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April 20, 2026

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From: Dr. Victor Manalo, Ph.D., MSW, Chairperson *Victor Manalo*
Los Angeles County Behavioral Health Commission

SUBJECT: **Behavioral Health Services Act (BHSA) Three-Year Integrated Plan (FY 2026-2029) Recommendations**

On April 09, 2026, the Behavioral Health Commission (Commission) held its Public Hearing on the Behavioral Health Services Act (BHSA) Three-Year Integrated Plan (FY 2026-2029). The Departments of Mental Health (LACDMH) and Public Health, Substance Abuse Prevention Control Bureau (SAPC), submitted their Integrated Plan on February 11, 2026, initiating a 30-day Comment Period. A total of 204 members of the public participated in the hearing, both in person and online, including 25 who provided public comment. This letter summarizes the public comments received and the subsequent input from the Commission members.

Summary of Key Public Concerns Presented to the Commission

Public comments underscored ongoing concerns about equity, access, and representation in mental health and substance use services across Los Angeles County. Underserved regions and populations, including the Antelope Valley, immigrants, LGBTQIA+, and the Latinx community, require greater attention and resources. Stakeholders requested greater regional representation in planning, expanded hiring and support for peer specialists with lived experience, and more culturally competent, multilingual providers.

Workforce shortages, limited funding for peer training, and gaps in culturally relevant care were noted. Housing and homelessness remain critical, with calls for expanded crisis and permanent housing, improved re-housing support, and the integration of job and life skills assistance. Prevention, outreach, and early intervention efforts lack sufficient funding, especially for youth and in multiple languages. Stakeholders emphasized the need for greater community engagement in planning and for support for local, nurse-led, and culturally specific organizations.

Stakeholders emphasized the necessity for enhanced accountability and oversight, including the implementation of improved contract monitoring, increased transparency, and the establishment of mechanisms for community feedback. Access to services continues to be challenging due to fragmented care and gaps in insurance coverage. Additionally, stakeholders requested clearer budget delineation and increased funding for evidence-based and community-defined programs that effectively address local needs.

Recommendations

The Commission recognizes the Integrated Plan as a strong structural foundation and offers the following recommendations to strengthen measurable outcomes, equity accountability, and implementation transparency during the FY 2026–2029 period.

Clinical and Service

The Commission strongly advocates prioritizing early intervention in childhood mental health, particularly for children ages 0–5. It emphasizes that proactive consultation at the preschool level can prevent more severe issues in adolescence and adulthood. Regarding LGBTQ+ youth — with particular attention to transgender, gender diverse, and intersex (TGI) young people — the Commission urges concrete measures to ensure authentic access to gender-affirming hormone therapy, surgical navigation support, and care that is authentically affirming, trauma-informed, and culturally sensitive, moving beyond policy declarations toward comprehensive, system-wide implementation. The Commission recommends that the County protect and fund community-defined outreach pathways for Transitional-Aged Youth (TAY) to bridge the barriers they face in engaging with early interventions.

The need for extensive training in withdrawal management for all therapists was also emphasized, addressing a deficiency in specialized care often missing from standard clinical education. The Commission recommends specifying which clinician categories

are covered, what certification or competency standard applies, the funding source, and a reporting mechanism for training completion.

To enhance stabilization and minimize barriers to care, the Commission recommends eliminating intake restrictions on weekends and Fridays and promoting better integration so that SAPC and LACDMH facilities can mutually enhance their nursing and stabilization capabilities. Furthermore, the importance of monitoring and supporting underserved populations, including Black men, men in their late 20s to 40s, older adult women, non-English speakers, TGI individuals, and seniors, was highlighted, with a recommendation to establish dedicated services for these high-risk groups and for DMH and SAPC to report service utilization, engagement, and outcome data, disaggregated by these demographics, on a recurring basis. Lastly, the Commission recommends the use of community-defined evidence practice on par with evidence-based practice and the need for a Behavioral Health Unit for minors that serves the San Fernando, Santa Clarita, and Antelope Valleys.

Bureaucracy

The Commission's recommendations on bureaucracy focus on making it easier for smaller Community-Based Organizations (CBOs) and grassroots groups to participate. To achieve this, the Commission recommends establishing clear steps and providing technical support so these organizations can navigate complex county insurance and approval rules. Simplifying these processes aims to encourage more groups to provide services and increase the number of providers in the system.

Workforce

The Commission's workforce recommendations aim to support and recognize skilled clinicians and peers in the behavioral health system. The Commission recommends establishing Advanced Level Practitioner (ALP) classifications, also known as "career ladders," so expert therapists can earn higher pay for their clinical skills without moving into administrative roles. The recommendations also focus on DMH and SAPC helping peer professionals with certification and renewal and on ensuring they receive a living wage, recognizing their importance to care delivery, and should include recruitment pathways for bilingual and culturally concordant clinicians, structured supervision hours for associate-level staff, and peer specialist advancement tracks tied to the living-wage recommendations in this letter.

Housing and Infrastructure

To address the housing subsidy crisis, the Commission identifies the urgent need for a clear transition plan, including timelines, identified replacement resources, and client-level contingency protocols, to support the estimated 200+ clients at risk of losing housing when Emergency Housing Vouchers (EHV) expire by year's end. The Commission also recommends appointing an Inspector General to oversee billions allocated to housing development, ensuring accountability and preventing cost overruns or misuse of funds. In response to the closure of acute inpatient beds at facilities such as Martin Luther King Hospital and UCLA Resnick, the Commission expresses concern about increased pressure on psychiatric emergency rooms and urges departments to address the growing gap in inpatient care.

With regard to Adult Residential Facilities (ARFs) in California, the Commission recommends an improved rate for licensed ARFs to support ARFs and to encourage and incentivize their expansion.

Additionally, the Commission requests that LACDMH provide regular updates on issues and opportunities as they arise throughout the BHSA implementation.

Community-Centered Behavioral Health Planning

The Commission issues the following recommendations to strengthen behavioral health planning and service delivery. First, the Commission urges that all major decisions, such as the closure of Martin Luther King beds, include comprehensive community input and transparency, as a lack of engagement has contributed to service gaps and left vulnerable patients without timely care. The Commission strongly advises against reducing high-acuity inpatient psychiatric beds, which are essential and cannot be replaced by lower levels of care without jeopardizing patient safety and increasing strain on emergency departments. The Commission recommends that a Beilenson hearing be held as part of the formal process and that robust participation from public safety personnel, including police, and from psychiatric emergency, hospital, urgent care, and substance abuse providers be integrated into planning efforts. Their involvement is particularly important as new mandates expand service demands. Finally, the Commission calls for ongoing efforts to integrate behavioral health and substance abuse services, including a review and revision of regulatory requirements, to achieve comprehensive, community-responsive care.

Access and Participation

The Commission recommends that all DMH stakeholder groups review opportunities to support broader participation, including providing hybrid (in-person and virtual) meeting options, moving meeting locations and times, and redefine their purpose to align with the integration of Behavioral Health Services in Los Angeles County.

Fiscal Accountability and Outcomes

To promote fiscal responsibility and improve outcomes, the Commission recommends more closely aligning funding allocations with state-mandated objectives to mitigate the recurring problem of substantial unspent funds at the end of three-year cycles. The Commission also strongly advocates that LACMH optimize federal matching opportunities, such as Medicaid Administrative Activities (MAA), thereby freeing funds for BHSA to support direct services. The Commission recommends that DMH and SAPC report how these benefits will be distributed across directly operated clinics, contract providers, community-based organizations, and other legal entities. The Commission expresses concern about the current low percentage of the budget allocated to SAPC, which is only 2%, and recommends increasing this investment to more effectively address the needs of the substance use disorder population.

In addition, the Commission requests regular, transparent updates from LACDMH and SAPC on financial performance tied to outcomes, ideally quarterly or semiannually, including detailed variance reports comparing budgeted and actual expenditures. This practice would enhance accountability, ensure resources are fully utilized as intended, and provide transparency to the public. Regular reporting would also support the county's outcomes-based budgeting mandate and maximize the impact of allocated funds.

VM: KF

c: DMH Director, SAPC Director, Board of Supervisors