LOS ANGELES COUNTY DMH & DPH-SAPC

Behavioral Health Service Act Community Planning Team (BHSA CPT)

Housing Forum 1: Responses to Participant Questions

DEPARTMENT OF MENTAL HEALTH: HOUSING INVESTMENTS AND HOMELESS SERVICES	
QUESTIONS	**RESPONSES**
1. Regarding interim and permanent housing units, will there be sufficient funding to maintain with probable budget cuts and transition to BHSA? Or do they disappear?	DMH anticipates being able to continue funding its interim housing and MHSA funded permanent housing units with BHSA Housing Intervention funds. If federal funding is cut, there could be impacts to individuals that are relying on their federally funded units.
2. Are you contracting with community-based organizations to provide transition/diversion for skilled nursing facilities as a community support?	DMH is not overseeing the implementation of this CalAIM component and does not intend to contract with community-based organization to deliver this service.
3. Regarding transitional rent, what must a housing provider do when the six months of funding ends and the client has not yet found housing elsewhere?	Clients enrolled in the Transitional Rent program will be required to have a Housing Support Plan in place that identifies a longer term funding stream to begin on month seven. If a DMH client is enrolled in Transitional Rent and exhausts the 6-month benefit, DMH could use BHSA Housing Interventions to subsidize the rent amount.
4. How does housing eligibility work for households where child is a citizen, but parents/other household members are undocumented?	The client has to be determined eligible for the program, which is typically tied to their behavioral health condition and other requirements; however, DMH has not required and does not intend to require proof of satisfactory documentation status for access to its housing resources.
5. How is are the department/program administrators ensuring access to non-citizens? Is this through eligible visas and undocumented residents?	As it relates to housing, DMH does not screen for legal status for resources funded through MHSA. However, some housing resources that we manage such as Federal resources have legal status requirements.
6. How are services/programs providing services in different languages?	DMH is committed to meeting the language needs of clients and consumers across all Service Areas and levels of care which is detailed in its Language Access Policies 200.03 and 401.03.
7. You indicated you did not want to delay the payment or implementation of transitional rent. How will ensure that delays do not occur?	DMH is currently working closely with the Department of Health Services, Housing for Health, Department of Public Health Substance Abuse, Prevention and Control Division, and the managed care plans on workflows and procedures to reduce

Presenters: **Maria Funk**, Ph.D., Deputy Director, Housing and Job Development Division and **La Tina Jackson**, Deputy Director, Countywide 1 Engagement Division, Los Angeles County Department of Mental Health

Date: Monday, September 29, 2025

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QUESTIONS	**RESPONSES**
	administrative burden and ensure timely access to the resource and efficient payment protocols.
8. How do you access transitional rent?	DMH clients seeking access to interim housing and permanent housing settings will be provided an opportunity to opt-in to Transitional Rent. If the client agrees, a request for authorization to the managed care plan will be made and up to six months of Transitional Rent benefits, including any housing deposits can be authorized.
9. Can clients connect directly if they are in need or does an agency have to refer?	For most DMH housing resources, clients are referred by their DMH clinicians or case managers. Clients that are considered Transition Age Youth, ages 18-25 can connect directly to TAY shelter beds.
10. How are people moved into housing off the streets?	People may be moved into housing off the streets through different interventions. DMH has established a robust outreach and engagement system that includes dedicated outreach workers responsible for engaging individuals who are experiencing homelessness and providing housing navigation supports. Individuals engaged in intensive case management programs, such as Full Service Partnership also serve individuals who are experiencing homelessness and help provide housing interventions to move people off the street and into housing.
11. Is there any showering, delousing, tuberculosis testing?	All DMH interim housing program sites have shower facilities on site. Should lice be discovered, clients will be connected to appropriate treatment. Tuberculosis testing is not required prior to entry.
12. Are there attempts to locate or verify family members? If it is part of the intake process, they are more likely to disclose. The family may be seeking info about that person.	DMH's enrollment process includes discussions with clients around the participation and involvement of family members and other natural support systems. Release of Information forms govern the information that can be shared by clients and the individuals or entities they want information about their care shared with.
13. Are these expenditures federally funded or mixed with federal funds?	DMH uses both federal, state, and local funds to provide its housing resources. Transitional Rent is funded through Medicaid under the CalAIM Section 1115

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	demonstration. BHSA is the modernization of the Mental Health Services Act, which is a 1% tax on personal income over $1 million.
14. Are any of these programs direct to renter provided assistance? Or do all of these funds move through the landlord?	Payments for rental subsidies are made directly to the landlord.
15. Do any of these programs provide assistance funds through a CBO?	Yes. For example, Interim Housing and Housing Supportive Services Program are contracted through CBOs
16. Can we see the eligibility requirements for each level of housing programs?	Eligibility requirements for DMH's housing programs are on DMH's website Housing - Department of Mental Health
17. Has all Homekey+ funding been allocated, or will there be future Homekey+ opportunities?	Homekey+ funding is still available through the Housing and Community Development Department.
18. Similarly, has timing for remaining BHBH allocations been announced, or is it still being planned?	DMH has not been informed if there are additional rounds of funding for BHBH.
19. How can we address the issue of pets restricting unhoused people from programs?	LA City/County interim housing standards require programs to accept eligible participants with Service Animals per ADA and to provide reasonable accommodation for Emotional Support Animals. Sites are encouraged to accept pets, though may have policies restricting the type or size of animal.
20. How is personal safety of individuals in shelters or interim housing programs addressed? Many have experienced trauma and don't feel safe accepting group housing.	DMH Interim Housing Program sites must provide 24/7 staffing on-site, have entry and exit policies that include a sign-in/out procedure, and have policies to address participant crisis situations 24/7.
21. SA1 has limited resources so programs outside of the area are offered but individuals have a support system developed here so they are reticent to go elsewhere. Can we make sure that	DMH is committed to ensuring equitable distribution and inclusion of services in areas of need and will work with stakeholders, public and private partners to advance the development of resources in these areas of high need. Recently we expanded interim housing resources and permanent supportive housing resources in SPA 1.

DEPARTMENT OF MENTAL HEALTH: HOUSING INVESTMENTS AND HOMELESS SERVICES	
QUESTIONS	**RESPONSES**
equity of housing programs to SPAs is always considered?	
The following questions require more clarification in order to answer, or another agency needs to respond more appropriately.	
1. Why don't you start people in AR7's? This is more successful and cost effective.	We do not know what an AR7 is and would need additional information.
2. Why are only some master agreements funded and others unfunded?	Not sure what this is referencing.
3. What are you doing to increase the number of funded agreements?	Not sure what this is referencing.
4. How will you select the individual housing sites for upgrades?	Not sure what this is referencing.
5. What are the requirements for employees in care of the unhoused population and SUD?	To be able to respond, this question needs more clarification.
6. Has the County compiled an estimate of the unmet / outstanding need for RBH or RH beds in LA County? What are the authoritative data sources SAPC and the county uses to assess RBH / RH needs?	Defer to SAPC.

Behavioral Health Service Act Community Planning Team (BHSA CPT)
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Los Angeles County Substance Use Disorder (SUD) Housing Investments and Supportive Services	
Questions	**Response**
1. What is the equity in RBH beds by SPA? SPA 6 needs more RBH beds.	When there are any opportunities for RBH bed expansion, DPH-SAPC assesses capacity and tries to align expansion efforts with the Greater Los Angeles Homeless Count and targets agencies in lower resourced areas, such as SPA 6. DPH-SAPC is currently in the process of adding additional beds in SPA 6.
2. Could SAPC give licensed residential care facilities a subsidy to house these individuals and provide the substance use treatment?	DPH-SAPC is unable to provide subsidies for licensed residential care facilities; however, contracted substance use disorders (SUD) agencies are able to provide Field-based Services (FBS) and currently provide SUD treatment via FBS at several Adult Residential Care Facilities across the County. To become a DPH-SAPC contracted provider, please see SAPC Contracting Roadmap.
3. For BHSA Housing Intervention funding, can you clarify that the plan is to replace funding that is ending and/or continue existing services? Are new funding opportunities going to be expected/available?	At this time, there is consideration for BHSA funding to replace DPH-SAPC's Behavioral Health Bridge Housing funding specifically for housing beds once it sunsets in 2027. It is unknown if new funding opportunities will be available for additional expansion.
4. I have been told that RH providers need to be certified under drug medicine even though drug medicine can be used to bill RH. How can we change coordinating so more community-based providers and beds can be secured?	Recovery Bridge Housing (RBH) and Recovery Housing (RH) is currently not a Drug Medi-Cal reimbursable service. DPH-SAPC's network of RBH and RH are entirely provided by community-based organizations. To become a DPH-SAPC contracted provider, please see SAPC Contracting Roadmap.
5. Some of our clients complain about the 30-day / 60-day / 90-day substance abuse programs.	SUD treatment is based on client's needs and medical necessity. 30-day/60-day/90-day limits do not exist for DPH-SAPC contractors, although other standards may be in place outside of the LA County DPH-SAPC network. Clients are able to participate in all levels of SUD treatment, including residential treatment, as long as they meet medical necessity.

6. Why is so much money paid for this type of treatment when it's obvious that people are often prone to relapse?	Similar to other physical and behavioral health conditions, substance use disorders (SUD) are considered a chronic disease. As with other chronic conditions, SUD must be continually managed to reduce the risk of relapse and manage relapse at appropriate levels of care.
7. Is there a way to make requirements of homeless individuals who use GR funds, for example, to support their substance abuse/addiction?	Currently, as part of GR eligibility if there is reasonable suspicion an individual has a substance problem, they are required to attend a county-approved Mandatory Substance Use Disorder Recovery Program (MSUDRP).
8. Do you follow up on the treatment process?	DPH-SAPC contracted treatment providers are required to input data into the electronic data collection system managed by DPH-SAPC. Substance use disorders (SUD) providers are also required to have ongoing mechanisms for quality assessment and performance improvement. These metrics allow for continuous improvement and high-quality clinical care at the system, provider, and client levels.
9. Do you visit these sites to see what happens there?	All DPH-SAPC contracted agencies are subject to an annual audit, including site visits at all contracted locations/sites, or as needed, based on issues reported.
10. Why is the substance abuse treatment facility provided much more funding than regular housing providers?	DPH-SAPC contracted agencies provide clinical substance use disorder (SUD) treatment reimbursed through Drug Medi-Cal (DMC) and includes a continuum of services that reflects the severity of the SUD and the intensity of services required. Therefore, what is being referred to here as "substance abuse treatment facility" is interpreted as DPH-SAPC contracted residential treatment (ASAM 3.1, 3.3, 3.5) which includes the delivery of direct treatment services such as the following which have increased costs to deliver care and thus higher rates: • Screening, assessment and intake • Care planning • Individual and group counseling • Patient education

	• Crisis intervention • Family therapy • Collateral services • Medication services (including provision of or referral for addiction medication services) • Recovery Services • Care Coordination Recovery Bridge Housing is a supportive service offered, concurrently with SUD treatment, to people who are unstably housed. No treatment services are provided at these locations; therefore, rates do not account for this.
11. Some centers claim they receive $$ per day /per person, whereas others receive dollars per client / per month.	DPH-SAPC bed rates are reimbursed based on a per day/per person structure.
12. Do the RBH beds available is each SA reflect the estimated number of unhoused persons? Separate programs with different qualifications and number of beds needs to be documented for each SA and reflect the need. Using data that is outdated needs to be addressed as well. Homeless count numbers are only as accurate as the funding and support provided.	Currently, there are Recovery Bridge Housing (RBH) beds in each Service Planning Area (SPA). When there are any opportunities for RBH bed expansion, DPH-SAPC assesses capacity and tries to align expansion efforts with the Greater Los Angeles Homeless Count and targets agencies in lower resourced areas, including SPAs 4, 5, and 6. However, expansion is also directly linked to bed availability in each SPA.
13. Where does the County Homeless Count process for 2026 stand now?	DPH-SAPC does not manage the Greater LA Homeless Count and is unable to respond to this question. Recommend inquiring with LAHSA.
14. Will the SAPC offer any beds for SPA 6 recovery beds for 2026?	DPH-SAPC is currently working with agencies to expand Recovery Bridge Housing (RBH) beds in SPA 6.
15. Has the County compiled an estimate of the unmet / outstanding need for RBH or RH beds in LA County? What are the authoritative data sources SAPC and the county uses to assess RBH / RH needs?	DPH-SAPC assesses capacity and tries to align expansion efforts with the Greater Los Angeles Homeless Count, and bed capacity and utilization analysis based on SAPC treatment service claims and contract data at least annually.

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16. What OUTREACH is being utilized to determine reporting and conclusions being broadcasted?	Unclear if this question is for SAPC.

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BHSA HOUSING INTERVENTIONS REQUIREMENTS	
QUESTIONS	**RESPONSES**
1. How can community members work with Brilliant Corners to assist the unhoused population become housed?	For housing resources managed through the Flexible Housing Subsidy Pool, Brilliant Corners requires a W-9, physical inspection, and an executed lease agreement. Individuals that own property may be able to assist with housing DMH clients and receive rental subsidies
2. Does that mean that there is no opportunity for the community to assist with housing the unhoused population, i.e. vendorship, master agreements, etc?	For housing resources managed through the Flexible Housing Subsidy Pool, Brilliant Corners requires a W-9, physical inspection, and an executed lease agreement. Individuals that own property may be able to assist with housing DMH clients and receive payments for rent directly from Brilliant Corners.
3. Are the master leasing agreements through Brilliant Corners? Or will master leasing be coordinated through county agency directly to landlords? Or will there be an opportunity for vendor or master agreement holders to assist in contracting?	Several entities do master leasing such as some DMH contractors and Los Angeles Homeless Services Authority. DMH does not directly do any master leasing.
4. Is the cost of living at Brilliant Corners less than having DMH handle the work?	Using a third party administrator such as Brilliant Corners costs less than the County administering the program.
5. Could there be another layer of approval between DMH and FHSP, and tracking?	DMH reviews eligibility and approves all clients that access resources through the flex pool.
6. Will CBOs be required to contract the new department as well as with the HMO?	The new Department will contract with CBOs for the delivery of homeless system services. CBOs may also have contracts directly with the managed care plans for services that they provide.
7. DMH is partnering with HSH and HSH is partnering with managed care plans. Where to CBOs fit into this?	DMH is partnering with the new County Department of Homeless Services and Housing to leverage their agreements with the managed care plans. Community-based organizations can also respond to opportunities to contract with the managed care plans.

Presenters: **Katherine Li**, MBA, Senior, Integrated Health Initiatives Section, Los Angeles County Department of Public Health—Substance Abuse Prevention and Control Bureau & **Maria Funk**, Ph.D., Deputy Director, Housing and Job Development Division, Los Angeles County Department of Mental Health

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BHSA HOUSING INTERVENTIONS REQUIREMENTS	
QUESTIONS	**RESPONSES**
8. Can we consider not using the word "homeless" to identify the persons? We could say, "unsheltered," "unhoused," or "houseless."	Thank you for elevating this. We have taken note of the preferred language.
9. What does 1079 represent? How many people?	I believe this refers to the number of permanent supportive housing subsidies DMH manages. This is the number of households DMH is able to serve through this program.
10. Will Measure A level any DMH services like FSP, OCS, or HSSP?	We are not sure what is indicated by "level". We would need additional clarification to respond.
11. Will CSS funds be covered by BHSA?	Changes to CSS funds in response to Housing Interventions requirements are currently being considered.
12. How are CBOs and nonprofits included or not in these programs or transitions?	CBOs are important partners to DMH and many contract with DMH to provide mental health and housing services.
13. Are there any opportunities for funding?	This question is broad, but there have been recent opportunities for funding through DMHs Interim Housing Program and Enriched Residential Care + Requests for Proposals.
14. How do you determine which agencies will receive DMH funding?	Each DMH solicitation has specific eligibility/threshold requirements.
15. Are houses newly built being used to house homeless people who have not been prepared to live indoors? 16. Remember the 11.5 million in hotel damage.	DMH uses Housing First which is an approach that provides immediate access to housing without preconditions. DMH provides supportive services to those in housing including life skill development.
17. What is the gap between the number of people we have funding to serve and the number of people we estimate need services?	There have been studies on the gaps in affordable housing this such as the Los Angeles County Affordable Housing report.
18. Is there any data to compare folks who are homeless to folks who are receiving SSI/SSDI?	We are not aware of any data that conduct this comparison.

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19. I would argue for the creation of a Trust Office throughout the state so that folks who mismanage their funds consistently & then cycle thru homeless services can stop double dipping. The creation of a trust office function could also be available to elderly parents who are representative payees for their adult children w/ SMI.	Noted.
20. Is ECRHA intended to replace Policy Council? To supplement or augment? How do you see the bodies' relationships? ECRHA has a responsibility to 'develop best practices for standardization of care.'	Executive Committee for Regional Homeless Alignment (ECHRA) and Coordinated Entry System (CES) Policy Council have different purposes. ECHRA's broad purpose is regional alignment on homelessness. CES Policy Council's purpose is to develop policies that govern the CES system.
21. CES Policy Council works to align policies related to access, prioritization, matching, referral, assessment, etc., across multiple funders, administrators, continuums of care, housing authorities, etc..	This is correct. The policies are specific to the Coordinated Entry System.
22. How is LA County BHSA coordinating with managed care plans for CalAIM Housing Community Supports, including Transitional Rent.? How can we get updates on the process of coordination with MCPs?	DMH is currently working closely with the Department of Health Services, Housing for Health, Department of Public Health Substance Abuse, Prevention and Control Division, and the managed care plans on workflows and procedures to reduce administrative burden and ensure timely access to the resource and efficient payment protocols. DMH will provide updates at various meetings such as DMH providers and Community Planning Team meetings.
The following questions require more clarification in order to answer, or another agency needs to respond more appropriately.	

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QUESTIONS	**RESPONSES**
23. What efforts are made to determine the number of beds available in organizations/agencies that do not currently receive DMH funding	More information is needed to respond.
24. Systems that involve CBOs, coupled with some form of incentive structure, have been shown to work well, scale more easily, and generate strong ROI. With that in mind, are there plans within ECM services to develop a referral pathway where CBOs can connect clients directly to DMH? And if so, will that system also include compensation or incentives for the CBOs making those referrals? I see this type of approach as a strong starting point for improving outcomes, especially for individuals experiencing homelessness.	This question is outside the scope of housing interventions.
25. With money leaving child mental health services, how will the mental health needs of children and kids be met?	This question is outside the scope of housing interventions.
26. Will there be funding cuts to OCS programs?	This question is outside the scope of housing interventions.
27. If County were to prioritize utilization of CHAMP over HMIS that could trigger funding/compliance issues (State + HUD).	This is a statement.
28. I heard Liz mention a $300M deficit in FY 26–27 — is that the projected deficit for overall County budget? Or is that specific to the County's homeless services budget?"	Defer to Los Angeles County Department of Homeless Services and Housing
29. Are there any funding opportunities for non-profit organizations that provide housing services to people experiencing housing insecurities? Specifically, though LA Care?	Defer L.A. Care Health Plan
30. As CalAIM is funded by Medicare waiver (with State matching/investment requirements), if the waiver expires	Use of HMIS will be required for counties using BHSA Housing Intervention funds.

BHSA HOUSING INTERVENTIONS REQUIREMENTS	
QUESTIONS	**RESPONSES**
12/2026, does LA Care/State have reserves and/or access to other funding sources to continue operating CalAIM programs beyond 12/2026? a. BHSD will require utilization of HMIS, however with the consolidation of programming/funding, in process to develop + implement the new County Department of Homeless Services (division), is the County Dept. intending to utilize HMIS as its data system?	Defer L.A. Care Health Plan
31. Do individual providers need to have a contract with an MCP to use the CalAIM incentive subsidies?	Defer L.A. Care Health Plan
32. What is being done to address the problems experienced in communicating with MCPs (i.e. Health Net) about recuperative care placements from some MCPs?	Defer L.A. Care Health Plan