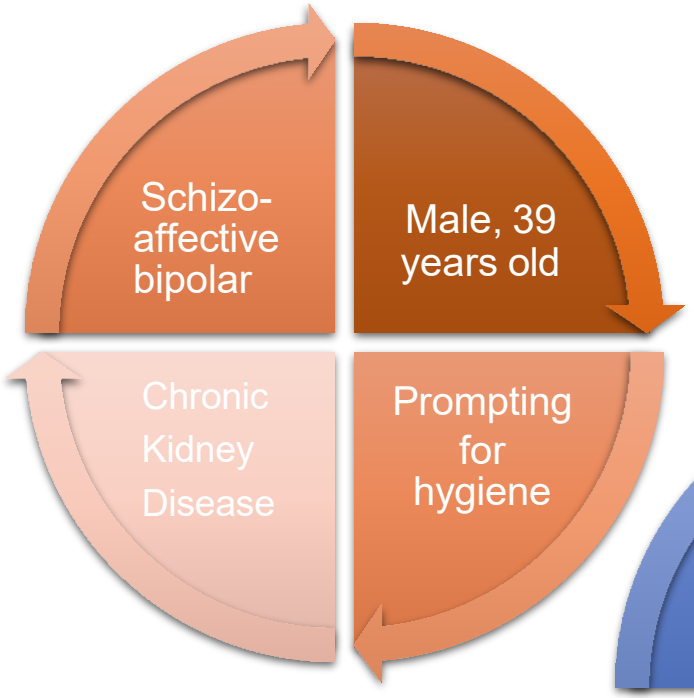
Placement challenges: Not appropriate for jail or community; requires secure, long-term PHF placement with capacity to manage both public safety concerns and psychiatric treatment.

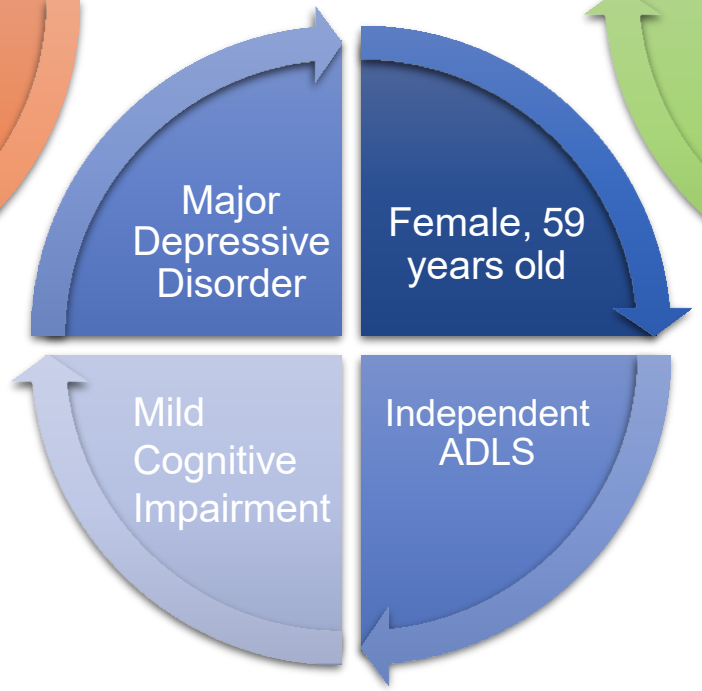
DMH Client Scenarios – Enriched Residential Services (ERS)

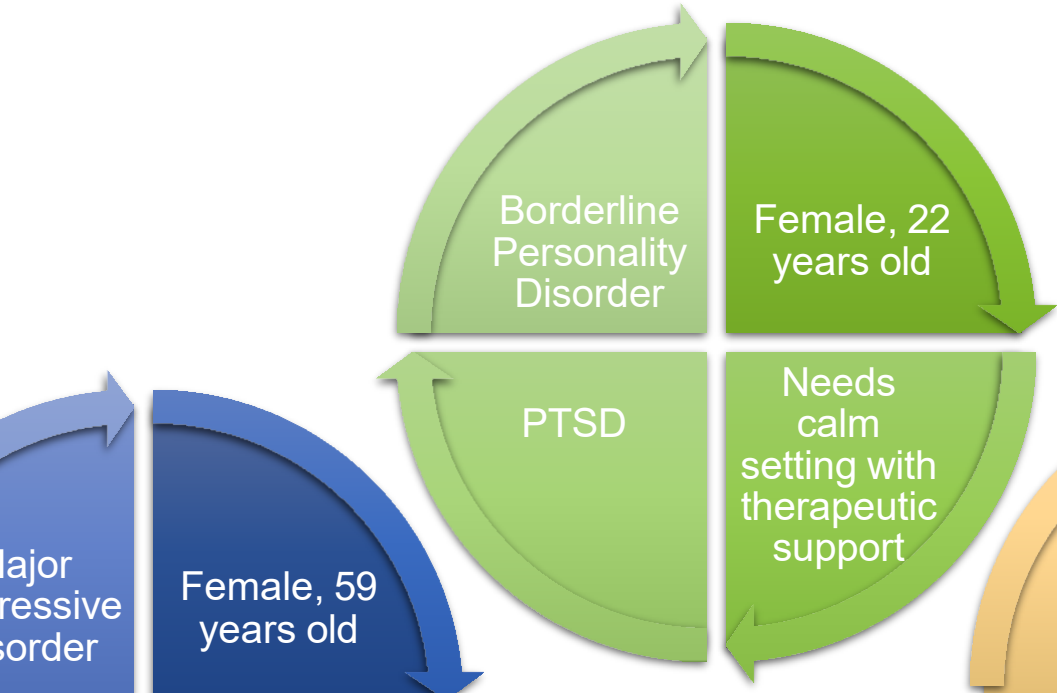
Client Composite 1	Client Composite 2
➢ **Male, 62 years old** ➢ **Schizoaffective Disorder, Depressed Type** ➢ **Auditory hallucinations, poor ADLs** ➢ **Unhoused for 10+ years, multiple ER visits** ➢ **Also diagnosed with Congestive Heart Failure and Diabetes** *Placement challenges: Medically fragile with chronic psychosis; requires behavioral and medical supports; high risk for ED overutilization.*	➢ **Female, 41 years old** ➢ **Schizophrenia, Meth Use Disorder** ➢ **Currently on probation** ➢ **Compliant with psych meds, in relapse prevention phase** ➢ **History of AWOLs from unlocked settings but currently agrees to stay voluntarily** *Placement challenges: Justice-involved, dual diagnosis, unreliable engagement history; needs secure but recovery-oriented setting.*

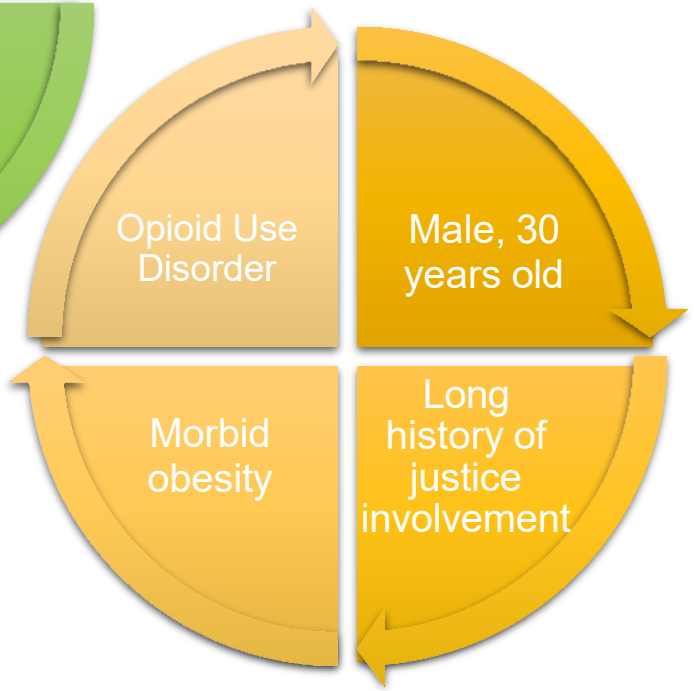
Client Composite 3
➢ **Male, 34 years old** ➢ **Bipolar Disorder, Poly-Substance Use Disorder** ➢ **Forensic inpatient** ➢ **Easily agitated and triggered** ➢ **Facing misdemeanor charges but found Incompetent to Stand Trial (IST); not conserved** *Placement challenges: IST status limits legal discharge options; high behavioral acuity; not LPS conserved, so voluntary status limits facility eligibility.*

DMH Client Scenarios - Subacute









DPH-SAPC Capacity Considerations

- **Bond BHCIP investments are made across the entire behavioral health system, inclusive of the specialty SUD treatment system.**

- Using population-level estimates of SUD, contracted capacity, historical utilization of contracted capacity, and utilization considerations (lengths of stay, SPA-level considerations, etc.), **DPH-SAPC has projected capacity needs for residential and non-residential levels of care to inform Bond BHCIP investment considerations for community-based SUD agencies.**

DPH-SAPC Current Capacity

	Treatment Beds				Housing Beds	
	Crisis Receiving & Stabilization	Acute Inpatient/ Subacute	Crisis Residential/ Extended Residential		Interim Housing	
	Up to 24 hours (licensed; except sobering center)	*Hospital level care (licensed)*	*Residential with onsite clinical/ treatment services (licensed)*		*Shelter w/ supp. services (unlicensed)*	
	Sobering Centers	Inpatient Withdrawal Mgmt (ASAM 3.7-WM, 4-WM)	Residential Withdrawal Mgmt (ASAM 3.2-WM)	Residential Treatment (ASAM 3.1, 3.3, 3.5)	Recovery Bridge Housing	Recovery Housing *New*
Current Existing	15 beds	78 beds	108[1] beds (0 beds)	2724[2] beds (0 beds)	1,692 beds (+149 beds)	139 beds (+82 beds)
Funded – In Development	16 beds	0	42 beds	217[3,4] beds	0[4] beds	11 beds

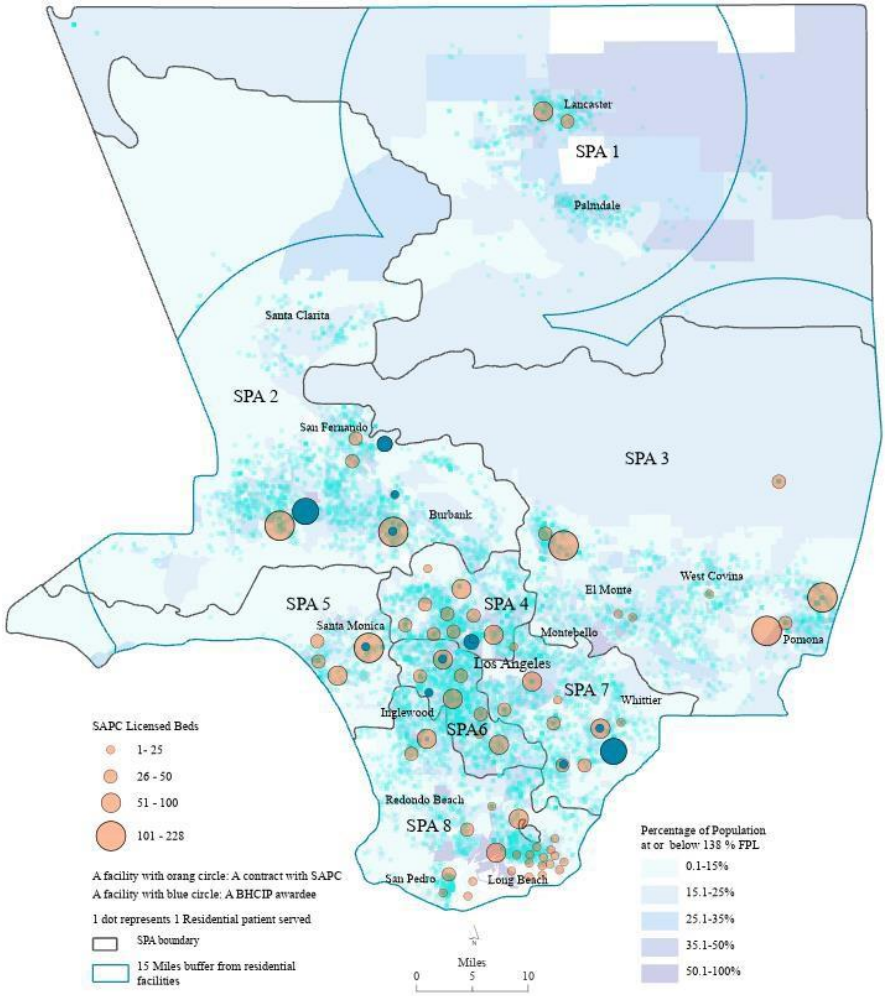
FY24-25 Projected Residential SUD Utilization and Needs Assessment

(assuming 15% vacancy rates of available days/year and 80% access to contracted bed capacity)

	LAC Overall (12+)	Youth (12-17)	Adult 18+	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8	Out of County
# of Beds Needed	2,311	13	2,298	123	385	367	303	93	327	272	418	24
Total SAPC-funded Beds	2,635	13	2,622	206	253	488	344	197	372	286	421	68
Total SAPC-funded beds available for SAPC clients	2,108	13	2,095	165	202	390	275	158	298	229	337	54
Additional Beds Needed	**203**	0	**203**	(42)	**183**	(23)	**28**	(65)	**29**	**43**	**81**	(30)
Additional Licensed Beds Available[10]	787	17	770	2	74	146	143	72	43	41	74	N/A

Residential SUD – Max Capacity, Clients Served, & Projected Needs

(assuming 15% vacancy rates of available days/year and 80% access to contracted bed capacity)

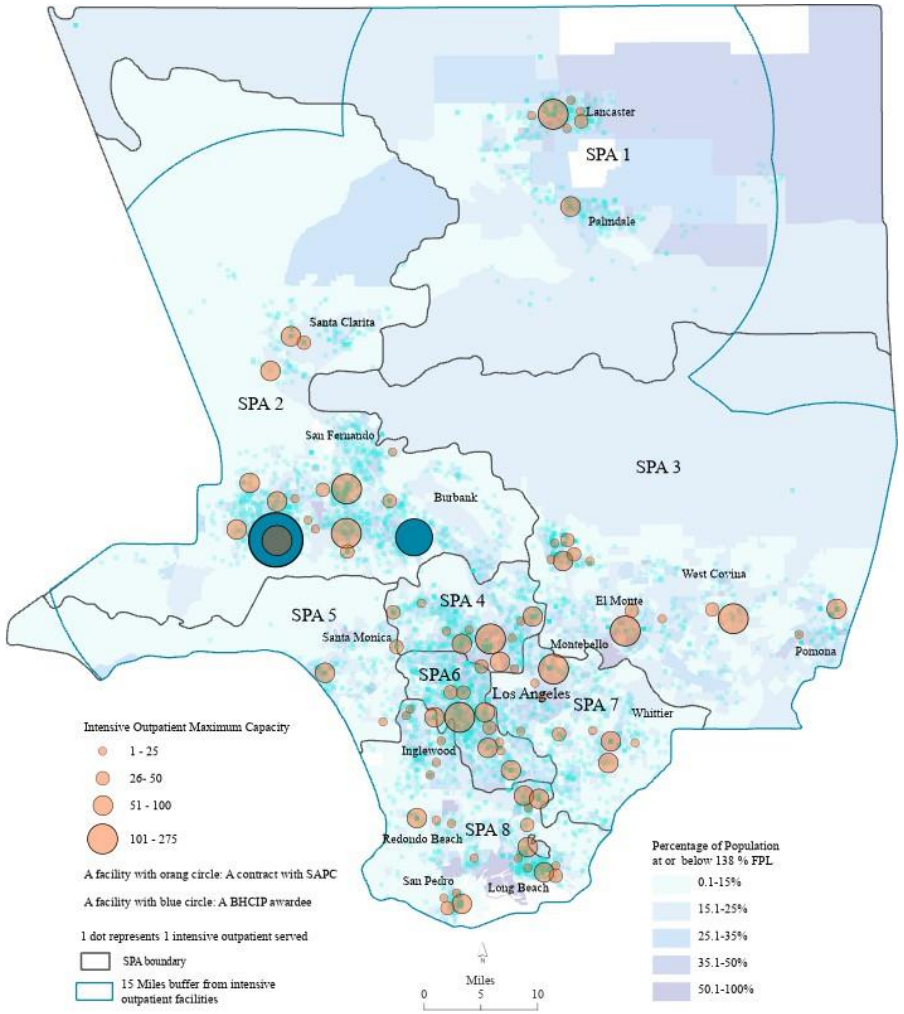


Projected Residential SUD Needs

- SPA 2: 183 beds
- SPA 4: 28 beds
- SPA 6: 29 beds
- SPA 7: 43 beds
- SPA 8: 81 beds
  - Particular needs:
    - Residential Withdrawal Management
    - Residential settings with Incidental Medical Services (IMS) approvals that offer MAT directly
    - Residential SUD settings with co-occurring capabilities

Intensive Outpatient (IOP) SUD – Max Capacity, Clients Served, & Projected Needs

(assuming 15% vacancy rate of available days/year)

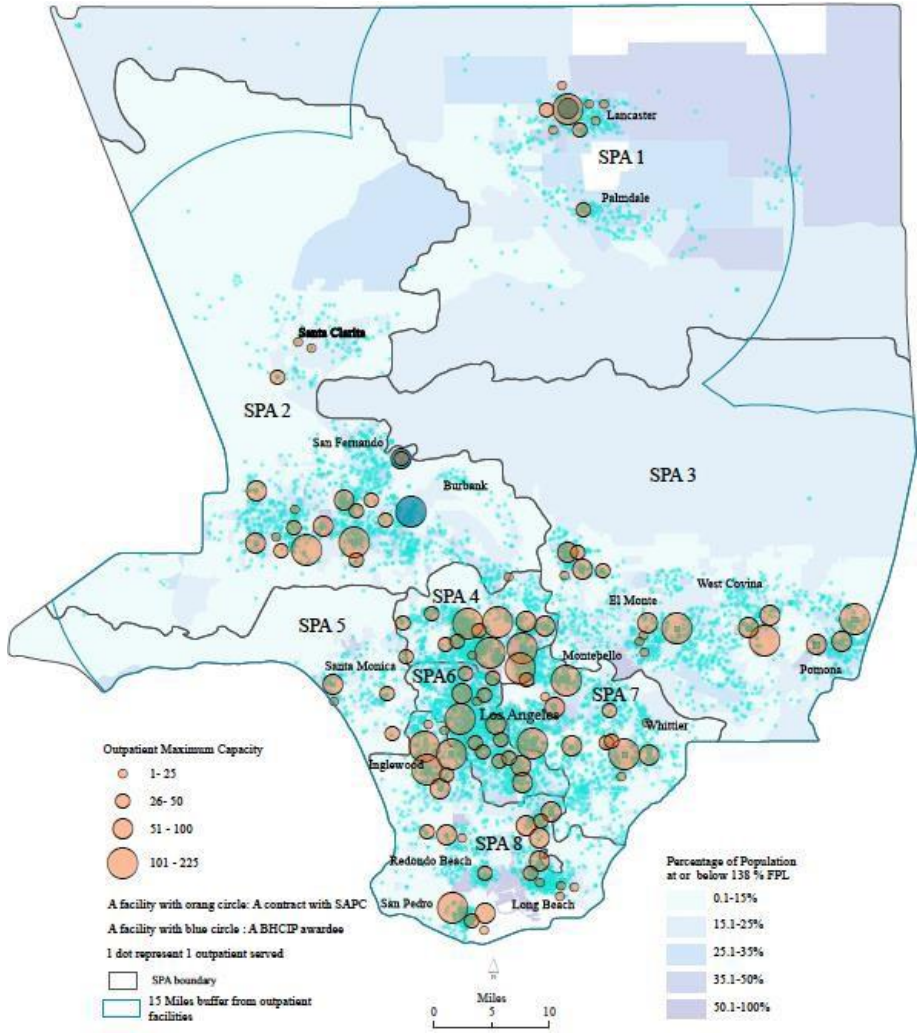


Projected IOP Needs

- SPA 5: 26 slots
  - Overall, LA County IOP capacity is projected to be sufficient, but additional slots in SPA 5 are recommended given utilization patterns
  - Particular needs:
    - IOP settings with co-occurring capabilities and that offer MAT directly

Outpatient (OP) SUD – Max Capacity, Clients Served, & Projected Needs

(assuming 15% vacancy rate of available days/year)

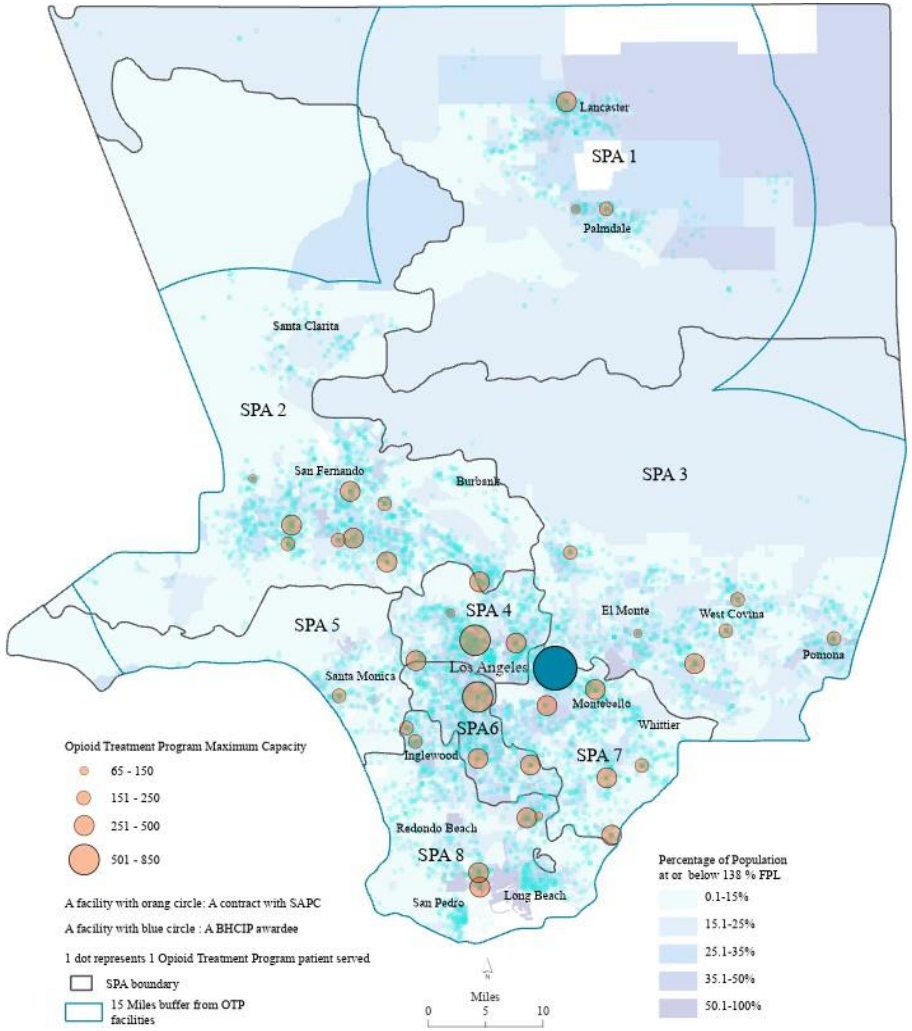


Projected OP Needs

- SPA 6: 40 slots
  - Overall, LA County OP capacity is projected to be sufficient, but additional slots in SPA 6 are recommended given utilization patterns
  - Particular needs:
    - OP Withdrawal Management
    - OP settings with co-occurring capabilities and that offer MAT directly

Opioid Treatment Program (OTP) – Max Capacity, Clients Served, & Projected Needs

(assuming 15% vacancy rates of available days/year and 4 clients served per slot/day)



Projected OTP Needs

- Overall, LA County OTP capacity is projected to be sufficient.
  - However, OTPs that meaningfully offer buprenorphine are a value-add.

Recovery-Oriented Housing – Projected Needs

Behavioral Health Bridge Housing and opioid settlement funds are supporting the expansion of Recovery Bridge Housing (RBH) and Recovery Housing beds.

- **RBH – 200 beds added in FY23-24, with another 200 anticipated to be added in FY 24-25**
- **Recovery Housing – 150 beds to be added by FY 24-25**

Projected RBH Needs

- SPA 1: 18 beds
- SPA 2: 30 beds
- SPA 4: 74 beds
- SPA 5: 16 beds
- SPA 6: 62 beds

Recovery Housing Needs

- TBD (new option)

County BHCIP Letters of Support

County of Los Angeles Public Health SAPC

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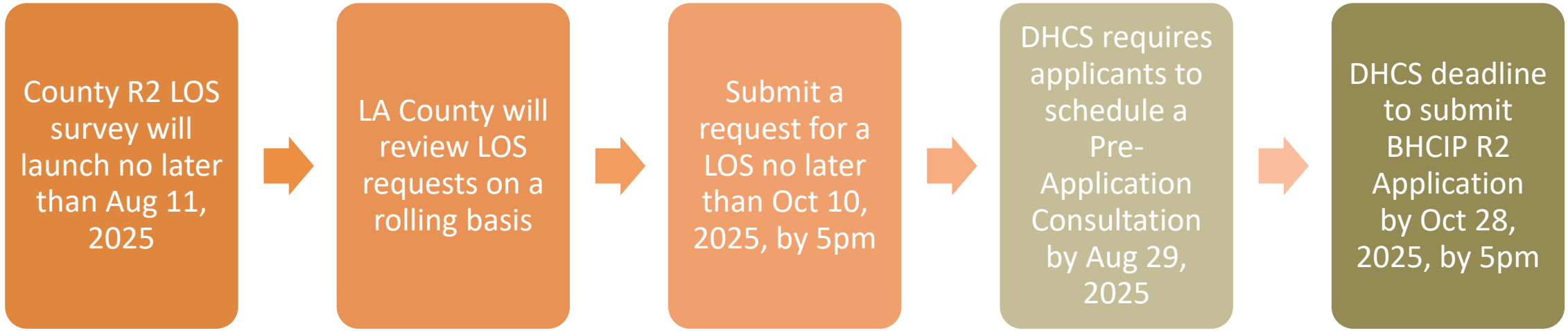
County Letter of Support

- DHCS requires that all city, non-profit and for-profit applicants provide a letter of support (LOS) from the county behavioral health agency. In LA County DMH and DPH-SAPC have oversight over this process.

- To be considered for a LOS, organizations must submit a survey that describes the project including:
  - Population you intend to serve
  - Percent of proposed client population will be Medi-Cal enrolled
  - Level(s) of care provided
  - Number of beds and/or treatment slots by level of care
  - Grant amount requested

- Commitment to serve Medi-Cal Members
  - All applicants must commit to providing behavioral health Medi-Cal services.
  - Applicants will be required to attest that you have read and understood the DMH and DPH-SAPC requirements to become a County contracted provider.
  - A County contract is necessary for providers serving Medi-Cal clients.

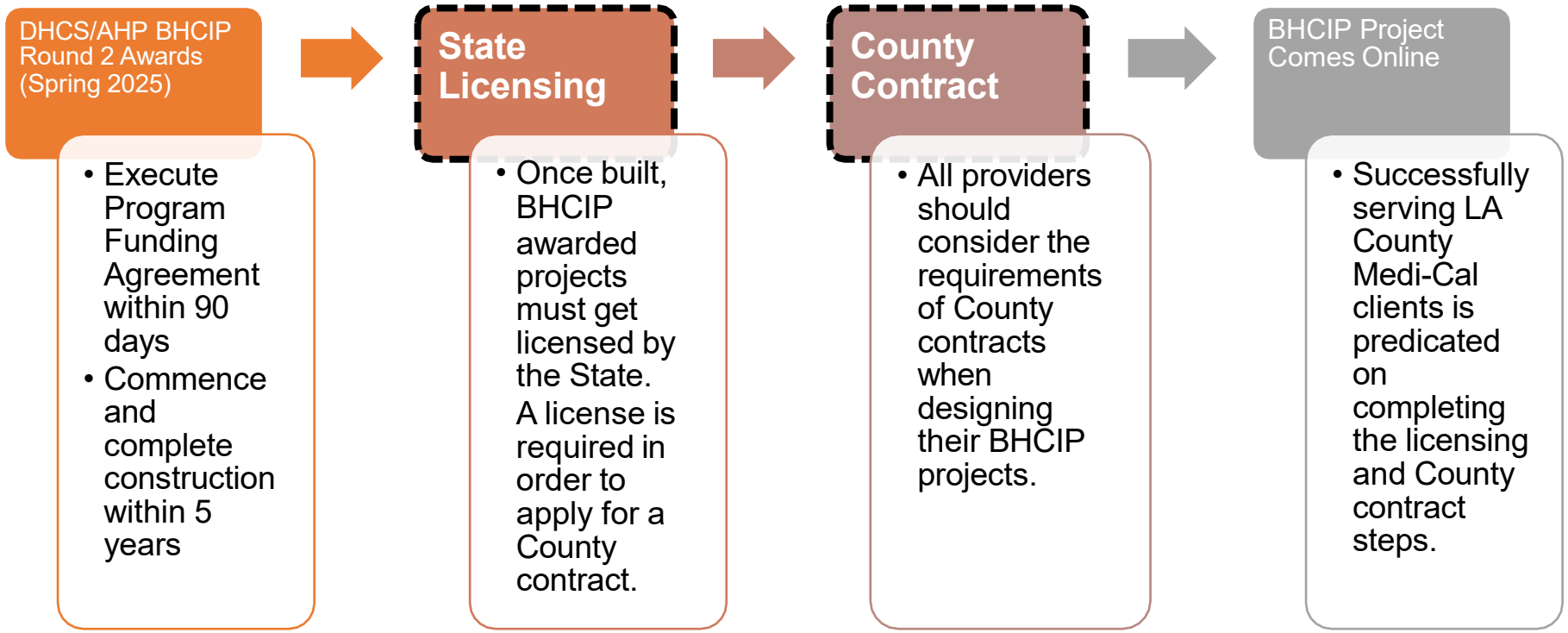
County Letter of Support



- Applicants must submit one survey for each distinct project.
- The County cannot guarantee the surveys received after Oct 10, 2025, at 5pm will be evaluated.
- Registered attendees will receive an email with the survey link, and it will be available on our webpage.

County Contracting Considerations

DHCS requires that grantees commit to serving Medi-Cal beneficiaries.



QUESTIONS?

For more information:
DHCS: Behavioral Health Infrastructure Bond Act of 2024 - BHCIP
LOS ANGELES COUNTY: Behavioral Health Continuum Infrastructure Program - Department of Mental Health

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