Board of Supervisors
Health and Mental Health Cluster Agenda Review Meeting

DATE: March 18, 2026
TIME: 11:30 a.m. – 1:30 p.m.
MEETING CHAIR: Jazmine Garcia-Delgadillo, 1ST Supervisorial District
CEO MEETING FACILITATOR: Kieu-Anh King

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#

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

Members of the Public may address the Health and Mental Health Services Meeting on any agenda item. Two (2) minutes are 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. **SD2:** Preparing to Immediately Implement the Essential Services Restoration Act Upon Voter Approval

III. **Presentation Item:**

a. **CEO: Fiscal Year 2026-27 Recommended Budget Recommendations**
Health Services
Mental Health
Public Health

IV. **Discussion Item:**

a. **DMH/DHS/DPH**: Streamlining Los Angeles County Mental Health and SUD Beds (consolidated reports)
Presenters: Jaclyn Baucum and Dr. Paul Arns, Department of Mental Health, Dr. Gary Tsai, Department of Public Health, Dr. Clemens Hong, Department of Health Services

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

AGN. NO.

MOTION BY SUPERVISOR HOLLY J. MITCHELL April 7, 2026

Preparing to Immediately Implement the Essential Services Restoration Act Upon Voter Approval

On February 10, 2026, the Los Angeles County (County) Board of Supervisors (Board) approved a motion to place the Essential Services Restoration General Sales Tax Act on the June 2026 ballot. The motion also included a spending plan that would allocate up to 45% of the revenues generated from the tax to fund a program under which a limited network of nonprofit partner providers, licensed under Section 1204(a) of the California Health and Safety Code, would furnish no-cost or reduced-cost care to low-income residents of the County who lack health insurance. It is critical that the County be prepared to immediately restore health care services should voters approve the sales tax.

The County has a long and proven record of effectively contracting for quality no-cost or reduced-cost care in community-based settings. The County's partnership with community health centers began under the first Department of Health Services (DHS) Section 1115 Medicaid waiver and its extension, which were in effect from 1995 to 2005. Prior to this period, the County lacked formal programs connecting public and private health clinics with County hospitals. Through these partnerships, the County contracted with community health centers to create an organized system of health care known as the Public Private Partnership (PPP) program. DHS provided 11 million primary care visits through the PPP program.[1] By 2005, the program had expanded to provide high-quality

[1] See DHS Letter to Board of Supervisors, 043571_DepartmentofHealthServicesFiscalOutlookUpdateandDeficit.pdf

- MORE -

	MOTION
MITCHELL	_____
HORVATH	_____
HAHN	_____
BARGER	_____
SOLIS	_____

and cost-effective ambulatory care and outreach services through a network of 54 clinics at 106 sites across the County.

The PPP program recognized that a one-size-fits-all approach could not meet the needs of the County's large and culturally diverse neighborhoods. Clinics developed a subregional approach to better coordinate care, including the Skid Row Healthcare Collaborative, the Southside Coalition of Community Health Centers, and partnership efforts with the USC healthcare network.

The PPP program served an unexpectedly high number of adults with chronic diseases. It proved to be an effective system for preventing morbidity and mortality, and reducing the overuse of emergency rooms and hospitals. The program was so successful that DHS listed it first, and referenced it 15 times, in its report to the Board on DHS's major accomplishments under the initial Section 1115 Medicaid waiver.

Following the expiration of the original waiver in 2005, the clinic partnership continued under subsequent Medicaid waivers, including the Low-Income Health Program (also known locally as Healthy Way LA) which facilitated eligible individuals' transition into full-scope Medicaid under the Affordable Care Act expansion. Outside of the waiver, Healthy Way LA later evolved into the My Health LA (MHLA) program, serving individuals not eligible for Medicaid expansion due to immigration status. The MHLA program, which served between 130,000 and 145,000 participants annually, concluded on January 31, 2024, when all participants became eligible for full-scope State-only Medi-Cal. Prior to the end of MHLA, DHS contracted with 51 Federally Qualified Health Centers that provided primary care at more than 200 sites across all Supervisorial districts.

It is essential that the County demonstrate its readiness to "hit the ground running" should voters approve the Essential Services Restoration General Sales Tax Act, which would enable the County to continue providing essential health and wellness services for its uninsured residents.

I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:

1. Direct the Director of the Department of Health Services (DHS), in collaboration with the Director of the Department of Public Social Services (DPSS) and the Community Clinic Association of Los Angeles County, to

develop the details of a proposed program under which 45% of the Essential Services Restoration General Sales Tax Act revenues would be allocated to a limited number of non-profit partner providers, licensed under Section 1204(a) of the California Health and Safety Code, to furnish no cost or reduced cost care to low-income Los Angeles County residents who lack insurance, should the sales tax measure pass. Should voters approve the sales tax and to the extent funding is available, the program should include a limited network of partner non-profit community health centers to support a program similar to My Health LA (MHLA). The network may also include a limited number of partner pharmacies, specialists, or ancillary service providers for services not available through the partner community health centers. DHS should issue an initial report to the Board in 60 days and provide regular status updates every 60 days thereafter. These updates shall include, but not be limited to recommendations regarding:

a. How lessons and best practices learned from the Public Private Partnership, Healthy Way LA, MHLA, and similar programs—and informed by any State policy developments—would be applied to a proposed new program;
b. The proposed scope of benefits and services to be provided, including medical, specialty, diagnostics, dental, nutrition, pharmaceutical, mild-to-moderate behavioral health, and other services; and how those services would be coordinated with County-provided services and/or provided by the County if services are not available through the community health centers;
c. The potential payment methodologies that appropriately incentivize high-quality care and timely access to services;
d. Budget projections and recommended safeguards to ensure fiscal sustainability;

e. Potential benchmarks for tracking and measuring performance and contractor accountability, suitable for presentation on a publicly available dashboard;
f. Potential minimum provider eligibility requirements for participation, including site, licensing, and credentialing requirements;
g. Possible financial, administrative, and information systems requirements needed within DHS to administer the program;
h. Patient care and eligibility requirements, including patient rights, and an enrollment plan;
i. Program management requirements;
j. A Request for Proposals process that is fair, facilitates implementation, enrollment and operation of the program, and establishes a Countywide needs-based network;
k. Possible approaches to eligibility determination, including opportunities to integrate DPSS' eligibility processes and systems;
l. An approximate timeline and approach for launching the program once funding is available, including considerations of a ramp up or phased launch; and
m. A proposal for how the Citizens Oversight Committee's input – and the perspectives of individuals with lived experience – could be meaningfully incorporated throughout the program's design, implementation, and operation.

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(YV/EA/VG)

Supervisor Holly J. Mitchell

Preparing to Implement the

Essential Services Restoration Act

Upon Voter Approval

March 18, 2026

CONTEXT

The County has a long and proven record of effectively contracting for quality no-cost or reduced-cost care in community-based settings.

1995-2005

Public Private Partnership (PPP)

DHS contracted with community health centers
11M primary care visits; 54 clinics at 106 sites.

2005-2014

Healthy Way LA

Continuation under Medicaid waivers; facilitated transition to full-scope Medi-Cal under the ACA expansion.

2014-2024

My Health LA (MHLA)

Served 130,000–145,000 participants/year; 51 FQHCs at 200+ sites.
Ended Jan. 2024 when all participants became Medi-Cal eligible.

2026

Essential Services Restoration Act (June 2026 Ballot)

Board approved; 45% of revenues earmarked for a new no-cost/reduced-cost care program for uninsured residents.

Directives

Direct the County to be ready to launch a new uninsured care program should measure pass

- Direct DHS, in collaboration with DPSS and CCALAC, to develop full program design details
- Model program after My Health LA — non-profit FQHCs providing no-cost/reduced-cost care to uninsured low-income residents
- Network may include partner pharmacies, specialists, and ancillary providers for services not available through the partner community health centers.
- DHS to issue initial report to the Board within 60 days and updates every 60 days thereafter:
  - Proposed scope of benefits
  - Budget projections + fiscal sustainability
  - Measurement Performance + accountability
  - Patient care and eligibility requirements

45%

of Essential Services Restoration General Sales Tax Act revenues allocated for program.

HOLLY J. MITCHELL

LOS ANGELES COUNTY SUPERVISOR ◆ 2ND DISTRICT

Protecting the Privacy of Transgender Los Angeles County Residents

Presented by Victoria Gomez

FEDERAL ATTACKS ON TRANSGENDER–GENDER-EXPANISVE AND INTERSEX PEOPLE

- In December 2025, the Federal government announced proposed rules and a Declaration aimed at restricting reimbursement for, and access to, gender-affirming care for transgender youth.
- At the same time, additional federal actions and proposed state laws across the country have focused on restricting rights and access to care for Transgender, Gender-expansive, and Intersex people.

SENATE BILL 497 (WEINER)

Took effect immediately.

- In October 2025, California enacted SB 497 to strengthen protections for people seeking gender-affirming care in the state.
- The law helps block other states from penalizing people for receiving care that is legal in California.
- It protects medical and prescription data from being shared with out-of-state or federal authorities without a warrant, subpoena, or court order.
- The law also creates penalties for accessing this information without proper legal authorization.

MOTION PROPOSAL

Motion coming to the March 3, 2026, Board Meeting

DIRECTIVES SUMMARIZED

Direct the Departments of Health Services, Mental Health Services, Public Health, Public Social Services, and Human Resources to:

- Report back to the Board in 30 days on plans to implement SB 497.
- Develop and implement staff training protocols for all staff on SB 497's requirements, including privacy protections, prohibitions on data sharing, and mandatory procedures for addressing suspected violations, and report back to the Board in 90 days on updates on program and implementation.

DEPARTMENT OF HEALTH SERVICES

Changes From 2025-26 Budget

		Gross Appropriation ($)	Intrafund Transfer ($)	Revenue ($)	Net County Cost ($)	Budg Pos
2025-26 Final Adopted Budget		**11,293,245,000**	**448,324,000**	**9,435,550,000**	**1,409,371,000**	**27,382.0**
Other Changes						
1.	**Housing for Health Budgetary Transfer:** Reflects the budgetary transfer of 316.0 positions and related appropriation budgeted within DHS to the newly established Department of Homeless Services and Housing.	(769,867,000)	(242,821,000)	(513,626,000)	(13,420,000)	(316.0)
2.	**One Time Funding:** Reflects the removal of prior-year funding that was provided on a one-time basis for Housing for Health, Office of Diversion and Re-entry, and various other programs.	(172,168,000)	--	(35,234,000)	(136,934,000)	--
3.	**Salary and Employee Benefits:** Primarily reflects projected increases in various employee benefits.	110,670,000	--	374,000	110,296,000	--
4.	**Capital Projects and Deferred Maintenance:** Reflects a net decrease primarily due to the completion of several capital projects.	(23,640,000)	--	(3,910,000)	(19,730,000)	--
5.	**Los Angeles Network for Enhanced Services (LANES):** Reflects funding to support the operation of LANES, a public-private organization with the goal of facilitating the electronic exchange of patient health information in the County.	2,000,000	--	--	2,000,000	--
6.	**Ministerial Changes:** Primarily reflects increases in services of other County departments, equipment maintenance costs, and Board-approved contracts. Also includes the deletion of 102.0 vacant budgeted positions.	4,752,000	(2,376,000)	(224,000)	7,352,000	(102.0)
7.	**Revenue Changes:** Reflects an aggregate decrease in revenues, primarily related to Enhanced Payment Program, Global Payment Program, and Quality Incentive Program revenues.	(350,299,000)	--	(1,012,539,000)	662,240,000	--
8.	**Fund Balance and Operating Subsidies:** Reflects adjustments to the use of prior-year fund balance and operating subsidy allocations to the hospital enterprise funds. Also includes an increase to DHS's contribution to the IHSS Health Benefit MOE, and a one-percent increase in the AB 85 MOE	622,692,000	--	1,366,312,000	(743,620,000)	
	Total Changes	**(575,860,000)**	**(245,197,000)**	**(198,847,000)**	**(131,816,000)**	**(418.0)**
2026-27 Recommended Budget		**10,717,385,000**	**203,127,000**	**9,236,703,000**	**1,277,555,000**	**26,964.0**

DEPARTMENT OF MENTAL HEALTH

Changes From 2025-26 Budget

	Gross Appropriation ($)	Intrafund Transfer ($)	Revenue ($)	Net County Cost ($)	Budg Pos
2025-26 Final Adopted Budget	**4,412,241,000**	**151,484,000**	**4,187,220,000**	**73,537,000**	**7,670.0**
New/Expanded Programs					
1. Direct Services: Reflects the addition of 41.0 positions to address critical workforce shortages, strengthen fiscal oversight, and support expanded service delivery across directly operated clinics, forensic and juvenile justice settings, and to establish a new psychiatric Nurse Practitioner residency program with Charles Drew University.	5,298,000	--	5,298,000	--	41.0
2. Program Support: Reflects the net addition of 11.0 positions to strengthen program oversight, data analysis, and operational support across various programs, including child and adolescent, juvenile justice, court-involved, and community-based behavioral health programs.	2,231,000	--	2,231,000	--	11.0
3. Central Administration: Reflects the addition of 29.0 positions to address workload increases in contracts, accounts payable, and the public information office, to support the overall mission of the department.	4,167,000	--	4,167,000	--	29.0
Other Changes					
4. One-Time Funding: Reflects an adjustment to remove prior-year funding that was provided on a one-time basis for various programs, primarily infrastructure funding for innovative mental health services solutions.	(91,061,000)	--	(90,309,000)	(752,000)	0.0
5. Operating Costs: Reflects various adjustments to more closely reflect anticipated funding and expenditure levels, which primarily reflects changes in services to and from other County departments, including reductions in Mental Health Services Act-funded prevention programming, and the deletion of 81.0 long-term vacancies in support of departmental position control cleanup efforts.	(25,188,000)	(4,525,000)	(20,663,000)	--	(81.0)
Total Changes	**(104,553,000)**	**(4,525,000)**	**(99,276,000)**	**(752,000)**	**0.0**
2026-27 Recommended Budget	**4,307,688,000**	**146,959,000**	**4,087,944,000**	**72,785,000**	**7,670.0**

DEPARTMENT OF PUBLIC HEALTH

Changes From 2025-26 Budget

		Gross Appropriation ($)	Intrafund Transfer ($)	Revenue ($)	Net County Cost ($)	Budg Pos
2025-26 Final Adopted Budget		**1,901,869,000**	**101,941,000**	**1,544,375,000**	**255,553,000**	**5,550.0**
Other Changes						
1.	**Gender Impact Assessment (GIA):** Reflects one-time funding (Year 3 of 5) to continue integrating gender equity goals at a Countywide level, emphasizing the use of gender impact assessments to identify disparities and inform resource allocation.	125,000	--	--	125,000	--
2.	**Grant Funding:** Reflects a net decrease in grant funding from federal and State sources for various programs including strengthening public health infrastructure, children's services, chronic disease and injury prevention, and substance use disorder.	(6,756,000)	--	(6,756,000)	--	(1.0)
3.	**Maternal, Child, and Adolescent Health (MCAH):** Reflects Office of Child Protection funding of $0.8 million per year over 2 years for the Project H.O.P.E. (Healing Opportunities for Parenting and Empowerment) pilot to support home visitation and $0.6 million on a one-time basis for Help Me Grow which provides access to care and education for families and children with special needs.	1,350,000	--	--	1,350,000	--
4.	**One-Time Funding Reversals:** Reflects reversals of prior-year funding provided on a one-time basis, including: a) a decrease of $5.0 million in American Rescue Plan Act (ARPA) programs funded by revenue and ARPA-enabled funding; b) a decrease of $5.0 million in Provisional Financing Uses (PFU)-Board Directed Initiatives funding to preserve critical public health infrastructure; c) a decrease of $3.9 million in Tobacco Settlement funding for sexually transmitted infections and silicosis prevention; and d) a decrease of $1.7 million in one-time net County cost (NCC) related to prior-year fund balance carryover and cyber security funding.	(15,579,000)	--	--	(15,579,000)	--
5.	**Measures A & H:** Reflects a net decrease in funding based on available Measure A and H funding per the Board approved spending plan on February 3, 2026.	(6,877,000)	--	(6,877,000)	--	(9.0)
6.	**Ministerial Changes:** Reflects various ministerial adjustments to meet operational needs including changes to services provided by other County departments, special revenue funds, and other budgetary realignments.	(18,680,000)	(5,929,000)	(12,751,000)	--	--
7.	**Salaries and Employee Benefits:** Primarily reflects projected increases in various employee benefits.	116,000	--	76,000	40,000	--

DEPARTMENT OF PUBLIC HEALTH

		Gross Appropriation ($)	Intrafund Transfer ($)	Revenue ($)	Net County Cost ($)	Budg Pos
8.	**Unavoidable Costs**: Reflects changes in workers' compensation and long-term disability costs due to medical cost trends and decreases in claims.	(97,000)	--	(97,000)	--	--
9.	**Countywide Cost Allocation Adjustment:** Reflects an adjustment in rent charges to comply with federal Office of Management and Budget claiming guidelines (2 CFR Part 200).	(7,000)	--	--	(7,000)	--
	Total Changes	**(46,405,000)**	**(5,929,000)**	**(26,405,000)**	**(14,071,000)**	**(10.0)**
2026-27 Recommended Budget		**1,855,464,000**	**96,012,000**	**1,517,970,000**	**241,482,000**	**5,540.0**

APPENDIX 1

Los Angeles County Bed Report Data

Streamlining Los Angeles County Mental Health And Substance Use Disorder Bed Report – July 2025 through December 2025

February 27, 2026

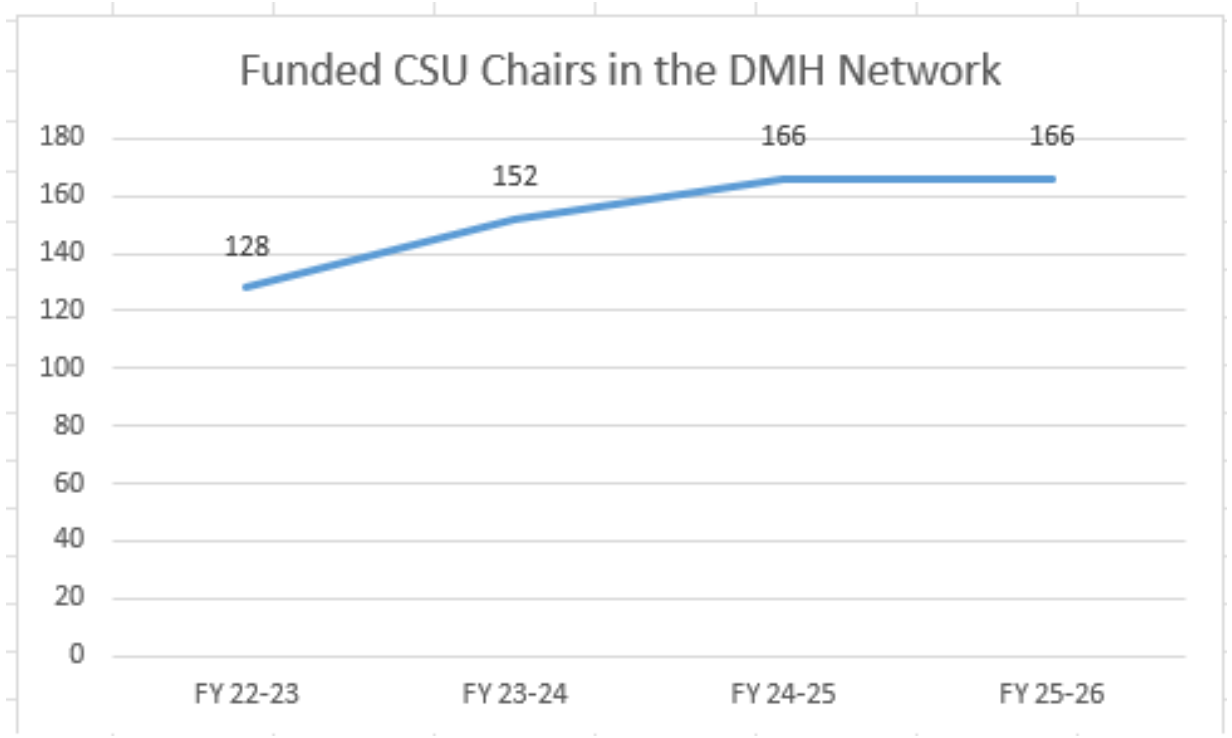
Written Report Submitted by:

Department of Mental Health – Health Access and Integration Division
Department of Public Health – Substance Abuse Prevention and Control Bureau
Department of Health Services – Office of Diversion and Reentry

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

Department of Mental Health

CRISIS STABILIZATION UNITS (July-December 2025)



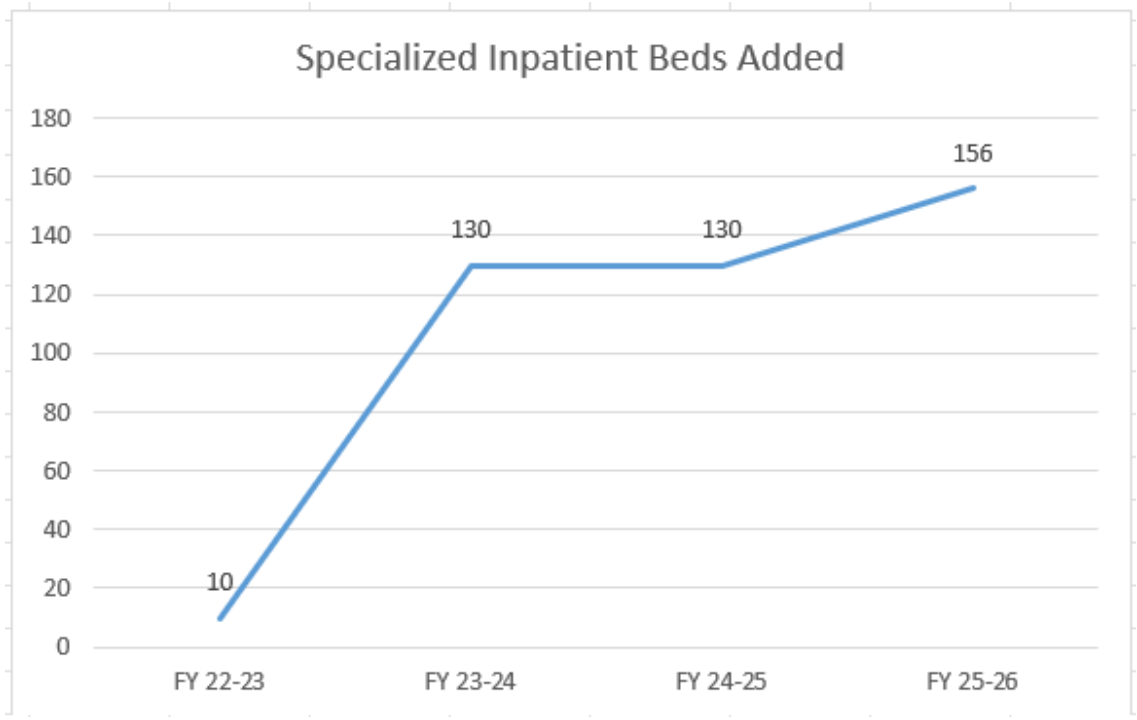
Year	Chairs Added	Chairs Lost	Chairs in the DMH Network	Licensed Chairs in LA County	Facilities in LA County
FY 25-26[1]	0	0	166	166[3]	9[3]
FY 24-25	16	-2	166	190	10
FY 23-24	24	0	152		
FY 22-23	0	0	128		

Average Length Of Stay[2] (ALOS, in hours)	10.13
Total Admissions	17,797
Total Unique Clients	12,062

	Forecasted Need for FY25/26	Chairs in the DMH Network	In Development			
			Phase 1: Conceptual Project Ideas	Phase 2: Defined Projects	Phase 3: In DMH Contract Process	Total Chairs In Development
Chair Subtotals	~110	166	49	24	37	110
% of projected need met		>100%				>100%

Notes:
1-Data reported July – December 2025; CSU data includes contracted mental health urgent care centers and EmPATHs, but does not include DHS Psychiatric Emergency Services.
2- Average (mean) Length of Stay, Total Admissions and Total Unique Client data are based on claims submitted and paid as of 2/10/2026. The unique client count in prior reports was based on monthly self-reports received from the providers and therefore were unique counts by facility for that month, but not unique across facilities and time. As a result of this revised methodology, these data were updated for the previous reporting period (Jan – Jun 2025) and can be referenced in APPENDIX 4 of this report. Claim submission lag impacts the number of encounters and clients reflected in the 6-month reporting period.
3-The source for total licensed chairs and facilities in LA County transitioned from a Federal CMMS to DHCS list; confirmed removal of a facility that aligned more closely with outpatient than crisis stabilization; and adjusted licensed chairs for 2 facilities.

ACUTE INPATIENT (July-December 2025)



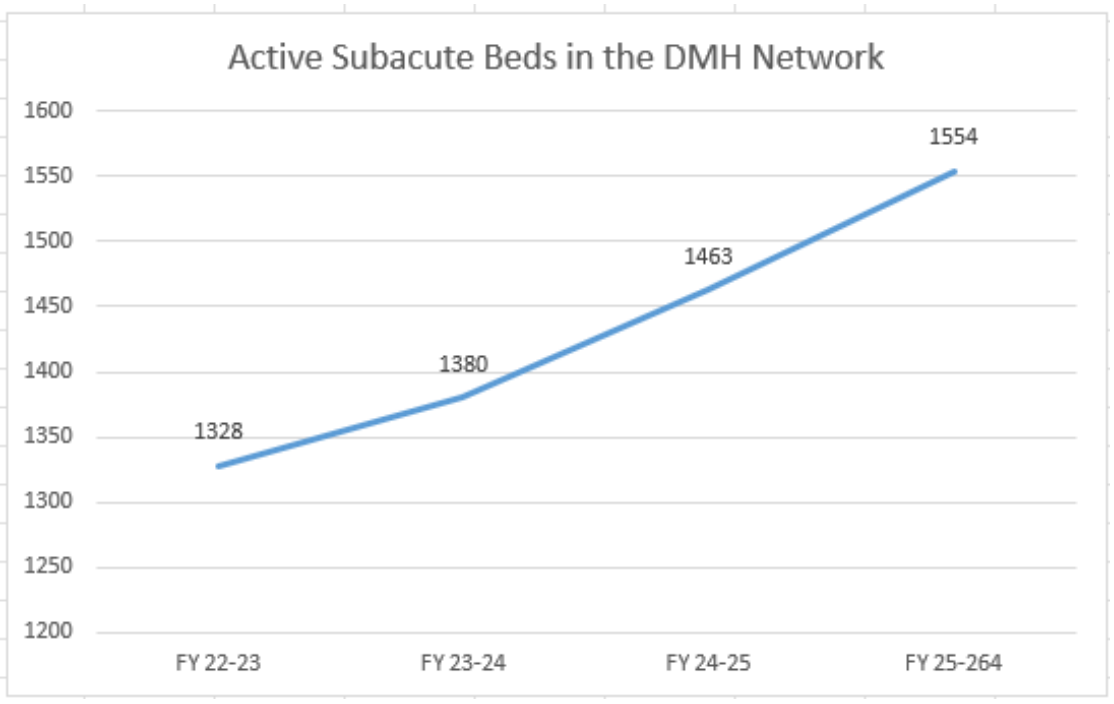
Year	Specialized Inpatient[1] Beds Added	Average Acute[2] Census	Licensed Beds in LA County[3]	Facilities in LA County[3]
FY 25-26[4]	16	1380[2d]	26,505	119
FY 24-25	0	~1050[2c]	26,374	118
FY 23-24	130	~901[2b]		
FY 22-23	10	n/a[2a]		

Acute Inpatient		Specialized Inpatient[1]	
Mean ALOS (in days)[5]	11.2	Mean ALOS (in days)[5]	134.7
Median Length of Stay (LOS, in days)	7	Median LOS (in days)	111
Total Admissions	20,885	Total Admissions	423
Total Unique Clients	13,590	Total Unique Clients	410

	Forecasted Need for FY25/26	Specialized Inpatient Beds Added	In Development			
			Phase 1: Conceptual Project Ideas	**Phase 2:** Defined Projects	In DMH Contract Process	**Total Beds In Development**
Bed Subtotals	~200	156	46	122	20	188
% of projected need met		78%				>100%

Note:
1-"Specialized inpatient" includes beds counted through fixed contracts for specialized populations and PHFs. Beginning Jul-Dec 2025 reporting period, methodology was enhanced to leverage integrated DMH episode, claim, authorization, and bed management data allowing DMH to differentiate general acute admissions from specialized admissions within facilities that provide both.
2-DMH pays for medically necessary acute inpatient stays for Medi-Cal members regardless of contract; however, DMH contracts with many acute hospitals in LA County and contracts with some hospitals for specialized inpatient beds (as reported on this slide).
2a. Providers were not yet required to self-report daily census and was not reported for Set Matter. 2b. April 2024 Set Matter reported census. 2c. January 2025 Set Matter reported census. 2d. Methodology enhanced to directly identify any DMH client occupying any acute bed on any given day during the reporting period. Census is the mean occupancy across all days in the period.
3-This bed count includes all licensed hospital beds (not limited to psychiatric hospital beds.) DMH may use and/or contract with facilities outside of LA County, so these numbers do not reflect the total available resource.
4-Data reported July – December 2025.
5- ALOS, Admissions and Unique Client counts are updated based on enhanced methodology described in footnote 2. ALOS is the total number of inpatient days within the reporting period divided by the number of acute stays overlapping the period.

SUBACUTE (July-December 2025)



Year	Beds Added (contracted)	Beds Lost	Active Beds[1] in the DMH Network	Licensed Beds in LA County[2]	Facilities in LA County[2]
FY 25-26[3]	48	0	1554	37,441	357
FY 24-25	83	0	1463	37,045	351
FY 23-24	52	0	1380		
FY 22-23	49	0	1328		

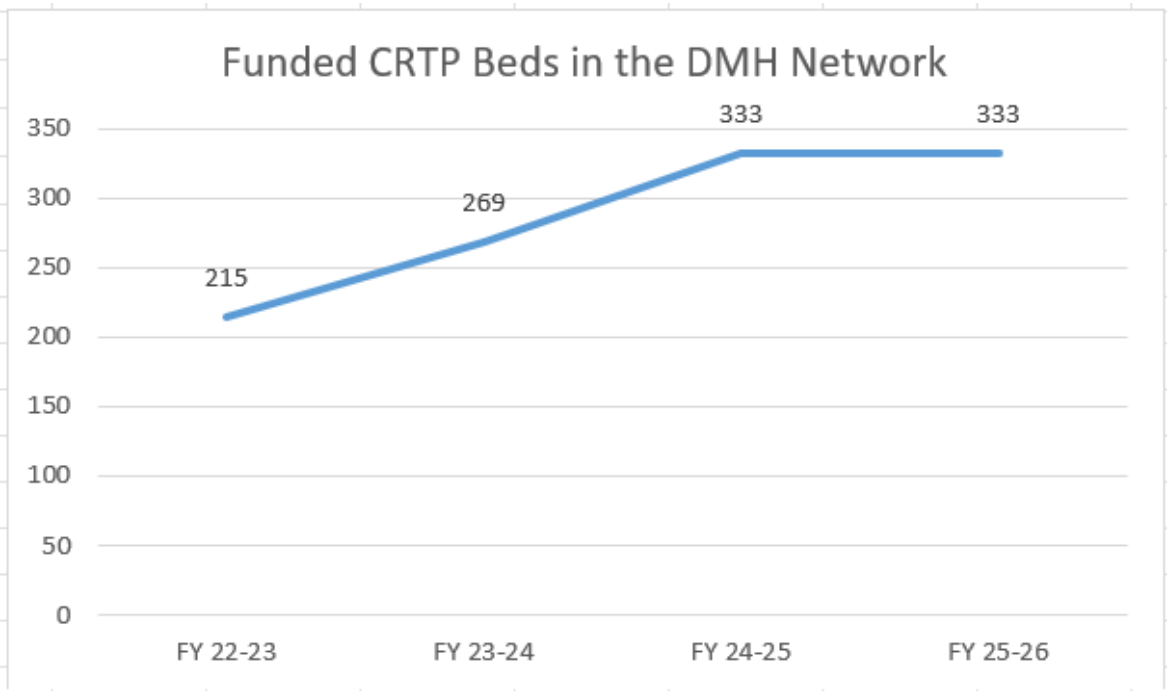
Subacute (without State Hospital)		**State Hospital[4]**	
Mean ALOS (in days)	953	Mean ALOS (in days)	1891
Median LOS (in days)	525	Median LOS (in days)	1163
Distinct Episodes	1537	Distinct Episodes	245
Total Unique Clients	1486	Total Unique Clients	239

	Forecasted Need for FY25/26	Active Beds in the DMH Network	In Development			
			Phase 1: Conceptual Project Ideas	**Phase 2:** Defined Projects	**Phase 3:** In DMH Contract Process	**Total Beds In Development**
Bed Subtotals	~1700	1554	0	162	0	162
% of projected need met		91%				>100%

Note:
1- Active bed count combines bed count where specified in contract (including added beds for the reporting period) plus average daily census for facilities where contract does not specify funded beds, which results in variation between reporting periods due to network utilization. Facility types: MHRC, SNF, SNF-STP, State Hospitals.

2-DMH may use and/or contract with facilities outside of LA County, so these numbers do not reflect the total available resource.
3-Data reported July – December 2025
4- For some DMH LPS State Hospital clients, the admission date for a conserved LPS bed is initiated when the client transitions from a penal code conversion to LPS. New DMH/CalMHSA State Hospital Program Participation Agreement executed on October 1, 2025, allocated 213 beds for DMH clients.

CRISIS RESIDENTIAL TREATMENT PROGRAMS (July-December 2025)



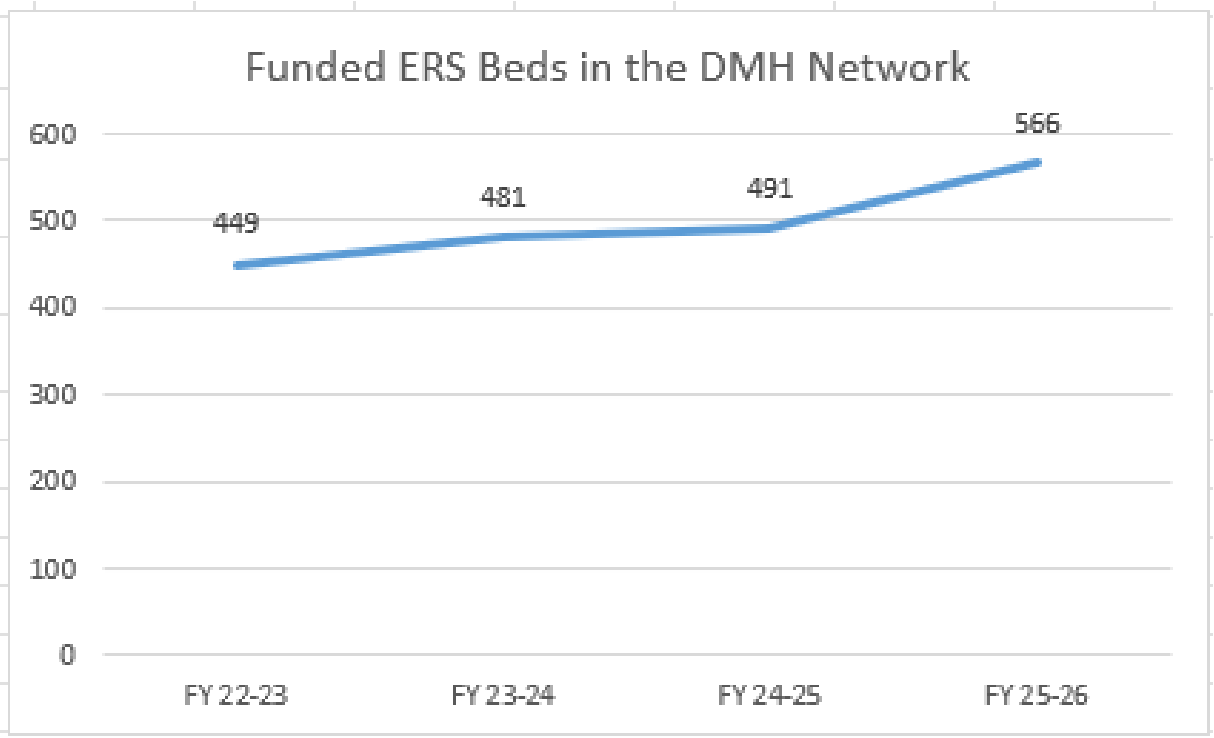
Year	Beds Added	Beds Lost	Funded Beds[1] in the DMH Network	Licensed Beds in LA County[2]	Facilities in LA County[2]
FY 25-26	0	0	333	664	73
FY 24-25	64	0	333	668	73
FY 23-24	64	-10	269		
FY 22-23	144	0	215		

Mean ALOS (in days)	34.8
Median Length of Stay (in days)	28.0
Total Episodes	1569
Total Unique Clients	1321

	Forecasted Need for FY25/26	Funded Beds in the DMH Network	In Development			
			Phase 1: Conceptual Project Ideas	**Phase 2:** Defined Projects	**Phase 3:** In DMH Contract Process	**Total Beds In Development**
Bed Subtotals	~200	333	16	32	0	48
% of projected need met		>100%				>100%

Note:
1-Funded beds includes specific beds added via contract service exhibit or average utilization.
2-DMH may use and/or contract with facilities outside of LA County, so these numbers do not reflect the total available resource. Facility license types: social rehabilitation.
3-Data reported July – December 2025)

ENRICHED RESIDENTIAL SERVICES (July-December 2025)



Year	Beds Added	Beds Lost	Funded Beds[1] in the DMH Network	Licensed Beds in LA County[2]	Facilities in LA County[2]
FY 25-26[3]	75	0	566	18,048	390
FY 24-25	10		491	19,153	444
FY 23-24	32		481		
FY 22-23	0		449		

Mean ALOS (in days)	427.6
Median Length of Stay (in days)	272.0
Total Admissions	665
Total Unique Clients	664

	Forecasted Need for FY25/26	Funded Beds in the DMH Network	In Development[1] Phase 1: Conceptual Project Ideas	Phase 2: Defined Projects	Phase 3: In DMH Contract Process	Total Beds In Development
Bed Subtotals	~590	566	0	26	81	107
% of projected need met		96%				>100%

Note:
1-Funded beds includes specific beds added via contract service exhibit or average utilization.
2-DMH may use and/or contract with facilities outside of LA County, so these numbers do not reflect the total available resource. Facility types: ARF or RCFE and are licensed by DHCS and CDSS. Bed and facility counts reference DHCS facilities list.
3-Data reported July – December 2025.

LA County Settlement Status

LA Alliance Treatment Beds

	Jun 2022 - Dec 2023	Jan-Dec 2024	Jan-Dec 2025	Jan-Dec 2026	TOTAL	% Commitment (3000) Met
County Commitments	600	600	600	1200	3000	
DMH Actual	468	95	642	Pending	1205	
DPH-SAPC Actual	413*	504*	607	Pending	1524	
TOTAL	*881*	*639*	*1209*	Pending	*2729*	*91%*

US Department of Justice and Rutherford (DMH/DHS-ODR)**

	Capacity on 4/19/23	Capacity as of 6/30/24	Capacity as of 6/30/25	Capacity as of 6/30/26	% DOJ Goals Met
ODR Targets	3141	3883	4668	4942	
ODR Actual	3141	3936	4697	Pending	95%
DMH Targets	0	72	164	256	
DMH Actual	0	84	168	*316*	>100%

**The DMH/DPH-SAPC bed networks are dynamic and influenced by lease expirations, contract termination/consolidation, bed relocations/reallocations, etc. Therefore, adjustments to the actual bed count over time are expected. The Jan-Dec 2025 numbers were updated to reflect the current reporting period.*

**ODR may move beds between FIST, MIST, and ODR Housing as program needs change from month to month, and DMH may also change from time to time the mix of bed types allocated to justice-involved individuals.

Notes:

-This Report is independent of the reporting obligations under the LA Alliance settlement, and the data and terminology used in this report are for general programmatic and planning purposes and may not align with definitions or counting methods used in legal or regulatory compliance contexts.

-In addition to the settlement agreements described above, the Board of Supervisors directed DMH and DHS in their motion *Moving Forward: Expansion of Secure Mental Health Beds and Development of Secure Mental Health Facilities to Depopulate the Los Angeles County Jails (Solis/Hahn)* to develop 500 secure mental health beds to care for P3/P4 individuals currently in jail. As of this reporting period, DMH and DHS have added 416 beds or 83% of this goal.

LOS ANGELES COUNTY
DEPARTMENT OF MENTAL HEALTH
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DMH: Where Clients Went Upon Discharge

Where DMH Clients Went Upon Discharge between Jul-Dec 2025 by LOC

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
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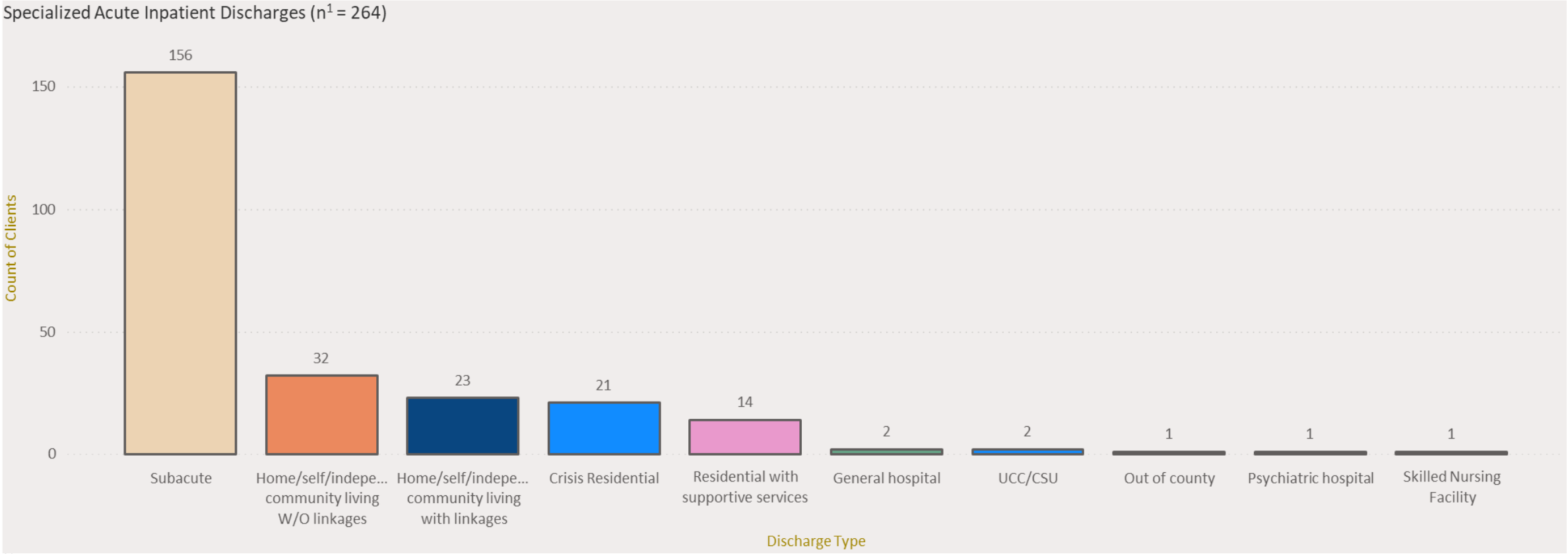
Mental Health Treatment Beds

Specialized Inpatient (Acute)



Note:
- Client counts are based on the number of DMH clients admitted to treatment beds who are discharged between July and December 2025.
- Specialized inpatient discharge data does not include DMH beds contracted under FIT or Law Service Exhibits.
- Psychiatric hospital refers to discharge or transfer to acute inpatient including Psychiatric Health Facility (PHF) or Short Doyle hospital.
- Residential with supportive services refers to Enriched Residential Services (ERS) or Intermediate Care Facility or Assisted Living facility.
- Crisis residential refers to Crisis Residential Treatment Program (CRTP).
- Out of county refers to discharge or transfer out of county or out of State.

1- 3.9% or 10 clients were not discharged to treatment due to AWOL, elopement, AMA.

Where DMH Clients Went Upon Discharge between Jul-Dec 2025 by LOC

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
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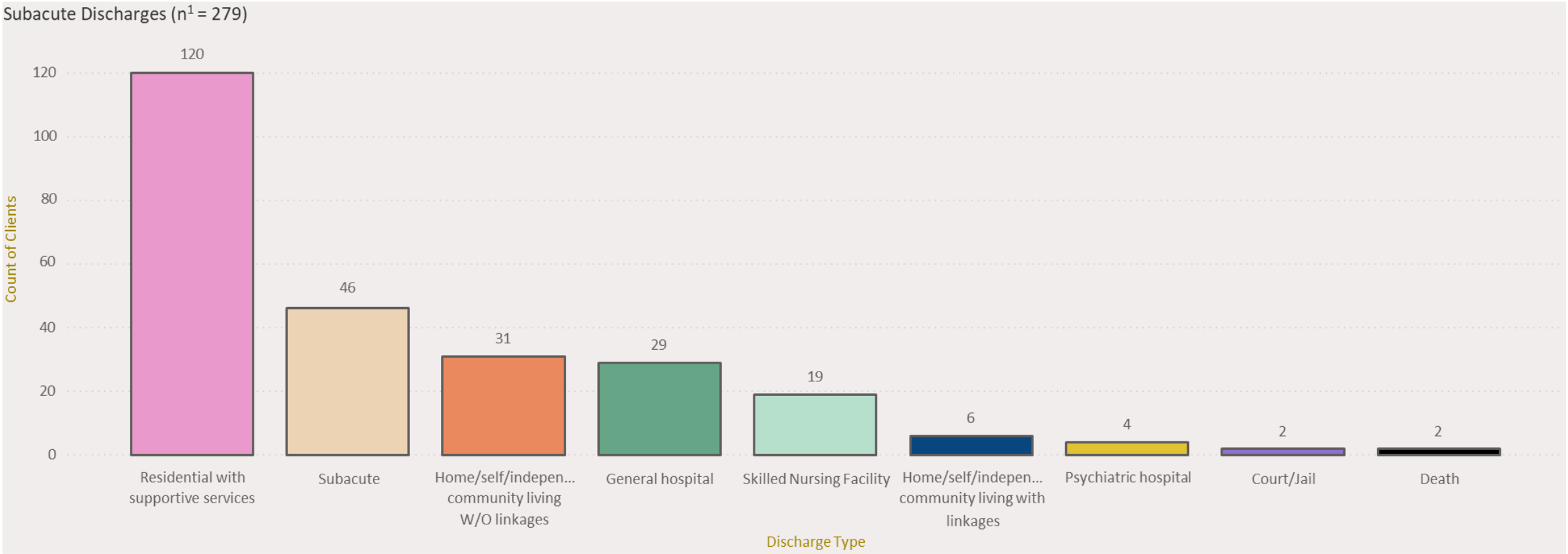
Mental Health Treatment Beds

Subacute



Note:
- Client counts are based on the number of DMH clients admitted to treatment beds who are discharged between July and December 2025.
- Psychiatric hospital refers to discharge or transfer to acute inpatient including Psychiatric Health Facility (PHF) or Short Doyle hospital.
- Court/jail refers to court, jail or law enforcement.
- Subacute refers to State Hospital, Mental Health Rehabilitation Center (MHRC), or Skilled Nursing Facility-Special Treatment Program (SNF-STP).
- Residential with supportive services refers to Enriched Residential Services (ERS) or Intermediate Care Facility or Assisted Living facility.

1- 6.5% or 18 clients were not discharged to treatment due to AWOL, elopement, AMA.

Where DMH Clients Went Upon Discharge between Jul-Dec 2025 by LOC

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
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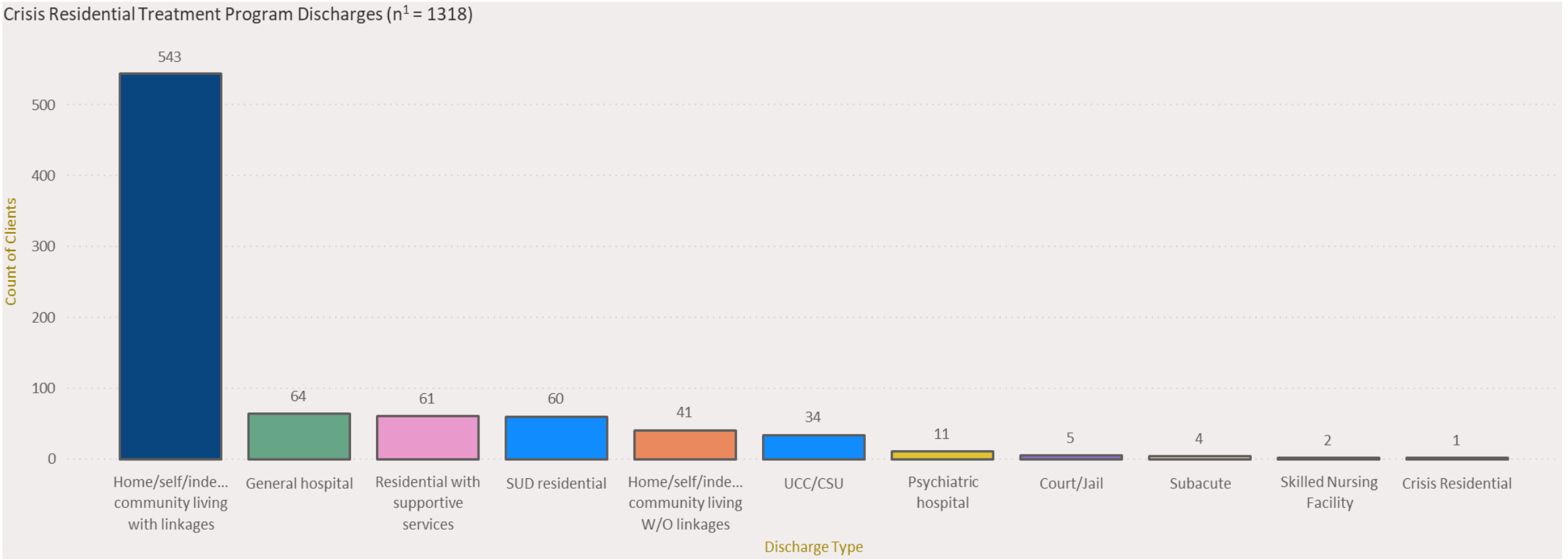
Mental Health Treatment Beds

Residential with onsite clinical/treatment services (licensed)

Crisis Residential Treatment Program (CRTP)



Note:
- Client counts are based on the number of DMH clients admitted to treatment beds who are discharged between July and December 2025.
- Psychiatric hospital refers to discharge or transfer to acute inpatient including Psychiatric Health Facility (PHF) or Short Doyle hospital.
- Court/jail refers to court, jail or law enforcement.
- Subacute refers to State Hospital, Mental Health Rehabilitation Center (MHRC), or Skilled Nursing Facility-Special Treatment Program (SNF-STP).
- Residential with supportive services refers to Enriched Residential Services (ERS) or Intermediate Care Facility or Assisted Living facility.
- Crisis residential refers to Crisis Residential Treatment Program (CRTP).
1- 35.8% or 472 clients were not discharged to treatment due to AWOL, elopement, AMA.

Where DMH Clients Went Upon Discharge between Jul-Dec 2025 by LOC

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
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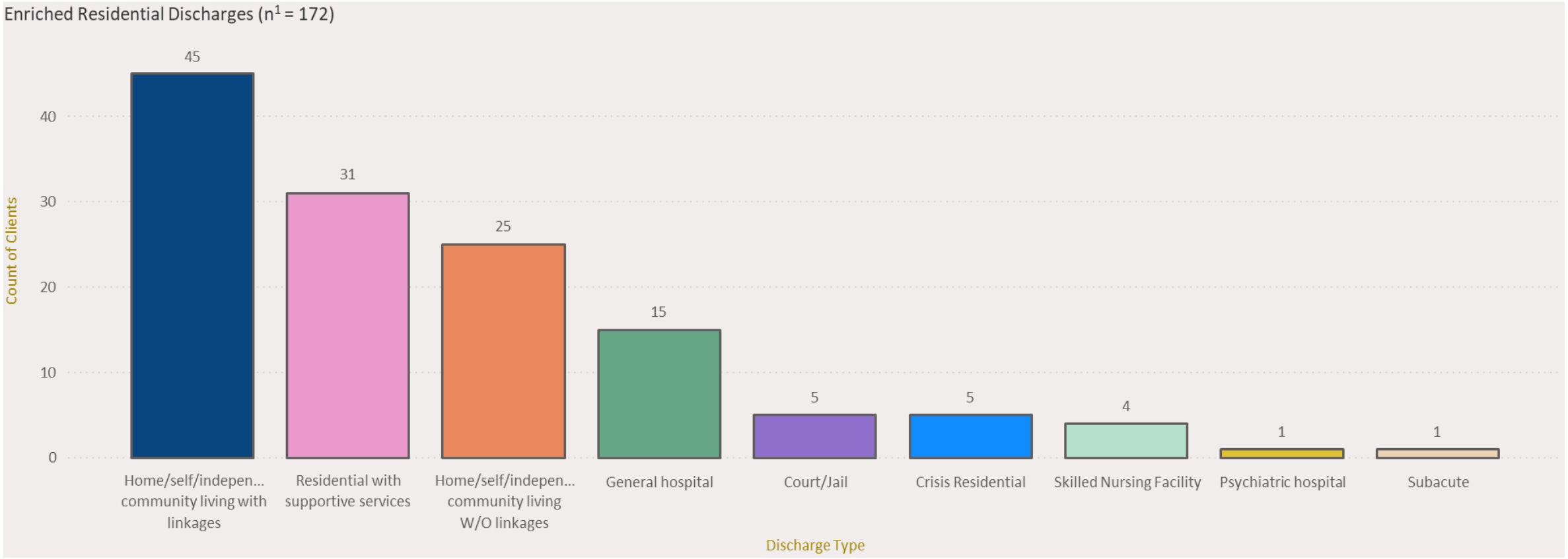
Mental Health Treatment Beds

Residential with onsite clinical/treatment services (licensed)

Enriched Residential Services (ERS)



Note:
- Client counts are based on the number of DMH clients admitted to treatment beds who are discharged between July and December 2025.
- Psychiatric hospital refers to discharge or transfer to acute inpatient including Psychiatric Health Facility (PHF) or Short Doyle hospital.
- Court/jail refers to court, jail or law enforcement.
- Subacute refers to State Hospital, Mental Health Rehabilitation Center (MHRC), or Skilled Nursing Facility-Special Treatment Program (SNF-STP).
- Residential with supportive services refers to Enriched Residential Services (ERS) or Intermediate Care Facility or Assisted Living facility.
- Crisis residential refers to Crisis Residential Treatment Program (CRTP).

1 – 23.3% or 40 clients were not discharged to treatment due to AWOL, elopement, AMA.

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DMH: Bed Distribution by Level of Care

DMH Bed Distribution by Level of Care (July-December 2025)

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
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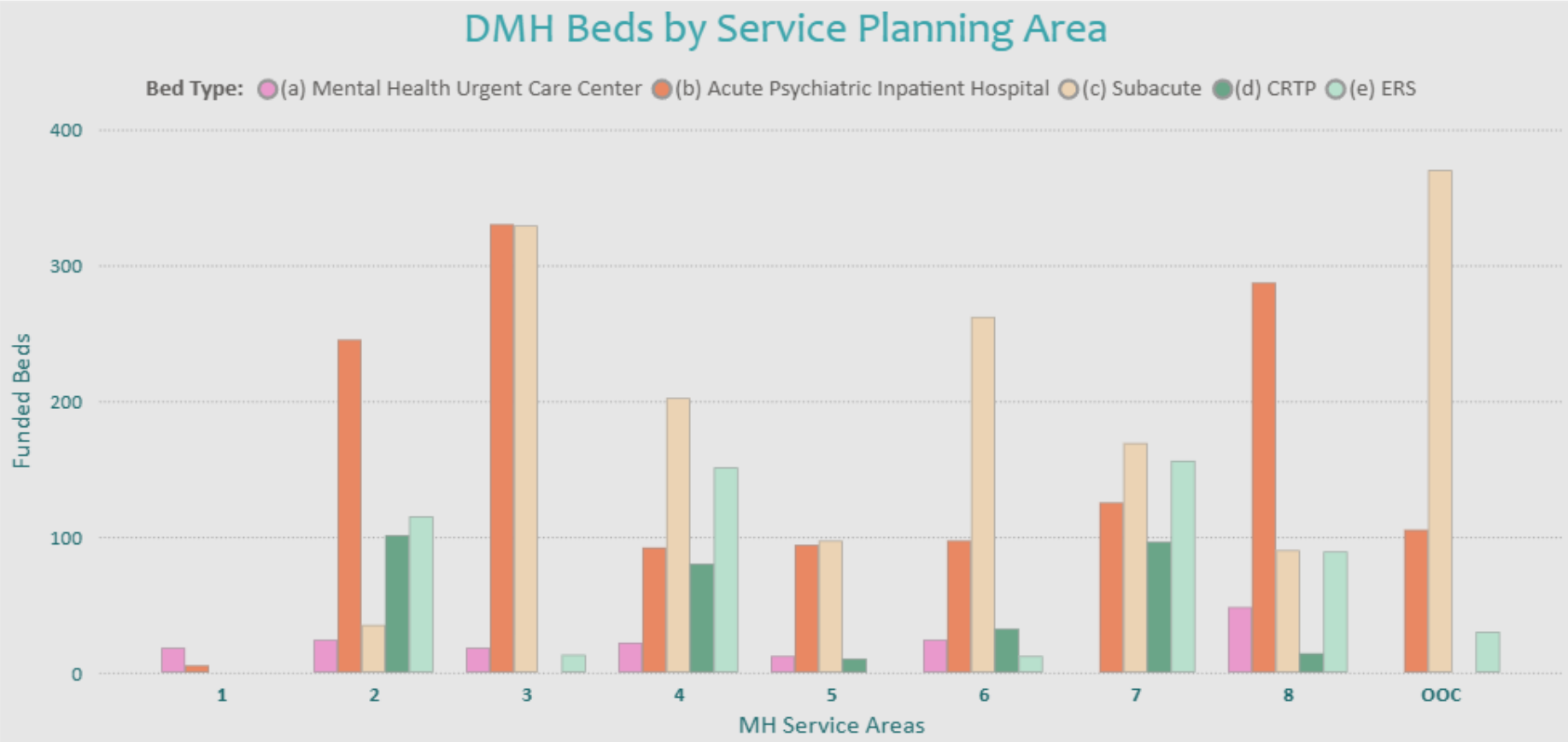

Bed Types	1	2	3	4	5	6	7	8	OOC	Total
(a) Mental Health Urgent Care Center	18	24	18	22	12	24		48		**166**
(b) Acute Psychiatric Inpatient Hospital	5	245	330	92	94	97	125	287	105	**1380**
(c) Subacute		35	329	202	97	262	169	90	370	**1554**
(d) CRTP		101		80	10	32	96	14		**333**
(e) ERS		115	13	151		12	156	89	30	**566**
Total	**23**	**520**	**690**	**547**	**213**	**427**	**546**	**528**	**505**	**3999**

DMH Bed Distribution by Level of Care (July-December 2025)

LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
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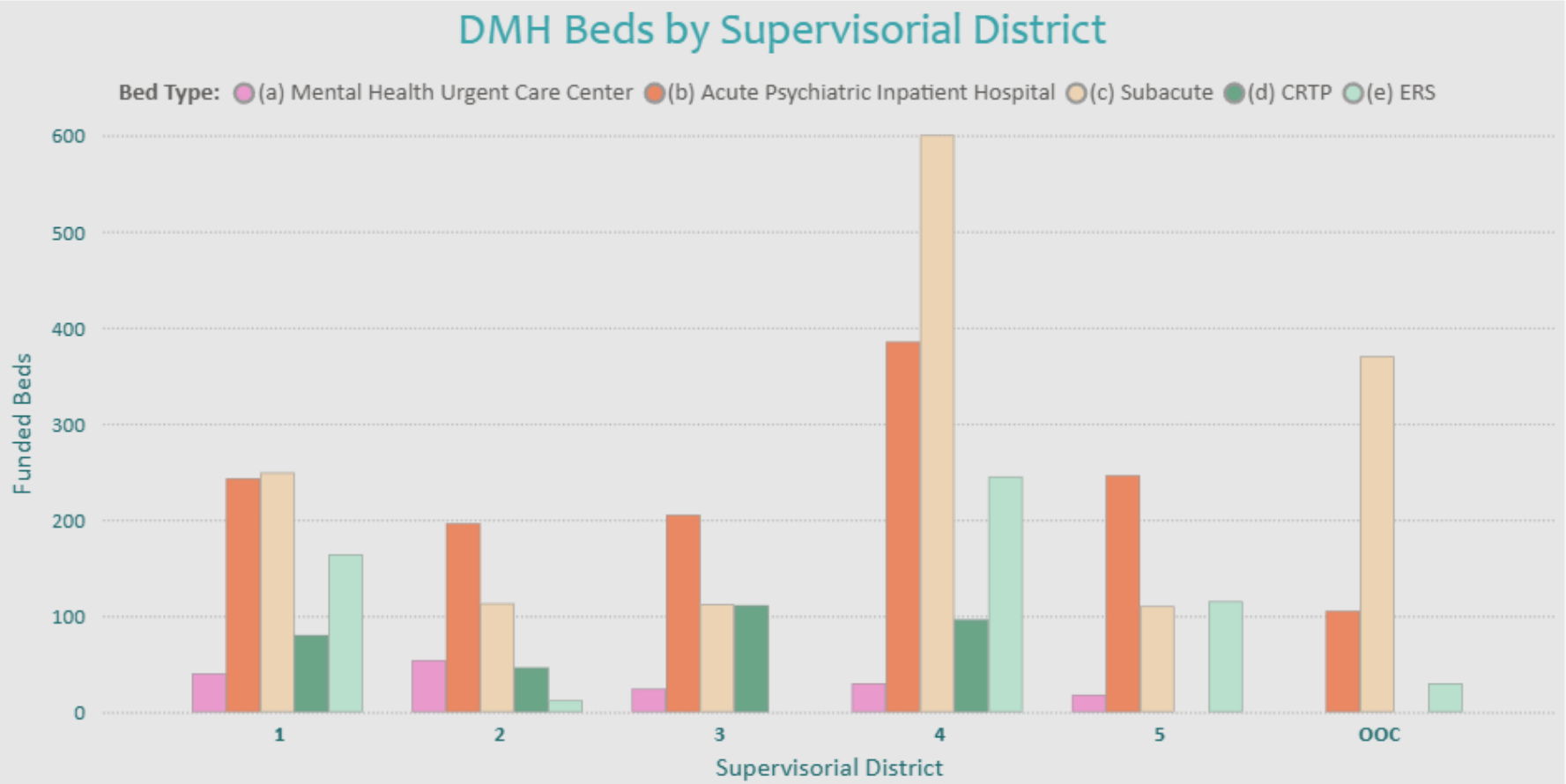
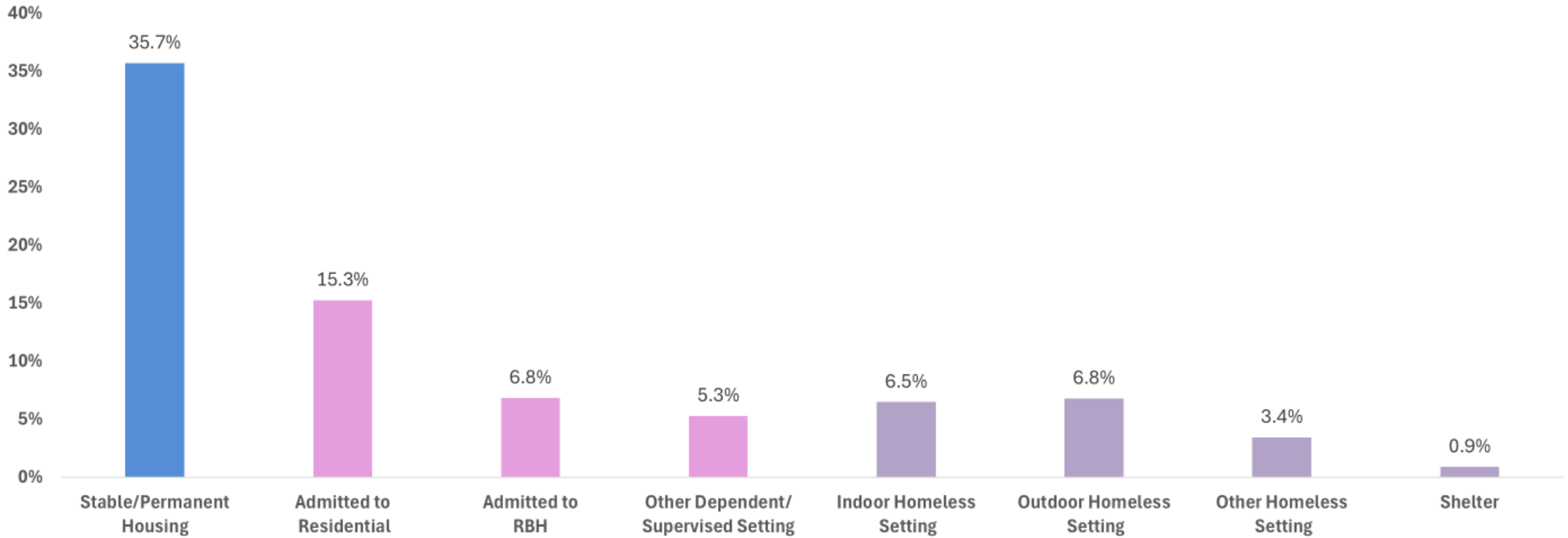


Bed Types	1	2	3	4	5	OOC	Total
(a) Mental Health Urgent Care Center	40	54	24	30	18		**166**
(b) Acute Psychiatric Inpatient Hospital	243	196	205	385	246	105	**1380**
(c) Subacute	249	113	112	600	110	370	**1554**
(d) CRTP	80	46	111	96			**333**
(e) ERS	164	12		245	115	30	**566**
Total	**776**	**421**	**452**	**1356**	**489**	**505**	**3999**

Department of Public Health - SAPC

DPH-SAPC: Where Patients Homeless at Admission Went Upon Discharge by Bed Type (July to December 2025)

(Residential, Residential Withdrawal Management, and Recovery Bridge Housing)

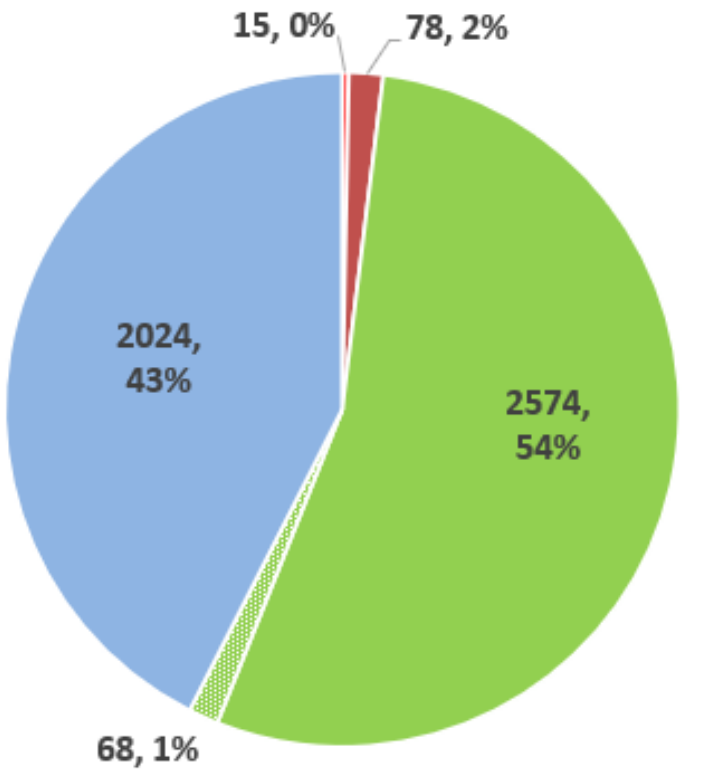


Note:
All percentages are based on the number of PEH admitted to Residential Beds and RBH, who were discharged between July 2025 and December 2025 (6,981).
Stable/Permanent Housing: based on the self-reported information.
Indoor Homeless Setting: 'Doubling up or living with others temporarily', 'Hotel/motel voucher', 'Motels due to lack of alternative', 'Temporary indoor situation (like abandoned building)', etc.
Outdoor Homeless Setting: includes individuals who reported 'Sleeping in car/van' or 'Living outside (sleeping outdoors)'
Other Homeless Setting: indicates individuals reported as homeless upon discharge, with homeless living status not specified.
Other Dependent/Supervised Setting: indicates individuals reported their current living status as dependent/supervised setting, with dependent setting not specified.
19.3% of the discharges left their treatment program before completing their treatment services with administrative discharges.

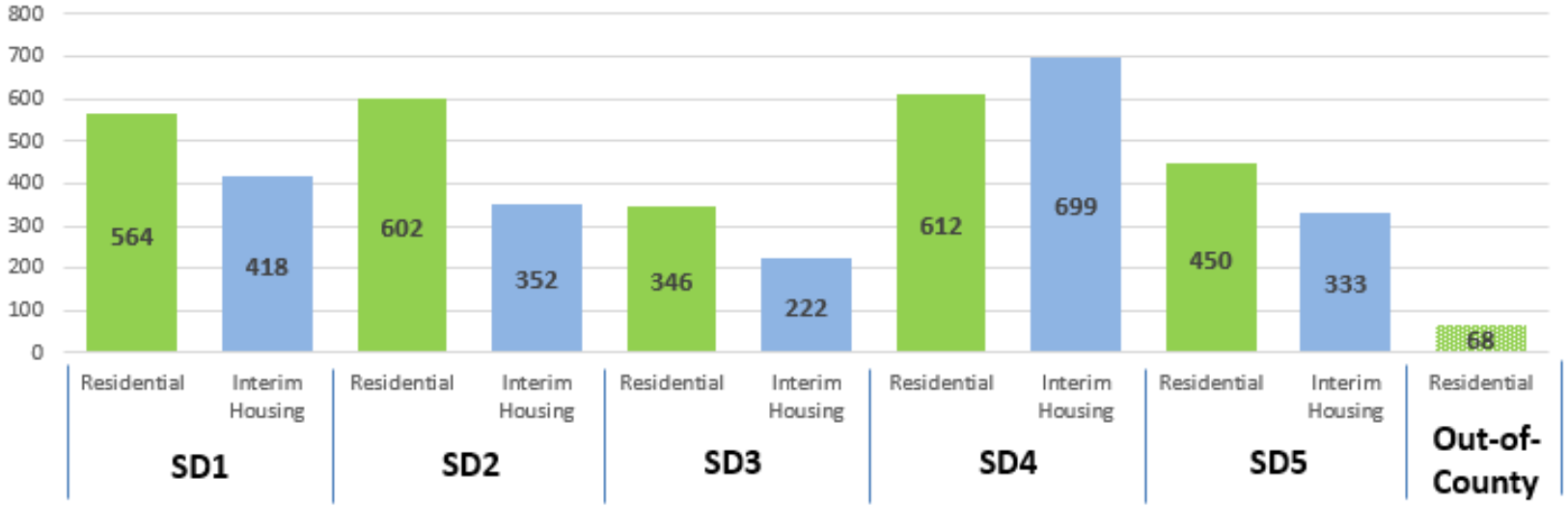
Data Source: Los Angeles County Participant Reporting System (LACPRS)/California Outcome Measurement System (CalOMS)

DPH-SAPC Bed Distribution

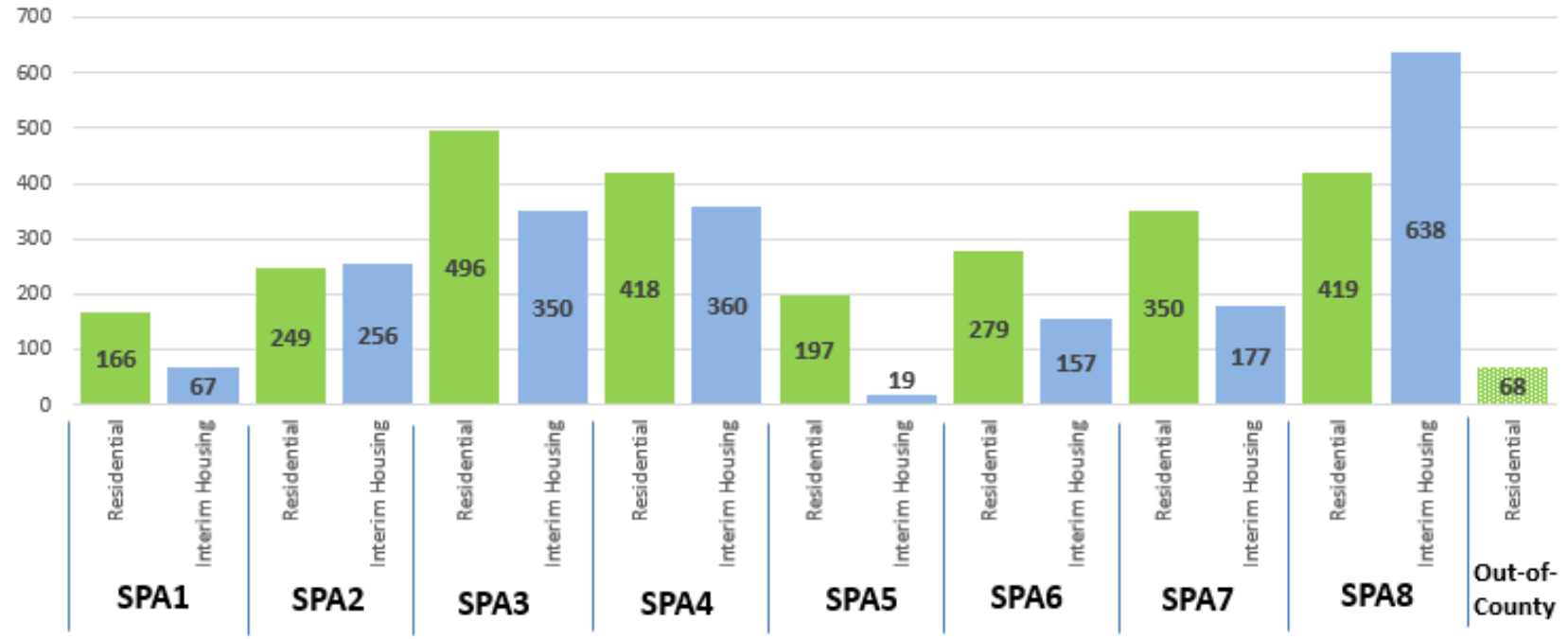
Treatment Bed Counts



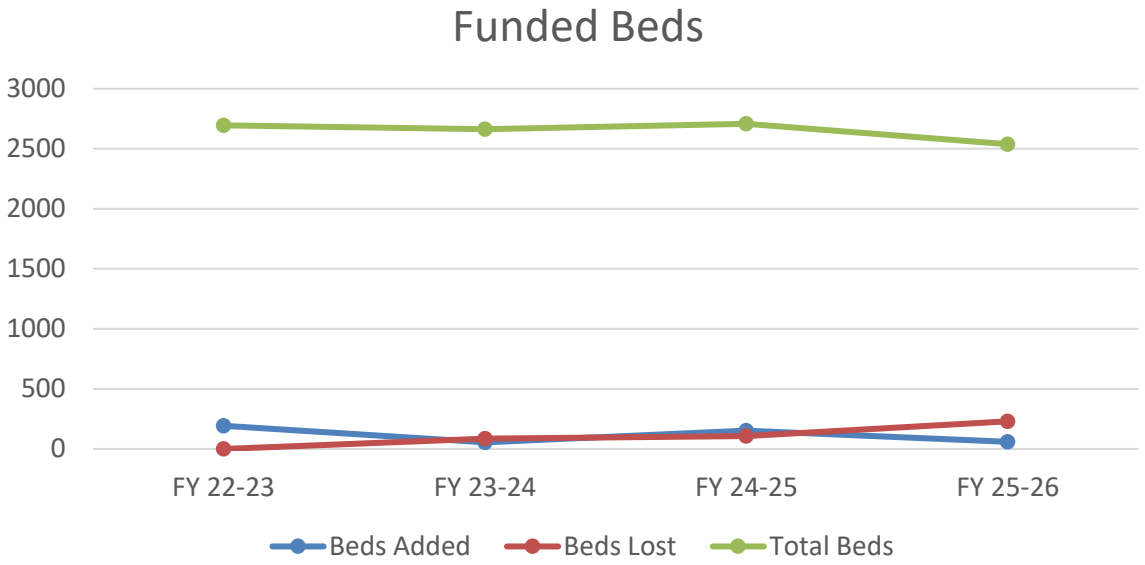
Bed Distribution by Supervisorial District (SUP) December 31, 2025



Bed Distribution by Service Planning Area (SPA) December 31, 2025



SUD Residential Treatment (July – December 2025)



Bed Pipeline	Phase 3: Provider in Contract Process	Phase 2: Project Scoped (e.g. funded, LOC/#beds)	Phase 1: Conceptual Project Ideas
As of June 2026	0	232	0
% of Projected Need Met	0%	100%	0%

Total Residential Beds in the DPH Network	Total DHCS Licensed Beds	Projected Need to Date
2,642	7,279*	0

Year	Beds Added	Beds Lost	Total Beds
FY 25-26	60	126	2,642
FY 24-25	152	106	2,708
FY 23-24	55	87	2,662
FY 22-23	193	0	2,694

Definitions:

Beds Added – number of funded beds that are new to the network.
Beds Lost – due to facility closure, contract terminated, licensure issue, etc.

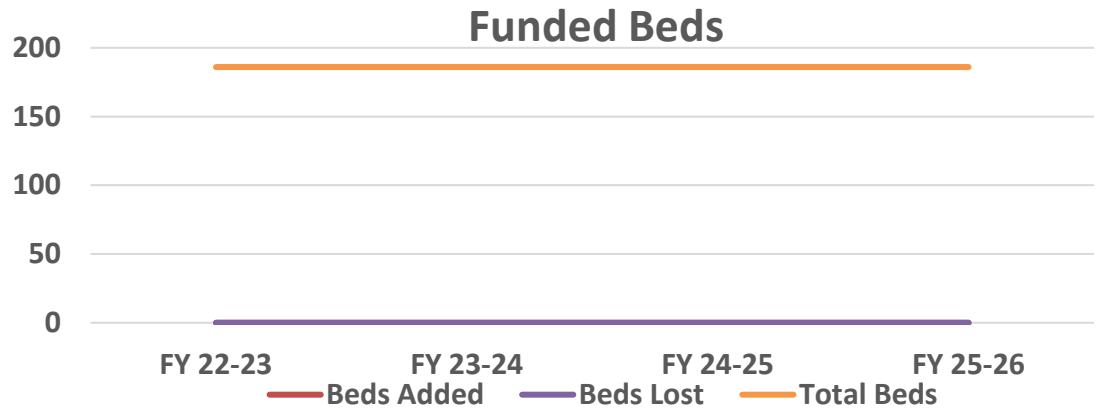
Average Length of Stay	52 Days
Total Visits	# 9,984
Total Unique Visits	# 8,409
Number of Providers	# 34

Total Visits: Total number of residential treatment admissions
Total Unique Visits: Total number of unique clients served in residential treatment; One client can have more than one admission in the reporting period.

*State licensed beds exceed SAPC contracted beds because some may not provide Medi-Cal services and/or contract with other State and local agencies (e.g, CDCR, Probation).

County of Los Angeles Public Health

SUD Withdrawal Management (July – December 2025)



Year	Beds Added*	Beds Lost*	Total Beds
FY 25-26	N/A	N/A	186
FY 24-25	N/A	N/A	186
FY 23-24	N/A	N/A	186
FY 22-23	N/A	N/A	186

Definitions:
Beds Added – number of funded beds that are new to the network.
Beds Lost – due to facility closure, contract terminated, licensure issue, etc.

Bed Pipeline	Phase 3: Provider in Contract Process	Phase 2: Project Scoped (e.g. funded, LOC/#beds)	Phase 1: Conceptual Project Ideas
As of June 2026	0	42	0
% of Projected Need Met	0%	100%	0%

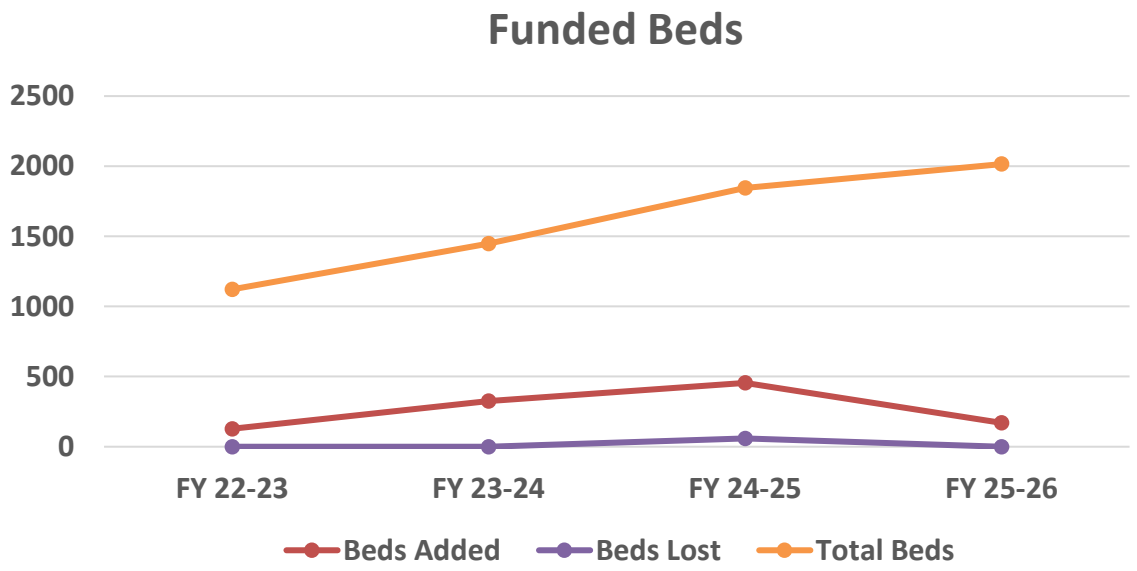
Average Length of Stay	7.9 Days
Total Visits	# 3,823
Total Unique Visits	# 3,130
Number of Providers	# 17

Total WM Beds in the DPH Network	Total DHCS Licensed Beds	Projected Need to Date
186*	5,301	0

Total Visits: Total number of withdrawal management admissions
Total Unique Visits: Total number of unique clients served in withdrawal management; One client can have more than one admission in the reporting period.

*The number of Withdrawal Management (ASAM 3.2-WM) beds shown is an estimated capacity. Residential providers licensed and contracted to deliver ASAM 3.2-WM services may also use the same beds to provide other residential levels of care (ASAM 3.1, 3.3, and 3.5). Because these services can be provided interchangeably within the same licensed residential bed inventory, the maximum potential ASAM 3.2-WM capacity may be equivalent to the total number of residential treatment beds within those levels of care. As a result, the number of WM beds does not typically change unless a facility operates beds dedicated exclusively to withdrawal management.

SUD Recovery-Oriented Housing (July – December 2025)



Year	Beds Added	Beds Lost	Total Beds
FY 25-26	180	0	2,024
FY 24-25	455	59	1,844
FY 23-24	326	0	1,448
FY 22-23	128	0	1,122

Definitions:
Beds Added – number of funded beds that are new to the network.
Beds Lost – due to facility closure, contract terminated, etc.

Bed Pipeline	Phase 3: Provider in Contract Process	Phase 2: Project Scoped (e.g. funded, LOC/#beds)	Phase 1: Conceptual Project Ideas
As of June 2026	26	0	0
% of Projected Need Met	100%	0%	0%

Total Recovery-Oriented Housing Beds in the DPH Network	Projected Need to Date
2,024	0

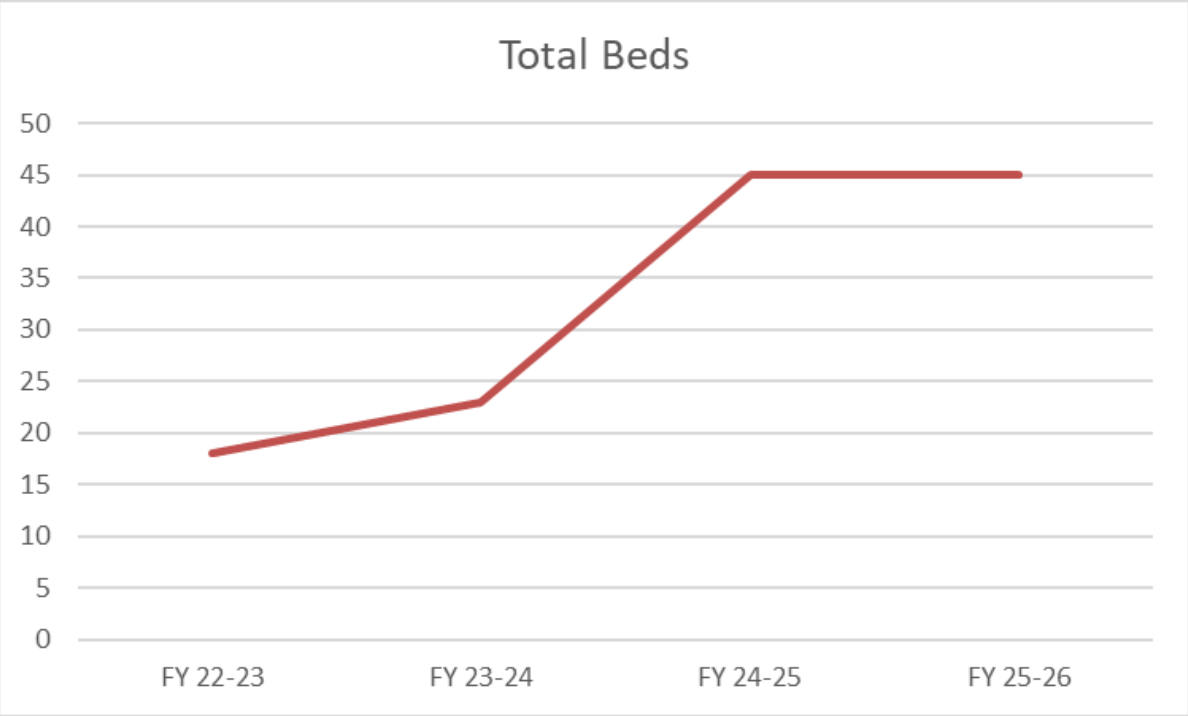
Average Length of Stay	102 Days
Total Visits	# 3,505
Total Unique Visits	# 3,063
Number of Providers	# 27

Total Visits: Total number of recovery-oriented housing admissions
Total Unique Visits: Total number of unique clients served in recovery-oriented housing; One client can have more than one admission in the reporting period.

County of Los Angeles Public Health

Department of Health Services

ODR ACUTE BEDS (July – December 2025)



Year	Beds Added	Beds Lost	Total Beds
FY 25-26	0	0	45
FY 24-25	22	0	45
FY 23-24	5	0	23
FY 22-23	18	0	18

Definitions:

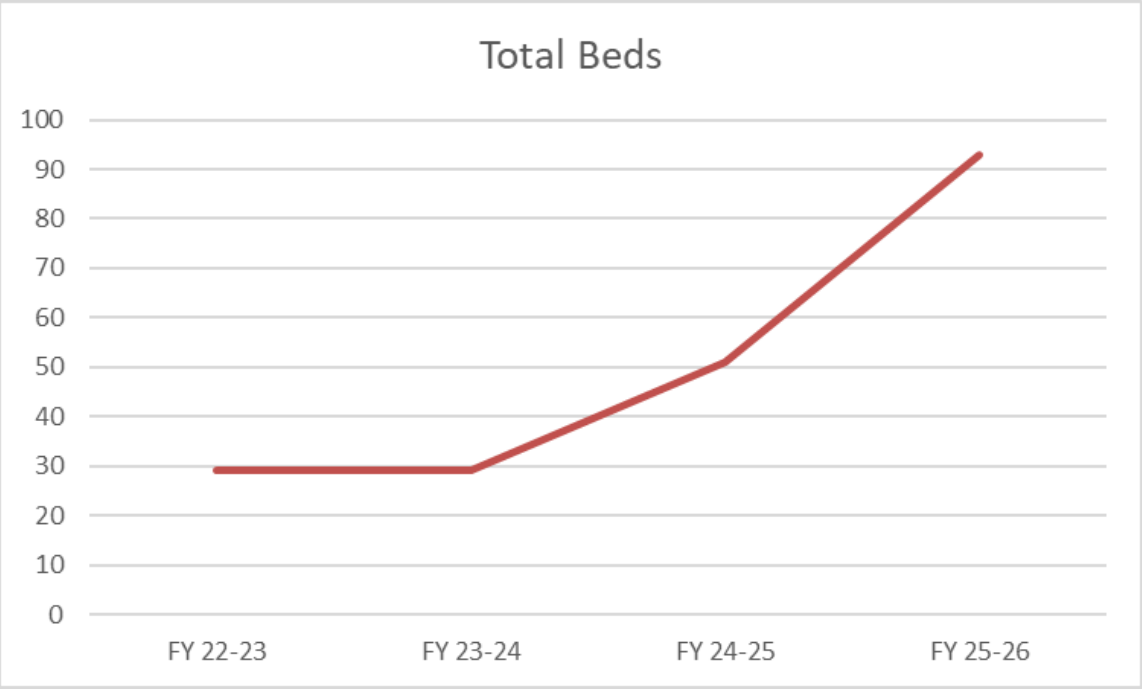
Beds Added – number of funded beds that are new to the network.

Beds Lost – due to facility closure, contract terminated, licensure issue, etc.

Bed Pipeline	Phase 3: Provider in Contract Process	Phase 2: Project Scoped (e.g. funded, LOC/#beds)	Phase 1: Conceptual Project Ideas
As of December 2025	0	20	0

Acute	
ALOS	82 days
Total Visits	125
Total Unique Visits	125
Number of Providers	3

ODR SUBACUTE BEDS (July – December 2025)



Year	Beds Added	Beds Lost	Total Beds
FY 25-26	42	0	93
FY 24-25	22	0	51
FY 23-24	0	0	29
FY 22-23	29	0	29

Definitions:

Beds Added – number of funded beds that are new to the network.

Beds Lost – due to facility closure, contract terminated, licensure issue, etc.

Bed Pipeline	Phase 3: Provider in Contract Process	Phase 2: Project Scoped (e.g. funded, LOC/#beds)	Phase 1: Conceptual Project Ideas
As of December 2025	0	8	0

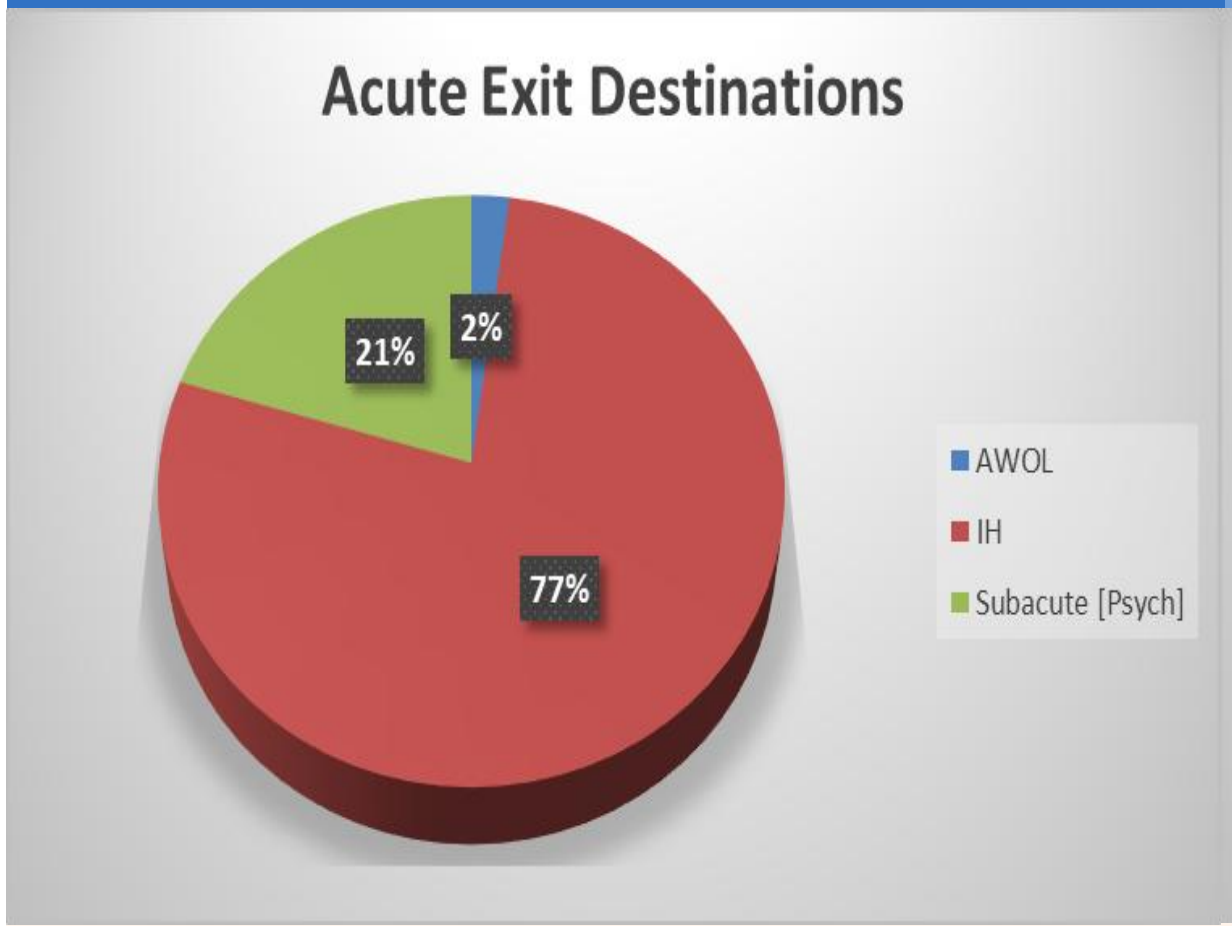
Subacute	
ALOS	257 days
Total Visits	84
Total Unique Visits	84
Number of Providers	2

Where DHS Clients Went Upon Discharge in July-Dec 2025 by LOC

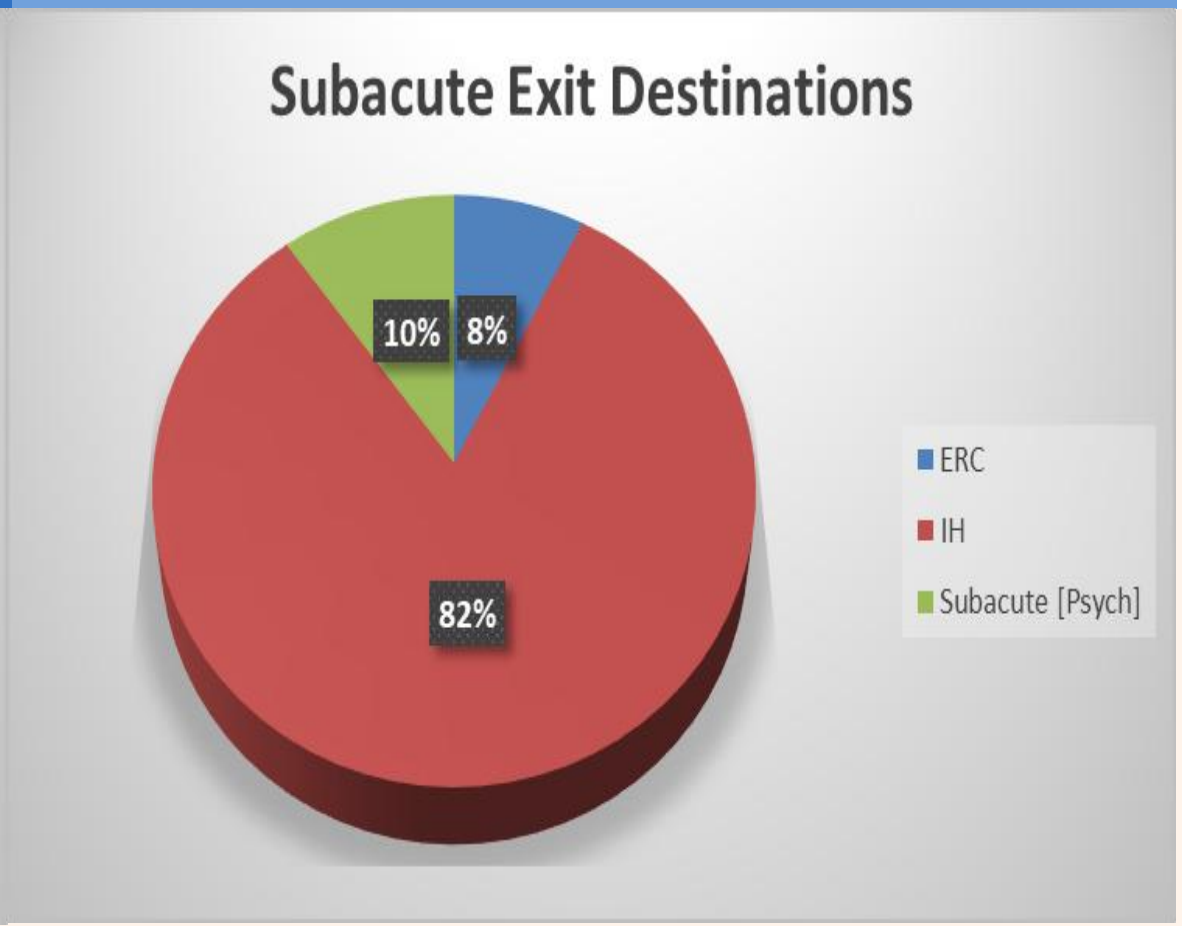
Health Services
LOS ANGELES COUNTY

Treatment Beds

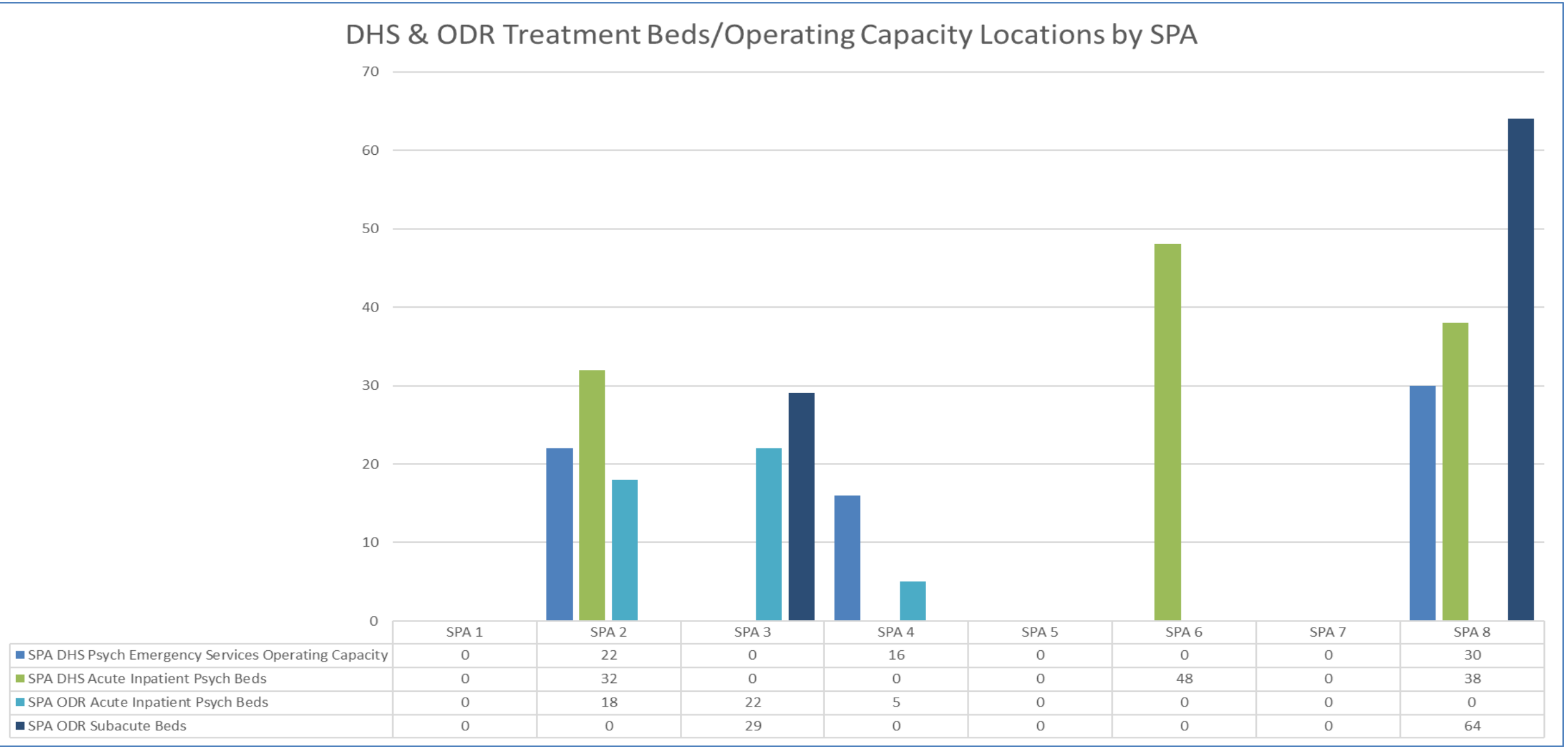
Acute



Subacute



DHS Bed Distribution by Level of Care (July-Dec 2025)



	SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8
SPA DHS Psych Emergency Services Operating Capacity	0	22	0	16	0	0	0	30
SPA DHS Acute Inpatient Psych Beds	0	32	0	0	0	48	0	38
SPA ODR Acute Inpatient Psych Beds	0	18	22	5	0	0	0	0
SPA ODR Subacute Beds	0	0	29	0	0	0	0	64