

BHSA Preview Session



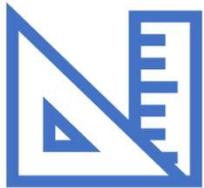
LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
hope. recovery. wellbeing.



PURPOSE

Provide an overview of the Behavioral Health Services Act Community Planning Process (**BHSA CPP**) and the Behavioral Health Services Act Integrated Plan (**BHSA IP**).

OUTLINE



BHSA Community
Planning Process



BHSA Integrated
Plan Template



Behavioral Health
Continuum of Care
Priority Goals



Behavioral Health
Budget



BHSA IP Approval
Roadmap

BHSA CPP - HIGHLIGHTS



ENGAGEMENT Activities

26

26 BHSA CPT sessions and forums focused on BHSA-related content (3-hour sessions).

- All meetings provided CART services, ASL interpretation, Korean/Spanish materials and interpretation, and in-person and online options.



Stipends were provided to clients and community representatives (e.g., SALT and UsCC Co-Chairs).



STAKEHOLDER Reach

- **All 30 DHCS identified stakeholder groups were engaged** in the BHSA CPT or through a BHSA-related forum or focus group.
- **Over 450 unduplicated people** representing **224 unduplicated organizations** participated in at least one session or forum from January to December 2025.



PARTICIPATION Snapshot

71% of CPT members identified as individuals with lived experience*

- **Consumers** of mental health, SUD, or COD services
- **Family Members** of MH, SUD, COD consumers
- **Caregivers** of consumers of MH, SUD, COD consumers
- **Persons Experiencing Homelessness**
- **Survivors of Domestic Violence**
- **Veterans**

NOTE: 78 of the 110 BHSA CPT members who turned in their Member Information Form (MIF) selected one of these categories as their primary identification of lived experience. This is an unduplicated number.



All Service Areas were represented, with the greatest representation from Service Areas 4 and 6.

BHSA IP TEMPLATE

BHSA IP Template Covers
8 High-Level Categories

FOCUS:
Foundations &
System Context

01



GENERAL INFORMATION

- Key department contact information
- Who is responsible for the plan
- Basic county behavioral health identifiers

02



FUNDING FLEXIBILITY & FINANCIAL REQUESTS

- Exemption requests available for small counties
- Requests to shift funding percentages based on local needs
- How counties align funding with community priorities

03



COUNTY BEHAVIORAL HEALTH SYSTEM OVERVIEW

- How the county's mental health & substance use system operates
- Populations served (youth, adults, older adults)
- Data systems, technology, and reporting tools used
- Types of services offered across the continuum

04



STATEWIDE PLANNING REQUIREMENTS

- Six statewide behavioral health goals
- Population-level measures all counties must use
- How these measures guide planning and resource allocation

BHSA IP TEMPLATE, Continued

BHSA IP Template covers
8 high-level categories

FOCUS:
Implementation &
Accountability

05



COMMUNITY ENGAGEMENT & TRANSPARENCY

- Required stakeholder engagement
- Community input across planning stages
- Public comment and hearing process

06



COUNTY BEHAVIORAL HEALTH SERVICE SYSTEM

- Full care continuum (prevention → outpatient → crisis → housing)
- Oversight and monitoring of contracted providers
- BHSA-funded services and programs provided locally

07



WORKFORCE & FISCAL STABILITY

- Workforce planning, recruitment & retention
- Peer roles, clinicians, support staff
- Budget allocation and prudent reserve requirements

08



APPROVAL & COMPLIANCE

- Required county approvals (Behavioral Health Board, Board of Supervisors)
- State-level compliance and submission processes
- Required certifications and accountability steps

BEHAVIORAL HEALTH CONTINUUM OF CARE

LOS ANGELES COUNTY MENTAL HEALTH CONTINUUM

Primary Prevention Services	Early Intervention Services	Outpatient Services	Intensive Outpatient Services	Crisis Receiving & Stabilization Up to 24 hours <small>(licensed: except sobering center)</small>	Acute Inpatient/ Subacute Hospital level care (licensed)	Crisis Residential/ Extended Residential Residential <small>(with onsite clinical/treatment services - licensed)</small>	Housing Intervention Services
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LOS ANGELES COUNTY SUD CONTINUUM

Primary Prevention Services	MAT Services						
	Harm Reduction Services	Early Intervention Services	Outpatient Services	Intensive Outpatient Services	Residential Treatment Services	Inpatient Services Withdrawal Management	Housing Intervention Services
	Field-Based Services						

STATEWIDE BEHAVIORAL HEALTH GOALS

↑ GOALS FOR IMPROVEMENT

Care Experience

Access to Care

Prevention & Treatment of Co-Occurring Physical Health Conditions

Quality of Life

Social Connection

Engagement in School

Engagement in Work

↓ GOALS FOR REDUCTION

Suicides

Overdoses

Untreated Behavioral Health Conditions

Institutionalization

Homelessness

Justice Involvement

Removal of Children from Home

Health equity will be incorporated in each of the behavioral health goals

NOTE: Blue = State Mandated; Green = Locally Selected.

HOMELESSNESS: HOUSING INTERVENTIONS

Department of Mental Health

County's Programming to Reduce Homelessness Among Residents with Severe Mental Illness, Substance Abuse Disorder or Co-Occurring Conditions

Housing and Housing-Support Investments

- Interim Housing
- Behavioral Health Bridging Housing
- Community Care Expansion Preservation
- Multiple federal subsidies (CoC and Housing Choice Vouchers) through HACLA and LACDA contracts to expand safe, stable housing options

Intensive, Integrated Care Models

- Full-Service Partnership (ACT/FACT & FSP-ICM) providing multidisciplinary
- Community-based teams to support housing, employment, symptom management, and social connections for people with SMI or co-occurring SMI/SUD
- FACT adds justice-involved emphasis
- FSP-ICM offers recovery-focused, lower-intensity services as a bridge

Crisis Stabilization and Outreach Infrastructure

- Peer Respite
- Crisis Residential Treatment Program (CRTP)
- 24/7 Crisis Stabilization with PMRTs/UCCs
- Law Enforcement Teams (LET)
- Enriched Residential Services (ERS)
- Homeless Outreach & Mobile Engagement (HOME) to de-escalate crises, connect to care, and sustain housing stability

Community-Based Access and Outreach Initiatives

- IHOP (Interim Housing Outreach Program)
- LEAP (Library Engagement & Access Program)
- UMHP partnerships, Veteran & Military Family Services (VMFS)
- Hollywood 2.0 pilot
- Skid Row Concierge Outreach
- Co-Occurring MH/IDD coordination to reduce fragmentation and improve access to housing, services, and supports

HOMELESSNESS: HOUSING INTERVENTIONS

Department of Public Health (DPH) – Substance Abuse Prevention and Control (SAPC)

County's Programming to Reduce Homelessness Among Residents with Severe Mental Illness, Substance Abuse Disorder or Co-Occurring Conditions

Homelessness

DPH-SAPC is working to reduce homelessness by growing housing options for individuals with SUD through the following existing programs, services, partnerships, and/or initiatives:

- DPH-SAPC has invested in expanding **Recovery Bridge Housing (RBH) and Recovery Housing (RH)**. These benefits offer PEH concurrently participating in SUD treatment services with up-to 360 days of RBH, and those that have engaged in SUD treatment and/or RBH in the last 90 days at a SAPC provider agency for up-to 365 days of RH. While it is encouraged, concurrent enrollment in treatment is not a condition of residing in RH.
- DPH-SAPC introduced **Housing Navigation Services** in FY 2024-25 to support and connect PEH to stable housing options. Housing navigators help individuals prepare, find, move into, and retain affordable and permanent housing opportunities.

Services and Programs

The following are related services and programs that enable DPH-SAPC to engage with PEH and connect them to housing and housing navigation services:

- DPH-SAPC's **Harm Reduction programs** remove barriers to treatment and housing services so that the SUD population can access the services needed to transition towards stable housing.
- DPH-SAPC's **Directly-Operated Field-Based SUD Services team partners** with existing field-based teams to ensure LA County residents experiencing homelessness have access to SUD services in field-based settings.

ACCESS TO CARE

Department of Mental Health

County's Programming to Improve Access to Care Among Residents with Severe Mental Illness, Substance Abuse Disorder or Co-Occurring Conditions

Clubhouse to Full-Service Partnership Spectrum

- Clubhouses for daily community access and employment skills
- FSP-ACT/FACT/FSP-ICM for intensive, community-based support including housing and recovery
- Women's Wellbeing
- Hollywood 2.0
- Veterans and Military Family Services

Crisis, Stabilization, and Step-Down Pathways

- Crisis Residential Treatment Program for stabilization
- 24/7 Crisis Stabilization with PMRT/UCCs
- Enriched Residential Services as a step-down
- Day Treatment Intensive/ Day Rehabilitation
- Law Enforcement Teams to prevent crises and hospitalizations

Specialized and Youth-Focused Services

- EPI-LA for first-episode psychosis;
- Child Medical Hubs,
- Specialized Foster Care,
- Multidisciplinary Assessment Team,
- Therapeutic Shelter Homes,
- Qualified Individual,
- DYD Credible Messengers,
- First 5 Home Visiting,
- DCFS Prevention/Aftercare

Community Integration and Supports

- Community Family Resource Centers (on wheels and in districts);
- Friends Of The Children mentorship;
- Promotores/United Mental Health Promoters Networks;
- Birth-to-5 and Perinatal Mental Health;
- Parent Partner Training;
- Co-occurring MH/Intellectual Developmental Disabilities coordination to improve access, trust, and outcomes

ACCESS TO CARE

Department of Public Health (DPH) – Substance Abuse Prevention and Control (SAPC)

County's Programming to Improve Access to Care Among Residents with Severe Mental Illness, Substance Abuse Disorder or Co-Occurring Conditions

SUD Engagement and Access

- DPH-SAPC's **Reaching the 95% (R95) Initiative** focuses on reaching the 95% of people with SUD who are either do not think they need help or are not interested in services by enhancing outreach and engagement and establishing lower barrier care across the SUD system. SAPC also has an open contracting process to increase service capacity.
- DPH-SAPC's **Client Engagement and Navigation Services (CENS)** provide in-person SUD services including education, outreach and engagement, screening and referral, and service navigation to facilitate access to care and completion of SUD treatment. SAPC is expanding CENS by better leveraging Medi-Cal and other funding sources.
- DPH-SAPC's **field-based SUD services team partners** with existing field-based teams to ensure LA County residents experiencing homelessness have access to SUD services in field-based settings. SAPC is actively adding field-based SUD service sites.
- DPH-SAPC's **MAT Consultation Line and the California Bridge program**, a statewide independent program, work with hospital EDs to provide immediate access to MAT to anyone seeking help and provide care navigation to increase likelihood of completing follow-up treatment.
- DPH-SAPC's **Reimagining Youth SUD Engagement (RYSE) initiative** aims to transform youth SUD by tailoring youth SUD services to enhance engagement and retention in care, which can prevent the need for institutionalization.

Initiatives and Programs

The following are related initiatives and programs that will increase DPH-SAPC's overall system capacity to serve individuals with SUDs.

- The **Tuition Incentive Program (TIP)** offers individuals an opportunity to become a certified-eligible SUD Counselor while gaining practical in-the-field experience. The program helps increase the availability of registered and certified SUD counselors, who can support effective, long-term recovery and increase access to care for those affected by substance use in Los Angeles County.
- DPH-SAPC provides **Capacity Building Payment funds** to a treatment provider in advance to ensure start-up funds to provide services or after the fact to compensate a treatment provider for completing work. The funds support DPH-SAPC's provider network in workforce development, access to care, and fiscal and operational efficiency to prepare for changes resulting from the CalAIM initiative and the movement towards value-based care under payment reform.
- DPH-SAPC provides **start-up funds as part of the Residential Capacity Building Pilot** for staffing to increase co-occurring capabilities and withdrawal management in residential settings. Additional staffing helps increase access to care.

CHILDREN AND YOUTH

Department of Mental Health

County's Programming to Improve the Wellbeing of Children and Youth

1 Comprehensive Housing and Family Stabilization

Specialized Foster Care, and Child-Wellbeing Services spanning clinic, community, and field settings to prevent removals, support existing removals, and help children/youth age 0–25 thrive.

3 Community-Based Access and Outreach

Home visitation (First 5-HFA/PAT), CFRCs on wheels and in districts, Friends of the Children mentorship, Promotores networks, SRC/OUTREACH-style programs, and crisis teams (PMRT) to connect families to services and prevent crises.

2 Intensive and Specialized Partnerships

Full-Service Partnership (including High Fidelity Wraparound), Birth to Five Mental Health, Parental Perinatal Mental Health, Parent Partner Training Academy, UMHP/United MH Promoters, Promotores, and Co-Occurring MH/IDD initiatives to coordinate care and strengthen community trust. Continuation of Indicated Prevention Programs

4 Workforce, Data, and Early Intervention Focus

Investment in diverse, culturally competent staff; capacity-building for clinicians (Birth-to-5, Perinatal MH); data-driven approaches with disaggregated insights; and early relationship-based interventions to reduce escalation to higher levels of care.

CHILDREN AND YOUTH

Department of Public Health (DPH) – Substance Abuse Prevention and Control (SAPC)

County's Programming to Improve the Wellbeing of Children and Youth

1 Pregnant and Parenting Women (PPW) Network

DPH-SAPC's **Pregnant and Parenting Women (PPW) network** offers SUD treatment, housing and supportive services, that includes dedicated recovery bridge housing (RBH) beds for PPW clients and their children countywide. RBH is available for up-to five accompanying children (aged 0-16) with a benefit of up-to 360 days. These services are provided to the parent and child(ren) in accordance with DHCS's Substance Use Disorder Perinatal Practice Guidelines. Services under the PPW program include expanded services to pregnant, postpartum, and parenting women and their dependent children, ensuring access at all levels of care, inclusive of dedicated services available to the children, which include care coordination, child-care, and transportation services. Increasing availability and access to care ensures a child's well-being and decreases the risk of child removal from the home.

2 Recovery Support Court

DPH-SAPC participates in **Recovery Support Court**, which assists Department of Children and Family Services involved parents in abstaining from substance use and maintaining recovery. Parents receive counseling in different areas including SUD counseling, and mental health services. These services help reduce the risk of being removed from the home for at risk children.

3 Recovery Bridge Housing for Fathers with Dependent Children (RBH-DADS)

DPH-SAPC initiated the **Recovery Bridge Housing for fathers with dependent children (RBH-DADS)** in April 2025. Like RBH for the PPW population, the RBH-Dads is designed to provide temporary housing for men who are receiving outpatient SUD treatment with up to five accompanying children (aged 0-16). The program is intended to support families affected by SUD to remain together, and for those with involvement with the Department of Children and Family Services (DCFS), to work towards reunification. The RBH-DADS program is planned for full implementation across the county by calendar year 2026.

DMH: FY 2025-2026 REVENUE SOURCES

32% State and Federal Medi-Cal (\$1,406.04M)

Funds specialty mental health services (SMHS) for eligible clients who meet medical necessity criteria for Medi-Cal. Entitlement program.

32% BHSA (\$1,428.56M)

Funds community mental health services in unlocked settings, which includes Full-Service Partnerships, Prevention and Early Intervention, Housing, Innovations, Workforce Education and Training, Capital Facilities and Technological Needs. May be used as a local match for federal Medi-Cal revenue.

18% 2011 Realignment – BH, AB109 (\$789.32M)

Provides the local match for Medi-Cal SMHS, including the Early and Periodic Screening, Diagnosis, and Treatment Program and mental health managed care.

9% 2011 Realignment – MH (\$401.95 Million)

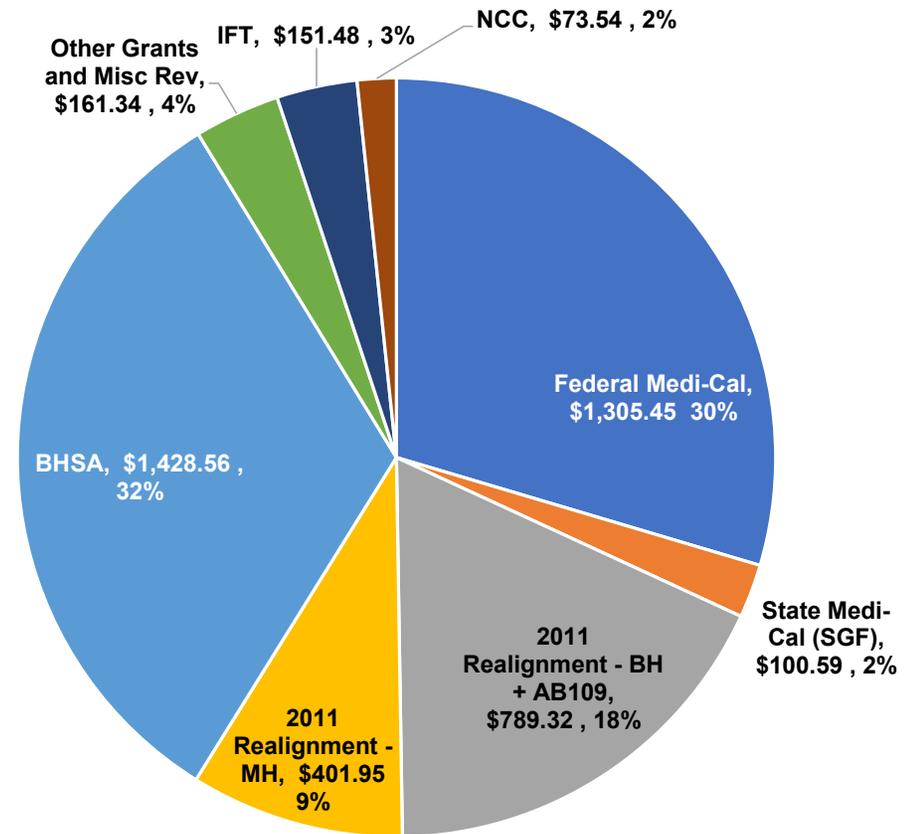
Community MHS, including acute psychiatric inpatient hospital services provided in Institutions for Mental Diseases (IMDs).

7% Grants and Miscellaneous Revenues (\$312.82 M)

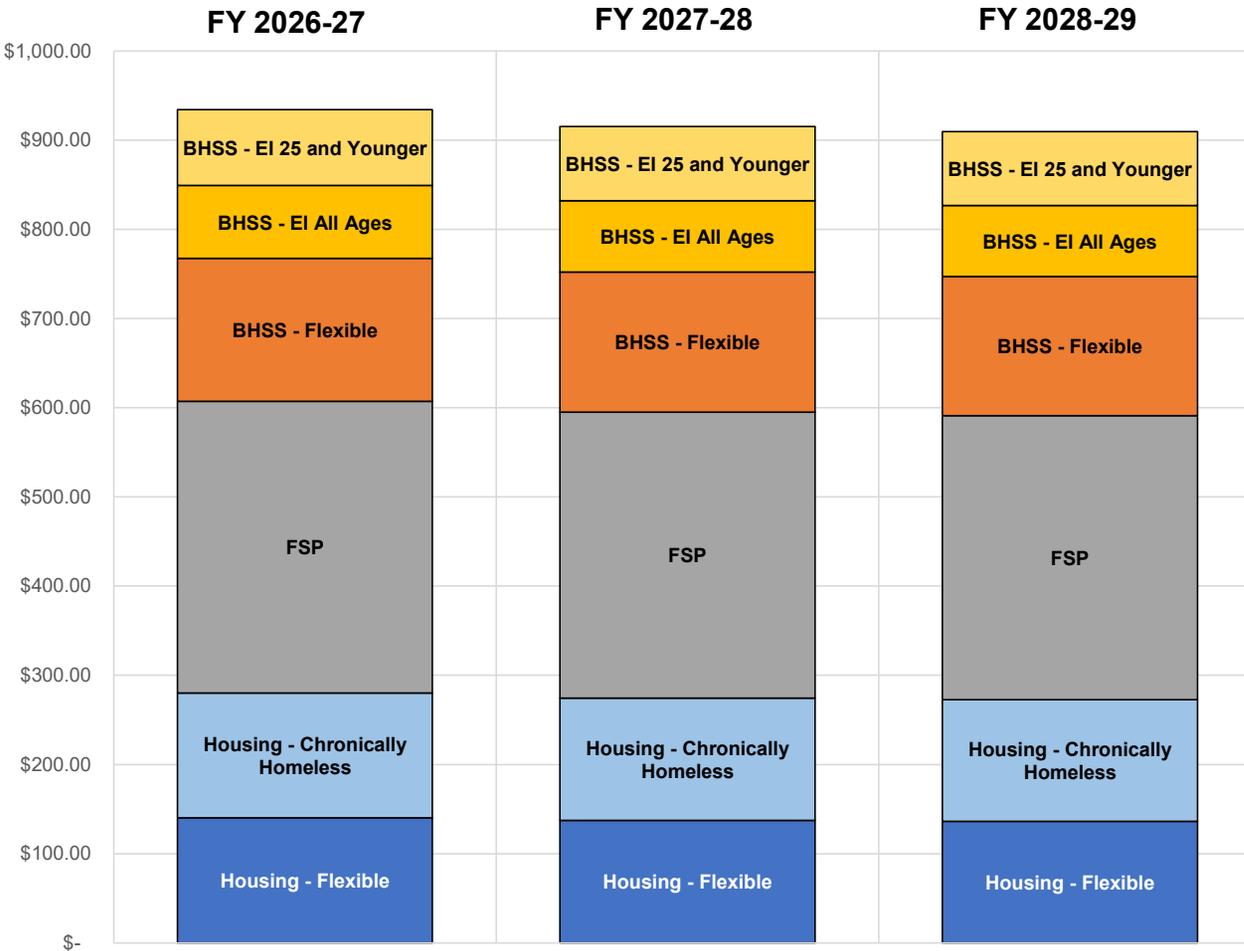
BHBH, CCE, Disaster Grants (SERG, RSP), SAMHSA, PATH, MHSSA, patient fees, parking fees, and estate fees, NPLH, and other miscellaneous revenues.

2% NCC (\$73.54 Million)

Maintenance of Effort for SMHS and discretionary funds for PG Probate, Jail MHS, emergency shelter, Project 50, and other homeless prevention programs.



ESTIMATED BHSA FUNDING AMOUNTS



- 5-year revenue average based on actuals through FY 2025-26 is \$862 million
- DMH estimates receiving:
 - \$934.1 million in FY 2026-27
 - \$915.4 million in FY 2027-28
 - \$909.4 million in FY 2028-29
- This estimate is based on statewide revenue estimates approved in the 2025 Budget Act
- Revenue estimates are subject to change

Continuum of Care Projected Expenditures for DMH

Continuum of Care	Adult			Child/Youth		
	Fiscal Year 26/27	Fiscal Year 27/28	Fiscal Year 28/29	Fiscal Year 26/27	Fiscal Year 27/28	Fiscal Year 28/29
Primary Prevention Services	\$26,914,000.00	\$27,937,000.00	\$28,831,000.00	\$27,897,000.00	\$28,957,000.00	\$29,884,000.00
Early Intervention Services	\$96,787,000.00	\$100,465,000.00	\$103,680,000.00	\$881,562,090	\$915,061,720	\$944,343,290
Outpatient and Intensive Outpatient Services	\$1,040,439,000.00	\$1,079,976,000.00	\$1,114,535,000.00	\$180,560,910	\$187,422,280	\$193,419,710
Crisis Services	\$259,055,000.00	\$268,899,000.00	\$277,504,000.00	\$20,460,000.00	\$21,237,000.00	\$21,917,000.00
Residential Treatment Services	\$31,273,000.00	\$32,461,000.00	\$33,500,000.00	\$3,248,000.00	\$3,371,000.00	\$3,479,000.00
Hospital and Acute Services	\$377,774,000.00	\$392,129,000.00	\$404,677,000.00	\$101,513,000.00	\$105,370,000.00	\$108,742,000.00
Subacute and Long-Term Care Services	\$148,562,000.00	\$154,207,000.00	\$159,142,000.00	\$2,370,000.00	\$2,460,000.00	\$2,539,000.00
Housing Intervention Component Services	\$348,503,000.00	\$303,307,000.00	\$259,342,000.00	\$12,519,000.00	\$15,345,000.00	\$15,526,000.00

Projected expenditures are estimates and subject to change

DMH: PRUDENT RESERVE AND UNSPENT DOLLARS

Estimated Local Prudent Reserve Balance



Estimated Local Prudent Reserve
Balance At End of Previous Fiscal Year

\$ 147,484,000



BHSA Local Prudent
Reserve Maximum

\$186,845,000



Excess Prudent Reserve Funds

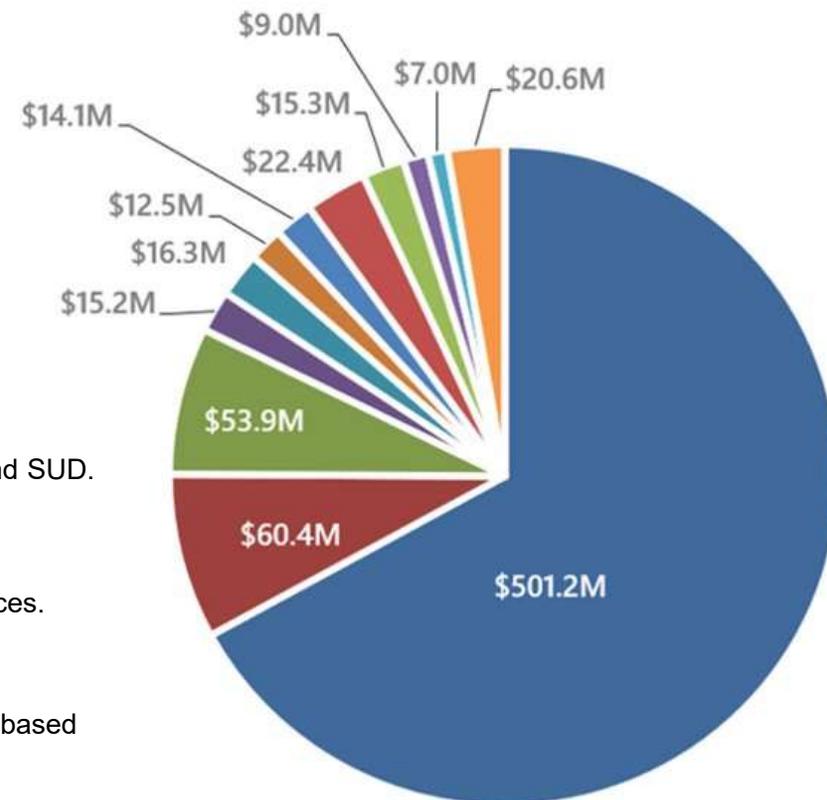
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Projected Expenditures - Unspent MHSA and BHSA Funding Only

MHSA Component	Unspent Balance	BHSS	Full-Service Partnership
MHSA Unspent Balance (CSS and PEI)	\$680,000,000	\$520,000,000	\$130,000,000

DPH–SAPC: FY 2025-2026 REVENUE

- **67% Drug Medi-Cal (\$501.2M)**
Funds specialty SUD treatment services for Medi-Cal eligible adolescents and adults.
- **8% Substance Use Block Grant (\$60.4M)**
Funds comprehensive SUD planning, implementation, and evaluation of prevention, treatment, and recovery services.
- **7% 2011 Realignment (\$53.9M)**
Funds public safety, mental health, and social services programs, including substance abuse treatment, from the state to counties.
- **2% Behavioral Health Bridge Housing (BHBH) (\$15.2M)**
Provides bridge housing for homeless individuals with serious behavioral health conditions and SUD.
- **2% Measure H (\$16.3M)**
Funds homeless prevention, education, screening, and referrals for SUD treatment and services.
- **2% Care First, Community Investment (\$12.5M)**
Redirects funds from incarceration towards community-based mental health, SUD, and court-based diversion programs for justice-involved individuals.



DPH–SAPC: FY 2025-2026 REVENUE (cont'd)

- **2% AB 109 (\$14.1M)**

Funds SUD treatment and recovery services for justice-involved individuals who may not be eligible for Medi-Cal.

- **3% Opioid Settlement Funds (\$22.4M)**

Expands and implements opioid prevention and treatment services following pharmaceutical settlements.

- **2% DPSS: General Relief and CalWorks (\$15.3M)**

Provide cash aid for rent, food, and utilities for individuals in SUD treatment.

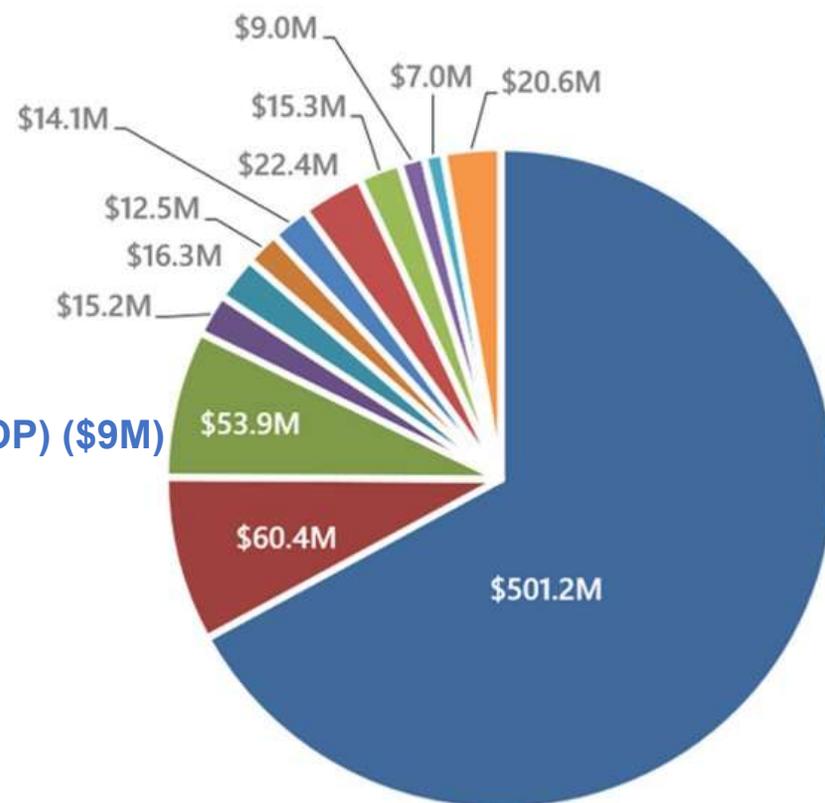
- **1% Innovations Grant – Interim Housing Outreach Program (IHOP) (\$9M)**

Funds SUD outreach, screening, MAT, and referrals within housing sites for individuals experiencing homelessness.

- **1% Juvenile Justice Grants (JJCP & JJRBG) (\$7M)**

Funds screening, early intervention, counseling, and treatment referrals for probation-involved youth to prevent substance use and reduce recidivism.

- **3% Other Funding (\$20.6M)**



CONTINUUM OF CARE PROJECTED EXPENDITURES FOR DPH-SAPC

Continuum of Care	Adult			Child/Youth		
	Fiscal Year 26/27	Fiscal Year 27/28	Fiscal Year 28/29	Fiscal Year 26/27	Fiscal Year 27/28	Fiscal Year 28/29
Primary Prevention Services	\$6,166,054.02	\$6,278,086.32	\$6,392,750.36	\$25,660,708.98	\$26,126,943.68	\$26,604,130.64
Early Intervention Services	\$0	\$0	\$0	\$205,326.24	\$213,539.29	\$222,080.86
Outpatient Services	\$89,486,895.68	\$93,066,371.51	\$96,789,026.37	\$5,746,950.72	\$5,976,828.75	\$6,215,901.90
Intensive Outpatient Services	\$51,387,049.28	\$53,442,531.25	\$55,580,232.50	\$2,587,038.72	\$2,690,520.27	\$2,798,141.08
Crisis and Field Based Services	\$14,671,386.24	\$15,258,241.69	\$15,868,571.36	\$226,326.24	\$235,379.29	\$244,794.46
Residential Treatment Services	\$196,884,419.20	\$204,759,795.97	\$212,950,187.81	\$4,005,596.00	\$4,165,819.84	\$4,332,452.63
Inpatient Services	\$20,467,138.72	\$21,285,824.27	\$22,137,257.24	\$133,712.32	\$139,060.81	\$144,623.25
Housing	\$21,328,221.60	\$22,181,350.46	\$23,068,604.48	\$266,162.40	\$276,808.90	\$287,881.25

Projected expenditures are estimates and subject to change

DMH & DPH-SAPC PROJECTED HOUSING EXPENDITURES (FY 26/27-FY 28-29)

Projected BSA Housing Funds at 30% of BSA Allocation	Fiscal Year 26/27	Fiscal Year 27/28	Fiscal Year 28/29
		\$ 280,268,000.00	\$ 274,614,000.00
Non-Time Limited Permanent Housing			
Rental Subsidies	\$ 42,487,000.00	\$ 43,621,000.00	\$ 35,505,000.00
Operating Subsidies	\$ 9,402,000.00	\$ 9,402,000.00	\$ 9,401,000.00
Bundled Rental and Operating Subsidies	\$ 48,247,000.00	\$ 50,811,000.00	\$ 40,861,000.00
Time Limited/Interim Settings			
Rental Subsidies	\$ 150,000	\$ 33,622,557	\$ 33,622,557
Bundled Rental and Operating Subsidies	\$ 107,420,000.00	\$ 118,269,000.00	\$ 120,657,000.00
Other Housing Supports: Landlord Outreach and Mitigation Funds)	\$ 12,137,000.00	\$ 137,000.00	\$ 137,000.00
Other Housing Supports: Participant Assistant Funds	\$ 9,021,000.00	\$ 6,037,000.00	\$ 5,898,000.00
Other Housing Supports: Housing Transition Navigation Services and Housing Tenancy Sustaining Services	\$ 30,075,248	\$ 30,577,248	\$ 24,411,248
Capital Development Projects	\$ 40,268,000.00	\$ 15,130,000.00	\$ 1,041,000.00
Innovative Housing Intervention Pilots and Projects	\$ 31,795,000.00	\$ 840,000.00	\$ 210,000.00
Housing Administration	\$ 24,275,000.00	\$24,275,000.00	\$ 21,895,000.00
Total	\$ 355,277,248	\$ 332,721,805	\$ 293,638,805

Projected expenditures are estimates and subject to change

BHSA IP APPROVAL ROADMAP



December 2025

Community Planning & Preparation

- Engaged stakeholders and community partners through the development process
- Completed required BHSA IP and budget sections
- Developed cost estimates for each BHSA program component

01



January 2026

Draft BHSA IP & Early Review

- Behavioral Health Commission preview presentation (January 8, 2026)
- Submit draft BHSA IP to the County Executive Officer (CEO) for signature
- Submit draft BHSA IP to DHCS
- Post BHSA IP for public comment

02



April 2026

Public Hearing & Updates

- Behavioral Health Commission hosts public hearing (April 9, 2026)
- Community Feedback Reviewed
- Revise IP based on public comment/feedback

03



May - June 2026

Final Approval & Submission

- Submit the IP to the Board for approval
- Submit final IP to DHCS by June 30, 2026
- Post final IP to DMH website

04

QUESTIONS?