AGN. NO. _____

MOTION BY SUPERVISOR LINDSEY P. HORVATH December 1, 2026

Integrating the Department of Public Health - Substance Abuse Prevention and Control (DPH-SAPC) within the Homeless Services System

Los Angeles County continues to face an urgent homelessness and public-health crisis. The 2026 Greater Los Angeles Homeless Count estimated that approximately 73,040 people were experiencing homelessness countywide, including approximately 49,002 people living unsheltered. Demographic data further indicates that approximately one in four adults experiencing homelessness reports a substance use disorder, underscoring the need for accessible services that reach people on the streets, in interim housing, and after they enter permanent housing.

Substance use and homelessness are interconnected through a range of structural and individual vulnerabilities. Losing housing increases the risks associated with substance use, and people with untreated behavioral-health conditions, trauma histories, and poverty are disproportionately vulnerable to becoming homeless. Once homeless, the persistent trauma that comes from living without a home, fragmented care, untreated substance use disorder, overdose risk, and gaps between levels of treatment make it substantially more difficult for people to obtain and retain stable housing. Drug and alcohol overdose remained the leading cause of death among people experiencing

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homelessness in 2024, accounting for approximately 40 percent of deaths. Although the overdose mortality rate declined by 21 percent that year, it remained 46 times higher among people experiencing homelessness than among the overall County population.

The Department of Public Health's Substance Abuse Prevention and Control Bureau (DPH-SAPC) leads and facilitates the County's publicly funded system of substance use prevention, harm reduction, treatment and recovery services, and administers the County's Drug Medi-Cal Organized Delivery System (DMC-ODS). Effective care for people experiencing homelessness requires close integration between this system and the Department of Homeless Services and Housing (HSH), including coordinated outreach, low-barrier engagement, harm reduction, medications for addiction treatment, timely placement across the appropriate levels of care and continuity during transitions between the streets, treatment, and housing.

The Board of Supervisors approved the "Better Reaching the 95%" motion on October 17, 2023, in recognition that only approximately 5% of people with substance use disorder access treatment, while the remaining 95% may not believe they need treatment, may not be ready to seek care, may encounter barriers that make traditional treatment difficult to access, or may be disillusioned with the models of treatment they have tried. The motion directed County departments to build upon DPH-SAPC's Reaching the 95% initiative (R95) by strengthening outreach, lowering barriers to treatment, connecting homeless-service providers to substance use resources, engaging Medi-Cal managed care plans, and identifying and connecting individuals who need substance use services but are not accessing them.

DPH-SAPC has also used payment reform to deploy provider capacity building and value-based incentives which have expanded the reach of Los Angeles County's contracted substance use treatment provider network to adopt lower barrier, person-centered practices and improve engagement, care coordination, and continuity of care. The DPH-SAPC treatment system has increased LA County residential beds by over two-fold, increased receipt of residential services over ten-fold, increased Recovery Bridge Housing (RBH) beds by over 12.5-fold, saw a four-fold increase in the number of clients served in intensive outpatient services, and saw a 200-fold increase in addiction medication services beyond methadone since the implementation of the DMC-ODS waiver in 2017. DPH-SAPC has increased the percentage of clients in Los Angeles County who are seeking substance use treatment for the first time to over 40% of clients admitted to care, demonstrating an increasing reach of substance use treatment to eligible people in Los Angeles County. Reaching individuals who are not already connected to the specialty substance use disorder system requires coordination between, and reducing barriers facing people served by, several existing systems, including those managed by DPH-SAPC, the Department of Mental Health (DMH), HSH, healthcare providers, community-based organizations, and Medi-Cal managed care plans.

Coordination between DPH-SAPC and HSH must continue to be strengthened. Support for people experiencing homelessness should include navigation assistance, alignment of assessments, coordination with payors to reduce disputes, and access to shelter, housing, healthcare, and long-term stability.

I, THEREFORE, MOVE that the Board of Supervisors direct the Department of Public Health Substance Abuse Prevention and Control (DPH-SAPC), in consultation with the Chief Executive Officer (CEO) and the Department of Homeless Services and Housing (HSH), to report back to the Board in writing in 120 days, and biannually thereafter, to consolidate and align with the "Reforming and Integrating Mental Healthcare within the County's Homeless Services System" motion report. The report should include, but not be limited to the following, as well as any barriers, and staffing or funding that may be needed:

1. Designate additional staff responsible for collaborating with HSH, the Department of Mental Health (DMH), Los Angeles Health Services Department (LAHS), and other relevant County Departments, on programs for people experiencing homelessness. The report should include information on the identification of the appropriate DPH items needed to designate and assign staff to address the subsequent directives. The collaboration should focus on people with lived experience, providers, harm-reduction organizations, cities and local jurisdictions, hospitals, community clinics, correctional partners, and other stakeholders to determine barriers to access, effectiveness of funded treatment models and providers, and innovative solutions to support people's journey to healing.
2. Examine opportunities to expand access to Substance Use Disorder (SUD) services as a component of HSH services, the Emergency Centralized Response Center (ECRC), interim-housing sites, access centers, permanent housing programs, hospitals, other healthcare delivery systems, and other high-

volume locations engaging with and serving people experiencing homelessness through consultation, technical assistance, and co-located DPH-SAPC-funded services.

3. DPH-SAPC, in consultation with DMH, LAHS, HSH, and County Counsel, should also report back on how to strengthen planning, and establish coordinated protocol plans between DPH-SAPC, DMH, LAHS, and HSH for programs and funding affecting people experiencing homelessness with substance use needs, including Behavioral Health Bridge Housing funding, Behavioral Health Services Act funding, Opioid Settlement Funding, Measure A funding, Drug Medi-Cal funding, and other state, federal, or local resources. The plans should include a description of how clinical and programmatic information will be shared, including but not limited to health information exchange, joint case consultation, coordinated service planning, and clear assignment of responsibility so that disputes concerning diagnosis, level of care, payer, or departmental responsibility do not delay services.
4. Engage local Medi-Cal managed-care plans in coordination with HSH, LAHS, and DMH to ensure shared understanding amongst all parties on the responsibilities to strengthen connections to Enhanced Care Management, Community Supports, non-specialty behavioral-health care, primary and specialty healthcare, and other covered benefits for people experiencing homelessness.
5. Report back on the overdose prevention recommendations included in Public Health's Center for Health Impact Evaluation's *Mortality Rates and Causes of*

Death Among People Experiencing Homelessness in Los Angeles County report.

6. The Better Reaching the 95 Percent motion future reports should be consolidated with the report back for this directive, with an enhanced focus on directives from this motion specific to services and coordination for the needs of People Experiencing Homelessness (PEH).
7. Review, strengthen, and standardize implementation of existing DPH-SAPC discharge and transition-of-care requirements, including Reaching the 95% (R95) discharge policy, to ensure individuals leaving treatment receive a documented warm hand off to appropriate services. The review should include, where feasible, a closed-loop process that confirms referral acceptance of successful connections to housing and/or services. Additionally, ensure that community-facing staff from DPH-SAPC and its contracted provider network understand the full HSH housing and shelter continuum and can make effective connections to those resources.
8. Identify opportunities to expand field-based screening, engagement, care coordination, initiating and continuing addiction medications, (also known as medications for addiction treatment), contingency management, and additional clinically appropriate services in locations where people experiencing homelessness are found, including encampments, vehicles, shelters, interim housing, correctional facilities, and permanent-supportive-housing sites, through field-based services, interim-housing programs, bridge clinics, primary care, correction health, emergency departments, hospitals and coordinated

referrals. The report should include what additional resources are necessary to advance this directive.

9. Continue to assess and identify state legislative changes that are needed to support the delivery of substance use services to people experiencing homelessness impacted by substance use.
10. Identify and implement metrics for tracking the progress and outcomes of the directives outlined above.

I, FURTHER, MOVE that the Board of Supervisors direct DPH-SAPC, in consultation with the CEO and HSH, to report back to the Board in writing in 30 days on identifying and developing a senior DPH executive position that reports to the Director of the Department of Public Health and will be responsible for collaborating with HSH, the Department of Mental Health (DMH), Los Angeles Health Services Department (LAHS), and other relevant County Departments, on programs for people experiencing homelessness. The DPH executive will also be responsible for coordinating services and programs to more effectively integrate across the Department to develop a unified response to homelessness. The DPH Executive will have experience working with people experiencing homelessness and/or lived experience of homelessness. The report should include the classification, cost, and potential sources of funding, included but not limited to Behavioral Health Services Administration (BHSA), Measure A, HUD Continuum of Care (COC), and state homeless funding.

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