

1

Interim Housing Outreach Program (IHOP)



Interim Housing Outreach Program (IHOP) supports people experiencing homelessness who are currently residing in shelter settings. The program was designed as a collaborative effort amongst three county departments, Department of Mental Health (DMH), Department of Homeless Services and Housing (HSH), and Department of Public Health- Substance Abuse Prevention and Control (DPH-SAPC) working together under one program to address complex and often overlapping needs of individuals experiencing homelessness and living in interim housing sites.

IHOP
INTERIM HOUSING OUTREACH PROGRAM

2

Hollywood Mental Health Cooperative (H2.0)



The Los Angeles County Department of Mental Health Hollywood 2.0 (H20) program is an innovative DMH and community partnership providing comprehensive, community-based care for individuals living with severe mental illness and chronic homelessness. Inspired by the World Health Organization recognized mental health model in Trieste Italy, Hollywood 2.0 utilizes a Wellness & Recovery approach focused on psychosocial rehabilitation, purpose, community integration, and whole-person recovery rather than diagnosis alone. Using a "people, purpose, place" model, H2.0 integrates field-based mental health services, housing, supported employment, peer support, psychosocial rehabilitation, and community partnerships into a coordinated continuum of care designed to promote recovery, housing stability, belonging, and long-term wellness.

Hollywood Mental Health Cooperative
people. purpose. place.

3

Library Engagement and Access Program (LEAP)



The Library Engagement & Access Program (LEAP) is an innovative partnership between LA County Library and the Los Angeles County Department of Mental Health that embeds mental health professionals directly county library locations identified as serving a high numbers of patrons who are experiencing homelessness and mental illness. Launched in June 2025, LEAP reconnects vulnerable residents, including individuals experiencing homelessness, with critical services such as housing referrals, mental health care, and wellness support in a trusted, stigma-free environment. Since inception LEAP has engaged over 8786 individuals, connected more than 2600 people to essential resources, and successfully placed 235 individuals in interim housing. By meeting community members where they are, LEAP transforms libraries into frontline access points for care and stability. The program demonstrates how cross-agency collaboration can effectively address complex social challenges while strengthening libraries as inclusive, community-centered spaces of support and opportunity.

L.A. COUNTY DEPARTMENT OF MENTAL HEALTH
L.E.A.P.
Library Engagement & Access Program

4

Homeless Outreach Mobile Engagement (HOME)

Who we Serve: Chronically unsheltered, seriously mentally ill, presenting as "Gravely Disabled" or lacking capacity to consent to or engage in traditional MH services and ineffectively served by lower levels of care within the Homeless Outreach System and the Mental Health System.

Services we Provide: Engagement, Access to Basic Needs, Housing, MH Assessment, Street Psychiatry, Case Management. When necessary, HOME will pursue Involuntary Hospitalization and Outpatient Initiated Conservatorship.

How to Refer: Submit a request for homeless outreach through the Los Angeles Homeless Outreach Portal at www.LA-HOP.org. Individuals will be triaged to HOME when appropriate.

More Information Available: **https://dmh.lacounty.gov/home/**

Homeless Outreach & Mobile Engagement (HOME) Program - Department of Mental Health



5

DMH Emergency Centralized Response Center

- **What is ECRC?**
  - ECRC is a crucial hub and coordinating entity that oversees and directs daily operations for 150+ outreach teams serving unsheltered individuals and families across LA County. ECRC supports encampment resolution efforts such as Inside Safe, Pathway Home, and other projects that compassionately address encampments across LA County jurisdictions. ECRC quickly links outreach teams, cities, and other entities to LA County services.
- **Why was ECRC created?**
  - ECRC was established through a **motion** adopted by the LA County Board of Supervisors on September 24, 2024, prompted by the need for better coordination and communication among outreach teams operating within LA County and its 88 cities.
- **DMH ECRC Functions Include:**
  - Vetting, Triaging, and expediting linkage to DMH IHP, IHOP, and HOME to prioritized referrals with SMI
  - Deploying PMRT when clinically indicated
  - Supporting the LA County Office of Emergency Management in coordinating life-saving responses during emergencies or inclement weather for individuals/families experiencing unsheltered homelessness
  - Data tracking
  - Providing real time updates to ECRC and elected offices



6

DMH Homeless Services Liaison & Problem-Solving Team

- **What is HSL-PST?**
  - HSL-PST is a program designed to promote cross-system collaboration through case conferencing, resource navigation, technical assistance, and consultation for professionals in the homeless services field, including those in the countywide coordinated outreach system, DMH directly operated programs, and HSH contracted providers.
- **Why was HSL-PST created?**
  - This team was established out of a board motion that was created to prevent individuals from falling through systemic gaps while supporting providers and outreach teams in delivering responsive, integrated, and client-centered care to individuals experiencing homelessness or at risk of becoming homeless.
- **DMH HSL-PST Functions Include:**
  - Improving Coordination and Collaboration for Homeless Services
  - Identify barriers to accessing DMH services and support policy development, process improvements, education, and systemwide coordination to strengthen continuity of care, reduce service gaps and address the unique needs of individuals experiencing homelessness and SMI.
  - Provide expertise and consultation on complex issues related to coordination, communication, and service delivery across systems by bringing parties together across the County to coordinate responses to issues and challenges that arise.
  - Oversight and monitoring of DMH linkage, data tracking, and timely responses to referrals that are elevated to the HSL-PST team.



7

ENHANCED CARE MANAGEMENT (ECM)

WHO WE SERVE

Adults enrolled in Medi-Cal managed care who are ages 21 and over and qualify for specialty mental health services and have complex medical and social needs. Eligible members also meet one or more of the following: are at risk for institutionalization, overdose, or suicide; rely on emergency or crisis services as their only source of care; have had two or more emergency visits or hospitalizations related to serious mental illness or substance use in the past year.

WHERE WE SERVE

Countywide- All eight Los Angeles County Service Areas

HOW TO REFER TO US:
Dmhecm@dmh.lacounty.gov

SERVICES PROVIDED:

- Outreach and engagement.
- Comprehensive assessments and care management planning.
- Enhanced coordination of care.
- Health education and support managing health needs.
- Support during transitions between hospitals, facilities, and community care.
- Member and family support, including connections to community and social services.
- Coordination of and referral to community and social supports



8

Community Reintegration Program (CRP)

WHO WE SERVE

Adults ages 18 and older with serious mental illness who are involved in the criminal justice system. CRP provides treatment and support to improve mental health, strengthen daily living skills, and reduce further justice involvement. CRP improves mental health, strengthens daily living skills, supports community stability, and reduce further justice involvement using the Forensic Assertive Community Treatment (FACT) model.

WHERE WE SERVE

Countywide- All eight Los Angeles County Service Areas

HOW TO REFER TO US:
Dmhecm@dmh.lacounty.gov

SERVICES PROVIDED:

- Community outreach, engagement, and support before and after release from jail.
- Mental health assessments, treatment planning, group sessions, and medication management which includes psychiatry and psychiatric nursing services both field and clinic base.
- Crisis intervention and stabilization.
- Intensive case management and assistance accessing healthcare coverage.
- Connection to housing, substance use treatment, and ongoing care, including transportation to temporary housing.
- Coordination with courts to support diversion and alternatives to incarceration



9

PREVENTING HOMELESSNESS, PROMOTING HEALTH (PH2)

WHO WE SERVE

Individuals at risk of eviction and returning to homelessness due to untreated severe mental illness, substance use, and medical conditions. Prioritizing those who are most vulnerable and at greatest risk.

WHERE WE SERVE

Countywide – All eight Los Angeles County Service Areas

HOW TO REFER:

https://lacdmhowr.powerappsportals.us/

For Inquires email us at phsquared@dmh.lacounty.gov.

SERVICES PROVIDED:

- Field based mental health assessment, treatment, and medication support.
- Psychiatric mobile response and intervention.
- Case management and coordination with existing treatment teams.
- Substance use counseling and linkage to benefits, health care, and community resources.
- Housing retention and eviction prevention assistance.
- Linkage to housing resources when existing housing cannot be maintained.



10

VETERAN & MILITARY FAMILY SERVICES (VMFS)

WHO WE SERVE

Veterans and military family members, including families of active duty, Reserve, and National Guard personnel who need mental health care or supportive services.

WHERE WE SERVE

Countywide – All eight Los Angeles County Service Areas

HOW TO REFER TO US:

https://lacdmhowr.powerappsportals.us/

Self-Referral: Go to our website at dmh.lacounty.gov/veterans and click on Make a Referral.

For general inquiries, please email us at veterans@dmh.lacounty.gov.

SERVICES PROVIDED:

Full-Service Partnership (FSP) services: including intensive case management, mental health treatment, mediation support, housing assistance, and 24/7 crisis support.

Mental health screening, assessment, and treatment planning

Care coordination, peer support, and health care linkage.

Suicide prevention and hospitalization referrals.

Housing support and benefits establishment.

Linkage to legal, housing and substance use services.

11

SKID-ROW CONCIERGE OUTREACH TEAM

Who We Serve

The Skid Row Concierge Outreach Team serves adults ages 18 and older in the Skid Row community who experience mild to moderate mental illness and need support with mental health, housing, and daily living needs. Services are available regardless of ability to pay.

WHERE WE SERVE

Skid Row Community

Drop-in location: 631 Maple Avenue, Building C, Los Angeles, CA 90014

SERVICES PROVIDED:

- Community outreach and direct mental health care through a dedicated field-based team.
- Case management integrating clinical interventions with housing support.
- Support for mental health recovery and community reintegration.
- Substance use counseling and linkage to benefits, health care, and community resources.
- Referral to Department of Mental Health temporary and permanent housing services.
- Group sessions focused on building life skills/training and clinical support.



12

To Refer to DMH Programs Use the QR Code Below

- https://lacdmhowr.powerappsportals.us/

13