NOTICE OF EXEMPTION

To:	From:
_X_ Office of Planning and Research PO Box 3044, Room 113 Sacramento, CA 95812 – 3044 state.clearinghouse@opr.ca.gov X_ County Clerk County of Los Angeles 12400 Imperial Hwy, Rm 2001 Norwalk, CA 90650	Los Angeles County Department of Health Services 238 E. 6th Street Los Angeles, CA 90014

PROJECT TITLE: Enriched Residential Care Facility, 444 S. Crocker Street

PROJECT LOCATION -- Specific: 444 S. Crocker Street, Los Angeles CA 90013

PROJECT LOCATION – City: City of Los Angeles

PROJECT LOCATION – County: Los Angeles

DESCRIPTION OF NATURE, PURPOSE, AND BENEFICIARIES OF PROJECT: On July 29, 2024, the Los Angeles County Chief Executive Officer (CEO) acting on behalf of the County of Los Angeles, authorized the Department of Health Services (DHS) to enter into a lease for the property at 444 S. Crocker Street and subsequently DHS will enter into an agreement with an operator to run an Enriched Residential Care (ERC) facility. The project consists of the lease of an existing 15,132-square-foot building that has been renovated as a homeless shelter. The County intends to operate the building as a 48-bed ERC facility that has the same physical layout as a shelter, but operates in importantly different ways, including 1) the facility is licensed, 2) residents may stay for an unlimited period of time, 3) residents have complex needs and require 24/7 care and supervision. (Shelters and low-barrier navigation centers are not licensed, provide short-term housing only, and their services are focused on moving people into permanent housing rather than focused on providing care and supervision.) The ERC includes user services (intake, security, exam, training, lounge, warming kitchen and dining area for residents), office facilities for visiting and permanent case managers as well as an on-site ERC manager and 24 bedrooms each with two beds. The facility would maintain 13 staff during the day, 10.5 during evenings, 5 during nighttime and 6 on weekends. Surface parking (16 spaces) would be provided at 322 S. Crocker Street about one and a half blocks to the north of the building (as at present). An ERC meets the definition of "Supportive Housing".

NAME OF PUBLIC AGENCY APPROVING PROJECT: Los Angeles County

NAME OF PERSON OR AGENCY CARRYING OUT PROJECT: Los Angeles County

EXEMPT STATUS:

___ Ministerial (Sec. 21080(b)91); 15268).
___ Declared Emergency (Sec 21080(b)(3); 15269(a))
_X_ Emergency Project (Sec 21080(b)(4); 15269(b)(c))
__ Categorical Exemption:
_X_ Statutory Exemption: City of Los Angeles Supportive Housing, Sec 21080.27(d)(1) and (3)

REASONS WHY PROJECT IS EXEMPT: See attachment which is incorporated herein.

LEAD AGENCY CONTACT PERSON: Sarah Mahin, Director, Housing for Health Los Angeles County Department of Health Services (LADHS) **Telephone:** (213) 833-5350

IF FILED BY APPLICANT: Not Applicable

1. Attach certified document of exemption finding.
2. Has a notice of exemption been filed by the public agency approving the project? __ Yes __ No

Signature: _____ **Date:** July 29, 2024 **Title:** Director, Housing for Health, LADHS

_X_ Signed by Lead Agency ___ Signed by Applicant Date Received for Filing at OPR: Not applicable

Enriched Residential Care Facility (ERC), 444 S. Crocker Street
Summary of Reasons Why Project is Exempt Attachment

Detailed documentation of the applicable exemptions is available for review at Department of Health Services, 238 E. 6th Street, Los Angeles, CA 90014. A summary of this documentation is provided below.

Public Resources Code [PRC], California Environmental Quality Act [CEQA] Section 21080.27(d)(1) and (3) – Los Angeles Exemption for Supportive Housing (and Affordable Housing and Low Barrier Navigation Centers) (AB 785)

The 444 S. Crocker Enriched Residential Care (ERC) facility would be partially funded from one of the fourteen sources identified in PRC 21080.27(a)(8) -- a necessary condition for meeting the definition of supportive housing for purposes of this exemption. (The project is anticipated to have at least partial funding from Measure H – sales tax proceeds.) Consistent with PRC 21080.27(d)(1), the project is, "[a]n action to lease, … for … a supportive housing project..." and thus exempt from CEQA. In addition, the County would provide financial assistance and therefore subsection (d)(3) also applies to exempt the project from CEQA. Since no additional construction or rehabilitation work will be needed for the project the subdivision (e) regarding prevailing wage requirements is not applicable to the project. [PRC 21080.27(e)].

CEQA Section 21080(b)(4), CEQA Guidelines Section 15269(c) -- Emergency Project

Homelessness in the City and County of Los Angeles experienced a large increase from 2016 to 2023. According to the 2023 Greater Los Angeles Homeless Count, the County of Los Angeles had at the time of the count (January 2023) approximately 75,518 people experiencing homelessness countywide (a 9% increase from the previous year), including approximately 46,260 in the City of Los Angeles (a 10% increase from the previous year). The County of Los Angeles represents approximately 25 percent of the State of California's population, but over 40 percent of the state's unhoused population. The City of Los Angeles represents 9.6 percent of the State of California's population, but nearly 25 percent of the state's unhoused population. On December 12, 2022, the City of Los Angeles declared a state of emergency on homelessness and activated the city's Emergency Operations Center. On January 10, 2023, the Los Angeles County Board of Supervisors unanimously voted to proclaim a local emergency for homelessness in the County of Los Angeles. Previously, on April 17, 2018, Mayor Eric Garcetti declared a shelter crisis to provide emergency housing for the unsheltered homeless people in the City of Los Angeles. On October 30, 2018, the LA County Board of Supervisors declared a shelter crisis to address homelessness in unincorporated LA County. This project would provide supportive housing to people in extreme need and would immediately house people who are currently on the streets or are in an interim facility (including shelters and hospitals) awaiting housing and either are in danger of becoming homeless or are taking up space that could be used by homeless people. The ERC would immediately help prevent further emergency for those served by the project and generally help in mitigating the conditions associated with the homelessness emergency and shelter crisis. Thus, the project would be eligible for the emergency project exemption.

Exemption Documentation

Enriched Residential Care (ERC) Facility
444 S. Crocker Street

Sirius Environmental

July 2024

EXEMPTION DOCUMENTATION
ENRICHED RESIDENTIAL CARE (ERC) FACILITY
444 S. CROCKER STREET

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Attachment: A. Emergency Documentation

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1. PROJECT DESCRIPTION

Existing Uses

The 5,510.9 square-foot project site[1] known as 444 S. Crocker Street, is located at the northeast corner of Crocker Street and 5th Street in the Central City Community Planning Area of the City of Los Angeles. The site is zoned for industrial uses (M2). The site is occupied by a three-story 15,132-square-foot building that is currently in the process of being renovated as a homeless shelter. Renovations to the building will be completed and a certificate of occupancy issued by the City of Los Angeles prior to the County taking action on the project. The building was constructed in 1922.[2] The building has access to 16 surface parking spaces at 322 S. Crocker Street about one and a half blocks to the north.

Uses surrounding the project site include a mix of storage and commercial uses, hotels and missions that support the homeless:

- To the north is surface parking.
- To the south across 5th Street is a one to two-story commercial storage facility
- To the southwest across 5th Street and Crocker Street is the two-story Emmanuel Baptist Rescue Mission
- The west across Crocker Street is a five-story, windowless, Mutual Trading Co. Inc building.
- To the east are two hotels (four and five stories) and the Fred Jordan Missions (six stories).

Figure 1 shows an aerial view of the project site and area. The site and surrounding area are generally flat.

Proposed Improvements (Nature, Purpose and Beneficiaries)

Enriched Residential Care Facility

The project is the use of an existing building that has been recently renovated as a homeless shelter and its use as an Enriched Residential Care (ERC) facility. No additional construction or renovation activities beyond those recently undertaken by the property owner are anticipated. The physical facilities of a shelter are the same as those for an ERC, only how the facility would operate would be different (it would be for long-term use and residents would receive more medical care and supervision).

LAMC 12.81A allows shelters of any size in an M2 zone if the shelter is, "operated by a religious institution or a non-profit, charitable organization and the shelter is located on property owned or leased by that institution or organization." The same code section provides that, "[i]f the lot on which any such shelter is located does not have sufficient area to provide the number of parking spaces required by Section 12.21 A.4.(w) of this Code, then the number of spaces required shall be the number for which adequate area exists. If insufficient area for any parking spaces exists on the lot, no spaces shall be required. Unreinforced masonry and/or non-ductile concrete buildings shall not be used as shelters for the homeless."

As noted above, the facility would have access to 16 surface parking spaces at 322 S. Crocker Street about one and a half blocks to the north. While the building is unreinforced masonry it complies with Division

[1] Zimas, Parcel Profile Report, May 16, 2024.
[2] Ibid.

88 of the Building Code with respect to Earthquake Hazard Reduction. It is anticipated that issuance of a certificate of occupancy (prior to the County taking action on the project) will confirm that the building conforms to the zoning requirements for a shelter.

Figure 2 shows a view of the front of the building North along Crocker Street, **Figure 3** shows a view of the building looking West along 5th Street.

The ground floor of the building includes user services (intake, security, exam, training, lounge, warming kitchen and dining area for residents) and office facilities for visiting and permanent case managers as well as an on-site ERC manager. The second floor would include 11 bedrooms with two beds each plus a quiet room, a lounge area, an office, and restrooms/showers. The third floor would include 13 bedrooms each with two beds a lounge area, an office, and restrooms/showers.

Construction

All construction activities will be substantially completed prior to the County entering into a lease.

Operational Characteristics

The 48-bed ERC facility would be considered supportive housing as it would (among other things):

1) be properly licensed,
2) allow residents to stay for an unlimited period of time,
3) provide 24/7 care and supervision.

The facility would maintain 13 staff during the day, 10.5 during evenings, 5 during nighttime and 6 on weekends.

The facility would operate 24 hours a day, 7 days a week, 365 days a year. It would be ADA-compliant in accordance with the Los Angeles Municipal Code (LAMC) and would include controlled access entry to the building. An exterior free-standing gated trash enclosure would provide for recycling. Primary ingress and egress would be via Crocker Street.

Discretionary Actions

The currently proposed action by Los Angeles County Chief Executive Officer, acting on behalf of the County of Los Angeles, includes authorizing Department of Health Services to undertake the following:

1) enter into a lease agreement with the current owner
2) enter into an agreement with an operator to run the facility

Because the ERC would not meet the definition of a shelter, it technically would not be allowed under the zoning, and therefore the County would need to exercise sovereign immunity to operate the ERC in the M2 zone.[3]

[3] Per Government Code section 25351: Whenever the board of supervisors of a county decides to go out to bid to construct a county building, expand an existing building, expand the use of an existing building, or enter into a lease of an existing building within the incorporated territory of a city, the board shall notify in writing, at least 60 days prior to going to bid or entering into a lease, the city clerk of the city where the building is to be constructed, expanded, or leased.



↑ N

Figure 1: Aerial View of Project Site and Vicinity



Figure 2: Project Site Existing Building (looking North along Crocker Street)



Figure 3: Project Site Existing Building (looking West along 5th Street)

2. DEFINITIONS AND APPLICABLE CEQA EXEMPTIONS

INTRODUCTION

Public Resources Code Section 21080(b) identifies activities to which CEQA does not apply. Subsection (4) identifies "specific actions necessary to prevent or mitigate an emergency". CEQA Guidelines Section 15269 provides guidance on emergency projects exempt from CEQA.

AB 785 was recently passed into law (chaptered October 10, 2023) and codified in Public Resources Code Section 21080.27, it provides for exempting from CEQA, affordable, supportive and transitional housing as well as low barrier navigation centers (all as defined) in the City of Los Angeles and unincorporated areas of the County of Los Angeles, subject to certain limitations.

DEFINITIONS OF SUPPORTIVE HOUSING

AB 785 (Public Resources Code Section 21080.27) provides three options for meeting the definition of Supportive Housing, any one of the following three definitions is accepted:

- Section 50675.14 of the Health and Safety Code, that meets the eligibility requirements of Article 11 (commencing with Section 65650) of Chapter 3 of Division 1 of Title 7 of the Government Code or the eligibility requirements for qualified supportive housing; or
- City of Los Angeles Ordinance No. 185,489; or
- City of Los Angeles Ordinance No 185,492.

Health and Safety Code

50675.14. (a) This section applies only to projects funded with funds appropriated for supportive housing projects.
(b) For purposes of this section, the following terms have the following meanings:
(1) "May restrict occupancy to persons with veteran status" means that the sponsor may limit occupancy to persons meeting the criteria of paragraphs (1) and (2) of subdivision (j) with respect to either of the following:
(A) Any unit in the development that has not been previously occupied.
(B) Any unit in the development that subsequently becomes vacant, for a period of not more than 120 days following the vacancy.
(2) (A) "Target population" means persons, including persons with disabilities, and families who are "homeless," as that term is defined by Section 11302 of Title 42 of the United States Code, or who are "homeless youth," as that term is defined by paragraph (2) of subdivision (e) of Section 12957 of the Government Code.
(B) Individuals and families currently residing in supportive housing meet the definition of "target population" if the individual or family was "homeless," as that term is defined by Section 11302 of Title 42 of the United States Code, when approved for tenancy in the supportive housing project in which they currently reside.
(c) (1) The department shall ensure that at least 40 percent of the units in each development funded under the supportive housing program are targeted to one or more of the following populations:
(A) Individuals or families experiencing "chronic homelessness," as defined by the United States Department of Housing and Urban Development's Super Notice of Funding Availability for Continuum of Care or Collaborative Applicant Program.

(B) "Homeless youth," as that term is defined by paragraph (2) of subdivision (e) of Section 12957 of the Government Code.
(C) Individuals exiting institutional settings, including, but not limited to, jails, hospitals, prisons, and institutes of mental disease, who were homeless when entering the institutional setting, who have a disability, and who resided in that setting for a period of not less than 15 days.
(2) The department may decrease the number of units required to meet the criteria identified in paragraph (1) if the department determines that the program is undersubscribed after issuing at least one Notice of Funding Availability.
(3) Individuals and families currently residing in supportive housing meet the qualifications under this subdivision if the individual or family met any of the criteria specified in subparagraph (A), (B), or (C) of paragraph (1) when approved for tenancy in the supportive housing project in which they currently reside.
(d) Supportive housing projects shall provide or demonstrate collaboration with programs that provide services that meet the needs of the supportive housing residents.
(e) The criteria, established by the department, for selecting supportive housing projects shall give priority to supportive housing projects that include a focus on measurable outcomes and a plan for evaluation, which evaluation shall be submitted by the borrowers, annually, to the department.
(f) The department may provide higher per-unit loan limits as reasonably necessary to provide and maintain rents that are affordable to the target population.
(g) In an evaluation or ranking of a borrower's development and ownership experience, the department shall consider experience acquired in the prior 10 years.
(h) (1) A borrower shall, beginning the second year after supportive housing project occupancy, include the following data in their annual report to the department. However, a borrower who submits an annual evaluation pursuant to subdivision (e) may, instead, include this information in the evaluation:
(A) The length of occupancy by each supportive housing resident for the period covered by the report and, if the resident has moved, the reason for the move and the type of housing to which the resident moved, if known.
(B) Changes in each supportive housing resident's employment status during the previous year.
(C) Changes in each supportive housing resident's source and amount of income during the previous year.
(D) The tenant's housing status prior to occupancy, including the term of the tenant's homelessness.
(2) The department shall include aggregate data with respect to the supportive housing projects described in this section in the report that it submits to the Legislature pursuant to Section 50675.12.
(i) The department shall consider, commencing in the second year of the funding, the feasibility and appropriateness of modifying its regulations to increase the use of funds by small projects. In doing this, the department shall consider its operational needs and prior history of funding supportive housing facilities.
(j) Notwithstanding any other provision of law, the sponsor of a supportive housing development may restrict occupancy to persons with veteran status if all the following conditions apply:
(1) The veterans possess significant barriers to social reintegration and employment that require specialized treatment and services that are due to a physical or mental disability, substance abuse, or the effects of long-term homelessness.
(2) The veterans are otherwise eligible to reside in an assisted unit.
(3) The sponsor also provides, or assists in providing, the specialized treatment and services.

Government Code

Section 65650 – Definitions
For purposes of this article, the following definitions shall apply:
(a) "Supportive housing" shall have the same meaning as defined in Section 50675.14 of the Health and Safety Code.(b) "Supportive services" shall have the same meaning as defined in Section 65582.(c) "Target population" shall have the same meaning as defined in Section 50675.14 of the Health and Safety Code.(d) "Use by right" shall have the same meaning as defined in subdivision (i) of Section 65583.2.

City of Los Angeles Ordinances 185,489 and 185,492 (which are essentially the same):

SUPPORTIVE HOUSING. Housing with no limit on length of stay for persons with low incomes who have one or more disabilities and may include, among other populations, adults, emancipated minors, families with children, elderly persons, young adults aging out of the foster care system, individuals exiting from institutional settings, veterans, and homeless people. The housing is linked to onsite or offsite Supportive Services, and any Floor Area used for the delivery of Supportive Services shall be considered accessory to the residential use. SUPPORTIVE SERVICES. Services that are provided on a voluntary basis to residents of Supportive Housing and Transitional Housing, including, but not limited to, a combination of subsidized, permanent housing, intensive case management, medical and mental health care, substance abuse treatment, employment services, benefits advocacy, and other services or service referrals necessary to obtain and maintain housing.

Consistent with the requirements of Public Resources Code 21080.27(a)(8), see below, the project would meet the definition of Supportive Housing identified in the City's two ordinances as it would not limit length of stay, would serve an adult low-income population and would provide a variety of on-site supportive services as identified in the City's ordinances.

APPLICABLE STATUTORY EXEMPTIONS

AB 785 -- Los Angeles Exemption for Supportive Housing (and Affordable Housing and Low Barrier Navigation Centers) – Amendments to Public Resources Code Section 21080.27

21080.27(a)

(4) "Eligible public agency" means any of the following:
(A) The County of Los Angeles.
…

(8) "Supportive housing" means supportive housing, as defined in Section 50675.14 of the Health and Safety Code, that meets the eligibility requirements of Article 11 (commencing with Section 65650) of Chapter 3 of Division 1 of Title 7 of the Government Code or the eligibility requirements for qualified supportive housing or qualified permanent supportive housing set forth in City of Los Angeles Ordinance No. 185,489 or 185,492, and that is funded, in whole or in part, by any of the following:
…
(C) Measure H sales tax proceeds approved by the voters at the March 7, 2017, special election in the County of Los Angeles.

…

The project would be undertaken by the County of Los Angeles, an eligible public agency as identified in Section 21080.27(a)(4). As discussed above the project would meet the City of Los Angeles definition of supportive housing set forth in the two ordinances as it would not limit length of stay, would serve an adult low-income population and would provide a variety of on-site supportive services as identified in the City's ordinances. Further, the project would be partially funded from Measure H – sales tax proceeds (consistent with Section 21080.279(a)(8)(C)).

(*d) Subject to subdivision (e), this division does not apply to any of the following activities undertaken by an eligible public agency in the City of Los Angeles or within the unincorporated areas of the County of Los Angeles:*

(1) An action to lease, convey, or encumber land for an affordable housing project, a low barrier navigation center, a supportive housing project, or a transitional housing project for youth and young adults.

(2) An action to facilitate the lease, conveyance, or encumbrance of land owned or to be purchased for an affordable housing project, a low barrier navigation center, a supportive housing project, or a transitional housing project for youth and young adults.

(3) An action to provide financial assistance in furtherance of implementing an affordable housing project, a low barrier navigation center, a supportive housing project, or a transitional housing project for youth and young adults.

Consistent with Section 21080.27(d)(1), the project is, "[a]n action to lease, … for … a supportive housing project..." and thus exempt from CEQA. In addition, the County would provide financial assistance and therefore subsection (d)(3) also applies. See further discussion in Section 3 of this document.

(e) (1) (A) For an affordable housing project, low barrier navigation center, supportive housing project, or transition housing project for youth and young adults, that is not in its entirety a public work for purposes of Chapter 1 (commencing with Section 1720) of Part 7 of Division 2 of the Labor Code, this section applies only if the project sponsor certifies to the lead agency that all of the following will be met for any construction or rehabilitation work:

…

Since no additional construction or rehabilitation work will be needed for the project the subdivision (e) regarding prevailing wage requirements is not applicable to the project. [PRC 21080.27(e)].

Emergency Exemption (CEQA Section 21080(b) and CEQA Guidelines Section 15269)

Public Resources Code Section 21080 indicates:

(b) This division [CEQA] does not apply to any of the following activities:

…

(4) Specific actions necessary to prevent or mitigate an emergency.

CEQA Guidelines indicates:

15269. Emergency Projects

The following emergency projects are exempt from the requirements of CEQA.

…

> *(c) Specific actions necessary to prevent or mitigate an emergency. This does not include long-term projects undertaken for the purpose of preventing or mitigating a situation that has a low probability of occurrence in the short-term, but this exclusion does not apply (i) if the anticipated period of time to conduct an environmental review of such a long-term project would create a risk to public health, safety or welfare, or (ii) if activities (such as fire or catastrophic risk mitigation or modifications to improve facility integrity) are proposed for existing facilities in response to an emergency at a similar existing facility.*
> …

Homelessness in the City and County of Los Angles is an emergency; there was a large increase from 2016 to 2023 and the emergency continues to grow. According to the 2023 Greater Los Angeles Homeless Count, the County of Los Angeles had during the time of the count approximately 75,518 people experiencing homelessness countywide (a 9% increase from the previous year), including approximately 46,260 in the City of Los Angeles (a 10% increase from the previous year). The County of Los Angeles represents approximately 25 percent of the State of California's population, but over 40 percent of the state's unhoused population. The City of Los Angeles represents 9.6 percent of the State of California's population, but nearly 25 percent of the state's unhoused population. On December 12, 2022, the City of Los Angeles declared a state of emergency on homelessness and activated the city's Emergency Operations Center. On January 10, 2023, the Los Angeles County Board of Supervisors unanimously voted to proclaim a local emergency for homelessness in the County of Los Angeles. The ERC would provide immediate housing for those in immediate need, many of them would otherwise be homeless or taking beds in facilities that could otherwise be used by homeless people. See further discussion in Section 3 of this document.

3. ANALYSIS -- LOS ANGELES SUPPORTIVE HOUSING EXEMPTION (PRC SECTION 21080.27)

AB 785 -- LOS ANGELES EXEMPTION FOR SUPPORTIVE HOUSING (AND AFFORDABLE HOUSING AND LOW BARRIER NAVIGATION CENTERS) 21080.27

Project Location and Lead Agency [Section 21080.27(a)(4)]

AB 785 as codified in Section 21080.27 provides for a CEQA exemption for supportive housing projects (as well as affordable housing projects and low barrier navigation centers) in the City of Los Angeles and unincorporated County of Los Angeles, undertaken by designated eligible agencies. The project is located in the City of Los Angeles and would be undertaken by the County of Los Angeles, an eligible public agency as identified in Section 21080.27(a)(4).

Supportive Housing Definition [Section 2080.27(a)(8)]

As discussed in Section 2 above, the project would meet the definition of supportive housing as outlined in the City of Los Angeles ordinances 185,489 and 185,492 as it would not limit length of stay, would serve an adult low-income population and would provide a variety of on-site supportive services as identified in the City's ordinances.

Funding Source [Section 2080.27(a)(8)]

The project would be partially funded from one of the fourteen sources identified in Section 21080.27(a)(8) related to supportive housing, and therefore would meet that component of the definition of supportive housing identified in Section 21080.27(a)(8). The project would receive funding from Measure H – sales tax [consistent with Section 2080.27(a)(8)(C)] as well as American Rescue Plan Act (ARPA) funds.

Action to Lease for a Supportive Housing Project [Section 21080.27(d)(1)]

Consistent with Section 21080.27(d)(1), the project is in the City of Los Angeles and would be, "[a]n action to lease, … for … a supportive housing project..." and thus would be exempt from CEQA. The action on the part of the County's Chief Executive Officer (CEO) would authorize the county to lease the building for use as an ERC, which meets the definition of supportive housing. Subsequently the County would enter into an agreement with an operator to run the facility. Without these actions on the part of the CEO, the ERC would not proceed, and 48 people would remain on the streets or in facilities where the beds could be used for the homeless.

As explained in Section 4 below, the County is undertaking a number of simultaneous actions to address the homelessness emergency. While these actions do and will represent substantial progress, they still do not provide sufficient facilities to resolve the emergency conditions for many people who remain without shelter on the streets of the City and County of Los Angeles.

Action to Provide Financial Assistance to a Supportive Housing Project [Section 21080.27(d)(3)]

Consistent with Section 21080.27(d)(3), the project is in the City of Los Angeles and would include, "[f]inancial assistance in furtherance of implementing ... a supportive housing project..." and thus would be exempt from CEQA.

Public Work and Prevailing Wage [Section 21080.27(e)]

The project would not entail any additional alteration, demolition, installation or repair work beyond that undertaken by the property owner prior to the County taking action to lease the building and therefore this subsection does not apply.

In the event that any work was to be undertaken at some point in the future additional review would be undertaken at that time.

4. Analysis -- Emergency Project Statutory Exemption (CEQA Section 21080, Guidelines Section 15269)

Emergency Need for Immediate Action [Sections 21080(b)(4) and 15269(c)]

On December 12, 2022, the City of Los Angeles declared a state of emergency on homelessness and activated the city's Emergency Operations Center. On January 10, 2023, the Los Angeles County Board of Supervisors unanimously voted to proclaim a local emergency for homelessness in the County of Los Angeles.

As declared by both the City and County, homelessness is an emergency condition (see also **Attachment A**). Homelessness in the County of Los Angeles has increased catastrophically over the past decade.

According to the 2023 Greater Los Angeles Homeless Count, the County of Los Angeles had at the time of the count (January 2023) approximately 75,518 people experiencing homelessness countywide (a 9% increase from the previous year), including approximately 46,260 in the City of Los Angeles (a 10% increase from the previous year). The 2024 Greater Los Angeles Homeless Count showed people experiencing homelessness slightly decreased from 2023 (75,312 people experiencing homelessness in the County and 45,252 homeless in the City).[4,5] These decreases though small show that the unified response to homelessness is contributing to meaningful change. But more remains to be done and the emergency conditions remain.

The County of Los Angeles represents approximately 25 percent of the State of California's population, but over 40 percent of the state's unhoused population. The City of Los Angeles represents 9.6 percent of the State of California's population, but nearly 25 percent of the state's unhoused population.

Los Angeles County has more unsheltered homeless individuals than any other county in the United States. The County's total homeless population increased nearly 14% between January 2020 (when the homeless population was 66,436) and January 2023. In 2020 it was up approximately 12.7% from 2019, and up from about 32,000 in 2010[6] -- an increase of 136% in 12 years.

The LA area is experiencing an alarming increase in both younger (18 to 24 Transition Age Youth – TAY-- including households headed by someone in this age group) and older homeless people (over the age of 62). The 2020 homeless count identified a 19% increase in TAY households and unaccompanied minor children. Minor children in TAY-headed families and unaccompanied minors now comprise 7% of the homeless population. The number of homeless seniors surged by 20% in 2020.[7]

On April 17, 2018, Mayor Eric Garcetti declared a shelter crisis to provide emergency housing for the unsheltered homeless people in the City of Los Angeles. On October 30, 2018, and again on October 19, 2021[8] the LA County Board of Supervisors declared a shelter crisis to address homelessness in unincorporated LA County.

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4 https://www.lahsa.org/documents?id=8170-los-angeles-county-hc2024-data-summary

5 https://www.lahsa.org/documents?id=8152-city-of-los-angeles-hc2024-data-summary

6 Los Angeles Homeless Services Authority, May 2017

7 Ibid

8 https://file.lacounty.gov/SDSInter/bos/supdocs/162768.pdf

The homeless population is particularly susceptible to certain diseases that can spread in unhygienic conditions found when people sleep on the street. Los Angeles County experienced a typhus outbreak in the summer of 2018.[9] Typhus is a disease spread by rats that is often associated with cramped unhygienic conditions. In 2017, Los Angeles County (LAC) experienced an outbreak of hepatitis A virus (HAV) occurring primarily among persons experiencing homelessness or with illicit drug use (IDU).[10] Contagious diseases that start in homeless populations have the potential to spread to the rest of the population. These diseases, however, appear to be dwarfed by the current Covid-19 pandemic. The current Covid-19 pandemic is anticipated to continue to severely impact the existing homeless population as well as likely forcing many more people into homelessness as they lose their jobs in the numerous business sectors impacted by stay-at-home rules and changes to business operations as a result of the ongoing pandemic.

The mortality rate among people experiencing homelessness (PEH) is higher than the mortality rate of the general population. The mortality rate among homeless individuals is influenced by demographic characteristic - youth and women, for example, have an especially high risk of early death when compared to the general population. Lack of shelter and the presence of a chronic illness also increase the likelihood of mortality in homeless individuals by 2.7-fold when compared to sheltered homeless individuals.[11]

The number of homeless deaths has increased dramatically in recent years (from 658 in 2014 to 2,374 in 2022), see **Figure 4** below (note, as data becomes available number of deaths is often revised upwards in subsequent years). The 1,811 PEH deaths in calendar year 2020, represented a sharp (40%) increase from 2019.

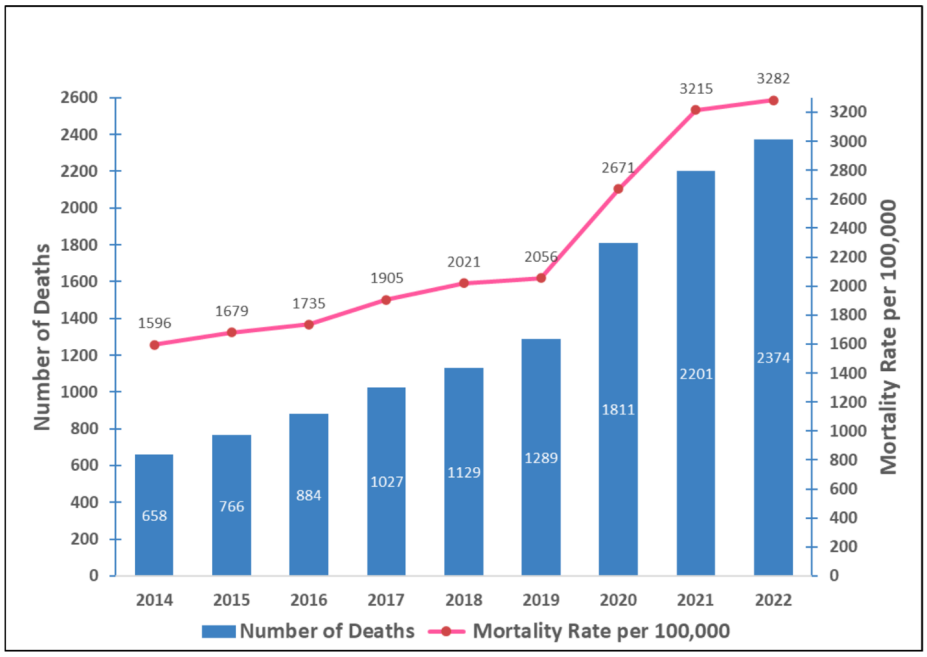


Figure 4: LA County Homeless Deaths and Mortality Rates, 2014 - 2022

[9] http://publichealth.lacounty.gov/eprp/Health%20Alerts/LAHANTyphusupdate101218.pdf
[10] http://publichealth.lacounty.gov/eprp/Health%20Alerts/DPH%20HAN%20Hep%20A%20Outbreak%20091917.pdf
[11] Los Angeles County Department of Public Health, Center for Health Impact Evaluation. Mortality Among People Experiencing Homelessness in Los Angeles County One Year Before and After the COIVD-19 Pandemic. April 2022.

The first year of the COVID-19 pandemic coincided with a steeper increase in PEH deaths than what we had seen in previous years in LA County. While COVID-19 became the third leading cause of death among PEH in the post-pandemic onset year, the overall increase was driven to an equal or larger degree by increases in overdose, homicide, chronic heart disease, and traffic injury deaths. It appears the COVID-19 pandemic exacerbated stressors already present in the lives of PEH, leading to increases in other causes of death, even as we redoubled our COVID-19 prevention efforts in this population. Thus, as the pandemic subsides, disproportionally high mortality persists among PEH. In order to address and decrease these high mortality rates it is necessary to implement a broad array of preventive measures including housing placements, substance use prevention and treatment, physical and mental health treatment, and enhanced safety measures in areas where PEH congregate. Immediate action is needed to mitigate existing conditions.

A number of dedicated funding sources have been approved at the state and local levels to address the homeless crisis:

- $2 billion bond in the California "No Place Like Home" initiative;
- County-wide Measure H, approved in March 2017, provides a 0.25 percent sales tax which could generate $355 million annually for ten years to fund homeless services and prevention.

These funding sources are available for projects (including the proposed project). The Los Angeles County budget for the 2023-2024 fiscal year (FY) increased to $43 billion. On February 7, 2023 (four weeks after declaring a local emergency on homelessness), the Board of Supervisors unanimously approved a $609.7 million budget for the Los Angeles County Homeless Initiative for fiscal year 2023-24, the largest investment in any given year to date to prevent and address homelessness. This budget will help fund a heightened focus on three key missions for the County in collaboration with cities and other local partners:

- Reducing encampments to bring unsheltered people indoors
- Increasing interim and permanent housing placements
- Ramping up mental health and substance use disorder services for people experiencing homelessness

In addition to the $609.7 million budget funded by 2023-24 Measure H and state Homeless Housing, Assistance and Prevention (HHAP) grants, the Board simultaneously approved an additional $76.9 million to expand housing and services that the County provides in collaboration with local cities, as well as for innovative new programs. The FY 2023-24 Homeless Initiative Funding Recommendations approved by the Board do not encompass all the County's investments to address and prevent homelessness but represents a significant portion.

Proposed Specific Action to Address Immediate Need [Sections 21080(b)(4) and 15269(c)]

This project would involve the lease of an existing building that has been renovated as a shelter and use of the facility for Enriched Residential Care. While the facility would provide 48 beds for long-term care, it would relieve pressure on shelters as it would allow 48 people to either not be on the streets or not occupy shelter beds. Provision of these facilities is essential to public health, safety, and welfare and would mitigate the emergency conditions associated with the homelessness emergency and shelter crisis. The project is necessary to provide for long-term care for people in need of substantial support and would move these people off the streets or out of shelters or other facilities that could otherwise be used for the

homeless. The ERC would provide a home for people who are in substantial need of immediate support and would alleviate pressure on the shelter system. Thus, the project would address the homeless emergency by freeing up space in shelters in order to provide for people in extreme conditions that expose them to the elements as well as other safety issues associated with being unsheltered. The project would directly or indirectly get people off the street and would provide comprehensive services to address problems. Given the increasing pressure being placed on shelters and all types of affordable and supportive housing, the project is urgently needed to mitigate the homeless situation in the City of Los Angeles and Los Angeles County.

Projects Excluded from Exemption [Section 15269(c)]

The project does not meet the CEQA guidance for exclusion from this exemption. The ERC is not a long-term project; it is a short-term project that is proposed to be undertaken as fast as possible. People are in immediate need of the services to be provided in the ERC. The project would directly address the homeless emergency by directly removing people from the street or immediately freeing up shelter beds, or other beds, for use by the homeless. The situation (homelessness) that the project will address is already occurring (and accelerating). The anticipated period of time to conduct additional environmental review would result in delay of providing immediate shelter for people on the street or in facilities that could be used by the homeless. For each day of delay, 48 homeless people would spend that extra time on the street. The City and County are providing shelter facilities elsewhere, but combined these activities are still insufficient. Therefore, the project (as well as all the other projects proceeding simultaneously to address homelessness in the City and County of Los Angeles) is an emergency project in accordance with CEQA and CEQA Guidelines.

Wendy Lockwood

Education
Sussex University, England, Chemistry, concentration in Environmental Science
Master's degree, Candidate, Environmental Management, University of San Francisco
Professional Affiliations
Association of Environmental Professionals
Los Angeles Conservancy
American Planning Association

Ms. Lockwood is an environmental consultant with over 25 years' experience in the preparation of environmental documents pursuant to the California Environmental Quality Act (CEQA) and the National Environmental Policy Act (NEPA). She has been the Project Manager for major projects and technical task leader on complex projects involving noise, air quality, energy, and hazardous wastes/materials issues. Ms. Lockwood has broad knowledge and understanding of State and local planning regulations and regional planning documents in Southern California. She has participated in the preparation of environmental documentation for over 500 projects.

Ms. Lockwood has experience with a wide variety of projects, issues and communities and using this experience is able to quickly identify and address issues of potential concern before they become major problems. Her technical background allows her to review complex documentation and identify potential analytic flaws. For these reasons, Ms. Lockwood is frequently asked by lead agencies, larger consulting firms, and lawyers to provide detailed review and recommendations concerning CEQA and NEPA documents, including providing overall advice concerning approach and content of environmental documents, critical review of completed documents/analyses as well as providing specific review of more complex projects and/or issues.

In January 2006, Ms. Lockwood started the small environmental consulting firm of Sirius Environmental (Sirius). Sirius (WBE/SBE/VSBE) is an environmental consulting firm that provides CEQA and NEPA related services. Sirius Environmental was formed to focus on project and program management of projects and programs requiring a detailed understanding of CEQA and NEPA and requiring responsive, individualized management. Sirius Environmental provides support to developers, engineers, consulting firms and public agencies in the preparation of clear, accurate technical reports and documents that meet the increasingly demanding needs of communities and their decision makers.

Ms. Lockwood's areas of technical specialty are land use, energy conservation, noise, air quality, greenhouse gas emissions and hazardous materials. She has overseen the preparation of numerous technical analyses for a variety of projects – small and large. She is familiar with land use regulation and prepares policy consistency analyses for projects in complex regulatory environments as well as aesthetic analyses for projects in urban and rural environments.

Ms. Lockwood is an experienced CEQA and NEPA project manager. She has overseen the preparation of comprehensive environmental documents for a variety of different projects, managing complex technical analyses and providing advice to clients regarding effective mitigation strategies. She is familiar with recent case law with respect to environmental documentation. She undertakes public outreach for controversial projects in a number of sensitive communities.

Ms. Lockwood provides QA/QC for a variety of projects including transportation projects (Regional Transportation Plans, Mid-Coast Corridor Transit Project, Orange Line Extension), policy documents (City of Los Angeles CEQA staff training, Updated Thresholds Guide) and plans (Mobility Element, Hollywood Community Plan, Boyle Heights Community Plan).

Ms. Lockwood emphasizes quality. She ensures that information is complete, accurate, concise, and understandable to the reader.

Attachment

Attachment A – Emergency Documentation

Los Angeles County Homeless Emergency

Heidi Behforouz, MD (hbeforouz@dhs.lacounty.gov)

Revised July 2024

The Homelessness Emergency in Los Angeles County

Street-based homelessness is a long-standing challenge for Los Angeles County. However, its continued growth, the rising comorbid complexities of undertreated medical, mental health, and substance use disorders facing this population, coupled with its disproportionate reliance on public social services, make homelessness a public health emergency. Homelessness not only threatens the wellbeing of those who are without a home, but also threatens the economic stability of impacted communities as well. Recently, Los Angeles County has had the highest number of homeless residents in the United States.[1]

In general, in the United States, there are an increasing number of people experiencing homelessness (PEH), including an increasing number who have jobs. Inflation, unaffordable housing, medical debt as well as substance abuse and mental health issues are pushing more people into homelessness.[2]

In February 2022, the Los Angeles and South Coast region (49.9%) and the San Francisco Bay Area (22.2%) had the highest shares of unhoused individuals, followed by the Sacramento Region (7.2%).[2] Los Angeles County specifically is home to more than 40% of unhoused Californians, based on point-in-time data.[3] This is in part due to its dense population, high housing costs, and general lack of affordable housing.

According to the 2023 Greater Los Angeles Homeless Count, the County of Los Angeles had at the time of the count (January 2023) approximately 75,518 PEH countywide (a 9% increase from the previous year), including approximately 46,260 in the City of Los Angeles (a 10% increase from the previous year). **Table 1** shows the demographic breakdown of PEH in LA County 2014 to 2023.[4]

The 2024 Greater Los Angeles Homeless Count showed PEH slightly decreased from 2023 (75,312 people experiencing homelessness in the County and 45,252 homeless in the City).[5,6] These decreases though small show that the unified response to homelessness is contributing to meaningful change. Across the County unsheltered homelessness dropped by 5.1% while the number of people in shelter rose by 12.7%; in the City of Los Angeles unsheltered homelessness dropped by 10.4% while the number of people in shelter rose by 17.7%. But more remains to be done and the crisis and emergency conditions remain.[7]

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1 The U.S Department of Housing and Urban Development, Office of Community Planning and Development. December 2022. The 2022 Annual Homelessness Assessment Report (AHAR) to Congress. https://www.huduser.gov/portal/sites/default/files/pdf/2022-AHAR-Part-1.pdf

2 "More of America's homeless are clocking into jobs each day," Washington Post, July 29, 2024.

3 Davalos, M., & Kimberlin, S. March 2023. Who is experiencing homelessness in California? California Budget and Policy Center. https://calbudgetcenter.org/resources/who-is-experiencing-homelessness-in-california/

4 Mortality Rates and Causes of Death Among People Experiencing Homelessness in Los Angeles County 2014 – 2011, County of Los Angeles Public Health, May 2024.

5 https://www.lahsa.org/documents?id=8170-los-angeles-county-hc2024-data-summary

6 https://www.lahsa.org/documents?id=8152-city-of-los-angeles-hc2024-data-summary

7 https://www.lahsa.org/documents?id=8164-2024-greater-los-angeles-homeless-count-results-long-version-.pdf

Table 1: Size and Characteristics of LA County PEH Population 2015 to 2023

Year[1]	2015	2016	2017	2018	2019	2020	2021[2]	2022	2023
Total Count[3]	44,359	46,874	55,048	52,765	58,936	66,436	67,790	69,144	75,518
Gender									
Male (incl. trans.)	66%	66%	68%	68%	68%	67%	66.5%	66%	68%
Female (incl. trans.)	33%	33%	32%	31%	31%	32%	32.5%	33%	31%
Age Group[4]									
<18	10%	8%	9%	9%	9%				
18-24	8%	8%	6%	6%	6%				
25-54	57%	60%	61%	59%	61%				
55-61	17%	16%	16%	16%	15%				
62+	8%	9%	8%	10%	9%				
<18						12%	11%	10%	
18-29						15%	14%	13%	
30-39						20%	22%	24%	
40-49						19%	19%	20%	
50-59						22%	21%	20%	
60-69						11%	11%	11%	
70+						2%	2%	3%	
<18									9%
18-24									5%
25-34									19%
35-44									23%
45-54									19%
55-64									18%
65-69									4.2%
70+									2%
Race/Ethnicity									
American Indian/ Alaska Native	3%	3%	1%	1%	2%	1%	1%	1%	1%
Asian	2%	2%	1%	1%	2%	1%	1%	1%	2%
Black	39%	39%	40%	36%	33%	34%	32%	30%	32%
Latino/x	27%	27%	35%	35%	36%	36%	40%	44%	43%
Native Hawaiian/ Other Pacific Islander	.2%	.2%	.3%	.4%	.6%	.3%	.3%	.2%	.5%
White	25%	25%	20%	25%	25%	25%	23%	21%	19%
Multi-racial	5%	5%	2%	1%	2%	2%	2.5%	3%	3%
Shelter Status									
Unsheltered	70%	75%	73%	75%	75%	72%	71%	70%	73%
Sheltered	30%	25%	27%	25%	25%	28%	29%	30%	27%
Chronic Homelessness[5]									
Chronically Homeless	34%	31%	31%	27%	28%	38%	39.5%	41%	45%

1 Point in time counts (for total counts) and demographic surveys (for demographic data) were conducted in late January of the year indicated.
2 Since the point in time count and demographic survey were not conducted in 2021 due to the COVID-19 pandemic, 2021 estimates were calculated by averaging the values for 2020 and 2022.
3 Total count data are for all of LA County. Demographic estimates are for the LA CoC only, which excludes Glendale, Pasadena and Long Beach. Percentages do not always add to 100% due to rounding. Source: https://www.lahsa.org/homeless-count/
4 Available age groupings for age data have changed over the years. beginning in 2020, 10-year age grouping became available, which allowed for more precise age adjustment of mortality rates.
5 Chronic homelessness is defined as homelessness of at least 12 months duration (continuous, or at least four separate occasions in the last three years that add up to 12 months), and presence of a qualifying disability.

According to the January 2023 Point-in-Time Count there were 71,320 PEH in Los Angeles County Continuum of Care (which excludes Glendale – 195 PEH in 2023 and 179 in 2024[8], Long Beach – 3,447 PEH in 2023 and 3,376 in 2024[9], and Pasadena – 556 PEH in both 2023 and 2024[10]) including both those who are unsheltered (52,307) and those residing in temporary shelters.[11] According to the Los Angeles Homeless Services Authority (LAHSA), as of October 2023, within the Lo Angeles County Continuum of Care, there were[12]:

- 484 sites with a total of 17,010 beds available (including shelter beds and other forms of interim housing) within the Los Angeles County Continuum of Care. This number did not include project Homekey (PHK) sites (added since 2021) operating as interim housing that included 24 sites with 1,922 beds which brings the total to 18,932 beds as 526 locations.
- As of October 2023, 18 sites (661 beds) were in the pipeline, including PHK brings the total to 24 sites and 1,101 beds in the pipeline.
- LAHSA reports that there are 374 sites with 14,272 beds (including PHK) that provide supportive housing (over 90% of which were identified as targeted to single individuals).
- As of October 2023, there were an additional 196 sites (including PHK) with 10,454 beds in the pipeline.
- In addition to shelters and supportive housing, LAHSA identifies 22 Safe Parking sites with 494 spaces.
- In addition to these resources the Winter Shelter Program (WSP) and Augmented Winter Shelter Program (AWSP) provides shelter and meals November 1 through March 31 at six sites with a total of 264 beds.
- In addition to the site-based interim housing programs for families experiencing homelessness, there were approximately 453 motel or hotel vouchers Countywide that enable families to access motels or hotels as short-term interim housing. (The total number of vouchers reflects an availability of resources at any point in Fiscal Year 2022-23. The actual number of used vouchers may fluctuate pending actual need on a day-to-day basis.)

In addition, Long Beach (the City of Long Beach and its partners) provides approximately 1,300 beds, Pasadena has approximately 235 shelter beds[13], and Glendale provides about 100 shelter beds[14].

In a December 2023 audit, the City of Los Angeles estimated the number of PEH (46,260) exceeded the number of interim housing beds (16,100) by nearly three times.[15]

Countywide, the number of available beds falls far short of the demand placed on the system by the estimated excess of 75,000 PEH (representing slightly less than one percent [0.78%] of the overall population of Los Angeles County).[16] The scale of the crisis is hard to understand. If the

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8 https://www.glendaleca.gov/government/departments/community-services-parks/human-services/homeless-services/homeless-count-archive
9 https://www.pasadenahomelesscount.org
10 https://www.pasadenahomelesscount.org
11 https://storymaps.arcgis.com/stories/400d7b75f18747c4ae1ad22d662781a3
12 Ibid.
13 https://www.pasadenahomelesscount.org/_files/ugd/a904d1_a4c7ca8e9c82413bb1e0ad50cca8df05.pdf
14 https://www.glendaleca.gov/home/showpublisheddocument/75630/638568316821530000
15 https://controller.lacity.gov/landings/interim-housing-audit
16 https://worldpopulationreview.com/us-counties/ca/los-angeles-county-population

PEH were a separate City, it would be the 31st largest (out of 159) falling between Bellflower and Lakewood.[17]

The County of Los Angeles represents approximately 25 percent of the State of California's population, but over 40 percent of the state's unhoused population. The City of Los Angeles represents 9.6 percent of the State of California's population, but nearly 25 percent of the state's unhoused population.

To address the large number of PEH, on December 12, 2022, the City of Los Angeles, through it's mayor, Karen Bass, declared a state of emergency on homelessness.[18] In solidarity with the City, On January 10, 2023 the Los Angeles County Board of Supervisors proclaimed a local emergency for homelessness in the County of Los Angeles.[19] The Governor of California, Gavin Newsom, has also expressed interest in reducing homelessness across California and asked state lawmakers to join him in his effort.

On July 25, 2024 Governor Newsom, following a recent US Supreme Court decision (Grants Pass[20]), issued an Executive Order (EO N-1-24[21,22]) ordering state agencies and departments to adopt clear policies that urgently address homeless encampments while respecting the dignity and well-being of all Californians.[23] This EO directs state agencies to move urgently to address dangerous encampments while supporting and assisting the individuals living in them — and provides guidance for cities and counties to do the same. It is not yet clear how this order will affect Los Angeles County and whether it will place increased demands on the existing shelter beds, but it remains true that there is a substantial deficit in the number of shelter beds (tens of thousands) to currently house the PEH in Los Angeles County. There remains a shelter crisis and significant homeless emergency that could be exacerbated by this EO.

Mortality Among People Experiencing Homelessness

The COVID-19 pandemic and the parallel rise in fentanyl trafficking brought widespread disruption and death to People experiencing homelessness (PEH) in LA County and widened the gap in mortality between PEH and the general population. Both factors likely also had broader indirect effects on other causes of death, including Coronary Heart Disease (CHD), transportation-related injury, and homicide. In 2023, there were a total of 900 deaths of unhoused people in the City of Los Angeles[24]:

- Most common mode of death: Accident (75%)
- 40 unhoused people were murdered in 2023, which is 12% of all homicides in the City of LA. Unhoused people are only about 1% of the population.
- At least 73% of deaths were in streets or areas without proper utilities, such as tents, parking lots, parks, RVs, and vacant buildings.

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17 https://worldpopulationreview.com/us-counties/ca/los-angeles-county/cities

18 City of Los Angeles, Mayor Karen Bass. December 12, 2023. Declaration of Local Emergency. 20221212 Mayor Emergency Declaration Homelessness Crisis signed by clerk.pdf (lacity.gov)

19 Motion by Supervisors Lindsey P. Horvath and Kathryn Barger. January 10, 2023. Proclamation of a Local Emergency for Homelessness in the County of Los Angeles

20 https://www.supremecourt.gov/opinions/23pdf/23-175_19m2.pdf

21 https://www.gov.ca.gov/2024/07/25/governor-newsom-orders-state-agencies-to-address-encampments-in-their-communities-with-urgency-and-dignity/

22 https://www.gov.ca.gov/wp-content/uploads/2024/07/2024-Encampments-EO-7-24.pdf

23 https://www.gov.ca.gov/2024/07/25/governor-newsom-orders-state-agencies-to-address-encampments-in-their-communities-with-urgency-and-dignity/

24 This dataset was obtained from the LA County Medical-Examiner Coroner 2023.

- Most common place of death: Street/Freeway/Tunnel/Sidewalk
- Black people were 31% of deaths. Black people are only 8% of the City's general population but are 33% of the City's unhoused population.
- Council Districts 14 and 1 had the highest numbers of deaths as well as some of the highest unhoused populations.
- January, February, and March were the deadliest months.

The mortality rate among people experiencing homelessness (PEH) is higher than the mortality rate of the general population. The mortality rate among homeless individuals is influenced by demographic characteristics. For example, homeless youth and homeless women, have an especially high risk of early death when compared to the general population. Lack of shelter and the presence of a chronic illness also increased the likelihood of mortality in homeless individuals by 2.7-fold when compared to sheltered homeless individuals.[25] The ongoing health risks facing the homeless is an emergency involving clear and imminent danger. Rapid construction of interim housing (IH), shelters with services, as well as permanent supportive housing (PSH) are necessary to prevent and/or mitigate these emergency conditions.

As climate change worsens, it has become more lethal for people who cannot seek relief. According to David Eisenman, a professor specializing in climate change at the UCLA Fielding School of Public Health, heat-related illness and death are "notoriously" undercounted because patients in emergency rooms are frequently diagnosed with other medical conditions, such as dehydration and kidney failure, without any mention of their high temperatures and exposure to heat.[26]

The number of homeless deaths has increased dramatically in recent years (from 658 in 2014 to 2,374 in 2022), see **Figure 1** below (note, as data becomes available number of deaths is often revised upwards in subsequent years).

The 1,811 PEH deaths in Los Angeles County in calendar year 2020, represented a sharp (40%) increase from 2019 (see **Table 2** below) and 56% between 2019 and 2021. From 2021 to 2022, the most recent years of data available, the overall mortality rate increased by just 2% from 3,215 per 100,000 people to 3,282 per 100,000 people. **Figure 2** shows how cause-specific mortality has changed 2014 to 2022[27].

The recent (2021 to 2022) plateau (see **Figure 1**) in the overall mortality rate can be attributed largely to a leveling off of the rate of drug overdose deaths, the leading cause of death among PEH for the past six years, and a sharp decline in COVID-19 mortality. From 2021 to 2022, the distribution of doses of naloxone, an opioid overdose reversal medication, saw a two-and-a-half-fold increase in communities most affected by fentanyl overdoses, and the number of reported naloxone-induced overdose reversals nearly doubled. These efforts likely contributed to the rapid leveling-off of the overdose mortality rate in 2022.[28]

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[25] Los Angeles County Department of Public Health, Center for Health Impact Evaluation. Mortality Among People Experiencing Homelessness in Los Angeles County One year before and after COVID-19 Pandemic April 2022

[26] Lin, S. February 19, 2023. Heat Waves are Killing more L.A. Homeless People. *Los Angeles Times.* *https://www.latimes.com/california/story/2023-02-19/la-me-homeless-heat-deaths#:~:text=About%20150%20people%20die%20every,Los%20Angeles%20Urban%20Cooling%20Collaborative* .

[27] Mortality Rates and Causes of Death Among People Experiencing Homelessness in Los Angeles County 2014 – 2011, County of Los Angeles Public Health, May 2024.

[28] http://publichealth.lacounty.gov/phcommon/public/media/mediapubhpdetail.cfm?prid=4699

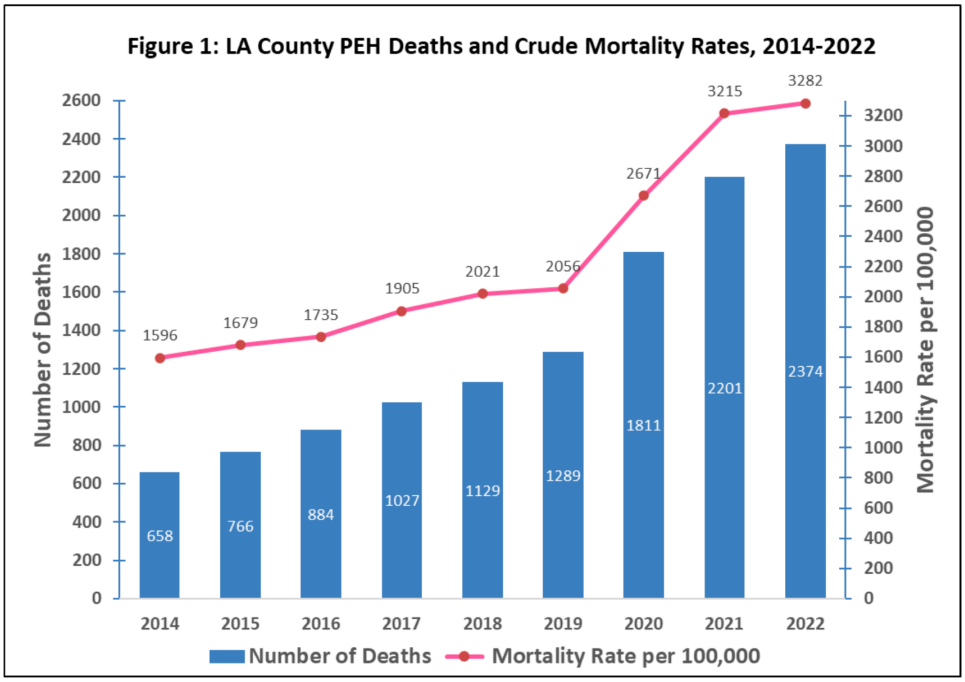
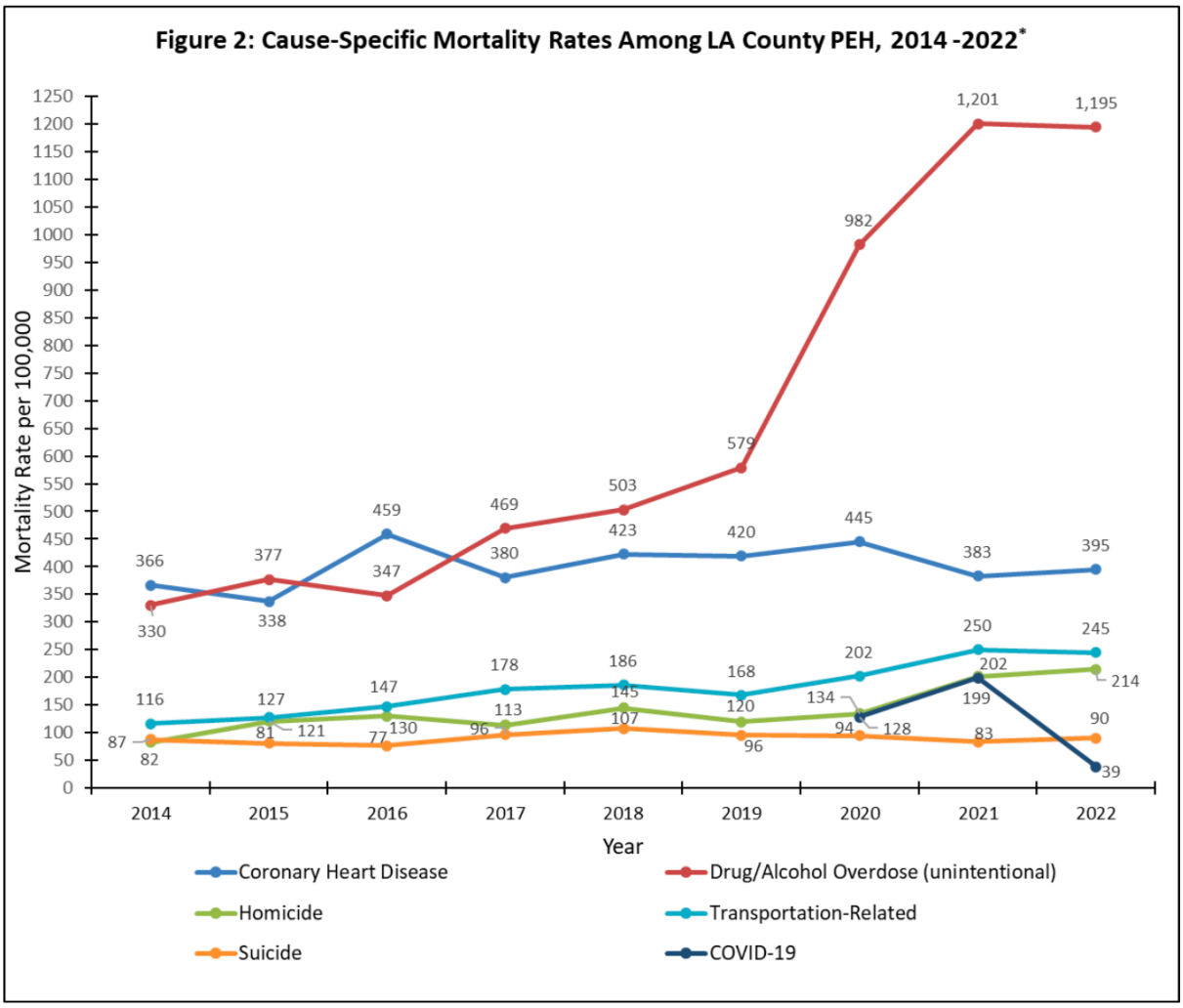


Table 2: Number and Characteristics of Los Angeles County PEH Deaths, One Year Before Pandemic vs. First Year of Pandemic

Characteristic	Pre-Pandemic Numbers 4/01/19-3/31/20	Post-Pandemic Numbers 4/1/20-3/31/21	Absolute Increase	% Increase
All deaths	1271	1988	717	56%
	Gender			
Male	1037	1618	581	56%
Female	233	370	137	59%
	Age			
18-29	85	175	90	106%
30-49	373	633	260	70%
50-64	585	842	257	44%
65+	228	338	110	48%
	Race/Ethnicity			
Black/African American	325	515	190	58%
Asian	16	34	18	113%
Hispanic/Latinx	486	820	334	69%
White	426	592	166	39%
Other[1]	18	27	9	50%
	Cause of Death			
Drug Overdose	402	715	313	78%
Coronary Heart Disease	239	309	70	29%
COVID-19	0	179	179	NA
Traffic Injury	113	150	37	33%
Homicide	70	104	34	49%
Suicide	55	64	9	16%
Other Unintentional Injuries	54	57	3	6%

[1] Includes American Indian/Alaska Native, Native Hawaiian/Pacific Islander, multiracial, and refused/unknown



* COVID-19 entered the top five causes in 2020 but by 2022 it had fallen out of the top ten. Since there was no homeless count in 2021 due to the COVID-19 pandemic, we used the average of the 2020 and 2022 counts to approximate the 2021 PEH population for all 2021 mortality rates.

In the first year of the pandemic, age group deaths increased more among younger PEH than among older PEH. The number of deaths among those aged 18-29 more than doubled from 85 in the pre-pandemic to 175 in the post-pandemic onset year. Among 30-49 year-olds, there were 260 more deaths in the post-pandemic onset year, representing a 70% increase. Both the absolute and relative increases in deaths among those aged 30-49 exceeded those among 50-64 year-olds and among those aged 65+. Gender Relative increases in deaths were similar among males (56%) and females (59%) although the absolute increase was much greater among males (581) than females (137). This can largely be attributed to the fact that the homeless population in LA County has historically consisted of approximately 2 males for every 1 female. The six leading causes of PEH deaths, in the pre-pandemic year, in ranked order, were drug overdose (OD) (32%), coronary heart disease (CHD) (19%), traffic injury (9%), homicide (6%), suicide (4%), and other unintentional injuries (4%). In the post-pandemic onset year, these six causes maintained their relative rankings, but COVID-19 became the third leading cause of death, with 179 (9%) deaths. Among the other leading causes of death, Overdose (OD) saw the greatest relative increase of 78% from the pre- to post-pandemic onset year, followed by homicide (49%), traffic injury (33%), CHD (29%), suicide (16%) and other unintentional injuries (6%).

Deaths among young unhoused people ages 18 to 29 more than doubled in the first year of the pandemic. The findings show that deaths among young unhoused people increased at a greater rate than their older counterparts. Overdose deaths among unhoused people ages 18-29, also more than doubled from the pre- to post- pandemic onset year. The primary cause for overdosing was fentanyl use. Young people were left out of COVID resources because they were more likely to survive. Therefore, young people were forced further and further into isolation which exacerbated drug use and using alone, which is how the overdose deaths kept rising. Without the necessary investment of early intervention, young PEH will become the chronically ill and chronically homeless.

By far the greatest contributor to the increase in PEH deaths in the first year of the pandemic was drug overdose (OD). These OD deaths increased the most among those aged 18-29 and 30-49 and among Latinx and Black PEH, although increases were also considerable among White PEH. The increase in OD deaths was slightly greater among men than among women. The drug type with the greatest increase in OD death involvement was fentanyl, which rose from 27% to 45% from the pre-to post-pandemic onset year.[5] This increase in fentanyl-involved deaths was relatively similar across all racial/ethnic groups, among both men and women, and across all age groups. Despite this large increase in fentanyl involved deaths, there was no decrease in deaths involving methamphetamine, which contributed to about three quarters of all deaths across both years. Methamphetamine involvement in OD deaths differed somewhat by race/ethnicity, with the highest percentages among White PEH and the lowest among Black PEH. Notably, 18-29 year-olds were the demographic group with the greatest increase in methamphetamine-involved deaths.

The first year of the COVID-19 pandemic coincided with a steeper increase in PEH deaths than seen in previous years in LA County. While COVID-19 became a leading cause of death among PEH in the post-pandemic onset year, the overall increase was driven to an equal or larger degree by increases in OD, homicide, CHD, and traffic injury deaths. It appears the COVID-19 pandemic may have exacerbated stressors already present in the lives of PEH, leading to increases in other causes of death, even as COVID-19 prevention efforts redoubled in this population. Thus, as the pandemic subsides, disproportionally high mortality will likely persist among PEH unless a broad array of preventive measures are implemented including, housing placements, substance use prevention and treatment, physical and mental health treatment, and enhanced safety measures in areas where PEH congregate.

For the combined years of 2021 and 2022, people experiencing homelessness were almost four times more likely to die than the LA County population as a whole. This mortality gap has increased since it was first analyzed for the combined years of 2017 to 2019, when people experiencing homelessness were slightly under three times more likely to die. The mortality gaps for specific causes of death have also increased. In 2021-22, unhoused individuals were 41 times more likely to die from an overdose and about 18 times more likely to die of both homicide and traffic-related injuries compared to all LA County residents.[29]

[29] http://publichealth.lacounty.gov/phcommon/public/media/mediapubhpdetail.cfm?prid=4699

The exact causes of mortality among the homeless population in Los Angeles County are diverse[30]:

- *Overdose*. Drug and alcohol overdose continues to be the leading cause of death among unhoused individuals in 2022, accounting for 37% of all deaths. Overdose was the leading cause of death among males and females, and among Whites, Latinx, and Blacks. Despite the recent leveling off of the overdose mortality rate among people experiencing homelessness, the percentage of overdose deaths involving fentanyl continued to rise through 2022 for all racial and ethnic groups and for both males and females, signifying. that the risk of fentanyl overdose is very high among unhoused people who use drugs.

- *Coronary Heart Disease*. The second leading cause of death continues to be coronary heart disease, accounting for 12% of deaths. Coronary heart disease was the leading cause of death among those 70 and older, the second leading cause of death among males, and the third leading cause among females. After a gradual upward trend in coronary heart disease mortality from 366 per 100,000 people in 2014 to 445 per 100,00 people in 2020, the coronary heart disease mortality rate decreased in 2021—during the height of the COVID-19 pandemic—and then increased slightly in 2022 to 395 per 100,000 people.

- *Transportation-related injuries*. In 2022 8% of deaths were from transportation-related injuries, which remained the third leading cause of death among unhoused individuals. The transportation-related injury mortality rate plateaued in 2022 after increasing steadily from 2014 to 2021. Assuming a relatively stable distribution of road traffic deaths among people experiencing homelessness over time, one of these deaths occurred approximately every other day over the course of 2021 and 2022. Ninety-five percent of those deaths were among pedestrians and cyclists and two-thirds occurred between 9 p.m. and 9 a.m.

- *Homicide*. Homicide was the fourth leading cause of death, with a rate of 214 per 100,000 people in 2022, the highest rate since these trends have been monitored. The proportion of homicide deaths was more than twice as high among males compared to females and was two to three times higher among Black and Latinx unhoused people compared to White unhoused individuals. In 2021 and 2022, two-thirds of homicide deaths involved firearms.

- *Suicide*. The overall suicide rate among people experiencing homelessness has remained relatively stable over time. However, from 2020 to 2022 the suicide rate almost doubled among unhoused people aged 18-29, and in 2022 this was the age group with the highest suicide rate. In 2021 and 2022, 5% of suicide deaths involved firearms.

- *COVID-19*. The COVID-19 mortality rate peaked in 2021 when it was the fifth leading cause of death among people experiencing homelessness. In 2022, the COVID-19 mortality decreased substantially such that it was no longer among the top 10 causes of death among unhoused people that year.

Unfortunately, the unhoused in Los Angeles were more likely to die on sidewalks, in vacant lots, on park benches and on the beach — a rash of profoundly lonely and yet very public deaths. As the number of homeless individuals in the county continues to increase, so does the number of residents at a higher risk for early death because of their lack of housing and their consequential struggles.

[30] Ibid.

Aging Homeless Population

There has been an increase in senior homelessness. Not only with seniors experiencing mental illness or substance abuse problems, but seniors are being pushed into the streets due to rising rents. Over 40% of Californians in adult-only households who came in contact with the homelessness response system in the 2021-22 fiscal year were aged 50 and older. Financial and medical emergencies later in life can push those who were already struggling to make ends meet into homelessness. Challenges in accessing support and social safety net programs for older adults in crisis and inadequate benefit amounts are also a driving factor.[2] Navigating sidewalks in wheelchairs and walkers, aging PEH are not only dealing with mobility issues, but also cognitive and chronic problems like diabetes. Many contracted COVID-19 or couldn't work because of pandemic restrictions. Academics project the number of seniors experiencing homelessness will nearly triple over the next decade, challenging policymakers from Los Angeles to New York to imagine new ideas for sheltering the last of the baby boomers as they get older, sicker, and less able to pay spiraling rents. Advocates say much more housing is needed, especially for extremely low-income people.[31]

Older adults are more likely to have underlying health conditions and disabilities that may be exacerbated by the additional stressors of being unhoused. Experiencing homelessness is already tied to severe health declines as research shows unhoused adults develop similar rates of geriatric conditions as housed adults who are 20 years older. The distinctive circumstances older adults face, require more assistive services to obtain and maintain housing. As such, older unhoused Californians have significant implications for current homeless intervention practices as specific service needs should be integrated with other service systems and funding sources[2]

Chronic Disease

The emergence of chronic illnesses in a person does not stop because an individual has become homeless. Chronic illnesses range from mild, occasional symptoms to debilitating, progressive conditions. Chronic diseases often require ill individuals to adjust their lifestyles, employment, and medical care to meet their needs.[32] However, a lack of consistent housing and access to essential medical treatment from doctors can seriously exacerbate chronic illnesses in the homeless. A variety of non-communicable chronic illnesses are prevalent in PEH individuals, such as chronic obstructive pulmonary disease (COPD), arthritis, diabetes, seizures, and musculoskeletal disorders.[33] Homeless individuals also commonly experience respiratory tract infections as well as oral and dental issues resulting from a lack of access to proper care.

Moreover, without a permanent address or ready access to a birth certificate and identification, seemingly routine tasks become considerable barriers when seeking services, benefits, and jobs. As previously mentioned, many homeless people suffer from chronic illnesses such as diabetes.[34]

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31 America's homeless population is getting older - Los Angeles Times (latimes.com) By Anita Snow Associated Press April 26, 2022

32 Institute of Medicine and US Committee on Health Care for Homeless People, *Homelessness, Health, and Human Needs* (Washington, D.C.: National Academy Press, 1988), accessed September 09, 2020, https://www.ncbi.nlm.nih.gov/books/NBK218236/

33 "Chronic Illnesses/Diseases and Mortality," The Homeless Hub, accessed September 16, 2020, https://www.homelesshub.ca/about-homelessness/health/chronic-illnessesdiseases-and-mortality)

34 C. Y. Liu, S. J. Chai, and J. P. Watt, "Communicable Disease among People Experiencing Homelessness in California," *Epidemiology and Infection* 148 (2020): accessed September 10, 2020, doi:10.1017/s0950268820000722)

Diabetic patients require access to refrigeration to store their insulin properly, and homelessness denies diabetic patients' reliable access to a refrigerator. Simply taking a pill twice a day suddenly becomes a logistical challenge.

Communicable Disease Risk

Homeless individuals contend with a higher risk of contracting certain communicable diseases such as Tuberculosis (TB). TB is an extremely infectious and dangerous respiratory illness that spreads through exposure to infected air droplets. The conditions in which homeless individuals often live do not have proper ventilation, are subject to overcrowding, and continuously shifting groups of people—all of which favor the spread of TB.[35]

The homeless population is particularly susceptible to certain diseases that can spread in unhygienic conditions when people sleep on the street. Typhus is a disease spread by rats that is often associated with cramped unhygienic conditions. Flea-borne typhus cases have been increasing across LA County. Recently, there were two outbreaks in metropolitan Los Angeles: one in the neighboring communities of Eagle Rock and Glassell Park and the other in the neighboring communities of Wholesale District and Boyle Heights.[36] *Bartonella quinate*, scabies, Hepatitis A (HAV), and Norovirus can result from inadequate care (or access) for personal hygiene. Typhus, HAV, and various skin and soft tissue infections (SSTI's) are possible results of inadequate access to proper resting places. Many risk factors, such as increased exposure to pathogens, weakened immune systems, and decreased healthcare access, increase the homeless population's susceptibility to infectious diseases. Many of these factors can be mitigated by access to the services available in stable housing.[37]

Various behavioral risks also place members of the LA homeless community at a higher risk for certain diseases. Once again, access to sustainable housing, with the addition of mental health services and counseling, can help halt or lessen these risky behaviors, helping stop the spread of these potentially deadly diseases. High-risk sexual activities, sometimes in exchange for money, shelter, or drugs, can result in various sexually transmitted infections (STI's) such as Syphilis, Gonorrhea, and HIV. Substance use is also a risk factor for certain blood-borne diseases, including Hepatitis A, B, and C, HIV, and Methicillin resistant *Staphylococcus aureus*, otherwise known as Staph Infection.

The Covid-19 pandemic increased the homeless population substantially. More than 60,000 people were experiencing homelessness in Los Angeles prior to the pandemic and climbed to more than 75,000 in 2023/2024. People continue to lose their jobs, and some of the Covid-19 government support was delayed, decreased, and/or failed to materialize. Between January 2020 and April 2023, there were 24,574 Covid cases among persons experiencing homelessness (PEH), with 380 Covid-19 related deaths. 4,008 PEH sought care at a hospital and 3,832 were admitted.[38]

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35 Division of Tuberculosis Elimination, "How TB Spreads," Centers for Disease Control and Prevention, March 11, 2016, accessed September 16, 2020, https://www.cdc.gov/tb/topic/basics/howtbspreads.htm)

36 Los Angeles County Department of Public Health. November 15, 2022. LAC DPH Health Advisory: Increases of Flea-Borne Typhus. http://publichealth.lacounty.gov/eprp/lahan/alerts/LAHANtyphus111622.pdf

37 C. Y. Liu, S. J. Chai, and J. P. Watt, "Communicable Disease among People Experiencing Homelessness in California," *Epidemiology and Infection* 148 (2020), accessed September 10, 2020, doi:10.1017/s0950268820000722)

38 Los Angeles County Department of Public Health. April 17, 2023. Summary Report on COVID-19 among People Experiencing Homelessness (PEH) in Los Angeles County. SummaryReport_People_Experiencing_Homelessness.pdf (lacounty.gov)

As the demand for shelter beds changes, the number of shelters (and other forms of housing) is increasing. The capacity of each shelter continues to be assessed to ensure that people can be safely housed.

Beginning April 2023, reduced household income due to pandemic-related job loss, illness or death were no longer grounds for deferring rent. Tenant advocates indicate that many renters are still grappling with the pandemic's aftermath as well as other economic factors. Without renter protections, they fear that L.A. County could see a further wave of evictions. [39] In addition, the recent Executive Order and other similar actions to remove homeless encampments may put additional pressure on the shelter system. While homelessness has recently plateaued the region continues to struggle to address the homelessness crisis because of the large number of people who need housing.

Substance Use and Mental Illness

Despite recent progress, substance use and mental illness remain two of the major health issues plaguing the Los Angeles County homeless community. Substance use disproportionately impacts the homeless and is, in many cases, their primary reason for homelessness. A survey by the United States Conference of Mayors found that 68% of cities reported that substance abuse was the single largest cause of homelessness for single adults.[40] Los Angeles County Supervisor Kathryn Barger released the following statement regarding the 2022 Greater Los Angeles Homeless Count results provided by the Los Angeles Homeless Service Authority (LAHSA): "LAHSA's homelessness tally and finding that 39% of people experiencing homelessness reported experiencing serious mental illness or substance abuse are both guesstimates, at best. I think both of these numbers are much bigger than what's being reported. The California Policy Lab at UCLA, for example, found that the percentage of people experiencing mental health illness and substance abuse addiction is closer to 50%."

Substance use can lead individuals to take part in risky behaviors that put them at risk for assault, contracting diseases, and premature death.[8] One study estimated one-third of homeless individuals in the United States name mental illness as the cause of homelessness.[41] Previous psychiatric hospitalizations can also be linked to unsanitary practices, with a recorded 28% of homeless individuals with a previous hospitalization reporting that they've eaten food from trashcans and a recorded 8% using food from the trash as a primary source of food.[42]

The cost of mental illness among the homeless is high, and as a result, a vicious cycle of hospital-to-street-to-jail-cell has been occurring in Los Angeles. In other words, patients are released from psychiatric hospitals with nowhere to go, therefore returning to the streets of Los Angeles.[43] Without maintained treatment, the mentally ill relapse, and sometimes end up receiving treatment in prison. In fact, the decreased availability of psychiatric beds has been correlated with an

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[39] Barajas, J. March 30, 2023. As Covid-19 Protections End, LA Renters and Landlords Brace for Possible Eviction Wave. LAist. https://laist.com/news/housing-homelessness/los-angeles-covid-19-protections-expire-renters-landlords-possible-eviction-wave

[40] National Coalition for the Homeless, 2020. *Substance Abuse and Homelessness*. [ebook] Washington, DC: National Coalition for the Homeless. Available at: <https://www.nationalhomeless.org/factsheets/addiction.pdf> [Accessed 16 September 2020].

[41] Julia Dickson-Gomez et al., "The Relationship between Housing Subsidies and Supportive Housing on Neighborhood Distress and Housing Satisfaction. Does Drug Use Make a Difference?" Substance Abuse Treatment, Prevention, and Policy 11

[42] C. Y. Liu, S. J. Chai, and J. P. Watt, "Communicable Disease among People Experiencing Homelessness in California," *Epidemiology and Infection* 148 (2020), accessed September 10, 2020, doi:10.1017/s0950268820000722)

[43] E. Fuller Tory, Dr., "Homeless Mentally Ill Facts and Figures," Mental Illness Policy Org, January 23, 2019, accessed September 16, 2020, https://mentalillnesspolicy.org/consequences/homeless-mentally-ill.html)

increased prevalence of crime and arrest rates. The cost of treating mental illness in prisons is not cost-effective. This results in a high financial cost to Los Angeles County and further burdens the mentally ill with unchecked illness.

How Homelessness Hurts Individuals

The United Nations recognized the right to "adequate housing" as a fundamental human right almost three decades ago.[44] When individuals lack a consistent and secure place to live and sleep, the effects on their health are detrimental and accumulative in nature. More than 80% of homeless people have at least one chronic medical issue, such as high blood pressure, heart disease, diabetes, and infectious diseases.[45] Over half of homeless individuals have a mental health condition such as schizophrenia, bipolar disorder, post-traumatic stress disorder, and others, and up to an estimated 60% have substance-use disorders. Without appropriate treatment and care, many of these individuals will succumb to their mental illness and addictions, leaving them vulnerable not only to a justice system that all too often criminalizes poverty, but also vulnerable to worsening mental states and early mortalities.[46]

Besides their health, PEH are constantly forced to worry about their environment and physical safety. In one study of homeless individuals, 32% of women, 27% of men, and 38% of transgender individuals reported physical or sexual assault in the previous year.[47] Among homeless women with mental illness, the lifetime risk of violent victimization is 97%.[48]

These constant comorbid burdens, stressors, and barriers to assistance shorten the lifespan of homeless individuals. Studies have shown that the average lifespan of unhoused people can be cut short by as much as 36 years, and the mortality rate can be four to nine times higher than the housed general population.[49,50] Further, a ten-year study in Boston found that homeless individuals sleeping unsheltered have a ten-fold increased mortality rate compared to the general Massachusetts population.[51]

How Homelessness Hurts Communities

Rising numbers of chronically homeless individuals affect our communities in a variety of ways, especially impacting publicly funded services. Homeless individuals use emergency rooms three

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44 Office of the United Nations High Commissioner for Human Rights, 2020. *The Right to Adequate Housing*. [online] Geneva: United Nations. Available at: <https://www.ohchr.org/Documents/Publications/FS21_rev_1_Housing_en.pdf>

45 Valvassori P, Sar EM, Chipon-Scheopp N, Messer K. Chronic Disease Management in the Homeless. National Health Care Council for the Homeless website. http://www.nhchc.org/wp-content/uploads/2014/06/chronic-disease-combo-hch-conf-es.pdf . 2014. Accessed September 2020

46 National Coalition for the Homeless, 2020. *Substance Abuse and Homelessness*. [ebook] Washington, DC: National Coalition for the Homeless. Available at: <https://www.nationalhomeless.org/factsheets/addiction.pdf> [Accessed 16 September 2020].

47 National Sexual Violence Resource Center, 2020. *Housing, Homelessness, And Sexual Violence Statistics*. [PDF] National Sexual Violence Resource Center. Available at: <https://www.nsvrc.org/sites/default/files/NSAC11_Handouts/NSAC11_Handout_With_Statistics.pdf> [Accessed 16 September 2020].

48 End Sexual Violence. 2020. *Connecticut Alliance To End Sexual Violence*. [online] Available at: <https://endsexualviolencect.org> [Accessed 16 September 2020]

49 "Premature Mortality," Nhchc.org, October 2011, |PAGE|, accessed September 16, 2020, http://www.nhchc.org/wp-content/uploads/2011/10/Premature-Mortality.pdf)

50 Cdc.gov. 2020. *Life Stages & Populations | Features | CDC*. [online] Available at: <https://www.cdc.gov/features/lifestages.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Ffeatures%2Fhomelessness%2Findex.html> [Accessed 16 September 2020].

51 Roncarati, J., Baggett, T., O'Connell, J., Hwang, S., Cook, E., Krieger, N. and Sorensen, G., 2018. Mortality Among Unsheltered Homeless Adults in Boston, Massachusetts, 2000-2009. *JAMA Internal Medicine*, 178(9), p.1242.

times more and are hospitalized five times more than housed individuals. 80% of these visits are for an illness that could have been treated with regular primary care for far cheaper.[52,53, 54] Meanwhile, these frequent visits tie up and overwhelm local 911, Police, Fire, and EMS systems. Once hospitalized, often in County safety-net hospitals, the care rendered will go unreimbursed if the individual lacks health insurance, adding to the financial strain on already stretched safety-net systems. The economic impact on community property values, lost workforce productivity, and the increased burden on local jails—which must provide health services without the benefit of leveraging federal funds available when such services are provided in the community, cause the costs to continue to multiply.

Recent Progress

While the challenges are considerable, our efforts within health services have led to some early successes. Studies nationally and locally, including a 2017 RAND Corporation study which looked at the Department of Health Services' Housing for Health division, have shown that homeless individuals within Los Angeles who frequently utilize acute care services require fewer services once housed.[55] Essentially, housing helps stabilize an individual's social environment and reduces daily stressors. This allows for more regular and appropriate engagement in life-sustaining choices such as visiting a primary care physician or mental health provider. In addition, our interim housing continuum under the Department of Health Services' Housing for Health division has provided a stable, clinically enriched environment where PEH with chronic disease can safely access the care and environment necessary to manage their health conditions.

However, Los Angeles lacks sufficient facilities which allow clinically complex individuals to come off the streets into interim housing and seek care when they are ready. Although some facilities are open extended hours, and even 24 hours a day, they often lack the clinical services necessary to help support a client's initial intensive needs. Facilities that do have the clinical capability to serve complex clients, keep normal business hours or have other restrictions that limit their accessibility. For example, clinics with bans on pets, a lack of secure storage space, prohibition of tent or car habitation, and an absence of gender-mixed housing—allowing partners to stay together—hinder individuals from using clinic services.

Several dedicated funding sources have been approved in the last few years at the state and local levels to address the homeless crisis:

- Almost $2 billion in funding by California's Homeless Housing, Assistance and Prevention (HHAP) Grant Program, spread over four rounds
- $1.2 billion local (City of Los Angeles) bond measure (Measure HHH) approved in November 2016, generated over ten years.
- County-wide Measure H, approved in March 2017, provides a 0.25 percent sales tax, generating $355 million annually for ten years to fund homeless services and prevention.

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52 HEALTHCARE COST AND UTILIZATION PROJECT, 2020. *Characteristics Of Homeless Individuals Using Emergency Department Services In 2014*. [online] Rockville, MD: Agency for Healthcare Research and Quality. Available at: <https://www.hcup-us.ahrq.gov/reports/statbriefs/sb229-Homeless-ED-Visits-2014.pdf> [Accessed 16 September 2020].

53 2020. *Housing and The Role of Hospitals*. [ebook] American Hospital Association. Available at: www.hpoe.org/Reports-HPOE/2017/housing-role-of-hospitals.pdf [Accessed 16 September 2020].

54 Greendoors.org. 2020. *The Costs of Homelessness | Green Doors*. [online] Available at: <https://www.greendoors.org/facts/cost.php> [Accessed 16 September 2020].

55 Hunter, Sarah B., Melody Harvey, Brian Briscombe, and Matthew Cefalu, *Evaluation of Housing for Health Permanent Supportive Housing Program*. Santa Monica, CA: RAND Corporation, 2017. https://www.rand.org/pubs/research_reports/RR1694.html

The Los Angeles County budget for the 2023-2024 fiscal year (FY) increased to $43 billion. On February 7, 2023 (four weeks after declaring a local emergency on homelessness), the Board of Supervisors unanimously approved a $609.7 million budget for the Los Angeles County Homeless Initiative for fiscal year 2023-24, the largest investment in any given year to date to prevent and address homelessness. This budget will help fund a heightened focus on three key missions for the County in collaboration with cities and other local partners:

- Reducing encampments to bring unsheltered people indoors
- Increasing interim and permanent housing placements
- Ramping up mental health and substance use disorder services for people experiencing homelessness

In addition to the $609.7 million budget funded by 2023-24 Measure H and state Homeless Housing, Assistance and Prevention (HHAP) grants, the Board simultaneously approved an additional $76.9 million to expand housing and services that the County provides in collaboration with local cities, as well as for innovative new programs. The FY 2023-24 Homeless Initiative Funding Recommendations approved by the Board do not encompass all the County's investments to address and prevent homelessness but represents a significant portion.

Ensuring that current funding is being spent on programming with an evidence-based, researched, impact on decreasing the prevalence of homelessness is a paramount concern for Los Angeles County as a whole.

Most of the PEH that the homeless system helps house, stay housed. Eighty-eight percent of the people placed in permanent housing through the Los Angeles Homeless Services Authority (LAHSA) system in 2018 have not returned to homelessness, with similar results in 2021.[56] In FY 2021-2022, the rehousing system helped 15,733 people move into permanent housing.[35] And many more people occupied interim housing in FY 2021-2022: 29,180 people experiencing homelessness in LA County were sheltered, up from 26,750 the previous year, an 8% increase.[35] To reduce the risk of Covid-19 spread, providers and the county reduced the total bed capacity of the "A Bridge Home" program.

A summary of total changes in shelter units and beds (including emergency shelters, transitional housing and safe haven) and permanent housing sites and beds (including PSH, other permanent housing and rapid re-housing) between 2019 and 2024 is shown in **Table 3** below[57]. Between 2019 and 2024 the total number of units (shelters and permanent housing) increased by about 56% and the number of beds increased by about 43%. The number of shelter beds alone increased by 11,025 or just over 70%.

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[56] Los Angeles County Chief Executive Office, Homeless Initiative. September 2023. *Los Angeles County Homeless Initiative Impact Dashboard.* https://homeless.lacounty.gov/impact-dashboard/

[57] Los Angeles Homeless Services Authority, Housing Inventory Counts: https://www.lahsa.org/documents?q=Housing%20count&doctype=&scope=&progtype=&projtype=&sort=Trending

Table 3: 2019 - 2024 Housing Inventory Count, Los Angeles County Continuum of Care

	2019		2020		2021		2022		2023		2024		2019 - 2024	
	Units	Beds	Units	Beds	Units	Beds	Units	Beds	Units	Beds	Units	Beds	Units	Beds
Shelters	10,528	15,617	12,344	19,159	17,740	24,516	18,462	25,263	19,439	24,898	20,887	26,642	10,359	11,025
PSH	21,221	28,887	23,106	30,806	25,658	33,592	30,781	35,537	27,031	34,214	28,590	36,744	7,369	7,857
Total	31,749	44,504	35,450	49,965	43,998	58,108	49,243	60,800	46,470	59,112	49,477	63,716	17,728	19,212

However, even with the gains in shelter beds and permanent housing slots, the number of PEH in Los Angeles County continues to be substantially greater than the number of beds available.

How Shelter and PSH Projects Address the Emergency

Given the severity of the homelessness emergency, the most immediate intervention necessary for the safety of homeless Angelenos, as well as Angelenos facing housing insecurity, is access to shelter. Not only will access to a shelter allow the homeless a chance to rejoin the general population but shelter also removes common risk factors. Shelters provide individuals with the resources necessary to maintain hygiene, helping to stop the spread of certain communicable diseases. Shelters often provide access to resources aimed at finding affordable housing options. Which may allow residents to find more permanent housing, thereby continuously freeing up space for new residents.

Today's shelters are generally free of the restrictions that so commonly stop the homeless from using interim housing services. Shelters are generally staffed around the clock by workers, many of whom have previously been homeless. Shelters generally provide meals, sleep areas, bathrooms with showers, transportation to appointments, counseling, and numerous other services and activities. Shelters immediately beneficially impact homelessness in the surrounding areas.

Some shelter projects provide substance use disorder treatment, including the use of Medication-Assisted Treatment (MAT) and the opioid reversal agent naloxone. Access to these services continues to be expanded. Services are not always co-located with housing, forcing individuals to choose between searching for housing and consistent treatment. Shelters that provide on-site substance use disorder treatment and counseling help prevent opioid overdoses and decrease deaths. These risks have a high probability of imminently occurring without the provision of shelters and services.

To meaningfully and sustainably intervene in public health crises negatively affecting the Los Angeles homeless population, new shelters that are open 24/7, with low entry barriers, continue to be urgently required. The County continues to pursue the construction of shelter facilities to provide service essential to public health, safety, and welfare to mitigate the emergency conditions outlined above.

Access to shelter and services is immediately necessary to minimize the spread of infectious diseases, thereby increasing the lifespan of residents, as well as increasing quality of life. Access to safe, sustainable shelter is a proven method for reducing the morbidities and mortalities associated with homelessness and is generally a more cost-effective form of intervention than seeking to treat the health issues caused by unchecked homelessness.

Shelters are not a long-term solution for PEH. Supportive housing projects provide for PEH to move from the shelter system into a more long-term solution that allows them to start to build or rebuild their lives. Moving people from shelters to supportive housing allows the shelters to function properly as short-term solutions. Supportive housing is needed as urgently as shelters in order to provide people with hope and a realistic means to reenter/contribute to society.

Summary

According to the 2023 Greater Los Angeles Homeless Count, the County of Los Angeles had at the time of the count (January 2023) approximately 75,518 people experiencing homelessness countywide (a 9% increase from the previous year), including approximately 46,260 in the City of Los Angeles (a 10% increase from the previous year). While 2024 shows slight reductions in people experiencing homelessness in the County and City, the emergency remains.

It was previously estimated that if the inflow into homelessness stops, our existing rehousing system if fully deployed, could end homelessness in Los Angeles County in three to four years.[58] During the crisis, Los Angeles County has been housing the homeless population at record numbers.[59] Nonetheless, the number of PEH continues to far exceed the number of available beds. Each Interim Shelter and supportive housing project for the foreseeable future is urgently needed to provide shelter to the many homeless people located in Los Angeles County. This homeless population, especially those who are unsheltered, lives in precarious, extreme and dangerous conditions that expose them to the elements as well as other health and safety issues. Immediate action is needed to address this ongoing emergency condition that affects over 75,000 people in Los Angeles County.

HEIDI L. BEHFOROUZ, M.D. Physician leader, consultant, and clinician, has focused her career on the health issues of vulnerable populations. She is currently Medical Director of Housing for Health at Los Angeles County Department of Health Services (LAC DHS) - the second largest safety net organization in United States. Here, she oversees the county's clinical initiatives to improve the health and wellbeing of the largest homeless population in the United States. In LA County, she also served as the Medical Director for the Care Connection Program, a primary care clinic-anchored complex care management program that connects community health workers to care management teams within the medical home. She is a board-certified internist who practices primary care at the STAR clinic in Skid Row, Los Angeles.

She is Founder and past Executive Director of Partners In Health's Prevention and Access to Care and Treatment (PACT) project in Boston, Massachusetts which employed community health workers (CHWs) to advocate for the health and wellbeing of inner city residents infected with or at risk for HIV and other chronic diseases. In the PACT model, CHWs provided home- based health promotion and harm reduction services and complemented the efforts of primary care providers to improve health literacy, medication adherence, self-management behaviors, and health care utilization patterns in the highest risk subset of patients with chronic disease. After

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[58] Los Angeles County Chief of Executive Office. January 23, 2023. Report Back on Proclamation of a Local Emergency for Homelessness in the County of Los Angeles. https://file.lacounty.gov/SDSInter/bos/supdocs/177569.pdf

[59] We have designed the crises: LA Homeless Services Director Resigns Isai Rocha April 25, 2022 'We Have Designed the Crisis:' L.A. Homeless Services Director Resigns (laweekly.com)

one year, 70% of HIV/AIDS patients enrolled in PACT achieved clinically significant improvements in health status with a net 16% reduction in total Medicaid expenditures after two years of enrollment. This program was cited by AHRQ and HRSA as a best-practice complex care management intervention and has since been adapted for the care of patients with other chronic diseases (diabetes, mental illness, pulmonary disease) and psychosocial complexity. This model has also been successfully replicated in other settings, including New York City, California's Inland Empire, Miami, and Navajo nation. Dr. Behforouz continues to provide consultation in complex care management to accountable care organizations, managed care organizations, health departments, and community-based organizations around the country.

Dr. Behforouz is committed to the transformation of primary care to better serve the needs of the most vulnerable patients in our communities and has been privileged to champion the role of community health workers in effecting lasting change in our health care delivery system and health of our communities.