

MOTION BY SUPERVISOR HILDA L. SOLIS

OCTOBER 6, 2026

Addressing the Behavioral Health Needs of Residents Countywide: Improving the Los Angeles County Department of Mental Health’s Communication with Municipal Partners

The Los Angeles County Department of Mental Health (DMH) is the largest in the country and provides critical mental health services to County residents of all ages. In fact, as of June 2026, DMH saw nearly 238,000 distinct clients over the last year. DMH directly operates over eighty-five mental health programs and contracts that provide a wide range of services, including outpatient treatment, residential treatment, case management, crisis intervention, and medication support, among many others.

Given DMH’s many programs and range of services, accessing DMH’s services and understanding their limitations can be challenging for cities and municipal partners. The complexity of the behavioral health public safety net system is further compounded by recent systems changes that have shifted the department’s resources and expanded the scope of their work. This includes the transition from the Mental Health Services Act to the Behavioral Health Services Act (BHSA) which took place on July 1, 2026. Under BHSA, and its mandated expansion of housing and substance use services, DMH has had to adapt and modify its programming to align with funding shifts and new rules. The

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BHSA transition took place at the heels of the implementation of SB 43 at the start of the year, which broadened the Lanterman-Petris-Short (LPS) Act definition of “gravely disabled” to include severe substance use disorders, and the inability to provide for basic personal needs. Meanwhile, the County launched the Community Assistance, Recovery, and Empowerment (CARE) Court on December 1, 2023, as mandated by SB 1338. CARE Court helps people with untreated schizophrenia and other related psychotic disorders receive treatment and services via court petitions from family, clinicians, and more. These changes have required DMH to enhance training and collaboration with essential partners, including the family of individuals experiencing severe mental illness, first responders, and clinicians.

However, amid all these changes, and the many programs DMH currently oversees, municipal partners, including cities, Councils of Governments (COGs), and city associations do not always know the best pathway to connect their residents, including people experiencing homelessness, to behavioral health services. This requires increased awareness of DMH's services and a direct line of communication between DMH and municipal partners to better respond to the needs of individuals experiencing behavioral health challenges Countywide.

I, THEREFORE, MOVE that the Board of Supervisors direct the Department of Mental Health (DMH), in consultation with the Department of Public Health, Substance Abuse Prevention and Control, and the Department of Homeless Services and Housing,

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to report back in 45 days in writing with a plan to increase DMH's direct communication with municipal partners. This report should include the following:

1. A plan to establish ongoing, direct communication with cities, COGs, and city associations. This plan should address the need to establish lines of communication with both city administrators/managers and elected city officials.
2. This plan should address the various information and communication needs that municipal partners have, including:
 - a. Explanation of how County residents, including people experiencing homelessness, can receive behavioral health services from DMH;
 - b. Explanation of how municipal partners can best access services to assist with constituent concerns, including how to help their constituents access behavioral health services from DMH; and
 - c. Explanation of the current legislative and policy changes in the behavioral health landscape and how they are expected to impact local residents.
3. Any additional resources DMH needs in order to establish these new lines of direct communication with municipal partners.

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