

MOTION BY SUPERVISOR LINDSEY P. HORVATH

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Aligning County Behavioral Health Services for Young People

According to the LA County (County) Youth Commission’s [2025 Annual Report](#), mental health is the leading concern for young people across Los Angeles County. In the report, based on surveys of 881 young people from all five Supervisorial Districts, mental health ranked higher than education, employment, and even housing as the most important priority for young people. Of the youth surveyed, 551 or 63% identified as system-involved, defined as having had involvement with any County department including the Departments of Children and Family Services (DCFS), Mental Health (DMH), Public Social Services (DPSS), Public Health (DPH) among others, emphasizing the need for stronger coordination across County systems to support young people, particularly those in care.

This issue is not new. Over the last several years, this Board has elevated the needs of young people and encouraged County departments, including DCFS and DMH, to continue to work together to align and better support our young people. Mental

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health is part of the behavioral health continuum, and the County must ensure alignment across this continuum to meet the full range of young people's needs. Behavioral health includes mental health as well as substance use prevention and treatment, crisis response, and community-based supports.

As part of the County's broader behavioral health continuum, DMH has the Child Welfare Division (CWD), as well as divisions serving transition-aged youth (TAY), and DPH has the Substance Use Prevention and Control (SAPC) Bureau. CWD is a crucial partner to DCFS in providing specialty mental health services to children in the child welfare system at different stages of their involvement with DCFS. DCFS provides funding for the cost of DMH staffing (including co-located DMH staff at DCFS offices) for these programs as well as services for those children/youth who are not Medi-Cal eligible. The Department of Youth Development (DYD) additionally funds community-based providers across the County who may also be providing mental health supports, including to young people served by DCFS and DMH. At the same time, it is currently unclear how DMH housing resources are allocated to foster and probation-involved youth, and how these resources align with the new Department of Homeless Services and Housing (HSH).

Despite these efforts and the resources available, young people, especially those in County systems, continue to face increasing mental health challenges. Given the ongoing budget crisis and cuts to our health safety net, the County must align services, leverage resources, and strengthen coordination to ensure that young people – both in and out of care – have access to the full range of behavioral health services they need. The County must reexamine our existing systems, referral pathways, and

available resources, not to place blame or make excuses, but to improve and enhance available supports. Young people are telling the County what they need, and it is time for the Board to listen and take action.

I, THEREFORE, MOVE that the Board of Supervisors direct the Office of Child, Youth, and Family Wellbeing (OCYFW), in partnership with the Departments of Mental Health (DMH), Public Health-Substance Abuse Prevention & Control Bureau (DPH-SAPC), Children and Family Services (DCFS), Homeless Services and Housing (HSH), Probation, and Youth Development (DYD), and in consultation with the Los Angeles County Office of Education (LACOE), to report to the Board in writing in 90 days on the behavioral health services provided to children, youth, and young adults up to age 26, including those currently or formerly involved in DCFS and Probation systems. The report should include, but not be limited to, the following:

- a. Behavioral health programs funded or administered by the departments listed above that serve children, youth, and young adults, including for each program: funding source, referral mechanisms, population served, eligibility criteria, service capacity and vacancies, total number of individuals served annually, and outcomes or performance metrics used to assess effectiveness.
- b. The most current data available, including identifiable trends, on how many young people are receiving services through Medi-Cal managed care plans and the specialty mental health and substance use disorder plans.
- c. Identifying which programs and funding are new investments through Behavioral Health Services Act (BHSA) or other funding sources, and which are specifically allocated to current and former foster youth, probation-involved youth, and

transition-aged youth.

- d. Identification of applicable unspent, underspent, or flexible funding within the departments listed above that can be repurposed or leveraged to expand or enhance mental health services.
- e. An analysis of gaps in services; duplication or overlap across programs and departments; and barriers to access, including eligibility restrictions, referral processes, and challenges in connecting young people to appropriate levels of care.
- f. A mapping of how children, youth, and young adults currently access behavioral health services, and specifically mental health services, across County systems, including key entry points (e.g. schools, DCFS, Probation, crisis response systems), transitions between departments, and identification of points at which young people are most likely to experience disruptions in care.
- g. Recommendations on how to improve alignment, coordination, and service delivery, including how to better leverage or expand resources and funding to provide behavioral health services to youth.

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