Los Angeles County

Behavioral Health Services Act (BHSA)

Three-Year Integrated Plan (FY 2026-2029)

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

COUNTY OF LOS ANGELES Public Health
Substance Abuse Prevention and Control

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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.

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Stakeholder Perspectives on Access to Care

Factors Driving Disparities

- Discrimination and stigma create significant barriers, discouraging individuals from seeking or remaining engaged in services.
- Limited provider competency, including a lack of affirming care for LGBTQ+ individuals, further compounds these challenges.
- Insufficient culturally appropriate and affirming treatment options contribute to ongoing accessibility gaps.
- Lack of coordination between homeless services and mental health and substance use programs undermines continuity of care.
- Complex entry systems particularly documentation requirements restrict timely access to treatment.

Overarching Solutions

- Enhance housing, outpatient, and supportive services to reduce barriers to engagement.
- Increase outreach and engagement efforts beyond existing client populations.
- Improve provider competencies through targeted training to expand affirming care, particularly for underserved groups.
- Strengthen collaboration across housing, mental health, and substance use systems to improve care integration and continuity.
- Provide flexible, low-barrier care options that meet individuals where they are.
- Ensure accurate and inclusive data collection to improve understanding of the LGBTQ+ population and inform responsive service planning.

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Stakeholder Perspectives on Homelessness

Factors Driving Disparities

- Substance use trends, including ease of access to marijuana and alcohol for minors, with early use often linked to trauma, poverty, and peer pressure.
- Economic barriers, including high cost of living, limited affordable housing, and ongoing financial instability that undermine housing stability.
- Gaps in mental health care and substance use treatment, particularly for youth and transitional-age populations with limited access to age-appropriate services.
- Challenges navigating complex systems, including long wait times, confusing enrollment processes, and limited transportation.
- Workforce shortages, with insufficient trained and culturally competent providers and reduced program capacity due to staffing constraints.
- Systemic racism and inequality including income disparities, disproportionate involvement with the justice and child welfare systems, and provider bias that perpetuate housing instability and unequal access to care.

Overarching Solutions

- Develop strong community partnerships with trusted organizations and faith-based groups to deliver culturally informed services in safe, accessible settings.
- Expand youth prevention programs that provide early education on fatherhood, financial literacy, and substance use risks, incorporating engaging activities such as sports and the arts.
- Increase transparency and accountability within housing systems and funding models through clear public reporting.
- Expand mobile outreach and peer support, including street-based teams and peer-run recovery programs, to connect individuals to care earlier and prevent crises.
- Improve data collection through partnerships with community-based organizations to gather accurate, disaggregated data by race, age, and family status.
- Address economic and housing instability through investments in vocational training, trauma-informed care, interim housing solutions such as tiny home villages, and strengthened tenant protections, including “Know Your Rights” education and enhanced legal safeguards.

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Stakeholder Perspectives on Institutionalization

Factors Driving Disparities

- Incomplete data systems, including high numbers of "unknown" entries and missing demographic categories, obscure who is most in need of services.
- Exclusion in reporting, particularly of Asian Pacific Islander communities and certain age groups, limits accurate identification of inequities.
- Weak discharge planning, with patients leaving institutional settings without stable housing, follow-up appointments, or a clear recovery plan.
- Administrative bottlenecks that prolong hospital stays and limit access for new admissions.
- Communication gaps among hospitals, families, and community-based care teams, resulting in fragmented care.
- Limited availability of specialized services for older adults, individuals with dementia or traumatic brain injuries, and those with severe substance use disorders.
- Quality-of-care concerns, with institutional settings often emphasizing containment rather than treatment and recovery.
- Misaligned performance metrics that prioritize time in care over meaningful recovery outcomes and long-term community stability.

Overarching Solutions

- Improve data quality by collecting complete demographic information including race, ethnicity, age, and language reducing "unknown" categories, and ensuring consistent inclusion of historically undercounted communities.
- Strengthen discharge and care transitions by requiring clear housing plans, timely follow-up visits, continuity of medications, and meaningful family involvement.
- Reduce excessive administrative days through operational strategies such as daily placement huddles, fast-track pathways for complex cases, and real-time bed inventories.
- Expand system capacity by investing in geriatric behavioral health beds, co-occurring substance use disorder programs, and flexible funding mechanisms to increase placements.
- Build stronger community-based supports, including Full-Service Partnerships, peer support groups, and self-help connections, to reduce rehospitalizations and promote long-term stability.
- Improve care quality within institutional settings by requiring active treatment components, including therapy, group services, and individualized recovery goals.
- Align measurement and financing with meaningful outcomes, including tracking readmissions, timely follow-up, community tenure, and patient-stated goals, with data disaggregated by race, age, and language, alongside fair and sustainable provider funding.

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Stakeholder Perspectives on Justice-Involvement

Factors Driving Disparities

- Systemic racism in policing, with Black and Latino communities experiencing disproportionately high arrest rates rooted in historical inequities, over-policing, and racial profiling in low-income neighborhoods.
- Criminalization of mental health conditions and substance use disorders, resulting in law enforcement responses to issues better addressed through health and social services.
- Limited access to high-quality legal defense for low-income individuals and families, increasing the likelihood of adverse justice outcomes.
- Family-level factors, including trauma, absence of positive role models, and economic pressures on caregivers that limit supervision and support for youth.
- Gender disparities in arrest rates, with men disproportionately impacted and growing arrest rates among women.
- Lack of community-based supports such as stable housing, educational opportunities, and access to healthcare that reinforces justice system involvement.

Overarching Solutions

- Expand diversion programs and decriminalize mental health and substance use–related issues to reduce reliance on punitive responses.
- Increase access to mental health courts, SUD court-based diversion programs, and restorative justice programs that prioritize treatment, accountability, and healing over incarceration.
- Expand community-based resources for youth and families, including free after-school programs and childcare services to reduce exposure to crime and justice involvement.
- Strengthen family supports through counseling, legal assistance, and housing stability services to address underlying stressors.
- Improve data collection by disaggregating arrest data by race, age, and socioeconomic status and integrating data across probation, treatment, and law enforcement systems.
- Shift funding from prisons and law enforcement toward prevention, treatment, and community-based programs, while tailoring evidence-based practices to the cultural and contextual needs of specific populations and increasing outreach to reduce stigma and improve program awareness.

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Stakeholder Perspectives on Removal of Children from Home

Factors Driving Disparities

- Systemic racism, including biased standards for parenting and cultural misunderstandings, contributing to higher rates of child removal in communities of color.
- Socioeconomic challenges such as poverty, single-parent households, literacy gaps, and limited access to adequate nutrition and prenatal care that increase family vulnerability.
- Reporting practices, including unsubstantiated reports from schools and educators that nonetheless trigger child welfare involvement.
- Persistent data gaps, including missing contextual information and unclear definitions that obscure root causes of system contact.
- The enduring impact of historical harm, including past practices of removing children from marginalized communities, which continue to shape current policies, perceptions, and outcomes.

Overarching Solutions

- Expand culturally responsive services through partnerships with trusted community-based and faith-based organizations, including the use of cultural advocates and brokers.
- Strengthen collaboration across agencies including DCFS, schools, and community organizations to align practices and reduce siloed decision-making.
- Enhance navigation support to help families access services without stigma or unnecessary barriers.
- Reevaluate child removal standards, expand diversion programs, and reduce unnecessary removals whenever safe and appropriate.
- Improve service accessibility through in-home and virtual services, low-barrier clinics, and culturally specific options tailored to family needs.
- Increase workforce diversity to ensure greater representation of staff from communities most impacted, strengthening trust and improving outcomes.

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Stakeholder Perspectives on Untreated Behavioral Health Conditions

Factors Driving Disparities

- Insufficient care coordination, with emergency departments and outpatient providers operating in silos and limited data sharing.
- Weak discharge planning, with patients leaving without scheduled follow-up appointments or clear, actionable care plans.
- System performance gaps, including inconsistent achievement of minimum and high-performance benchmarks for timely follow-up care.
- Stigma and misdiagnosis, which discourage treatment engagement and may result in ineffective or inappropriate care.
- Structural barriers such as housing instability, lack of transportation, and limited access to phones or digital communication.
- Workforce shortages, including insufficient trained staff and low compensation, limiting service availability and follow-up support.

Overarching Solutions

- Use policy levers and financial incentives such as performance-based contracts, increased reimbursement rates, and targeted policy changes to strengthen timely follow-up outcomes.
- Adopt a whole person care approach that addresses social determinants of health, including housing stability, employment, and community support.
- Increase staffing and system supports by embedding care navigators, peer specialists, and community health workers in emergency departments to facilitate follow-up connections.
- Implement targeted interventions for higher-need populations, including mothers with substance use disorders, youth, and individuals experiencing homelessness.
- Expand access through telehealth, mobile outreach, appointment reminders, and culturally responsive service delivery.
- Reduce stigma by engaging peers with lived experience, expanding public and provider education, and normalizing conversations about mental health and substance use recovery.

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Stakeholders Perspectives on Engagement in School

Factors Driving Disparities

- Socioeconomic challenges including poverty, food insecurity, transportation barriers, and homelessness that limit consistent attendance and engagement.
- Environmental trauma, including exposure to violence, housing instability, and lack of routine trauma screening, contributing to disengagement, particularly among African American youth.
- Safety concerns related to commuting, school shootings, and lack of psychological safety.
- Systemic racism within educational settings, including anti-Blackness, biased curricula, and limited racial and cultural representation among educators, undermining student belonging.
- Data limitations, including incomplete, siloed, or inconsistent data collection that impedes accurate identification of disparities and tracking of engagement over time.

Overarching Solutions

- Create safe, culturally affirming, and trauma-informed learning environments that connect academic content to students lived experiences and future opportunities.
- Strengthen collaboration across education, health, housing, justice, and social service systems to address student needs holistically.
- Leverage Community-Defined Evidence Practices (CDEPs) that are culturally responsive and validated to address trauma and behavioral health needs, particularly among African American youth.
- Expand targeted supports, including resources for students experiencing homelessness, recovery schools, and alternative pathways to graduation.
- Strengthen countywide, inclusive data systems that capture all school types, student identities, and relevant risk factors.
- Reduce stigma and promote early intervention through prevention programs, expanded behavioral health supports, and sustained community partnerships to keep students engaged.

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