

Behavioral Health Services Act - Los Angeles County

Towards a Common Definition of Integrated Behavioral Health

INTEGRATED BEHAVIORAL HEALTH

DIRECTORS *Department of Mental Health and Department of Public Health—Substance Abuse Prevention and Control*

At the public hearing on the draft Behavioral Health Integrated Plan held on April 9, 2026, the DMH Director and DPH-SAPC Director the stated the following regarding ‘integrated behavioral health’:

- Focuses on people with a mental health condition, or substance use disorder, or co-occurring disorder.
- Has no wrong door or entry point.
- Meets clients where they’re at.
- Meets clients’ needs through their preferred service(s) or setting(s).
- Addresses clients’ needs through the right service(s) (i.e., culturally congruent, linguistically appropriate) at the right time and in the right setting(s).
- Uses screening, diagnosis, and continuous assessment to meet the clients’ dynamic needs.
- Provides seamless services between and across systems through strong relationships.
- As a system, serves clients; versus clients having to navigate the system to obtain services.

CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES (DHCS)

Various materials published by DHCS emphasize the following points about ‘integrated behavioral health’:

- Coordination of mental health and substance use disorder (SUD) services – often in conjunction with physical health care – to provide whole-person, comprehensive care.
- In practice, blending behavioral health care (mental health treatment, SUD treatment, and related services) into a unified approach so that individuals receive seamless, coordinated support for all their needs.
- Care that addresses mental health and substance use in one setting or coordinated network, often also factoring in physical health needs as part of a whole-person approach.

CENTER FOR DISEASE CONTROL AND PREVENTION (CDC)¹

- “Behavioral health refers to a state of mental, emotional, and social well-being or behaviors and actions that affect wellness. Behavioral health is a key component of overall health. The term is also used to describe the support systems that promote well-being, prevent mental distress, and provide access to treatments and services for mental health conditions.”
- “Behavioral health encompasses traditional mental health and substance use disorders, as well as overall psychological well-being. Behavioral health can be understood as the behaviors that affect physical and mental health, and good behavioral health results in a ‘state of mind characterized by emotional well-being, good behavioral adjustment, relative freedom from anxiety and disabling symptoms, and a capacity to establish constructive relationships and cope with the ordinary demands and stresses of life’.

¹ https://www.cdc.gov/pcd/issues/2020/20_0261.htm#thedefinitionandapplicationofbehavioralhealth

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BHSA CPT + COMMUNITY STAKEHOLDERS

The following key themes synthesize the BHSA CPT stakeholder input on the following question at the BHSA CPT meeting on 2/10/26: *What does 'integrated behavioral health care' at an individual or service level look like when it's working well?*

Key Themes	Statements
1. Integrated Care for Mental Health Needs, Substance Use Disorders, or Co-Occurring Disorders	<p><i>Integrated Care</i></p> <ul style="list-style-type: none"> a. SUD programs assess for MH; MH assesses for SUD. b. DMH programs provide SUD services and SUD programs provide MH services. c. Co-occurring treatment is integrated. d. MH and SUD integration is effective and desired.
2. Whole-Person, Seamless Care Across a Continuum	<p><i>Whole-Person, Seamless Care</i></p> <ul style="list-style-type: none"> a. The whole person is addressed at every service level. b. People can move from PCP → MH → SUD services seamlessly, ideally in the same location and same day. c. Navigation must be seamless across systems. d. Teams address MH, SUD, medical, and basic needs immediately. e. Services meet participants where they are physically and psychologically. f. People receive the right help at the right time. g. Clients know when and where to show up and can expect to receive the services they need.
	<p><i>Low-Barrier Access Points</i></p> <ul style="list-style-type: none"> a. Low-barrier access and flexibility are prioritized. b. Low-barrier screening is in place. c. Well care centers are located on school district locations. d. The general public knows how to access DMH/ DPH/DHS services. e. Program requirements are clear (e.g., pregnant, unhoused, TANF). f. General public connects effectively with Promotoras/mental health promoters.
	<p><i>Prevention</i></p> <ul style="list-style-type: none"> a. Prevention is recognized and integrated throughout the continuum. b. Prevention includes neonatal and post-natal supports. c. Prevention is streamlined and targeted. d. Prevention is embedded at all levels.

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	<p><i>Crisis Response & Navigation</i></p> <ul style="list-style-type: none"> a. Crisis teams include clinician, nurse, peer navigator. b. Clients leave with a plan, follow-up, transportation solutions. c. One assigned case management team with reasonable caseloads. d. Trauma responses are coordinated across agencies. e. The system comes together to address community trauma effectively (e.g. fires, ICE raids, etc.).
	<p><i>Housing & Landlord Integration</i></p> <ul style="list-style-type: none"> a. Stable housing is a core component of care. b. Stable housing is offered. c. Landlords/property managers are included in wraparound support. d. Landlord voices are heard with regards for tenants with lived experience.
<p>3. Strong Cross-System Coordination & Communication</p>	<ul style="list-style-type: none"> a. Referrals are fast and clients are not lost in transitions. b. Strong handoffs and step-up/step-down transitions. c. All providers communicate to prevent gaps. d. Staff are trained to navigate effectively. e. MH providers are cross-trained to do SUD screenings; SUD providers are cross-trained to conduct MH screenings. f. Strong systems between DMH & SAPC. g. Monthly interdisciplinary meetings with county officials. h. Universal ROI for countywide information sharing. i. Integrated SAPC/DMH/DHS systems and databases.
<p>4. Accountability, Transparency, & Funding</p>	<ul style="list-style-type: none"> a. Transparency for services is provided by organizations. b. Transparency on MH/SUD funding increases/decreases. c. Organizations report numbers back to the county. d. Funding goes to organizations providing services. e. JSCC funding is clear. f. State and county monitor referral processes. g. A list of Medi-Cal qualified MH services is available.