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MOTION BY SUPERVISORS LINDSEY P. HORVATH March 17, 2026

AND KATHRYN BARGER

Reforming and Integrating Mental Healthcare within the County's Homeless Services System

As the crisis of homelessness has grown in Los Angeles County, so has the number of people living on our streets with mental illness. Per the 2025 Point in Time Homeless Count, there are 15,930 homeless individuals with serious mental illness, or 26% of the total population. 10,830 of those individuals are unsheltered. The corresponding field-based mental health response has not kept pace with the level of need. In many cases this is a result of limited funding, or restrictive funding that prescribes traditional, in-office treatment models. In other instances, this is due to the nation-wide behavioral health workforce shortage and the inability of local behavioral health services agencies to identify and hire staff who are trained and willing to work in the field. It is critical that these challenges do not prevent the progress that is vital for the health and safety of these individuals and our community. Solutions require new perspectives and creatively leveraging every available dollar to fund the field-based, specialized services that people need. It is a best practice to "meet people where they are," and it is time that

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more desperately needed care be provided in the field, to engage with, intervene, and treat people where they are - at a scale reflective of the need and the suffering.

The Board of Supervisors authorized the establishment of the Los Angeles County Homeless Services and Housing Department (HSH) on April 1, 2025, which launched on January 1, 2026, to create a coordinated, focused, regional response to effectively address the humanitarian crisis of homelessness. The critical state of homelessness in Los Angeles County demands a cohesive approach that is bold, innovative, integrated, and well-informed. New approaches to streamline processes, strengthen collaboration, and make programs more effective, efficient, and responsive need to be identified. It is equally important to recognize what is working and build on those interventions.

DMH is contracted by the State of California to manage and operate the County's Medi-Cal Specialty Mental Health Plan. This gives DMH the legal and financial responsibility to ensure the provision of specialty mental health care to Medi-Cal members with serious mental illness who reside in the County, both housed and unhoused. And it is the responsibility of the local Medi-Cal managed care plans to provide the mental health services for Medi-Cal members who have mild to moderate mental health issues, both housed and unhoused. For too long, however, behavioral health service delivery systems have not been well integrated with the local homeless service response system. This has resulted in far too many clients being served by the homeless services system without receiving the appropriate level of care from our behavioral health systems. But the homeless services system was not funded or resourced to provide robust behavioral health care and was instead kept reliant on County departments, the Medi-Cal managed care plans, and other systems of care to provide intensive services – services not always

easily accessible by the homeless delivery system. With the advent of the new Department of Homeless Services and Housing, it is time for a paradigm shift.

DMH provides and contracts with agencies to provide Full-Service Partnership (FSP) services that are intended to deliver field-based mental health clinical services with a dedicated treatment team wherever the clients are located such as in tents, cars, makeshift shelters, Interim Housing (IH), and Permanent Supportive Housing (PSH) sites. However, the implementation of this “clinic without walls” programming has too often fallen short, with some FSP providers seemingly providing clients who are homeless with care better suited for clients in housing. The changing service delivery models mandated by the Behavioral Health Services Act present an opportunity for the County to strengthen its safety net with the development and implementation of field-based services designed to support people experiencing homelessness and delivered by clinicians and case managers dedicated and trained to provide these specialized services in the streets, or where homeless individuals are. Staff who work from home or office cannot deliver the care and services required by people who live on the streets and in shelters. The most pressing need is to strengthen the expertise of the FSP program.~~,~~ About 50% of FSP enrollees are experiencing homelessness at the time they are connected to service. While many are assisted by DMH with obtaining housing while they receive services, working with unhoused or unstably housed populations requires additional expertise for the providers.~~as over 50% of FSP enrollees are experiencing homelessness and in immediate need of effective interventions.~~ Fostering the development of contracts with HSH to provide specialty mental health services, such as those delivered through the

FSP program, will allow DMH to expand its network of providers and allow the County to take advantage of HSH's ability to reach people experiencing homelessness.

DMH has evidenced a growing commitment to supporting people who are homeless with programs specific to the population. DMH has invested in and developed the incredibly impactful HOME program, built out their interim housing portfolio, created housing navigation teams, and funded the innovative and effective IHOP program. DMH must collaborate with HSH to increase programmatic enrollment and maintain an adequate network of services to support its members while also looking for innovative opportunities to fulfill its members' service needs. DMH must also build on its existing referral pathways to strengthen and streamline access to services in ways that are thoughtfully designed to support the complex needs of people who are homeless and living with SMI – people whose mental health care is DMH's mandate.

Pieces of the safety net, including licensed treatment beds, will continue to be administered and managed by the County Health Departments. The Board should empower HSH, however, to provide guidance to health department-run programs providing specialized engagement, field-based clinical support, and solutions that will not only partner with, but go beyond what can be funded by the homeless service system budget alone. County departments should be held accountable for adapting homelessness programming to better align with HSH's program design and integrate with their homeless service response system. For HSH and the County to fulfill its mandate to "learn from past mistakes and build a system of care that is set up to succeed and better serve those in need…a transparent, efficient system overseen by one entity…" (*Implementing the Blue Ribbon Commission on Homelessness Report*

Recommendations No. 1 and No. 3; April 1, 2025), decision making and funding currently administered across multiple departments – in programs not always intentionally designed to meet the needs specific to people who are homeless – must be thoughtfully, intentionally informed by, and aligned with - the countywide, coordinated homeless response being developed and to be led by HSH.

Mental Health services are a critical component to stabilizing and housing many individuals experiencing homelessness. DMH's continued, robust partnership and collaboration with HSH is central to the provision of this specialized care and addressing the homelessness crisis in Los Angeles County.

~~I~~WE, THEREFORE, MOVE that the Board of Supervisors direct the Director of the Department of Mental Health (DMH) in consultation with the Chief Executive Officer (CEO) and the Director of the Department of Homeless Services and Housing (HSH) to:

1. Identify and implement the appropriate DMH items to designate a team of staff assigned to collaborate with HSH to ensure that people with Severe Mental Illness (SMI) who are experiencing homelessness are assessed and provided all appropriate DMH administered and funded services for which they are eligible, and to support DMH's leadership in a whatever-it-takes approach to providing care designed to meet the behavioral health needs of people experiencing homelessness. The team will report to DMH's Deputy Director of Countywide Engagement Division, will have experience working with people experiencing homelessness and/or lived experience of homelessness, and will be responsible for the following:

    a) Working with HSH and homeless service provider agencies (including

agencies that are contracted by DMH as well as agencies that are not contracted by DMH) to address and resolve problems with specific client cases, including barriers to DMH enrollment, accessing street-based care and care in interim and permanent housing, and accessing the appropriate level of care.

b) Performing case review meetings on a regular basis that include DMH clients and those who have been referred to DMH but are not yet receiving services. Case reviews will allow the DMH and HSH teams to identify challenges related to specific client cases, review options for addressing the client's needs, and resolve roadblocks.

c) Formulating and implementing process improvements for programmatic and systemic changes required to address the roadblocks identified in the case review meetings.

2. ~~Establish a dotted line report from~~Appoint DMH's current Deputy Director of Countywide Engagement Division ~~to the Director of DMH~~as the Department 's Homeless Services Liaison and Coordinator. This Deputy Director will be responsible for facilitating and prioritizing the collaboration with HSH to identify and develop solutions to systemic barriers that impede access to services. This includes, but is not limited to the following cross-departmental actions:

a) Working closely with people with lived experience of homelessness, community based homeless service providers, and local jurisdictions to develop effective solutions informed by the realities and barriers evidenced in program implementation.

~~b) Improve data sharing within DMH, with CEO and HSH, other county departments, managed care plans, stakeholders, and partners. Identify opportunities for State and Federal advocacy to improve data sharing practices.~~

~~c)~~b) Create a stronger planning relationship between DMH and HSH for the development of programming funded by DMH that supports the work to address homelessness, including ~~Prop 1~~, BHSA, BHBH, etc. Such integrated planning will equip the County to provide a more comprehensive and effective approach to homeless services, preventing duplication, creating more specialized interventions, and leveraging all resources.

~~d)~~c) To the extent possible and as allowed under regulations, ~~design and adapt~~ make recommendations for DMH's directly operated and contracted programs to better meet the needs of people who are homeless.

~~e)~~d) Make recommendations in collaboration with DMH's Housing Division, Outpatient Care Services, and FSP Administration and HSH to ~~I~~improve ~~and expedite~~ access to housing and behavioral health services for people experiencing homelessness, engaging and following up on the streets, in interim housing sites, and in locations that make it easier for the client to access care without requiring visits to brick and mortar sites.

~~I~~WE, FURTHER MOVE that the Board of Supervisors direct HSH to report back to the Board in writing in 90 days listing the steps needed to become a Full Service Partnership (FSP) provider and the the timing required, and direct DMH to provide support and consultation.

~~I~~**WE, FURTHER MOVE** that the Board of Supervisors direct DMH and the Department of Public Health Substance Abuse Prevention and Control (DPH-SAPC), to explore ideas to support the County's public behavioral health system's workforce pipeline. This should include consideration of ongoing advocacy with the State regarding the State's plans to administer Behavioral Health Workforce Investment funds, as well as recommendations for legislative and regulatory advocacy that would enhance the public behavioral health system workforce. The Departments can report back as part of the Departments' ongoing reports title "Investing in Strengthening the County Healthcare Workforce."

~~I~~**WE, FURTHER MOVE** that the Board of Supervisors direct DMH to take the following actions:

1. Ensure that HSH has referral pathways to DMH funded, managed and administered housing intervention resources for individuals who DMH determines meet Specialty Mental Health and other eligibility criteria. Referrals can be made through existing or jointly developed referral processes such as Air Traffic Control at Emergency Centralized Response Center (ECRC), and DMH should seek to quickly assess referred clients not already enrolled in DMH services. DMH should explore pathways ~~for~~to increase access to DMH ~~services~~housing, including ~~presumptive eligibility~~ for individuals who self-identify or show indications of serious mental illness, or are referred by non-DMH licensed clinicians.
2. Continue to work collaboratively with HSH to identify care and treatment gaps for people experiencing homelessness with serious mental illness, whether the individual is already receiving services from DMH or not, and identify funding

opportunities. Examples include working with HSH to maximize CalAIM Enhanced Care Management (ECM) and Community Supports funding for people experiencing homelessness to expand the County's ability to serve PEH.

3. Invite HSH to educate stakeholders, including the BHSA community planning process partners and the Behavioral Health Commission, on the goals around regional homeless alignment and the critical role of investments in behavioral health funding for people experiencing homelessness. HSH will also ensure that the regional Measure A goals and Standards of Care are shared with DMH's stakeholders and contractors, so that all parties can understand DMH's role in meeting these regional goals and so that DMH can incorporate these metrics into future DMH contracts.
4. Collaborate with DPH-SAPC and HSH leadership to inform advocacy on Behavioral Health Services Act (BHSA), and other state or federal funding and policy to support people experiencing homelessness.
5. In partnership with HSH, engage the local Managed Care Plans (MCPs) to ensure that there is a shared understanding amongst all parties of how the responsibilities for providing mental health care services are delineated between DMH's Specialty Mental Health Plan and the MCPs. Develop and scale pathways to connect clients to the appropriate treatment provider. ~~clearly outline responsibilities for people experiencing homelessness and the role DMH/HSH/the County and the managed care plans should/can play in facilitating connections for clients to appropriate service providers.~~

6. Continue to identify opportunities to better leverage funding internally, and in collaboration with DPH-SAPC, HSH and other County departments. For instance, DMH to provide more training for staff and contractors about how to code and bill appropriately to ensure that the County is drawing down the maximum amount of leveraged funding available. To the extent that this additional responsibility is beyond the required obligations of the DMH, DMH will work with CEO to request additional staff to do this work.
7. Provide additional training to all DMH directly operated and contracted staff on how to creatively and effectively engage and work with people experiencing homelessness– with a particular focus on how to enroll and bill for clients.
8. Ensure that DMH public facing staff from all programs have the training, resources, and connections to service area navigation teams necessary to effectively refer to the full continuum of DMH and HSH services.
9. Explore with HSH and homeless service providers how to train staff and integrate Multidisciplinary Teams to better connect unhoused individuals living on the street to mental health services, whether provided by DMH, a managed care plan, or HSH.
10. In consultation with County Counsel revise protocols to streamline the sharing of client information within the cross departmental care teams. Increase training for DMH staff, contracted providers, and stakeholders on HIPAA regulations.
11. Clearly define the role of Full Service Partnership (FSP), including the Homeless Services and Supports Program (HSSP) in the continuum of behavioral health care being provided to people experiencing homelessness and build out a robust

system to monitor and ensure that FSP and HSSP providers are in compliance with contract requirements that provide effective, appropriate, field-based delivery of the network of FSP and HSSP services, resources, and interventions. DMH will conduct site visits, file reviews, and ongoing performance management to monitor compliance and provide technical assistance to FSP providers.

~~12. Provide direct support and consultation to HSH to become an FSP provider.~~

~~13.~~12. Explore opportunities for Field Medicine Providers to become FSP providers.

~~14.~~13. As funding allows, continue to expand the Interim Housing Outreach Program (IHOP) across the County and continue to monitor this program to ensure that clients are receiving optimal care and services. Through this program, DMH is better positioned to assess and serve individuals who require access to DMH funded services and housing interventions but are not yet a part of the DMH system of care.

~~15.~~14. Continue to analyze and improve contracting processes and compliance policies and meet with providers to provide guidance, technical assistance, incentives and consequences to improve service delivery.

~~16. Direct all DMH executive staff to participate in a ride along with the HOME teams or other field-based teams providing support for people experiencing homelessness at least once.~~

~~16.~~15. Provide all necessary data on referrals, services, and outcomes that are necessary for the ongoing Measure A progress monitoring to HSH.

~~17.~~16. Explore and define metrics that can be used to track the progress and outcomes of this motion.

~~I~~WE, FURTHER MOVE that the Board of Supervisors direct DMH in collaboration with the director of HSH to report to the board in 90 days and bi-annually thereafter, on

the status of implementing the directives listed above, including measurement metrics and outcomes when identified.

I~~I~~WE, FURTHER MOVE that the Board of Supervisors direct the Chief Executive Office (CEO) in consultation with the Chief Executive Office-Chief Information Office (CEO-CIO), HSH, DMH, DPH-SAPC, the Department of Health Services (DHS), County Counsel, and other county departments to take the following action:

a) Improve data sharing within county departments, managed care plans, stakeholders, and partners.

b) In collaboration with the Chief Executive Office Legislative Affairs and Intergovernmental Branch (CEO-LAIR) identify opportunities for State and Federal advocacy to improve data sharing practices.

c) Revise protocols to streamline the sharing of client information within the cross departmental care teams.

d) Report back in 90 days on progress and annually thereafter.

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