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MOTION BY SUPERVISOR LINDSEY P. HORVATH November 17, 2026

Exploring Housing Strategies and Expanded Supports for Transition-Age Youth (TAY)

The 2026 Point in Time Homeless Count (Count) found that there were 3,658 homeless youth in the Los Angeles Continuum of Care, 1,875 of whom were living on the street and 1,783 who were sheltered. Of these 3,658 young people, 2,786 identified as Transition-Age youth (TAY), between the ages of 18-24.[1] While the statistics released this year did not contain information specifically on how many of these 3,658 youth had foster care involvement, it has been well established that many unhoused young people have child welfare experience. A January 20, 2026 report from the Department of Children and Family Services (DCFS) estimated that 1,245 TAY will age out of foster care in 2026, and a 2024 California Policy Lab report found nearly 1 in 4 youth formerly in foster care report having been homeless at some point between the ages of 21 and 23. This is unacceptable.[2]

[1] https://www.lahsa.org/documents?id=10078-yc26-coc-data-summary

[2] https://capolicylab.org/aging-out-of-foster-care-in-los-angeles/

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This Board of Supervisors (Board) has continually recognized the need to better support our young people as they exit foster care and reduce the risk that they experience homelessness following their transition from care. We have called on our County departments to align resources, share information, and explore innovative solutions, like a centralized hub, to better serve our young people with current and former foster care involvement. We have passed several motions over the last eighteen months on this very topic, pushing our County departments to take real, concrete actions to better support our young people. And we have continued to listen to our young people and advocates, who have shared their experiences, challenges, and ideas that should inform the County's solutions and supports.

The County has committed to better serving these young people. The County's new Department of Homeless Services and Housing (HSH), which launched in January 2026, has staff dedicated to supporting transition-age youth and is actively pursuing funding to support housing and case management services for youth. In the FY 25-26 Measure A Spending Plan, this Board responded to the needs of young people and allocated funding to keep certain TAY-facing services afloat. DCFS created the Supportive Housing Division in 2021, which focused on providing specialized housing support for foster youth in and exiting care. DCFS also recently mobilized an all hands-on-deck effort in partnership with HSH to leverage expanded housing voucher opportunities from the federal government. The County's Department of Mental Health (DMH) recently launched an Office of Transition Age Youth, which provides specialized services for transition-age youth, including emergency housing and independent living. The Justice, Care, and Opportunities Department (JCOD) has resources, including

housing supports, available for young people over the age of 18 with justice involvement, but it is unclear whether other County departments are aware of how to access these supports for the youth they serve. The Department of Youth Development (DYD) has also engaged in this space, proposing the launch of a new demonstration project, the “My Life, My Way Program,” focused on standing up a low-barrier support system for former foster youth who are no longer served by DCFS. DYD has emerged as a willing and active partner as we explore which department should ultimately lead care coordination for former foster youth.

The extensive reports back from prior motions identified continued challenges, innovative recommendations, and concrete action steps. These reports identified opportunities to strengthen transitional and permanent housing resources for youth who have recently aged out of foster care up to age 26, including capacity considerations and programs that could be strengthened with additional resources. Thanks to the work of the many County departments, advocates, and young people who contributed to those reports, this Board is prepared to act. We must further build out the continuum of services available to young people with experience in the foster youth system and those who have exited care, with the goal of reducing the likelihood that they spend even one night unhoused. We must increase program capacity where it is most needed, explore new solutions, rethink funding streams and expand our homeless prevention services for young people. Now is the time to strengthen our youth housing system and think big about what we can do to ensure our young people get the safe and secure housing they need and deserve. This Board’s expectation is that County departments will work harder than

ever, in partnership with young people and advocates, to make demonstrable progress in decreasing the number of homeless youth in the Los Angeles Continuum of Care.

I, THEREFORE, MOVE that the Board of Supervisors direct the Department of Children and Family Services (DCFS) to report back in writing in 120 ~~60~~ days as follows:

1. Explore the feasibility of expanding Project HopeBridge or a similar model beyond Service Planning Area (SPA) 6, with a plan for a phased implementation to the SPA with the next highest number of unhoused Transition-Age Youth (TAY). This should include a discussion of possible funding sources, including the Los Angeles County Development Authority's (LACDA) Permanent Local Housing Allocation (PLHA) funding, any capacity needs, and a realistic timeline to offer this successful program to additional young people. This report should also include feedback from young people, including their insights into what makes the model appealing.
2. In collaboration with the Chief Executive Officer (CEO), Internal Services Department (ISD), and County Counsel, explore how to right-size the Transitional Housing Program-Plus (THP+) option for former foster youth, including those who are pregnant and parenting. This should include an examination of the number of beds *actually needed* in this program and a revision of the contracting process and contracts to the extent legally permissible and in line with state requirements to increase flexibility and accessibility for providers. Should the Department identify the need for additional THP+ beds, DCFS should work with the CEO to identify funding sources and work with the provider community to identify existing and new providers. The revised contracting process should identify opportunities to increase flexibility and accessibility for providers and reduce the timeline it takes

to execute a contract consistent with applicable legal requirements. DCFS should consult with the CEO and ISD, as well as integrate existing feedback from providers and from various crosswalk exercises into this process, to reexamine which requirements go above and beyond what is required by the state and whether modifications are appropriate. The report back to the Board must include their findings, planned next steps, and timeline for implementation.

I, FURTHER MOVE, that the Board of Supervisors direct the Office of Child, Youth, and Family Well-Being (OCYFW) to report back in writing in 60 days as follows:

3. In collaboration with the Chief Information Office (CIO), Chief Executive Office~~-Policy Alignment Branch (CEO-PIAB)~~, County Counsel and the Departments of Mental Health (DMH), DCFS, Homeless Services and Housing (HSH), Parks and Recreation (Parks), Public Health (DPH), Economic Opportunity (DEO), and Youth Development (DYD) with a plan to develop and implement a pilot creating a "Fast Pass" prioritization process to prioritize navigation support for foster youth through age 26 who are at risk of or are experiencing homelessness, particularly those pregnant and/or parenting, for County administered and/or funded services and supports, where legally and regulatorily permissible. This pilot should focus on the programs funded and/or administered by DMH, DPH, HSH, DYD, DEO, and Parks. Once the report back has been submitted, the pilot should be implemented.
    a. The pilot implementation strategy should include a focus on:
        i. Establishing and/or strengthening cross-systems navigation and referral processes, including establishing clear points of contact and strengthening "warm handoff" practices to support continuity of care.

This should also include building feedback loops with young people and being responsive to youth needs, such as after-hours supports.

1. This may include community-based care coordination models similar to those already implemented by DYD.
2. This should also include setting expectations around referral times and include a mechanism for self-referral for young people who may not currently be connected to a system.

ii. Developing trauma-informed methods to identify youth and young people not directly referred by a department. This should include establishing a secure verification process with DCFS to confirm current/former foster youth status, where necessary, without stigmatizing the young person.

iii. Leveraging existing County data-sharing initiatives, such as the Community Information Exchange, the Countywide Information Hub, and consent-based data sharing tools to advance Fast Pass implementation goals, including consistent identification across systems. This should include coordinating with HSH to ensure alignment with ongoing youth homelessness system work to avoid creating a parallel pathway disconnected from existing homeless services infrastructure.

iv. Strategies and metrics to track pilot outcomes, including referral times, youth experience, services needed and whether the pilot helps young people secure supports faster.

b. Before implementing a Fast Pass process for any specific program attached to a particular funding stream, law, or regulation, departments should work with County Counsel to ensure that doing so is legally permissible.

~~4. In partnership with HSH, DCFS, DMH, the Department of Public Social Services (DPSS), LACDA, and the Justice, Care, and Opportunities Department (JCOD), complete a mapping of the Transition-Age Youth (TAY) Housing Continuum of Care. This report should include a discussion of system-wide resources, eligibility requirements, referral access, entry points, opportunities for case conferencing, funding streams attached to each particular resource, and how County departments could be better connecting and aligning efforts to support TAY. This work should include the perspective of the community-based organizations that do this work.~~

I, FURTHER MOVE, that the Board of Supervisors direct the following Departments to report back as follows:

4. HSH, in partnership with OCYFW, DCFS, DMH, the Department of Public Social Services (DPSS), LACDA, and the Justice, Care, and Opportunities Department (JCOD), complete a mapping of the Transition-Age Youth (TAY) Housing Continuum of Care. This analysis should include a summary of system-wide resources, eligibility requirements, referral access, entry points, opportunities for case conferencing, funding streams attached to each particular resource, and how County departments could be better connecting and aligning efforts to support TAY. This work should include the perspective of the community-based

organizations that do this work. A discussion of this analysis should be included in the quarterly HSH updates to the Board of Supervisors.

5. CEO ~~Policy Implementation Branch (PIAB)~~ and CIO to report back in 30 days on the status of their work to improve data sharing and support care coordination while ensuring that individuals maintain control over their information. The report should include updates and implementation timelines for the following and identification of any barriers:
    a. Strengthening consent-based information sharing;
    b. Standardizing authorization forms that allow youth and young adults to consent to the sharing of health and social services information across participating departments and providers;
    c. Plan for continuing to support young people who chose not to consent to data sharing;
    d. The development of an electronic consent management system that will clarify what information can be shared, with whom, and under what conditions; and
    e. Integration of referral-tracking mechanisms.
6. The Department of Homeless Services and Housing (HSH) to work with the Los Angeles County Affordable Housing Solutions Agency (LACAHSA) to explore how to align services, resources and supports for TAY, and report back in writing in 30 days on those efforts.
7. The Department of Public Social Services (DPSS) to report back in 60 days on the following:

a. Estimated cost of implementing a “fast pass” system through any of the DPSS access points;

b. The feasibility of having Linkages GAIN Social Workers (LGSWs), or another appropriate County classification, connect former foster youth or youth exiting foster care to DPSS services. If this is determined to not be feasible, identify alternative strategies for connecting former youth to DPSS services;

c. Opportunities for DPSS to enhance its role in helping former foster youth access benefits and services, including expanding trauma-informed and cross-system training for staff; strengthening partnerships with community-based organizations; improving coordination with housing and workforce programs; and exploring enhancements to existing business processes to reduce procedural barriers. In this report, DPSS should include details about each of these opportunities and identify any potential barriers to implementation, including any associated funding needs; and

d. Estimated costs of expanding the Springboard Guaranteed Income Program for General Relief TAYs, which supports housing needs, beyond their current 400 slots, in consultation with CEO-Poverty Alleviation Initiative.

8. The Chief Executive Officer (CEO) to report back in writing as a part of the FY 27-28 recommended budget with sources of ongoing funding for the Department of

Youth Development's "My Life, My Way" program for three years in the amount of $2 million dollars annually for a total of $6 million beginning in the FY 27-28 budget.

I, FURTHER MOVE, that the Board of Supervisors direct:

9. The Department of Youth Development (DYD), in collaboration with HSH, to move forward with launching the "My Life, My Way Program" described in their May 18, 2026 report back so that it can be implemented as soon as funding is identified. This 3-year demonstration project should be focused on young people ages 21-26 who are former foster youth not receiving housing services from HSH and no longer connected to a social worker for case management support. This program should be designed to align with HSH's TAY work to ensure that we are leveraging all available resources to support young people with foster care history.
10. The Department of Mental Health (DMH) to report back in 60 days with the following:
    a. A proposal to prioritize foster youth and recent former foster youth for Transitional Aged Youth (TAY) designated Interim Housing Program (IHP) beds, in consultation with DCFS. This proposal should include all legal and programmatic requirements and limitations, the proposed definition of former foster youth, best practices and trauma informed questioning about former foster youth status, how foster youth status would be collected, a timeline for implementation as soon as possible and the possibility of incorporating the data element into the DMH IHP system;

b. How current and former foster youth in DMH's housing program, including the Enhanced Emergency Shelter Program (EESP), are connected to the broader youth housing continuum of care; and

c. A plan to coordinate among Full-Service Partnership (FSP) providers and Youth Access Center providers at the regional level to ensure facilitation of referrals and connection to the FSP program, coordination of care and crisis response when services are medically necessary. This report should also include a plan to assign DMH directly operated or contracted staff to co-locate ~~FSP at~~ Youth Access Centers to assess youth participants for care and to facilitate direct connection to mental health ~~and to improve partnerships and~~ services.

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