

Los Angeles County

Behavioral Health Services Act (BHSA)

Three-Year Integrated Plan (FY 2026-2029)



Why We're Here Today

Sharing plan priorities and gathering public input before final approval



Plan Overview

Share an overview of the County's Behavioral Health Integrated Plan



Budget Overview

Provide an overview of the Behavioral Health Integrated Plan Budget and Prudent Reserve



Public Comment

Receive public comment before final adoption

County Behavioral Health in California

Understanding
County Behavioral Health
in California

BHSA Integrated Plan Overview

Key Changes Under Proposition 1

BHSA expands scope, shifts funding, and increases accountability starting July 1, 2026



March 2024: California voters passed Proposition 1, replacing Mental Health Services Act (MHSA) with Behavioral Health Services Act.

What Stayed the Same

- **MHSA Foundation Preserved**
 - Core community mental health services continue
 - Counties remain primary administrators

What Changed

- **Expanded Services**
 - Allows for investment in **substance use disorder (SUD) only** services
 - Major new **investment in housing**
 - Stronger **community engagement** requirements
- **Expanded Eligibility**
 - Expands eligible populations to include SUD only
- **Funding Shifts**
 - Redirects some MHSA funding from outpatient/crisis services
 - Creates **new housing funding category**
 - Eliminates population-based prevention (now state-run)
- **Planning & Reporting**
 - Counties must now report on **all behavioral health programs**
 - Includes mental health and substance use services
- **Oversight Expansion**
 - Behavioral Health Commission oversees mental health + substance use services
- **Implementation**
 - **Program changes begin July 1, 2026**

What the BHSA Integrated Plan Includes



Three-Year Plan

How the County plans behavioral health services and funding



What's in the Plan

High-level summary of information reported



Why It Matters

Goals, priorities, and improvements we're working toward



Required Under BHSA

- ✓ Required county-level plan outlining strategies and projected spending
- ✓ Aligns with the **DHCS six priority behavioral health goals**
- ✓ Mandated under the **Behavioral Health Services Act (BHSA)**
- ✓ Counties must submit:
 - **Three-Year Integrated Plan (IP)**
 - **Budget**
- ✓ First cycle covers **FY 2026–2029** (July 1, 2026 – June 30, 2029)
- ✓ Plans continue on a **recurring three-year cycle**



Why the Integrated Plan Matters

Guides how behavioral health funds are planned, spent, and evaluated

1

Three-year roadmap for how counties use all behavioral health funding



5

Focuses on timely, high-quality, culturally responsive care



2

Combines state, federal, and local dollars into one coordinated plan



6

Works to reduce disparities and address unmet community needs



3

Uses local data to identify mental health and substance use needs



7

Increases transparency in how funds are used



4

Outlines services, spending priorities, and program goals



8

Supports tracking progress toward local and statewide goals



Behavioral Health Continuum of Care

Los Angeles County

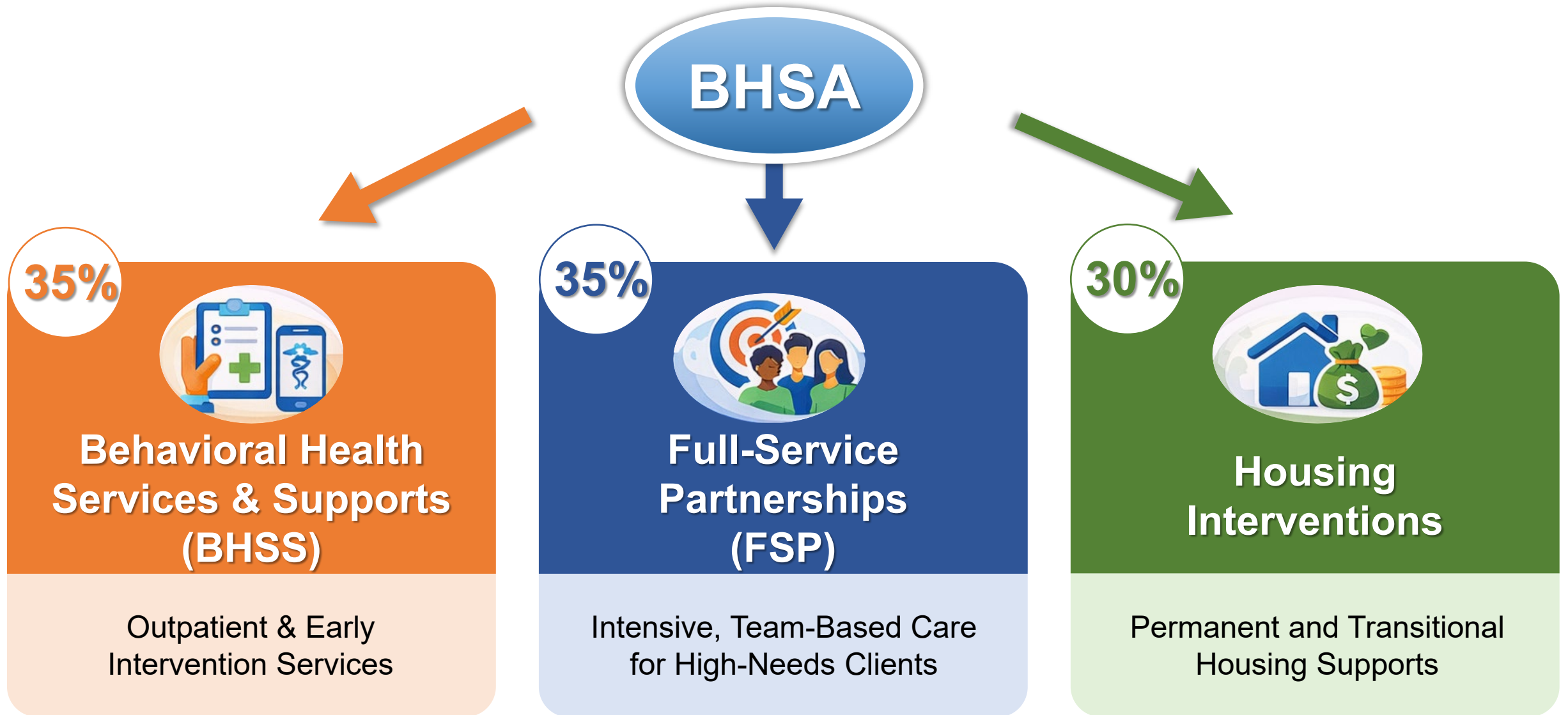
LOS ANGELES COUNTY MENTAL HEALTH CONTINUUM

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

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

Behavioral Health Services Act / Fund Programs



BHSA

35%



**Behavioral Health
Services & Supports
(BHSS)**

Outpatient & Early
Intervention Services

35%



**Full-Service
Partnerships
(FSP)**

Intensive, Team-Based Care
for High-Needs Clients

30%



**Housing
Interventions**

Permanent and Transitional
Housing Supports

Major Program Changes Under BHSA

BHSA strengthens support for individuals with higher needs through expanded intensive services, housing investments, and early intervention, while maintaining outpatient care as part of the overall continuum.

BHSS shift towards Full-Service Partnership (FSP)



- Greater emphasis on **intensive, team-based care** for individuals with the highest needs
- Expanded eligibility means **more adults and children** currently in outpatient care may transition into FSP

Housing as core system component



- Housing becomes a dedicated funding category with **required allocations and expands to include SUD only**
- Priority is **permanent housing** paired with behavioral health services, especially for people experiencing chronic homelessness

Changes to Prevention and Early Intervention



- Universal and selective prevention are no longer funded at the county level
- Counties may continue “indicated” early intervention for individuals at high risk of developing serious mental illness and/or substance use disorder

Outpatient service transformation



- Reduced BHSA funding for traditional outpatient services
- Outpatient care increasingly serves as an entry point or step-down from FSP rather than the primary model

Behavioral Health Continuum of Care

Programs Funded by MHSA/BHSA

DMH Primary Prevention Services	DMH Early Intervention Services	DMH Outpatient Services	DMH Intensive Outpatient Services	DMH Crisis Receiving & Stabilization Up to 24 hours (licensed: except sobering center)	DMH Acute Inpatient/ Subacute Hospital level care (licensed)	DMH Crisis Residential/ Extended Residential Residential (with onsite clinical/ treatment services - licensed)	DMH Housing Intervention Services
SAPC Primary Prevention Services	SAPC Harm Reduction Services	SAPC Early Intervention Services	SAPC Outpatient Services and Opioid Treatment Program	SAPC Intensive Outpatient Services	SAPC Inpatient Services Withdrawal Management	SAPC Residential Treatment Services	RBH, RH
	IHOP						SAPC Housing Intervention Services
	SAPC Field-Based Services						

☐ SAPC programs within BH Continuum

*MAT or Medications for Addiction Treatment are available across the SAPC and DMH continuum.

SAPC MHSA and BHSA Funded Programs

MHSA - Interim Housing Outreach Program (IHOP)

Multidisciplinary field teams serve people experiencing homelessness by bringing SUD services to the interim housing sites/beds where needed. IHOP's primary goal is to stabilize residents via the provision of care and needed supports at interim housing locations.

BHSA - Recovery Bridge Housing Program (RBH)

Recovery-oriented, peer supportive interim housing provides a safe living environment for people experiencing homelessness (PEH) or unstably housed clients while receiving outpatient SUD treatment for up to 360 days.

Priority Populations Served

Individuals experiencing homelessness, justice-involved individuals, individuals with high-level care needs, youth and transition aged youth, substance use disorders

Relevant Statewide Behavioral Health Goal/s + Measures

Access to Care

- Specialty Mental Health Services (SMHS) and Drug Medical Organized Delivery System (DMC-ODS) penetration rates for adults and children & youth

Homelessness

- PIT count rate of people experiencing homelessness with SMI
- PIT count rate of people experiencing homelessness with SUD
- Rate of people experiencing homeless who accessed services from a continuum of care

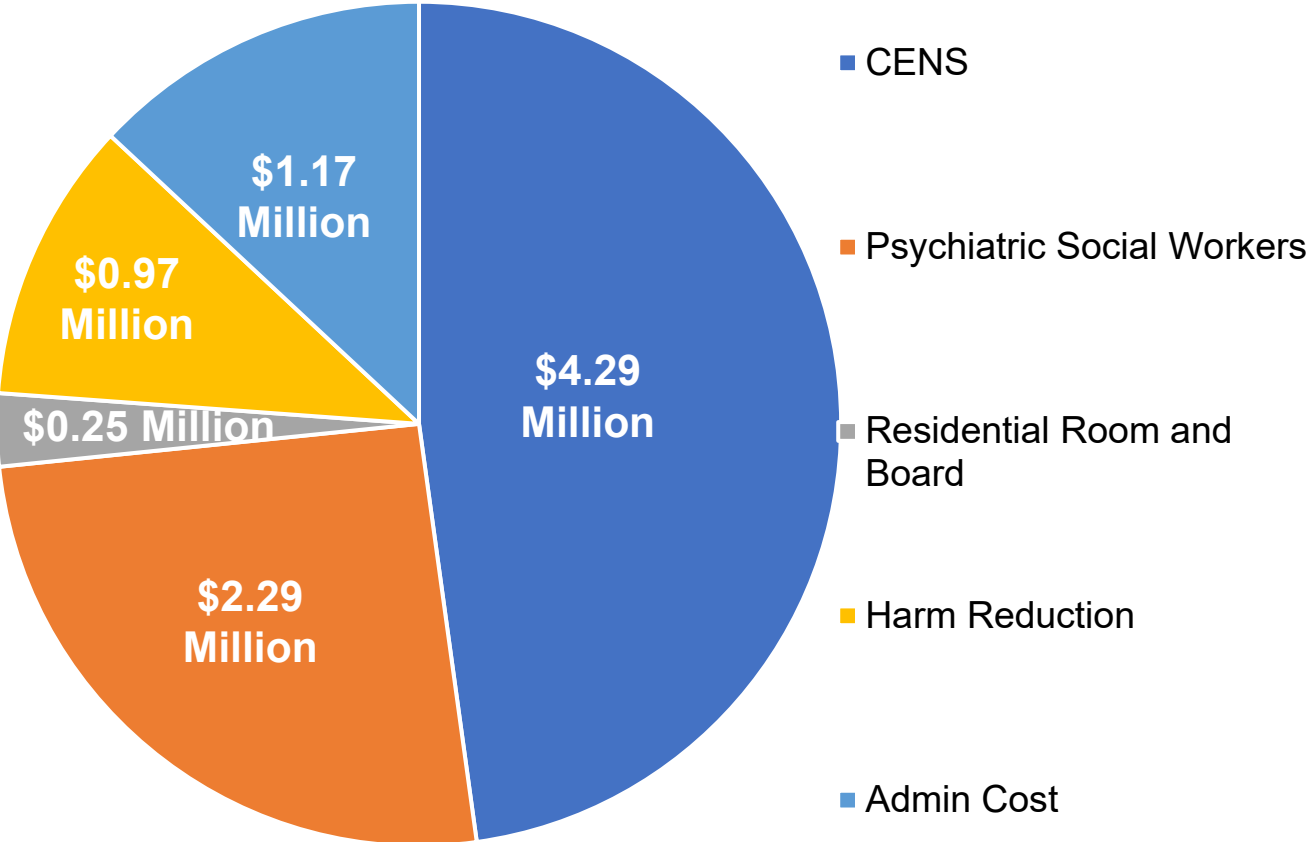
Untreated Behavioral Health Conditions

- Follow-up after ED visit for substance use
- Follow-up after ED visit for mental illness

SAPC Field Based Services – Interim Housing Outreach Program (IHOP)

Multidisciplinary field teams serve people experiencing homelessness in interim housing sites, allowing clients to obtain treatment in the least restrictive environment possible and facilitating transitions to permanent housing.

Financial Breakdown of SAPC’s IHOP Budget (\$8.98M)



Additional Local Considerations

SUD Services Provided

- Outreach/engagement
- SUD information/education
- Screening and connection to SUD treatment (including MAT) and other ancillary services
- Harm Reduction: Procurement and distribution of overdose prevention kits

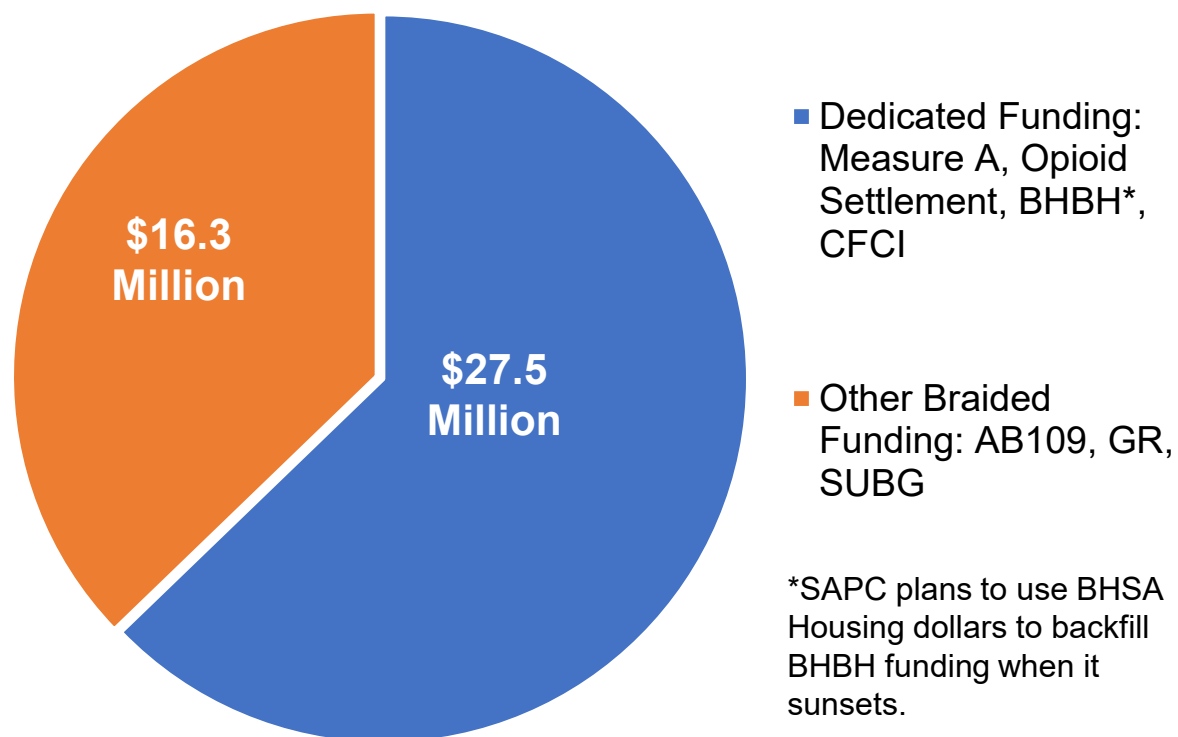
Key Objectives

- Increased linkages to SUD outpatient and residential treatment services
- Improved coordination of behavioral health and physical health services at interim housing sites

SAPC Housing Intervention Services - Recovery Bridge Housing (RBH)

Recovery-oriented, peer supportive interim housing provides a safe living environment for people experiencing homelessness (PEH) or unstably housed clients while receiving outpatient SUD treatment for up to 360 days.

Financial Breakdown of SAPC's RBH Budget (\$43.8M)



Additional Local Considerations

Key Metrics

- **1,883 RBH beds available** across **154 sites** in LA County
- Beds projected to **expand to 2,000 beds**

Recovery Housing

Recovery housing (RH) is similar to RBH but covers up to 365 days for eligible individuals. While encouraged, individuals are not required to be concurrently enrolled in treatment.

BHSA Funded Programs – Full Service Partnership

BHSA – FSP: Full-Service Partnership (FSP) programs provide individualized, team-based care to individuals living with significant behavioral health needs. Participants benefit from a community-based, whole-person approach that is trauma-informed, recovery-focused, age-appropriate, and delivered in partnership with families or an individual's natural supports.

Adult FSP programming under BHSA consist of ACT/FACT level of care and a step-down program called FSP Intensive Case Management (FSP-ICM). The ACT/FACT program will focus on delivering services to individuals with complex and significant functional impairment while FSP-ICM will focus on clients with less acuity (moderate to significant functional impairment).

Child/YA FSP programming under BHSA will incorporate High Fidelity Wraparound (HFW) as an EBP for children and young adults with SED and those who are Child Welfare and/or Justice Involved.

Priority Populations Served

Individuals with SMI/SED who are experiencing homelessness, justice-involved individuals, individuals with high-level care needs, substance use disorders

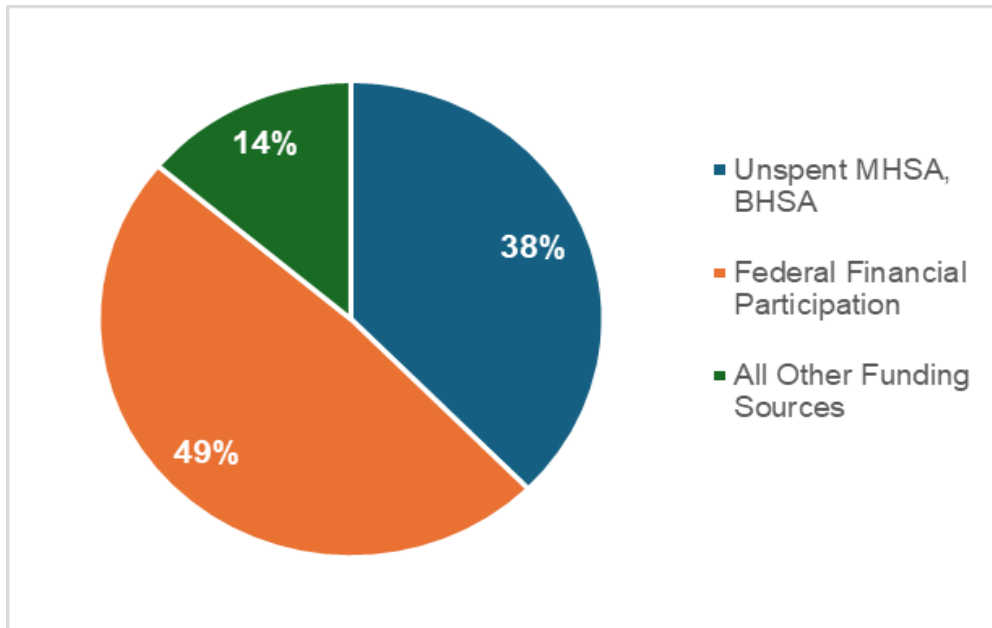
Relevant Statewide Behavioral Health Goal/s + Measures

- Increase Access to Care
- Decrease Homlessness
- Decrease Institutionalization
- Decrease Justice Involvement

DMH – Full Service Partnership

Full Service Partnership (FSP): Full-Service Partnership (FSP) programs provide individualized, community-based care by a multidisciplinary team to individuals living with significant behavioral health needs. Participants benefit from a community-based, whole-person approach that is trauma-informed, recovery-focused, age-appropriate, and delivered in partnership with families or an individual’s natural supports.

Funding Breakdown



FSP Expenditures for Year 1: \$618,002,000

Priority Populations Served

Individuals who have a diagnosis consistent with Severe Emotional Disturbance (SED), Severe Mental Illness (SMI) or co-occurring SMI and substance use disorder (SUD) with significant functional impairment who are homeless or at-risk of homelessness, justice involved or at risk of justice involvement, have high use of or at risk of psychiatric hospitalization.

Relevant Statewide Behavioral Health Goal/s + Measures

- Increase Access to Care
- Decrease Homelessness
- Decrease Justice Involvement
- Decrease Institutionalization

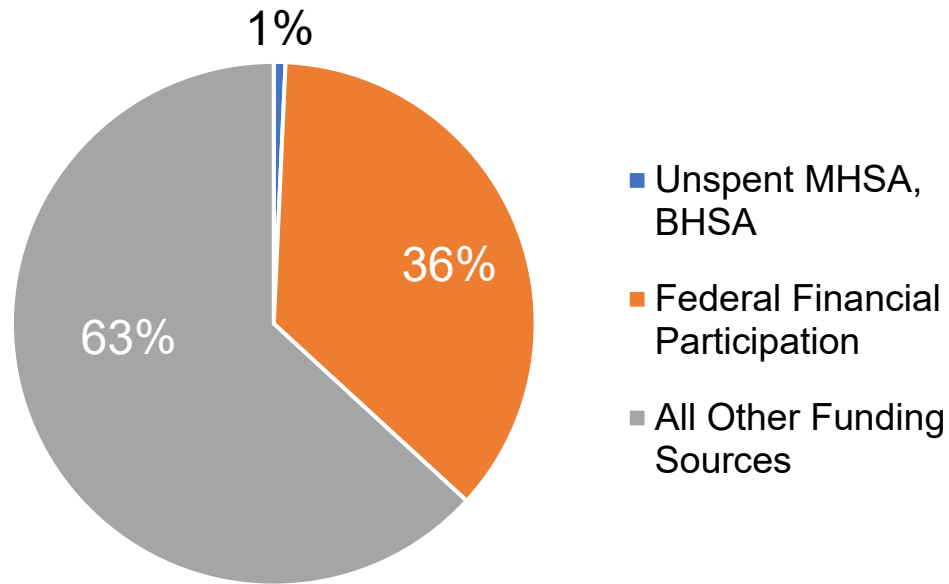
Additional Local Considerations

Under BHSAs, Adult FSP programming will consist of the ACT/FACT level of care and a step-down program called FSP Intensive Case Management (FSP-ICM). Child/YA FSP will incorporate High Fidelity Wraparound as an EBP.

DMH - Adult Outpatient Care Services

Outpatient Care Services (OCS): OCS provides a broad, integrated array of clinic based, community-based (i.e. schools, residential settings), and field-based services as clinically appropriate within a recovery-focused system of care. Core services include crisis stabilization, assessments, individual and/or group therapy, crisis intervention, case management, housing, employment support, peer support, co-occurring disorders treatment, MSS, and MAT.

Funding Breakdown



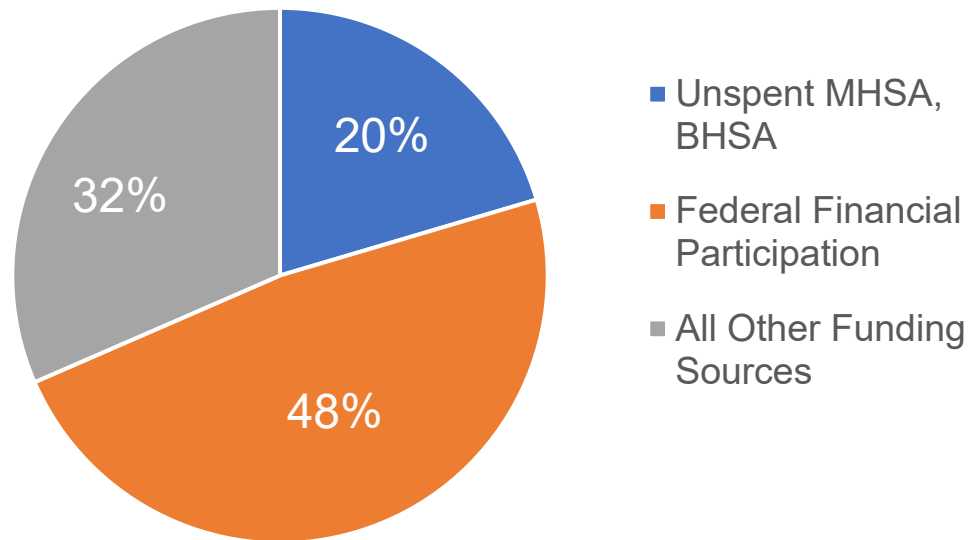
OCS Expenditures for Year 1: \$1,102,308,000

Priority Populations Served	Eligible adults and older adults, 26 years of age or older who meet the Specialty Mental Health Services access criteria
Relevant Statewide Behavioral Health Goal/s + Measures	<ul style="list-style-type: none"> • Increase Access to Care • Decrease Homelessness • Decrease Justice Involvement • Decrease Institutionalization
Additional Local Considerations	OCS is inclusive and culturally sensitive, offering linguistically appropriate services to meet the diverse communities of Los Angeles County.

DMH – Early Intervention Programs

Children and Youth Wellbeing Services (CYWS): CYWS services are tailored to address severe behavioral health disorders, improve functional impairment, and increase developmentally appropriate coping skills. Services are delivered by multidisciplinary staff in clinic and field-based settings utilizing evidence-based and community defined practices. CYWS represents a critical component of the behavioral health continuum of care, frontloading early intervention and outpatient services to prioritize early intervention to address one’s mental health needs and bridge the gap between early intervention and intensive treatment options.

Funding Breakdown



Priority Populations Served	Children, youth, and TAY (Transition Age Youth) ages birth through 25 years identified with complex mental health conditions who meet criteria to access Specialty Mental Health Services
Relevant Statewide Behavioral Health Goal/s + Measures	<ul style="list-style-type: none"> • Increase Access to Care • Decrease Removal of Children from Home • Increase School Engagement
Additional Local Considerations	<ul style="list-style-type: none"> • High Fidelity Wraparound will be offered as needed, and accessible to children and youth in CYWS. • We will prioritize expanding and enhancing Transition Age Youth (TAY) specialty services within this level of care.

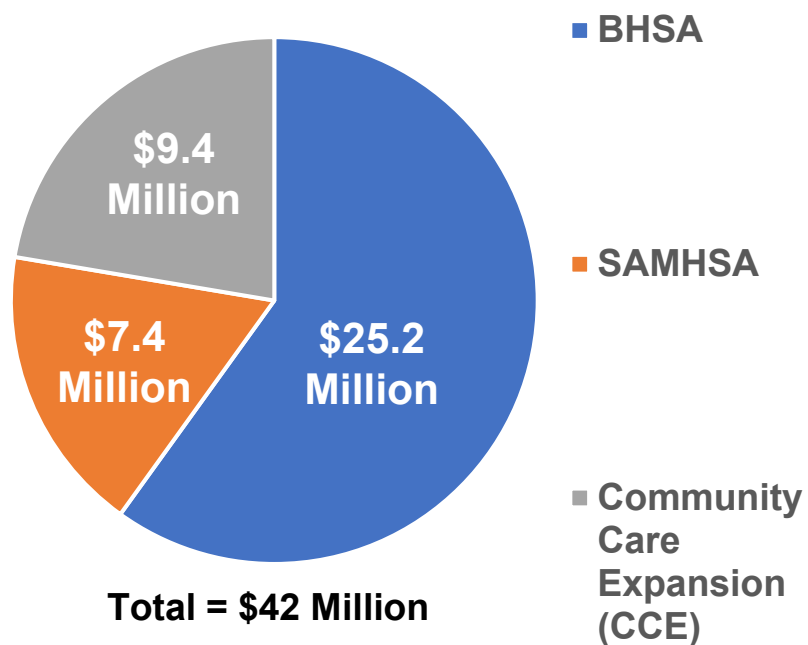
*EI Expenditures for Year 1: \$1,425,916,000

*Includes EI expenditures: CYWS, screening and linkage, outreach and engagement, and mobile response

DMH Housing Intervention Services – Enriched Residential Care (ERC)

ERC: The program was developed as a strategy to help preserve the licensed residential care network that is serving DMH clients and to provide housing to DMH clients. ERC provides rental subsidies for DMH clients without income to pay the Non-Medical Out of Home Care Rate and an Enhanced Services Rate that is based on individual client needs.

FY 26-27 Operations Funding



Priority Populations Served

- Individuals who are unhoused or at risk of homelessness who have a Serious Mental Illness (SMI) and high acuity needs that can be addressed through supports offered by licensed residential care facilities

Relevant Statewide Behavioral Health Goals + Measures

- Access to care
- Reducing homelessness
 - In FY 2024-25, 1,575 clients received ERC rental subsidies

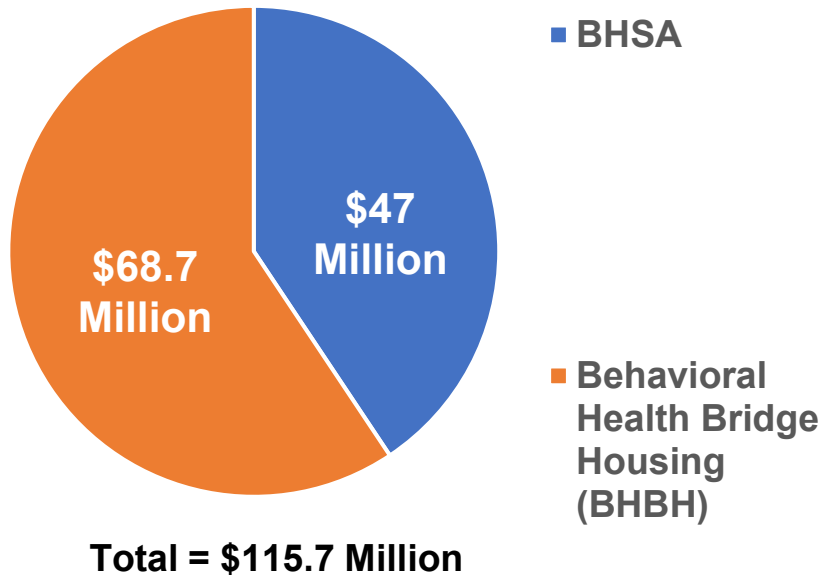
Additional Local Considerations

- DMH has increased its network of ERC providers to approximately 150 licensed residential care facilities.
- Additional CCE Capital Projects funding is supporting licensed residential care capital improvements

DMH Housing Intervention Services - Interim Housing (IH)

IH: DMH funds a variety of shelter beds through the Pathway Home Program, Enhanced Emergency Shelter Program for Transition Age Youth and the Interim Housing Program (IHP) for all age groups including families.

FY 26-27 Operations Funding



Priority Populations Served

- Adults, Transition Age Youth (TAY) and families with minor children
- Individuals with SMI or SED and their minor children who are experiencing homelessness

Relevant Statewide Behavioral Health Goal/s + Measures

- IHP sites serve as a bridge to permanent housing and provide safe and clean shelter with supportive services
 - Interim Housing Beds = 1,427 (as of 2/28/26)
 - BHBH funding has allowed for the addition of 513 new IHP beds, with more in development
 - Includes 95 new TAY IHP beds

Additional Local Considerations

- BHBH funding has also expanded the scope of IHP including providing housing navigation services and activity coordination at all IHP sites and enhanced clinical services at most sites.

BHSA Integrated Plan Budget Overview

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)

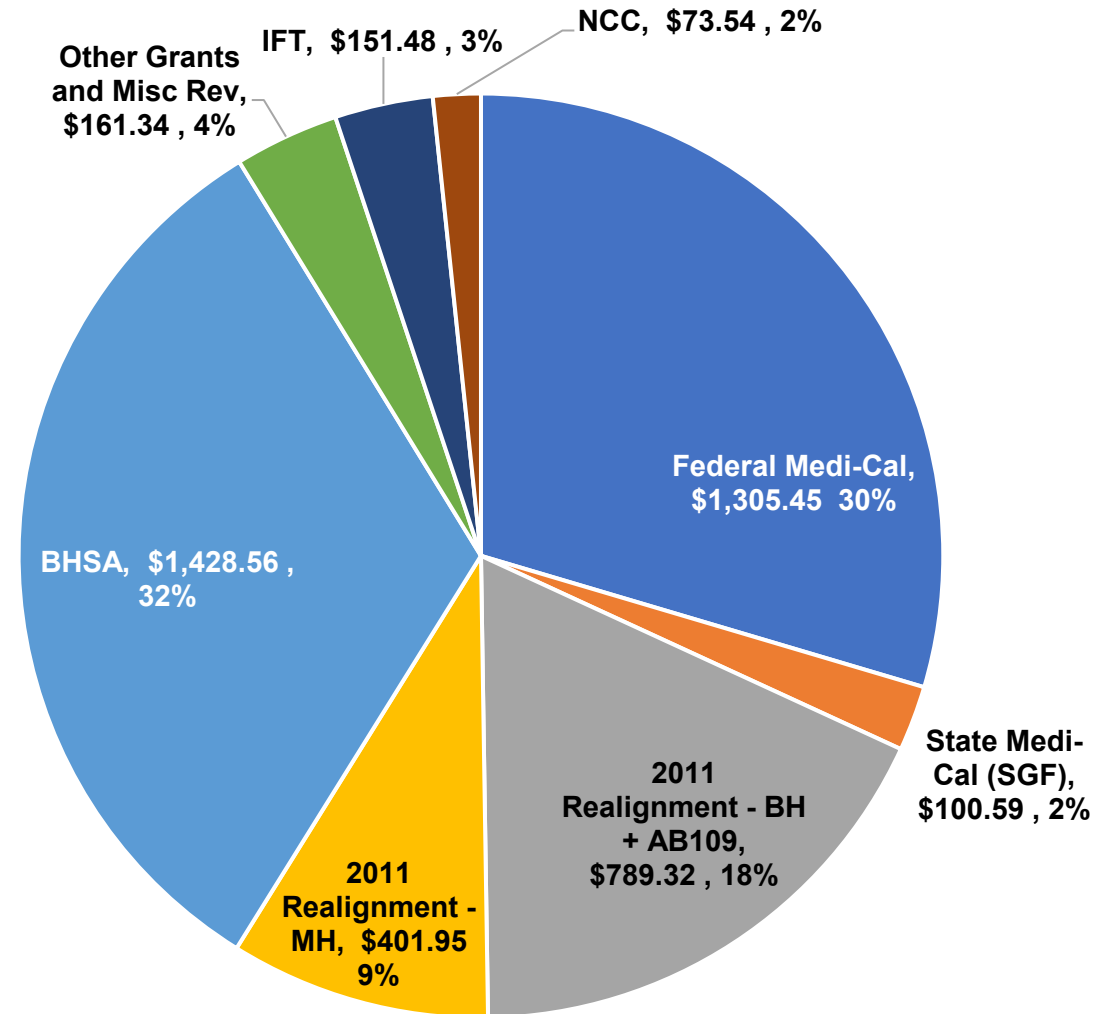
Community MHS, including acute psychiatric inpatient hospital services provided in Institutions for Mental Diseases (IMDs).

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

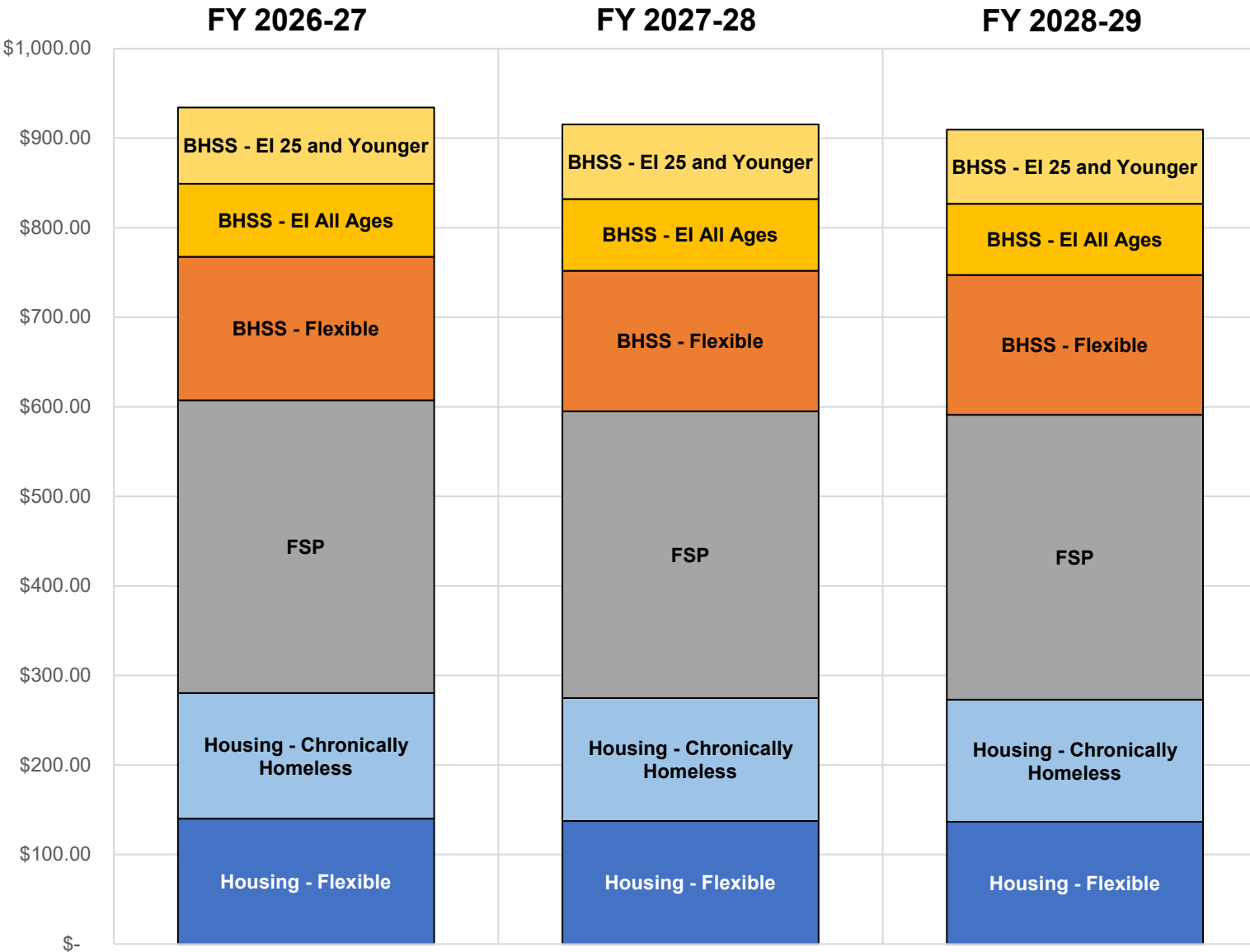
BHBH, CCE, Disaster Grants (SERG, RSP), SAMHSA, PATH, MHSSA, patient fees, parking fees, and estate fees, NPLH, and other miscellaneous revenues.

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

DMH Prudent Reserve And Unspent Funding

Estimated Local Prudent Reserve Balance



Estimated Local Prudent Reserve
Balance At End of Previous Fiscal Year

\$ 170,068,541



BHSA Local Prudent
Reserve Maximum

\$172,412,205



Excess Prudent Reserve Funds

\$0

Projected Expenditures - Unspent MHSA and BHSA Funding Only

MHSA Component	Full-Service Partnership	BHSS	Unspent Balance (Year 1)
MHSA Unspent Balance (CSS and PEI)	\$130,000,000	\$604,045,000	\$734,045,000

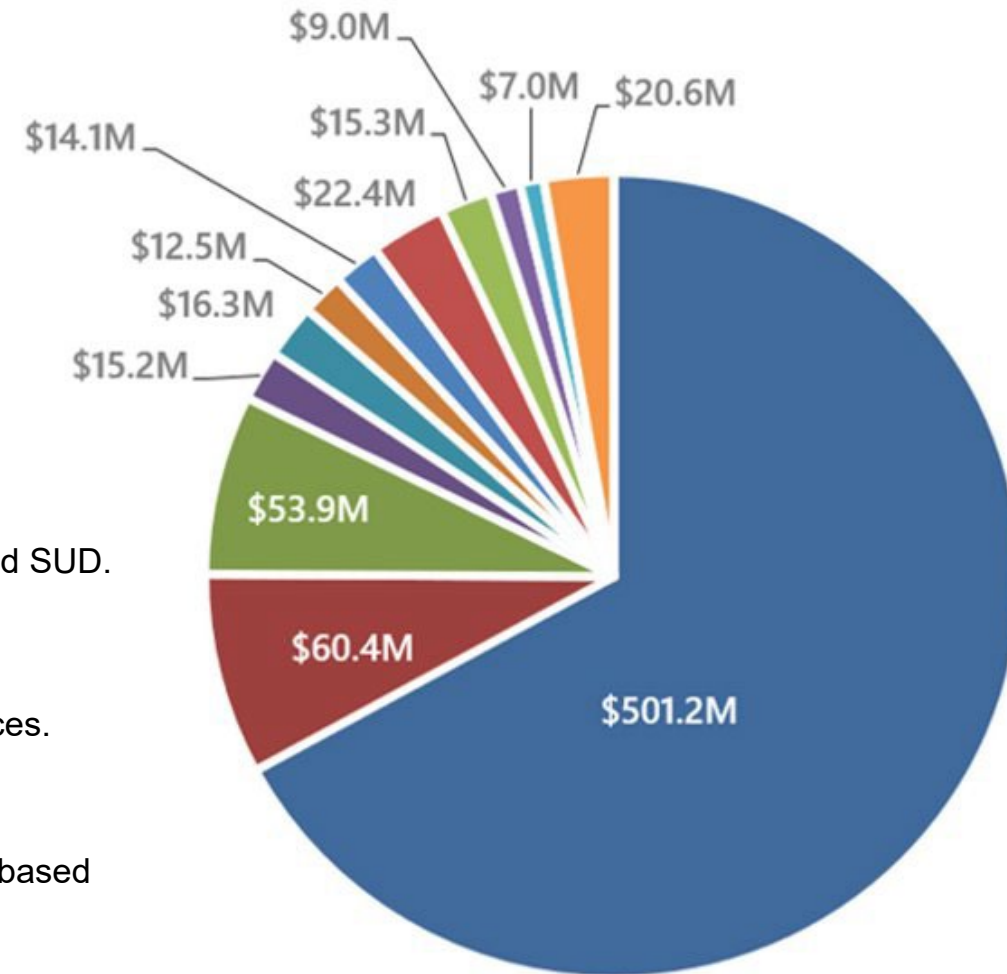
Continuum of Care Projected Expenditures for DMH

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	\$30,275,000.00	\$31,425,000.00	\$32,431,000.00	\$0.00	\$0.00	\$0.00
Early Intervention Services	\$95,975,000.00	\$99,622,000.00	\$102,810,000.00	\$931,822,000.00	\$967,231,000.00	\$997,747,000.00
Outpatient and Intensive Outpatient Services	\$1,087,932,000.00	\$1,129,037,000.00	\$1,164,106,000.00	\$121,387,000.00	\$124,018,000.00	\$127,987,000.00
Crisis Services	\$259,178,000.00	\$269,028,000.00	\$277,637,000.00	\$20,470,000.00	\$21,248,000.00	\$21,928,000.00
Residential Treatment Services	\$44,393,000.00	\$46,080,000.00	\$47,555,000.00	\$4,611,000.00	\$4,786,000.00	\$4,939,000.00
Hospital and Acute Services	\$405,857,000.00	\$421,280,000.00	\$434,761,000.00	\$109,059,000.00	\$113,203,000.00	\$116,825,000.00
Subacute and Long-Term Care Services	\$213,434,000.00	\$221,544,000.00	\$228,633,000.00	\$3,404,000.00	\$3,533,000.00	\$3,646,000.00
Housing Intervention Component Services	\$292,232,000.00	\$294,115,000.00	\$263,506,000.00	\$10,497,000.00	\$14,880,000.00	\$15,776,000.00

* Projected expenditures are estimates and subject to change

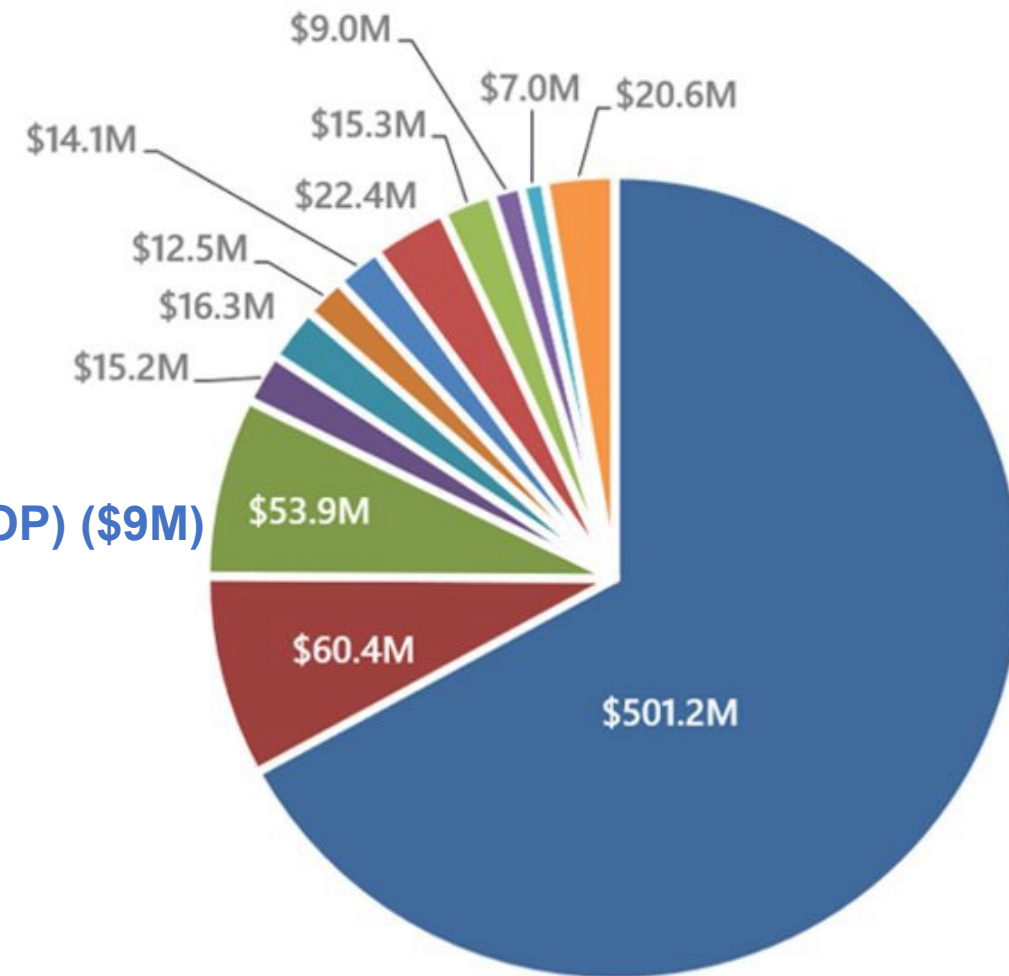
DPH–SAPC: FY 2025-2026 Revenue

- **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	\$6,166,000.00	\$6,166,000.00	\$6,166,000.00	\$25,661,000.00	\$25,661,000.00	\$25,661,000.00
Early Intervention Services	\$0.00	\$0.00	\$0.00	\$304,000.00	\$314,000.00	\$330,000.00
Outpatient Services	\$132,713,000.00	\$136,866,000.00	\$143,986,000.00	\$8,523,000.00	\$8,790,000.00	\$9,247,000.00
Intensive Outpatient Services	\$76,208,000.00	\$78,593,000.00	\$82,682,000.00	\$3,837,000.00	\$3,957,000.00	\$4,163,000.00
Crisis and Field Based Services	\$21,758,000.00	\$22,439,000.00	\$23,606,000.00	\$335,000.00	\$346,000.00	\$364,000.00
Residential Treatment Services	\$291,989,000.00	\$301,124,000.00	\$316,790,000.00	\$5,941,000.00	\$6,127,000.00	\$6,446,000.00
Inpatient Services	\$30,353,000.00	\$31,303,000.00	\$32,931,000.00	\$199,000.00	\$205,000.00	\$216,000.00
Housing	\$44,665,000.00	\$52,205,000.00	\$46,265,000.00	\$451,000.00	\$527,000.00	\$467,000.00

* Projected expenditures are estimates and subject to change

DMH and DPH-SAPC

Projected Housing Expenditures (FY 26/27-FY 28/29)

Projected BHSA Housing Funds at 30% of BHSA Allocation	Fiscal Year 26/27	Fiscal Year 27/28	Fiscal Year 28/29
		\$ 254,661,000.00	\$ 286,098,000.00
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	\$60,832,000.00	\$63,396,000.00	\$53,446,000.00
Time Limited/Interim Settings			
Rental Subsidies	\$38,105,000.00	\$45,721,000.00	\$39,721,000.00
Bundled Rental and Operating Subsidies	\$107,420,000.00	\$118,269,000.00	\$120,657,000.00
Other Housing Interventions			
Other Housing Supports: Landlord Outreach and Mitigation Funds)	\$5,137,000.00	\$137,000.00	\$137,000.00
Other Housing Supports: Participant Assistant Funds	\$6,021,000.00	\$6,037,000.00	\$5,898,000.00
Other Housing Supports: Housing Transition Navigation Services and Housing Tenancy Sustaining Services	\$31,857,248.00	\$32,358,248.00	\$26,192,248.00
Capital Development Projects	\$40,268,000.00	\$15,130,000.00	\$1,041,000.00
MHSA Innovation Projects	\$12,510,000.00	\$12,510,000.00	\$12,510,000.00
Housing Administration	\$25,961,000.00	\$24,275,000.00	\$21,895,000.00
Total	\$ 380,000,248.00	\$ 370,856,248.00	\$ 326,403,248.00

* Projected expenditures are estimates and subject to change

Thank you



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

