

LOS ANGELES COUNTY DMH & DPH-SAPC

Behavioral Health Service Act Community Planning Process

Housing Forum #2 | Friday October 17, 2025

SUMMARY: SESSION INPUT – IN-PERSON & ONLINE PARTICIPANTS

PART 1: REDUCING THE NUMBER OF UNHOUSED PEOPLE IN LOS ANGELES COUNTY

Question: What other programs, services, partnerships, or initiatives in the county can reduce the level of homelessness in the population experiencing severe mental illness, severe SUD, or co-occurring conditions?

What other programs, services, partnerships, or initiatives in the county can reduce the level of homelessness in the population experiencing severe mental illness, severe SUD, or co-occurring conditions?
1. DTI/ DR which is the county version of the IOP/PHP and explained on Tuesday meeting.
2. Low barrier service programs that include housing such as Permanent Supportive Housing that offers robust onsite services
3. Here to remind folks about the unique needs of children prenatal to five & their families.
4. ERS- Enriched Residential Services - Anywhere from 9-12 months
5. Recuperative care programs - helping transition from hospitalization while providing case management services to set folks up for success
6. Out of the services/programs mentioned, how many have funding to serve undocumented residents without Medi-Cal?
7. There needs to be long-term care coordination, investment in whole-person care and data reporting on those who are disproportionately represented in our unhoused, at-risk of being unhoused and those who are facing severe financial hardships.
8. Street medicine/MAT
9. Safe Landing
10. The following programs and services I know that can help reduce number for unhoused PEH with SMI are Office of Diversion and Re-Entry, Crisis Residential Treatment Programs, enriched residential services, ERC's, Interim Housing Programs, and subacute stp-SNF facilities
11. Long term care is essential
12. DPSS offers a housing services to General Relief and CalWORKs participants.
13. CRTs should accept all of that.
14. A program or services that can help reduce the number would be outreach teams that are in the field, gathering information, providing resources and supporting PEH by adding them to a waitlist or database like LAHSA's CES/HMIS/Vi-SPDAT.
15. More robust, longer term housing assistance is needed to allow people to remain housed. Wages are far behind the cost of rent, utilities, food, transportation, healthcare, etc. in our state and county. Economic hardship causes mental health issues. More public-owned housing (temporary and permanent) that implements "case villages" with comprehensive, restorative, harm-reduction services onsite.
16. We need especially for those who resist treatment to provide longer term care and treatment after they are hospitalized to help them with strong handoffs and more time for recuperative care. We

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<p>What other programs, services, partnerships, or initiatives in the county can reduce the level of homelessness in the population experiencing severe mental illness, severe SUD, or co-occurring conditions?</p>
<p>have to avoid the gaps. Hospital discharge needs to be well connected with the homeless outreach teams to help them transition to care</p>
<p>17. Hospitals need a better way to warm-handoff to MH providers and services.</p>
<p>18. Medi-Cal managed care plans can contract with community-based organizations for "short-term post hospitalization housing" and this can be made available to people with SUD and/or MH disorders after a stay in hospital, residential treatment, or recuperative care (etc.) I'm curious - have any of you or your partners had any success partnering with the managed care plans to pay for this (for your programs and/or for your clients)?</p>
<p>19. Please consider the needs of families with young children. Transitional housing opportunities offered to this population should be child and family friendly, with comprehensive services for the whole family. The goal is to keep families together in a safe space and prevent family separation. Consider programs and housing models that target and meet the needs of pregnant people. Such as group homes for pregnant folks that are unhoused.</p>
<p>20. Prevention is key. high risk populations such as foster youth with identified MH diagnosis, multiple episodes of homelessness, etc. need housing programs that meet their needs. THPs for non-minor dependents for these individuals need a single site model for more access to support that is not currently offered as it is intended to be an independent living program. when they are unsuccessful here, they end up homeless and untreated</p>
<p>21. I would like to also highlight the need for inter- and intra-departmental collaboration.</p>
<p>22. Lack of Public Housing (Federal, State and County), Closed Section-8 Waiting List, Lack of income-based affordable housing, Lack of properly funded Assisted Living facilities (such as State-licensed Adult Residential Care Facilities) that are a form of permanent supportive housing, based in the community and culturally respectful.</p>
<p>23. Will this be given to DMH staff and impact their funding decisions?</p>
<p>24. Does this also serve undocumented residents?</p>

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COMMUNITY WALL	
THEMES	SOLUTIONS
BEST PRACTICES	1. Relapse does not equal being exited from the program.
	2. People need a level of depth of services not provided “one size does not fit all.” Care needs to be individualized.
	3. Fitting people into a box, need to improve the system to meet people where they are at. Meet patients where they are at.
	4. Prioritize the value of community connectedness when it comes to housing.
	5. Connecting unhoused people to community building relationships trust to get people back into the community.
	6. Cultural community hubs: i.e. Salvadoran Culture Center, Ethiopian Cultural Center, etc. These spaces feel safe and supportive. The sites can be approachable for connectivity to services.
	7. Street-based substance use disorder and Mental Health Services specialized outreach teams.
	8. Explore opportunities to transition people to the right kind of housing based on needs.
	9. Increase collaboration between county department hospitals, law enforcements, families, etc.
	10. People should not lose housing because they are getting better.
	11. Re-messaging and people centered language
	12. Clear rules and regulations with monthly inspections.
	13. Clinical assessment to determine treatment bed versus housing.
	14. Ensure housing and services that can accommodate all populations appropriately. Families-Do not break up families. Units that can accommodate childcare and transportation. Older adults, TAY
	15. Provide education and vocational training for clients.
	16. Intake after intake is not leading to housing.
	17. Stop moving people out of housing after a given period. They become unhoused again.
	18. Funding innovative programs that understand language justice, stigma, and not overtly about mental health.
	19. Programs/Services- Housing Navigation, Property Management Training, Culturally Competent Housing, Early Prevention 2 years to prior to leaving DCFS 6 months – 1 year prior to losing housing.
HOUSING TYPES & SERVICES	1. Close the gap in permanent housing availability across the board (supportive, family, single occupant, tiny homes, etc.).
	2. There is a very large gap in quality of services in interim and supportive housing - mostly due to capacity and staffing issues with providers - that needs to be addressed to ensure folks are able to move successfully from interim, supportive, or treatment housing and maintain permanent housing.

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COMMUNITY WALL	
THEMES	SOLUTIONS
	3. Respite services are authorized as a Community Support through Medi-Cal Managed Care Plans as those are being described in the discussion (short term relief for caregivers).
	4. Service Area 1 has a lack of interim housing and inclement weather housing, too.
	5. Services for PEH with triaged treatment (automatic and mandatory).
	6. Coordinated Entry System
	7. Housing; Health; Shelters; Services; Homeless; Fairs; Events
	8. Subsidies Program for people in boarding care: recovered, transitional program for independent living, for rent.
	9. Shared housing work with the department to create something shared to replicate process.
	10. Secure large facilities and make more people live in community with individual sections like Exodus.
	11. Recovery housing program, DMH Enriched Residential Care Program (untapped potential).
	12. Boarding Care System is disjointed and has differing requirements. Model since 2005 Recovery Housing need to expand use of flexible housing types.
	13. Incorporating Board and Care
	14. Recuperative Care for behavioral health/ADL need support populations
	15. Affordable Permanent Housing specifically for seniors on fixed income and on disability.
FUNDING (NEW OR INNOVATIVE PROGRAMS)	1. Rent rollback similar to property tax rollback.
	2. Providing funding to licensed facilities losing funding to keep them open.
	3. Expand the HEAL Program
	4. Create support team that will stay with the individual through their entire treatment journey.
	5. <u>Funding innovative programs</u> that understand language justice, stigma, and not overtly about mental health.
	6. Permanent winter shelter infrastructure with wraparound services.
	7. A more targeted approach to funding services and programs that have lost federal funding.
RECOVERY FOCUS	1. Extend RBH for clients who are actively participating/complying
	2. R 95 Policy 5% get treatment and 95% do not get treatment. Recovery Bridge Housing
	3. Incorporate/Integrate R-95
	4. Meet people where they are. R-95 Harm Reduction
	5. Instead of creating blanket requirements for access to treatment, having a more targeted culturally competent spaces/services. Example: Housing/recovery specific for transgender, immigrants, sane language speakers.
DATA SHARING	1. Lanes PGM info hub (data base) medical, housing, and workforce, the housing provider should tap into lanes.

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COMMUNITY WALL	
THEMES	SOLUTIONS
	2. Service provider network/database where we can refer easily and see what services providers are receptive and for free.
	3. A menu continuum of lots of options, flow
	4. SBAB case management provider share data (information sharing is key).
PEERS	1. Scale peer specialists working with unhoused populations, community supports – faith to keep them housed in the community.
	2. Integrate peers to support and train future peer support specialist.

PART 2: IDENTIFYING THE BIGGEST HOUSING GAPS

Question: Rank the top five biggest housing gaps for individuals experiencing homelessness with a substance use disorder (SUD) and/or serious mental condition in Los Angeles County?

HOUSING TYPES (IN-PERSON POLLING)	ROUND 1	ROUND 2
1. Supportive housing	7	7
2. Apartments, including master-lease apartments	7	5
3. Single and multi-family homes	11	6
4. Housing in mobile home communities	2	2
5. (Permanent) Single room occupancy units	5	0
6. (Interim) Single room occupancy units	1	0
7. Accessory dwelling units, including junior accessory dwelling units	3	1
8. (Permanent) Tiny homes	2	1
9. Shared housing	5	3
10. (Permanent) Recovery/sober living housing, including recovery-oriented housing	12	15
11. (Interim) Recovery/sober living housing, including recovery-oriented housing	7	12
12. Assisted living facilities (adult residential facilities, residential facilities for the elderly, and licensed board and care)	11	15
13. License-exempt room and board	3	1
14. Hotel and Motel stays	1	0
15. Non-congregate interim housing models	2	1
16. Congregate settings that have only a small number of individuals per room and sufficient common space (does not include behavioral health residential treatment settings)	1	2
17. Recuperative Care	13	4
18. Short-term post-hospitalization housing	7	5
19. (Interim) Tiny homes, emergency sleeping cabins, emergency stabilization units	4	1
20. Peer Respite	3	1
21. Permanent rental subsidies	19	19

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HOUSING TYPES (IN-PERSON POLLING)	ROUND 1	ROUND 2
22. Housing supportive services	14	13
23. Other: Increment Weather Housing (Permanent and Wraparound)	0	5
24. Other: Respite Care, including meals and medication management	0	1
25. Other: Recovery Housing additional years	0	1
26. Other: Respite care for families/caretakers	0	0

HOUSING TYPES (ONLINE POLLING)	ROUND 1	ROUND 2
1. Supportive housing	17	13
2. Apartments, including master-lease apartments	6	6
3. Single and multi-family homes	8	11
4. Housing in mobile home communities	1	2
5. (Permanent) Single room occupancy units	7	8
6. (Interim) Single room occupancy units	1	3
7. Accessory dwelling units, including junior accessory dwelling units	0	0
8. (Permanent) Tiny homes	2	2
9. Shared housing	2	1
10. (Permanent) Recovery/sober living housing, including recovery-oriented housing	14	6
11. (Interim) Recovery/sober living housing, including recovery-oriented housing	9	9
12. Assisted living facilities (adult residential facilities, residential facilities for the elderly, and licensed board and care)	14	7
13. License-exempt room and board	1	3
14. Hotel and Motel stays	1	1
15. Non-congregate interim housing models	1	3
16. Congregate settings that have only a small number of individuals per room and sufficient common space (does not include behavioral health residential treatment settings)	3	0
17. Recuperative Care	9	13
18. Short-term post-hospitalization housing	13	3
19. (Interim) Tiny homes, emergency sleeping cabins, emergency stabilization units	1	1
20. Peer Respite	4	8
21. Permanent rental subsidies	5	5
22. Housing supportive services	9	12
23. Other: Affordable Housing Waitlist	1	0

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HOUSING TYPES (IN-PERSON & ONLINE POLLING)	ROUND 1	ROUND 2
1. Supportive housing	24	20
2. Apartments, including master-lease apartments	13	11
3. Single and multi-family homes	19	17
4. Housing in mobile home communities	3	4
5. (Permanent) Single room occupancy units	12	8
6. (Interim) Single room occupancy units	2	3
7. Accessory dwelling units, including junior accessory dwelling units	3	1
8. (Permanent) Tiny homes	4	3
9. Shared housing	7	4
10. (Permanent) Recovery/sober living housing, including recovery-oriented housing	26	21
11. (Interim) Recovery/sober living housing, including recovery-oriented housing	16	21
12. Assisted living facilities (adult residential facilities, residential facilities for the elderly, and licensed board and care)	25	22
13. License-exempt room and board	3	4
14. Hotel and Motel stays	2	1
15. Non-congregate interim housing models	3	4
16. Congregate settings that have only a small number of individuals per room and sufficient common space (does not include behavioral health residential treatment settings)	4	2
17. Recuperative Care	22	17
18. Short-term post-hospitalization housing	20	8
19. (Interim) Tiny homes, emergency sleeping cabins, emergency stabilization units	5	2
20. Peer Respite	7	9
21. Permanent rental subsidies	24	24
22. Housing supportive services	23	25
23. Other: In-clement Weather Housing (Permanent and Wraparound)	0	5
24. Other: Respite Care, including meals and medication management	0	1
25. Other: Recovery Housing additional years	0	1
26. Other: Respite care for families/caretakers	0	0
27. Other: Affordable Housing Waitlist	0	1

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TOP POLLING RESULTS				
IN- PERSON	ROUND 1	DOTS	ROUND 2	DOTS
	#21 Permanent rental subsidies	19	#21 Permanent rental subsidies	19
	#22 Housing supportive services	14	# 10 (Permanent) Recovery/sober living housing	15
	#17 Recuperative Care	13	#12 Assisted living facilities	15
	# 10 (Permanent) Recovery/sober living housing	12	#22 Housing supportive services	13
	#12 Assisted living facilities	11	#11 (Interim) Recovery/sober living housing	12
	#3 Single and multi-family homes	11		
ONLINE	ROUND 1	DOTS	ROUND 2	DOTS
	#1 Supportive Housing	17	#1 Supportive Housing	13
	# 10 (Permanent) Recovery/sober living housing	14	# 17 Recuperative Care	13
	#12 Assisted living facilities	14	#22 Housing supportive services	12
	#18 Short-term post-hospitalization housing	13	#3 Single and multi-family homes	11
	#11 (Interim) Recovery/sober living housing	9	#11 (Interim) Recovery/sober living housing	9
	#17 Recuperative Care	9		
	#22 Housing supportive services	9		
IN- PERSON & ONLINE	ROUND 1	DOT	ROUND 2	DOTS
	# 10 (Permanent) Recovery/sober living housing	26	#22 Housing supportive services	25
	#12 Assisted living facilities	25	#21 Permanent rental subsidies	24
	#1 Supportive Housing	24	#12 Assisted living facilities	22
	#21 Permanent rental subsidies	24	# 10 (Permanent) Recovery/sober living housing	21
	#22 Housing supportive services	23	#11 (Interim) Recovery/sober living housing	21

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**PART 3: IDENTIFYING THE MOST NEEDED HOUSING INTERVENTION SERVICES
 FOR ELIGIBLE POPULATIONS**

What types of housing intervention services are most needed for...	
<u>Children and youth?</u> a. In, or at-risk of being in, the juvenile justice system b. In the child welfare system c. Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+) d. Other population(s)	<u>Adults and older adults?</u> a. Older adults b. In, or are at risk of being in, the justice system c. In underserved communities d. Other population(s)

TABLES 1 & 2: TAY FOCUSED
1. Workforce Training non-traditional new opportunities
2. Diversion-School and Workforce Training
3. Boarding School
4. Therapeutic Healing Program – Art Music Dance
5. Incentive Based Programs – Curative Community (Housing)
6. Didactic Care Services-Medi-Cal
7. Childcare giver assessment and treatment- Housing that keeps families together with supports included.
8. Financial literacy for parents and children.
9. Workforce Training non-traditional new opportunities
10. Primary care awareness

TABLE 3: LGBTQIA+ CHILDREN, YOUTH, TAY
1. Is there a world where LGBTQIA+ youth can be housed together outside of the foster care system or in collaboration with them? Are there options for interim/provisional guardianship? Are there transitional custodian or guardian?
2. There is a gap for housing intervention for this group: many families may discard and/or be ostracize their kids for being LGBTQIA+.
3. At least mentorship programs with LGBTQIA+ community-based organizations and case managers who specialize with these community groups.
4. Up to 40% of homeless youth are LGBTQIA+ in Los Angeles County.
5. Appropriate services for neurodivergent children and TAY.
6. Is there a world where LGBTQIA+ youth can be housed together outside of the foster care system or in collaboration with them? Are there options for interim/provisional guardianship? Are there transitional custodian or guardian?
7. There is a gap for housing intervention for this group: many families may discard and/or be ostracize their kids for being LGBTQIA+.

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TABLE 5: OLDER ADULTS
1. Fixed-Income and cannot afford housing
2. Need caretaker accommodation
3. Homeless OA affected by harsh weather
4. Re-entry for formerly incarcerated OA
5. LGBTQIA+ Older Adults
6. Need community supports

TABLE 6: OLDER ADULTS
1. Safe locations away from temptations.
2. Housing with ease of access to medical and behavioral healthcare including SUD.
3. Housing with up-to-date job training and development resources and classes.
4. Additional re-entry housing with services including mental health, medical, and SUD etc., not attached to supervision.

TABLE 7-UNDERSERVED COMMUNITIES
1. Affordable Housing
2. Cultural Hubs (with Housing Resources and Referrals)
3. Down Deposit Assistance
4. Culturally competent housing with emphasis on multi-generational housing, etc.
5. Broaden the definition of what “homeless” is to be culturally competent (example: couch surfing family members)
6. Culturally affirming policies in housing interventions (example: having space for prayer, culturally appropriate foods in alignment with faith.)
7. More grants to build specifically, culturally competent housing
8. Community Housing with shared community areas.

TABLE 8: OLDER ADULTS
1. Low-cost housing-Folks with Social Security-Where do they live?
2. LGBTQ+ Housing-Can’t all be in Hollywood or West Hollywood.
3. People who have psychosis, no substance use.
4. Pre-vocational training
5. Trust statewide office=Representative program Payee=Reduce Homelessness
6. Los Angeles County needs to advocate

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ONLINE PARTICIPANTS	
Housing intervention services are most needed for <u>children and youth</u>	<ol style="list-style-type: none"> 1. Immediate access to permanent housing that's safe, supportive, and connected to services that set people up for long-term success. 2. Supportive services 3. Any type of housing intervention that involves children and youth should focus on the unique needs and safety concerns for children AND their families. The focus should be on housing stability, family preservation, child & family friendly housing and services, and comprehensive services. For example, housing that allows children to remain with their caregivers, childcare options, early childhood supports, wraparound case management with parenting education and supports, mental health therapy, trauma-informed services, peer supports, etc. Transportation to their schools, so at least that aspect of their life is also stable. 4. Full, wrap-around services that remain with the person for years, not weeks or months. 5. Suicide prevention, trauma work, SUD and family reunification 6. Family housing and non-congregate housing 7. Specialized residential treatment programs for children and youth with SMI, SUD, and developmental disabilities. 8. Immediate access to permanent housing that's safe, supportive, and connected to services that set people up for long-term success.
Housing intervention services are most needed for children and youth in, or at-risk of being in, <u>the juvenile justice system</u>	<ol style="list-style-type: none"> 1. Immediate access to permanent housing that's safe, supportive, and connected to services that set people up for long-term success. 2. For older youth 18 to 25 assisted living type with adequate funding for services. 3. More diversion programs, that offer longer, whole-person care that is coordinated across all relevant govt. agencies that are responsible for their care. 4. Trauma work, SUD and activities (work, play, etc) 5. Recovery-oriented housing and small congregant housing with appropriate and adequate supervision. 6. supportive housing for reentry, emergency housing, transitional living, and permanent supportive housing tailored to youth at risk 7. Support that includes services beyond the traditional talk therapy and numerous people to check in with that do not move the youth towards independence and self-sufficiency.
Housing intervention services are most needed for children and youth in the <u>child welfare system</u>	<ol style="list-style-type: none"> 1. Immediate access to permanent housing that's safe, supportive, and connected to services that set people up for long-term success. 2. A variety of intervention and supportive services that meets the needs of the whole family. The focus should be (1) Housing Stability and (2) Family Preservation. We need programs to keep families housed - affordable housing, rental subsidies, GBI, etc. For those who are unhoused, transitional and permanent housing options that meets the needs of children and keep the family together - motel/hotel vouchers, FAMILY supportive housing with comprehensive programs & services for families. For example, housing that allows children, childcare options, early childhood supports, wraparound case management with parenting education and supports, mental health therapy, trauma-informed services, peer supports, etc. Many

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	<p>temporary housing options are not safe or appropriate environments for children and families avoid them or are not eligible.</p> <p>3. Supportive services, family reunification, trauma work and independent daily living skills</p> <p>4. Less restrictive treatment environments than inpatient treatment and supportive resource homes.</p> <p>5. Emergency foster care, transitional living programs, Specialized residential treatment programs for children and youth with SMI, SUD, and developmental disabilities.</p> <p>6. Financial literacy programs</p>
<p>Housing intervention services are most needed for children and youth who identify as <u>Lesbian, Gay, Bisexual, Transgender, Queer, Plus (LGBTQ+)</u></p>	<p>1. Immediate access to permanent housing that’s safe, supportive, and connected to services that set people up for long-term success.</p> <p>2. Consider prenatal children, namely via the unique needs and supports for pregnant persons. Maternity group homes are an option (with several examples in the nation) and should be integrated with intensive case management supports (e.g. ECM if on Medi-Cal). There should be low barrier entry, mental health and SUD programmatic supports, parent education, childcare options, connections to home visiting programs, prenatal & postpartum care, doula supports, midwifery options and longer stay options for stability.</p> <p>3. Trauma work which can look differently so different families and children, whether through arts, supportive services or activities and sports</p> <p>4. Children involved in child welfare AND justice-involved have a very large gap in housing. Lack of probation supervision and lack of resource placements leave DCFS floundering to find appropriate housing/care/supervision/placement, especially when not adequately supervised by probation.</p> <p>5. Specialized residential treatment programs for children and youth with SMI, SUD, and developmental disabilities (autism), especially for those discharging from acute inpatient hospitalization or emergency room visits.</p>
<p>Housing intervention services are most needed for <u>adults</u></p>	<p>1. Mental health, SUD, and Occupational Therapy support in home.</p> <p>2. Permanent housing that’s safe, supportive, and connected to services that set people up for long-term success—with shorter waitlists so people can access immediate help</p> <p>3. assisted living with adequate funding for facilities and services.</p> <p>4. Income-based affordable housing.</p> <p>5. Supportive services, MH, SUD</p> <p>6. Supportive housing, including interim housing, that follow evidence-based practices with fidelity.</p> <p>7. long term care facilities/subacute, 24/7 supervision with mental health support, psychiatric evaluation and medication management, individual and group therapy, case management, recovery-oriented environment, structured daily programming, behavioral health interventions, safety and risk management, community reintegration; ones that will service clients on LPS conservatorships, have medical conditions, justice involvement histories.</p>

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	8. Those Neurodivergent adults that lack support and need housing where they can move towards self-sufficiency.
Housing intervention services are most needed for <u>older adults</u>	1. Mental health and Occupational Therapy
	2. Permanent housing that's safe, supportive, and connected to services that set people up for long-term success—with shorter waitlists so people can access immediate help.
	3. Home Outreach for older adults who have been in their homes for a while, but are starting to exhibit mental challenges, maybe Alzheimer's or Dementia. More enriched or enhanced residential care programs and services for those who are no longer able to keep their homes due to problems associated with aging - Independent living in community type buildings where intensive case management services are provided.
	4. Permanent supportive housing and assisted living with adequate funding for services.
	5. Supplemental housing vouchers, public housing.
	6. Supportive housing with IHSS so they can stay in their homes longer.
	7. Less restrictive supportive housing that includes social, emotional, and medical supports
	8. long term care facilities/subacute, permanent supportive housing, assisted living with behavioral health integration, licensed houses and board and care facilities, ability to manage co-morbid issues including those with medical conditions, mobility challenges, weight, or wandering risk.
	9. Assisted living where support for daily life is provided and is financially supported as many live on a fixed income and lack the ability to work more to increase their income.
Housing intervention services are most needed for adults or older adults <u>in, or are at risk of being in, the justice system</u>	1. Job readiness training; specific employment skill development
	2. Permanent housing that's safe, supportive, and connected to services that set people up for long-term success—with shorter waitlists so people can access immediate help
	3. Housing with programs and services with some restrictions.
	4. Supportive services, SUD, budgeting, training/work.
	5. Recovery-oriented housing (interim AND permanent)
	6. Long term care facilities/subacute, 24/7 supervision with mental health support, psychiatric evaluation and medication management, individual and group therapy, case management, recovery-oriented environment, structured daily programming, behavioral health interventions, safety and risk management, community reintegration; ones that will service clients on LPS conservatorships, have medical conditions/mobility issues.
Housing intervention services are most needed for adults or older adults	1. Mental health and Occupational Therapy by culturally inclusive providers.
	2. Immediate permanent housing that's safe, supportive, and connected to services that set people up for long-term success—with shorter waitlists so people can access immediate help
	3. supportive house, assisted living and recuperative care to meet the need of the individual.

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<p>in <u>underserved communities</u></p>	<ol style="list-style-type: none"> 4. Supportive services, like case management, money management, trauma work. 5. Culturally affirming and trauma-informed supportive housing operated by community members from the same community. 6. Long term care facilities/subacute, 24/7 supervision with mental health support, psychiatric evaluation and medication management, individual and group therapy, case management, recovery-oriented environment, structured daily programming, behavioral health interventions, safety and risk management, community reintegration; ones that will service clients on LPS conservatorships, have medical conditions, justice involvement.
<p>Housing intervention services are most needed for adults or older adults in <u>other population(s)</u></p>	<ol style="list-style-type: none"> 1. Mental health, SUD, Occupational therapy 2. Immediate permanent housing that's safe, supportive, and connected to services that set people up for long-term success—with shorter waitlists so people can access immediate help 3. housing to meet the level of need not just one size fits all 4. Consider the specific needs of pregnant and postpartum individuals that are houseless and have mental health needs and/or SUD. 5. Rental subsidies/support and in-home support to assist in maintaining housing and independence 6. Long term care facilities/subacute, 24/7 supervision with mental health support, psychiatric evaluation and medication management, individual and group therapy, case management, recovery-oriented environment, structured daily programming, behavioral health interventions, safety and risk management, community reintegration; ones that will service clients on LPS conservatorships, have medical conditions, justice involvement.