

# ▶▶ Behavioral Health Services Act (BHSA) Prevention Forum

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LOS ANGELES COUNTY  
**DEPARTMENT OF  
MENTAL HEALTH**  
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# ▶▶ The State's Continuum of Care Under BHSA

Discrete SUD Service Categories	Primary Prevention Services	Early Intervention Services	Outpatient Services	Intensive Outpatient Services	Crisis and Field-Based Services	Residential Treatment Services	Inpatient Services	Housing Intervention Services
Discrete MH Service Categories	Primary Prevention Services	Early Intervention Services	Outpatient & Intensive Outpatient Services	Crisis Services	Residential Treatment Services	Hospital/ Acute Services	Subacute/ Long-term Care Services	

## ▶▶ BHSA Continuum of Care Model for Prevention and Early Intervention



# ▶▶ The State's Continuum of Care Under BHSA

- Primary Prevention
  - ◁ Promotion: SUD and MH examples
  - ◁ Universal Prevention: SUD and MH examples
  - ◁ Selective Prevention: SUD and MH examples
- Early Intervention
  - ◁ Indicated Prevention: SUD and MH examples
  - ◁ Early Intervention: SUD and MH examples

## ▶▶ Primary Prevention - Promotion: MH examples

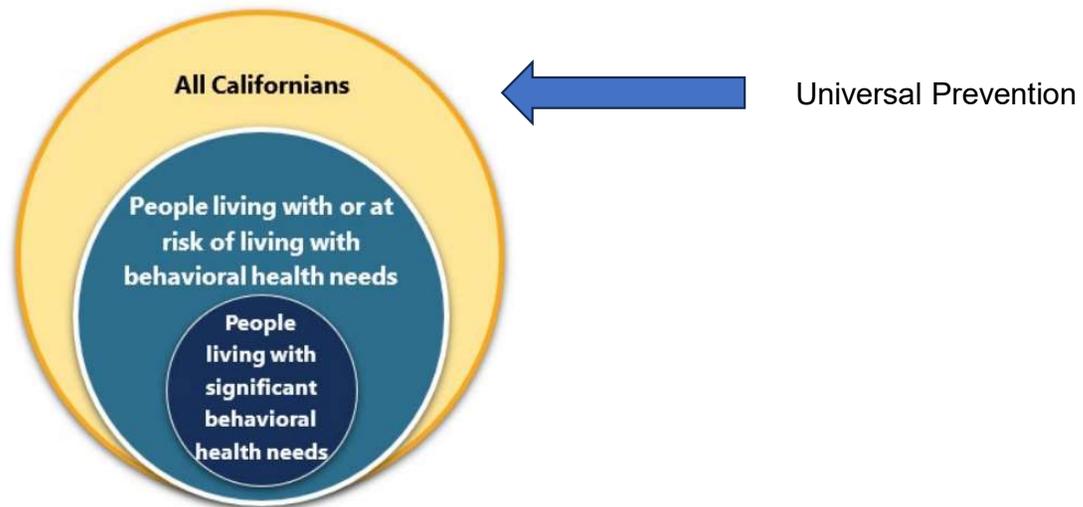
**Promotion** strives to improve the well-being of whole communities through such strategies as raising public awareness, reducing stigma, and ensuring access to activities and resources that support well-being. In behavioral health, promotion strategies are designed to create environments and conditions that support behavioral health and the ability of individuals and communities to withstand challenges. Promotion strategies focus on the general public and/or entire populations and aim to enhance individuals' ability to achieve developmentally appropriate competencies and a positive sense of self-esteem, mastery, and well-being.

- Example: May is Mental Health Awareness Month

## ▶▶ Primary Prevention - Universal Prevention: MH examples

**Universal prevention** focuses on the general public or a whole population that has not been identified on the basis of increased risk.

- Examples: Health and Wellness-Programs, School-wide Programs



## ▶▶ Primary Prevention - Selective Prevention: MH examples

**Selective prevention** focuses on subgroups of the population whose risk of developing a mental health condition is significantly higher than average, as evidenced by biological, psychological or social risk factors, but do not yet have any signs of mental health disorder.

- Examples:
  - ◁ Training educators to help them recognize and respond to trauma and stress in children.
  - ◁ Parenting classes for families with a history of mental health illness to build resilience in children.

## ▶▶ BHSA Early Intervention

**Under BHSA**, each county must establish and administer an Early Intervention program that is designed to prevent mental illnesses and substance use disorders from becoming severe and disabling and to reduce disparities in behavioral health.

- At least 51% of Behavioral Health Services & Supports (BHSS) EI funding must be used to serve eligible individuals ages birth through 25 years.
- This includes a menu of evidence-based practices like: TF-CBT, Individual CBT, Seeking Safety, MST, FFT, and PCIT.
- County EI programs must also include a Coordinated Specialty Care for First Episode Psychosis program.

## ▶▶ BHSA Early Intervention (cont.)

**Early Intervention** is the proactive approach of identifying and addressing behavioral health concerns in their early stages before they escalate into more severe, disabling or chronic conditions. Under the adapted Institute of Medicine's Continuum of Care Model (displayed on the colorful chart we just showed), Early Intervention includes **indicated prevention, case identification** and **treatment services**.

County Early Intervention programs must include the following components:

1. Outreach
2. Access and Linkage
3. Mental health and substance use disorder early treatment services

## ▶▶ BHSA Early Intervention Target Population

- At-risk individuals, not population-based
- Individuals presenting with mental health and/or **substance use disorders**, early in its emergence
- Community members who are potential liaisons for linking individuals who present with MH and SUDs.
- Individuals and members of groups who are identified as “at-risk”
- Members of the individual’s support system (parents and/or caregivers)

## ▶▶ Early Intervention - Indicated Prevention: MH examples

**Indicated prevention** interventions focus on BHSA eligible at-risk individuals who are at risk of and experiencing early signs of a mental health or substance use disorder or who have experienced known risk factors for poor behavioral health outcomes, such as trauma, Adverse Childhood Experiences, or involvement with child welfare or corrections system. This at-risk individual may not yet meet the criteria of a diagnosable mental health or substance use disorder.

- Examples of indicated prevention interventions include outreach, training, and education for high-risk individuals and/or families who are at risk and experiencing early signs of a mental health or substance use disorder.

## ▶▶ Early Intervention – Case Identification: MH examples

**Case identification** includes assessment, diagnoses, brief interventions, and activities needed to create access and linkages to care that connect individuals to the appropriate care.

- Examples of case identification interventions could include access and linkage, programs that do screening, assessment and linkage such as our DCFS MAT, or the Qualified Individual programs, which ensure the individual meeting medical necessity for specialty mental health services is connected to the appropriate level of care.

## ▶▶ Early Intervention – Mental Health and Substance Use Disorder Services

**Mental Health and Substance Use Disorder** treatment services and supports provided under Early Intervention must be proven to reduce the duration of untreated serious mental health illnesses and substance use disorders and assist people in quickly regaining productive lives.

Early intervention mental health and substance use disorder services must also be responsive to the cultural and linguistic needs of diverse communities.

# ▶▶ MHSA Overview

## The Foundation of Mental Health - 2004

1

### Community Services and Supports (CSS)

- Largest of the 5 components
- Provide mental health services and supports for children and youth, transition age youth, adults, and older adults.
- Includes permanent supportive housing for clients with serious mental illness.

#### **CSS includes the following programs:**

- Full Service Partnership
- Outpatient Care Services
- Alternative Services Crisis
- Housing Services
- Linkage
- Planning, Outreach and Engagement Services

2

### Prevention and Early Intervention (PEI)

- Second largest component
- Services that reach people early, before serious mental illness starts or when problems first appear.

#### **PEI include the following services:**

- Prevention
- Early Intervention
- Stigma and Discrimination Reduction
- Suicide Prevention

3

### Innovation (INN)

Opportunities to develop and test new mental health practices and bring them into the system to improve:

- Access to underserved communities,
- Collaboration between agencies, and
- Overall quality of mental health services

4

### Workforce Education and Training (WET)

Improving the mental health workforce through ongoing education and training

5

### Capital Facilities and Technological Needs (CFTN)

Improving mental health services and facilities using the latest technology

# ▶▶ BHSA Overview

## The Next Chapter in Mental Health – Passed in 2024



In March 2024, California voters passed Behavioral Health Services Act (BHSA) as part of Proposition 1, replacing Mental Health Services Act (MHSA).

**Foundation Plus New Services:** Keep MHSA foundation, but add new elements including **housing, substance use services, and stronger community involvement.**

**Funding Changes:** Move some MHSA money from core services (outpatient, crisis, linkage) to create a new BHSA housing category. **Eliminates population-based prevention programs**, at the county level. The funding for this programming will go to the state to implement.

**Expanded Existing Services:** Including a great percentage of BHSA to be spent on housing investments and FSP

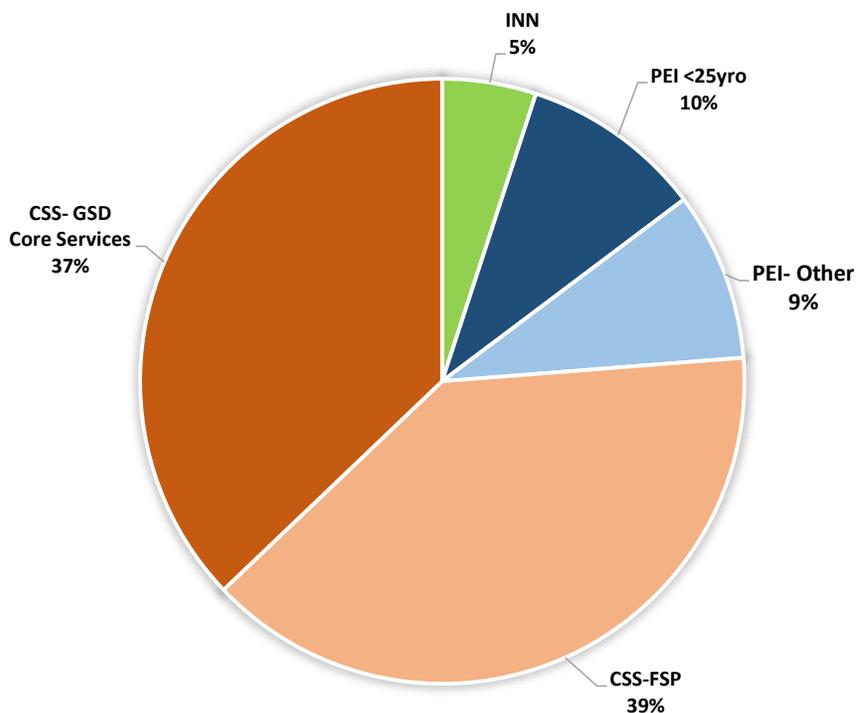
**Planning and Reporting Changes:** Includes all mental health and substance use programs, not just MHSA/BHSA.

**Oversight expansion:** The Behavioral Health Commission (formerly Mental Health Commission) now oversees substance use disorder services as well.

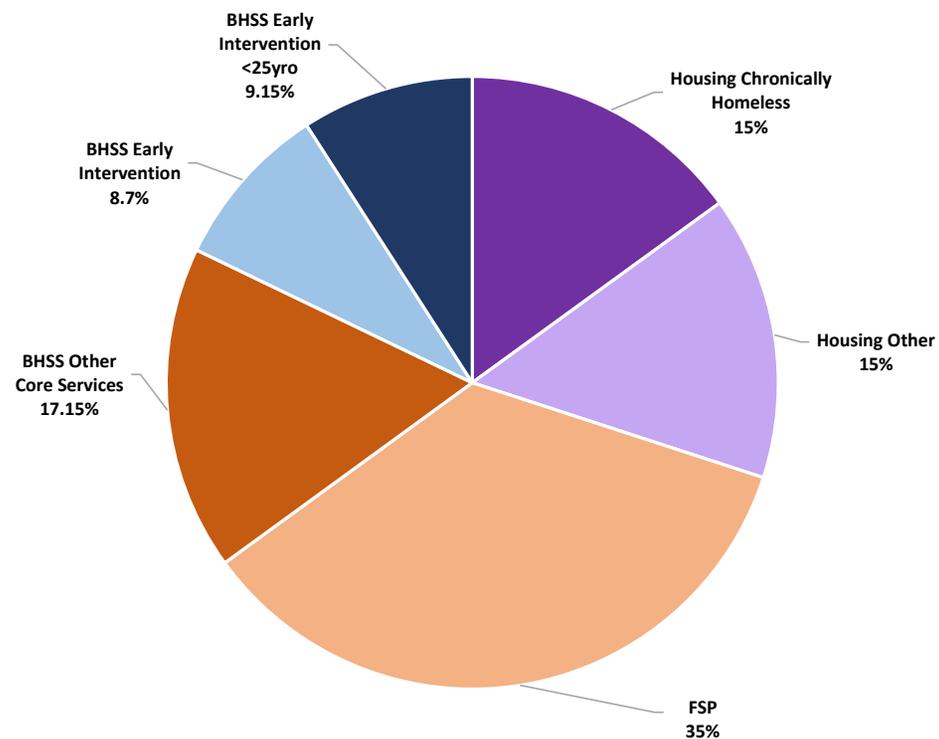
**Implementation:** Program changes start **July 1, 2026.**

# ▶▶ MHSA Components vs. BHSA Categories

Current MHSA Funding Components



BHSA Proposed Funding Categories



# ▶▶ Early Intervention Changes



## Early Intervention

### EI Changes

#### Not Covered:

- BHSA Early Intervention funds **cannot** be used for universal prevention programs or for selective prevention programs.
  - Universal and Selective prevention programs will be managed by the State.
  - DMH has been working to identify existing prevention programs that will be supported through Early Intervention funding.

#### Covered:

- Mental health treatment to address first episode psychosis
- Mental health and substance use disorder services that prevent, respond to, or treat a behavioral health crisis or activities that decrease the impacts of suicide, return to use of illicit substances or misuse of prescription drugs, and/or accidental overdose/poisoning.
- Early intervention services designed to address co-occurring mental health and substance use issues.

## ▶▶ Early Intervention Services

### **Services include:**

- Comprehensive Clinical Assessment
- Treatment Planning
- Individual and Group Therapy
- Intensive Care Coordination / Targeted Case Management
- Medication Support Services
- Crisis Intervention Services
- Psychoeducation and Rehabilitation services
- Co-occurring Disorder services

# ▶▶ The Integrated Plan (IP) and Reporting Changes

The IP will replace the MHA Three Year Program and Expenditure Plan and show how counties will provide mental health and substance use services.



1

**Timeframe:** Covers 3 fiscal years and reflects what programs and services are going to meet the needs of our population.

2

**First Draft:** Due March 31, 2026.

3

**Annual Updates:** Counties must update their IP in the 2<sup>nd</sup> and 3<sup>rd</sup> years of the IP cycle, completing and submitting all sections.

4

**Accountability Report:** Counties are required to submit the Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR) on an annual basis, it reports services, outcomes, and spending.

5

**First Report:** The first BHOATR covers FY 2026-27 and is due on January 30, 2029.

# ▶▶ BHSA Integrated Plan and Transition Timeline

## Phase 1: Planning

**January – December 2025**

- DMH and SAPC begin Community Planning
- Start drafting the Integrated Plan
- Decide which programs will continue, change, or end
- Identify ways to measure progress
- Provide assistance to programs going through changes

## Phase 2: Preparing

**January – June 2026**

- Complete the Integrated Plan
- Complete the Transition Plan
- Hold a Public Hearing
- Get Board approval and submit to State by June 2026
- Update and finalized contracts and agreements with providers
- Prepare for new program request (if needed)

## Phase 3: Implementation

**July 1, 2026 – January 31, 2028**

- Start Year 1 of BHSA services
- All providers offering Evidence-Based Practices (EBPs) services will work with the State Centers of Excellence for training and certification.
- Track results and outcomes of BHSA programs
- Prepare first draft report to send to the State

## ▶▶ Future Listening Sessions and Opportunities for Feedback

- **Behavioral Health Services Act Community Planning Process Webinar**
  - ◀ October 16, 2025
- **Behavioral Health Transformation Quality and Equity Advisory Committee Webinar**
  - ◀ October 21, 2025
- **Where to get more info: [Stakeholder-Engagement](#)**
  - ◀ There are recordings and PowerPoints of previous meetings
  - ◀ You can sign up for a newsletter for updates



# Questions?



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