



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



BEHAVIORAL HEALTH SERVICES ACT COMMUNITY PROGRAM PLANNING

BHSA HOUSING FORUM #1

September 29, 2025

1:00-4:00 PM

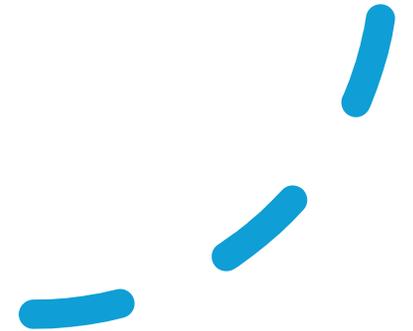
Meeting will start at 1:00 PM

WELCOME

RIGO RODRÍGUEZ

(He, Him, His)

FACILITATOR



KEY ANNOUNCEMENTS

Recording + Sign Ins + Materials + ASL & Language
Interpretation + CART + Chat Box + Participation +
Self-Care & Support

#1 RECORDING

This is a public meeting.

We are recording today's session.

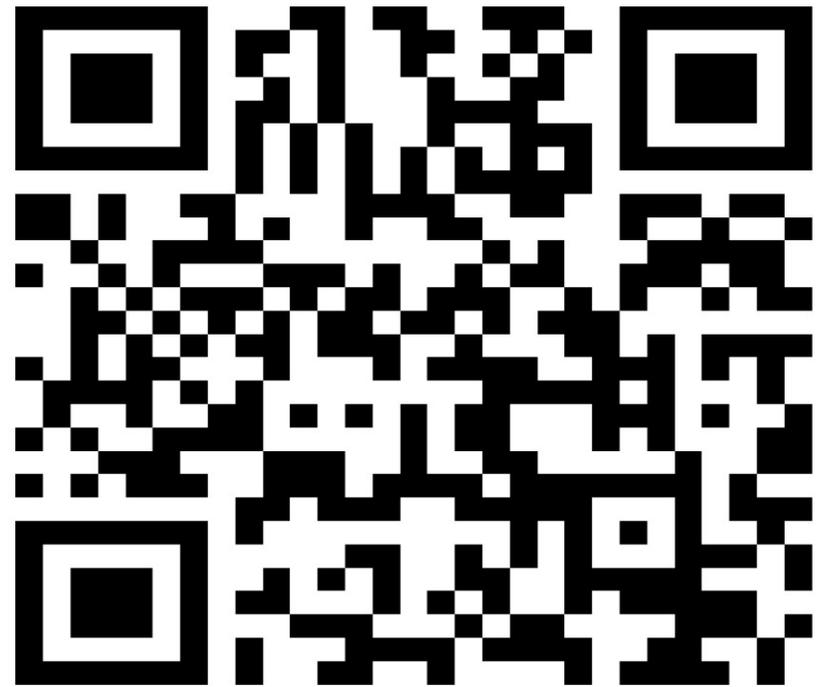
#2 ONLINE SIGN-INS

MEMBERS OF THE PUBLIC:

Please use the QR CODE or LINK to sign-in today.

BHSA CPT MEMBERS:

We already have your information. No need to sign in.



#3 MATERIALS

Today's materials
[**Agenda + Slides**]
can be accessed
via the QR code or
Chat Box links.



#4 AMERICAN SIGN LANGUAGE

ASL interpretation is provided.

To **PIN** the ASL interpreter(s) on your screen, hover over their picture, click the **THREE DOTS**, and then select **PIN FOR ME**.

#5 CART SERVICE

COMMUNICATION ACCESS REAL-TIME TRANSCRIPTION (CART) service is provided.

CART service can be accessed by pressing the link in the Chat Box.

#6 LANGUAGE INTERPRETATION

LANGUAGE INTERPRETATION is provided in Korean and Spanish.

Access language interpretation via the telephone lines in the Chat Box.

#7 CHAT BOX

CHAT BOX is available mainly to:

ACCESS Links for CART services, telephone lines for interpreters, materials, or to **COMMUNICATE** with us in case something is happening with these services.

#7 CHAT BOX

Please use the **CHAT BOX** only when instructed as part of the process. If you cannot access the links via Chat Box, please send email at:

communitystakeholder@dmh.lacounty.gov

#8 PARTICIPATION

CPT MEMBERS

+

**MEMBERS
OF THE
PUBLIC**

#9

SAFE & CREATIVE SPACE

COMMUNICATION EXPECTATIONS

1. Be Present
2. Speak From Your Own Experience
3. Practice Confidentiality
4. Step Up, Step Back
5. Seek To Understand And Then Be Understood

#10

SELF CARE & SUPPORT

SELF CARE & SUPPORT

If during the session you find yourself feeling uneasy with the topic or the dialogue, we encourage you to take care of yourself and seek support. Please reach out if you need assistance with processing your thoughts and feelings.

Land Acknowledgment

The County of Los Angeles recognizes that we occupy land originally and still inhabited and cared for by the Tongva, Tataviam, Serrano, Kizh, and Chumash Peoples.

We honor and pay respect to their elders and descendants — past, present, and emerging — as they continue their stewardship of these lands and waters.

We acknowledge that settler colonization resulted in land seizure, disease, subjugation, slavery, relocation, broken promises, genocide, and multigenerational trauma.

This acknowledgment demonstrates our responsibility and commitment to truth, healing, and reconciliation and to elevating the stories, culture, and community of the original inhabitants of Los Angeles County.

We are grateful to have the opportunity to live and work on these ancestral lands.

LABOR ACKNOWLEDGMENT

We must acknowledge that much of what we know of this country today, including its culture, economic growth, and development throughout history and across time, has been made possible by the labor of enslaved Africans and their descendants who suffered the horror of the transatlantic trafficking of their people, chattel slavery, and Jim Crow.

We are indebted to their labor and their sacrifice, and we must acknowledge the tremors of that violence throughout the generations and the resulting impact that can still be felt and witnessed today.

Dr. Terah 'TJ' Stewart

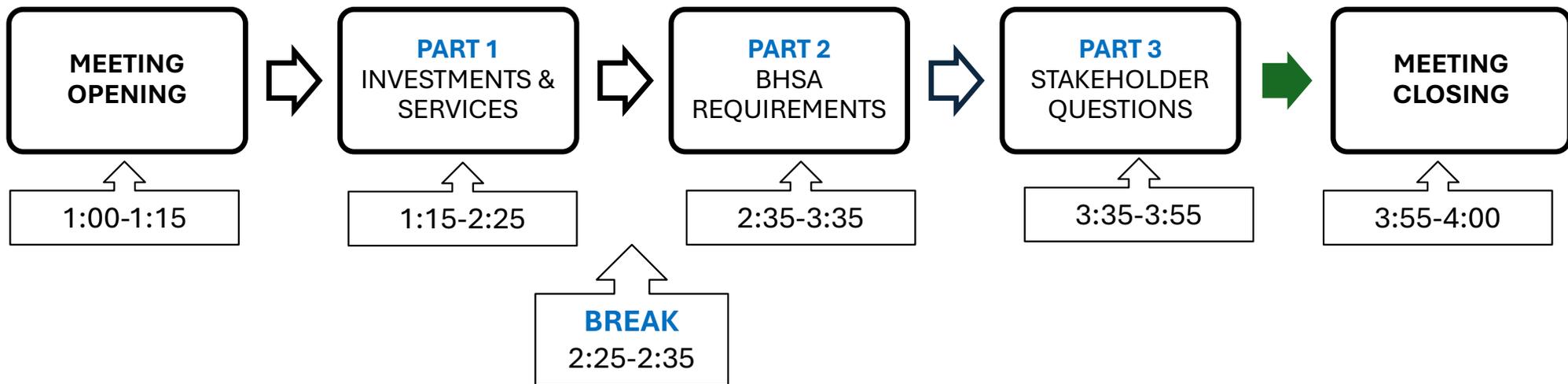
PURPOSE

Provide **foundational information** on the housing landscape in Los Angeles County to support a second forum addressing specific BHSA Housing Interventions questions.

OBJECTIVES

1. Review **key housing investments and homeless services** in Los Angeles County.
2. Explain the **BHSA requirements** for Housing Interventions.
3. Describe the BHSA Housing Interventions **questions for stakeholder engagement**.
4. Provide **instructions** for the second BHSA Housing Forum.

AGENDA



WELCOME

DARLESH HORN DPA

DIVISION CHIEF

BHSA Administration Division

Community & Stakeholder Engagement Unit

LAC DMH

KATHERINE LI MBA

SENIOR STAFF ANALYST

Integrated Health Initiatives Section

Substance Abuse Prevention & Control Bureau

LAC DPH

PLANNING TEAM

MARIA FUNK, Ph.D.
DEPUTY DIRECTOR

Housing & Job
Development Division
LAC DMH

YANIRA A. LIMA, MPA, MHM
DIVISION CHIEF

Systems of Care
LAC DPH—SAPC

SANDY SONG, M.A.
SECTION MANAGER

Adult Services
LAC DPH—SAPC
Treatment Services Branch –
Systems of Care

SPEAKERS

ELIZABETH BEN-ISHA

SENIOR MANAGER

Homeless Initiative
LAC Department of
Homeless Services and
Housing

LA TINA JACKSON

DEPUTY DIRECTOR

Countywide Engagement
Division
LAC Department of Mental
Health

CHARLES ROBINSON

SENIOR DIRECTOR

Community Health and
Safety Net Initiatives
L.A. Care Health Plan

PART 1:

Housing Investments & Homeless Services

PROCESS

- While speakers are presenting, please write your questions in the blue sheets.
- We'll walk around and collect them and hand them to our speakers.
- If you're online, please write your questions in the Word document (press link in the Chat Box).

September 29, 2025

Update on the Formation of the Department of Homeless Services and Housing

Department of Mental Health BHS&H Housing Forum



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Forming a New County Department: How We Got Here

- On November 26, 2024, the Board of Supervisors adopted a motion directing the Chief Executive Office to provide a 60-day, 90-day, and 120-day written feasibility report with next steps to implement the Blue Ribbon Commission on Homelessness Report Recommendation **No. 1, establishing a new County Department dedicated solely to serving people who are unhoused or at risk of becoming unhoused**, and **No. 3, streamline the LAHSA's responsibilities to only the core functions required as lead on the Greater Los Angeles Continuum of Care**.
- On February 28, 2025, the CEO submitted a report-back to the Board outlining the **feasibility of this proposal and next step necessary to achieve this transition**. The report-back comprehensively addressed the logistics of creating a new County department, including staffing, timelines, and departmental structure.
- On April 1, the Board **voted to establish the County's first ever department on homelessness**. DHS-Housing for Health (HFH) and the Homeless Initiative will form the foundation of this new department.

Background: April 2025 Board Motion

“Streamlining LAHSA and creating a new, consolidated County department will provide the County with the opportunity to create a functional and accountable infrastructure responsible for the implementation of a countywide response to homelessness. This is a chance for the County to learn from past mistakes and build a system of care that is set up to succeed and better serve those in need. **A transparent, efficient system overseen by one entity, directly responsible to the Board of Supervisors and held accountable to clearly defined performance-based outcomes, will both empower the County to act and hold the County directly responsible for the voter-approved funding from Measure A.**”

Department of Homeless Services and Housing Planning Priorities

- Supporting LAHSA and **planning for the transition of resources** from LAHSA to the County
- **Improving collaboration** through better communications and community engagement
- **Building the necessary infrastructure** to launch a successful Department of Homeless Services and Housing on January 1, 2026
- Improve partnerships with **cities and unincorporated communities**
- Supporting **effective system governance**

Department of Homeless Services and Housing Project Timeline



>April 1, 2025



Phase 0

Assemble
Implementation
Team



July 1, 2025



Phase I-A

CEO-HI & DHS-HFH
Integration



Jan 1, 2026



Phase I-B

**New
Department
Established**



July 1, 2026



Phase II

County-funded
LAHSA
Integration



<July 1, 2026



Phase III

Additional County
Program/Service
Integration

Department of Homeless Services and Housing Project Website



Providers Employees

Contact

Get Help

Creating a New County Department on Homelessness

On April 1, 2025, the Board of Supervisors approved establishing the County's first ever department on homelessness.

The driving force behind this new department is increasing accountability, improving care for people experiencing homelessness, and reducing the burden on the providers who serve them every day.



Event Calendar

Stay informed about upcoming meetings where the New Homelessness Department will be discussed and opportunities to get involved. Explore what's happening and join us in making a difference.



MAY, 2025

22 HOMELESS POLICY DEPUTIES MEETING

MAY

30 EXECUTIVE COMMITTEE FOR REGIONAL HOMELESS ALIGNMENT

MAY

Information for Service Providers

This page provides up-to-date information about the formation of a new County department on homelessness for our service provider partners.

Our goal is to deliver an integrated system of care connecting housing, case management, substance use disorder treatment, physical and mental health services, and income supports. Your expertise and on-the-ground knowledge will be crucial to the new department's design, implementation, and continuous improvement. Our steadfast commitment is to operate in partnership with our dedicated existing and new contracted providers every step of the way.

This page will continue to be updated as new information is released. If you have immediate questions in the meantime, please complete this form.

If you are a homeless service provide in Los Angeles County and would like to receive ongoing communications about this transition, please complete this form.



Information for Current and Prospective Employees

This page is dedicated to providing up-to-date information about the formation of a new County department on homelessness for current and prospective employees of the New County Department on Homelessness.

The Board of Supervisors' decision to structure the department this way represents an administrative shift in how LA County carries out our work to end homelessness to leverage these great strengths and improve outcomes for all County residents. We have an opportunity to use what we know is effective to create even more impact and touch even more lives.

This page will continue to be updated as new information is released. If you have immediate questions in the meantime, please complete this form.



Homelessness Governance



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Background: Blue Ribbon Commission on Homelessness Report

- On May 3, 2022, the Los Angeles County Board of Supervisors (“Board”) adopted seven recommendations approved by the Blue Ribbon Commission on Homelessness (“BRCH”).
- One of the recommendations was to **create a forum to convene decisionmakers and thought leaders from across the region** to discuss goal-setting, policy, funding, fundraising, philanthropic initiatives, operations, data, equity, and the “fair share” of resources.
- The Executive Level team would be **made up of elected officials and decisionmakers from the County, Cities, and the State**. An advisory body could be created to support the Executive Level team.

Background:

August 2023 Board Motion to Establish Two Bodies

- Based on the recommendation by the BRCH, the Board created **Executive Committee on Regional Homeless Alignment (“ECRHA”)** to develop one plan to address homelessness, establish a common set of performance indicators, align resources, and provide oversight.
- The Board also created the **Leadership Table on Regional Homeless Alignment (“LTRHA”)** to serve as an advisory body supporting the work of the ECRHA.
- Together, the ECRHA and LTRHA would:
 - identify most effective strategies,
 - scale solutions,
 - align private and public funding, and
 - communicate the vision.

Role and Authority of ECRHA: Board Motion

- Develop **one plan and drive one effort** regionally.
- Establish a **common set of performance indicators and make collective decisions** based on best available data.
- **Align funding and resources** within each member's respective jurisdiction or area of influence.



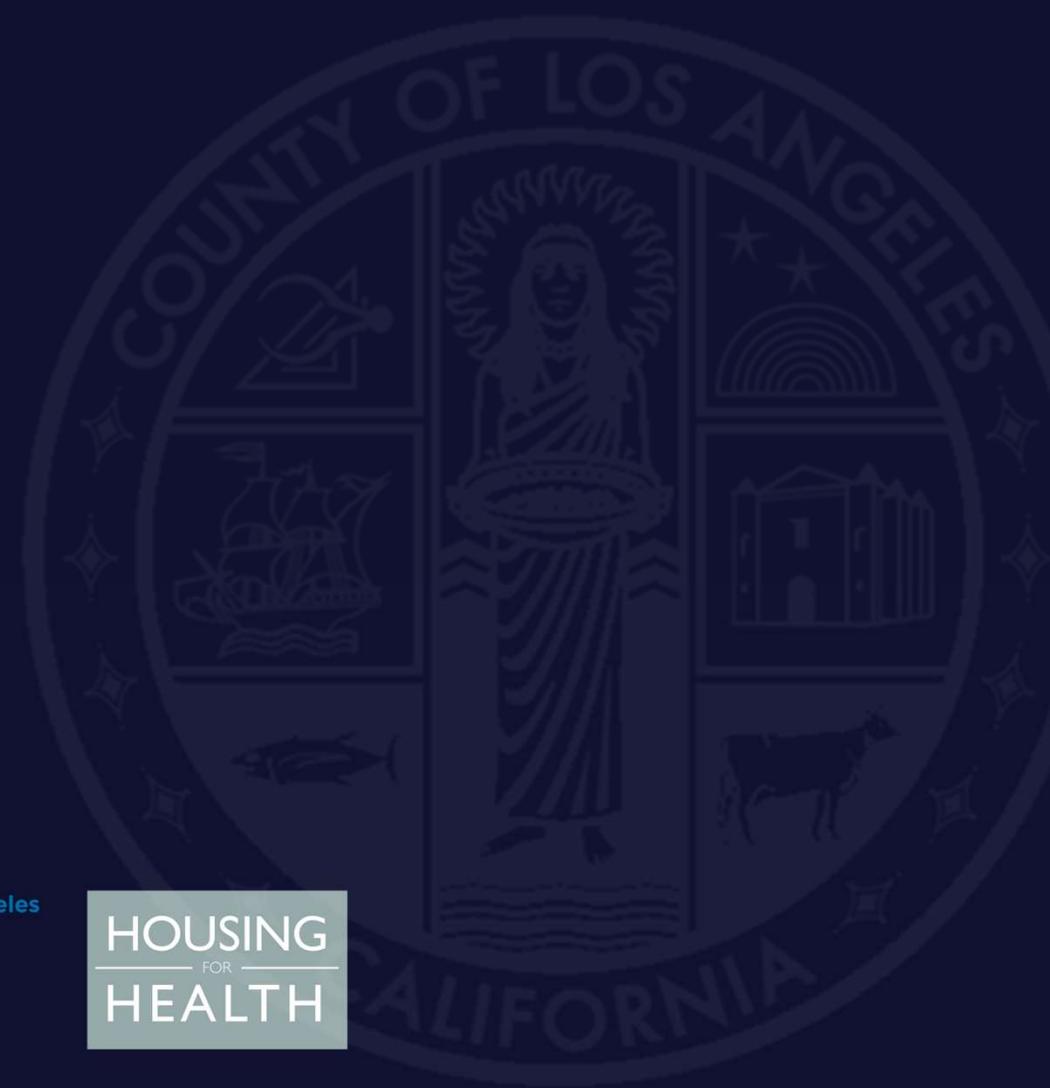
Measure A



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What is Measure A?

Approved by LA County voters in November 2024, **Measure A is a half-cent countywide sales tax that funds housing, services, and prevention programs for people experiencing or at risk of homelessness.**

It addresses the root causes of homelessness, strengthens collaboration across agencies implementing Measure A funding, and increases transparency and accountability.

Measure A: Goals

1. Increase the number of people **moving from encampments into permanent housing** to reduce unsheltered homelessness
2. Reduce the number of people **with mental illness and/or substance use disorders** who experience homelessness
3. Increase the number of people **permanently leaving homelessness**;
4. Prevent people from **falling into homelessness**; and
5. Increase the **number of affordable housing units** in Los Angeles County.

See here: <https://homeless.lacounty.gov/responsive-regional-plan/>

The Measure A Goals as Metrics

By 2030, using FY23-24 as a baseline:

1. Increase the number of people moving from encampments into permanent housing to **reduce unsheltered homelessness**.

- 1a: Decrease by 30% the number of people experiencing unsheltered homelessness.
- 1b: Increase by 80% the number of people moving into permanent housing from unsheltered settings.
- 1c: Increase by 32% the rate of people moving into interim housing from unsheltered settings.

2. Reduce the number of people with **mental illness and/or substance use disorders** who experience homelessness.

- 2a: Reduce by 15% the number of people with SMI alone experiencing homelessness.
- 2b: Reduce by 10% the number of people with SUD alone experiencing homelessness
- 2c: Reduce by 10% the number of people with co-occurring SMI and SUD experiencing homelessness.

3. Increase the number of people **permanently leaving homelessness**.

- 3a: Increase by 57% the number of people who exit homelessness to permanent housing.
- 3b: Increase by 101% the number of service participants who retain permanent housing, two years after they exit homelessness.

The Measure A Goals as Metrics

By 2030, using FY23-24 as a baseline:

4. Prevent people from **falling into homelessness**.

- 4a: Reduce the number of people who become newly homeless by 20%.*

5. Increase the **number of affordable housing units** in Los Angeles County.

- 5a: Increase by 41%-53% the current level of affordable housing production*.
- 5b: Increase by the current level of affordable housing units being preserved*.

* *LACAHSa metric*

Measure A: ECRHA Roles

Executive Committee on Regional Homeless Alignment

- Evaluate progress toward goals, with an emphasis on goals 1, 2, and 3.
- **Formulate baseline and target metrics** no later than April 1, 2025.
- Make recommendations to the County on the regional plan.
- Develop best practices for standardization of care.
- **Oversee and make recommendations regarding the expenditure of funds** allocated to the County and LACDA.
- **Make recommendations to the BOS and LACAHSAs to redirect funds** to or away from specific programs for which target metrics have not been achieved by December 31, 2030.
- **Formulate new baseline and target metrics** informed by annual evaluations and program performance no later than October 1, 2031.
- **Evaluate progress toward these new metrics** at least every 5 years thereafter and make recommendations to the Board of Supervisors and LACAHSAs.
- **Make recommendations** on the annual evaluation agenda.

Measure A: ECRHA and LTRHA Roles

Leadership Table for Regional Homeless Alignment

- Provide input to ECRHA and LACAHSAs on **baseline and target metrics**.
- Provide input to ECRHA on **best practices for standardization of care**.
- Provide input to ECRHA regarding the **expenditure of funds allocated** to the County and LACDA.

Measure A Spending Plan Process FY 2026-27

Department of Homeless Services and Housing



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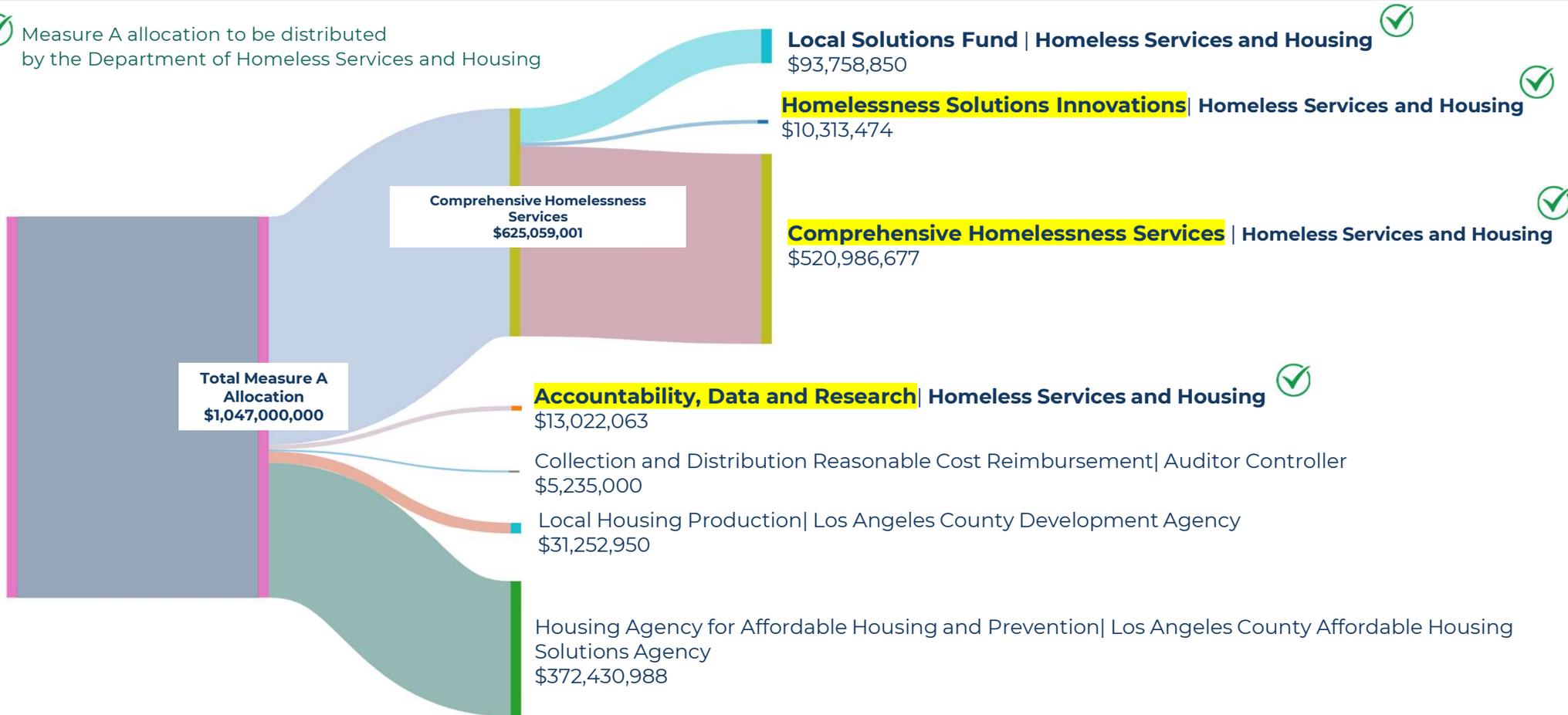
Acknowledging Our Current Fiscal Reality

With significant State, federal and local budget cuts, we must adapt to be able to continue to meet the needs of the population we serve.

The region must make strategic choices about how we invest our limited resources.

Projected Measure A Allocation (FY 2026-27)

✓ Measure A allocation to be distributed by the Department of Homeless Services and Housing



Currently Funded by Measure A in FY 2025-26*

*Does not include Local Solutions Fund

FY 2025-26 Measure A Spending: \$559M



HOUSE - \$405M

- ICMS & Rental Subsidies
- Client Engagement and Navigation Services
- Shallow Subsidies and TLS
- Interim Housing
- Emergency Housing
- Transitional Housing for TAY
- Host Homes for TAY
- Master Leasing
- Residential Property Services Section
- Permanent Housing for Older Adults
- Subsidized Housing (Individuals with SSI)
- Homeless Incentive Program



COORDINATE - \$11M

- Regional Coordination
- Youth Collaboration
- Education Coordinators
- CoC HUD Cash Match
- Planning Grant Renewal
- Youth Homeless Demonstration Program
- DMH's Referral, Access and Data Unit
- Faith-Based Coordinators
- Coordination for Veterans Document Readiness



STABILIZE - \$12M

- Benefits Advocacy
- Criminal Records Clearing
- Legal & Financial Services
- Employment and Income Support



CONNECT - \$60M

- Emergency Centralized Response Center
- Countywide Outreach
- Encampment Assessments
- Mobile Public Health Clinical Services
- Housing Navigation
- Safe Parking
- Veteran Call and Resource Centers
- Campus Peer Navigation



PREVENT - \$15M

- Homeless Prevention Unit
- Problem-Solving
- Homeless Prevention Case Management & Financial Assistance
- Youth Prevention & Family Reconnection
- Youth Homelessness and Prevention



OTHER EFFORTS - \$56M

- Pathway Home
- Continuums of Care
- Homeless Count
- HMIS
- Client Portal
- Accountability, Data and Research: Staff, Consultants
- Technology and Services
- Community Engagement
- Administration



For more details on FY 2025-26 spending

Loss of or Reductions in State, Federal and Other One-Time Funding Streams

Funding Set to End

- American Rescue Plan Act (ARPA)
- Encampment Resolution Fund (ERF) Rounds 2 and 3
- Housing for Healthy CA

Known Funding Reductions

- Housing and Disability Advocacy Program (HDAP)
- Bringing Families Home
- CalWORKs Housing Support Program (HSP)
- Home Safe
- Homeless Housing, Assistance and Prevention (HHAP) Round 7

Potential Funding Reductions or Losses

- CalAIM (MediCal)
- Ryan White Grant
- Emergency Solutions Grant
- Housing Choice Vouchers
- HOME Investment Program
- Project-Based Vouchers
- Emergency Housing Vouchers
- Community Development Block Grant
- Housing Opportunities for Persons with AIDS
- Homeless Assistance Grants
- Continuum of Care Grant

FY 2026-27 Spending Plan Timeline

EverExcel Community Engagement Forums Begin (year-round process)	Finalize Rubric by end of September	Finalize Draft Spending Plan Public Webinar and Comment Period	Present Draft Spending Plan at ECRHA, LT and Homeless Policy Deputies' meetings	Present Final Spending Plan at Board of Supervisors meeting	Final Spending Plan to be considered in County's Recommended Budget Phase	FY 2026-27 Service Provider Contracts executed under Department of Homeless Services and Housing
AUG 2025	SEPT 2025	NOV 2025	DEC 2025	JAN 2026	MAY 2026	JULY 2026

Scan the QR code for regularly-updated information about the FY 2026-27 Measure A Spending Plan process.



QUESTIONS

- Please turn in your questions.

Department of Mental Health Housing Resources



Maria Funk, Ph.D.
Deputy Director
Housing and Job Development Division
Department of Mental Health



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▶▶ DMH Overview

DMH is the Mental Health Plan in 85 cities (does not include the Tri-City area, La Verne, Claremont or Pomona)

Responsible for providing specialty mental health services to eligible individuals

DMH directly-operated and contracted providers serve over 250,000 clients per year

- Based on several point-in-time data matching analyses using InfoHub data, an estimated 20% of DMH clients were flagged as homeless at some point during the year.
- In FY 2022-23, between 40-50% of individuals receiving DMH crisis services, including crisis stabilization, acute inpatient and Institution for Mental Disease (IMD) services, were homeless at the time of service.

▶▶ DMH Overview - Continued

DMH services and housing target individuals with **Severe Emotional Disturbance (SED)** or **Serious Mental Illness (SMI)**, defined as those with major depressive disorder, bipolar disorder, schizophrenia and other psychotic disorders, **which is in alignment with how SMI was defined under Measure A**

- DMH currently receives only **\$5.4M of Measure A funds** for 24 staff
- DMH is committed to partnering with other departments, government entities and homeless service providers to meet Measure A goals and has made **significant investments in homeless and housing services** through other DMH funding sources - which adds capacity to the whole system for a specific target population

In FY 2024-25, DMH served **11,134** clients through the housing resources managed by DMH

- Total Interim Housing = 2,466
- Total Permanent Housing = 8,668
- Total Newly Housed = 3,099

▶▶ MEASURE A GOALS



Proposition 1 – Approved by Voters on March 5, 2024

Transforms the Mental Health Services Act (MHSA) Passed by Voters in November 2004 – 1% Tax on Personal Income over \$1M

NEW funding to develop an array of behavioral health treatment facilities and supportive housing

Behavioral Health Infrastructure Bond Act (BHIBA) **\$6.38B**

Behavioral Health Services Act (BHSA)

EXISTING funding that must be shifted in accordance with BHSA requirements

Los Angeles County Regional Allocations

Required Distribution of Funding by State

Behavioral Health Continuum Infrastructure Program (BHCIP)
\$479M

Funding for behavioral health treatment and residential settings

Homekey+ for Veterans
\$277.9M

Housing investments for Veterans experiencing or at risk of homelessness

Homekey+ for Non-Veterans
\$321.4M

Housing investments for persons experiencing or at risk of homelessness with behavioral health challenges

Behavioral Health Services and Supports (BHSS)
35%

17.15%
Outpatient Services

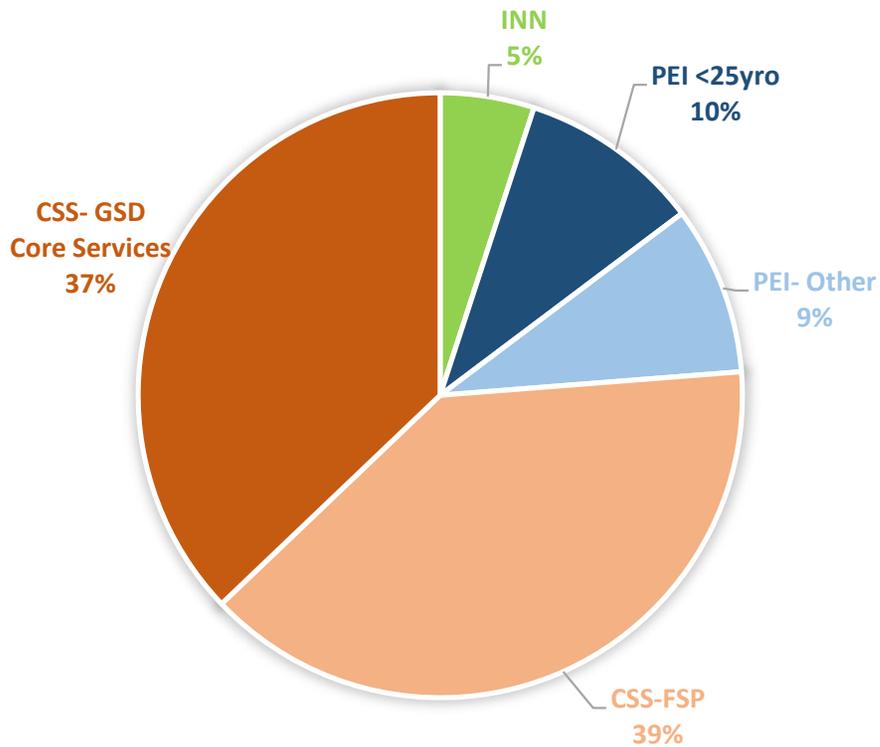
17.85%
Early Intervention (50% children and youth)

Full Service Partnership (FSP)
35%

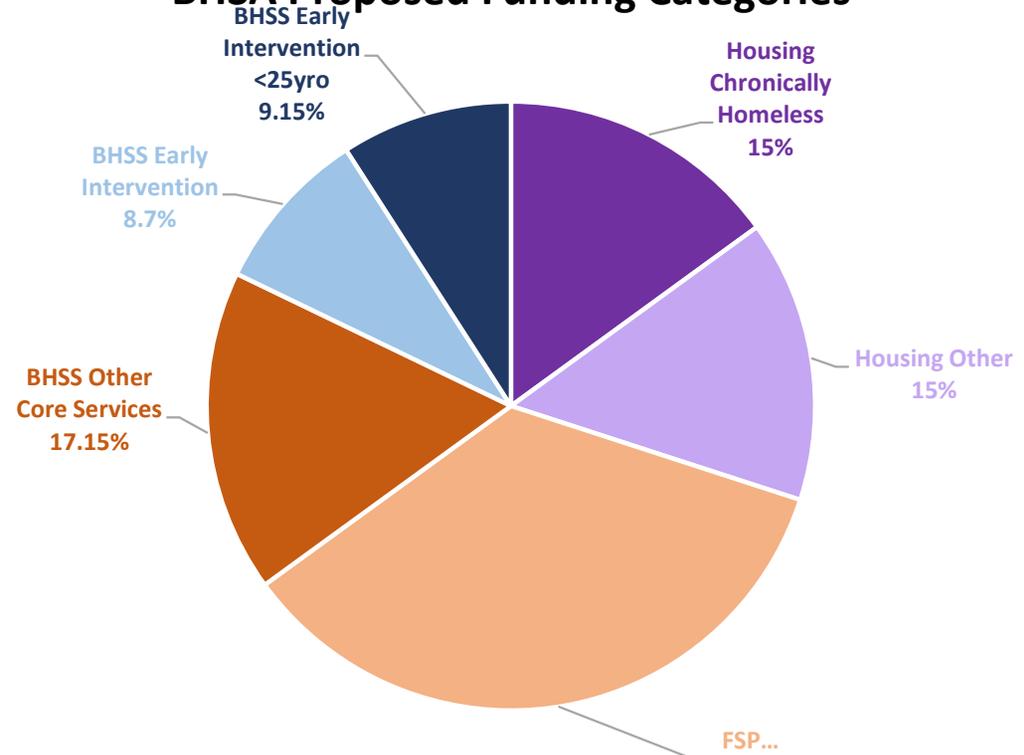
Housing Interventions
30%

▶▶ MHSA Components vs. BHSA Categories

Current MHSA Funding Components



BHSA Proposed Funding Categories



▶▶ Interim/Bridge Housing



Sites provide interim housing and are intended to serve as a bridge to permanent housing for people experiencing homelessness who are living with SED or SMI

Number of Budgeted Resources

Program	Online	In Process	Total
Behavioral Health Bridge Housing (BHBH) Rental Assistance Program		150	150
Enhanced Emergency Shelter Program (EESP) for Transition Age Youth	110		110
Pathway Home Motel Beds	78	42	120
Interim Housing Program	891	796	1,687
Total	1,079	988	2,067

Funding Sources for Operations

- BHBH = **\$80,015,515**
- Mental Health Services Act (MHSA) = **\$47,203,416**
- Supervisorial District 3 (EESP) = **\$310,000**

Annual Total
\$127.53M



▶▶ Licensed Residential Care



Funding is used to assist individuals with SMI who have higher acuity needs to obtain and maintain housing at a licensed residential care facility including paying for rent, personal and incidental expenses and/or enhanced rates for enhanced services

Number of Budgeted Resources

Program	Estimated Capacity	In Process	Total
Enriched Residential Care (ERC) Program	1,355		1,355
ERC+		272**	272
Highly Enriched Residential Care Services (HERCS)	94*		94
Total	1,449	272	1,721

*Some HERCS clients may also be enrolled in ERC.

**ERC+ Request for Applications was released on August 4, 2025.

Funding Sources for Operations

- MHSA = **\$21,239,776**
- BHBH = **\$17,417,683**
- Community Care Expansion (CCE) = **\$9,401,699**
- Substance Abuse and Mental Health Services Administration (SAMHSA) = **\$7,452,000**

Annual Total
\$55.51M



▶▶ Permanent Supportive Housing



Funding is used to provide DMH clients who are homeless with locally funded rental subsidies and move-in assistance

Number of Budgeted Resources

Program	Estimated Capacity
Homekey+	374
Housing for Empowered Adult Living (HEAL)	95
Housing For Mental Health (HFMH) for FSPs	331
Rental Assistance Program (RAP)	279
Housing Assistance Program (security and utility deposits, household goods, and eviction prevention)	N/A
Total	1,079

Funding Sources for Operations

- MHA = **\$35,287,600**
- County General Fund = **\$810,000**
- SAMHSA Projects for Assistance in Transition from Homelessness (PATH) = **\$409,000**

Annual Total
\$36.51M



▶▶ Housing Resource Funding Summary

FY 2026-27 OPERATIONS FUNDING

Program	MHSA	State	Federal	County	Total
DMH-Managed Resources					
Interim Housing	\$47,203,416	\$80,015,515		\$310,000	\$127,528,931
Licensed Residential Care	\$21,239,776	\$26,819,382	\$7,452,000		\$55,511,158
Permanent Housing	\$35,287,600		\$409,000	\$810,000	\$36,506,600
Subtotal	\$103,730,792	\$106,834,897	\$7,861,000	\$1,120,000	\$219,546,689
Other DMH-Funded Resources					
Diversion, Reentry and Mental Health (DREAM)	\$27,000,000				\$27,000,000
Enriched Residential Services	\$5,231,000				\$5,231,000
FSP Client Housing Support	\$10,602,475				\$10,602,475
Intensive Case Management Services (ICMS)	\$6,386,000				\$6,386,000
Subtotal	\$49,219,475				\$49,219,475
Total	\$152,950,267	\$106,834,897	\$7,861,000	\$1,120,000	\$268,766,164

ONE-TIME CAPITAL FUNDING

Program	MHSA	State	County	Total
Homekey+ Capital	\$33,932,000			\$33,932,000
ERC - Capital Projects	\$46,200,000	\$55,560,974		\$101,760,974
Metropolitan State Hospital			\$14,000,000	\$14,000,000
BHBH Infrastructure		\$65,950,170		\$65,950,170
Total	\$80,132,000	\$121,511,144	\$14,000,000	\$215,643,144

BHSA Housing Interventions funding is estimated to be \$250 million per year over a three-year period



▶▶ Other Housing and Service Resources

- Other Housing Resources

- ◁ Federal Housing Subsidies for DMH Clients

- Current Allocation = 2,261 subsidies
 - Requires 25% service match

- ◁ MHSA Capital Investments and Other Units Dedicated to Individuals with SMI

- Online = 3,936 units
 - Pipeline = 1,546 units

**DMH ONE-TIME CAPITAL INVESTMENTS
(2008 – Present)**

Program Name	MHSA Amount
No Place Like Home	\$ 744,903,877
Special Needs Housing Program/MHSA Housing Program	\$ 155,000,000
Mental Health Housing Program	\$ 103,300,000
Total	\$ 1,003,203,877

- Homeless and Housing Services

- ◁ Full Service Partnership Program (FSP)
 - ◁ Intensive Case Management Services (ICMS)
 - ◁ Housing Supportive Services Program (HSSP)
 - ◁ CalWORKS Coordinated Entry System Family Solution Centers
 - ◁ CARE Court
 - ◁ Assisted Outpatient Treatment for Los Angeles (AOT-LA)
 - ◁ **Countywide Engagement Services**
 - Homeless Outreach and Mobile Engagement (HOME)
 - Interim Housing Outreach Program (IHOP)
 - Men’s and Women’s Community Re-Entry Program
 - Prevent Homelessness Promote Health
 - Hollywood 2.0
 - Enhanced Care Management
 - Skid Row Concierge
 - Veteran and Military Family Services
 - Library Engagement and Access Program
 - Emergency Centralized Response Center

▶▶ Current and Anticipated Fiscal Landscape

Time-Limited Funding

- CCE – March 31, 2029
- BHBH – June 30, 2027
 - DMH and SAPC

Potential Funding Reductions or Losses

- Medi-Cal
- SAMHSA/PATH
- Federal Subsidies
- Emergency Housing Vouchers
- Time Limited Subsidies
- BHSA revenue volatility

Potential New Revenue

- CalAIM Community Supports – Transitional Rent and Housing Deposits
- Enhanced Care Management

▶▶ DMH Homeless Services

La Tina Jackson, LCSW
Deputy Director, Countywide Engagement Division



LOS ANGELES COUNTY
**DEPARTMENT OF
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▶▶ **Countywide Engagement Division**

LACDMH's Countywide Engagement Division (CED) is charged with supporting individuals with severe mental illness who are disengaged from critical treatment and services. The division's specialized programs are designed to support marginalized populations with connection to the appropriate level of specialty mental health care, community, and help eliminate barriers to their recovery journey.

▶▶ Countywide Engagement Division Programs

- Homeless Outreach & Mobile Engagement (HOME)
- Interim Housing Outreach Program (IHOP)
- Hollywood 2.0
- Skid Row Concierge
- Emergency Centralized Response Center
- Library Engagement & Access Program
- Prevent Homelessness & Promote Health (PH²)
- Veteran & Military Family Services (VMFS)
- Enhanced Care Management (ECM)
- Men's & Women's Community Reintegration Programs



Homeless Outreach & Mobile Engagement (HOME)

- The Homeless Outreach & Mobile Engagement (HOME) program provides field-based outreach, engagement, support, and treatment to individuals experiencing chronic unsheltered homelessness with profound mental health needs and associated impairments. Services are provided by addressing basic needs; conducting clinical assessments; providing street psychiatry; and providing linkage to appropriate services (including mental health services substance abuse treatment and shelter).



Interim Housing Outreach Program (IHOP)

The Interim Housing Outreach Program (IHOP) provides field-based, multidisciplinary teams (i.e. occupational therapist, mental health clinicians, psychiatrist, nurses, substance abuse counselors etc.) dedicated to serving people experiencing homelessness who are living in interim housing sites throughout LA County. The program is designed to address current gaps in behavioral health and physical health treatment in homeless services, support interim housing stability, facilitate transitions to permanent housing and prevent a returns to homelessness. IHOP teams serve all eight service areas (SA) in Los Angeles County and are comprised of staff from the Department of Health Services Housing for Health (DHS-HFH), Department of Mental Health (DMH) and the Department of Public Health Substance Abuse Prevention & Control (DPH-SAPC) to ensure the full spectrum of client needs are be addressed.





Hollywood 2.0

Hollywood 2.0 is a pilot program inspired by the compassionate, community-based practices in Trieste, Italy public mental health system. The model takes a holistic, human and hospitality-oriented approach to care delivered in the context of inclusive communities that meet needs, emphasize autonomy, foster resource empowerment and believe in the possibility of personal recovery. Hollywood 2.0 aims to provide our most vulnerable residents with relentless engagement and enhanced access to treatment, both functioning as tools that facilitate connection with people, place and purpose in life.





Skid Row Concierge Program

Skid Row Concierge program is a street-based program that provides field outreach and support to individuals experiencing unsheltered homelessness with severe and persistent mental illness in the skid row area. Staffed by a psychiatric social worker and individuals with lived experience, the program offers direct assistance with linking clients to mental health treatment and other community services (including interim housing) to help them secure housing and stable care.





Emergency Centralized Response Center

Emergency Centralized Response Center (ECRC). The center coordinates the operations of homeless outreach teams and other efforts dedicated to helping **unsheltered** individuals and families across Los Angeles County. Members of the public can reach ECRC by using **LA-HOP** for any concerns related to homelessness. Members of the public in unincorporated Los Angeles County can continue to report encampments, trash and debris secondary to encampments, and other unsheltered issues to **Public Works**. Members of the public may also call 211.



Library Engagement & Access Program (LEAP)

The Library Engagement & Access Program (LEAP) is designed to provide outreach, engagement and service connection to patrons experiencing homelessness and severe mental illness in public libraries.





Prevent Homelessness & Promote Health (PH²)

Homelessness is preventable. To this end, Prevent Homelessness Promote Health (PH)² is a joint program between the L.A. County Departments of Mental Health and Health Services Housing for Health. (PH)² works with adults and families countywide to address risk factors and build skills that support the maintenance of permanent and stable housing. Services consist of brief interventions and other appropriate treatment modalities which are provided by an integrated team of mental health clinicians and physical health care staff and providers.





Veteran & Military Family Services

Veterans & Military Family Services (VMFS) connects County departments, non-profits, the VA and L.A. City programs to support veterans and their families. The program provides homeless outreach, intensive field-based mental health services, and emotional support. VMFS plays a critical role in connecting veterans and their families with services and support across a range .



Enhanced Care Management (ECM)

- Provides health care service coordination for individuals with complex needs such as those with serious mental illness, frequent hospitalizations and chronic homelessness, or significant developmental needs. A Lead Care Manager (LCM) is assigned to coordinate physical, mental, and social health needs. Services go beyond traditional healthcare, connecting members to community-based providers and other social supports like housing, food, and transportation to achieve better health outcomes.





Men's & Women's Community Reintegration Programs

The primary goal of the Community Reintegration Programs are to assist individuals who have been incarcerated or involved in the justice system, to reintegrate and become successful members of their communities. The program provides therapy focused on reintegration and recovery, peer support, employment assistance, family connection, case management and linkage to additional social services and supports to optimize their transition to community, prevent recidivism and optimize recovery



QUESTIONS

- Please turn in your questions.

Los Angeles County Substance Use Disorder (SUD) Housing Investments & Supportive Services

September 29, 2025

Yanira A. Lima, MPA, MHM
Division Chief, Systems of Care
Substance Abuse Prevention and Control Bureau
Department of Public Health

Substance Abuse Prevention and Control

Bureau within the Los Angeles County
Department of Public Health

Leads and facilitates the delivery of a
full spectrum of prevention, harm
reduction, treatment, and recovery
services

Maintains a network of over **150**
contracted SUD treatment providers
in over **500** locations throughout the
County.



COUNTY OF LOS ANGELES
Public Health

Substance Abuse Prevention & Control

**Prevention First, Treatment Works,
& Recovery is Possible!**

SUD Housing Investments

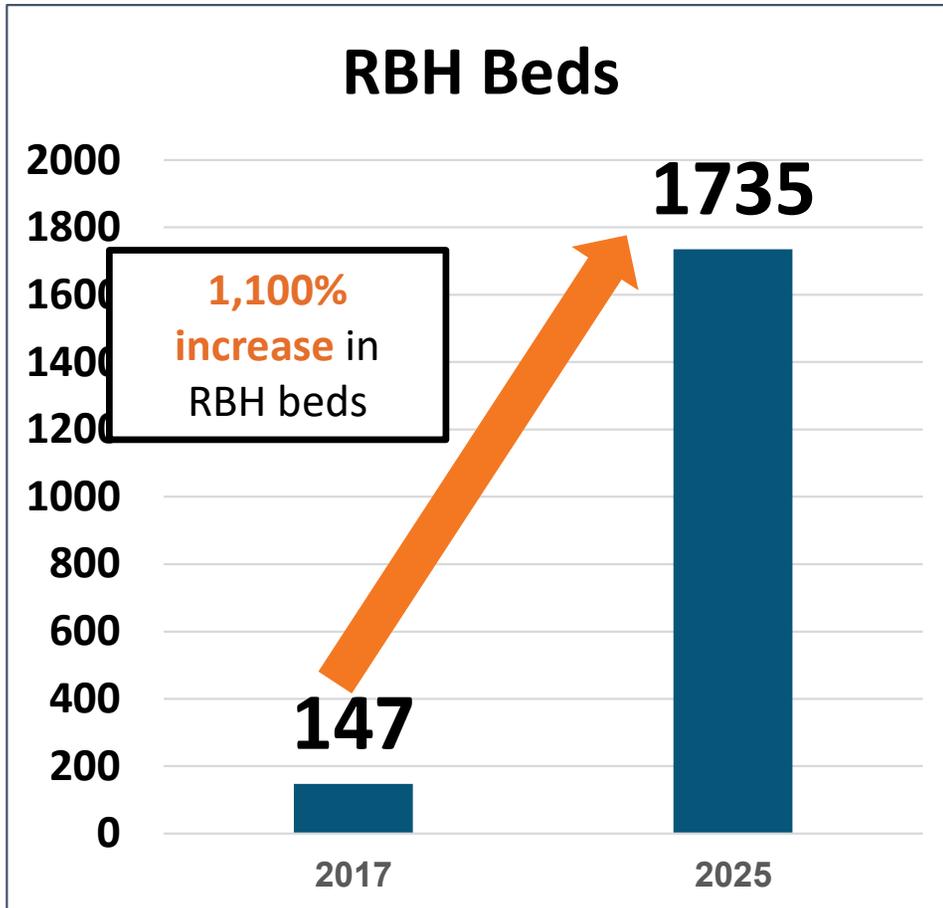
People Experiencing Homelessness (PEH) in SUD Treatment FY 24-25

Primary Characteristics at Admission	
Total # of unduplicated PEH served	13,796
Gender	64.3% male
Age	66% 26-44 years of age
Race/Ethnicity	54.6% Latinx
Primary Substance Used	38.4% methamphetamine
Mental Health	64.1%
Living Outside	36.7%
Discharged with Positive Compliance	60.6%

Interim Housing – Recovery Bridge Housing (RBH)

Recovery-oriented, peer supportive interim housing provides a safe living environment for homeless or unstably housed clients while receiving outpatient SUD treatment.

25 agencies with over 140 sites	Approximately 1,750 beds , projected to expand to 2,000 beds this FY	LOS: Up to 360 days	4,637 unique individuals served in FY 24-25, making up 5,541 admissions
40% of clients exited RBH into permanent/stable housing	Dedicated funding: Measure A, Opioid Settlement, BHBH, CFCI	Other braided funding: AB109, GR, SUBG	Total Funding: \$36.9 million of which \$25.75 million is dedicated funds

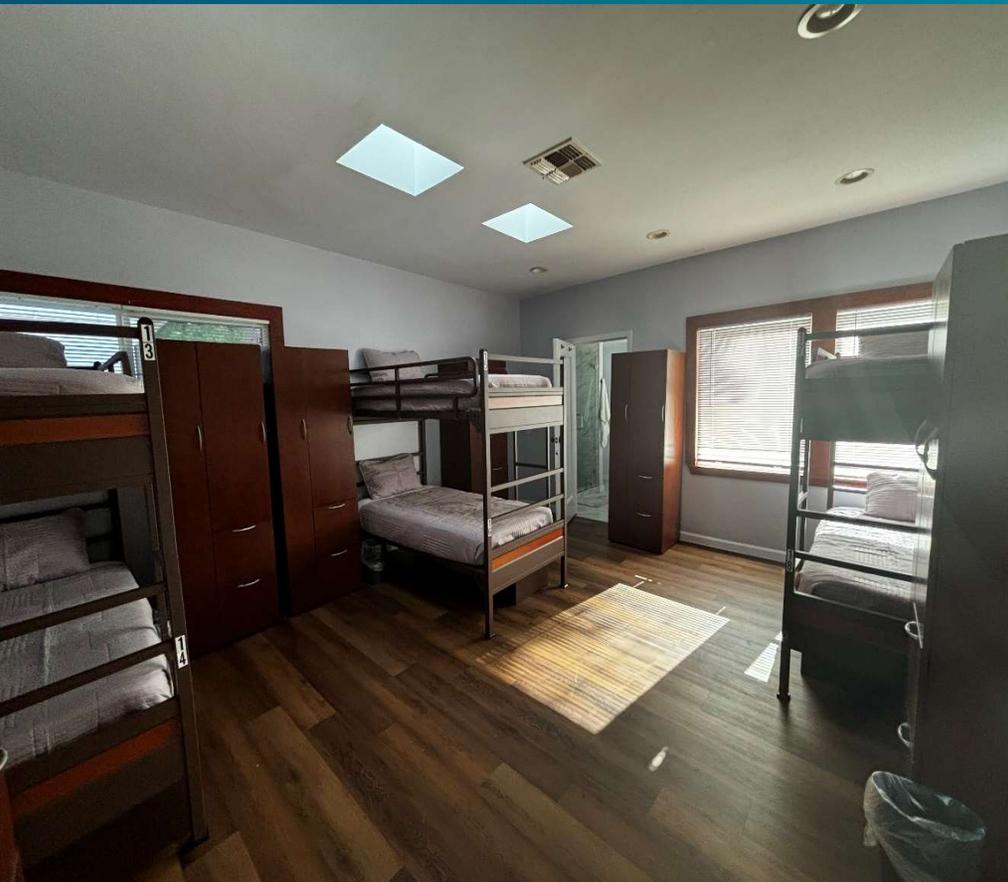


RBH Beds by SPA		
SPA	RBH Beds	# of Sites
1	55	8
2	197	21
3	325	21
4	280	13
5	25	3
6	161	9
7	183	10
8	509	61
Total	1735	146

Similar to RBH **except** does not require concurrent enrollment in SUD treatment, however, must have engaged in SUD treatment within the last 90 days.

- Launched in FY 24-25
- 7 agencies with 13 sites
- Approximately **145 beds**, projected to expand to 195 by this FY
- LOS: Up to 365 days
- **Dedicated funding:** BHBH, Opioid Settlement Fund (OSF)
- **Total Funding: \$4.21 million**

RH Beds by SPA		
SPA	RBH Beds	# of Sites
1	12	2
2	21	2
3	0	0
4	68	4
5	0	0
6	0	0
7	12	1
8	32	4
Total	145	13







SUD Supportive Services



Substance Use Disorder (SUD) Treatment Services

- **Levels of Care:** Outpatient, Residential, Opioid Treatment Services, Medications for Addiction Treatment (MAT), Withdrawal Management, Recovery Services
- **SUD treatment services are primarily funded by Drug Medi-Cal (DMC)**
- SAPC leverages other County funds to support treatment services not reimbursed by DMC (e.g., room and board, county match) through a blended funding model.

13,796

Total number of unduplicated PEH served in treatment in FY 2024-2025

Approximately **90 agencies**, with over **450 sites** countywide

\$167.8 million

Total PEH DMC Expenditures for FY 2024-25

Client Engagement and Navigation Services (CENS)

- **Provides in-person SUD services** including education, outreach and engagement, screening and referral, and service navigation to facilitate access to and completion of SUD treatment across each SPA
- **Dedicated Projects:** Measure A, CalWORKs specifically Family Solution Centers, Mental Health Services Act (MHSA) Interim Housing Outreach Program (IHOP)

~\$21 million

Total CENS funding (braided funding includes AB 109, CFCI, GR, CalWORKs, SUBG)

\$7.5 million

Dedicated PEH Funding

5,705

Total number of unduplicated PEH served (~ 50% of total number of individuals served)

Housing Navigation

- Launched in FY 24-25, funded through BHBH
- Provided to all clients in RBH and RH to ensure they can actively work towards securing a permanent housing setting
- Housing Navigation is available while enrolled in RBH and RH, and for up-to 30 days after leaving housing or SUD treatment program.
- Assist clients in identifying housing options, resources, and/or services, including finding, move in, and retaining affordable housing
- Includes Participant Assistance Funds: monetary assistance funds to remove barriers to securing housing
- **Total funding: \$8.7 million**

Thank you!

For more information, contact:

Yanira A. Lima

DPH-SAPC Systems of Care

Division Chief

ylima@ph.lacounty.gov

<http://publichealth.lacounty.gov/sapc/>

QUESTIONS

- Please turn in your questions.

BREAK

10 MINUTES

PART 2:

BHSA Housing Interventions Requirements

BHSA Housing Interventions Requirements



Maria Funk, Ph.D.
LAC DMH

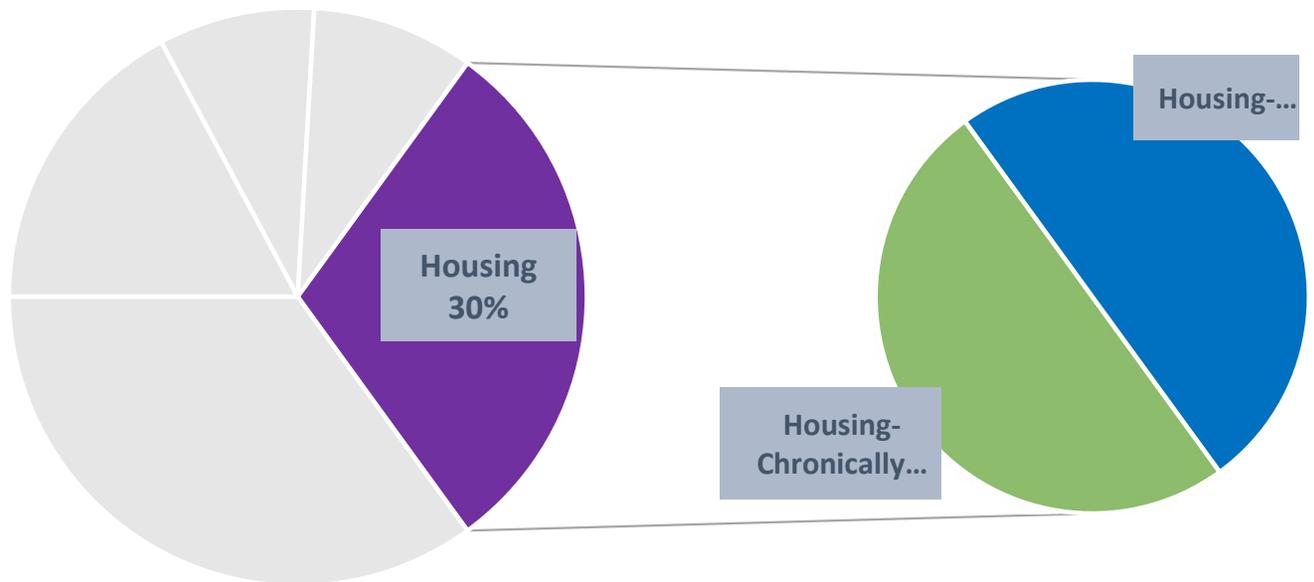
Katherine Li, MBA
LAC DPH - SAPC



LOS ANGELES COUNTY
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MENTAL HEALTH**
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▶▶ Breakdown of BHSA Housing Interventions Funding

- Under BHSA, 30% of funding MUST be used for Housing Interventions.
- Of the Housing Interventions funding, 50% must be used for individuals that meet criteria for chronic homelessness.
- Up to 25% may be used for the capital development of housing.



▶▶ BHSA Housing Interventions Priorities and Eligible Populations

Housing Interventions Priorities

- Reduce homelessness among BHSA eligible individuals, focusing on the chronically homeless
- To the extent possible, provide individuals with permanent supportive housing
- Provide flexibility for counties to respond to local conditions and needs, and to innovate
- Provide individuals receiving Housing Interventions with access to clinical and supportive behavioral health services
- Support the provision of low barrier, harm reduction and Housing First principles
- Complement ongoing state, county, city, Continuum of Care and tribal efforts to address homelessness including but not limited to those provided through Medi-Cal

Housing Interventions Eligible Populations

- Those that meet Specialty Mental Health criteria or have at least one diagnosis of a moderate or severe substance use disorder
- Chronically homeless, with a focus on people in encampments, or experiencing homelessness or at risk of homelessness
- **Homeless Definitions are broader than HUD's:**
 - If homeless prior to entering an institution, considered homeless or chronically homeless as long as they met the criteria prior to entering the institution and regardless of length of stay
 - Chronic homelessness is defined as any number of occasions of homelessness so long as the combined duration is at least 12 months

▶▶ BHSA Housing Interventions: Expenditures Guidance

Allowable Expenditures:

- Rental Subsidies
- Operating Subsidies
- Allowable Settings (Non Time-Limited Permanent Settings and Time-Limited Interim Settings)
- Other Housing Supports
 - Landlord Outreach and Mitigation Funds (e.g., holding fees, damage reimbursement, unit holds, eviction prevention)
 - Participant Assistance Funds (e.g., credit report and housing application fees, storage fees, furniture, and pet security and utility deposits)

Housing Interventions may not be used for:

- Sustaining Services
- Mental health services
- Other Housing Interventions Requirements
- Housing supports covered by a Medi-Cal Managed Care Plan (MCP) including the Capital Development Support Housing Trio (Housing Transition Navigation Services, Housing Tenancy and Sustaining Services, and Housing Deposits) and Transitional

▶▶ BHSA Housing Interventions: Allowable Settings Non-Time-Limited Permanent Settings

Supportive housing	Apartments including master-lease apartments	Single and multi-family homes	Housing in mobile home communities
Single room occupancy units	Accessory dwelling units including Junior Accessory Dwelling Units	Tiny homes	Shared housing
Recovery/Sober Living housing including recovery-oriented housing	Assisted living (adult residential facilities, residential facilities for the elderly and licensed board and care)	License-exempt room and board	Other settings identified under the Transitional Rent benefit

▶▶ BHSA Housing Interventions: Allowable Settings

Time-Limited Interim Settings

Housing and motel stays

Non-congregate Interim housing models

Congregate settings that have only a small number of individuals per room and sufficient common space (not larger dormitory sleeping halls)
-Does not include behavioral health residential treatment

Recuperative care

Short-term post-hospitalization housing

Tiny homes, emergency sleeping cabins, emergency stabilization units

Peer respite

Recovery/Sober Living housing including recovery-oriented housing

▶▶ Other BHSA Housing Interventions Requirements

All BHSA Housing Interventions information must be entered into the Continuum of Care's Homeless Management Information System (HMIS).

All settings funded through BHSA Housing Interventions must meet minimum quality standards in alignment with the standards under Transitional Rent.

Funding can only be used in housing settings that meet minimum standards for habitability under the National Standards for the Physical Inspection of Real Estate (NSPIRE)

Housing which prioritizes not separating family members and meets the needs of the family. If a child is eligible for BHSA Housing Interventions, the family is eligible as long as

▶▶ Utilizing CalAIM Community Supports Funding Prior to BHSA Housing Interventions Funding



Counties can only use BHSA Housing Interventions to cover items or services that are not covered by Medi-Cal managed care including CalAIM Community Supports under the MCPs such as Transitional Rent and Housing Deposits.



Counties can use the BHSA Housing Interventions category to cover items or services not covered under Medi-Cal managed care or after the MCP Community Supports benefit is exhausted (e.g. ERC)



DMH is planning to leverage contracts held by the Department of Homeless Services and Housing (HSH) with the Medi-Cal MCPs rather than contracting directly and is currently working with HSH and their MCP partners to develop workflows and strategies on the roll



Out. DMH leadership participates on weekly Housing Workgroup meetings hosted by the County Behavioral Health Directors Association of California (CBHDA) that are focused on the implementation of BHSA Housing Interventions and Transitional Rent and has used that forum to clarify policies and provide feedback to the State as appropriate given the

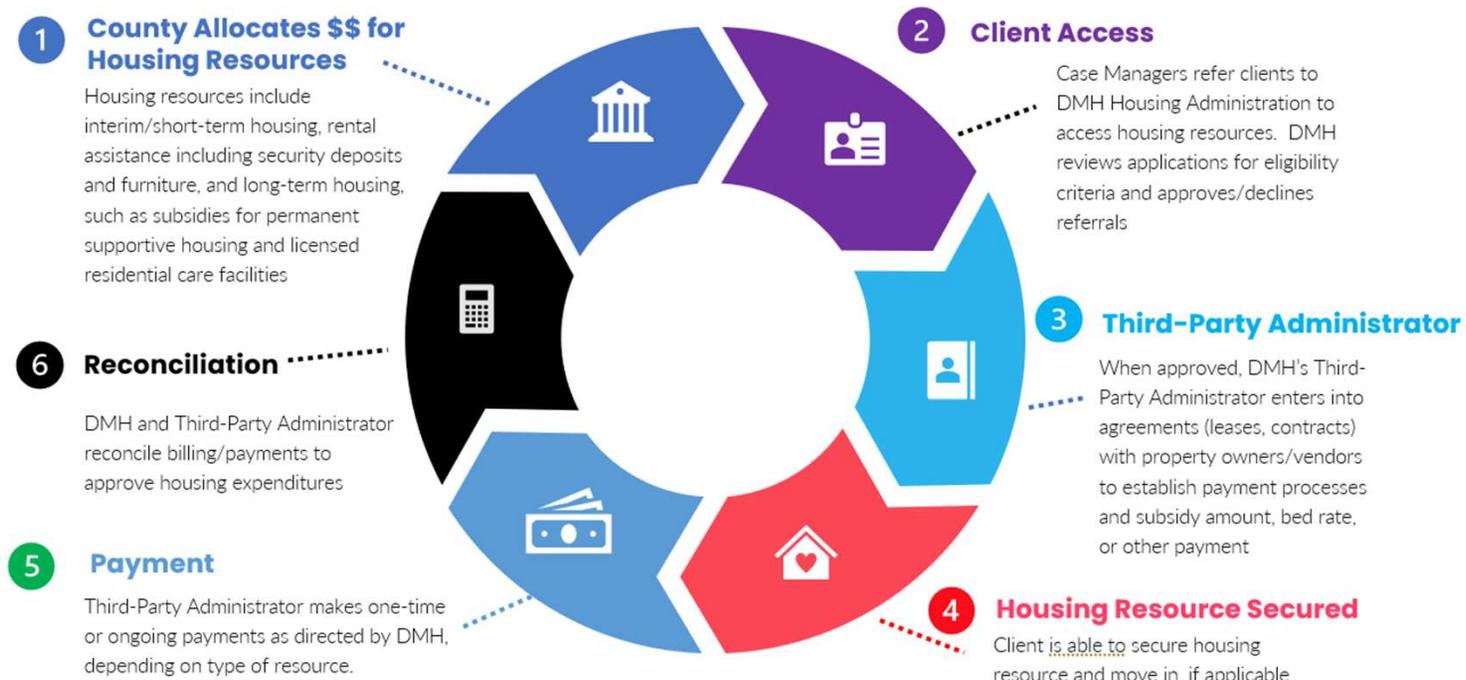
▶▶ Flexible Housing Subsidy Pool (FHSP) – Coordinating Multiple Funding Streams

Using the FHSP is a key strategy recommended by the State to support local partners in braiding and coordinating multiple streams of funding for housing including Community Supports

DMH already uses the FHSP through a direct contract with Brilliant Corners (BC) and by leveraging Department of Health Services – Housing for Health’s FHSP contract with BC



Flexible Housing Subsidy Pool Workflow



QUESTIONS

- Please turn in your questions.

L.A. Care's Support for Members Experiencing Homelessness

Overview of CalAIM Services & Supporting Programs



L.A. Care
HEALTH PLAN®

For All of L.A.

Prepared for L.A. County Department of Mental Health Housing Forum

September 29th, 2025

L.A. Care takes a holistic approach to serving our members experiencing homelessness

L.A. Care's various programs combine to provide a comprehensive suite of services to address critical member needs

Short Term Housing Solutions

Increasing Access to Permanent Housing

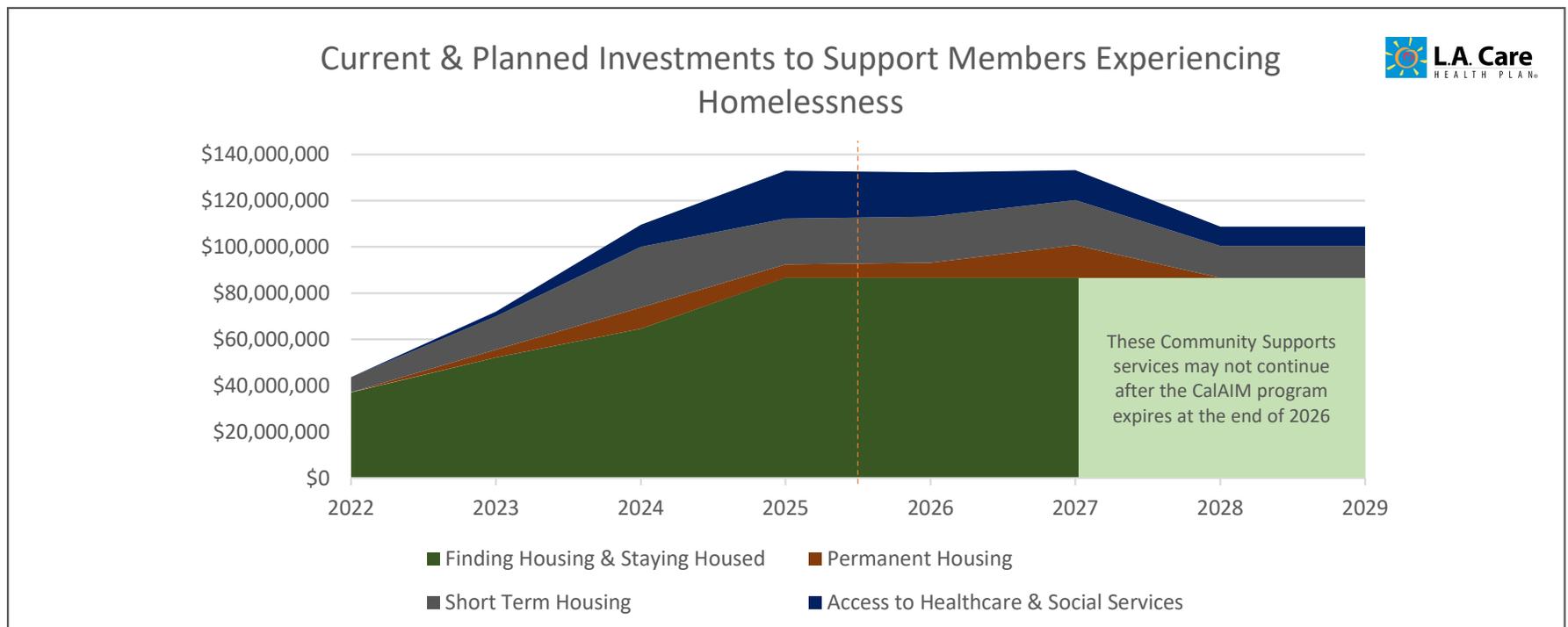
Finding Housing & Staying Housed

Access to Healthcare & Social Services



CalAIM programs underpin L.A. Care's ability to mount this effort to address the housing crisis

Our comprehensive program to combat homelessness is becoming one of the County's largest, with over \$850M in total investment anticipated through 2029



NOTE: Only L.A. Care funding shown; Estimates include projected investment in the MacArthur Park Care Collaborative which has not yet been finalized; Estimates do not include Transitional Rent which L.A. Care will launch on January 1, 2026, significantly increasing annual housing program expenditures



L.A. County Field Medicine program supports & coordinates field-based primary care countywide

L.A. Care and Health Net launched the Field Medicine Program in July 2024 to ensure coverage across the entirety of L.A. County

18 providers, County agencies, and our partner MCP have come together to serve members experiencing homelessness in 16 distinct regions across the county



- L.A. County Department of Health Services
- Health Net
- L.A. County Emergency Centralized Response Center
- Skid Row & MacArthur Park Care Collaboratives
- 11 Community Clinics
- 4 standalone Field Medicine providers
- 2 Academic Medical Centers
- 10 new field medicine teams allocated based on population need



NOTE: L.A. Care led development of the Field Medicine program and launched the program in partnership with Health Net in July 2024; L.A. Care is funding 70% of both programs in line with membership; Only L.A. Care expenditures are reflected on Slide 3



The Field Medicine program is the foundation for coordinating Medi-Cal services in the field

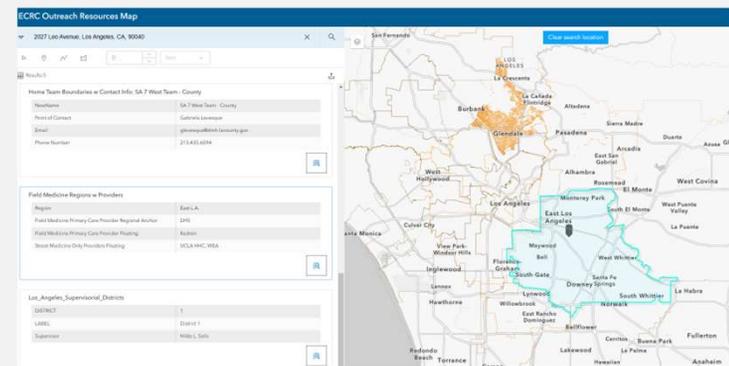
L.A. Care's Field Medicine Program facilitates field-level interoperability & integration with County emergency response for field-based primary care, and Medi-Cal funded social services (CaAIM)

Field Medicine providers increasingly deliver coordinated, field-based primary care, enhanced care management, and housing navigation

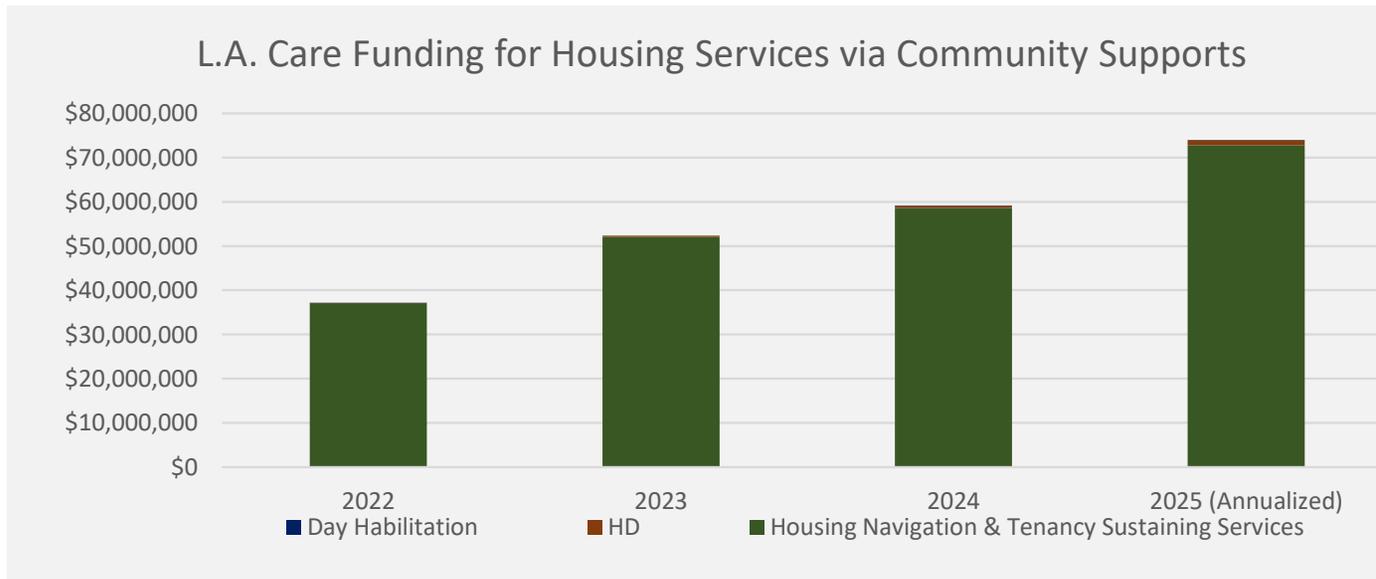
L.A. Care is working to ensure that Field Medicine providers hold contracts for both ECM and housing services, collocating these services with field based primary care, and ensuring members receive all three critical services from the same engaged provider

L.A. Care has partnered with the County's Emergency Centralized Response Center

This partnership ensures Medi-Cal services are integrated into the County homeless services system



CalAIM Housing Services facilitate permanent housing move-ins & continue to grow each year



\$222M
 Expected L.A. Care contribution through the end of 2025



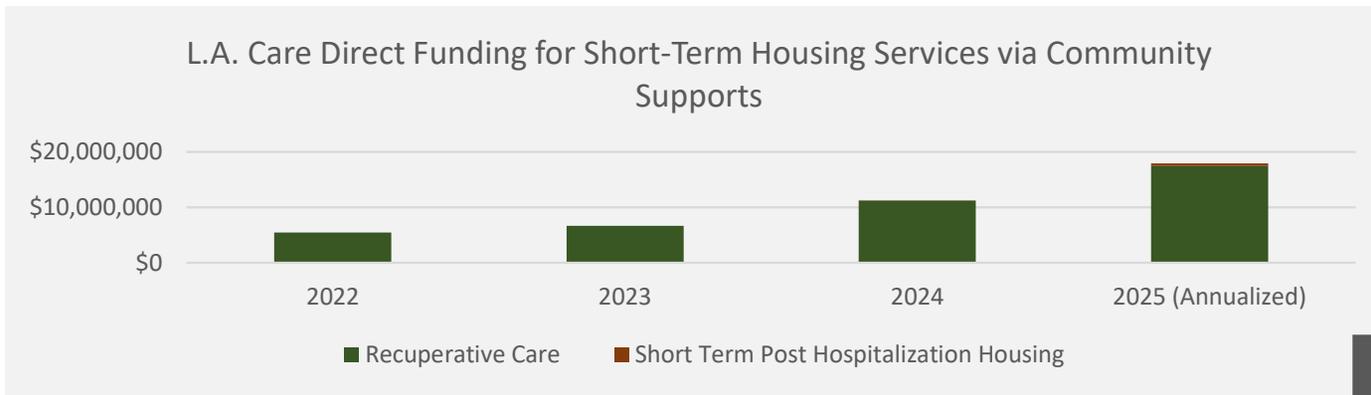
Day Habilitation	Housing Navigation	Housing Deposits (HD)	Tenancy & Sustaining Services
Programs to assist member in self-help, socialization, and adaptive skills	Develop a housing support plan, assist members in securing housing	One-time services and goods to support move-in to a permanent housing unit	Supporting ongoing tenancy

Approximately 65% of this funding goes directly to DHS Housing for Health to support ICMS services; the remaining funding supports services delivered via L.A. Care's directly contracted provider network



L.A. Care's programs help members move from unsheltered to sheltered environments

Community Supports & Community Investments improve member access to interim solutions while they wait for housing



\$41M

Expected L.A. Care contribution through the end of 2025



Investment made in partnership with Health Net. LA Care funding is reflected here, and represents 70% of total

L.A. Care Funding to Support Short-Term Housing Facilities via Community Investments

80+ individual grants to interim housing facilities planned through 2027 to support ADL upgrades, through partnership with Brilliant Corners

+

Augmented services, available in interim housing sites and shelters across multiple Service Planning Areas



\$43.5M

Committed through 2029



NOTE: Investments in ADL support made in conjunction with Health Net; L.A. Care only investments shown here: L.A. Care is funding 70%; Only L.A. Care expenditures are reflected on Slide 3



Partnership with County CEO, robust investment improves access to permanent units

Robust investments & County partnerships expand access to permanent housing units for members who have a subsidy in-hand—enhancing ability for members to transition to a housed environment

L.A. Care Funding to Support Permanent Housing via Community Investments

1,900 permanent housing units made available via master leasing planned through 2027

Investment made in partnership with Health Net. LA Care funding is reflected here, and represents 70% of total

\$40M

Investment in unit acquisition/master leasing

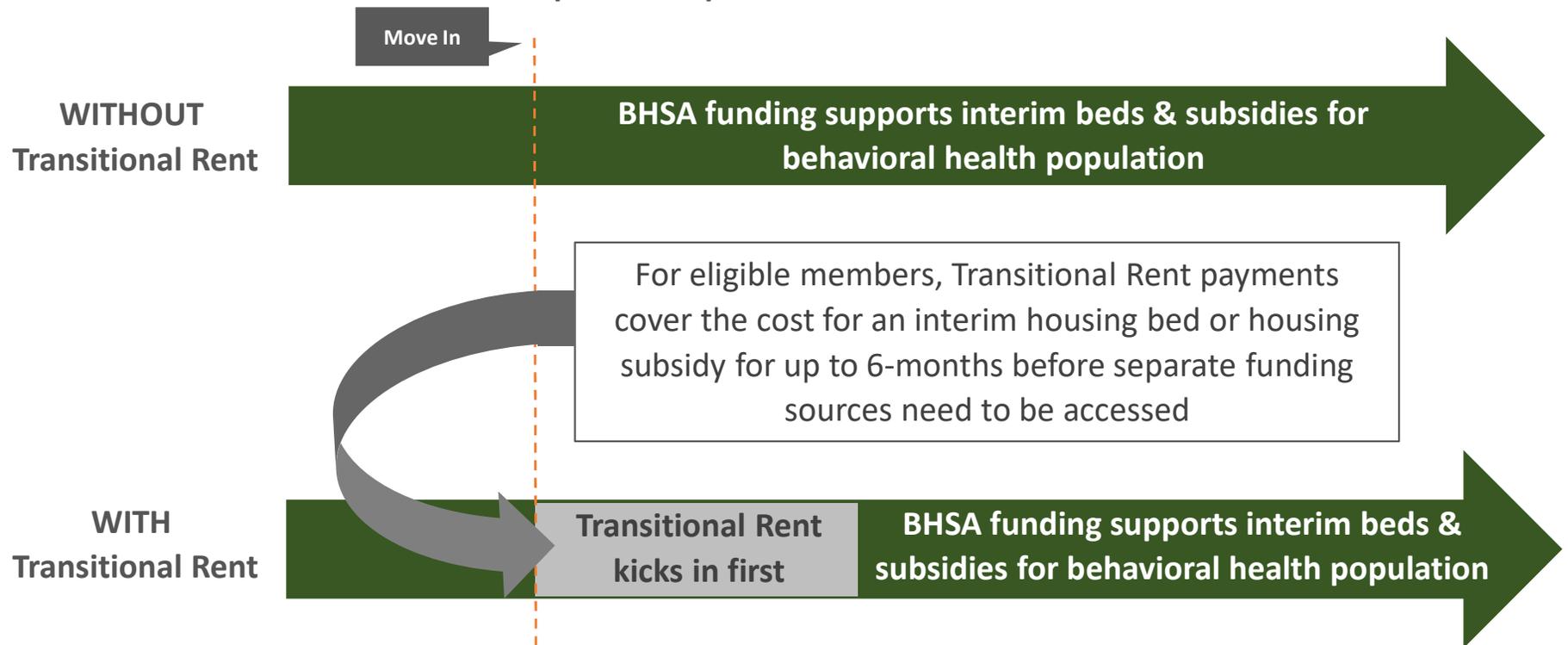


NOTE: Investments in Unit Acquisition/Master Leasing made in conjunction with Health Net; L.A. Care only contributions listed here; LA Care is funding 70% of both programs; Only L.A. Care expenditures are reflected on Slide 3



Transitional rent augments funding for interim beds & rental subsidies

Effective January 1, 2026 with a focus on the behavioral health population, through MCP partnerships with HSH, DMH, and SAP-C

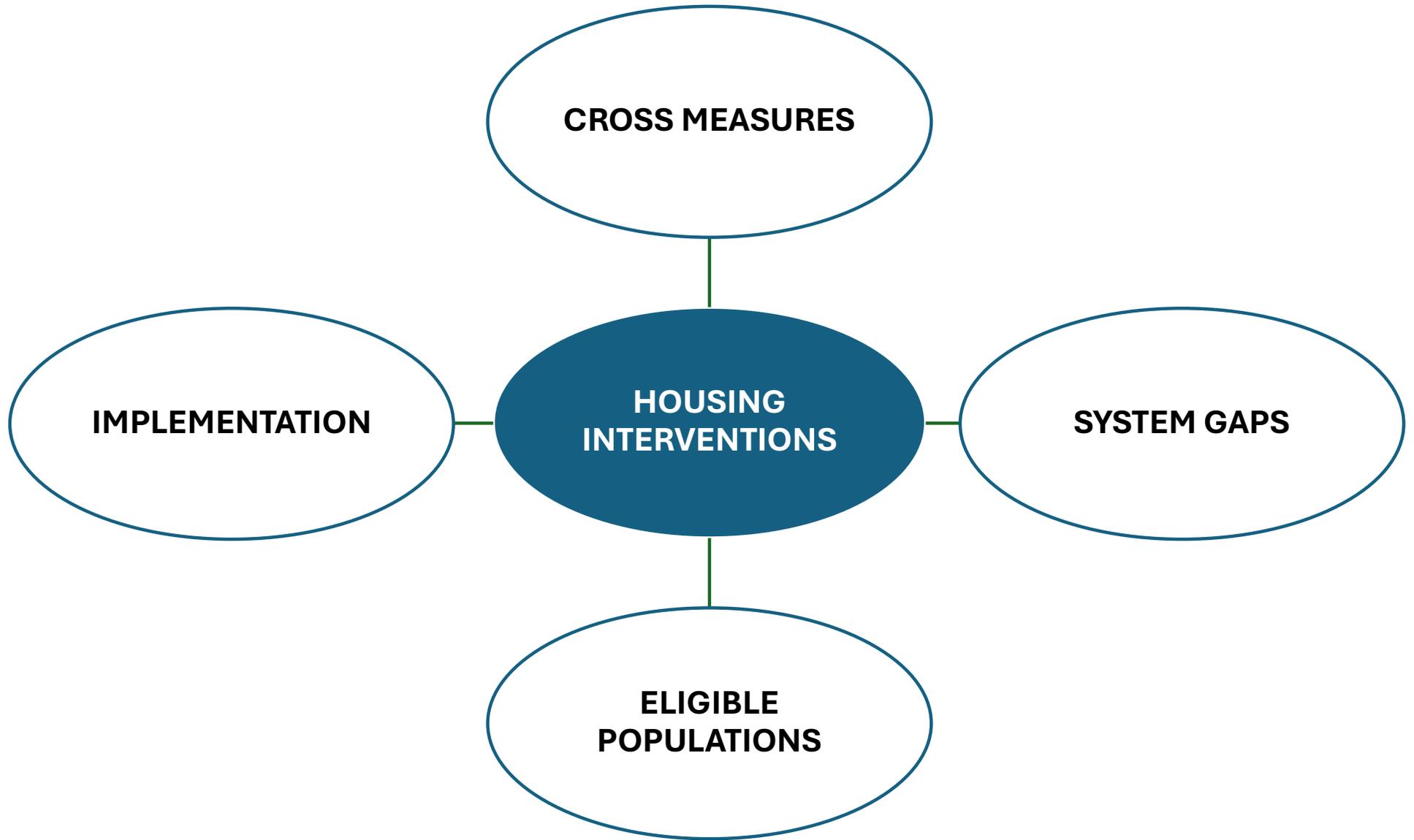


QUESTIONS

- Please turn in your questions.

PART 3:

Stakeholder Engagement



CROSS MEASURES

- Please describe what programs, services, partnerships, or initiatives the county is planning to strengthen or implement beginning July 1, 2026, that may reduce your county's level of homelessness in the population experiencing severe mental illness, severe SUD, or co-occurring conditions. In your response, please describe how you plan to address measures where your status is below the statewide average or median, within the context of local needs. Additionally, please refer to any data that was used to inform new programs, services, partnerships, or initiatives the county is implementing (e.g., developing an intervention targeting a sub-population in which data demonstrates they have poorer outcomes)

SYSTEM GAPS

Identify the biggest gaps facing individuals experiencing homelessness and at risk of homelessness with a behavioral health condition who are Behavioral Health Services Act (BHSA) eligible in the county.

NO GAP	Resources and connectivity available.
SMALL GAP	Some resources available but limited connectivity.
MEDIUM GAP	Minimal resources and limited connectivity available.
LARGE GAP	Limited or no resources and connectivity available.
NOT APPLICABLE	County does not have setting and does not consider there to be a gap.

NO GAP	SMALL GAP	MEDIUM GAP	LARGE GAP	NOT APPLICABLE
--------	-----------	------------	-----------	----------------

- Supportive housing
- Apartments, including master-lease apartments
- Single and multi-family homes
- Housing in mobile home communities
- (Permanent) Single room occupancy units
- (Interim) Single room occupancy units
- Accessory dwelling units, including junior accessory dwelling units
- (Permanent) Tiny homes

- (Permanent) Recovery/sober living housing, including recovery-oriented housing
- (Interim) Recovery/sober living housing, including recovery-oriented housing
- Assisted living facilities (adult residential facilities, residential facilities for the elderly, and licensed board and care)
- License-exempt room and board
- Hotel and Motel stays
- Non-congregate interim housing models

- Congregate settings that have only a small number of individuals per room and sufficient common space (does not include behavioral health residential treatment settings)
- Recuperative Care
- Short-Term Post-Hospitalization housing
- (Interim) Tiny homes, emergency sleeping cabins, emergency stabilization units
- Peer Respite
- Permanent rental subsidies
- Housing supportive services

SYSTEM GAPS

1. What additional non-BHSA resources (e.g., county partnerships, vouchers, data sharing agreements) or funding sources will the county behavioral health system utilize (local, state, and federal) to expand supply and/or increase access to housing for BHSA eligible individuals?
2. How will BHSA Housing Interventions intersect with those other resources and supports to strengthen or expand the continuum of housing supports available to BHSA eligible individuals?
3. What is the county behavioral health system's overall strategy to promote permanent housing placement and retention for individuals receiving BHSA Housing Interventions?
4. What actions or activities is the county behavioral health system engaging in to connect BHSA eligible individuals to and support permanent supportive housing (PSH) (e.g., rental subsidies for individuals residing in PSH projects, operating subsidies for PSH projects, providing supportive services to individuals in other permanent housing settings, capital development funding for PSH)?
5. Please describe how the county behavioral health system will ensure all Housing Interventions settings provide access to clinical and supportive behavioral health care and housing services

SYSTEM GAPS

1. What actions or activities is the county behavioral health system engaging in to **connect BHSA eligible individuals to and support permanent supportive housing** (PSH) (e.g., rental subsidies for individuals residing in PSH projects, operating subsidies for PSH projects, providing supportive services to individuals in other permanent housing settings, capital development funding for PSH)?
2. Please describe how the county behavioral health system will ensure **all Housing Interventions settings provide access to clinical and supportive behavioral health care and housing services**.

ELIGIBLE POPULATIONS

7. What actions or activities did the county behavioral health system engage in to consider the **unique needs of eligible children and youth** in the development of the county's Housing Interventions services (e.g., review data, engage with stakeholders, analyze research, etc.) who are:
 - a. In, or at-risk of being in, the juvenile justice system
 - b. Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)
 - c. In the child welfare system

8. What actions or activities did the county behavioral health system engage in to consider the **unique needs of eligible adults** in the development of the county's Housing Interventions services (e.g., review data, engage with stakeholders, analyze research, etc.) who are:
 - a. Older adults
 - b. In, or are at risk of being in, the justice system
 - c. In underserved communities

IMPLEMENTATION QUESTIONS

LANDLORD OUTREACH AND MITIGATION FUNDS (Chapter 7, Section C.9.4.1)

1. Is the county providing this intervention? If not, please explain why the county is not providing this intervention.
2. Is the county providing this intervention to chronically homeless individuals?
3. Anticipated number of individuals served per year.
4. Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding.
5. Total number of units funded with BHSA Housing Interventions per year.
6. Please provide additional details to explain if the county is providing landlord outreach and mitigation funds with BHSA Housing Interventions that are not tied to a specific number of units.

IMPLEMENTATION QUESTIONS

PARTICIPANT ASSISTANCE FUNDS (Chapter 7, Section C.9.4.2)

1. Is the county providing this intervention? Please explain why the county is not providing this intervention.
2. Is the county providing this intervention to chronically homeless individuals?
3. Anticipated number of individuals served per year.
4. Please provide a brief description of the intervention, including specific uses of BHSA Housing Interventions funding.

PART 4:

Instructions & Closing

NEXT STEPS

- You will receive a survey in the next couple of days soliciting your input into these questions by specific deadline.
- Your input will inform draft responses for these questions.
- We will discuss these draft responses on Friday, October 17.
- This discussion will be used to inform another draft to be presented on Tuesday, November 18, at the BHSA CPT meeting.

COMMUNITY PLANNING TEAM

Meeting Calendar 2025

IN-PERSON MEETINGS TUESDAYS	VIRTUAL CPT MEETINGS FRIDAYS
10/14/2025	10/31/2025
11/18/2025	11/14/2025
12/9/2025	No virtual meeting in Dec 2025

MEETING EVALUATION

- Please fill out the meeting evaluation and let us know how we can improve the design and process for the data discussion.
- Some thoughts?

MEETING EVALUATION

Para español



Oprima el
botón de
language

English (United States) ▾

MHSA Community Planning Process

Dear Community Planning Team Member,

Thank you for attending this planning process session. Please help DMH improve its planning process meetings by filling out this survey. If you have any questions about this survey, please contact us at communitystakeholder@dmh.lacounty.gov.

English (United States) ▾

- ✓ English (United States)
- Español (México)

MHSA Communi

Dear Community Planning Team Member,

Thank you for attending this planning process session. Please help DMH improve its planning process meetings by filling out this survey. If you have any questions about this survey, please contact us at communitystakeholder@dmh.lacounty.gov.

Elija
'español'