



**Chief
Executive
Office.**

COUNTY OF LOS ANGELES

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CHIEF EXECUTIVE OFFICER

Fesia A. Davenport

June 5, 2025

To: Supervisor Kathryn Barger, Chair
Supervisor Hilda L. Solis
Supervisor Holly J. Mitchell
Supervisor Lindsey P. Horvath
Supervisor Janice Hahn

From: Fesia A. Davenport
Chief Executive Officer

**FEASIBILITY OF IMPLEMENTING THE BLUE RIBBON COMMISSION ON
HOMELESSNESS REPORT RECOMMENDATIONS NO. 1 (ESTABLISH A COUNTY
ENTITY DEDICATED TO HOMELESS SERVICE DELIVERY) AND NO. 3
(STREAMLINED LAHSA) (ITEM NO. 90D, AGENDA OF NOVEMBER 26, 2024)**

On November 26, 2024, the Los Angeles County (County) Board of Supervisors (Board) adopted a Board motion directing the Chief Executive Officer (CEO) to provide written information on a fiscal and staffing plan for the new department, which should include, but not be limited to, all homelessness programs and funding sources across departments which will be consolidated into the new department (Directive 3). On April 1, 2025, the Board adopted a motion to establish a new County department dedicated to serving people who are experiencing or at risk of homelessness. The motion directed the CEO to implement the workplan and timelines included in the CEO's February 28, 2025, report to the Board that responded to Directives 1 and 2 of the November 26, 2024, motion. The workplan in the report included preparing a detailed budget for the new department by June 30, 2025, and a final organization chart with job classifications and budgeted positions by September 30, 2025. The workgroup working on the detailed budget is estimating that it will be completed by October 15, 2025, following the Board's approval of the Fiscal Year (FY) 2025-26 final budget in September. This report will focus on homelessness programs and funding sources administered by County departments, which could be consolidated into the new department, as well as programs and funding streams that can be aligned with the new department.



"To Enrich Lives Through Effective And Caring Service"

The Chief Executive Office - Homeless Initiative (HI) and Department of Health Services Housing for Health (HFH) leadership staff collaborated with representatives from the Departments of Aging and Disabilities, Children and Family Services (DCFS), Consumer and Business Affairs (DCBA), Health Services (DHS), Justice Care and Opportunities (JCOD), Mental Health (DMH), Military and Veterans Affairs (MVA), Public Health (DPH), and Public Social Services (DPSS) to complete an analysis of homelessness programs and funding sources administered by County departments (Attachment). The analysis included consideration of whether there are legal, statutory, regulatory, contractual, or operational reasons that impact, whether the funding could be administered by the new department, as well as whether transitioning the funding to the new department to administer would be expected to lead to improved outcomes such as more clients served, better service integration, improved housing stability, decreased administration burden, etc.

Consistent with the Board's April 1, 2025, motion to establish the new department that is inclusive of HFH by January 1, 2026, the majority of HFH programs and funding sources will come to the new department and thus are not included in the attachment. Core clinical services outside of supportive housing sites (e.g., STAR clinic and mobile clinics), DHS recuperative care centers on DHS medical center campuses, and Enriched Residential Care beds funded by DHS to decompress DHS hospitals will remain with DHS. In addition, the DHS Office of Diversion and Reentry, which manages programs to divert people with serious mental, physical, and/or behavioral health needs away from custody setting and into community-based care, is also highly clinical and coordinates with law enforcement, County jails, and the courts, will also remain with DHS.

A top priority for the new department is to become a Medi-Cal provider. One of the workgroups that is supporting the establishment of the new department is tasked with recommending the type of clinical entity that the new department should be, and the timeline, process, and support needed to become a Medi-Cal provider. This step is required for the new department to be able to enter into agreements with Medi-Cal managed care plans to continue and increase CalAIM Community Supports currently provided through HFH, such as Housing Transition Navigation Services that assist individuals with identifying and securing housing and Housing Tenancy and Sustaining Services that assist individuals with maintaining stable tenancy once housing is secured, as well as the upcoming Transitional Rent Community Support which will provide up to six months of rent for individuals experiencing or at risk of homelessness.

The new department will also need to be a Medi-Cal provider to provide reimbursable behavioral health services. It is recommended that the new department become a

DMH Full Service Partnership (FSP) provider so it can provide mental health services to individuals who have serious mental illness who are experiencing homelessness or who have exited homelessness to permanent housing. Concurrently, with the new department pursuing Medi-Cal certification, it is recommended that it work with DMH on the process of becoming an FSP provider so that a pilot can be implemented as early as possible after Medi-Cal certification is achieved. It is also recommended that the new department conduct a more in-depth analysis with DPH Substance Abuse Prevention and Control (SAPC) on the advantages and challenges of becoming a Drug Medi-Cal (DMC) substance use disorder (SUD) provider. It may be more efficient, especially in the near term, given the complexities associated with becoming a DMC provider while at the same time becoming a DMH provider, to work with SAPC and their current SUD providers to expand field-based SUD services so that they are more accessible to people experiencing homelessness or people who exited homelessness to permanent housing.

County department funding sources that are recommended to come to the new department include those currently administered by HFH, such as DPSS Housing and Disability Advocacy Program funding, as well as DPSS CalWORKs Housing Support Program funding currently administered by LAHSA. In addition, it is recommended that the new department continue to support other County departments, similar to how HFH currently does, by administering funds on behalf of those departments for core services for people at risk of or experiencing homelessness. This includes administering funds that departments such as DPH and DMH are investing in Intensive Case Management Services and the Flexible Housing Subsidy Pool.

Another consideration is the subset of Measure H funding that has historically been administered by other County departments and that will transition to Measure A funds in FY 2025-26. County departments have been using these funds for programs that they are uniquely positioned to administer, such as the Public Defender and legal services, the Department of Economic Opportunity and employment services, MVA and veteran's benefits advocacy services, and DPH and recovery bridge housing beds for clients co-enrolled in substance use disorder services. As has been shared previously with the Board, there is an estimated \$150 million structural deficit projected for FY 2026-27 associated with Measure A funded programs and services. The deficit is associated with the interim housing bed rate increase, service types that will need increased funding in FY 2026-27, such as supportive services in permanent supportive housing, and Measure A ordinance requirements that are expected to increase rates for homeless services. The FY 2026-27 Measure A spending plan process will need to address the structural deficit and will include a robust stakeholder engagement process that provides a full accounting of what Measure A funded in FY 25/26, including units of service and number of people served, a transparent explanation of

the drivers of the deficit, a consensus building approach to prioritize the criteria that will be used to inform what programs and services are recommended for funding, and a clear and comprehensive spending plan that describes and quantifies what is being recommended for funding and how outlines the services that are being supported in the system with those funding streams.

The attachment identifies numerous programs that can be coordinated and aligned with the new department to provide more integrated and comprehensive services to people at risk of or experiencing homelessness. These include collaboration with:

- DCBA on referral pathways and service coordination for programs such as Stay Housed LA and Self-Help Legal Access Centers.
- DCFS on identifying housing for youth who are exiting Supervised Independent Living Placement (SILP), SILP+, and the Transitional Housing Program and transitioning to permanent housing.
- JCOD on joint training and streamlined referrals that support justice involved clients experiencing homelessness with accessing the housing and supportive services that are most responsive to their needs.
- DMH which will fund Intensive Case Management Services through the new department and will coordinate on universal referral forms, assessment tools, and shared standards of care.
- MVA on co-locating services at veteran focused access points, training on military cultural competency, and embedding veteran navigators into outreach and intake processes.
- DPH on providing temporary housing to people experiencing homelessness who have been diagnosed with or exposed to a communicable disease, as well as housing for clients served through the Domestic Violence Supportive Services program.
- DPSS on improving the identification of families eligible for DPSS resources and increasing the connection to these resources to support housing stability.

We will continue to provide updates on the new department transition in briefings to Board offices, at Homeless Policy Deputy meetings, and as requested by the Board.

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Should you have any questions concerning this matter, please contact me or Cheri Todoroff, Executive Director of the Homeless Initiative and Affordable Housing, at (213) 974-1752 or CTodoroff@ceo.lacounty.gov.

FAD:JMN:JG:CT
EB:AI:DZ:ns

Attachment

c: Executive Office, Board of Supervisors
 County Counsel
 Aging and Disabilities
 Auditor-Controller
 Children and Family Services
 Consumer and Business Affairs
 Economic Opportunity
 Health Services
 Human Resources
 Internal Services
 Justice, Care and Opportunities
 Mental Health
 Military and Veterans Affairs
 Public Defender
 Public Health
 Public Social Services
 Los Angeles Homeless Services Authority

Program Administration Assessment - New Homelessness Department
Department of Consumer and Business Affairs (DCBA)

A			B	C
Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Mediation/ Dispute Resolution Program	Provides conflict resolution services to people in Los Angeles County on a variety of topics including, but not limited to, evictions.	County - Superior Court	The Mediation and Dispute Resolution Program should remain under the oversight of DCBA as its scope, design, and expertise are rooted in consumer protection, not solely housing-related issues. Only 13% of the cases handled by the program pertain to unlawful detainers (eviction-related disputes). The overwhelming majority (87%) involve a broad range of consumer matters—including business-to-consumer conflicts, debt disputes, and financial scams—that fall squarely within DCBA’s mission and operational expertise. DCBA is uniquely equipped to handle the complexity and variety of these disputes due to its established infrastructure, trained mediators with consumer law knowledge, and integration with complementary services such as consumer counseling, legal referrals, and financial education. The program’s value lies in its holistic, consumer-centered approach, which promotes resolution and education while reducing the need for court intervention.	DCBA and the new department can collaborate to establish cross-departmental workflows that support a more seamless client experience, particularly for cases that may touch on housing, homelessness, or other overlapping issue; share subject-matter expertise and training to ensure continuity and quality in dispute resolution services, including sharing tools, resources, and best practices.
Foreclosure Prevention	This program offers foreclosure prevention services to help homeowners avoid losing their homes. These services include free housing counseling, legal assistance, and help negotiating with lenders or servicers. DCBA also provides education on homeowners’ rights, available relief programs, and guidance on avoiding foreclosure scams.	County - Locally Generated State Revenue	The Foreclosure Prevention program should remain at DCBA directly with the department’s core mission of protecting and empowering consumers through financial, legal, and housing-related services. DCBA possesses specialized expertise in navigating complex mortgage issues, providing housing counseling, and advocating on behalf of homeowners. These are services that are preventive in nature and aimed at keeping residents stably housed. Retaining the program within DCBA ensures continuity, leverages existing partnerships with legal and housing experts, and preserves a service delivery structure that is uniquely equipped to address the financial root causes of housing instability before displacement occurs.	DCBA and the new department can collaborate to develop joint protocols and referral systems to ensure that residents continue to receive timely, accurate, and holistic support, including referrals for homeowners to options counseling, financial literacy resources, loss mitigation counseling, etc. They can also collaborate on communication strategies so that clients experience a seamless interface, regardless of which department they initially approach and also contribute data insights and best practices that help shape proactive, prevention-focused services.

A			B	C
Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Rent Stabilization Program	Enforces the County's Rent Stabilization Ordinances for residents in the unincorporated areas of Los Angeles County. The program ensures tenants, mobile home owners, landlords and park owners, and their representatives are informed of their rights and responsibilities.	County - Net County Cost (NCC)	<p>The Rent Stabilization Program should remain under the oversight of DCBA. The program is a regulatory compliance and enforcement program designed to uphold and enforce the Los Angeles County Rent Stabilization and Tenant Protections Ordinance by ensuring that property owners and landlords are in compliance with the law. The program's emphasis is on monitoring, investigation, enforcement, and adjudication—functions that require a regulatory framework and legal infrastructure that DCBA is uniquely equipped to provide. Tenant education and outreach are important components of the Rent Stabilization Program that arise naturally from the program's primary enforcement activities. These educational efforts help ensure voluntary compliance and reduce violations, but they do not define the core purpose of the program and therefore moving the Rent Stabilization Program to a department focused on housing services or homelessness response would misplace a regulatory function in a non-regulatory setting, creating operational misalignment, diluting enforcement capacity, and potentially undermining the program's legal authority.</p> <p>DCBA's long-standing role as a consumer protection and regulatory agency positions it to deliver consistent, fair, and legally sound enforcement, supported by established administrative processes, legal expertise, and a public-facing model that balances the rights and responsibilities of both landlords and tenants. Relocating the program would disrupt this balance, weaken regulatory continuity, and risk diminishing the ordinance's intended impact.</p>	DCBA and the new department can work together to coordinate outreach and referrals so tenants receive timely and accurate support, no matter where they enter the system; align data-sharing and reporting efforts to better track outcomes and identify service gap; Engage in joint planning and communication strategies to present a unified message to community members and stakeholders; Leverage complementary services—such as emergency rental assistance, problem solving, or housing navigation—to provide more holistic support to tenants.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Self-Help Legal Access Centers (SHLAC)	Provides information about court procedures and forms; provide trained legal professionals to review court forms after completed, conduct workshops and provide one-on-one assistance	County - Net County Cost (NCC)	The SHLAC should remain with DCBA as the program is an access to justice initiative that serves a broad range of civil legal needs, not solely housing-related matters. While approximately 27% of services provided are housing-related, the majority of the program's work supports individuals navigating complex legal issues such as domestic violence, family law, consumer debt, and small claims. These diverse service areas require a department with a broad legal access mandate and cross-sector expertise. The department has built trusted relationships with legal aid providers, maintains a holistic understanding of the civil legal system, and is experienced in addressing the intersectionality of issues affecting low- and moderate-income individuals. Transferring the program to a department that is narrowly focused on housing or homelessness would misalign the program, fragment legal access infrastructure and disrupt the continuity of care for clients who often seek assistance with interrelated legal challenges.	<p>DCBA and the new department can work together for housing related services, by partnering on referral pathways and service coordination to ensure individuals are connected to appropriate resources across departments.</p> <p>They can also collaborate/coordinate engagement with SHLAC contractors (who are service providers familiar with the Homeless Services system) to share knowledge and resources and discuss best practices.</p>
Stay Housed LA County (SHLA)	Offers legal representation, outreach, and education and up to \$20,000 in short term rental assistance to tenants in LA county (excluding the City of LA whose housing department administers a similar program). The Program aims to curb tenant evictions and enable people to remain housed.	County - Emergency Rental Assistance Program	SHLA should remain at DCBA as it is responsible for the Right to Counsel (RTC) initiative and serves as the primary mechanism through which RTC is delivered. Separating these two interconnected efforts would undermine program cohesion and operational efficiency. This ensures alignment between policy oversight and service delivery, which is critical for effective tenant protections. Keeping SHLA within DCBA preserves the integrity of the County's tenant protection strategy by ensuring continued alignment between policy development, enforcement, and service provision. Shifting the program to another department could interrupt the momentum built to date, cause confusion among stakeholders, delay service delivery, and jeopardize critical relationships with legal service providers and community partners. Such a move would further destabilize a program that is still establishing its foundation and trajectory for long-term success.	DCBA and the new department work together to coordinate outreach and referrals so tenants receive timely and accurate support, no matter where they enter the system; align data-sharing and reporting efforts to better track outcomes and identify service gaps; engage in joint planning and communication strategies to present a unified message to community members and stakeholders; leverage complementary services—such as emergency rental assistance or benefits navigation—to provide more holistic support to tenants. Ex. DCBA established a partnership with DHS-HFH's Homeless Prevention Unit (HPU) to stack financial assistance.

Program Administration Assessment - New Homelessness Department Department of Children and Family Services (DCFS)

A			B	C
Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Prevention and Aftercare (P&A) Program - Emergency Basic Support Services (EBSS)	This program is intended to prevent child abuse and neglect by engaging families with supports available in their communities without having to bring these families into the child welfare system.	Federal, State, County - Promoting Safe and Stable Families, Measure H	<p>The P&A Program - EBSS should remain within DCFS because the program is contracted out with community-based organizations (CBOs) who are serving DCFS-referred families as a target population. These CBOs are contractually obligated to not only deliver services to the target population, but to also develop work plans with the DCFS regional offices to address the unmet needs for DCFS-involved families. This is strengthened by having all partners contracted within the same department. In addition, the P&A program is partially funded by Promoting Safe and Stable Families (PSSF) federal funding which requires the child welfare department to administer and offer four components: Prevention services, Family Preservation, Family Reunification Services and Adoption services under the PSSF service array.</p> <p>The program's primary goal is to prevent child abuse and neglect from occurring or from reoccurring, if it already happened. While homelessness is one of the reasons that families may experience increased stressors that could lead to child abuse and neglect, it is only one of several. The P&A program also relies heavily on referrals from DCFS offices, through internal systems set up within the Department. Navigating these systems and addressing any issues would be challenging if not embedded within DCFS.</p> <p>Additionally, P&A program staff work closely with regional DCFS offices to implement and monitor these contracts. The P&A program also includes an aftercare component that supports families that are leaving exiting the DCFS system. These services are typically not housing-related but instead focus on preventing re-entry into the child welfare system by encouraging continued engagement with mental health, substance abuse or domestic violence services as well as and other social connections and community supports.</p>	DCFS and the new department can work together to ensure there are pathways for P&A participants to be referred to any resources administered by the new department that P&A participants might be eligible for.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Supervised Independent Living Placement (SILP)	The SILP helps foster youth ages 18-21 in Extended Foster Care (EFC) transition to adulthood by allowing them to live independently in approved, non-licensed settings like apartments, dormitories or shared housing. Youth receive a monthly payment to cover living costs and stay connected to case management and supportive services.	Federal -Title IV-E State - County Realignment and Net County Cost (NCC)	The SILP program should remain under the oversight of DCFS due to the structure of the foster care payments. SILP Payments are part of California's EFC Program, established under AB 12, which extends foster care to age 21. The State and Federal Title IV-E funds, administered by county child welfare agencies includes eligibility determination, readiness assessments, housing inspections and issuing monthly SILP payments.	DCFS and the new department can work together to identify housing for foster youth with SILP resources and support the youth exiting a SILP to transition into permanent housing. Additionally, departments could formalize pathways for as needed case management and real time data sharing to identify youth at risk of homelessness at discharge. Additionally, the new department could support the identification of youth who qualify for this program and support their connection to DCFS.
Supervised Independent Living Placement Plus (SILP+)	Provides financial assistance to young adults in a SILP in Los Angeles County. Assistance includes Rent/Deposit, some appliances and some furniture.	County - Measure H	DCFS recommends that the SILP+ program should remain under the oversight of DCFS due to operational reasons. DCFS conducts health and safety inspections of the housing option and provide regular social worker visits to ensure the youth remains on track to self-sufficiency. However, as this is a local enhancement to the SILP, there are no restrictions or limitations to program administration.	DCFS and the new department can collaborate by continuing to leverage Measure A funding, housing resources and ongoing supports as foster youth prepare to transition to permanent housing when they are no longer eligible for the SILP program. Additionally, the new department could support the identification of youth who qualify for this program and support their connection to DCFS.
Transitional Housing Program - Plus (THP-Plus)	Provides housing and supportive services to former foster and probation youth ages 18-24, or 25 if the foster youth is in school. It helps young adults transition to independence through case management life skills training and housing support.	State - Realignment & THP-Plus Grants	DCFS recommends that the THP-Plus program remain under the oversight of DCFS due to contractual reasons as well as the long-standing relationship with the former foster youth and deep knowledge of their case histories that supports their transition to the THP-Plus program that DCFS administers through contracts with community-based organizations serving former foster youth. Other county departments could administer this program if the department receives County Certification confirming their ability to operate the program and adhere to program standards and reporting requirement set by CDSS.	DCFS and the new department can continue to collaborate by leveraging housing resources and ongoing supports as former foster youth exiting the program prepare to transition to permanent housing. Additionally, the new department could support the identification of youth who qualify for this program and support their connection to DCFS.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Transitional Housing Program (THP) - Non Minor Dependent (NMD)	THPP-NMD is a housing program for youth with an open DCFS case between the ages of 18 up to 21 participating in Extended Foster Care/AB-12.	Federal, State - Title IV-E, Realignment, and Net County Cost (NCC)	DCFS recommends that the THP-NMD program remain under the oversight of DCFS due to contractual reasons as well as the long-standing relationship with foster youth and deep knowledge of their case histories that supports their transition to the THP-NMD program that DCFS administers through contracts with community- based organizations serving foster youth. Other county departments could administer this program if the Department receives County Certification confirming their ability to operate the program and are licensed by Community Care Licensing Division.	DCFS and the new department can continue to collaborate by leveraging housing resources and ongoing supports as former foster youth prepare to exit the program and transition to permanent housing. Additionally, the new department could support the identification of youth who qualify for this program and support their connection to DCFS.
Transitional Housing Program - Independent Living Program (ILP)	Provides a safe and supportive residence for homeless youth who have emancipated from Foster Care and Probation.	Federal, State - Chafee funds & Realignment	The ILP program should remain under the oversight of DCFS due to contractual reasons. The program is Federally funded and State-administered, but it is required to be administered at the county level by either the child welfare or the probation department.	DCFS and the new department can continue to collaborate by leveraging housing resources and ongoing supports as former foster youth prepare to exit the program and transition to permanent housing. Additionally, the new department could support the identification of youth who qualify for this program and support their connection to DCFS.
Bringing Families Home (BFH)	The BFH program provides housing subsidies and housing-related wraparound supportive services to families. This program is expected to sunset in June 2027.	State - General Fund	Given that this program is slated to sunset in June 2027, BFH should remain under the oversight of DCFS. Specifically designed for families within the child welfare system, DCFS administers this program through a contract with LACDA and requires access to the State's Child Welfare Services/Case Management System to verify program eligibility. Moreover, DCFS also plays a vital role in providing guidance to the contracted agency's case managers when child safety issues arise.	DCFS and the new department can collaborate to increase integrated services that will be accessible to the new department or other county departments. Additionally, DCFS and the new department can collaborate to be able to connect BFH clients to other programs and services as the BFH program cannot meet demand due to lack of ongoing state funding. Additionally, the new department could support the identification of families who qualify for this program and support their connection to DCFS.
Stepping Stones - Bridge Housing for Exiting Youth	This program provides bridge housing for non-minor dependents from DCFS who are exiting care and have no identified housing plan.	State - Complex Care	The Bridge Housing for non minors program should remain under the oversight of DCFS to expedite emergency placement for youth exiting care given the relationship and history that DCFS has with the NMD. The urgency of placement requirements would result in undue delays if other agencies were involved.	DCFS and the new department can collaborate by facilitating cross-sector collaboration to assist in funding emergency bridge housing and increase county department's accountability of housing cliff.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/Source		
Optimist - Transitional Living Settings (TLS)	A temporary placement for youth with a disruptive placement who have an open DCFS case, or former foster youth seeking approval for re-entry with no identified housing who are between the age of 18 up to 21.	State - Realignment	The TLS program should remain under the oversight of DCFS to expedite emergency placement for foster youth exiting care and former foster youth given the relationship and history that DCFS has with the youth. The urgency of placement requirements would result in undue delays if other agencies were involved.	DCFS and the new department will examine how to align and partner on this program using lessons learned from other collaborations as the new department continues to be implemented. Additionally, the new department could support the identification of youth who qualify for this program and support their connection to DCFS.
Housing Navigators Program	This program provides housing navigators to young adults who are 18 - 24 to secure and maintain housing. Priority is given to young adults currently or formerly in the foster care system. These funds also pay for ICMS for Section 8 voucher programs.	State Grants	The Housing Navigators program should remain under the oversight of DCFS because the program serves youth in care and is able to leverage programs for youth in care such as ILP and SILP. DCFS has standing access and mandates related to court-ordered housing outcomes because many youth are served under dependency court jurisdiction. Bifurcating the program would not be feasible nor effective.	DCFS and the new department can continue to leverage and fund Intensive Case Management Services (ICMS) which is currently made available through HFH for former foster youth with vouchers and leverage the shared housing resources and ongoing supports to prepare for exiting care and transition to permanent housing. Additionally, the new department could support the identification of youth who qualify for this program and support their connection to DCFS.
Family Unification Program (FUP)	A type of Housing Choice Voucher (Section 8) provided by the U.S. Department of Housing and Urban Development (HUD) to families where inadequate housing is a primary factor in the imminent placement of a child in foster care or a delay in a child's return from foster care.	Federal - Housing and Urban Development	The FUP program should remain with DCFS because HUD requires that the program be administered by Public Housing Authorities, in partnership with the Public Child Welfare Agency (PCWA). The PCWA must identify eligible families, certify eligibility, and coordinate supportive services. Additionally, it is specifically designed for families within the child welfare system, which is verified through the State's Child Welfare Services/Case Management System, which limits access to Child Welfare Agencies. This system allows DCFS to verify program eligibility and track the family's reunification. The program is administered in partnership with LACDA and HACLA, who receive referrals from DCFS.	DCFS, the new department, and public housing authorities can collaborate to expand access to voucher opportunities for families. Additionally, the new department could support the identification of families who qualify for this program and support their connection to DCFS.
Foster Youth to Independence (FYI) Voucher	Provides time limited Section 8 vouchers to young people who have exited DCFS and Probations care.	Federal - Housing and Urban Development	The FYI program should remain with DCFS because HUD requires that the FYI Program be administered by Public Housing Authorities, in partnership with the Public Child Welfare Agency (PCWA). Additionally, it is specifically designed for youth within the child welfare system, which is verified through the State's Child Welfare Services/Case Management System, which limits access to Child Welfare Agencies. This system allows DCFS to verify program eligibility.	DCFS, the new department, and public housing authorities can collaborate to expand access to voucher opportunities for young adults. Additionally, the new department could support the identification of youth who qualify for this program and support their connection to DCFS.

Program Administration Assessment - New Homelessness Department Justice, Care and Opportunities Department (JCOD)

A			B	C
Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Breaking Barriers	Provides employment and care management services for individuals and families who are involved in the justice system, particularly those with mild mental health and substance use disorder needs. The program also provides housing support, case management, and employment services to individuals who are justice impacted. The rapid rehousing program aims to enable clients to take-over the entire rent after 24 months of stable employment.	<p>Realignment - AB 109 and other funding</p> <p>County - Measure J: Care First Community Investment (CFCI)</p> <p>County - Net County Costs (NCC)</p> <p>Realignment - SB678 and Juvenile Justice Crime Prevention Act (JJCPA)</p>	<p>Breaking Barriers should remain at JCOD as program clients are funneled through other JCOD programs, including Reentry Intensive Case Management Services (RICMS) and Skills and Experience for the Careers of Tomorrow (SECTOR) and referrals are monitored through JCOD's Care Management System. Further, Breaking Barriers should remain at JCOD due to statutory restrictions and County funding distribution processes through the Public Safety Realignment Team which identifies projects and program areas that receive funding.</p> <p>The program was initially transferred from the DHS Office of Diversion and Reentry and the provider is now aligned with JCOD's policies and procedures. Nearly all JCOD contracts rely on braided funding to support programs and serve justice-system impact populations. If these contracts were to be administered by the new department, these contracts would have to end or be modified, which would lead to disruption of services for justice-involved individuals. Due to countywide curtailments in FY 2024-25, this program has been significantly impacted, and operational services will be reduced.</p>	JCOD and the new department will collaborate to ensure participants with more acute mental health and substance use disorder needs are connected to appropriate alternative programs. Additionally, the new department can administer some of these resources from the Federal Housing Subsidy Pool (FHSP) via a DSO.

A			B	C
Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Community Reentry Center: Developing Opportunities and Offering Reentry Solutions (DOORS) LA & AV	Provides an array of comprehensive supportive services to address the barriers to reentry for justice-involved individuals, particularly those on adult felony supervision, their families and the community. Such services include but are not limited to housing support & stabilization, emergency housing, employment, legal aid, educational support, mental health assessment and linkage, substance use counseling, and health and healing through the arts. The services are provided in a welcoming environment by county partners and community-based organizations that are considered leaders in reentry and experienced professionals with high-risk communities.	<p>Realignment - AB 109 and other funding</p> <p>County - Measure J: Care First Community Investment (CFCI)</p> <p>County - Net County Costs (NCC)</p>	Community Reentry Center: Developing Opportunities and Offering Reentry Solutions (DOORS) LA & AV should remain with JCOD as statutory restrictions and County funding distribution processes through the Public Safety Realignment Team which identifies projects and program areas that receive funding. Nearly all JCOD contracts rely on braided funding to support programs and serve justice-system impact populations. If these contracts were to be administered by a new department, these contracts would have to end or be modified, which would lead to disruption of services for justice-involved individuals.	<p>JCOD and the new department will collaborate to create a more effective and compassionate system with integrated solutions that enhance the experience for clients transitioning out of homelessness and incarceration. This approach improves client experiences and leads to better outcomes, such as increased housing stabilization and successful integration into the community.</p> <p>Some effective partnership strategies that JCOD and the new department could focus on to improve client outcomes and create efficiencies could include integrated case management, coordinated service delivery, streamlined administrative processes, enhance support services, community engagement, social support, data driven improvements, advocacy and policy change.</p>

A			B	C
Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Justice Connect Support Center	Provides personalized assistance and warm handoffs to connect individuals to the services they need. The call center is accompanied by justiceconnect.org, a website designed to educate justice-involved individuals and the community at large about available resources, legal resources, reentry pathways, and support services.	<p>County - Net County Cost (NCC)</p> <p>County - Measure J: Care First Community Investment (CFCI)</p> <p>State - SB129 Pretrial release program</p>	<p>The Justice Connect Support Center should remain with JCOD as its services are specifically designed to support justice-involved individuals in navigating their transition from custody, being connected to critical resources, and helping reduce recidivism. JCOD is inherently designed to support individuals in navigating the complexities of prevention, pretrial, diversion and reentry into society post-incarceration, which includes addressing legal, social, and economic challenges. This mission aligns naturally with the goals of the Justice Connect Support Center, which is focused on connection to transportation, court reminders, referrals to additional supportive services for those individuals directly impacted by the criminal legal system.</p> <p>JCOD and the Los Angeles Superior Court executed a formal memorandum of understanding and meet with the court staff bi-weekly, court leadership quarterly, and justice partners and community stakeholders on a regular basis to continue to refine and expand how resources and services can support this target population. The funding for this center via NCC is limited one-time funding for temporary staffing to operate the call center. Also, funding from SB 129 has restrictions and use must be consistent with state guidelines.</p>	<p>JCOD and the new department will collaborate to create a more effective and compassionate system with integrated solutions that enhance the experience for clients transitioning out of homelessness and incarceration. This approach improves client experiences and leads to better outcomes, such as increased housing stabilization and successful integration into the community.</p> <p>Some effective partnership strategies that JCOD and the new department could focus on to improve client outcomes and creating efficiencies could include integrated case management, coordinated service delivery, streamlined administrative processes, enhance support services, community engagement, social support, data driven improvements, advocacy and policy change.</p>

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Providing Opportunities for Women in Reentry (POWR)	Peer led mentorship and case management, care coordination and service linkage (employment, housing, legal, family reunification, public benefits, mental health, and substance use treatment, and obtaining identification documents), cognitive behavioral intervention based on the curriculum Beyond Trauma, Transportation, Interim Housing for women and/children.	<p>Realignment - AB109 and other funding</p> <p>Realignment - SB678 and Juvenile Justice Crime Prevention Act (JJCPA)</p> <p>County - Measure J: Care First Community Investment (CFCI)</p> <p>County - Net County Cost (NCC)</p> <p>Federal - Department of Justice Innovative Reentry Initiatives</p>	<p>Providing Opportunities for Women in Reentry (POWR) should continue to be administered by JCOD as its services are designed specifically for justice-involved individuals with direct linkages to other JCOD programs. Participants are first referred into the Intensive Case Management Services (ICMS) portion of the program and then are referred to housing. The referrals into ICMS originate from the JCOD Justice Connect Support Center, JCOD Court-Based Navigators, or other JCOD programs through the Care Management System. The POWR houses are designed with the participants in mind, and have a singular population with similar life experiences, which helps provide a sense of community and reduce stigma. The POWR housing program provides housing stability for multi-generational families. Additionally, the program services more than just the PEH population as only 50% of POWR participants identified as being unhoused.</p> <p>POWR should remain at JCOD as statutory restrictions and County funding distribution process through the Public Safety Realignment Team which identifies projects and program areas that receive funding. Additionally, nearly all JCOD contracts rely on braided funding to support programs and serve justice-system impact populations. If these contracts were to be administered by a new department, these contracts would have to end or be modified, which would lead to disruption of services for justice-involved individuals.</p>	JCOD and the new department will collaborate to better understand and address the unique needs of the justice-involved women and their families and identify ways to enhance access to housing. For example, there are limited amount of housing options for program clients such as single mothers who need higher mental health and substance use disorder services and have sole custody of their children.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Reentry Intensive Case Management Services (RICMS)	Improves the health and well-being of justice-involved individuals by providing case management and service navigation. Community Health criminal legal system involvement support individuals by determining their needs and making connections to relevant organizations and services including: stabilizing needs, enrollment in social services, physical and mental health, housing support, employment and education, cognitive behavioral interventions, arts and entrepreneurship programming, and substance use disorder treatment.	<p>Realignment - AB109 and other funding</p> <p>Realignment - AB109 Public Safety Realignment (2011)</p> <p>County - Measure J: Care First Community Investment (CFCI)</p> <p>County - Net County Cost (NCC)</p> <p>Federal - ARPA: Other</p> <p>State - Board of State and Community Correction (BSCC)</p>	The Reentry Intensive Case Management Services (RICMS) program should be administered by JCOD as the program was specifically allocated through Proposition 47 funding through the Board of State and Community Corrections, which is designated for programs that reduce recidivism. Statutory restrictions and the County funding distribution process through the Public Safety Realignment Team identifies projects and program areas that receive funding. Nearly all JCOD contracts rely on braided funding to support programs and serve justice-system impact populations. If these contracts were to be administered by a new department, contracts would have to end or be modified, which would lead to disruption of services for justice-involved individuals. Additionally, this program delivers services led by community health workers and peer support specialists with lived experience, which enhances its effectiveness for justice-involved individuals.	JCOD and the new department will collaborate in developing integrated programs that provide comprehensive support services under one umbrella for clients. This would enable clients to access housing resources, mental health services, and workforce development training without navigating between multiple agencies. JCOD and the new department will also collaborate in developing joint training across both departments, streamlining referrals, crafting programs focusing on housing stability and employment, and sharing data and evaluation metrics that can better assess the needs of their shared client populations. This collaborative approach allows for ongoing improvements in service delivery, ensuring that programs remain responsive and effective in meeting the community's changing needs.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Reentry Interim Housing Program	Reentry Interim Housing provides short-term dwelling and group-based in-house programming for justice-involved individuals in need of housing support to stabilize and heal for a target of 9-months while locating longer-term housing solutions through partnership with a JCOD care management program such as RICMS.	County - Measure J: Care First Community Investment (CFCI)	<p>The Reentry Interim Housing Program should remain under JCOD, as it is specifically designed to serve justice-involved individuals. Administering the program within JCOD's system allows the department to achieve economies of scale, streamline service delivery, maximize resource efficiency, and reduce operational costs, all while maintaining consistent access and support for clients. JCOD's Interim Housing is tailored to meet the unique needs of justice-involved individuals, and all residents are co-enrolled in JCOD's Reentry Intensive Care Management Services (RICMS), which offers case management services customized for each individual.</p> <p>Nearly all JCOD contracts rely on braided funding to support programs and serve justice-system impact populations. If these contracts were to be administered by a new department, these contracts would have to end or be modified, which would lead to disruption of services for justice-involved individuals.</p>	JCOD and the new department will work in coordination to develop integrated programs that provide comprehensive support services under one system. This would allow clients to access housing resources, mental health services and workforce development training without having to navigate multiple agencies. Additionally, creating a centralized intake system could streamline the process in connecting the clients to necessary resources. JCOD could also collaborate with the new department to explore referral pathways to permanent supportive housing options for individuals enrolled in Reentry Interim Housing.
Emergency Housing (EH)	Emergency Housing specifically designed for justice-involved individuals. A comprehensive support system that provides immediate housing options for individuals upon release from custody. The Emergency Housing program receives referrals through the JCOD Justice Connect Support Center or Pretrial Court-Based Navigators. It connects individuals directly from court or custody to emergency housing, where they may stay for up to 30 days.	County - Measure J: Care First Community Investment (CFCI)	<p>Emergency Housing should remain under the oversight of JCOD as the services are specifically designed for justice-involved individuals. Operating this program within our current system allows us to achieve economies of scale, streamline service delivery, maximize resource efficiency, and reduce operational costs—while ensuring consistent access and support for clients.</p> <p>Nearly all JCOD contracts rely on braided funding to support programs and serve justice-system impact populations. If these contracts were to be administered by a new department, these contracts would have to end or be modified, which would lead to disruption of services for justice-involved individuals.</p>	JCOD and the new department will work in coordination to provide access to direct referrals to housing for individuals with acute mental health or substance use disorder needs and making referrals to interim housing specifically designed for populations impacted by the criminal/legal system.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Specialized Treatment for Optimized Programming (STOP)	Is an alternative to custody court-ordered program designed to increase community safety and decrease the jail population by providing participants with access to sober living interim housing with wraparound services, residential substance use disorder treatment, outpatient substance use disorder treatment, and co-occurring substance use and mild mental health treatment to address criminogenic factors.	County - Measure J: Care First Community Investment (CFCI)	<p>Specialized Treatment for Optimized Programming (STOP) should be administered by JCOD because the program is specifically designed to support justice-involved individuals as they navigate alternatives to custody through the Sheriff's Department and the court system. JCOD and the Sheriff's Department executed a formal agreement to cover this program and the housing providers where those in custody could be released upon assessment and evaluation. JCOD has established the infrastructure, staffing capacity, and operational protocols necessary to implement and manage STOP effectively.</p> <p>Nearly all JCOD contracts rely on braided funding to support programs and serve justice-system impact populations. This program is funded by CFCI Year One Jail Closure funds that are now administered by the Chief Executive Office's Community Safety Implementation Team. If these contracts were to be administered by a new department, these contracts would have to end or be modified, which would lead to disruption of services for justice-involved individuals.</p>	JCOD and the new department will collaborate in developing integrated programs that provide comprehensive support services under one umbrella for clients. This would enable clients to access housing resources, mental health services, and workforce development training without navigating between multiple agencies. JCOD and the new department will also collaborate in developing joint training across both departments, streamlining referrals, crafting programs focusing on housing stability and employment, and sharing data and evaluation metrics that can better assess the needs of their shared client populations. This collaborative approach allows for ongoing improvements in service delivery, ensuring that programs remain responsive and effective in meeting the community's changing needs.

Program Administration Assessment - New Homelessness Department **Department of Mental Health (DMH)**

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Behavioral Health Bridge Housing (BHBH)	State funded grant program intended to support the expansion and operation of bridge housing settings for people experiencing homelessness and living with serious behavioral health conditions, including those enrolled in the Community Assistance, Recovery and Empowerment (CARE) Court program. DMH applied for, and was approved to use, funds for enhancing DMH's current interim housing beds and expanding interim housing across the county. DMH will also use the funds for rental assistance and auxiliary funds for assisted living.	State - Behavioral Health Bridge Housing	Behavioral Health Bridge Housing (BHBH) program should remain under DMH because it is not clear if the program can be moved to the new department. DMH has an executed contract with the State's third party administrator Advocates for Human Potential (AHP) to administer the BHBH program in Los Angeles County for residents experiencing homelessness and living with serious mental illness. DMH's plan to implement BHBH funding has already been approved by AHP and Department of Health Care Services (DHCS) and any changes would require a program plan change and re-approval by AHP and DHCS. It is also not known if the State would allow a county department to receive the State funds to administer the program if it is not a behavioral health department.	DMH and the new department will collaborate in areas that are common to interim housing and not uniquely targeted to the population that DMH serves. This includes using a universal referral form, adopting common shelter standards, adopting shared standards of care and new interim housing standardized base rates. Also, DMH currently participates in the interim housing air traffic control and provides the subject matter expertise to our partners for those with Serious Mental Illness (SMI) and will continue to work collaboratively in the interim housing air traffic control space with the new department as well.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
CalWORKs (CW) Coordinated Entry System (CES) Family Solution Centers (FSC)	Funding supports DMH staff working to assist individuals who are homeless and have a serious mental illness with obtaining benefits including SSI. Four Psychiatric Social Workers (PSW) are co-located at directly operated clinics countywide to provide case review and consultation, troubleshooting and assistance with obtaining information from DHS CBEST, and training on clinical documentation to support functional impairments. Team also includes one Clinical Psychologist II who conducts psychological evaluations, including testing, in order to provide objective evidence of functional impairment for disability applications.	Federal - Temporary Assistance for Needy Families (TANF) / CalWORKs	CalWORKs (CW) Coordinated Entry System (CES) Family Solution Centers (FSC) should remain administered by DMH because DMH has the clinical expertise and clinical supervision that is needed to properly implement this program. This program's success is dependent upon the presence of DMH's seasoned clinicians due to their strong connections to our mental health delivery system, as well as the homeless services system.	<p>DMH and the new department will collaborate to develop standardized practices and ensure utilization of all disciplines of the co-located staff across the various CES specifically for Families locations.</p> <p>DMH currently supports the clients accessing services at Coordinated Entry System (CES) Family Solution Centers (FSC) sites and can continue to do so after the new department is operational as well.</p>
Countywide Benefits Entitlement Services Teams (CBEST)	Funding supports DMH staff working to assist individuals who are homeless and have a serious mental illness with obtaining benefits including SSI. DMH staff provide direct support to clients, some of whom are referred to DMH by DHS' CBEST program. DMH staff also provide technical assistance to DHS' CBEST program staff as they work with clients.	County - Measure H	DMH's small Countywide Benefits Entitlement Services Teams (CBEST) should remain with DMH because DMH has the clinical expertise and clinical supervision that is needed to properly implement this program.	DMH and the new department will further examine how to align and partner on this program using lessons learned from other collaborations as the new department continues to be implemented. DMH intends to continue supporting the County's larger CBEST program regardless as to whether it stays in DHS or transitions to the new department.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Men's Community Re-Entry Program (MCRP)	Provides field based specialty mental health services to men with severe mental illness who have been involved in the criminal justice system and assisting them with community re-integration post release. Treatment addresses reduction in functional impairments related to severe mental illness, psychosocial risk factors to prevent recidivism, and increasing overall functioning	State - Mental Health Services Act (MHSA), Medi-Cal	MCRP should remain under DMH because it is a clinical service program for Specialty Mental Health Services which can only be provided by a Medi-Cal provider. Before MCRP could transition to the new department, the new department would have to become a certified Medi-Cal provider and enter into a contract with DMH to provide Specialty Mental Health Services.	DMH and the new department will collaborate through streamlining referrals for individuals who are released from carceral facilities with no identifiable residence. This may be achieved through a dedicated unit (i.e. Emergency Centralized Response Center) that has direct access to DMH programs, IT infrastructure, resources, and personnel.
Diversion, Re-Entry And Mental Health (DREAM) Program	Funds Intensive Case Management Services (ICMS), interim housing, licensed residential care and permanent supportive housing subsidies for clients referred to DMH for mental health services by the Office of Diversion and Reentry (ODR) as well as related staffing. DMH currently sends MHSA funds to DHS-ODR.	State - Mental Health Services Act (MHSA)	Diversion, Re-entry And Mental Health (DREAM) Program should remain under DMH because the program's administrative arrangement was approved under the current MHSA three-year plan. DMH already has the administrative infrastructure in place to meet the strict MHSA funding expenditure requirements. Moving the administration of these funds to a new department would prove challenging, as the new department would need to adhere to MHSA's outcome measures and fiscal reporting requirement. Such a transition would also require an update to the MHSA three-year plan.	DMH and the new department will collaborate to ensure these funds currently flow from DMH to DHS-ODR, as DMH intends to continue funding these services. DMH plans to work collaboratively with both ODR and the new department to determine the best flow of these funds.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Enhanced Care Management [formerly known as Intensive Service Recipient (ISR)/Kin to Peer (KTP) Programs]	Centralized Response Center to coordinate region wide unsheltered strategy operations (e.g., encampment resolutions, CARE operations, other engagements) with the primary goal of serving the needs of unsheltered people experiencing homelessness, leveraging and fully utilizing all resources, finding the most appropriate intervention for each person, and working toward a unified plan.	Medi-Cal managed care plans (MCPs) - Enhanced Care Management (ECM)	Enhanced Care Management (ECM) should remain under DMH because DMH holds the contract with MCPs for the ECM program for DMH clients.	DMH and the new department can collaborate if the new department is able to convert to an ECM provider. In addition to collaborating to streamline additional linkages specifically for clients requiring Mental Health Services.
Enhanced Emergency Shelter Program for Transition Age Youth	Provides DMH TAY clients (ages 18-25) who are homeless and have a mental illness with short-term housing that provides a bed, 24-hour general oversight, three meals each day, linens, clothing, toiletries and case management services. Currently there are 110 TAY shelter beds in Service Areas 2, 4, and 6.	County - Net County Cost (NCC)	Enhanced Emergency Shelter Program for Transition Age Youth should remain under DMH because DMH holds the contracts with the service providers and is responsible for monitoring and overseeing the care of these TAY clients. Operationally, DMH must refer TAY to directly operated mental health services through the TAY Navigation Team.	DMH and the new department will examine how to align and partner on this program using lessons learned from other collaborations as the new department continues to be implemented.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Enriched Residential Care (ERC)	Assists DMH clients to obtain and maintain housing at a licensed residential care facility (Board & Care) by providing funds for rent, personal and incidental expenses and/or enhanced services that may be needed due to their mental illness. Funding supports clients Countywide. Participants include both those who are homeless and those exiting higher levels of care that need housing. Also includes Community Care Expansion (CCE) funding from California Department of Social Services that supports capital improvements for health and safety and operating subsidy payments for licensed residential care facilities.	State - CCE: Preservation	<p>The Enriched Residential Care (ERC) Program should remain under DMH because DMH has the contract with the state to administer the Community Care Expansion, which is a state funded grant to counties to preserve Adult Residential Facilities (ARF) and Residential Care Facilities for the Elderly (RCFE). Furthermore, DMH's plan to implement Community Care Expansion (CCE) funding has already been approved by Department of Health Care Services (DHCS) and any changes would require a program plan change and re-approval by DHCS. The ERC program is also used to create client flow in our system from higher levels of care, such as Institutes for Mental Disease and hospitals, into the community. The DMH ERC team works closely with DMH's Health Access Integration team and the Public Guardian to transition clients into beds funded by ERC.</p> <p>Los Angeles County Development Authority (LACDA) released the RFP to identify the facilities that would be awarded preservation funds, as it has done before in partnership with DMH for other capital initiatives such as No Place Like Home. Moving to another department would require the new department to enter into a new MOU with LACDA. Additionally, the new department will have to become familiar with the LACDA agreement and would have to comply with all CCE grant requirements. DMH will have to monitor the new department and make sure they are in compliance since the CCE contract with the State is held by DMH. Funds must be obligated by December 31, 2026, and liquidated by September 30, 2028.</p>	DMH and the new department will collaborate to provide funding to the Housing for Health (HFH) Flexible Housing Subsidy Pool (FHSP) contract with Brilliant Corners, which will come to the new department. DMH will also collaborate with the new department to transfer clients between departments as appropriately needed for services. DMH will also continue to collaborate with the new department on referral forms, assessment tool documentation, common standards of care and rates.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Enriched Residential Care (ERC) Program	Assists DMH clients to obtain and maintain housing at a licensed residential care facility (Board & Care) by providing funds for rent, personal and incidental expenses and/or enhanced services that may be needed due to their mental illness. Funding supports clients Countywide. Participants include both those who are homeless and those exiting higher levels of care that need housing. Also includes Community Care Expansion (CCE) funding from California Department of Social Services that supports capital improvements for health and safety and operating subsidy payments for licensed residential care facilities.	State - Mental Health Services Act (MHSA)	The ERC Program should remain under DMH because it is part of the Board-approved MHSA three-year plan. This planning process included stakeholder involvement, agreement by the Behavioral Health Commission and approval by the Board of Supervisors. Moving the administration of these funds to a new department would prove challenging, as the new department would need to adhere to MHSA's outcome measurement and fiscal reporting requirement. Such a transition would also require an update to the MHSA three-year plan. Furthermore, ERC services also part of the LA Alliance settlement through which the department has an obligation to provide 450 new Adult Residential Facilities (ARF) and Residential Care Facilities for the Elderly (RCFE) beds. The ERC program is also used to create client flow in our system from higher levels of care, such as Institutes for Mental Disease and hospitals, into the community. The DMH ERC team works closely with DMH's Health Access Integration team and the Public Guardian to transition clients into beds funded by ERC.	DMH and the new department will collaborate by aligning policies and processes in areas that are common to housing and not unique to the population such as referral forms, assessment tool documentation, common standards of care and rates. DMH will also continue to provide subject matter expertise with our partners for those with SMI.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Enriched Residential Care (ERC) Program	Assists DMH clients to obtain and maintain housing at a licensed residential care facility (Board & Care) by providing funds for rent, personal and incidental expenses and/or enhanced services that may be needed due to their mental illness. Funding supports clients Countywide. Participants include both those who are homeless and those exiting higher levels of care that need housing. Also includes Community Care Expansion (CCE) funding from California Department of Social Services that supports capital improvements for health and safety and operating subsidy payments for licensed residential care facilities.	Federal - Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant	Enriched Residential Care (ERC) Program should remain under DMH because it is a federal grant that is not transferable to a different county department.	DMH and the new department will collaborate by aligning policies and processes in areas that are common to housing and not unique to the population such as referral forms, assessment tool documentation, common standards of care and rates. DMH will also continue to provide subject matter expertise with our partners for those with Serious Mental Illness (SMI).
Intensive Case Management Services (ICMS)	Funds the provision of field-based/on-site case management services to individuals with serious mental illness who are experiencing homelessness as they move into, and continue to reside living in, permanent supportive housing in order to promote housing stability and retention. DMH currently administers the funding, but sends the funds to DHS-HFH, which then contracts out for the ICMS services.	State - Mental Health Services Act (MHSA)	The administration of Intensive Case Management Services (ICMS) for DMH clients should remain under DMH because the services are part of the Board of Supervisors (BOS) approved MHSA three-year plan. This planning process included stakeholder involvement, agreement by the Behavioral Health Commission, and approval by the BOS. Moving the administration of these funds to a new department would prove challenging, as the new department would need to adhere to MHSA's outcome measures and fiscal reporting requirement. Such a transition would also require an update to the MHSA three-year plan.	DMH and the new department will collaborate to continue providing ICMS service needs for DMH clients. DMH currently sends funds to DHS-HFH and intends to continue sending these funds to HFH after it transitions to the new department.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Hollywood 2.0	To provide interim housing, licensed residential care and PSH resources for Hollywood 2.0 clients that are in the Hollywood region and to implement the Clubhouse for adults living, working and/or receiving mental health treatment in the Hollywood area who have a serious mental illness – many of whom may be unhoused or at risk of homelessness. The initiative also includes field-based services to provide a range of treatment and support services to individuals experiencing or at risk for homelessness. For individuals with less intensive mental health treatment needs, the initiative offers clinic-based services and supported employment services. Additional assets planned for the initiative in FY25-26 include a peer respite/psychiatric urgent care.	State - Medi-Cal, Mental Health Services Act (MHSA) and General Fund	<p>Hollywood 2.0 should remain under DMH because it would be extremely complicated to shift all of the funding streams to the new department. The MHSA funding is from a five-year grant that the MHSA Oversight and Accountability Commission awarded to DMH to implement the program. It is not clear if the award could be transferred to a different County department.</p> <p>The program also includes clinical Specialty Mental Health Services which can only be provided by a Medi-Cal provider. Prior to Hollywood 2.0 transitioning to the new department, the new department would have to become a certified Medi-Cal provider and enter into a contract with DMH to provide Specialty Mental Health Services.</p>	DMH and the new department will examine how to align and partner on this program using lessons learned from other collaborations as the new department continues to be implemented.
Medical Legal Services	Medical Legal Services addresses clients' legal problems and increases awareness of their rights to which lessens undue stress and empowers them with the information. These legal services can eliminate barriers to sustaining stable income through employment.	State - Mental Health Services Act (MHSA)	Medical Legal Services program should remain under DMH because the funds are sunseting very soon, in June 2026.	DMH and the new department will examine how to align and partner on this program using lessons learned from other collaborations as the new department continues to be implemented.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Homeless Outreach & Mobile Engagement (HOME) Program	Multidisciplinary teams in each Service Area provide outreach, engagement and treatment for individuals who are both chronically homeless and severely mentally ill and exhibit significant impairment. Street-based interventions include triage and assessment, intensive case management, medication support and crisis intervention - with the goal of linking clients to ongoing mental health services and permanent housing.	State - 2011 Realignment - Early Periodic Screening Diagnosis & Treatment (EPSDT), Medi-Cal, Mental Health Services Act (MHSA) and General Fund	<p>Homeless Outreach & Mobile Engagement (HOME) Program should remain under DMH because it is a clinical service program for Specialty Mental Health Services which can only be provided by a Medi-Cal provider. Prior to HOME transitioning to the new department, the new department would have to become a certified Medi-Cal provider and enter into a contract with DMH to provide Specialty Mental Health Services.</p> <p>In addition, HOME is partially funded with MHSA funds, which are part of the Board of Supervisors (BOS) approved MHSA three-year plan. This planning process included stakeholder involvement, agreement by the Behavioral Health Commission and approval by the BOS. Moving the administration of these funds to a new department would prove challenging, as the new department would need to adhere to MHSA's outcome measures and fiscal reporting requirement. Such a transition would also require an update to the MHSA three-year plan.</p>	DMH and the new department will continue to coordinate with the delivery of services, including the Department's deployment of HOME services and other County departments to residents experiencing homelessness through the Emergency Centralized Response Center (ECRC) and will continue to do so during the transition.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Housing Assistance Program (HAP)/Rental Assistance Program (RAP)	Serves DMH clients who are experiencing homelessness or at-risk of homelessness and who have limited or no income with funds for housing. Provides these clients subsidies, security deposits, utility assistance, household goods and eviction prevention assistance.	Federal and State - Substance Abuse and Mental Health Services Administration (SAMHSA) Projects for Assistance in Transition from Homelessness (PATH) grant and Mental Health Services Act (MHSA)	<p>HAP/RAP should remain under DMH because this program is part of the Board of Supervisors (BOS) approved MHSA three-year plan. This planning process included stakeholder involvement, agreement by the Behavioral Health Commission and approval by the BOS. DMH stakeholders made a strong recommendation to allocate funding for this program to fill a gap in DMH resources, aiming to assist DMH clients that have no other access to rental subsidies. Moving the administration of these funds to a new department would prove challenging, as the new department would need to adhere to MHSA's outcome measurement and fiscal reporting requirement. Such a transition would also require an update to the MHSA three-year plan. With the changes under BHSA, DMH will be accountable for ensuring that the County is claiming other Medi-Cal benefits before accessing this funding.</p> <p>Furthermore, DMH should also maintain the administration of this funding because part of the funding is from a federal grant that has been awarded to DMH and is not transferrable to another county department.</p>	DMH will continue to coordinate with the new department to ensure that Medi-Cal benefits are appropriately leveraged once Housing for Health transitions to the new department. Additionally, DMH will continue to work with the new department and LA Care to develop workflows that will ensure that clients can utilize the new Transitional Rent Medi-Cal benefit before the clients can be offered BHSA-funded housing supports, such as RAP, HAP, or HEAL.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Housing for Empowered Adult Living (HEAL)	Serves adults 18 and over who may no longer need to reside in a licensed residential care facility (commonly known as a board and cares or assisted living facility). Provides rental subsidies and assistance with move-in costs and utilities.	State - Mental Health Services Act (MHSA)	<p>HEAL should remain under DMH because this program is part of the Board-approved MHSA three-year plan. This planning process included stakeholder involvement, agreement by the Behavioral Health Commission and approval by the Board of Supervisors. Moving the administration of these funds to a new department would prove challenging, as the new department would need to adhere to MHSA's outcome measurement and fiscal reporting requirement. Such a transition would also require an update to the MHSA three-year plan. With the changes under Behavioral Health Services Act, DMH will be accountable for ensuring that the County is utilizing other Medi-Cal benefits before the County accesses this funding.</p> <p>DMH stakeholders also made a strong recommendation to allocate funding for this program to fill a gap in DMH resources. Stakeholders advocated for these funds to assist DMH clients living in licensed residential facilities to transition to apartments made affordable through HEAL rental subsidies. Additionally, this resource is used by DMH directly operated and legal entity service providers to meet the housing needs of DMH clients with serious mental illness (SMI)/serious emotional disturbance (SED) requiring a stepdown from licensed residential care.</p> <p>Prioritization of these clients is essential to creating flow within our system. Transferring HEAL to another department could lead to inefficiencies as these clients would no longer have a direct path to be served within the DMH continuum of care.</p>	DMH and the new department will examine how to align and partner on this program using lessons learned from other collaborations as the new department continues to be implemented.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Housing for Mental Health (HFMH)	Funds housing subsidies, security deposits, utility assistance and household goods for DMH clients who are homeless and enrolled in a Full Service Partnership (FSP) program.	State - Mental Health Services Act (MHSA)	<p>HFMH should remain under DMH because this program is part of the Board-approved MHSA three-year plan. This planning process included stakeholder involvement, agreement by the Behavioral Health Commission and approval by the Board of Supervisors. Moving the administration of these funds to a new department would prove challenging, as the new department would need to adhere to MHSA's outcome measurement and fiscal reporting requirement. Such a transition would also require an update to the MHSA three-year plan.</p> <p>HFMH was also part of the 2017 FSP re-design and stakeholder process which allocated Flex Pool rental subsidies to specific FSP programs that refer directly into these resources. Each of the FSPs are allocated a specific number of subsidies. Transferring this program out of DMH and placing it under the administration of a separate department could result in the disruption of housing services for FSP clients.</p> <p>Additionally, DMH was also awarded grant funding from LA Care and Health Net through the Housing and Homelessness Incentive Program (HHIP) to transition DMH housing data - including HFMH data - to Microsoft Dynamics in order to enhance such efficiencies as linkage with Integrated Behavioral Information Systems and creation of electronic referrals between DMH programs. Transferring this housing program to another department which will use a different housing data collection system will put DMH out of compliance with this grant and put DMH at risk of having to return the HHIP funds.</p>	DMH and the new department will collaborate in areas that are common to PSH administration and through continued partnership between DMH mental health providers and ICMS providers. DMH will also continue to provide subject matter expertise with our partners for those with SMI.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Housing Supportive Services Program (HSSP)	Provides field-based/on-site specialty mental health services to individuals who have a serious mental illness and are living in permanent supportive housing in order to promote housing stability and retention.	State - Medi-Cal, Mental Health Services Act (MHSA), Realignment, General Fund	<p>HSSP should remain under DMH because this is a clinical service program for Specialty Mental Health Services which can only be provided by a Medi-Cal provider. Before HSSP could transition to the new department, the new department would have to become a certified Medi-Cal provider and enter into a contract with DMH to provide Specialty Mental Health Services. DMH would continue to be responsible for the contract monitoring of the program to ensure it meets the MHSA requirements.</p> <p>HSSP is also part of the Board-approved MHSA three-year plan. This planning process included stakeholder involvement, agreement by the Behavioral Health Commission and approval by the Board of Supervisors. Moving the administration of these funds to a new department would prove challenging, as the new department would need to adhere to MHSA's outcome measurement and fiscal reporting requirement. Such a transition would also require an update to the MHSA three-year plan.</p> <p>Additionally, DMH was also awarded grant funding from LA Care and Health Net through the Housing and Homelessness Incentive Program (HHIP) to transition DMH housing data - including HSSP data - to Microsoft Dynamics in order to enhance such efficiencies as linkage with Integrated Behavioral Information Systems and creation of electronic referrals between DMH programs. Transferring this housing program to another department which will use a different housing data collection system will put DMH out of compliance with this grant and put DMH at risk of having to return the HHIP funds.</p>	DMH and the new department will work to collaborate as the new department becomes an FSP provider to directly assist clients. Having the new department become Medi-Cal certified and a FSP provider would expand service capacity. DMH and the new department will also explore if a transition to Assertive Community Treatment (ACT) is appropriate - this would be part of the transition to BHSA in July 2026.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Prevent Homeless ss ss/ Promote Health (PH/PH)	Provides housing retention services, as well as Specialty Mental Health clinical services, to individuals/families in permanent housing who have a serious mental illness, are formerly homeless and are at risk of losing their housing.	State - Realignment, General Fund, Medi-Cal	PH/PH should remain under DMH because it provides Specialty Mental Health Services which are clinical services that can only be provided by a Medi-Cal provider. Before PH/PH could transition to the new department, the new department would have to become a certified Medi-Cal provider and enter into a contract with DMH to provide Specialty Mental Health Services. PH/PH is also part of the Board of Supervisors (BOS)-approved Mental Health Services Act (MHSA) three-year plan. This planning process included stakeholder involvement, agreement by the Behavioral Health Commission and approval by the BOS. Moving the administration of these funds to a new department would prove challenging, as the new department would need to adhere to MHSA's outcome measurement and fiscal reporting requirement. Such a transition would also require an update to the MHSA three-year plan.	DMH will coordinate connections to DMH services for individuals living in permanent housing with serious mental illness identified by the new department.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Interim Housing Outreach Program (IHOP)	Collaborative program with the Departments of Mental Health, Health Services, and Public Health Substance Abuse Prevention and Control to provide specialty mental health, substance use, and physical health services and supports to residents residing in interim housing settings throughout Los Angeles County.	State - Mental Health Services Act (MHSA)	<p>DMH should retain IHOP because this program is a MHSA five-year time-limited learning project approved by the Oversight and Accountability Commission for DMH to implement. It is not known if the funding for this project that was granted by the Oversight and Accountability Commission can be transferred to a different County department.</p> <p>IHOP is also part of the Board-approved MHSA three-year plan. This planning process included stakeholder involvement, agreement by the Behavioral Health Commission and approval by the Board of Supervisors. Moving the administration of these funds to a new department would prove challenging, as the new department would need to adhere to MHSA's outcome measurement and fiscal reporting requirement. Such a transition would also require an update to the MHSA three-year plan.</p> <p>Additionally, IHOP is a clinical service program for Specialty Mental Health Services, which can only be provided by a Medi-Cal provider. Before IHOP could transition to the new department, the new department would have to become a certified Medi-Cal provider and enter into a contract with DMH to provide Specialty Mental Health Services.</p>	DMH will continue to collaborate with the new department and DPH-SAPC to operate the IHOP program. DMH intends to continue providing specialty mental health services to IHOP clients/residents, alongside its fellow County departments, including the new department. In addition, DMH will work collaboratively with the new department to ensure that the provision of services to IHOP clients is provided in an integrated and holistic manner.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Coordinated Entry System (CES)	Supports DMH CES participation including permanent supportive housing matching, verification of eligibility for DMH housing and data management.	County - Measure H	DMH staff support the CES by ensuring that DMH clients are matched appropriately to DMH housing resources. Because DMH does not use the HMIS to record active program enrollments, this team must work with DMH Service Area Housing Leads to submit a list of match ready clients who are receiving services from DMH to LAHSA. This team represents DMH at active PSH lease-ups and uses DMH's medical health record to confirm eligibility along with reviewing SMI Verification Forms. The resources made available through the CES include resources developed through DMH's capital investments in PSH, contracted to DMH by the Housing Authorities and those funded by DMH through the FHSP. The DMH staff leverage their subject matter expertise on DMH-funded subsidy requirements to ensure that DMH resources are expended appropriately and matched to eligible clients. Staff work to confirm appropriate matches using Integrated Behavioral Information Systems and by engaging in consultations with DMH case managers. Moving this program to the new department may result in the loss of relevant expertise and could result in a loss of the program's efficiency in matching clients to DMH resources.	DMH will continue to support the new department to ensure that DMH housing resources are appropriately utilized and leveraged to the greatest extent possible. As the Behavioral Health Services Act implementation begins in July of 2026, DMH staff's expertise of DMH housing resources will become even more valuable to the new department and the larger CES system.

A			B	C
Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Interim Housing Program (IHP)	Provides DMH clients who are homeless and have serious mental illness (as well as their minor children) with short-term housing that provides a bed, 24-hour general oversight, three meals each day, linens, clothing, toiletries and case management services. Includes dedicated beds for Men's Community Re-entry Program and other justice-involved clients.	State and County - Mental Health Services Act (MHSA), Measure H, and Behavioral Health Bridge Housing (BHBH)	<p>The Interim Housing Program should remain under DMH given this program is part of the Board of Supervisors (BOS) approved MHSA three-year plan. This planning process included stakeholder involvement, agreement by the Behavioral Health Commission and approval by the BOS. Moving the administration of these funds to a new department would prove challenging, as the new department would need to adhere to MHSA's outcome measurement and fiscal reporting requirement. Such a transition would also require an update to the MHSA three-year plan. Individuals in the IHP program receive clinical mental health services from DMH providers who are expected to be responsive to any critical issues that arise with their clients. Embedding the IHP program within DMH ensures that clients who are in need of clinical care are able to receive the care that they need quickly. Removing the management of the program from DMH would negatively impact the coordination of the clients' housing and clinical services.</p> <p>DMH was also awarded grant funding from LA Care and Health Net through the Housing and Homelessness Incentive Program (HHIP) to transition DMH housing data - including IHP data - to Microsoft Dynamics in order to enhance such efficiencies as linkage with IBHIS and creation of electronic referrals between DMH programs. Transferring IHP to another department that uses a different housing data collection system will put DMH out of compliance with this grant and put DMH at risk for having to return HHIP funds. IHP is funded with BHBH funds as well, which have restrictions on how they can be administered. BHBH is a State-administered/awarded grant which requires County behavioral health departments to administer the program within the county. So, the administration of the BHBH funds could not transfer to the new department. Furthermore, DMH's existing contract with Brilliant Corners to administer part of the IHP would have to be terminated if those contracts/funds were transferred to the new department. This could create legal challenges. Additionally, subject matter expertise on BHBH regulations, contractual and funding requirements and the population that is required to be served lies within DMH.</p>	DMH and the new department can work together to implement a universal referral form, adopt common shelter standards, adopt shared standards of care and new interim housing standardized base rates. DMH also participates in the air traffic control and provides the subject matter expertise with our partners for those with SMI and will continue to do so for the new department as well. Additionally, DMH and the new department will also examine collaboration on auditing/monitoring of the cost reimbursements invoices for DMH to ensure consistency across funders.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Motel Beds for Homeless Outreach & Mobile Engagement (HOME) and Women's Community Reentry Program (WCRP) Clients	Provides dedicated motel beds, including at Pathway Home interim housing sites, for approved DMH HOME and WCRP clients who are identified as experiencing homelessness and living with serious mental illness.	State - Mental Health Services Act (MHSA)	Motel Beds for HOME and WCRP programs should remain under DMH because they are part of the Board of Supervisors (BOS)-approved MHSA three-year plan. The planning process included stakeholder involvement, agreement by the Behavioral Health Commission and approval by the BOS. The funding for this resource was specifically allocated for these DMH programs. Moving the administration of these funds to a new department would prove challenging, as the new department would need to adhere to MHSA's outcome measurement and fiscal reporting requirement. Such a transition would also require an update to the MHSA three-year plan.	DMH and the new department will continue to coordinate to utilize these funds to support the placement of DMH clients in Pathway Home locations. DMH plans to continue using these funds in this manner and continuing to partner with the new department in the future.
Skid Row Concierge	The Projects for Assistance in Transition from Homelessness (PATH) federal grant provides funds for the provision of services to individuals who have a serious mental illness (SMI), or who have co-occurring SMI and substance use disorder (SUD), and who are homeless or at imminent risk of becoming homeless. The DMH Skid Row Concierge program was developed in response to the need for specialized field-based intensive outreach and case management services for persons experiencing unsheltered homelessness and mental illness in the Skid Row area of the County.	Federal - Substance Abuse and Mental Health Services Administration (SAMHSA) PATH federal grant	The Skid Row Concierge program should remain in DMH as it is funded through a SAMSHA grant for PATH to DMH. It is not known if this grant can be transferred to a different county department.	DMH and the new department will coordinate to align the Skid Row Concierge program with the MDTs in the Skid Row area and will continue to do so as the MDT teams transition to the new department.

A			B	C
Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Acute Services	Acute facilities stabilize individuals in psychiatric crisis by providing appropriate clinical services. The objectives are to stabilize symptoms through medication intervention, social rehabilitation skills, and facilitate community reintegration through discharge planning with linkage to community mental health services. These facilities include County, Short Doyle (SD) and Fee for Service/Medi-Cal contracted settings (FFS).	State - 2011 Realignment - Managed Care, 2011 Realignment - Mental Health, Medi-Cal, other	Acute Services should remain at DMH because DMH is the official Medi-Cal Specialty Mental Health Plan for the County. DMH is legally responsible for managing, authorizing, and coordinating all acute psychiatric inpatient care for Medi-Cal beneficiaries in the County. Under state law, the Medi-Cal waiver, and DMHs' contract with the state, only DMH or providers contracted with DMH (County-operated, SD, or FFS) can deliver these services.	<p>DMH and the new department could collaborate to develop shared protocols for discharge planning, housing referrals, and case management to support clients transitioning from inpatient settings to stable housing. Joint efforts could also streamline communication, reduce duplication, and ensure warm handoffs, improving client outcomes and creating system efficiencies.</p> <p>The new department could assist as a liaison for all homeless, non-conserved acute psychiatric inpatient clients being discharged from the acute setting. This could help with improving 'loss of follow-up' rates and continuity of care for these clients that are discharged to outpatient community treatment services and/or residential SUD or MH treatment facilities (i.e., ERS, SUD residential/sober living facilities, etc.). The liaison may be able to follow the client into the community and build on a variety of Targeted Case Management treatment services to prevent recidivism and relapse. This could be done as an ECM provider or through other case manager mechanisms.</p>

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Assisted Outpatient Treatment (AOT)	The AOT program has two main parts: the outreach and engagement portion, and the outpatient treatment portion. The Outreach and Engagement Teams outreach to individuals who have a serious mental illness and are at substantial risk of deterioration as a direct result of poor psychiatric treatment compliance, in an effort to voluntarily engage them in Full Service Partnership (FSP) services or residential-type services. The treatment for AOT clients is provided by DMH-contracted FSP providers and DMH-contracted Enhanced Residential Services providers. Approximately 41% of AOT clients are homeless.	State - Mental Health Services Act (MHSA), Medi-Cal	<p>The AOT outreach and engagement program should remain at DMH because the Welfare and Institutions Code 5345 directs that only a county mental health director or his/her designee can file petitions for eligible AOT clients. Designating the new department to provide AOT would require the new department to adhere to strict outcome measurement and fiscal reporting requirements. Also, AOT outreach and engagement is part of the Board of Supervisors (BOS)-approved Mental Health Services Act (MHSA) three-year plan. This planning process included stakeholder involvement, agreement by the Behavioral Health Commission and approval by the BOS. Moving the administration of these funds to a new department would prove challenging, as the new department would need to adhere to MHSA's outcome measurement and fiscal reporting requirement. Such a transition would also require an update to the MHSA three-year plan.</p> <p>Additionally, per the requirements of BHSA, the new department would also have to become a certified Medi-Cal provider in order to receive Behavioral Health Services Act funds in the future.</p>	DMH and the new department could work together to ensure that potential eligible cases are referred to the DMH AOT team for outreach and engagement and possible filing of court petitions. DMH can also provide guidance to the new department if the new department is interested in becoming a FSP provider for AOT clients.

A			B	C
Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Full Service Partnership (FSP) Program	Directly operated and contracted field-based teams provide outreach, case management and mental health services tailored to meet the complex needs of individuals who have a serious mental illness. Approximately 50% of adult, older adult and Transition Age Youth (TAY) FSP clients are homeless or at-risk of homelessness.	State - 2011 Realignment - Early Periodic Screening Diagnosis & Treatment (EPSDT), Medi-Cal, Mental Health Services Act (MHSA) and General Fund	<p>The management of FSP services should remain at DMH because FSP services are funded in part by MHSA funds. These funds are allocated to DMH through the Board of Supervisors-approved MHSA three-year plan and planning process, which included stakeholder involvement, agreement by the Behavioral Health Commission and approval by the Board of Supervisors. Moving the administration of these funds to a new department would prove challenging, as the new department would need to adhere to MHSA's outcome measurement and fiscal reporting requirement. Such a transition would also require an update to the MHSA three-year plan.</p> <p>Additionally, FSP services are also funded in part by Medi-Cal. Because these services are offered by the Specialty Mental Health Plan, they can only be managed and administered by DMH, which operates the Plan. Any provider that wishes to offer FSP services, including the new department, would have to become a certified Medi-Cal provider and enter into a contract with DMH to provide Specialty Mental Health Services.</p>	DMH and the new department can collaborate to create an outreach and assessment team that can initiate services and provide firm linkage to mental health and/or substance use disorder (SUD) programs that are most appropriate, including FSP services. DMH and the new department can also partner if the new department wants to become a FSP provider, and DMH can provide guidance as the new department develops its FSP program and achieves Medi-Cal certification.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Psychiatric Mobile Response Teams (PMRT)	Teams provide non-law enforcement-based mobile crisis response for clients experiencing a psychiatric emergency in the community. A service offered through DMH's ACCESS Center, PMRT consists of DMH clinicians designated to perform evaluations for involuntary detention of individuals determined to be at risk of harming themselves or others, or who are unable to provide food, clothing or shelter for themselves. PMRT enables successful triage of each situation involving mentally ill, violent or high-risk individuals.	County and State - Net County Cost (NCC), Realignment, Medi-Cal, Mental Health Services Act (MHSA)	The administration of PMRT should remain at DMH because counties are required to provide crisis response services 24 hours a day, 7 days a week. Within the County, Alternative Crisis Services have been delegated to DMH and crisis services are provided by a mix of DMH directly operated staff and legal entity contractors and law enforcement co-response teams.	DMH and the new department can examine how to align and partner on this program using lessons learned from other collaborations as the new department continues to be implemented. If the new department is interested in becoming a PMRT provider (similar to a Mobile Crisis Outreach Team), DMH will provide guidance and assistance.
Subacute Services	Long-term care psychiatric facilities that provide care for individuals who no longer meet the criteria for acute care but are not clinically ready to live in a board and care facilities. This level of care is for individuals who require additional intensity of services and supports or specialized populations such as hearing impaired or forensic population.	State - 2011 Realignment - Early Periodic Screening Diagnosis & Treatment (EPSDT) and 2011 Realignment - Mental Health, Medi-Cal, Mental Health Services Act (MHSA) and General Fund	The administration and management of Subacute Services should remain at DMH because these services must be overseen by the Specialty Mental Health Plan, which DMH operates and manages. This is required by State statute, including CCR Title 22, Division 5 which includes regulations for Skilled Nursing Facilities (SNFs) and Special Treatment Programs (STPs) that provide subacute care and outlines specific program requirements for SNFs offering specialized mental health services. While DHCS licenses these facilities, the programmatic approval for the mental health component involves DMH.	DMH and the new department can coordinate to share responsibility for the overall client experience, even if administrative structures are separate. Focusing on communication, shared understanding, and a commitment to continuous improvement will be key. DMH may identify and remove redundancies, standardize the process if needed, share best practices, and develop shared metrics for success.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Urgent Care Centers (UCCs), Mental Health	UCCs provide intensive crisis services to individuals who otherwise would be taken to psychiatric emergency rooms. Individuals served include repetitive and high utilizers of emergency and inpatient services, individuals with co-occurring substance abuse and mental health issues, individuals with mental illness needing medication management and prescription services, and individuals whose presenting mental health issues can be met with short-term (under 23 hours) immediate care and linkage to community-based treatment. The UCCs focus on quickly providing stabilization services and linking clients to ongoing community services and supports.	Realignment and State - 2011 Realignment - Early Periodic Screening Diagnosis & Treatment (EPSDT), AB 209, Medi-Cal Managed Care, Mental Health Services Act (MHSA) and General Fund	The administration and management of Mental Health UCCs, should remain at DMH because UCC services are Medi-Cal clinical services program which can only be administered and contracted by the Specialty Mental Health Plan, which is operated by DMH.	DMH and the new department will examine how to align and partner on this program using lessons learned from other collaborations as the new department continues to be implemented.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Transitional Rent (TR)	A new benefit under Cal AIM Community Supports to support Managed Care Plan (MCP) members experiencing or at risk of homelessness by providing up to 6 months of rental assistances in eligible interim and permanent settings. Given the impact on the use of Behavioral Health Services Act housing interventions funding, MCPs are required to work with County Behavioral Health Departments, give them first right of refusal for TR contracts and have been encouraged to develop a Flexible Housing Subsidy Pool (FHSP) to address the many complexities of coordinating various funding sources to support clients with behavioral health issues.	MCP Community Supports and DMH Funding in the FHSP	TR should be administered by the new department. Since Department of Health Services-Housing for Health (DHS-HFH) currently holds contracts with the MCPs and they hold the contract with Brilliant Corners for the FHSP, DMH and DHS-HFH have been in discussions about DHS-HFH being the lead on TR rent rather than DMH. Both departments have also been meeting with the health plans to ensure alignment. The TR funding will be accessed through a contract between the new department and the MCPs. DMH has funding in the FHSP for DMH clients that can be used for DMH approved clients once TR ends.	DMH and the new department will collaborate as DMH will provide funding to the FHSP which will be administered by the new department and can use those funds to continue the housing subsidy when TR ends for DMH approved clients.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Care Court	The CARE Act creates a new pathway to deliver mental health and substance use disorder services to the most severely impaired Californians who too often suffer in homelessness or incarceration without treatment. The CARE Act moves care and support upstream, providing the most vulnerable Californians with access to critical behavioral health services, housing and support. The DMH CARE team is the substituted petitioner for CARE petitions, responsible for outreach and engagement of respondents, developing CARE plans/agreements, providing status reports and developing graduation plans for respondents, this is a court supervised program with accountability features for County behavioral health agencies.	State - Mental Health Services Act (MHSA) and General Fund	CARE Court should remain with DMH because CARE Court and Assisted Outpatient Treatment are similar programs and referrals for these services are triaged to properly align the client with the most appropriate court supervised treatment program. The Director of Mental Health/designee has specific statutory requirements related to the investigating of referrals and filing of petitions. The criteria for CARE is limited to certain psychiatric diagnoses and CARE requires that Behavioral Health Bridge Housing funded housing sites be prioritized for CARE respondents.	DMH and the new department will work together through established processes for referrals of potential eligible cases to DMH CARE team for outreach and engagement and possible filing of court petitions.

A			B	C
Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Veteran & Military Family Services (VMFS - formerly known as Veterans Peer Access Network)	<p>VMFS is a field-based program designed by DMH to connect veterans and their families with available services. The program's goals are to reduce homelessness, suicide, underemployment and dramatically increase resources and services for veterans and their families. VMFS services and resources are available to all veterans and family members of every age countywide. Eligibility criteria includes: no criteria for time in service, service era or discharge status; available regardless of Veterans Affairs (VA) disability rating; no specific or exclusionary criteria for level of need/care; and no income level requirements.</p> <p>VMFS is staffed predominantly by veterans and military family members who provide mental health services, peer support, and linkage to resources for their fellow veterans and military families. Clients can access housing, health care, financial, legal and employment support, and more. Clinical professionals can also assist those struggling with substance abuse and mental health issues.</p>	State - Mental Health Services Act (MHSA)	VMFS should remain at DMH because it is part of the Board-approved MHSA three-year plan. This planning process included stakeholder involvement, agreement by the Behavioral Health Commission and approval by the Board. Moving the administration of these funds to a new department would prove challenging, as the new department would need to adhere to MHSA's outcome measurement and fiscal reporting requirement. Such a transition would also require an update to the MHSA three-year plan.	DMH and the new department will examine if this program can serve as a liaison for the new department as it relates to veterans with severe mental illness who are identified by the new department.

Program Administration Assessment - New Homelessness Department Department of Military and Veteran's Affairs (MVA)

A			B	C
Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Accessible Veteran Resource Centers	Across participating cities, veteran resource centers foster a comprehensive support network for veterans, which will include coordination and collaboration with the Department of Mental Health (DMH) and the federal Department of Veteran Affairs (VA).	County - Measure H	Accessible Veteran Resource Centers should remain under MVA oversight given expertise with the homeless veteran population and existing coordination with DMH and the VA. Program services must be staffed by individuals with in-depth knowledge of the military and veteran community. To ensure this coordination, staff must be well-versed in the VA claims process, capable of guiding veterans through filing procedures, addressing their questions, and providing comprehensive support through both in-person and call center services. Centralizing oversight within MVA promotes efficiency, accountability, and ensures alignment with broader county strategies to reduce veteran homelessness and improve access to care.	MVA and the new department can partner to ensure alignment with veteran-specific protocols, assist in training staff on military cultural competency, and provide warm handoffs for high-need cases, ensuring veterans experience seamless, coordinated support.
Benefits Advocacy	Connect homeless or formerly homeless veterans to benefits and critical services to lower the risk of returning to homelessness. Additionally, the program provides free legal services to homeless and low-income veterans and their families to aimed at removing barriers in obtaining benefits and housing.	County - Measure H	Benefits Advocacy should remain under MVA oversight to ensure seamless connection to benefits, critical services, and legal support that reduces housing instability and removes barriers to long-term housing and care for veterans. Effective benefits advocacy requires in-depth knowledge of the military and veteran community. Staff must have a clear understanding of the VA claims process, including how to interview veterans to capture the full scope of their claims, ensure all necessary supporting documentation is provided, assist with appeals, and address veterans' questions with accuracy and empathy. Centralizing oversight within MVA promotes efficiency, accountability, and ensures alignment with broader county strategies to reduce veteran homelessness and improve access to care.	MVA and the new department can coordinate by sharing data on veteran needs, co-locating services at veteran-focused access points, and helping identify eligible veterans quickly. This collaboration reduces duplication and ensures timely access to services, improving housing outcomes.

A			B	C
Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Improved Coordination for Document Readiness	Improved Coordination for Document Readiness expedites veterans' access to housing by optimizing coordination between relevant County departments, the Department of Veterans Affairs (VA) and veteran homeless services providers to streamline the collection of necessary paperwork, such as identification and discharge papers by providing various service platforms, education, and digital solutions.	County - Measure H	Improved Coordination for Document Readiness should remain under MVA oversight due to streamlined access to housing through various service platforms, education, and digital tools tailored to veterans' needs. Document readiness for military servicemembers and veterans is largely centered around their military service. This is best facilitated by MVA as they have accredited Veteran Service Organizations/VSOs with access to the VA system and the knowledge and ability to request various paperwork from the VA that other staff may not have.	MVA and the new department can coordinate by embedding veteran navigators into outreach and intake processes, coordinating DD-214 requests (Certificate of Release or Discharge from Active Duty), and integrating systems to flag and expedite documentation for veterans to reduce delays and accelerate housing placements. MVA will coordinate with the new department to embed Veterans Claims Assistants into the document collection and readiness process to expedite military records collection and claims submissions. This will allow any Veteran engaged by the system to have an opportunity to meet with a staff member to process claims they may be eligible for, submit requests for Veteran designation on their ID or license plate, provide access to death benefits for surviving spouses/children, process education requests, etc. Subsequently, the new department can expedite document collection from all other sources such as DPSS' General Relief, CalWORKs, etc.
Legal Services	This contract allows for veterans who meet certain eligibility requirements access to legal services for various reasons including character of discharge upgrades, eviction prevention, custody disputes, among others. Depending upon the type of legal service, this is available to veterans who are currently experiencing homelessness or at-risk of homelessness.	Federal - Veterans Administration	This program is funded by a federal Department of Veterans Affairs grant that must be administered by MVA. Legal Services to homeless and at-risk veterans for Housing and Family Legal Services should remain under MVA due to MVA's existing infrastructure, expertise, and established partnerships needed to manage the Master Agreement, monitor performance, and ensure services are veteran-centered. MVA's centralized oversight avoids duplication, promotes efficiency, and integrates legal services into existing housing and reentry programs—maximizing impact and resource coordination. Centralizing oversight within MVA promotes efficiency, accountability, and ensures alignment with broader county strategies to reduce veteran homelessness and improve access to care.	MVA and the new department can work collaboratively to improve the client experience and create efficiencies by establishing coordinated referral protocols, ensuring that veterans are quickly connected to contracted legal providers when housing or family-related legal issues arise. MVA can also share non-confidential service data to help track outcomes and identify service gaps, participate in multidisciplinary case reviews, and offer joint training to front-line staff across departments.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Housing Matches	This contract allows MVA staff to match eligible veterans to veteran project-based vouchers.	Federal - Veterans Administration	This program is funded by a federal Department of Veterans Affairs grant that must be administered by MVA. House Matching should remain under MVA given the Department's direct contract with the VA. The department offers continuity, efficiency, and established infrastructure. With veteran-specific knowledge, established workflows, and trusted relationships with the VA and community providers, MVA ensures minimal disruption and maximized impact for vulnerable veterans in need of housing.	MVA and the new department can collaborate by creating referral pathways for the homeless veteran population seeking PBV units and screen for eligibility. MVA can continue to support improved client outcomes and operational efficiency by leveraging its veteran-specific knowledge, established workflows, and strong relationships with the VA and community providers.
Veteran Call Center	Support veteran call center to streamline operations and optimize support veterans.	County - Measure H	The Call Center must be staffed by individuals with in-depth knowledge of the military and veteran community. Program services should remain under MVA oversight given expertise with the homeless veteran population and existing coordination with Department of Mental Health (DMH) and the federal Department of Veterans Affairs (VA). To ensure this coordination, staff must be well-versed in the VA claims process, capable of guiding veterans through filing procedures, addressing their questions, and providing comprehensive support through both in-person and call center services. Centralizing oversight within MVA promotes efficiency, accountability, and ensures alignment with broader county strategies to reduce veteran homelessness and improve access to care.	MVA and the new department can collaborate by integrating referral pathways, sharing data to identify service gaps, and coordinating cross-training efforts. MVA can closely collaborate with the new department to provide informational training on common questions Veterans have and streamline a referral pathway to ensure all Veterans experiencing homelessness have access to an accredited Veteran Service Organization.

Program Administration Assessment - New Homelessness Department **Department of Public Health (DPH)**

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction / Source		
CalWORKs (CW) Coordinated Entry System (CES) Family Solution Centers (FSC)	Provides co-located DPH-Substance Abuse Prevention Control (SAPC) contracted Client Engagement and Navigation Services Substance Use Disorder (SUD) counselors and DMH clinicians at homeless services agencies to screen families for SUD and mental health concerns and provide linkage to needed services including SUD and/or mental health services.	Federal - Temporary Assistance for Needy Families/ CalWORKs	This program should remain under DPH, as SAPC leverages contracted community partners to successfully implement the CW funded services. This collaboration has included CBO agencies making investments in staffing to provide CENS services. Additionally, SAPC has established contractual agreements based on braided funding allocations including CalWORKs.	DPH-SAPC and the new department will examine how to align and partner on this program using lessons learned from other collaborations as the new department continues to be implemented.
Enhance the Emergency Shelter System	Funding is provided for the DPH Environmental Health Division (EHD) Interim Housing Program to ensure quality housing and food are provided to those experiencing homelessness through regulatory oversight, which includes the following activities: permitting of interim housing operations; conducting routine inspections and complaint investigations at interim housing facilities; providing training and outreach to interim housing facility operators and stakeholders; assisting and educating interim housing operators on necessary actions needed to achieve compliance; and collaborating with interim housing agencies to strengthen multiagency service delivery and efficiency.	County - Measure H	Enhance the Emergency Shelter System should remain under DPH as the Deputy Health Officer enforces County Code Title 11.20 to ensure Interim Housing facilities meet applicable County Codes and State law. Three inspections are conducted annually to assess environmental conditions related to sewage discharge, vermin (rodents, cockroaches, bed bugs, and other insects), unsanitary conditions and general maintenance of the facility. If the Interim Housing facility includes a resident kitchen facility, or other food service, the program must ensure it complies with California State laws and local ordinances relating to construction, building materials, equipment, equipment installation, and ventilation systems required in a food facility.	DPH Environmental Health and the new department can continue to foster the existing collaboration between DMH, HFH, CEO-HI to track interim housing inspections, monitor environmental conditions, and share information on critical risk factors under the new department. This collaboration can enhance the new department's reporting and decision-making processes, while improving the ability to address complex PEH health challenges.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction / Source		
Homeless Encampment Project Environmental Health Division (EHD)	Homeless Encampment Project - Funding for Environmental Health Division (EHD) to conduct surveys and assessment in Skid Row and unincorporated area to identify public areas with accumulations of trash, medical waste such as needles, feces and urine, and rodent burrows. The survey also includes access to public toilets and handwashing facilities and other public health concerns affecting people experiencing homelessness. EHD also works with Los Angeles Homeless Services Authority to identify areas in the County with vulnerable populations that needed to be assessed for elevated risks of disease transmission due to unsanitary conditions.	County - Measure H	Homeless Encampment Project EHD should remain under DPH as the Deputy Health Officer enforces County Code Title 11.02.190 and 11.02.192. The EHD conducts assessments of homeless encampments to ensure unsheltered people are protected. Various unsheltered locations are assessed to identify environmental health hazards and provide technical assistance to street medicine teams and other agencies that engage unsheltered populations. Elements of the assessment include access to clean and safe water; proper disposal of human and other waste; elimination of biological, chemical, or other hazards from the environment; elimination of animal and insect vectors that can carry and transmit disease; and universal access to hygiene facilities, such as toilets and handwashing sinks. Additionally, during an outbreak at an encampment, the EHD provides residents with guidance on infection control and monitors conditions until the outbreak is controlled.	DPH Environmental Health and the new department can continue to collaborate with Public Works and city officials to monitor environmental conditions and share information on critical risk factors under the new department. This collaboration can enhance the new department's reporting and decision-making processes, while improving the ability to address complex PEH health challenges.
Homeless Encampment Project Substance Abuse Prevention Control (SAPC)	Client Engagement and Navigation Services (CENS) counselors engage and refer people experiencing homelessness (PEH) with substance use disorders (SUD) in interim housing, permanent housing or designated homeless encampments and for those living on the streets.	Federal - Substance Abuse and Mental Health Services Administration Block Grant	The Homeless Encampment Project should remain under the DPH given Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUBG) funds require significant reporting requirements and are currently integrated into contracts with other funding streams. Regulation mandates that SUBG funds be dedicated to substance use disorders treatment. Additionally, these funds are issued under an Intergovernmental Agreement between DHCS and SAPC.	DPH and the new department will work together to explore whether the new department can potentially become a substance use disorders (SUD) provider with the ability to bill for providing SUD services. In addition, DPH and the new department can improve coordination of outreach efforts to PEH with SUD by aligning current initiatives with the work of existing outreach services.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction / Source		
Incentives and Enablers	Provides temporary housing, food, and transportation support to people experiencing homelessness (PEH) or are imminently homeless, who have been diagnosed with or exposed to a communicable disease that poses a significant threat to public health and need temporary housing to effectively complete treatment and/or recommended isolation or quarantine.	State - California Department of Public Health County - DPH - NCC, Measure H	<p>The Incentives and Enablers program can be administered by the new department, provided PEH are placed in an appropriate temporary housing site in a timely manner and DPH staff can communicate with department staff regarding PEH placement needs. To optimize funding for housing tuberculosis patients, reporting on the spend down should be aligned with the requirements for patients funded by State grants. This includes deidentified patient level information related to patient's diagnosis. The new department could manage funds and coordinate referrals, placements, and reporting for PEH placements funded by NCC. However, given that there are HIPAA restrictions and strict reporting requirements for grant-funded stays, an agreement through an MOU or DSO between DPH and the new department would be needed to optimize resources from multiple revenue sources for housing Tuberculosis (TB) patients.</p> <p>Limitations of this proposal include managing multiple funding streams, including State funds, which have strict reporting requirements related to the spend down of funds for housing these patients. Similar reporting and tracking of funds would be required for all TB patients receiving temporary housing services, regardless of funding source. Additionally, HIPAA privacy concerns and challenges regarding data analysis and reporting should be analyzed.</p>	<p>DPH and the new department will examine how to align and partner on this program using lessons learned from other collaborations as the new department continues to be implemented. Such collaboration could include both departments sharing templates and protocols and the new department assisting DPH with vendor recruitment, linkages to other programs/agencies providing support services, and training for Incentive and Enabler staff. This could help to streamline administrative processes as well as enhance DPH's capacity to meet client needs. Transitioning the Incentive and Enabler Program from DPH to the new department would capitalize on these entities' respective scopes and expertise to improve the client experience, as well as yield administrative, contracting and programmatic efficiencies. Specifically, this would build on the new department's expertise in PEH service delivery, existing vendor contracts, and a network of partnerships, as well as Public Health's strong expertise in communicable disease prevention and control.</p>

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction / Source		
Office of Women's Health (OWH): Domestic Violence Supportive Services (DVSS)	DVSS contracts support agencies that provide domestic violence services to CalWORKs eligible participants, ranging from case management and counseling, life skills, parenting classes, financial management, providing resources/referrals and linkages, referrals to emergency shelter, short-term hotel/motel or emergency shelter (up to 45 days) and legal services. Although services available through the CalWORKs DVSS Program are wide-ranging (including Hotel/Motel stays), these services are limited to CalWORKs eligible clients—only families with young children.	Federal - Other federal funding	<p>DVSS should remain under DPH, as it has developed significant staffing and expertise to effectively manage contracts, as well as amend, extend, and solicit as needed. Over time, DVSS has built a strong working relationship with DPSS and established a trusted partnership with contracted agencies, fostering efficient and supportive services.</p> <p>Additionally, long-standing relationships with current DPH partners, such as Contracts and Grants, the Domestic Violence Council, and the Office of Violence Prevention, make it impractical to transfer these resources to another department. Moving the OWH program would present a learning curve for a new department, and the benefits of such a move may not be realized for an extended period. In the meantime, it could disrupt or hinder the progress achieved since the 2018 transfer of these resources from DPSS to DPH through an MOU utilizing a DSO process of reimbursement.</p>	DPH and the new department can collaborate to support clients in quickly identifying housing. Existing resources are often exhausted; particularly beyond the threshold of 45-days for DVSS housing resources.
Office of Women's Health (OWH): Domestic Violence Shelter Based Program (DVSBP)	Services include 24-hour hotlines for crisis calls, emergency shelter for survivors and their children, food, psychological support and peer counseling, drop-in center services, referrals to community services (such as medical and legal services), arrangements for school age children, transportation, among other supports. Through County contracts, DVSBP housed 1,062 adults and 1,455 children in FY2022-23.	<p>County - DPH - NCC</p> <p>State - Special Revenue (Marriage License and court fees)</p>	The DVSBP should remain under DPH as the NCC dollars which fund this program are tied to the Special Revenue stream allowing contracted agencies to receive a single combined allocation of both funding sources. If NCC was transferred, all the contracts would need to be transferred, which could not happen. Additionally, as DPH has been administering these contracts since July 2018, transferring these contracts to another department would be disruptive. There is already an established contractual relationship with all eighteen Shelter Based Agencies which would not be transferable to another department without significant time, bureaucracy and unnecessary effort.	DPH and the new department could support DVSBP through enhanced integration of the County services and provide additional resources to their contracted providers from the new department.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction / Source		
Mobile Public Health Clinical Services for People Experiencing Homelessness (PEH)	This program is a combination of two previously funded programs (Public Health Nurses and Mobile Vaccine Team) which have been streamlined and are now called "Mobile Clinical Services for PEH." This program provides public health clinical services to people experiencing homelessness including vaccines and screening for tuberculosis, which facilitate access to interim and permanent housing solutions. Our clinical staff also facilitate referrals to housing resources.	County - Measure H	The Mobile Public Health Clinical Services for PEH should remain under DPH because this team provides direct clinical services, including specialized public health screenings and the coordination of a high-volume vaccine inventory, particularly for seasonal vaccines. This is a complex task that is not typically handled by street medicine teams.	DPH and the new department will continue to collaborate by aligning Mobile Public Health Clinical Services to serve PEH. For example, DPH currently partners with Homeless Initiative coordinated encampment resolution and service connection event efforts through Pathway Home. This collaboration will continue with the new department.
Client Engagement and Navigation Services (CENS)	The purpose of CENS is to provide an integrated care model of physical health, specialty mental health, and substance use disorder (SUD) services to residents to retain their housing and achieve long-term stability, and improved health and well-being. CENS counselors co-located at various sites to educate, engage, screen, and refer residents to SUD treatment.	County - Measure H	<p>CENS program should remain under DPH-SAPC since it has worked closely with contracted community partners to successfully implement Measure H funded services. This collaboration has included community based organizations and agencies making investments in staffing to provide CENS services. Additionally, DPH-SAPC has established contractual agreements based on braided funding allocations including Measure H.</p> <p>As funds are issued to DPH-SAPC as part of the County's Measure H investment, removing these funds from existing contracts would not be practical given the integrated funding structure.</p>	DPH and the new department will explore whether the new department can potentially become a SUD provider with the ability to bill for SUD services. In addition, DPH-SAPC and the new department can coordinate and improve integration of the CENS program to ensure SUD services are available to PEH in interim housing, permanent housing or designated homeless encampments and for those living on the streets.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction / Source		
Recovery Bridge Housing (RBH)	<p>RBH is an abstinence-focused, peer-supported housing that provides a safe interim living environment for clients who are unstably housed or experiencing homelessness. Participants in RBH must be concurrently enrolled in outpatient, intensive outpatient, Opioid Treatment Program, or Outpatient (aka Ambulatory) Withdrawal management settings.</p> <p>RBH also has specific set-aside beds for people experiencing homelessness (PEH) with substance use disorders (SUD) existing institutions, including jail, hospitals, foster system, and/or SUD residential treatment.</p>	<p>County - Measure H</p> <p>Federal - Substance Abuse and Mental Health Services Administration (SAMHSA) Block Grant</p> <p>County - Measure J: Care First Community Investment (CFCI)</p> <p>Realignment - AB109 and other funding, AB118</p>	<p>The RBH program should remain under DPH-SPAC since it has worked closely with contracted community partners to successfully implement the braided funding and varying regulations that each funding source requires. There are several funding sources are under an Intergovernmental Agreement with SAPC.</p> <p>As funds are issued to DPH-SAPC as part of the County's Measure H investment, removing these funds from existing contracts would not be practical given the integrated funding structure.</p>	<p>DPH-SAPC and the new department can work to improve client experiences and/or create efficiencies for those needing RBH.</p> <p>In addition, the new department can assist in coordinating and advocating for individuals and families with SUD residing in RBH to have a pathway for affordable long-term/permanent recovery-oriented housing to improve client outcomes for PEH with SUD, including those involved with the justice system.</p>
RV Encampment Pilot Program	Provide specialized environmental health support to identify and address health and safety risks and provide technical assistance to County departments for the County's Recreational Vehicle Homeless Encampment Program (RVHEP) pilot.	County - Measure H	The RVHEP should remain under DPH as this is a specialized environmental health function. As part of this effort, a Deputy Health Officer enforces County Code Title 11, 12, and 20. Additionally, a Registered Environmental Health Specialist technical skills is needed to identify and address health and safety risks, provide technical assistance to County departments, and enforce County Code Title 11, 12, and 20.	DPH Environmental Health and the new department can continue to collaborate with Public Works and Sheriff, to resolve RV encampments, monitor environmental conditions and share information on critical risk factors. This collaboration can enhance the new department's reporting and decision-making processes, while improving the ability to address complex health challenges among people experiencing homelessness.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction / Source		
Project HOPE	Provides perinatal and parenting support to unhoused families who are pregnant or have children age 0-5 years.	County - Measure H State - Block Grant	Project HOPE should remain under DPH as there is a DCFS Contract with DPH-SAPC. Additionally, this program is integrated with the Doula Program to ensure seamless wrap around services. People with lived experience and public health nurses are among the service delivery team.	DPH and the new department can work to enhance Project H.O.P.E. by streamlining and prioritizing access to housing, rental subsidies, and expansion of pathways/referrals for clients who are pregnant or newly parenting individuals.
Division of HIV and STD Programs: Emergency Financial Assistance	This program assists eligible people with HIV (PWH) with assistance to pay rent, utilities, and food. Funded by federal dollars specifically designated for PWH.	Federal - Ryan White Grant	Emergency Financial Assistance should remain under DPH. A partnership with the new department may be feasible via MOU, however there are significant data collection and reporting requirements tied to the funding source that should be considered. Additionally, these services are provided by HIV service providers who often do not overlap with homeless service providers.	DPH and the new department can collaborate to enhance access to housing opportunities and services.
Division of HIV and STD Programs: Residential Care Facility for the Chronically III (RCFCI)	RCFCI is licensed to provide services in a noninstitutional, home-like environment, which is maintained and operated to provide 24-hour care and supervision to the following people with HIV (PWH): adults 18 years of age or older; emancipated minors; and people who are unable to work. The goal of the RCFCI program is to improve the health status of PWH who need to receive care, support, and supervision in a stable living environment to improve their health status. This program is funded by federal dollars specifically designated for PWH and includes those without stable housing who are considered homeless.	Federal - Ryan White Grant	RCFCI should remain under DPH. A partnership with the new department may be feasible via MOU, however there are significant data collection and reporting requirements tied to the funding source that should be considered.	DPH and the new department can collaborate to enhance access to housing opportunities and services.

Program Administration Assessment - New Homelessness Department Department of Public Social Services (DPSS)

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Benefits Advocacy	Supports DHS-HFH programs, including Countywide Benefits Entitlements Services (CBEST), which provides people at risk of or experiencing homelessness with Social Security Income (SSI), Social Security Disability Income (SSDI), and Cash Assistance Program for Immigrants (CAPI) benefits advocacy services. Funding is allocated to DPSS and matched to federal dollars then provided to DHS-HFH.	State - Homeless and Disability Income Advocacy Program (HDAP) Federal - County Services Block Grant (CSBG-HR), County - Measure H and Net County Costs (NCC)	Benefits Advocacy needs to remain under DPSS as the department needs to remain a grantee for the Benefits Advocacy program to adhere to matching fund requirements. However, this program could be administered by the new department via a DSO, as DHS-HFH currently administers the program on behalf of DPSS.	DPSS and the new department can coordinate to improve administrative efficiency by eliminating the MOU and adopting a letter agreement or DSO structure, allowing for more flexible line items. DPSS currently provides the funds to HFH and once it is established, DPSS will provide these funds to the new department.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
CalWORKs (CW) Temporary/ Permanent Homeless Assistance (HA)	Temporary HA provides a CalWORKs family experiencing homelessness from \$85 up to \$145 per day (depending on the Assistance Unit's [AU's] size) with up to 16 cumulative calendar days of shelter payments so that the AU can obtain temporary shelter from a commercial establishment (e.g., a hotel or motel), a paid shelter, or a person or establishment with whom the AU has entered into a short-term lease, sublease, or shared housing agreement. Families can receive CalWORKs Temporary HA every twelve months, unless the family meets an exception. In addition, there is the Expanded Temporary HA program which provides CalWORKs domestic violence applicants up to 32 days of Temporary HA benefits. The Expanded Temporary HA benefit is a once-in-a lifetime program with no exceptions.	State/ Federal - Realignment County - Net County Costs (NCC)	The CW Temporary/Permanent HA program should remain under DPSS, as this is an entitlement program requiring population-specific eligibility determinations. This program requires monetary distribution via program-specific EBT cards, which may occasionally need to be replaced and tracked through the State's social services system to ensure accountability. Transferring the program would require reassigning DPSS staff—including GAIN Service Workers, Eligibility Workers, and Homeless Case Managers—and likely trigger a meet and consult with the labor union. Keeping CalWORKs and HA benefits under one system supports operational efficiency. Additionally, if the new department lacks countywide branch offices, it could create access barriers for families without transportation or phone access.	DPSS and the new department can collaborate if additional services or resources become available for CalWORKs families experiencing homelessness, which may require creating a new referral process to streamline access. Currently, CalWORKs families are referred to Family Solution Center providers contracted by LAHSA. If this program were to be transitioned from LAHSA to the new department, a temporary referral process between LAHSA and the new department may be needed during the transition of responsibilities.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
CalWORKs (CW) 4-Month Rental Assistance Program	Provides a monthly rental subsidy of up to \$500 per Welfare-to-Work (WTW) participant for a maximum of four consecutive months to help pay for rent after experiencing homelessness or being at-risk of homelessness. Participants enrolled in the WTW Family Stabilization Program can receive up to eight months of rental assistance. This program is once-in-a-lifetime program with no exception.	Federal/ State - CalWORKs Single Allocation	The CW 4-Month Rental Assistance Program should remain under the oversight of DPSS as this is a discretionary program specifically designed for CW families, requiring population-specific eligibility determination. The monetary distribution is primarily administered through program-specific EBT cards, which may occasionally need to be replaced. Additionally, funds are managed and tracked through the State's social services computer system, and transferring this responsibility to a new department would require moving DPSS eligibility and support staff. Keeping the program under CW also allows for the streamlined issuance of both CW and homeless assistance benefits. Furthermore, the program's expenditures must be carefully monitored and tracked, given the established yearly allocations, as this is not an entitlement program.	DPSS and the new department will examine how to align and partner on this program using lessons learned from other collaborations as the new department continues to be implemented. Additionally, the new department could support the identification of families who may qualify for this program and support their connection to DPSS.
CalWORKs (CW) Emergency Assistance to Prevent Eviction Program	<p>Provides CW Welfare-to-Work families who are at risk of losing their housing with assistance to pay past due rent and/or utilities to prevent an eviction. The maximum payment is \$5,000 and it is once-in-a-lifetime with no exceptions.</p> <p>Note: Budget for the Emergency Assistance to Prevent Eviction Program also includes funding for the Moving Assistance Program</p>	Federal/ State - CalWORKs Single Allocation	The CW Emergency Assistance to Prevent Eviction Program should remain under the oversight of DPSS as this is a discretionary program specifically designed for CW families, requiring population-specific eligibility determination. The monetary distribution is primarily administered through program-specific EBT cards, which may occasionally need to be replaced. Additionally, funds are managed and tracked through the State's social services computer system, and transferring this responsibility to a new department would require moving DPSS eligibility and support staff. Keeping the program under CW also allows for the streamlined issuance of both CW and homeless assistance benefits. Furthermore, the program's expenditures must be carefully monitored and tracked, given the established yearly allocations, as this is not an entitlement program.	DPSS and the new department will examine how to align and partner on this program using lessons learned from other collaborations as the new department continues to be implemented. Additionally, the new department could support the identification of families who may qualify for this program and support their connection to DPSS.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
CalWORKs (CW) Housing Support Program (HSP)	<p>The Coordinated Entry System for Families (CESF) is overseen by LAHSA which provides support to families who are experiencing homelessness or at-risk of homelessness. Through the DPSS CW HSP, DPSS provides funding to LAHSA who administers the funds under the DPSS/LAHSA CESF contract. These services support both CW Welfare-to-Work (WTW) families and CW non-WTW families experiencing homelessness through Family Solutions Centers (FSCs) that are located across the 8 SPAs.</p>	<p>State - CalWORKs Housing Support Program</p>	<p>CW HSP, currently administered by LAHSA through subcontracts with FSCs, could be administered by the new department. If transitioned, the new department would be responsible for ongoing service updates for CW families, along with expenditure monitoring, tracking of families or individuals served, and completion of a monthly report to CDSS. The new department would also maintain data in the Homeless Management Information System (HMIS), as required for recipients of state homelessness funds. Since the program is not an entitlement and operates within fixed annual allocations, careful fiscal oversight is essential. The new department must also decide whether to retain the current community-based organizations and SPA partnership or implement changes.</p>	<p>DPSS could partner with the new department to improve efforts in placing families into permanent housing and promoting long-term stability. The new department could also streamline coordination and management of annual funding to ensure resources are allocated more effectively. This collaboration could help fill gaps for families ineligible for other DPSS homeless programs. Additionally, expanding access to Time Limited Subsidy housing would support families transitioning out of CESF and toward self-sufficiency.</p>

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
CalWORKs (CW) Temporary Homeless Assistance Program (THAP) + 14	A homeless CW Welfare-to-Work (WTW) family can receive from \$85 up to \$145 per day (depending on the Assistance Unit's [AU's] size) up to 14 days of temporary shelter payments to access a commercial establishment (e.g., a hotel or motel), a paid shelter, or with a person or establishment with whom the family has entered into a short-term lease, sub-lease, or shared housing agreement. THAP+14 supplements the State's Temporary HA Program, providing an additional 14 days of temporary homeless assistance for CW WTW families enrolled in GAIN or employed. This 14-day supplementation is available to homeless CW WTW families who have exhausted the Temporary HA Program. THAP+14 is once-in-a-lifetime Program with exceptions.	Federal/ State - CalWORKs Single Allocation	CW THAP+14 should remain under DPSS as it is a discretionary program specifically for CW families, which requires a population-specific eligibility determination. The monetary distribution is primarily administered through program-specific EBT cards, which may occasionally need to be replaced. Additionally, funds for the program are managed and tracked through the State's social services computer system, and transferring this responsibility to a new department would require moving DPSS eligibility and support staff. Keeping the program within DPSS also allows for the streamlined issuance of both CW benefits and homeless assistance benefits simultaneously, improving operational efficiency. Furthermore, the program requires careful monitoring and tracking of expenditures, particularly since there are established yearly allocations, and it is not an entitlement program.	DPSS and the new department will examine how to align and partner on this program using lessons learned from other collaborations as the new department continues to be implemented. Additionally, the new department could support the identification of families who may qualify for this program and support their connection to DPSS.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Moving Assistance Program	An at-risk of homelessness or homeless CalWORKs (CW) Welfare-to-Work (WTW) family can receive Moving Assistance which provides a maximum of \$2,500 per WTW participant to secure housing and/or assist with moving costs. This program is once-in-a-lifetime with exceptions.	Federal/ State - CalWORKs Single Allocation	CW Moving Assistance program should remain under DPSS as it is a discretionary program specifically for CW families, which requires a population-specific eligibility determination. The monetary distribution is primarily administered through program-specific EBT cards, which may occasionally need to be replaced. Additionally, funds for the program are managed and tracked through the State's social services computer system, and transferring this responsibility to a new department would require moving DPSS eligibility and support staff. Keeping the program within DPSS also allows for the streamlined issuance of both CW benefits and homeless assistance benefits simultaneously, improving operational efficiency. Furthermore, the program requires careful monitoring and tracking of expenditures, particularly since there are established yearly allocations, and it is not an entitlement program.	DPSS and the new department will examine how to align and partner on this program using lessons learned from other collaborations as the new department continues to be implemented. Additionally, the new department could support the identification of families who may qualify for this program and support their connection to DPSS.
Homeless Case Management	Homeless Case Managers work with CalWORKs (CW) families experiencing homelessness to facilitate their access to services, initiate referrals, and assist with moving families into permanent housing. In addition, the Homeless Case Managers assist families in developing an individualized housing plan that will lead to permanent housing. This is a voluntary program.	Federal/ State - CalWORKs Single Allocation	The Homeless Case Management should remain under DPSS. The County classification for these positions is GAIN Services Worker and their duties are specifically tied to CW Welfare-to-Work services. Moving this program outside of DPSS would increase the risk of misassigning duties outside of the established classification. Additionally, maintaining the program within DPSS ensures a direct link to eligibility, ensuring continuity and proper management.	DPSS and the new department can collaborate to improve the overall non-emergency coordination and communication efforts. In addition, to being able to refer participants to new department for additional resources.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
General Relief (GR) Housing Subsidy & Case Management Program (GRHSCMP)	Designed to assist individuals who are experiencing homelessness or at-risk of becoming homeless. The program provides GR participants with a monthly rental subsidy of up to \$475 and move-in-assistance of up to \$500. In addition, access is provided to other necessary supportive services that increase employment and/or approval of Supplemental Security Income (SSI) benefits. The program subsidies are allocated to serve unemployable GR participants who are pursuing SSI and employable GR participants. For GR participants who are on track for SSI approval, the subsidy is subject to reimbursement through the GR Interim Assistance Reimbursement process.	Federal - and Interim Assistance Reimbursement County - Measure H / Net County Cost (NCC)	GRHSCMP should remain under DPSS as the eligibility for this program is contingent upon the individual having an active GR case. These eligibility requirements are essential to receive the subsidy. DPSS is able to efficiently administer this program by quickly ascertaining GR eligibility and ensuring program orientation and enrollment is processed timely.	DPSS and the new department can collaborate in the ongoing efforts to support participants transition into more permanent housing placements. Additionally, the new department could support the identification of families who may qualify for this program and support their connection to DPSS.

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Program Information			Recommended Program Administrator	Opportunities for Alignment and Partnership
Program	Program Description	Funding Jurisdiction/ Source		
Skills & Training to Achieve Readiness for Tomorrow (START) - Direct Services	The START Program provides employment and training services to help CalFresh participants who receive General Relief in getting training, education and employment opportunities to improve their earning potential and become self-sufficient.	Federal - CalFresh Employment and Training County - Net County Costs (NCC)	<p>The START program should remain under the oversight of DPSS as per TITLE 7 of the CODE OF FEDERAL REGULATIONS, SNAP Employment & Training (E&T) program funds may only be used to reimburse agency costs for providing approved E&T services and activities to SNAP (CalFresh) participants. Only the agency administering the SNAP/CalFresh Program is eligible to obtain reimbursement for these E&T costs.</p> <p>As part of the eligibility CalFresh requires participants to either be employed or participate in an Employment & Training (E&T) Program. DPSS administers both CalFresh and the E&T program through the START Program, allowing for reimbursement claims for E&T costs. Since meeting the eligibility requirements is essential to receiving CalFresh benefits, it is crucial for the CalFresh Employment and Training (CFET) program to remain with DPSS.</p>	DPSS and the new department can increase efficiency in administering this program by quickly ascertaining CalFresh eligibility and ensuring participants are referred to START.