

▶▶ Behavioral Health Services Act (BHSA)

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December 9, 2025



LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
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▶▶ Behavioral Health Services Act (BHSA)

The BHSA is the first major structural reform of the Mental Health Services Act since 2004. It expands and increases the types of supports available to Californians in need by focusing on gaps and priorities.

- ◀ Focuses on the most vulnerable and at-risk, including set-asides for children and youth.
- ◀ Broadens the priority population to include individuals with substance use disorder.
- ◀ Updates allocations for local services and state directed funding categories, including housing supports.
- ◀ Clearly advances community-defined evidence practices as a key strategy of reducing health disparities and increasing community representation.
- ◀ Revises county processes for planning and reporting.
- ◀ Improves transparency and accountability.

Behavioral Health Services Act (BHSA)

Overview

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

Expands the focus of the service categories and the target populations served, including those with substance use disorders.

Makes significant shifts in planning and reporting for the Mental Health Services Act/Behavioral Health Services Act.

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

Advances Community Defined Evidence Practices (CDEPs) as key strategy for reducing health disparities and increasing community representation.

Programmatic changes will begin July 1, 2026. The Community planning process will begin January 2025.

MHSA Early Intervention

TARGET POPULATION

- Participants' risk of a potentially serious mental illness, either based on individual risk or
- membership in a group or population with greater than average risk of a serious mental illness,
- i.e. the condition, experience, or behavior associated with greater than average risk

VS

BHSA Early Intervention DRAFT

TARGET POPULATION

- Individuals, not population-based
- Individuals presenting with mental health and/or **substance use disorders**, early in its emergence
- Individuals in crisis
- Community members who are “potential responders” for someone presenting with mental health or substance use disorder
- Individuals and members of groups who are identified as at-risk
- Members of the individual's support system (parents and/or care givers)

MHSA Early Intervention

SERVICES

- Promotes recovery for a mental illness early in its emergence, includes relapse prevention
- Time limited (Short-term, usually less than 18 months) – except for first psychotic break
- Relatively low intensity intervention
- May include services to parents, caregivers, and other family members of the person with early onset of a mental illness, as applicable

VS

BHSA Early Intervention DRAFT

SERVICES

- Focus on reductions of negative outcomes
- Reduce disparities in health care
- Expand community-defined evidence practices and evidence-based practices
- Programs emphasize Outreach, Access and Linkage, and **MH and SUD** Treatment Services, including co-occurring disorders
- MH and SUD** services may be provided to individuals to prevent disorders from becoming severe and/or disabling.

MHSA Prevention Programs

- Community Family Resource Center (CFRC) *
- Department of Arts and Culture (Arts & Culture): Creative Wellbeing
- Department of Parks and Recreation: Parks After Dark, Safe Passages, Parks at Sunset, Our Spot Wellbeing Project
- Department of Public Health (Public Health): Abundant Birth Project (ABP)
- Department of Public Libraries: New Parent Engagement, Triple P, School Readiness
- Department of Youth Development (DYD): Youth Development Networks (YDN)
- DYD: Credible Messenger *
- Department of Children and Family Services (DCFS): Prevention and Aftercare (P&A)

*** These programs have not yet launched.**

- Department of Health Services (DHS): Medical Legal Community Partnership (MLCP)
- First 5 LA: Home Visitation
- Friends of the Children – Los Angeles (FOTC-LA): Professional Mentorship
- iPrevail
- Los Angeles County Office of Education (LACOE): Community Schools Initiative (CSI)
- NAMI: Peer, Family, and Community Support Towards Stigma and Discrimination Reduction
- PEI Prevention/Community Outreach Service Programming
- SEED School of Los Angeles (SEED LA)
- United Mental Health Promoters (UMHP) Network
- Wolf Connection: Wolf Lessons for Human Lives



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▶▶ The State's Continuum of Care Under BHSA



▶▶ BHSA Prevention Continuum of Care Summary

- Primary Prevention (State Responsibility)
 - ◀ Promotion
 - ◀ Universal Prevention
 - ◀ Selective Prevention
- Early Intervention (LA County Responsibility)
 - ◀ Indicated Prevention
 - ◀ Early Intervention
 - ◀ Standard Treatment for Known Disorders

▶▶ Statewide Population Based Behavioral Health Goals



▶▶ BHSA Components

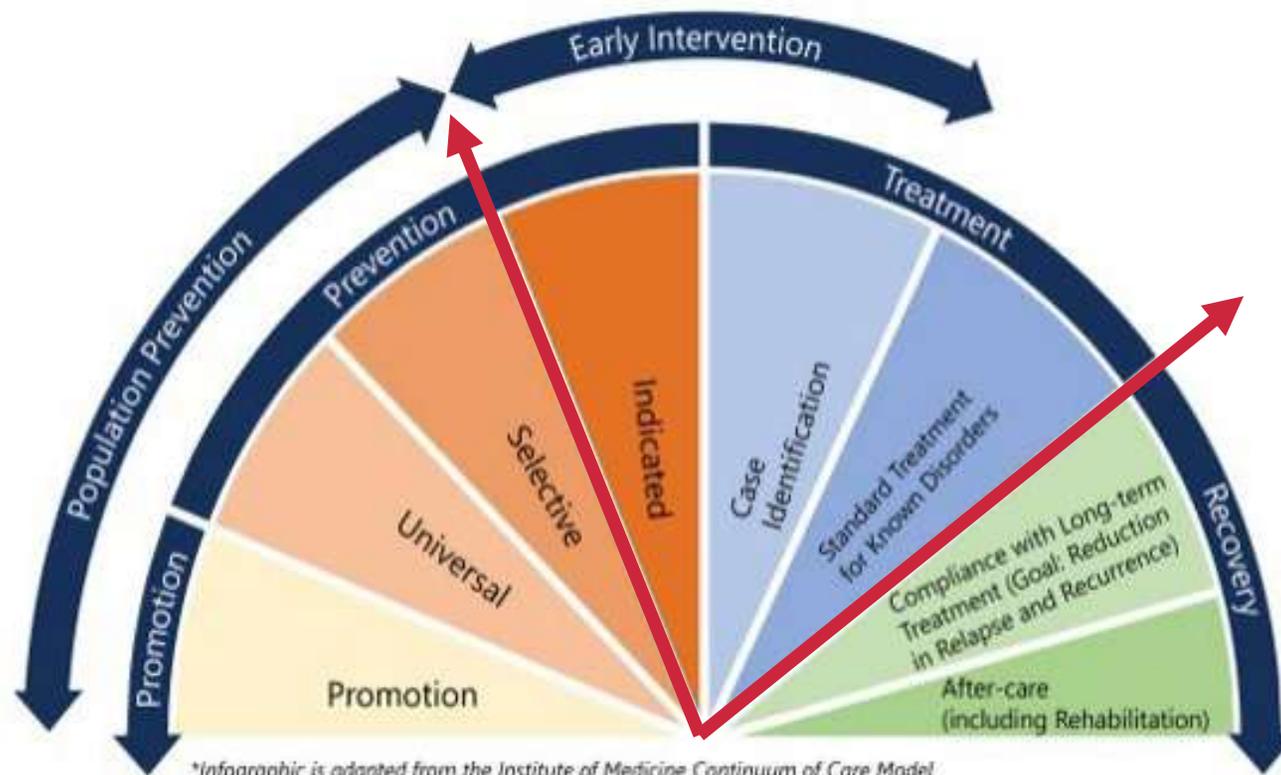
- **LA County BHSA funds to State (10%)**
- **Housing: 30%**
- **FSP: 35%**
- **Behavioral Health Support Services (BHSS): 35%**

▶▶ BHSA Components: Behavioral Health Services and Supports (BHSS)

Counties are required to allocate 35 percent of their total local Behavioral Health Services Act (BHSA) allocations for Behavioral Health Services and Supports (BHSS). BHSS categories include:

- Children's, Adult, and Older Adult Systems of Care
- Outreach and Engagement
- Workforce Education and Training
- Capital Facilities and Technological Needs
- **Early Intervention Programs (a minimum of 51% of the BHSS funds)**
 - ◀ **Children and Youth (birth through 25 years) – 51% of EI funds**
- Innovative Behavioral Health Pilots and Projects

▶▶ BHSa Continuum of Care Model



▶▶ 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.
- The three required components of Early Intervention include:
 - ◁ Outreach
 - ◁ Access and Linkage
 - ◁ Standard Treatment for Known Disorders
 - Community Defined Evidence Practices
 - evidence-based practices like: TF-CBT, Individual CBT, Seeking Safety, MST, FFT, and PCIT.
 - Non-traditional Services
- County EI programs must also include a Coordinated Specialty Care for First Episode Psychosis program.

BHSA EARLY INTERVENTION



- Focus on reductions of negative outcomes
- Reduce disparities in health care
- Expand community-defined evidence practices and evidence-based practices
- Programs emphasize Outreach, Access and Linkage, and MH and SUD Treatment Services
- MH **and** SUD services may be provided to individuals to prevent disorders from becoming severe and/or disabling.



BHSA Early Intervention

▶▶ DRAFT

- Early Intervention Aims to reduce the likelihood of certain adverse outcomes:
 - Mental illness in children and youth from social, emotional, developmental, and behavioral needs early in childhood
 - Removal of children from homes
 - School suspensions, expulsions, referral to alternative community school, or failure to complete
 - Prolonged suffering
 - Overdose
 - Suicide and Self-Harm
 - Unemployment
 - Homelessness
 - Incarcerations

▶▶ 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.

MHSA Prevention Programs Cross Walk to BHSI Indicated Prevention

- Community Family Resource Center (CFRC)
- Department of Arts and Culture (Arts & Culture): Creative Wellbeing
- DYD: Credible Messenger
- Department of Children and Family Services (DCFS): Prevention and Aftercare (P&A)
- First 5 LA: Home Visitation
- Friends of the Children – Los Angeles (FOTC-LA): Professional Mentorship
- NAMI: Peer, Family, and Community Support Towards Stigma and Discrimination Reduction
- SEED School of Los Angeles (SEED LA)
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▶▶ 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 – Standard Treatment from Known Disorders

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.

▶▶ Early Intervention - Standard Treatment from Known Disorders Service Array

Outpatient Specialty Mental Health 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

PREVENTION & EARLY INTERVENTION CATEGORIES

PROMOTION

Whole communities regardless of risk of needing behavioral health services



UNIVERSAL

Entire population regardless of risk of needing behavioral health services



SELECTIVE

Subset of population at higher risk of needing behavioral health services



INDICATED

Individuals showing early signs of behavioral health problems



CASE IDENTIFICATION

Subset of individuals from selective or indicated prevention requiring behavioral health services



-  **UNIVERSAL**
Low Risk
-  **SELECTIVE**
Medium Risk
-  **INDICATED**
High Risk

▶▶ BHSA Early Intervention Summary

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



QUESTIONS, COMMENTS & REFLECTIONS

