



Board of Supervisors Health and Mental Health Cluster Agenda Review Meeting

DATE: June 17, 2026

TIME: 11:30 a.m. – 1:30 p.m.

MEETING CHAIR: Jazmine Garcia-Delgadillo, 1ST Supervisorial District

CEO MEETING FACILITATOR: Kieu-Anh King/Gustavo Medrano

THIS MEETING IS HELD UNDER THE GUIDELINES OF BOARD POLICY 3.055

To participate in the meeting in-person, the meeting location is:

Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012
Room 140

To participate in the meeting virtually, please call teleconference number:

1 (323) 776-6996 and enter the following: 330 628 704# or click here on a smartphone:

[Tel:+13237766996,,330628704#](tel:+13237766996,330628704#)

[Click here to join the meeting](#) on Microsoft Teams

For Spanish Interpretation, the Public should send emails within 48 hours in advance of the meeting to ClusterAccommodationRequest@bos.lacounty.gov

Para solicitar interpretación al español, por favor envíen un correo electrónico con al menos 48 horas de anticipación a la reunión a ClusterAccommodationRequest@bos.lacounty.gov

Members of the Public may address the Health and Mental Health Services Meeting on any agenda item. One (1) minute is allowed for each item.

THIS TELECONFERENCE WILL BE MUTED FOR ALL CALLERS. PLEASE DIAL *6 TO UNMUTE YOUR PHONE WHEN IT IS YOUR TIME TO SPEAK.

I. Call to order

II. Board Motion:

a. **SD3:** Strengthening Support, Resources, and Services for Restaurants in Los Angeles County

III. **Presentation Item:**

- a. **Department of Health Services:** Advanced Notification of Intent to Enter into Negotiations for Sole Source Contracts with Epic System Corporation and Epic Hosting, LLC to Provide Electronic Health Record (EHR), Population Health, and Revenue Cycle Systems, Hosting and Services
Presenters: Julio Alvarado, Director of Contracts and Monitoring, Kevin Lynch, Chief Information Officer, and Dr. Phillip Gruber, Chief Health Information Officer
- b. **Chief Executive Office:** Fiscal Year 2026-27 Final Changes Budget Recommendations
Health Services
Mental Health
Public Health

IV. **Discussion Item:**

- a. **Department of Mental Health:** Support for Youth Through the Soluna App Update
Presenters: Dr. Erika Reynoso and various County Departments

V. Items Continued from a Previous Meeting of the Board of Supervisors or from the Previous Agenda Review Meeting

VI. Items not on the posted agenda for matters requiring immediate action because of an emergency situation, or where the need to take immediate action came to the attention of the Department subsequent to the posting of the agenda.

VII. Public Comment

VIII. Adjournment

IF YOU WOULD LIKE TO EMAIL A COMMENT ON AN ITEM ON THE HEALTH AND MENTAL HEALTH SERVICES CLUSTER AGENDA, PLEASE USE THE FOLLOWING EMAIL AND INCLUDE THE AGENDA NUMBER YOU ARE COMMENTING ON:

HEALTH_AND_MENTAL_HEALTH_SERVICES@CEO.LACOUNTY.GOV

MOTION BY SUPERVISOR LINDSEY P. HORVATH

June 30, 2026

Strengthening Support, Resources, and Services for Restaurants in Los Angeles

County

Los Angeles County is home to a world-renowned culinary scene showcasing authentic flavors from virtually every community across the globe. Many visitors from other states and countries specifically travel to Los Angeles to take part in our unrivaled food options that range from casual to fine dining. Consequently, the food industry also serves as a driver of one of our biggest economic sectors - tourism - with visitors enjoying our unique local food experiences and spending accordingly.

Restaurants also often serve as community hubs, providing spaces for family and friends to gather and celebrate, thereby fostering community. Food is central in many cultures and the act of breaking bread and sharing one’s cuisine strengthens ties and connections. In addition to contributing to the vitality of neighborhoods, the food industry provides avenues for entrepreneurship for immigrants and underrepresented communities. Restaurants generate jobs that have a low barrier to entry and offer career advancement opportunities. The impact of the food industry also crosses multiple other sectors, including agriculture, real estate, and technology.

MOTION

MITCHELL	_____
HORVATH	_____
HAHN	_____
BARGER	_____
SOLIS	_____

The County of Los Angeles plays an important role in ensuring the health and safety of the public. To this end, all restaurants must submit plans to the Department of Public Health – Environmental Health (DPH-EH) which comply with the California Retail Food Code (CRFC) in order to be permitted within Los Angeles County. DPH-EH provides information and resources for restaurant operators and their consultants on its website. Despite this, many restaurant operators continue to find the plan check and permitting process complex and cumbersome. This results in the submission of incomplete, inaccurate, and non-compliant plans. This increases the time and resources restaurant operators and DPH-EH expend during the plan check and permitting process.

To address this issue, other local jurisdictions provide support and consultation so businesses clearly understand requirements and the process so they can obtain a permit as soon as possible. The City of West Hollywood has offered technical assistance to businesses prior to submission of initial plans, thus avoiding the typical back-and-forth between parties that adds time and therefore cost to the process. West Hollywood has found that this service ensures restaurants have needed information upfront, which in turn helps streamline the process. The City of Los Angeles also offers a case management program for businesses going through the permitting process so that issues can be addressed before submission of initial plans.

As state and local policies change, it is critical that the County provide clear communication and resources to support restaurants in understanding how to comply with updated laws and regulations. Last year, the State legislature took action to support the restaurant industry. Specifically, AB 671 (Wicks, 2025) streamlines the permit process for restaurant tenant improvements by creating a voluntary expedited path. It requires

local building departments to allow qualified licensed architects or engineers – at applicant’s expense – to certify that restaurant renovation plans comply with building codes. It also establishes 20- and 10-day timelines for the review of completed applications initial plans, resubmittal, and approval of plans by local building and health departments. If these timelines are not met, a permit is issued. AB 592 (Gabriel, 2025) permanently allows “open kitchens” wherein restaurants can operate with open windows, folding doors, or non-fixed storefronts with a food safety risk mitigation plan.

It is critical that the County provides additional support and guidance, so restaurant operators understand policy changes, the CRFC, and the DPH-EH plan check and permitting process. By increasing awareness of DPH-EH's resources and formalizing opportunities for technical assistance, restaurant operators can better navigate the path to a public health permit and submit accurate and compliant plans. By supporting restaurants in submitting compliant plans, timelines for permitting can be reduced and restaurants can open and operate sooner.

Additionally, restaurants and other businesses have faced multiple challenges in the last five years, including rising costs, significant economic disruptions from the global pandemic, dual entertainment strikes, and wildfires as well as workforce disruptions due to federal immigration raids. Given these hardships, it is even more important that the County takes action to streamline processes to make it easier to open restaurants so they may flourish and support economic development.

I, THEREFORE, MOVE that the Board of Supervisors:

1. Direct the Department of Public Health to report back 30 days in writing on their implementation plans for AB 671 and AB 592. Specifically, the report back should include:
 - a. Current process for reviewing and approving restaurant plans, including how new legislative timelines will be met;
 - b. Capacity and operational/financial impacts associated with implementing these policy changes;
 - c. Identification of any gaps, challenges, and needed resources to support implementation; and
 - d. Any policy, programmatic, or system recommendations to ensure the successful implementation of AB 671 and AB 592.
2. Direct the Department of Public Works to report back in 30 days in writing on their implementation plans for AB 671. Specifically, the report back should include:
 - a. Current process for reviewing and approving restaurant plans, including how new legislative timelines will be met;
 - b. Capacity and operational/financial impacts associated with implementing these policy changes;
 - c. Identification of any gaps, challenges, and needed resources to support implementation; and
 - d. Any policy, programmatic, or system recommendations to ensure successful implementation of AB 671.

3. Direct the Department of Public Health, in consultation with the Department of Economic Opportunity, and any other relevant County Departments and stakeholders to:
 - a. Within 120 days, update Department of Public Health website(s), checklists, and toolkits utilized by restaurants during the permitting and plan check process to reflect best practices in other environmental health jurisdictions and create more user-friendly tools to promote the submittal of more accurate, complete, and compliant plans to the DPH-EH plan check process.
 - b. After completion of the work outlined in Directive 3(a), provide a written report back to the Board within 15 days outlining the changes.
 - c. Within 90 days of updating communication methods, conduct outreach and education to widely promote materials developed in directive 2a to target business associations— including but not limited to, Chambers of Commerce, California Restaurant Association, Independent Hospitality Coalition, Food Safety Advisory Council—and restaurants.
4. Direct the Department of Public Health, in collaboration with Department of Economic Opportunity, Department of Public Works, and stakeholders, to report back in writing in 60 days on establishing and/or expanding existing Concierge programs that provide more accessible, tailored consultations for restaurant operators prior to the submission of plans. This report should include information on:
 - a. How many restaurants could be served by the program;

- b. The scope of providing one-on-one virtual or in-person guidance and support, including when the support would be provided (e.g. before the first plan check submittal);
 - c. Existing information and services available to support restaurants with permitting and plan submissions via phone, online, and in-person during office hours at various locations across the County;
 - d. The resources needed to implement the program, including additional costs to applicants served; staffing requirements, and any other operational costs;
 - e. A proposed timeline for implementation; and,
 - f. Metrics to evaluate the program, including feedback from stakeholders.
5. Instruct the Chief Executive Officer to identify any funding and staffing resources that may be available to support the implementation of the Concierge program.

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BOARD LETTER/MEMO CLUSTER FACT SHEET

☐ Board Letter

☒ Board Memo

☐ Other

CLUSTER AGENDA REVIEW DATE	6/17/2026	
BOARD MEETING DATE	N/A	
SUPERVISORIAL DISTRICT AFFECTED	☒ All ☐ 1 st ☐ 2 nd ☐ 3 rd ☐ 4 th ☐ 5 th	
DEPARTMENT(S)	Department of Health Services	
SUBJECT	Advanced Notification of Intent to Enter into Negotiations for Sole Source Contracts with Epic Systems Corporation and Epic Hosting, LLC to Provide Electronic Health Records (EHR), Population Health, and Revenue Cycle Systems, Hosing and Services	
PROGRAM	Population Health	
AUTHORIZES DELEGATED AUTHORITY TO DEPT	☐ Yes ☒ No	
SOLE SOURCE CONTRACT	☒ Yes ☐ No If Yes, please explain why: Currently, Epic is the only EHR system that is fully integrated with population health and revenue cycle, that uses the same coding and a common database across all capabilities, and that supports large academic medical centers and the largest health systems in the country for both inpatient and ambulatory services.	
SB 1439 SUPPLEMENTAL DECLARATION FORM REVIEW COMPLETED BY EXEC OFFICE	☐ Yes ☒ No – Not Applicable If unsure whether a matter is subject to the Levine Act, email your packet to EOLevineAct@bos.lacounty.gov to avoid delays in scheduling your Board Letter.	
DEADLINES/ TIME CONSTRAINTS	N/A	
COST & FUNDING	Total cost: N/A	Funding source: N/A
	TERMS (if applicable):	
	Explanation:	
PURPOSE OF REQUEST	DHS believes the total cost to add Oracle's revenue cycle system alone, as compared to the total cost of implementing the entire Epic product line (which includes EHR, population health, and revenue cycle on an integrated database), in addition to the clinical, workforce, and operational advantages of Epic, supports the conclusion that it is in the County's best economic and long term interests to evaluate the alternative vendor (Epic) to determine the best investment path for the County.	
BACKGROUND (include internal/external issues that may exist including any related motions)	When the County initiated its RFP process for an EHR in 2011, the EHR market was rapidly evolving, there was significant competition between systems and EHR organizations, and a leading EHR had not been established by the market. The County's critical minimum mandatory requirement under its RFP was that the EHR be fully integrated, meaning the system was able to provide "one single source for truth" from a unified database for patient information. Over the 15 years since the County procured its EHR, the EHR marketplace, Cerner, Epic, and the importance of the EHR in care delivery, have all dramatically changed. Cerner was acquired by Oracle in 2022, and the Oracle system offered today is no longer a fully-integrated system operating on a single platform and database. Each of Oracle's core EHR, population health, and revenue cycle functions use different technology infrastructures and databases. The current Oracle system as applied to EHR, population health, and revenue cycle, would not meet the County's 2011 minimum mandatory requirements. In that same timeline, no vendor other than Epic has emerged that would be able to meet this minimum mandatory requirement.	
EQUITY INDEX OR LENS WAS UTILIZED	☐ Yes ☒ No If Yes, please explain how:	
SUPPORTS ONE OF THE NINE BOARD PRIORITIES	☒ Yes ☐ No If Yes, please state which one(s) and explain how: Epic streamlines services by proactively alerting DHS clinicians to outliers, thereby reducing health inequities and improving care management.	
DEPARTMENTAL CONTACTS	Name, Title, Phone # & Email: Julio Alvarado, DHS Director of CAM, (213) 288-7819, javarado@dhs.lacounty.gov	

June 10, 2026

**Los Angeles County
Board of Supervisors**

Hilda L. Solis
First District

Holly J. Mitchell
Second District

Lindsey P. Horvath
Third District

Janice K. Hahn
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Director

Nina J. Park, M.D.
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and our communities by providing
extraordinary care"*



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

FROM: Christina R. Ghaly, M.D. 
Director

**SUBJECT: ADVANCE NOTIFICATION OF INTENT TO ENTER
INTO NEGOTIATIONS FOR SOLE SOURCE
CONTRACTS WITH EPIC SYSTEMS
CORPORATION AND EPIC HOSTING, LLC TO
PROVIDE ELECTRONIC HEALTH RECORDS
(EHR), POPULATION HEALTH, AND REVENUE
CYCLE SYSTEMS, HOSTING, AND SERVICES**

This memo provides advance notification to the Board of Supervisors (Board) that the County of Los Angeles (County) Department of Health Services (DHS) intends to enter into negotiations for sole source agreements with Epic Systems Corporation and Epic Hosting, LLC ("Epic") to provide Electronic Health Records (EHR), population health, and revenue cycle systems, hosting, and services. This notice is being sent in accordance with Board Policy 5.100, which states that County departments that intend to negotiate a sole source service contract for Board approval must provide advance written notice to the Board at least four weeks prior to commencing contract negotiations for a new contract, and at least six months prior to the expiration of an existing contract when it is the department's intent to execute a new sole source contract for the replacement of existing services.

BACKGROUND

In 2012, the Board approved the County's acquisition of an integrated EHR system (named "ORCHID") from Cerner Corp. ("Cerner"), in addition to services from Cerner for the implementation and ongoing support and maintenance, and comprehensive application management services, for ORCHID. The current ORCHID EHR system supports both clinical functions (for patient care, medical documentation, ordering tests/medications, etc.), and some administrative functions (for operational tasks like appointment registration, scheduling, and reporting). Multiple amendments to add additional functions to the system have been approved since 2012.

When the County initiated its Request for Proposals (RFP) process for an EHR in 2011, the EHR market was rapidly evolving, there was significant competition between systems and EHR organizations, and a leading EHR had not been established by the market. The County's critical minimum mandatory requirement under its RFP was that the EHR be fully integrated, meaning the system was able to provide "one single source for truth" from a unified database for patient information.

In 2011, the County determined that only Cerner and Epic met this key minimum mandatory requirement, and County proceeded with its evaluation of those two vendors' respective RFP responses and selected Cerner as its EHR vendor. Over the 15 years since the County procured its EHR, the EHR marketplace, Cerner, Epic, and the importance of the EHR in care delivery, have all dramatically changed. Cerner was acquired by Oracle in 2022, and the Oracle system offered today is no longer a fully-integrated system operating on a single platform and database. Each of Oracle's core EHR, population health, and revenue cycle functions use different technology infrastructures and databases. The current Oracle system as applied to EHR, population health, and revenue cycle, would not meet the County's 2011 minimum mandatory requirements. In that same timeline, no vendor other than Epic has emerged that would be able to meet this minimum mandatory requirement.

Per prior approval from the Board, DHS has been in negotiations with Oracle to purchase Oracle's revenue cycle system under the County's 2012 ORCHID agreement. DHS needs a new revenue cycle system to enable its billing transformation and transition to line-item billing. The proposed pricing for the Oracle revenue cycle system (which is a system that is new to the market and is only operating at a few hospitals) is significant, with a projected total cost of ownership over the first 10 years in excess of \$200 million. The cost to add the Oracle revenue cycle system has caused DHS leadership to question how the increased costs of the Oracle system after adding Oracle's revenue cycle product compares to the total cost of transitioning to and operating Epic's EHR system.

JUSTIFICATION

Currently, Epic is the only EHR system that is fully integrated with population health and revenue cycle, that uses the same coding and a common database across all capabilities, and that supports large academic medical centers and the largest health systems in the country for both inpatient and ambulatory services. Many of the largest public health systems in the U.S. use Epic, including New York City Health and Hospitals (11 hospitals and 29 health centers) in New York, Jackson Health System (seven hospitals and 10 health centers) in Florida, Harris Health (two hospitals and 16 health centers) in Houston, Texas, and Parkland Health (one hospital and 17 health centers) in Dallas, Texas.

Based on KLAS Research (KLAS) ratings (KLAS is a leading independent healthcare industry market research firm), industry publications, and observations of leading health care executives, Epic is a reliable and trusted business partner, and the Epic system (i) is routinely the highest rated EHR system according to KLAS, (ii) is used to train the vast majority of medical students, (iii) is the system most physicians prefer, consistently achieving the highest clinical satisfaction ratings among EHR users, (iv) is known to function well and in an integrated way in the largest and most complex health care organizations, and (v) is the only system adding significant new customers over the last several years.

The projected annual operating costs for the entire, integrated Epic system are lower than the projected annual operating costs for the County's existing Oracle system with the addition of the Oracle revenue cycle system. The projected one-time costs to transition to the entire Epic system, including Epic's EHR, revenue cycle, and population health solutions, are higher than the projected one-time costs to add the Oracle revenue cycle system to the County's existing EHR and population health solutions that are provided by Oracle. As compared to proceeding with Oracle's revenue cycle system, the County will realize savings on its annual operating costs within three years of executing a contract with Epic, and will realize net savings with Epic after approximately 10 years of system use, without consideration of potential care improvements, clinician satisfaction improvements, and revenue enhancements that are likely achievable with Epic.

CONCLUSION

DHS believes the total cost to add Oracle's revenue cycle system alone, as compared to the total cost of implementing the entire Epic product line (which includes EHR, population health, and revenue cycle on an integrated database), in addition to the clinical, workforce, and operational advantages of Epic, supports the conclusion that it is in the County's best economic and long term interests to evaluate the alternative vendor (Epic) to determine the best investment path for the County.

Pursuant to Board Policy 5.100, DHS will proceed with sole source negotiations in four weeks from the date of this memo, unless otherwise instructed by the Board. If contract negotiations are successful, DHS will return to the Board to seek authorization to execute the sole source contracts with Epic Systems Corporation and Epic Hosting, LLC.

If you have any questions, you may contact me, or your staff may contact Julio Alvarado, Director, Contracts and Grants Division, by email at jalvarado@dhs.lacounty.gov.

CG:rs

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors

Health and Mental Health Services Cluster ♦ Final Changes Budget ♦ Fiscal Year 2026-27

DEPARTMENT OF HEALTH SERVICES

Changes from the 2026-27 Recommended Budget

	Gross Appropriation (\$)	Intrafund Transfers (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
2026-27 Recommended Budget	10,717,385,000	203,127,000	9,236,703,000	1,277,555,000	26,964.0
1. Office of Diversion and Re-entry (ODR): Reflects the addition of 2.0 positions to support ODR's P3/P4 diversion efforts, funded through existing Care First and Community Investment resources, in alignment with the Jail Closure Implementation Team's (JCIT) goal of transitioning individuals from jail to community-based care. Also includes additional grant funding to support various ODR operations.	3,651,000	199,000	3,452,000	--	2.0
2. Position Changes: Reflects the deletion of 173.0 vacant budgeted positions and zero cost Board approved reclassifications affecting 42.0 positions.	--	--	--	--	(173.0)
3. Capital Projects: Reflects one-time adjustments to various capital projects.	6,354,000	--	4,000,000	2,354,000	0.0
4. Retirement: Reflects updated retirement estimates based on revised retirement contribution rates.	(60,452,000)	--	(247,000)	(60,205,000)	0.0
5. Ministerial Changes: Primarily reflects adjustments in Board-approved contracts, living wage ordinance contracts, utilities, and charges from other County departments.	10,178,000	276,000	(706,000)	10,608,000	0.0
6. Fund Balance and Operating Subsidies: Reflects a \$49.0 million net reduction in the use of prior-year fund balance and operating subsidy allocations to the hospital enterprise funds to balance the FY 2026-27 budget.	(39,582,000)	--	(88,616,000)	49,034,000	0.0
Total Changes	(79,851,000)	475,000	(82,117,000)	1,791,000	(171.0)
2026-27 Final Changes	10,637,534,000	203,602,000	9,154,586,000	1,279,346,000	26,793.0

Health and Mental Health Services Cluster ♦ Final Changes Budget ♦ Fiscal Year 2026-27

DEPARTMENT OF MENTAL HEALTH

Changes from the 2026-27 Recommended Budget

	Gross Appropriation (\$)	Intrafund Transfers (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
2026-27 Recommended Budget	4,307,688,000	146,959,000	4,087,944,000	72,785,000	7,670.0
1. Acute and Residential Treatment Beds: Reflects an increase in beds throughout the County to meet settlement requirements; including \$39.190 million to expand Acute Psychiatric Hospital and General Acute Care Hospital beds, \$9.323 million to expand Psychiatric Health Facility beds, \$8.456 million to expand subacute treatment beds, and \$22.241 million to expand Enriched Residential Services beds.	79,210,000	--	79,210,000	--	--
2. Crisis Response Services: Reflects additional Emergency Psychiatric Assessment, Treatment, and Healing (EmPATH) units to provide crisis stabilization, psychiatric assessment, and short-term treatment services at MLK Jr. Community Hospital and Henry Mayo Newhall Hospital.	42,235,000	--	42,235,000	--	--
3. Outpatient Services: Reflects an increase in outpatient services, including \$15.929 million to expand Daily Intensive Treatment Services, \$20.089 million to expand individual and group therapy services, and \$13.359 million to expand eating disorder services.	49,377,000	--	49,377,000	--	--
4. Behavioral Health Bridge Housing Grant: Reflects additional State funding through the Behavioral Health Bridge Housing grant, which will provide auxiliary services for assisted living, interim housing, rental assistance, and housing navigation services.	17,927,000	--	17,927,000	--	--
5. Administrative Staffing: Reflects the addition of 19.0 positions for various administrative areas, including accounting, human resources, and program administration.	3,463,000	--	3,463,000	--	19.0
6. Retirement: Reflects updated retirement estimates based on revised retirement contribution rates.	(6,920,000)	--	(6,920,000)	--	--
Total Changes	185,292,000	--	185,292,000	--	19.0
2026-27 Final Changes	4,492,980,000	146,959,000	4,273,236,000	72,785,000	7,689.0

Health and Mental Health Services Cluster ♦ Final Changes Budget ♦ Fiscal Year 2026-27

DEPARTMENT OF PUBLIC HEALTH

Changes from the 2026-27 Recommended Budget

	Gross Appropriation (\$)	Intrafund Transfers (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
2026-27 Recommended Budget	1,855,464,000	96,012,000	1,517,970,000	241,482,000	5,540.0
1. Public Health Operational Cost Reductions: Reflects the deletion of 115.0 positions, resulting in a decrease of \$13.4 million in appropriation to consolidate various public health clinics and other programs to reduce operational costs during County budgetary constraints while preserving public health services.	(13,397,000)	--	--	(13,397,000)	(115.0)
2. Capital Project: Reflects funding for furniture, fixtures, and equipment for the newly constructed North Hollywood Health Clinic.	1,447,000	--	--	1,447,000	--
3. Grant Funding: Reflects various adjustments resulting in a net decrease in appropriation, intrafund transfers, and revenue to align the Department's grant funding budget based on experience, as well as anticipated changes in federal, State, and local funding.	(53,485,000)	1,881,000	(55,366,000)	--	--
4. Substance Abuse and Prevention Control (SAPC): Reflects the addition of 47.0 positions, offset with federal and State funding, primarily to support data analytics, contract management and compliance, health information services, and financial services.	11,767,000	--	11,767,000	--	47.0
5. Children's Medical Services: Reflects a request for 1.0 position, offset with 2.0 position deletions, a realignment of appropriation, and an increase in State funding, for additional support in information technology for children's health services.	38,000	--	38,000	--	(1.0)
6. Ministerial Changes: Reflects various ministerial adjustments, offset with federal and State funding, to meet operational needs including changes to services provided by other County departments, position reclassifications, and other budgetary realignments.	51,000	--	51,000	--	(1.0)
7. Retirement: Reflects updated retirement estimates based on revised retirement contribution rates.	(1,735,000)	--	(1,137,000)	(598,000)	--
Total Changes	(55,314,000)	1,881,000	(44,647,000)	(12,548,000)	(70.0)
2026-27 Final Changes	1,800,150,000	97,893,000	1,473,323,000	228,934,000	5,470.0

BOARD MOTION IMPLEMENTATION PROGRESS REPORT

Update on Support for Youth Mental Health through the Soluna App

Moving from board directive to countywide prevention system action

**Erica Reynoso, Ph.D., LCSW &
Kanchana Tate, LCSW**

Lead Presenters • Department of Mental Health

June 17, 2026

Board Motion Overview

The Board of Supervisors recognized that while dedicated providers, schools, and community organizations work tirelessly, demand often exceeds capacity.

Recognizing that digital tools can extend the reach of this vital work, ensuring every young person receives timely, culturally responsive, and affirming support, the Board passed the ["Support for Youth Through the Soluna App"](#) on November 18, 2025, directing LA County youth-serving departments to promote and integrate Soluna as a prevention platform.

Primary directives for departments:

-  **Information Distribution:** Share Soluna with community colleges, partners, youth programs, and events.
-  **Train Frontline Staff:** Empower staff and community health workers to share Soluna.

Soluna provides safe, free, mental health support to all 13-25 year olds in California via mobile app or web.

- Self-Guided Resources + Coping Tools
- Safe, Moderated Peer Community Forum
- 1:1 Coaching with Behavioral Health Professionals
- Care Navigation to Community Supports



LA County Soluna Implementation Plan

DEPARTMENTS ALIGNED ON FOUR IMPLEMENTATION PATHWAYS TO INTEGRATE SOLUNA INTO YOUTH-SERVING SYSTEMS



1. Outreach & Awareness

Broad scale distribution of physical and digital materials. Invite Soluna team to participate in community events or tabling opportunities.



2. Staff Training

Train frontline staff, including community health workers and other staff who regularly interact with youth, with the tools to confidently recommend Soluna.



3. Care Navigation & Closed-Loop Referrals

Connect county programs to Soluna's Care Navigation services to facilitate warm handoffs, closed-loop referrals, and connections to higher levels of care.



4. Bidirectional Referrals

Create seamless pathways from county programs to Soluna by embedding referrals within existing youth-serving workflows and support systems.

DMH Coordination & Activation

CONVENED PARTNERS, ALIGNED STRATEGY, ACTIVATED DMH YOUTH TOUCHPOINTS, & BUILT SUSTAINED IMPLEMENTATION.

Coordinated Implementation Strategy

- DMH hosted Soluna virtual meetings in January and February 2026 and convened 13+ County partner agencies with Soluna representatives.
- Hosted dedicated strategy presentations at the quarterly Transition Age Youth (TAY) Table on Feb 19 to align agency leadership.
- Distributed survey to all named departments to identify implementation opportunities; summarized survey data to inform final implementation plan.

Sustained Awareness & Outreach

- Trained Office of TAY Field-Based staff and Mental Health Advocates to champion Soluna directly to youth, peers, and community partners.
- Shared Soluna resources with all Service Area Chiefs.
- Posted Soluna information on DMH webpages.
- SBCAP expanded awareness of Soluna by distributing monthly resource sheets to all LA County School Districts.
- Coordinated with Superintendent to provide a countywide training session for DMH School-Based Navigators and mental health providers.

Countywide Mobilization Highlights

COORDINATED COUNTYWIDE ACTIONS GENERATED IMMENSE PUBLIC AND COMMUNITY REACH.

38+

Staff & Partner Trainings

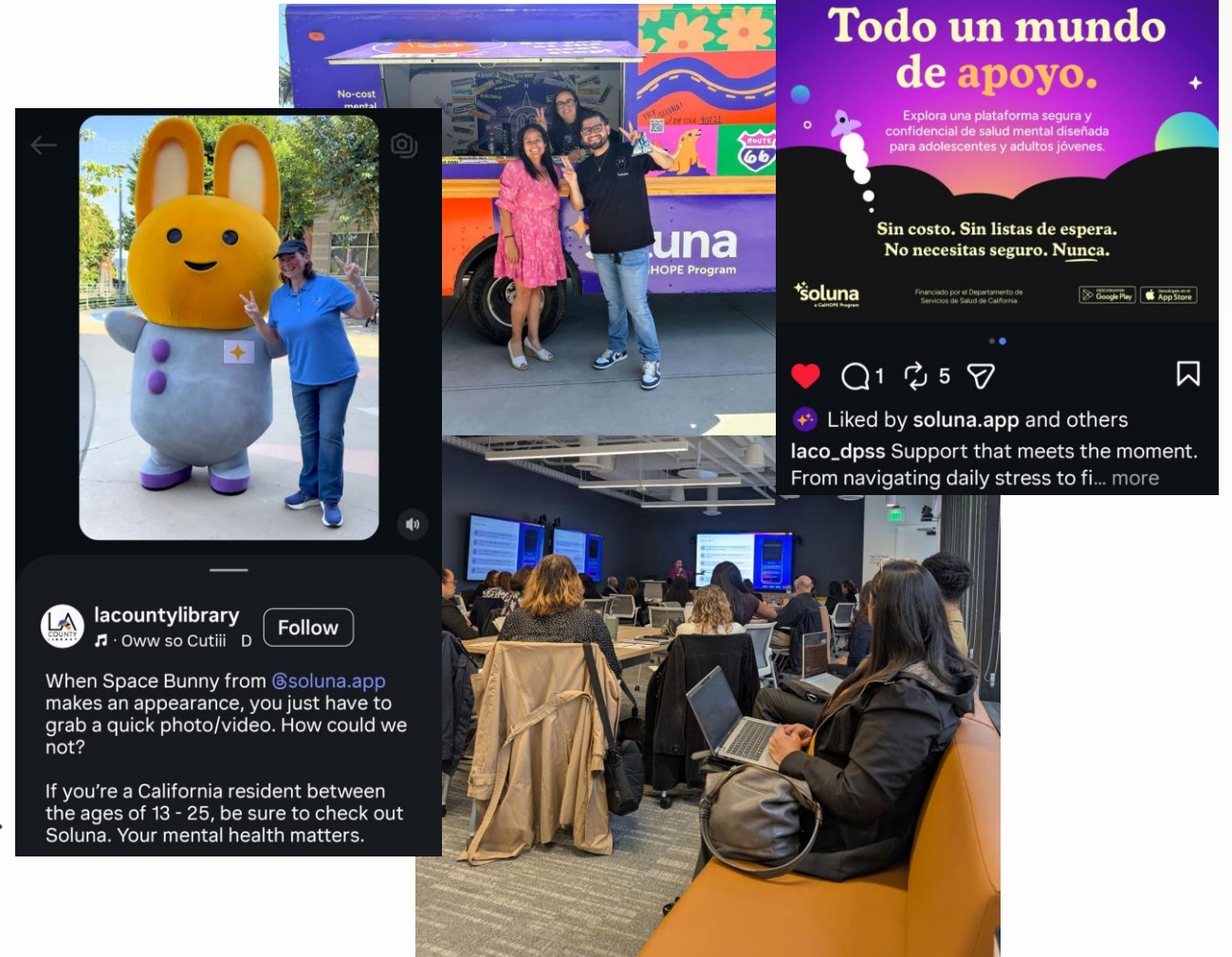
23+

Community Outreach Events

25+

Presentations & Strategy
Sessions

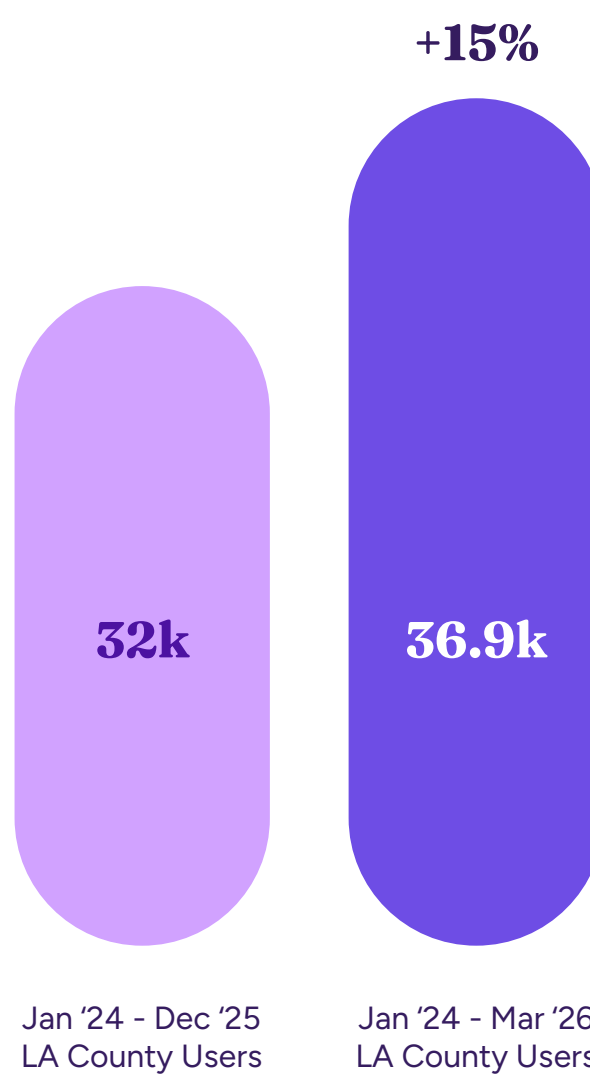
- ✓ 13+ County Partner Departments actively aligned.
- ✓ Integrated Resource Sheets deployed to school districts.
- ✓ Additional Departments Joined the Initiative: Arts & Culture and Ombudsperson for Youth in STRTPs (Auditor/Controller).



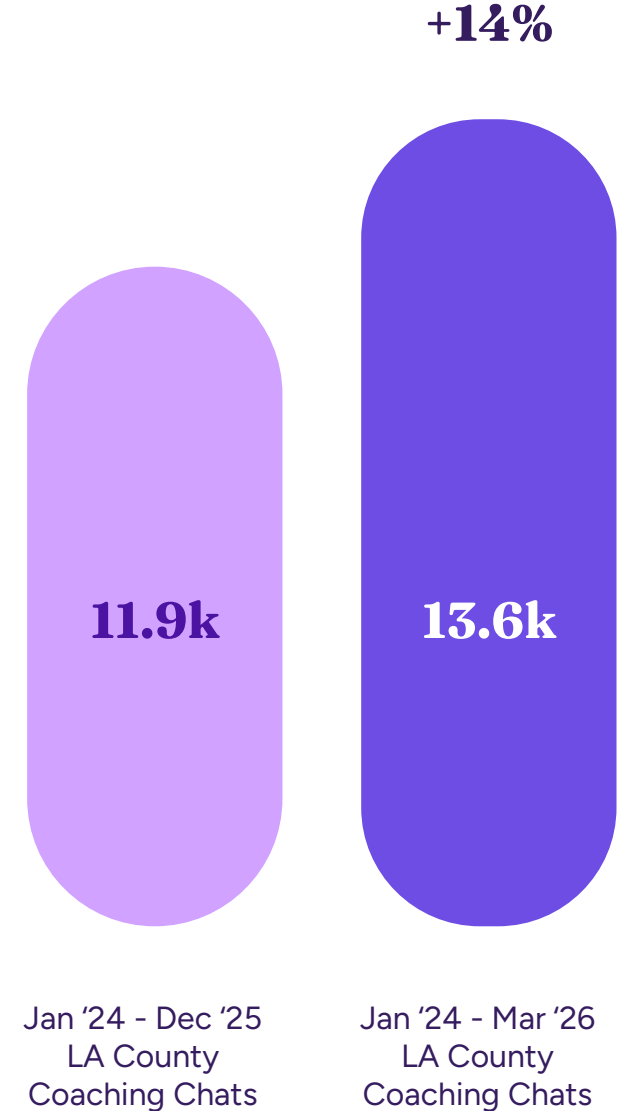


LA County Soluna engagement continues to grow, with nearly **37,000 youth using the platform** as of March 31, 2026—a 15% increase since December 2025

Registered Users



Coaching Chats



Next Phase: Deepening Countywide Implementation

STRENGTHENING PARTNERSHIPS, EXPANDING INTEGRATIONS, AND EMBEDDING SOLUNA ACROSS YOUTH-SERVING SYSTEMS.



Expand Community & Provider Partnerships

Sustain countywide outreach through trusted youth-serving systems and community partners.



Strengthen Referral & Care Coordination Pathways

Expand bidirectional referrals between Soluna and county services through Care Navigation and workflow integrations to support seamless connections to care.



Measure Impact & Guide Future Growth

Monitor utilization and engagement and identify opportunities for future evaluation and learning partnerships.



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



COUNTY OF LOS ANGELES
Public Health



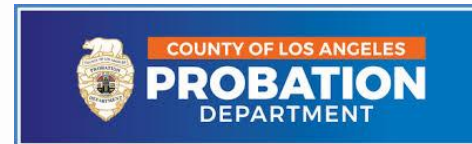
LOS ANGELES COUNTY
YOUTH COMMISSION



LA County Office of
**Child, Youth, and
Family Well-Being**



los angeles county
department of
**Youth
Development**



**Los Angeles County
Office of Education**



Los Angeles County
Department of Children
and Family Services



Los Angeles County
**Ombudsperson
for Youth in STRTPs**



dss

LA COUNTY SUPPORT FOR YOUTH MENTAL HEALTH THROUGH THE
SOLUNA APP

Departmental Updates



Soluna Strategy - Department of Public Health

Substance Abuse Prevention and Control (SAPC)



1. Outreach

- Presentation and engagement opportunities for SAPC Youth SUD Prevention and Treatment Networks will take place by Q1 of FY 26/27.



2. Staff Training

- SAPC to provide training on referral pathways to Soluna staff by Q1 of FY 26/27.



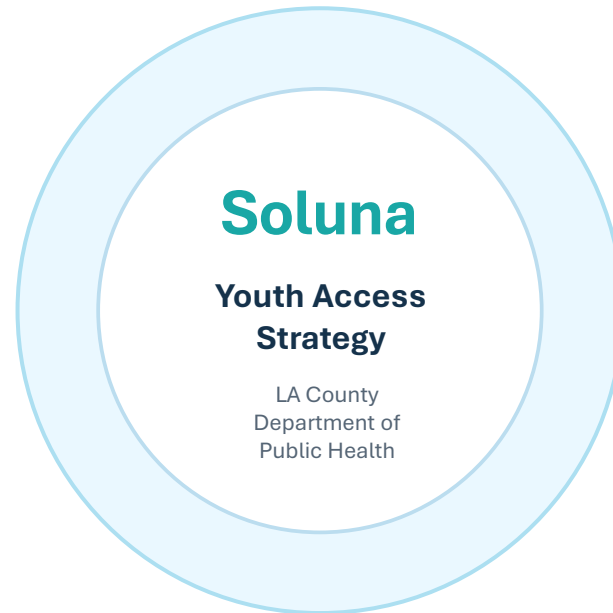
3. Digital Visibility

- Explore adding Soluna links and messaging to DPH program websites, e.g., SAPC, servicing youth and TAY populations in need of BH support and resources.



4. Referral Partnerships

- Ongoing coordination with Soluna to ensure bidirectional referrals and coordination are taking place.



Education Sector and Student Wellbeing Centers

1. Targeted Outreach



- Students & Parents Reached = 54,380 Via Impact! Newsletter, Education Sector Unit Bulletin, Peer Health Advocate Conference, Teen Mental Health Toolkit & Institutes of Higher Ed Convening

2. Staff Training



- Student Wellbeing Center, Community Health Worker and Institutes of Higher Education staff training coming soon!

Promoting the Soluna App at the Department of Youth Development (April - June 2026)

Community Outreach

- Promotional materials have been distributed at all DYD outreach events *(16 total)*
- Soluna has been highlighted through:
 - Monthly Newsletters *(>10,000 subscribers)*
 - Instagram *(>3,700 followers)*
 - Quarterly Public Convenings *(256 attendees)*



Long Beach HYJR Meeting
Wed May 27, 2026

Youth Engagement

- For May is Mental Health Month, DYD trained Heart of Youth Justice Reimagined (HYJR) Youth Consultants to promote and practice using the Soluna App at 5 youth convenings.

- Antelope Valley: 18
- San Fernando Valley: 32
- East LA: 31
- South LA: 47
- Long Beach: 39

Total = 167 youth engaged (ages 12-26)

DYD Staff Learning

- 82% of DYD staff attended an in-person training facilitated by the Soluna team on:
 - The goal, purpose, and use of the Soluna app
 - Best practices to uplift the Soluna app to providers and community members

Provider Training (fy 26-27)

- Goal: Train 80% of contracted providers on the Soluna App, focusing on:
 - Promoting the app to clients and caregivers
 - Joining and utilizing the provider referral network



KEY MILESTONES

MAY



SOCIAL MEDIA LAUNCH

Soluna added to monthly Instagram and Facebook content schedule.

MAY
26



RA/DC MEETING PRESENTATION

Presented to Regional Administrators/ Division Chiefs to bring awareness to the 19 Regional Offices and Specialized Programs to initiate discussions with staff and youth.

MAY
28



YOUTH ENGAGEMENT PRESENTATION

Presented to youth at the Youth Engagement Section Club with a live demo of Soluna.

MAY
30



SCHOLARSHIP EXTRAVAGANZA ORIENTATION

Soluna shared resources directly to over 100 youth preparing for college.

JUN
6



ILP FOSTER YOUTH GRADUATION ORIENTATION

Soluna shared resources directly to over 100 graduating high school seniors.



UPCOMING



DCFS will feature Soluna periodically in our **DCFS Connections** newsletter distributed to all staff.



Request was initiated to have the Soluna app added to the **Benefits Eligibility Finder** on our Website.



TRANSITIONAL HOUSING PROVIDER MEETING

Continue collaboration to expand awareness and access to Soluna resources.



SUPPORTIVE HOUSING DIVISION OUTREACH EVENTS

Flyers and posters have been requested from Soluna team to distribute at these events.



PARTNER WITH SOLUNA FOR DEMONSTRATIONS

Provide demonstrations directly to staff including mental health and education support staff.

ALIGNING WITH SOLUNA PARTNERSHIP PATHWAYS



1. OUTREACH

Sharing Soluna through events, materials, newsletters, social media, and community partners.

1



2. STAFF TRAINING

Equipping frontline staff to confidently share Soluna and support youth access.

2



3. DIGITAL VISIBILITY

Expanding Soluna presence across digital channels and platforms.

3



4. REFERRAL PARTNERSHIPS

Building connections to County and community resources for youth.

4



Parks & Recreation

Soluna App: Marketing Techniques

Connecting youth in our community to free mental wellness support and resources



Outreach Strategies

- Posters and flyers for the Soluna app have been distributed to 59 Every Body Plays (EBP) Sites and 16 Our SPOT Teen Centers. Each site will display QR codes on flyers, gym walls, front desks and bulletin boards to promote the Soluna app.
- Soluna partners have been invited to highlight the app and give an overview to the teens at the Our SPOT Teen Summit event on June 26.
- Promote Soluna during EBP After School Program, Our SPOT Teen Program, ESTEAM Summer Day Camp, EBP Summer Adventures, and all Sports Leagues in summer 2026 and in Fall 2026.
- Promote Soluna app through LACO Parks social media platforms, Our SPOT Teen Center and Aquatics Instagram accounts. Information about the Soluna app will be featured daily on LA County Parks REACH monitors at 59 park sites, generating approximately 960 impressions per day.
- Over 300 Department staff were trained at the Countywide Recreation Training Academy on how to introduce and recommend the Soluna app during program interactions. To further expand awareness and implementation of Soluna, Soluna representatives will provide training to 40 Our SPOT Teen Center staff on August 15.
- Include Soluna information in Our SPOT landing page and Our SPOT Teen Center newsletters, calendars, and registration materials.

Engagement Strategies

- Soluna information will be included in parent meetings, welcome packets, and newsletters through brief presentations, informational flyers, QR codes, and resource handouts. Staff will highlight Soluna's free, confidential, and 24/7 mental health support services and encourage families to explore the app together.
- 59 sites will advertise the Soluna app at all September Community meetings.
- Our SPOT teen ambassadors and peer mentors will promote Soluna to their peers during Our SPOT events and programming.
- 59 Parks hosts eleven events throughout the year, including events such as Parks at Sunset, Pride at the Park, and Juneteenth where information on Soluna will be available to park patrons. The Soluna app will be featured during the Every Body Plays Lights On Afterschool Program in 2026.

Goal: Increase awareness, accessibility, and mental wellness support for youth across Parks & Recreation programs

LOS ANGELES COUNTY PROBATION DEPARTMENT- SUPPORTING THE SOLUNA APPLICATION

Display Soluna posters in all spaces where young people and parents interact with the Probation Department-Juvenile and Adult field offices, facilities, Family Resource Centers, and Baby Bonding areas

As young people re-enter the community after a stay at a Probation facility, they will be provided with a link to the Soluna application and information on how to access support and services

The Soluna team will be facilitating training to Probation staff throughout the department to demonstrate how the Soluna application can assist with young people under Probation supervision and their families



LA County Library

Library staff that participated in virtual Soluna App Training:

253

Promotional materials created for distribution to library customers:

Flyers: 9,550

Bookmarks: 17,800

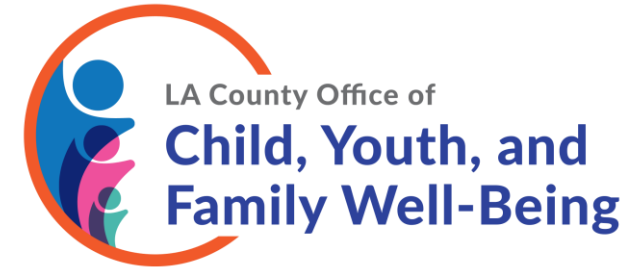
Posters: 176

Brochures: 4,400

"I handed out a bookmark to a young adult that seemed to be under distress, and they were intrigued by it. I explained how [Soluna] works and they downloaded it."



Soluna Implementation



Office of Child Youth and Family Well-being (OCFW)

OCFW does not provide direct services; however, we provide critical coordination and linkages between departments and partners. To address this motion, OCFW took the following actions to ensure that the Soluna App was effectively shared in key spaces:

- **Engaged Department of Arts & Culture (DAC) as Soluna partner**
 - DAC hosted a May 4th virtual Mental Health Month event featuring an overview of the Soluna App. (approximately 55 attendees)
- **Connected Soluna with the DCFS Office of Equity** to explore integration for priority populations
 - Highlighted Soluna during SOGIE circle case discussions
- **Linked Soluna to partner to address potential gap in Soluna's SUD offerings** – identified that there was initially no Medication Assisted Treatment (MAT) referral or treatment - so connected Soluna with SAPC to support cross-training and service development
- **Introduced the cross-departmental Youth Opioid Response workgroup** to Soluna
- **Coordinated Soluna presentation for the Feb 19 TAY Table quarterly meeting**
 - (approximately 50 attendees)

Soluna App through Los Angeles County Office of Education (LACOE)

LACOE has promoted the Soluna App to various interest holder audiences via the following mechanisms.

STUDENTS

STAFF

ADMINISTRATORS

- Superintendent's Student Advisory Council
- Counseling Resource Network
- Regional Network Meetings
- Student Services Area Meeting
- Charters Schools Leadership Meeting
- School Nurses & Program Managers Meeting
- Los Angeles Suicide Prevention Network (LASPN) Suicide Prevention Summit
- County Superintendents Meeting
- LACOE unit and division communications, such as newsletters, toolkits and constant contact

YOUTH COMMISSION (YC) & SOLUNA APP

The YC's primary partnership pathway was Outreach.

The following strategies were used to outreach the Soluna app:

Tabling:

YC Hosted Events

- YC SD1 Listening Session held on Friday, 3/20/26 (approx. 26 youth)
- YC SD3 Listening Session held on Saturday, 4/25/26 (approx. 40 youth)
- YC SD4 Listening Session held on Saturday, 5/9/26 (approx. 40 youth)
- YC SD5 Listening Session pending date Saturday, 7/11/26
- YC SD2 Listening Session pending date Saturday, 7/25/26

YC Non-hosted Events

- City of LA Youth Summit held on Saturday, 3/21/26 (approx. 75 youth)
- LAUSD Mental Health & Wellness Symposium held on Friday, 5/1/26 (approx. 1,400 youth)
- YC outreach manager shares the Soluna app promotional materials at all non-hosted events (average 2-4 events per month)

Additional Outreach Efforts:

- Soluna presented at the YC meeting on 3/26/26
- Soluna app shared on all YC's media platforms such as IG, Newsletter, & Website

LA COUNTY SUPPORT FOR YOUTH MENTAL HEALTH THROUGH THE
SOLUNA APP

Appendix



Long-Term Impact & Ongoing Work

BY INTEGRATING SOLUNA INTO YOUTH-SERVING SYSTEMS, LA COUNTY IS STRENGTHENING PREVENTION AND CONNECTING YOUTH TO SUPPORT WHEN AND WHERE THEY NEED IT.



Strengthening the Prevention Ecosystem

- Early evidence suggests Soluna can improve outcomes while reducing reliance on crisis care.
- Soluna users report significant improvements in mental health outcomes, including reductions in psychological distress and suicidal ideation, that are sustained over time¹.
- 88% of youth who previously used the ER or urgent care for mental health support report using those services less since joining Soluna².



The Work Continues

- Departments have established a strong foundation for integrating Soluna across systems.
- The next phase will focus on strengthening partnerships and deepening integration in youth-serving programs.
- Continued collaboration between county departments and the Soluna team will ensure LA County youth can access support when and where they need it.

1. New research evaluation of Soluna from Northwestern University; learn more at <https://solunaapp.com/impact>
2. Soluna User Feedback Survey Data, 2025, eligible users in California