



Board of Supervisors Homelessness & Housing Cluster Agenda Review Meeting

DATE: March 26, 2026

TIME: 2:00PM – 4:00PM

MEETING CHAIR: Daniella Urbina, First District

MEETING FACILITATORS: Jeannette Ban West and Jillian Sadler, Department of Homeless Services and Housing

THIS MEETING IS HELD UNDER THE GUIDELINES OF BOARD POLICY 3.055.

To participate in the meeting in-person, the meeting location is:
Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012
Room 374-A

To participate in the meeting virtually, please call teleconference number (323) 776-6996 and enter 256 033 702# or [click here to join the meeting](#).

For Spanish Interpretation, the public should send emails 48 hours in advance of the meeting to: ClusterAccommodationRequest@bos.lacounty.gov

Members of the public may address the Homelessness & Housing Cluster on any agenda item during general public comment. The meeting chair will determine the amount of time allowed for each item.

This teleconference will be muted for all callers. Please dial *6 to unmute your phone when it is your time to speak.

I. Call to Order: 2:00-2:05pm

II. Board Motion(s): 2:05-2:30pm

a. Declaring Housing Insecurity in Los Angeles County a Public Health Crisis

Presenter: Isela Gracian, Second District

i. Resolution of the Board of Supervisors of the County of Los Angeles Proclaiming Housing Insecurity as a Public Health Crisis

b. Developing a Local Preference Policy for Housing Development in Unincorporated Los Angeles County

Presenter: Isela Gracian, Second District

III. Board Letter(s):

- a. None.

IV. Presentation/Discussion Item(s): 2:30-3:55pm

- a. Mapping the Future: A Shared Roadmap for an Equitable and Responsive HSH (2:30-2:55pm)

Presenters:

- Elena Fiallo, Co-Managing Director, Change Well Project
- Rebecca Watson, Co-Managing Director, Change Well Project
- Leepi Shimkhada, Chief Program Officer, Los Angeles County Department of Homeless Services and Housing
- Molly Rysman, Director, System Coordination & Engagement, Los Angeles County Department of Homeless Services and Housing

- b. LA County Department of Homeless Services & Housing Strategic Goals & Priorities (2:55-3:25pm)

Presenters:

- Leepi Shimkhada, Chief Program Officer, Los Angeles County Department of Homeless Services and Housing
- Michael Eugene, Chief Operating Officer, Los Angeles County Department of Homeless Services and Housing
- Carter Hewgley, Senior Manager, Strategy & Partnerships, Los Angeles County Department of Homeless Services and Housing

- c. Lives Lost: Mortality Trends and Prevention Opportunities for People Experiencing Homelessness in LA County, 2015-2024 (3:25-3:55pm)

Presenter:

- Dr. Will Nicholas, Director, Center for Health Impact Evaluation, Los Angeles County Department of Public Health

V. Informational Item(s) (any Informational Item is subject to discussion and/or presentation at the request of two or more Board offices):

- a. None.

VI. Consent Item(s)

- a. None.

VII. Closed Session

- a. None.

VIII. Future Agenda Items: (3:55pm-End)

IX. Public Comment: (3:55pm-End)

X. Adjournment

If you would like to email a comment for an item on the Homelessness & Housing Cluster agenda, please use the following email address and include the agenda number you are commenting on:

homelessness_and_housing_comment@hsh.lacounty.gov

MOTION BY SUPERVISOR HOLLY J. MITCHELL

April 14, 2026

Declaring Housing Insecurity in Los Angeles County a Public Health Crisis

Los Angeles County (County) is home to more than ten million residents across over three million households, with fifty-three percent of those households living in rental housing. Every resident deserves safe, healthy, and affordable housing, which is essential to physical, mental, and social well-being. Studies¹ have shown that housing insecurity is a significant public-health determinant that contributes to chronic disease, toxic stress, exposure to violence, respiratory illness, behavioral health crises, negative birth outcomes, preventable emergency medical use, and premature mortality.

The following resolution declares housing insecurity a public health crisis and affirms that all County departments must treat housing stability as fundamental to the health, safety, and prosperity of County residents. It directs departments to coordinate cross-sector action plans to address housing preservation, expand housing stability, and address the health consequences of housing insecurity. As part of this coordination, the resolution directs the Department of Homeless Services and Housing to host an intradepartmental housing summit at least every two (2) years for collective data review, analysis, and strategy planning, aligning the timing with the annual Los Angeles County Housing Outcomes Report. This is an important step to ensure County departments

¹ <https://pmc.ncbi.nlm.nih.gov/articles/PMC10728029/>

- MORE -

MOTION

MITCHELL _____

HORVATH _____

HAHN _____

BARGER _____

SOLIS _____

continue to collaborate on strategies and align on data that support the health and housing of all Angelenos.

I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS:

1. Adopt the attached resolution declaring housing insecurity a public health crisis.
2. Direct the Directors of the Departments of Homeless Services and Housing (HSH), Public Health, Health Services, Mental Health, and Consumer and Business Affairs, the Acting Chief Executive Officer, and other relevant department heads, along with the Executive Director of the Los Angeles County Development Authority, to coordinate cross-sector action plans to prevent housing loss, expand housing stability interventions, and address the health consequences of housing insecurity.
3. Direct the Director of HSH to convene an intradepartmental housing summit at least every two (2) years for collective data review, analysis, and strategy planning, aligning the timing with the annual Los Angeles County Housing Outcomes Report.

#

(IG/PL)

**RESOLUTION OF THE BOARD OF SUPERVISORS OF THE COUNTY OF LOS ANGELES
PROCLAIMING HOUSING INSECURITY AS A PUBLIC HEALTH CRISIS**

WHEREAS, Los Angeles County is home to over ten million residents, and stable, safe, and affordable housing is essential to the physical, mental, and social well-being of every individual; and

WHEREAS, housing insecurity — including rent burden, overcrowding, substandard housing, displacement, eviction risk, frequent moves, and homelessness — has reached crisis levels, disproportionately impacting low-income residents, working families, older adults, people with disabilities, immigrants, women-led households, and Black, Indigenous, and other people of color; and

WHEREAS, in 2025, of the Los Angeles County households that are extremely low-income, 79% of them were paying more than half their income on housing costs.

WHEREAS, the 2025 Greater Los Angeles Homeless Count shows that over 72,000 residents are unhoused on any given night, while hundreds of thousands more are one missed paycheck, illness, or rent increase away from losing housing; and

WHEREAS, decades of inadequate housing production, income inequality, rising rents, a shortage of deeply affordable units, and structural inequities have made housing insecurity a widespread and chronic condition in Los Angeles County; and

WHEREAS, housing insecurity is a recognized social determinant of health that contributes to chronic disease, toxic stress, exposure to violence, respiratory illness, behavioral health crises, negative birth outcomes, preventable emergency medical use, and premature mortality; and

WHEREAS, the Los Angeles County Department of Public Health, Department of Health Services, and Department of Mental Health consistently identify housing instability as a major cause of avoidable illness, crisis episodes, and health disparities; and

WHEREAS, Los Angeles County has pioneered nationally recognized health-and-housing programs — including Housing for Health, recuperative care, sustained street-based medicine, and behavioral health housing — demonstrating that access to stable housing is among the most effective health interventions; and

WHEREAS, the lack of stable housing undermines community safety, family stability, educational attainment, economic mobility, and the County's ability to advance racial equity and health equity; and

WHEREAS, addressing homelessness alone is insufficient without upstream efforts to stabilize households facing rent burden, displacement, eviction, habitability issues, and economic shocks; and

MOTION BY SUPERVISOR HOLLY J. MITCHELL

April 14, 2026

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WHEREAS, proclaiming housing insecurity as a public health crisis will expand the County's ability to align health, housing, planning, legal, economic, and community-based strategies, mobilize cross-sector partnerships, and elevate prevention as a core component of the regional response; and

WHEREAS, Los Angeles County is committed to ensuring that all residents — regardless of income, background, age, or circumstance — have access to safe, healthy, and stable homes as a foundation for well-being and dignity; and

NOW, THEREFORE, BE IT RESOLVED that the Board of Supervisors of the County of Los Angeles hereby declares housing insecurity a public health crisis and affirms that all County departments shall treat housing stability as fundamental to the health, safety, and prosperity of the County's residents;

BE IT FURTHER RESOLVED that the Board of Supervisors of the County of Los Angeles directs the Directors of the Departments of Homeless Services and Housing, Public Health, Health Services, Mental Health, and Consumer and Business Affairs, the Chief Executive Officer, and relevant department heads, along with the Executive Director of the Los Angeles County Development Authority, to coordinate a cross-sector action plan to prevent housing loss, expand housing stability interventions, and address the health consequences of housing insecurity; and to explore the use of existing delegated authorities to rapidly advance and coordinate cross-sector action plans addressing housing insecurity as a public health crisis.

BE IT FURTHER RESOLVED that Los Angeles County commits to advancing evidence-based, equity-centered, and community-informed strategies to ensure that every resident has the opportunity to thrive in safe, stable, and affordable housing.

BE IT FURTHER RESOLVED that the Director of the Department of Homeless Services and Housing will host an intradepartmental housing summit at least every 2 years for collective data review, analysis, and strategy planning, aligning the timing with the annual Los Angeles County Housing Outcomes report.

MOTION BY SUPERVISOR HOLLY J. MITCHELL

April 14, 2026

Developing a Local Preference Policy for Housing Development in Unincorporated Los Angeles County

Los Angeles County (County) continues to face one of the most severe housing affordability crises in the nation, which disproportionately impacts low-income renters and residents of unincorporated communities. The County invests substantial public resources to develop and preserve housing for low-income residents and people experiencing homelessness. These resources are administered by several County departments and agencies, including the Department of Homeless Services and Housing and the Los Angeles County Development Authority. Together, these two entities administer the largest share of public resources dedicated to housing and homelessness programs in the County.

As housing costs continue to rise, residents of unincorporated communities face increasing displacement pressures and limited access to newly constructed affordable housing developments in their neighborhoods. On January 10, 2023, the County declared a local emergency on homelessness and over the course of that year, adopted four strategic missions focused on encampment resolution, housing, mental health and substance use disorder services, and tenant prevention, while continuing to prioritize strategies that increase affordable housing supply and expand access to market-rate housing through rental subsidy programs. At the same time, the County can and should

- MORE -

MOTION

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HORVATH	_____
HAHN	_____
BARGER	_____
SOLIS	_____

develop policies that prevent displacement in unincorporated communities and increase access for residents to housing opportunities in their communities.

Over the past several years, the County has financed thousands of affordable housing units through County funding programs, including developments located in unincorporated communities. Yet residents of unincorporated communities such as East Los Angeles, Florence-Firestone, Willowbrook, West Rancho Dominguez, Lennox, and Athens, face increasing displacement pressures due to rising rents, limited housing supply, and historic patterns of disinvestment. In unincorporated areas, more than 83,000 renter households – approximately 59 percent of all renter households — are cost-burdened, spending more than 30 percent of their income on housing. Countywide, more than 500,000 renter households are severely rent burdened, spending more than half of their income on housing.

Many jurisdictions in California have adopted local preference policies that prioritize access to publicly funded housing developments for residents with demonstrated ties to the surrounding community. Under federal housing regulations administered by the U.S. Department of Housing and Urban Development, jurisdictions may establish limited local preference systems under certain housing programs, provided these policies comply with the Fair Housing Act, applicable civil rights requirements, and do not create discriminatory intent or effect. California law likewise allows such policies when they are implemented consistent with applicable fair housing laws, including the obligation to affirmatively further fair housing.

The former Community Redevelopment Agency of the City of Los Angeles historically implemented neighborhood-based housing preferences to ensure residents impacted by redevelopment activities could remain in or return to their communities. Several California jurisdictions including San Francisco, San Diego, and Oakland, have adopted similar policies, which incorporate local residency or displacement-based preferences in housing programs. Housing authorities across the country, including those within the County, apply local preference criteria in the administration of their respective programs, prioritizing, for example, residents who live or work locally, veterans, seniors, people with disabilities, or participants in certain targeted programs.

To explore policy options that could help stabilize unincorporated communities while maintaining compliance with applicable laws, the County should evaluate potential frameworks for implementing a local preference policy applicable to any housing developments that receive County funding or assistance.

I THEREFORE MOVE THAT THE BOARD OF SUPERVISORS ACTING AS THE BOARD OF COMMISSIONERS FOR THE LOS ANGELES COUNTY DEVELOPMENT AUTHORITY:

1. Direct the Director of the Homeless Services and Housing (HSH) Department, or designee, in collaboration with the Executive Director of the Los Angeles County Development Authority (LACDA), the Director of the Department of Regional Planning (DRP), and any other relevant department heads administering housing programs, in consultation with County Counsel, to report back to the Board in writing in 120 days with recommendations regarding the establishment of a local preference policy for housing developments receiving financial assistance from the County of Los Angeles (County) and located within unincorporated areas of the County. The report should include but not be limited to:
 - a. Examples of local preference policies adopted by other jurisdictions in California and nationally.
 - b. An analysis of past local preference policies adopted by redevelopment agencies, including the former Community Redevelopment Agency of the City of Los Angeles.
 - c. Potential eligibility criteria for a County local preference policy, including residency, employment, displacement risk, or other community-based factors.
 - d. Recommendations for how such a policy could be applied to County-funded housing programs, including Notice of Funding Availability processes.
 - e. Administrative and monitoring considerations for implementing such a policy.

- f. Potential impacts on project financing, including implications for Low-Income Housing Tax Credit developments.
 - g. Policy options and recommended implementation approaches.
2. Direct the Directors of HSH, DRP, and other relevant department heads administering housing programs, along with the Executive Director of LACDA, to engage stakeholders, including affordable housing developers, fair housing organizations, and community-based organizations serving residents of unincorporated communities, in the development of the policy options and recommendations.

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(IG)

**Motion and Resolution:
Declaring Housing Insecurity
in Los Angeles County a Public
Health Crisis**

&

**Motion: Developing a Local
Preference Policy for Housing
Development in
Unincorporated Los Angeles
County**

Homelessness and Housing Cluster:

March 26, 2026

Motions by:

HOLLY J. MITCHELL
LOS ANGELES COUNTY SUPERVISOR 2ND DISTRICT



Department of Homeless Services and Housing (HSH) - Purpose

Title 2 – Administration of the Los Angeles County Code, Chapter 2.120

2.120.020 Purpose of Department

- A. Designing and executing innovative programs and services to reduce the number of individuals who are experiencing or at risk of homelessness;
- B. Implementing programs to create a variety of options to preserve existing affordable housing and increase the availability of affordable housing;**
- C. Coordinating with other County departments and community partners to serve people experiencing or at risk of homelessness and to optimize all available resources for homeless services and housing; and**
- D. Continuously evaluating the County's existing homeless and affordable housing programs to determine their efficacy and to identify opportunities for further enhancement and integration of such programs across the County.

**Motion and Resolution:
Declaring Housing Insecurity
in Los Angeles County a Public
Health Crisis**



Housing Insecurity

- **Basic Definition: Housing insecurity is the lack of stable occupancy of a decent, safe, and affordable housing unit (HUD).**
- Some contributing factors to housing instability: high cost of rent, lack of affordable vacancies, housing quality and habitability, location of housing to basic amenities (ex: schools, work, parks, medical facilities).
- Some health impacts from housing insecurity: chronic disease, toxic stress, respiratory illness, behavioral health crises, and others.
- This motion and resolution focuses on tenants and rental housing versus ownership, though recognizing that in Los Angeles County we also have asset rich income poor homeowners at risk of losing their home.

Housing Insecurity is a Public Health Crisis

- Los Angeles County has over **7x times** more people who are severely rent burdened than the people experiencing homelessness.
- 2025 Los Angeles County Annual Affordable Housing Outcomes Report:
 - 2024 Point in Time (PIT) Count – 75,000 people experiencing homelessness (**2025 PIT: 72,195*)
 - **580,211 Los Angeles County renters are severely cost burdened** as defined by spending more than 50% of household income on housing costs.
 - 66% (384,881) of renters who are severely cost burdened are either deeply low-income or extremely low-income.

Housing Insecurity is a Public Health Crisis (Cont.)

The Los Angeles County Department of Public Health identifies housing affordability and instability as key drivers of inequitable health outcomes, inclusive of overcrowding being associated with:

- Increased respiratory infections and communicable disease transmission
- Worsened asthma outcomes
- Poorer child development indicators

Directives (1-3)

1. Adopt the attached resolution declaring housing insecurity a public health crisis.
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3. Direct the Director of HSH to convene an intradepartmental housing summit at least every two (2) years for collective data review, analysis, and strategy planning, aligning the timing with the annual Los Angeles County Housing Outcomes Report.

If adopted:

Resolution Does

- ✓ Acknowledges that housing insecurity impacts health outcomes
- ✓ HSH as the convener for all departments with housing programs to engage in data review and analysis to update respective strategies/programs for alignment

Resolution does not:

- Set a new emergency order
- Extend to current emergency orders
- Re-organize or re-structure departments
- Pull or re-align resources

Initial Feedback – coming changes

- Supervisor Solis as co-author
- The term intradepartmental is not clear and excludes LACDA
- Define housing insecurity, consider aligning with LACAHSAs definition
- Specify timeline for initial housing summit
- Clarify and/or expand what is expected out of the housing summit

**Motion: Developing a Local
Preference Policy for Housing
Development in
Unincorporated Los Angeles
County**



Local Preference Policy

- **Basic Definition: A local preference policy prioritizes residents within a specific geographic focus for housing.**
- LA County conditions for increased housing:
 - Measure A is increasing investment for housing production, preservation, and rental subsidy programs.
 - Proposition 1 provides resources for housing for people with serious mental health conditions and substance use disorders.
 - County has adopted policies to streamline review and approval of housing development.
 - State is increasing and strengthening housing development mandates particularly around transit hubs.
- LA County Regional Housing Needs Allocation (RHNA) – not proportionally distributed across the County, increasing investment pressures in some communities.
 - Example: Metro Area Plan rezoned for 17,755 units compared to South Bay Area Plan's 5,361 units.

Directives (1-2)

1. Direct the Director of the Homeless Services and Housing (HSH) Department, or designee, in collaboration with the Executive Director of the Los Angeles County Development Authority (LACDA), the Director of the Department of Regional Planning (DRP), and any other relevant department heads administering housing programs, in consultation with County Counsel, **to report back to the Board in writing in 120 days with recommendations regarding the establishment of a local preference policy for housing developments receiving financial assistance from the County of Los Angeles (County) and located within unincorporated areas of the County.** The report should include but not be limited to:
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 - f. Potential impacts on project financing, including implications for Low-Income Housing Tax Credit developments.
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Directives (1-2) cont.

2. Direct the Directors of HSH, DRP, and other relevant department heads administering housing programs, along with the Executive Director of LACDA, to engage stakeholders, including affordable housing developers, fair housing organizations, and community-based organizations serving residents of unincorporated communities, in the development of the policy options and recommendations.

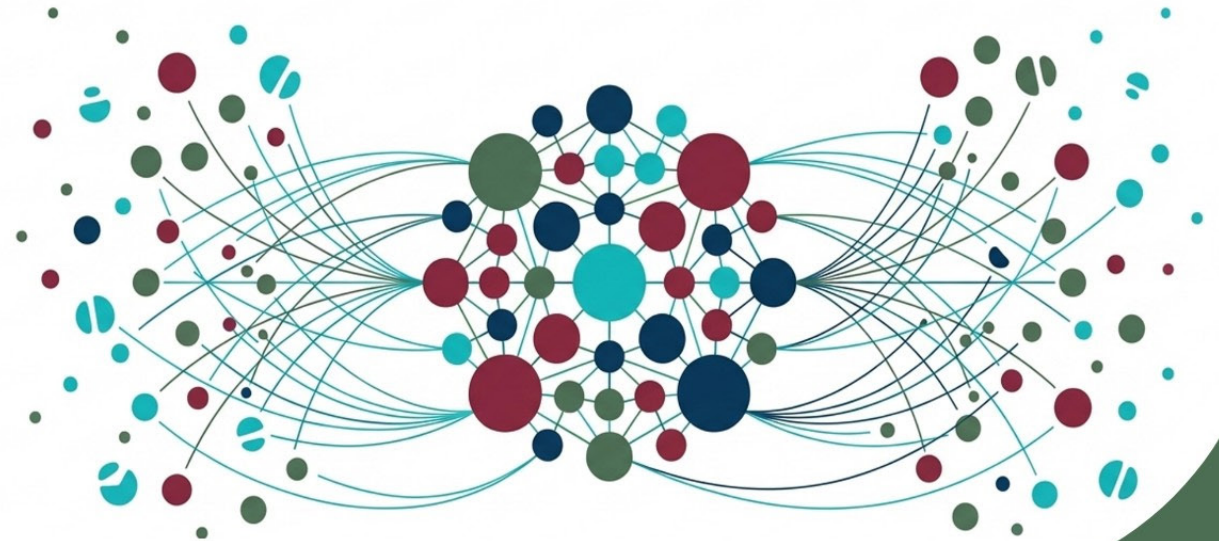
Initial Feedback – coming changes

- Supervisor Solis as co-author
- Clarify "housing development" and "housing subsidy"
- Consider expanding and clarifying key departments with housing programs
- Consider collaboration with LACAHS
- Consider impact to lease up timelines

Discussion

Mapping the Future

A Shared Roadmap for an Equitable
and Responsive HSH



SUMMARY

This six-month countywide co-design effort was intentionally crafted to architect the structural foundation of the new Department of Homeless Services and Housing (HSH), enabling it to evolve the current rehousing system into one that is truly interconnected, human-centered, and equitable.

Discovery
Phase &
Community
Engagement

2-Day
Community
Workshops

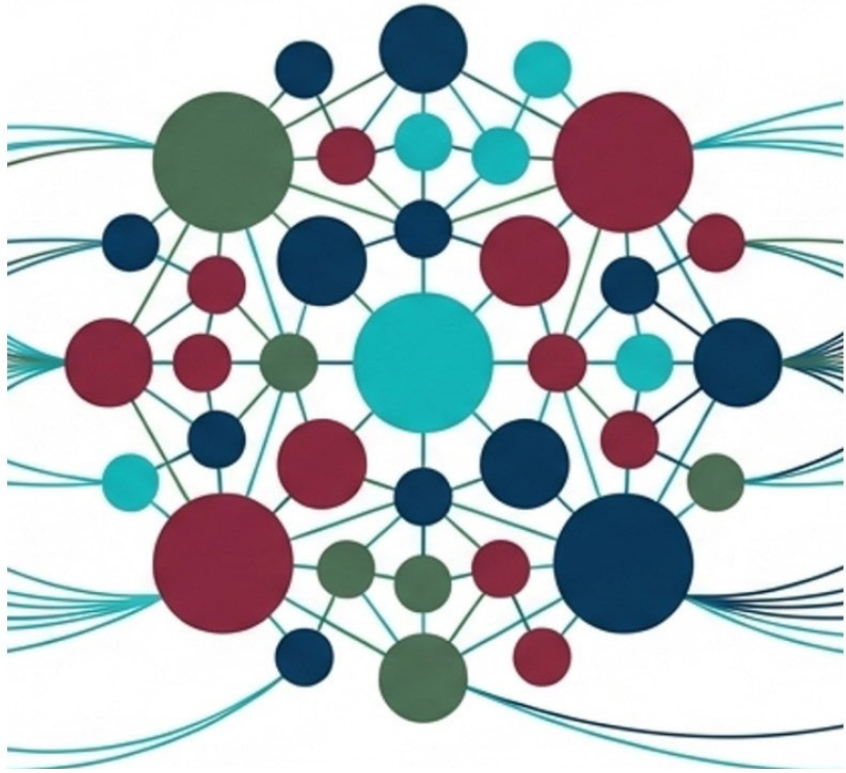
Virtual
Community
Report Backs

Cross-SPA
Synthesis
Workshop

Countywide
Community
Engagement
Report Back

Summary
Report &
LA County
Ongoing
Report Back

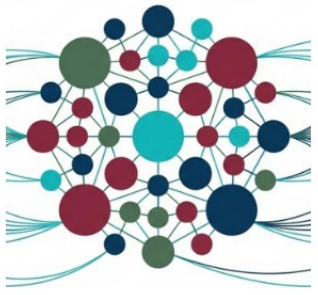




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The ideas for change have already been conceived of...all we needed was someone to ask the questions.”



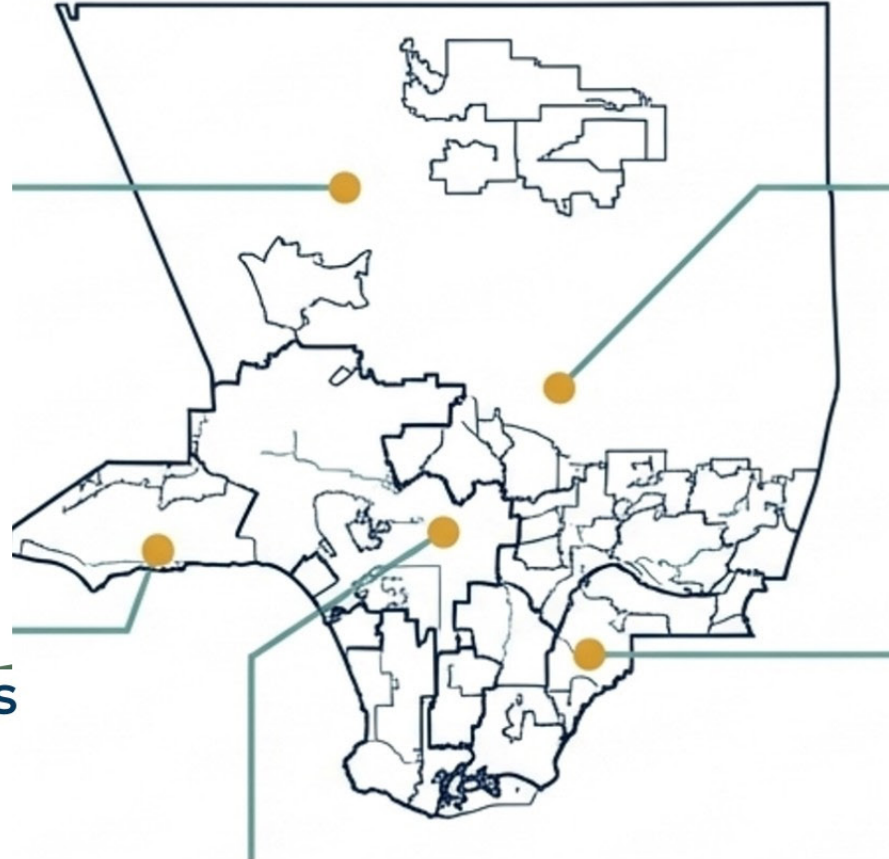


HSH COMMUNITY ENGAGEMENT

6 Months
Of Deep Discovery &
Alignment

428
Workshop Designers

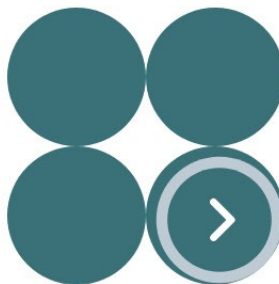
8 SPAs



4,000+
participants*

90+ Events

*This is not a unique count of people as some attendees might have been present at multiple events



Paradigm Shift

From Bureaucracy

- **Structure** - Fragmented, Top-down hierarchy
- **Service Delivery** - One-size-fits-all programming
- **Funding** - reimbursement models that create a capital gap for providers
- **Measurement** - Extractive, compliance-based data.
- **Lived Experts** - as a secondary consultation group

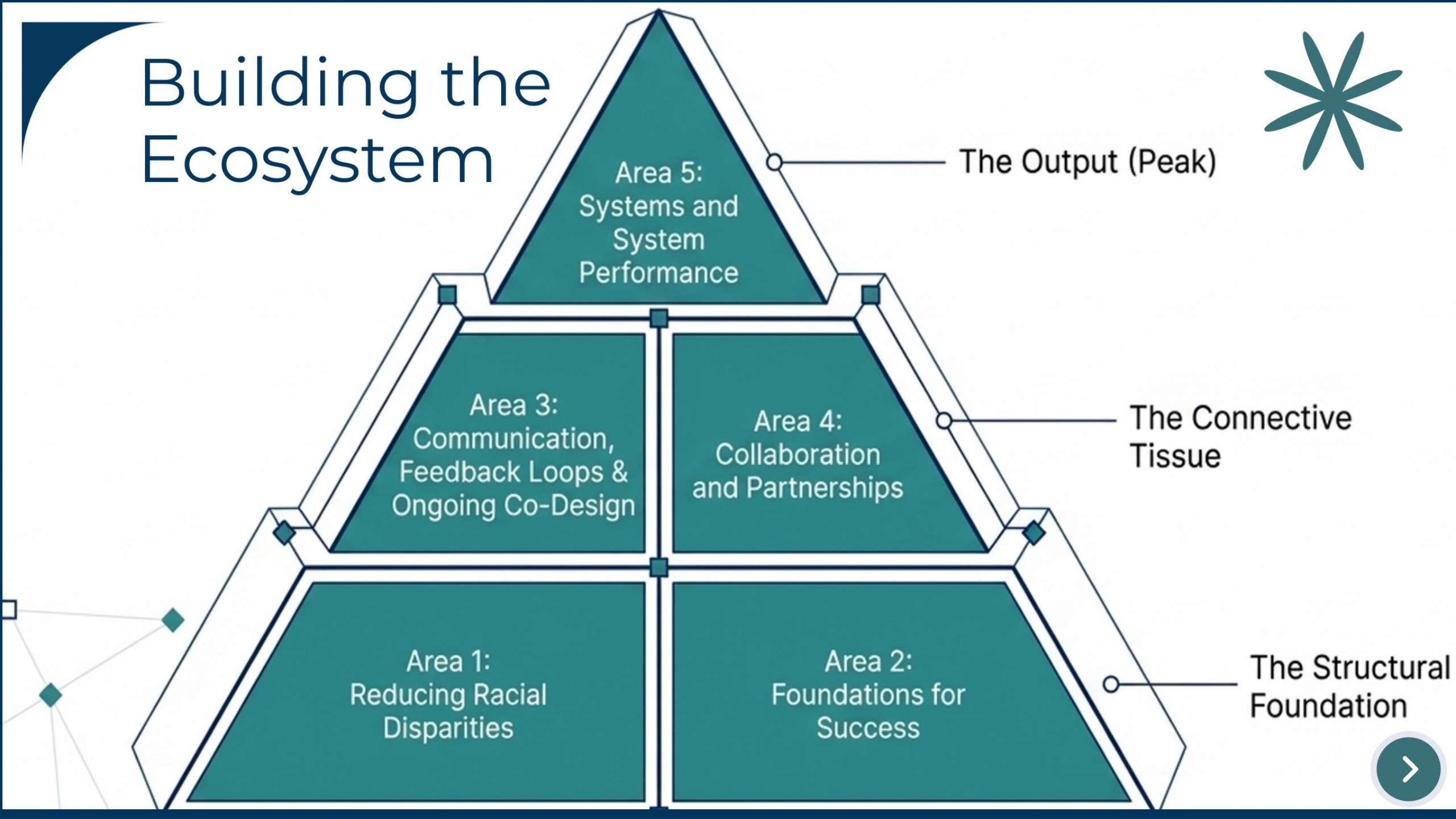
To Ecosystem

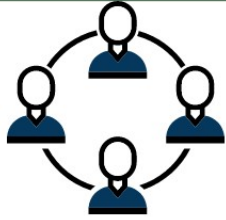
- **Structure** - Regionally grounded and locally empowered
- **Service Delivery** - culturally responsive, population-specific care
- **Funding** - advanced contracting to stabilize the provider network
- **Measurement** - human-centered data collection/storytelling tracking the true participant journey
- **Lived Experts** - as co-designers and decision makers

"The singular unifying theme is the fundamental shift from a fragmented, top down bureaucracy to an interconnected ecosystem"



Building the Ecosystem





Embed Equity Into the Infrastructure

Establish the Cultural Care Unit (CCU) or the Cultural Education and Inclusion Division (CEI) to integrate equity into the infrastructure and daily practices, ensuring that accountability, learning, and inclusion are maintained beyond individual projects



Radical Accessibility

Expand access sites and deploy mobile community care units directly in neighborhoods to bypass systemic barriers of fear, geography and transportation.



Shared Power

Formalize Regional Community Oversight Boards with compensated lived experts to work with the CCU to provide feedback on data collection, analysis, visuals, evaluation design, best practices, training, standards of care, racial equity strategies, and funding recommendations.



FOUNDATIONS for SUCCESS





Equitable Contracting

- **Close the Capital Gap** - transition from reimbursement models to advancing contract costs (with short reconciliation periods).
- **Streamline Contracting** - shift to multi-year agreements and scaling administrative requirements based on provider size.



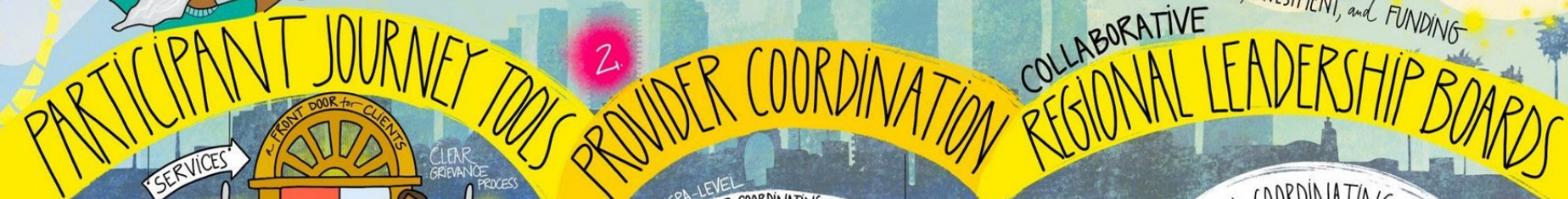
Standardize Excellence

- Offer a **menu of technical assistance** & clinical support that providers can choose from based on their needs.
- **The Hope Hub** (SPA 2) - a centralized, free training portal leveraging county expertise



FEEDBACK MECHANISMS

a CULTURAL CHANGE of TRULY PARTICIPATORY PROCESSES needs HUMILITY, LISTENING, COLLABORATION, and CO-DESIGN
CO-CREATING this DIFFERENT KIND of PUBLIC SERVICE TAKES SKILL and TRAINING, CONVENING and CONVERSATION, EMPOWERMENT, INVESTMENT, and FUNDING



WE NEED a SYSTEM that

HEARS

COMMUNITIES DRIVE LOCAL VISIONS and SOLUTIONS

STAFF LISTENS and PARTICIPATES on all LEVELS and REACHES OUT to REGIONAL BOARDS

CULTURE change

TRANSPARENCY and ACCOUNTABILITY, WORKING SIDE-by-SIDE COLLABORATIVELY

"Together, we listen, share, and serve better"



- Regional and SPA-based infrastructure
- Participatory and co-design approaches
- Cross-departmental and cross-sector collaboration
- Integrated data systems and information hubs
- Reimagined front-door and intake models
- Provider support and workforce development



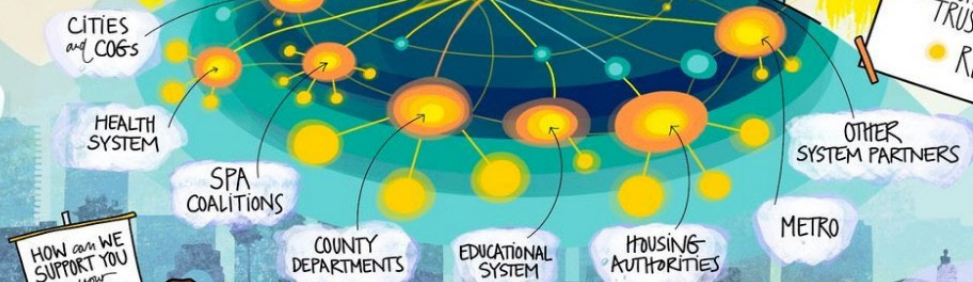
COLLABORATION and PARTNERSHIPS

to BUILD something BETTER we must SIT TOGETHER and have HONEST CONVERSATIONS. CALL US ALL IN to COLLABORATE and CONTRIBUTE to END HOMELESSNESS



it is a COMMUNITY-WIDE EFFORT to USE RESOURCES WISELY, INFORMED by ON-the-GROUND EXPERIENCE

- SOLVE SYSTEM GAPS
- BRING PEOPLE TOGETHER
- BUILD and STRENGTHEN TRUST and RELATIONSHIPS
- REMOVE BARRIERS



SPA-Focused Agile Teams (SPA 8)

Cross-departmental County teams embedded locally, with the authority to troubleshoot system barriers in real-time.



Multi-Sector Leadership Council (MSLC - SPA 5)

A unified table of Health, Justice, and Housing partners tasked with braiding funding and eliminating overlapping services.

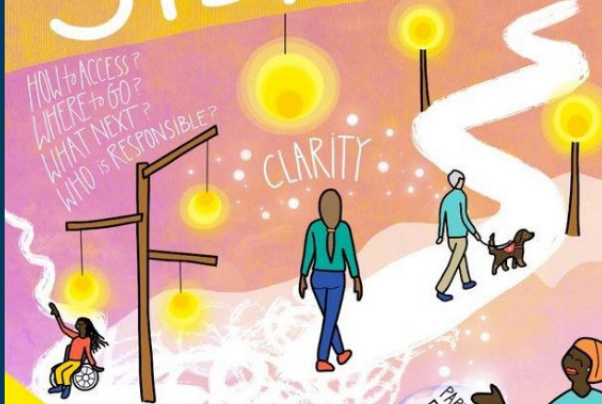
Local Governance

Establishing centralized regional coordinating bodies (e.g., COGs, Coalitions) for bi-directional communication.



SYSTEMS and SYSTEM PERFORMANCE

the HEART of OUR WORK is TAKING CARE of PEOPLE. BE COURAGEOUS to BUILD a SIMPLE and TRANSPARENT REHOUSING SYSTEM THAT is HUMAN CENTRIC.

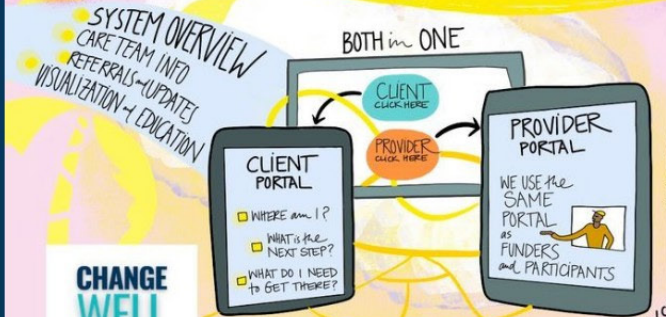


IMAGINING the POSSIBILITIES
WHAT the SYSTEM NEEDS to BE
the CHANGE we WANT to SEE
THAT MANY VISIONS WEAVING

CO-DESIGN PROCESS



1 SIMPLICITY and TRANSPARENCY



~ PHILOSOPHY of RESTRAINT is HUMAN-CENTRIC
RESTRAINT around DATA COLLECTION

ONLY COLLECT what is NEEDED for PEOPLE to MOVE through the REHOUSING SYSTEM

UNIVERSAL DATA SYSTEM and PORTAL

REGIONAL CONVENING





No Wrong Door (ACE Model)

Access Care Expedited points via kiosks, apps, and co-located physical access in every city to streamline family intake and triage.

Human-Centered Data

A Philosophy of Restraint—collecting only what is absolutely necessary for triage, paired with qualitative storytelling to measure true Social Return on Investment (SROI).

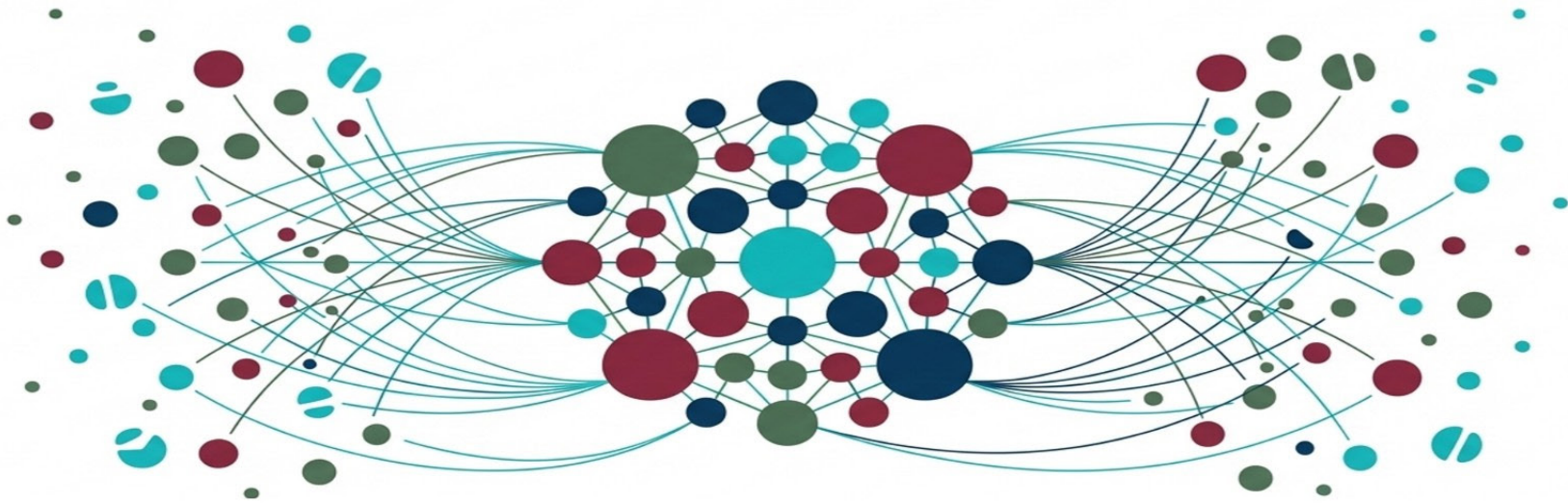
Evidence-Informed Funding

A public Co-Design Decision Matrix to align budgets and program adjustments directly with community-validated outcomes.

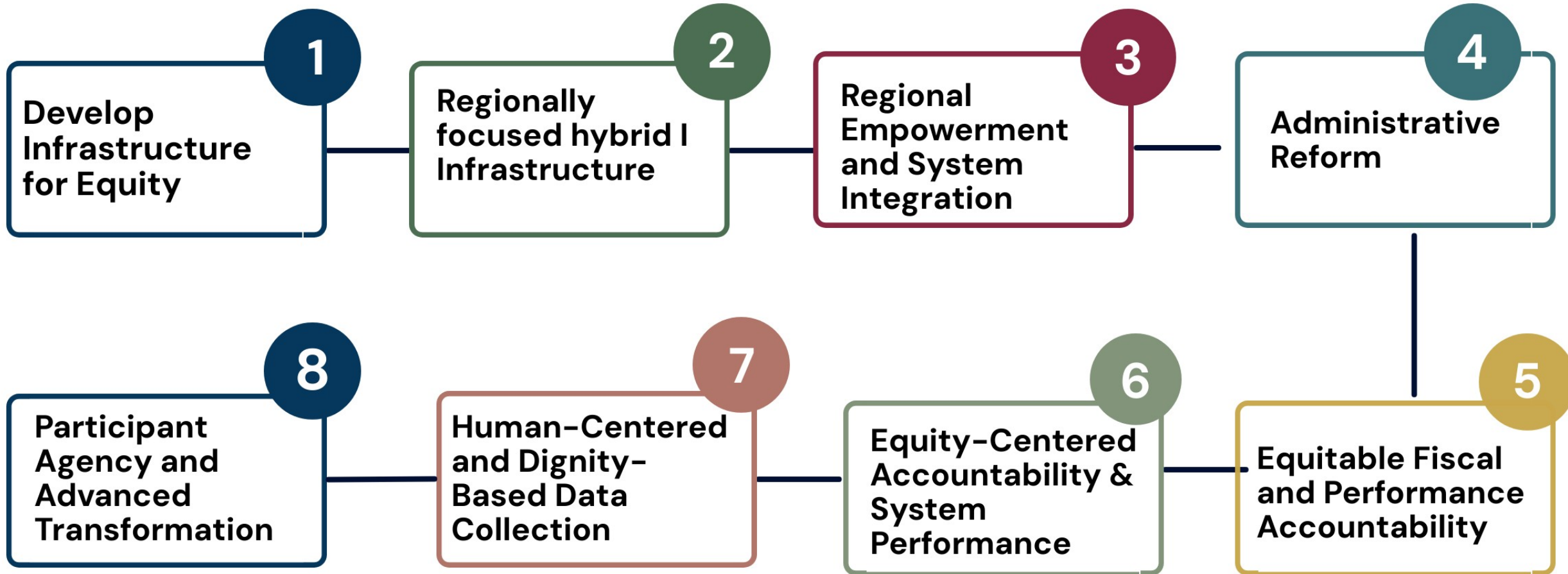


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No single area works in isolation;
each relies on the structural
integrity of the whole to eliminate
system fragmentation.”

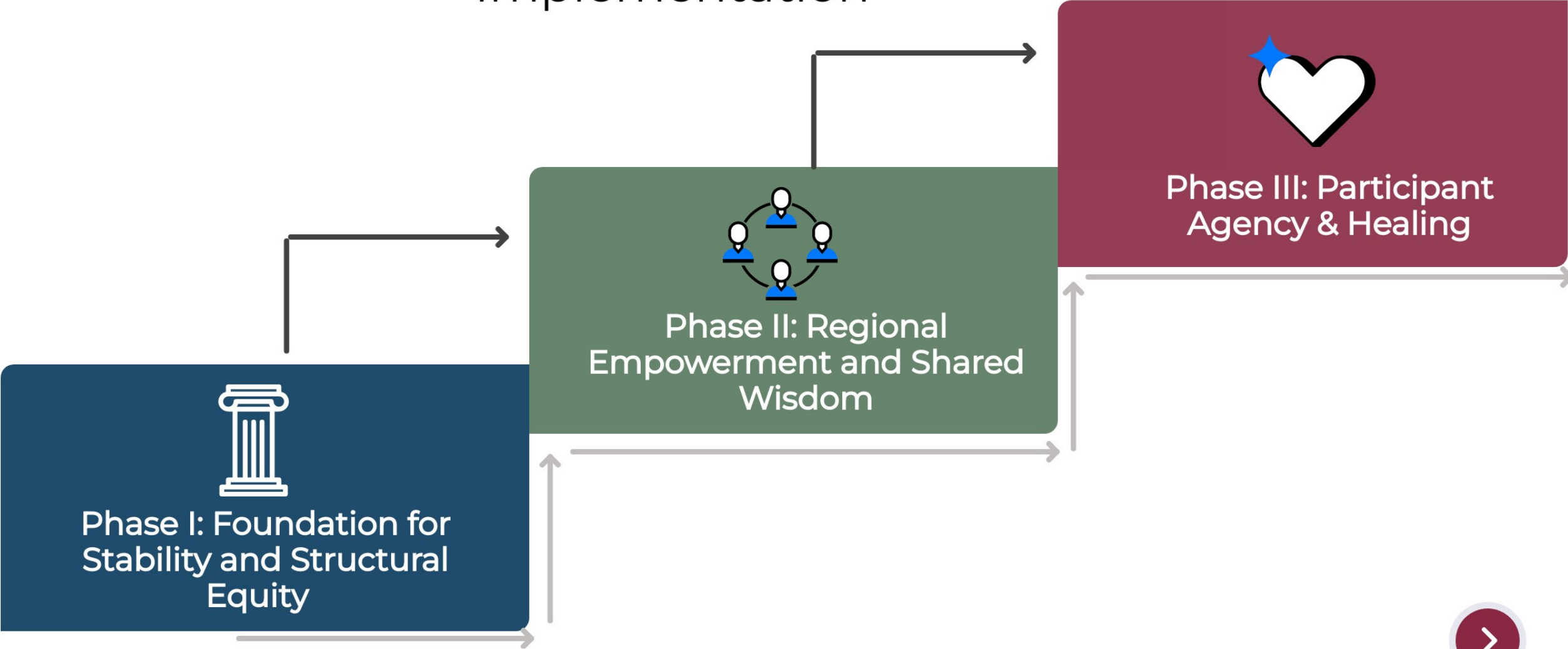


Common Community Priorities



Moving to Shared Stewardship

Implementation



Thank You!

**CHANGE
WELL
PROJECT**

PARTNERING TO STRENGTHEN COMMUNITY SYSTEMS

Website:
www.changewellproject.com

LA COUNTY DEPARTMENT OF HOMELESS AND HOUSING

Developing a Shared Roadmap for an Equitable and Responsive HSH

March 26, 2026



LA COUNTY
**Homeless
Services
& Housing**

Background

- Partnership between Change Well Project, Housing for Health, and the Homeless Initiative
- HSH leadership participated in every co-design session
- HSH partnered with Change Well to use Town Halls to address time-sensitive department questions such as org chart development, the FY 2026-27 Spending Plan, contracts, and more.
- HSH's organizational structure reflects community recommendations throughout this process.



**Q1 & Q2
FY 2025-26**

**Q3
FY 2025-26**

**Q4 FY 2025-26
Onward**

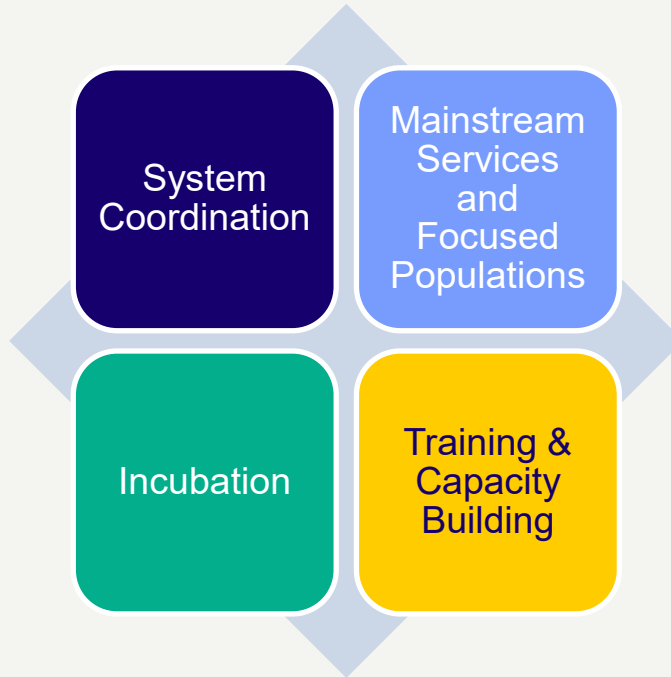


Regional Grounding and Local Leadership

The **HSH Systems Coordination and Engagement** team improves care and housing resources for people experiencing homelessness and those at-risk of homelessness by empowering providers, people with lived experience, and communities with information, capacity and opportunities to strengthen the homeless response system in Los Angeles.



System Coordination & Engagement Branch



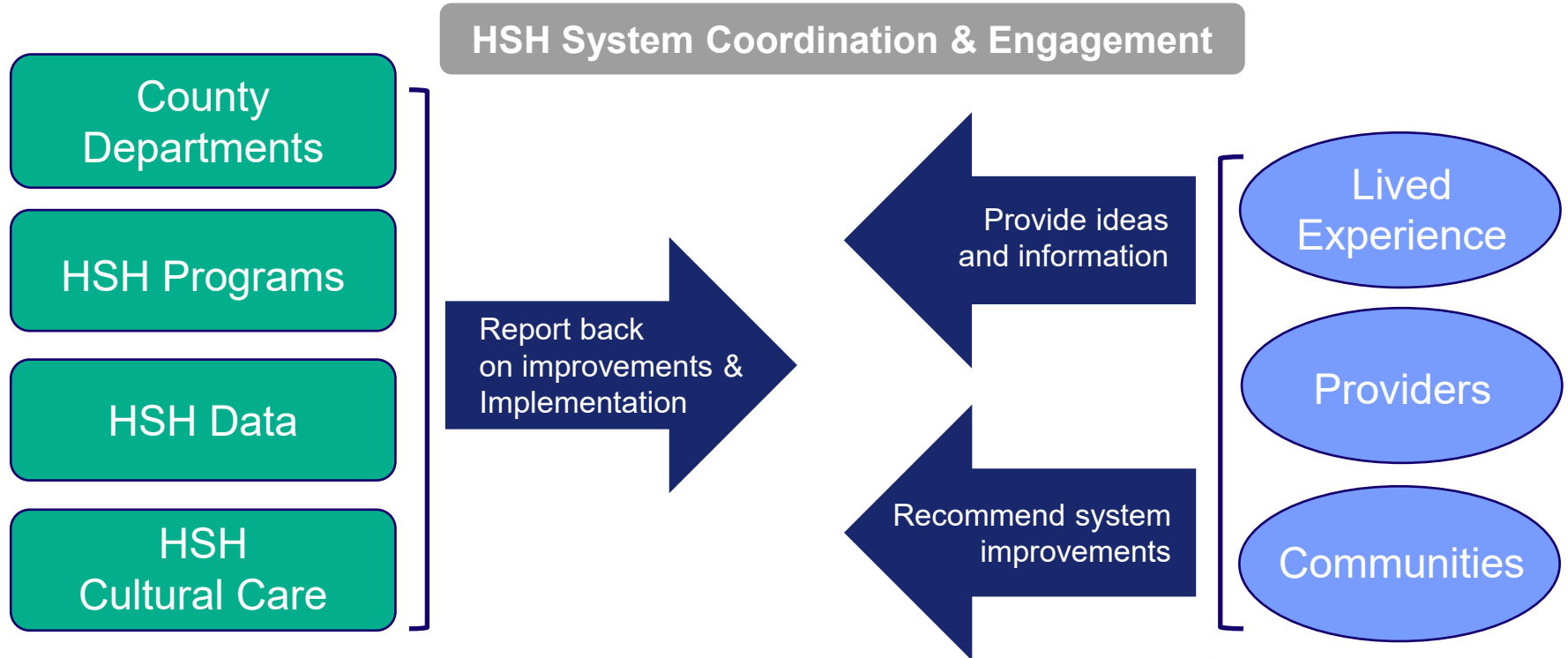
System Coordination Team

- Works in communities with providers, people with lived experience, and community stakeholders
- Provides clear and concise information about the homeless response system
- Supports existing tables and convenes providers, people with lived experience, and community stakeholders
- Identifies areas of system improvement needed and communicates regularly on how system improvements are being implemented

SPA Teams			
SPAs 1 & 2 <ul style="list-style-type: none">• Adults Lead• Youth Lead• Families Lead	SPAs 3 & 7 <ul style="list-style-type: none">• Adults Lead• Youth Lead• Families Lead	SPAs 4 & 5 <ul style="list-style-type: none">• Adults Lead• Youth Lead• Families Lead	SPAs 6 & 8 <ul style="list-style-type: none">• Adults Lead• Youth Lead• Families Lead



Strengthening the Homeless Response System through Partnerships



Transforming Ideas into System Improvements



Operational Excellence and Provider Stability

- **Partnering with providers** to design a system that invests in the community through streamlined contracts and timely advances
- Streamlining **contracts, invoicing and payment processes** through collaboration with the Service Provider Task Force
- Supporting providers to **focus on delivering services**
- Support providers in **joining the HSH network** through provider incubation
- Providing **training and technical assistance** to support providers in delivering the highest quality care



Transparent and Equitable Accountability



- Center HSH's work in a **deep commitment to transparency**
- Ensure **transparency and accountability** in addressing racial disparities
- Establish **Cultural Care Unit within HSH** to drive organizational excellence in addressing racial disparities
- **Create new frameworks for lived experience partnerships** and understanding user experience
- Strengthen partnerships with **regional community-led coalitions**
- Use regional townhalls to strengthen partnerships, transparency and accountability

Human-Centered Design and Participant Agency

DREAM BIG.

Build a homeless response system grounded in meeting people and communities where they are.



The image features a city skyline at sunset, with palm trees in the foreground. A teal banner with the text "Thank You" is overlaid on the image. The background is a warm, golden sunset over a city with various skyscrapers and residential buildings. The foreground is filled with the silhouettes of palm trees. A large, stylized blue and white geometric pattern is visible on the left side of the image.

Thank You

LA COUNTY DEPARTMENT OF HOMELESS SERVICES AND HOUSING

HSH Strategic Goals and Priorities

March 26, 2026



LA COUNTY
Homeless
Services
& Housing

Our Foundation

A just and compassionate system of care that prevents and ends homelessness for people in LA County.

VISION

Together with our partners, we lead a unified countywide response combining housing, health, and social services.

MISSION

- We believe everyone deserves high-quality care focused on the whole person.*
- We strive for just and equitable housing and services for all LA County residents.*
- We hold ourselves accountable to the whole county by being transparent and trustworthy.*
- We focus on collaboration to build a better system of care.*
- We persevere with a solutions-oriented response to community needs.*

GUIDING PRINCIPLES

HSH Strategies, Priorities, & Capacity

Strategic Goals through FY 2026-27

Six interdependent goals driving our work preventing and addressing homelessness in LA County.

GOAL 01

Launch and Strengthen
HSH Infrastructure

GOAL 02

Deliver High-Quality
Housing and Services

GOAL 03

Promote Long-Term
Financial Stability

GOAL 04

Advance Equitable
Outcomes

GOAL 05

Promote Effective
System Governance

GOAL 06

Strengthen Coordination
with Other Departments

KEY PARTNERS

Board of Supervisors
 CEO-Chief Sustainability Office
 City of Los Angeles
 DHS
 DMH
 DPSS
 LACAHS
 LAHSA
 Service Providers
 Unincorporated Area Partners

Launch and Strengthen HSH Infrastructure

37 Priorities

Build the department's foundational infrastructure to function effectively, scale responsibly, and deliver on Measure A commitments in a transparent and inclusive way.

Organizational Foundation and Culture

- Fill budgeted positions, establish HR operations, and finalize organizational structure and classifications
- Establish Internal Controls Program, policies, and procedures
- Establish space and parking plans
- Leverage the *Just Culture* framework to build a strong organizational culture
- Establish the Office of Unincorporated Area Services and System Coordination & Engagement Branch

Program and Contract Management

- Transition all HI and HFH contracts to HSH
- Transition funding for programs previously administered by LAHSA
- Onboard new service providers and launch the Provider Incubation Program

Technology, Data, and Information Systems

- Assess current technology and future needs
- Pursue data interoperability and governance for HSH and collaborating partners, including LAHSA
- Ensure operational continuity, core systems transition/readiness, and system stabilization

Strategic Planning, Project Management, and Policy Alignment

- Build and launch HSH Strategic Management Plan and corresponding policy agenda
- Align City of LA portfolios
- Expand project management infrastructure

Communications & Stakeholder Engagement

- Meaningfully engage the Service Provider Taskforce on key infrastructure elements
- Establish HSH brand, robust internal and external communications, and community engagement infrastructures

KEY PARTNERS

Collaborating County Departments
Faith Based Regional Coordinators
Fiscal Agents
LAHSA
Service Providers

Deliver High-Quality Housing and Services

24 Priorities

Deliver high-quality, equity-driven direct services to advance PEH missions and Measure A goals across all program areas.

Reduce Unsheltered Homelessness

- Align ECRC resources and policies
- Implement outreach team changes
- Transition Pathway Home program to leverage congregate and non-congregate beds

Improve Flow and Access to Interim and Permanent Housing

- Restructure IH program model
- Coordinate mainstream services within IH and PH
- Transition TLS program and provide technical assistance
- Expand case management services and PH options for subpopulations (e.g., older adults)
- Optimize FHSP operations
- Maximize impact of ERC portfolio
- Transition affordable housing development and establish housing development strategy

Increase Access to Mainstream and Clinical Services

- Transition Problem Solving for people experiencing homelessness
- Transition Family Solutions Centers (FSCs)
- Coordinate field-based clinical services

System Planning and Coordination

- Implement Annual Evaluation Agenda
- Transition Faith-Based Regional Coordination

KEY PARTNERS

California Department of Housing and
Community Development
DMH
DPH
JCOD
LACAHS
Local Jurisdictions
Managed Care Plans (L.A. Care)
Philanthropy

Promote Long-Term Financial Sustainability

26 Priorities

Align funding with strategic priorities, improve forecasting, and sustain the homeless response amid changing fiscal conditions.

Budgeting and Resource Allocation

- Develop and lead annual Measure A/HHAP Spending Plan process
- Manage the Local Solutions Fund portfolio
- Coordinate and ensure implementation of LACAHS Unincorporated Area budgets and funding strategy
- Successfully transition into the LACES data-driven budgeting system
- Manage HHAP and ERF applications, monitoring, and reporting
- Track and review expenditures

Financial Operations and Aligned Revenue Strategy

- Execute Enhanced Care Management contracts with MCPs and enroll participants in ECM (if viable)
- Pursue external funding opportunities with state, federal, and philanthropic partners
- Establish Medi-Cal/CalAIM claiming and revenue cycle infrastructure
- Establish claim reimbursement process with providers
- Implement Transitional Rent Community Support Program

Long-Term Financial Sustainability and System Stewardship

- Transition Capital Improvements Intermediary Program
- Ensure fiscal sustainability for case management and clinical services
- Pursue sustainable funding for HPU
- Provide ECM technical assistance to ICMS providers (if viable)
- Develop and lead the annual Resource Mapping

4

KEY PARTNERS

Board of Supervisors
CEO-ARDI
FIFA & LA28 Organizers
LACAHSAs
Unincorporated Area Partners

Advance Equitable Outcomes

8 Priorities

Embed racial, ethnic, gender, and geographic equity into all planning, funding, and implementation across all jurisdictions.

Pursuing Equity-Focused Strategies

- Implement Countywide Racial Equity Strategic Plan
- Establish a Cultural Care Unit within HSH
- Develop and implement Unincorporated Area Strategies for disproportionately impacted areas
- Coordinate with DCBA and LACDA on implementation of the LACAHSAs Unincorporated Strategy
- Build departmental leadership and staff capacity through participation in Targeted Universalism and bias trainings
- Share demographic and program data with CEO-ARDI

Analyzing Data & Reporting on Equity Impacts

- Report on HSH's Equity Action Plan Implementation Results
- Complete disparities analysis
- Submit Family Friendly Certificate application and Gender Impact Assessment

Creating a Housing-Focused Plan for an Equitable Response to the 2028 Olympics

- Conduct needs assessment and data sharing
- Develop cost modeling and funding strategy
- Intergovernmental and partner coordination
- Examine IH surge capacity
- Coordinate outreach & engagement operations
- Facilitate housing pathways and post-placement support
- Develop strategic and crisis communications

GOAL

5

KEY PARTNERS

Collaborating County Departments
Continuums of Care
Councils of Government
ECRHA
LACAHSAs
LTRHA
Local Jurisdictions
Metro

Promote Effective System Governance

6 Priorities

Streamline governance to reduce duplication, improve coordination, and ensure unified accountability toward shared goals.

Manage and Streamline System Governance

- Strengthen governance management and support for BOS, ECRHA, LTRHA, and Measure A Labor Council
- Advance the Governance Streamlining Project

Promote Regional Alignment

- Advance Collaborative Action Plan
- Maintain an updated Responsive Regional Plan (RRP) Inventory
- Promote Measure A/Regional Transparency and Accountability data tools

Strengthen Municipal & Regional Partnerships

- Cultivate and strengthen relationships with key municipal partners (Cities, COGs, unincorporated areas) and governmental organizations (Metro, LACAHSAs)
- Develop and implement the LACAHSAs JPA

KEY PARTNERS

Board of Supervisors
 California Policy Lab
 City of Los Angeles
 Collaborating County Departments
 LA Emissary
 LACAHS
 LAHSA
 Managed Care Plans
 PPCIT
 PPSGC
 Public Housing Authorities
 Veteran One Team
 Youth Homeless System
 Improvement

Strengthen Coordination with other Departments

42 Priorities

Transform the County's homelessness response through collaboration, integrated outreach, and equitable service delivery.

Reduce Unsheltered Homelessness

- ECRC role clarity, data sharing, tracking and monitoring
- Strengthen ECRC collaboration with MCPs and JCOD
- Strengthen public health-focused and joint encampment resolution partnerships
- Partner on Very High Fire Severity Zones encampment

Increase Access to Mainstream and Clinical Services

- Establish DPSS MOU to support alignment across multiple programs and strategies
- Coordinate with DMH to update referral and training protocols
- Strengthen departmental partnerships with AD, DEO, DCFS, and DPH for youth and families
- Strengthen and expand Veterans trainings
- Contribute to JCOD Warm Landing Place Advisory Committee
- Explore becoming an FSP provider

Improve Flow and Access to Interim and Permanent Housing

- Optimize Air Traffic Control referral protocols
- Develop data use agreements with PHAS
- Veteran data access and One Team implementation
- Encampment resolution-specific IH beds

Minimize Inflow into Homelessness

- Expand HPU to youth and justice-involved clients
- Complete HPU evaluation
- Collaborate with DCBA, LACAHS and LAHSA to enhance prevention programs
- Improve prevention coordination and data sharing with mainstream system partners

Elevate Lived Experience

- Launch Community Liaison Program
- Lead YHSI Cross System Leadership Table
- Strengthen collaboration with LA Emissary

Delegated Authorities

- Accelerate hiring, contracting, and procurement countywide

Communications & Stakeholder Engagement

- Communicate progress through strong board relations
- Track and monitor Measure A performance and MAPP progress



Lives Lost: Mortality Trends and Prevention Opportunities for People Experiencing Homelessness in LA County, 2015-2024

Will Nicholas, MPH, MA, PhD
Los Angeles County Department of Public Health
Center for Health Impact Evaluation



Desired Result:

A safer, healthier Los Angeles County, where people experiencing homelessness have dignity and access to the services and supports they need for health and well-being on their journeys toward housing stability.



Key Indicator #1:

All-Cause Mortality Rate among People Experiencing Homelessness





Figure 1: Number of Deaths and Crude All-Cause Mortality Rates, LA County People Experiencing Homelessness, 2015-2024

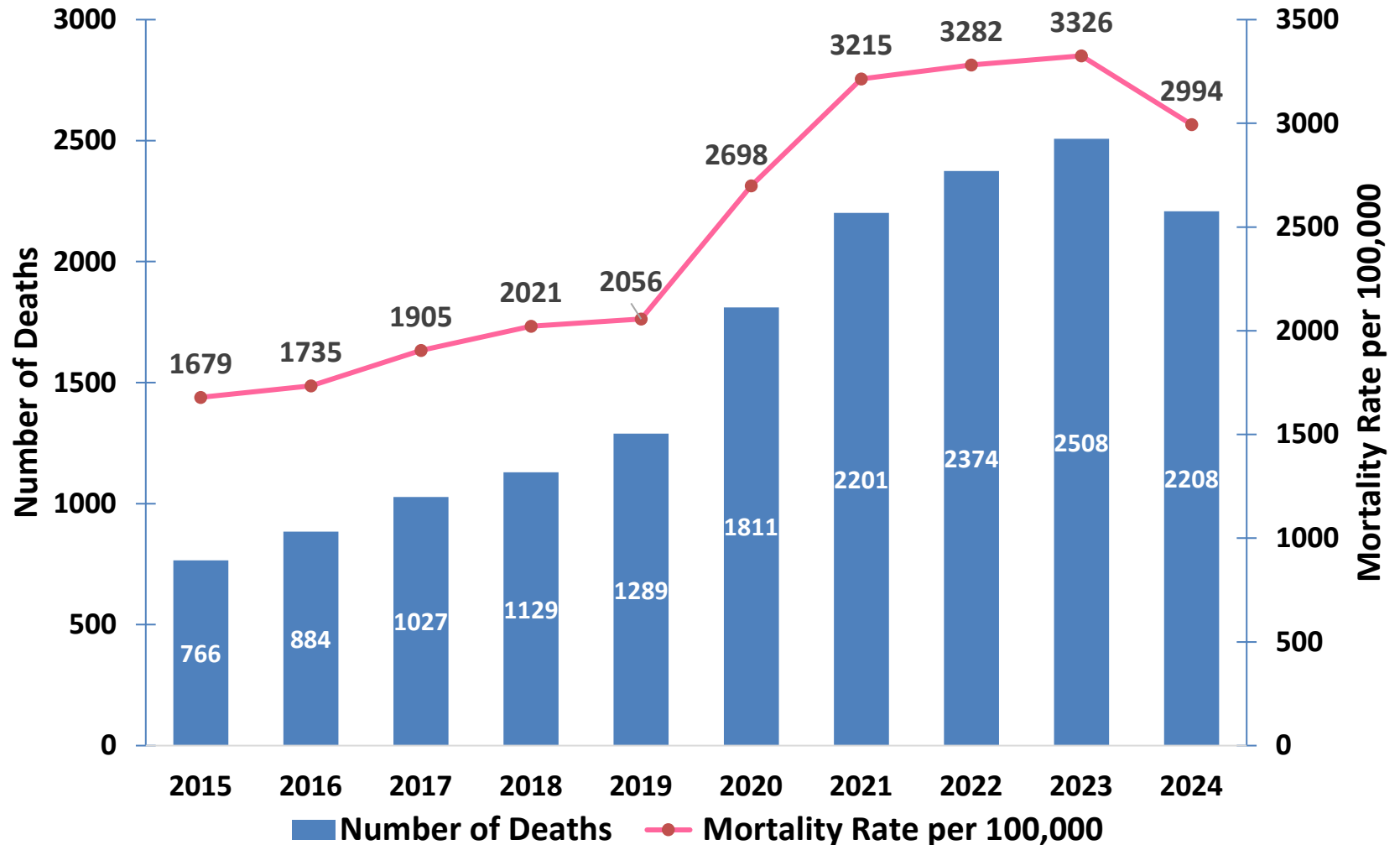


Figure 2: Age-Adjusted All-Cause Mortality Rates, LA County PEH by Race and Ethnicity, 2020-2024¹

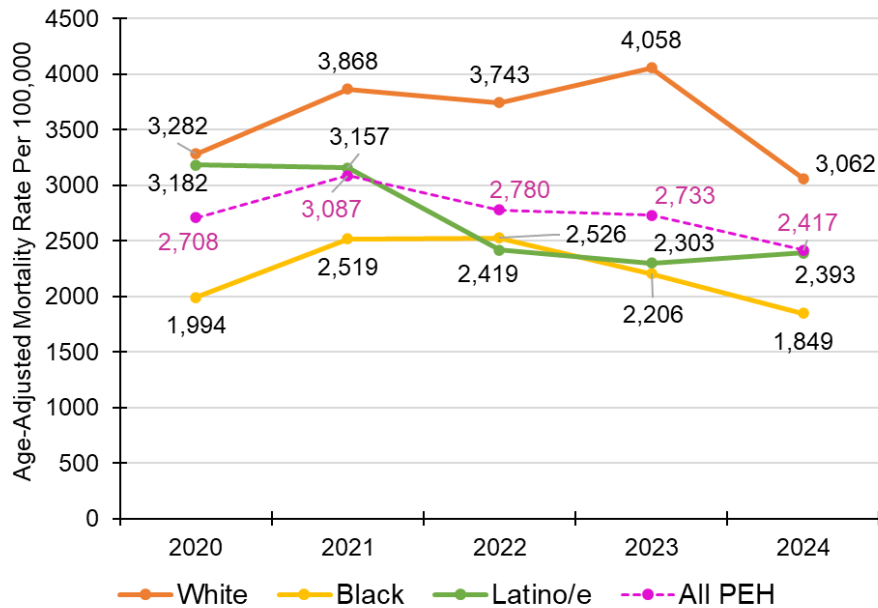
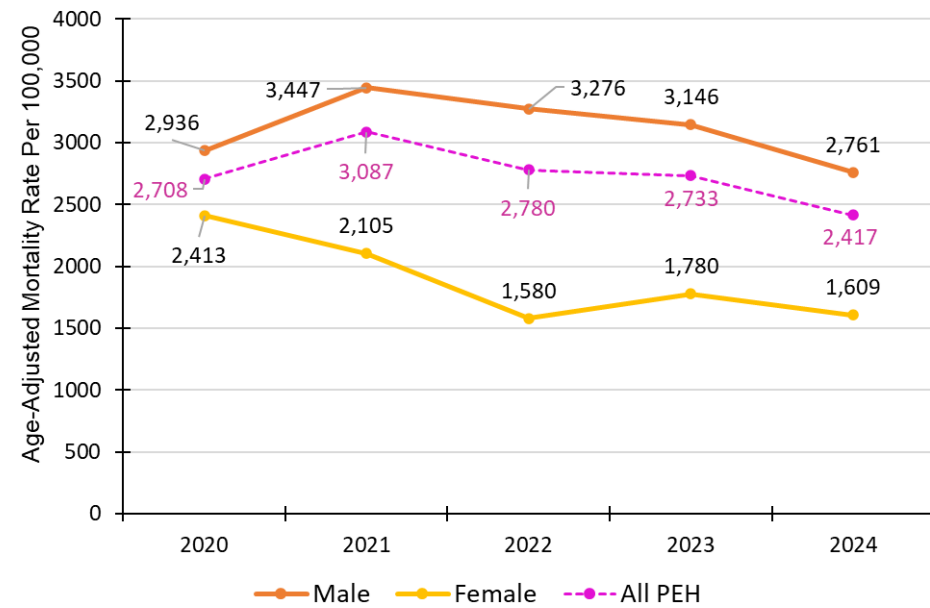


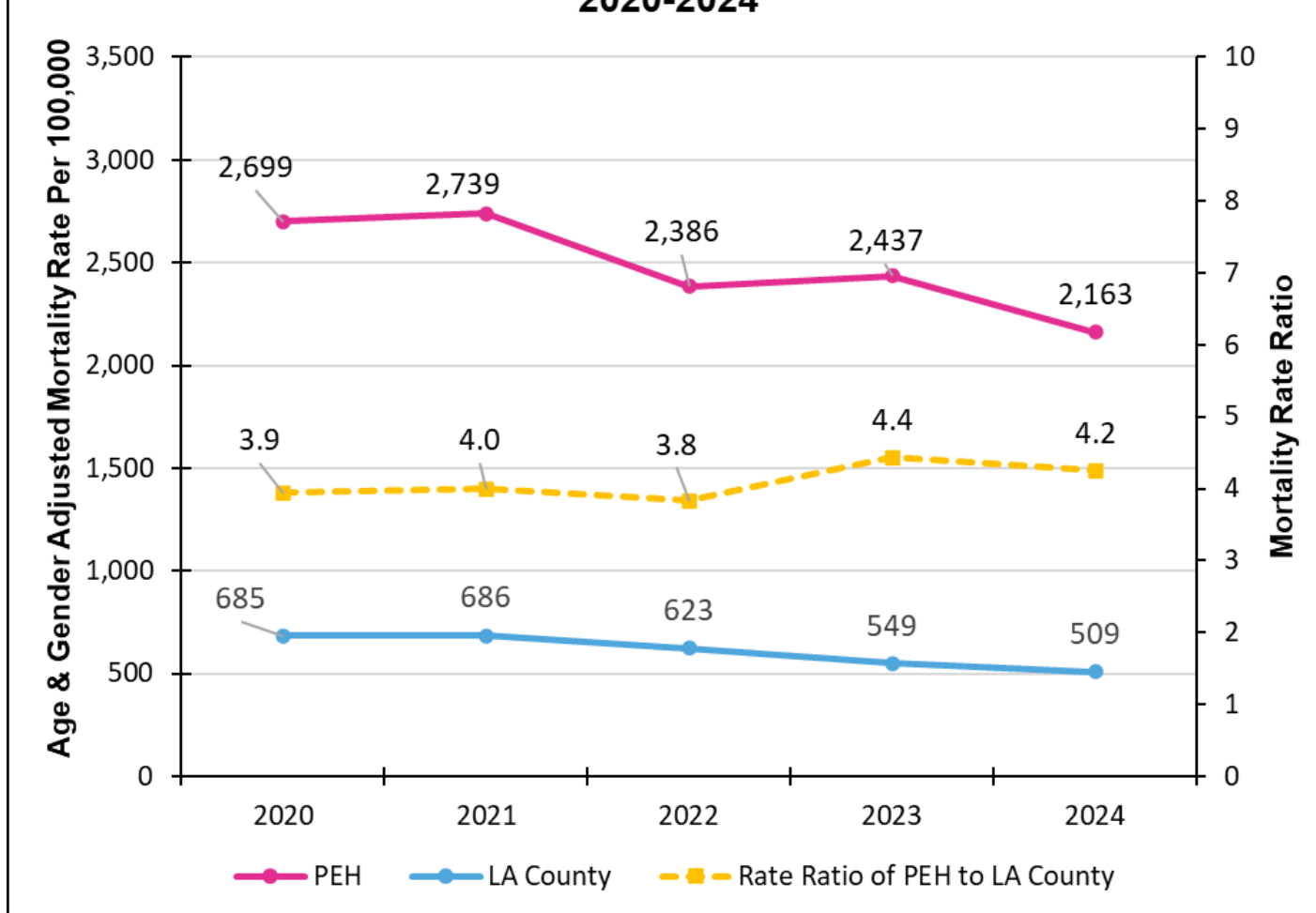
Figure 3: Age-Adjusted All-Cause Mortality Rates, LA County PEH by Gender, 2020-2024¹



PEH=People Experiencing Homelessness

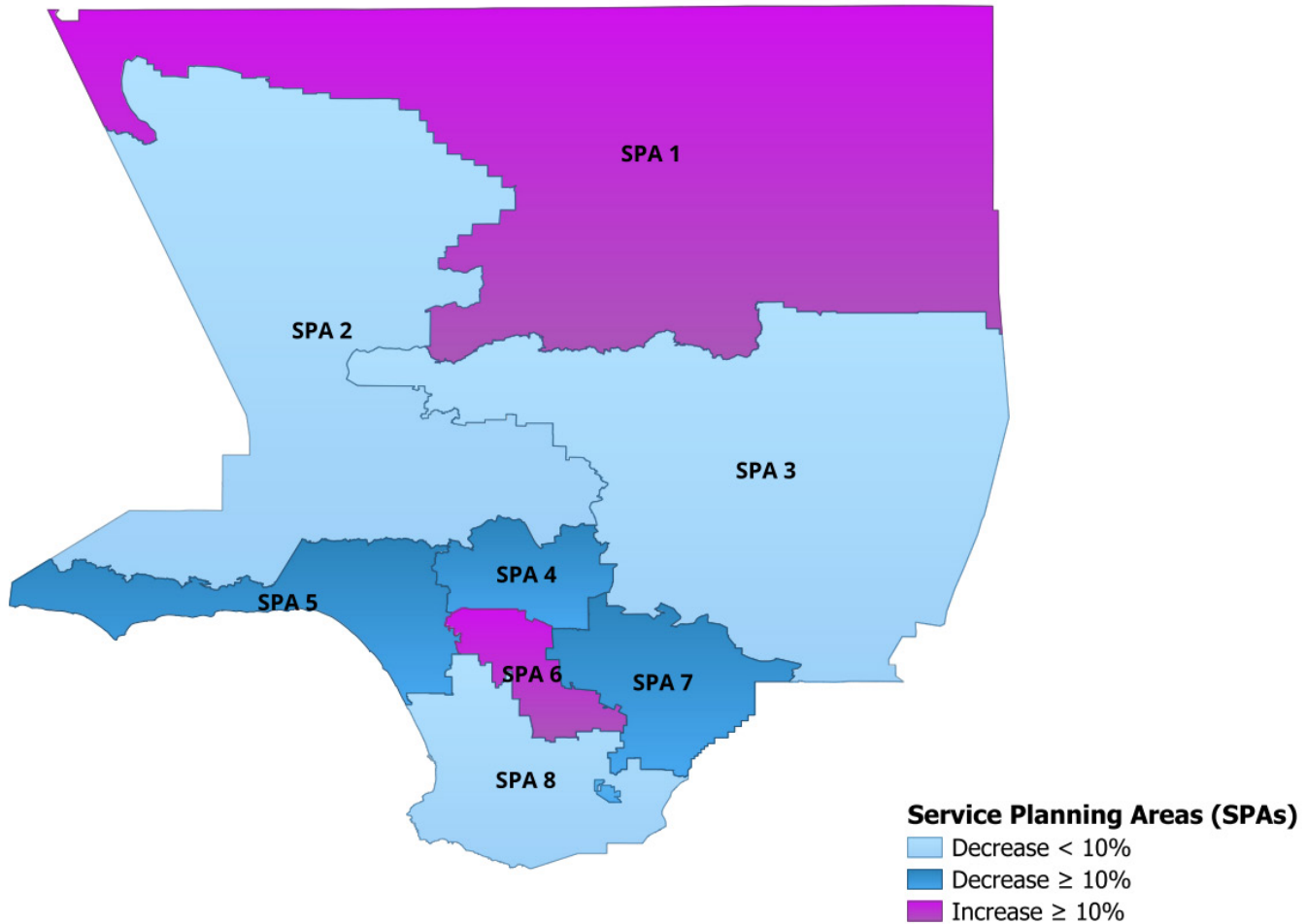


Figure 4: Age and Gender Adjusted All-Cause Mortality Rates, PEH compared to LA County Population, 2020-2024



PEH=People Experiencing Homelessness

Map 1: Changes in PEH Deaths from All Causes, 2023 vs. 2024, by Service Planning Area (SPA)



PEH=People Experiencing Homelessness



Strategies to Reduce **All-Cause** Mortality among People Experiencing Homelessness

I. Ensure Access to Affordable Housing and Health Insurance

- 1.1 Sustain and expand interim and permanent housing options for people experiencing homelessness.
- 1.2 Sustain and expand opportunities to connect people experiencing homelessness to appropriate housing options.
- 1.3 Maintain and Expand Medi-Cal Enrollment among people experiencing homelessness under CalAIM.

II. Recognize and Address the Contribution of Mental Health Disorders to Multiple Causes of Death

- 1.4 Sustain and expand mental health services for LA County residents experiencing homelessness.

III. Recognize and Address the Contribution of Systemic Racism and Discrimination to Multiple Causes of Death

- 1.5 Ensure health insurance outreach and enrollment, physical and mental health care services, and substance use prevention, harm reduction and treatment services reach PEH who experience discrimination and exclusion due to their race, immigration status, gender identity, sexual orientation and/or mental health status.



Key Indicator #2:

Drug Overdose Mortality Rate among People Experiencing Homelessness





Figure 5: Number of Drug Overdose Deaths and Crude Overdose Mortality Rates, LA County People Experiencing Homelessness, 2015-2024

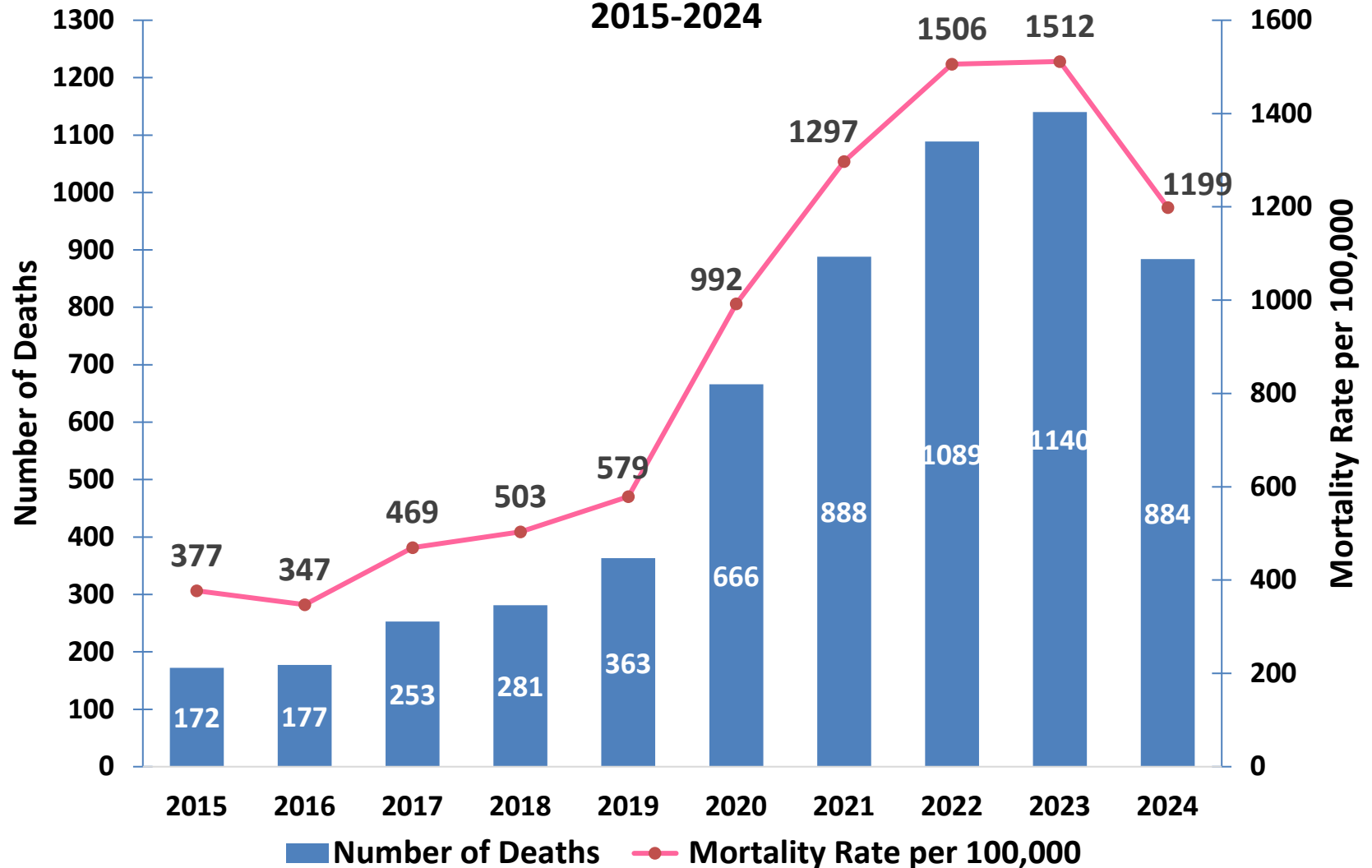


Figure 6: Age-Adjusted Drug Overdose Mortality Rates, LA County PEH by Race and Ethnicity, 2020-2024¹

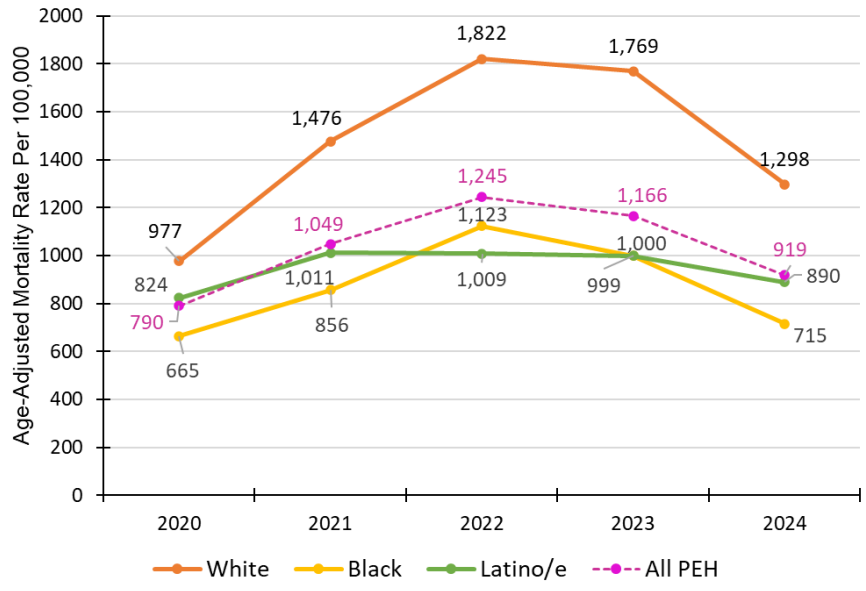
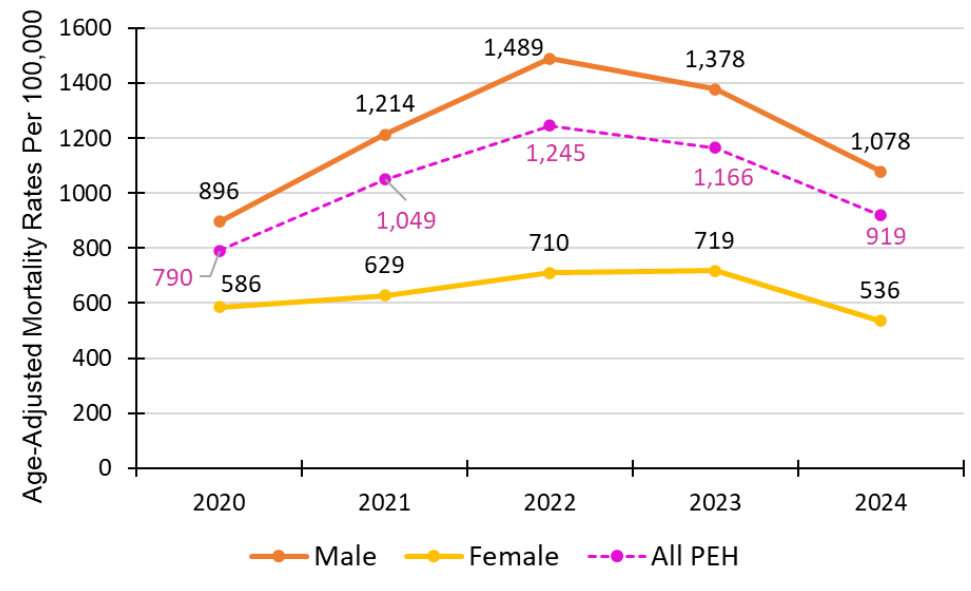


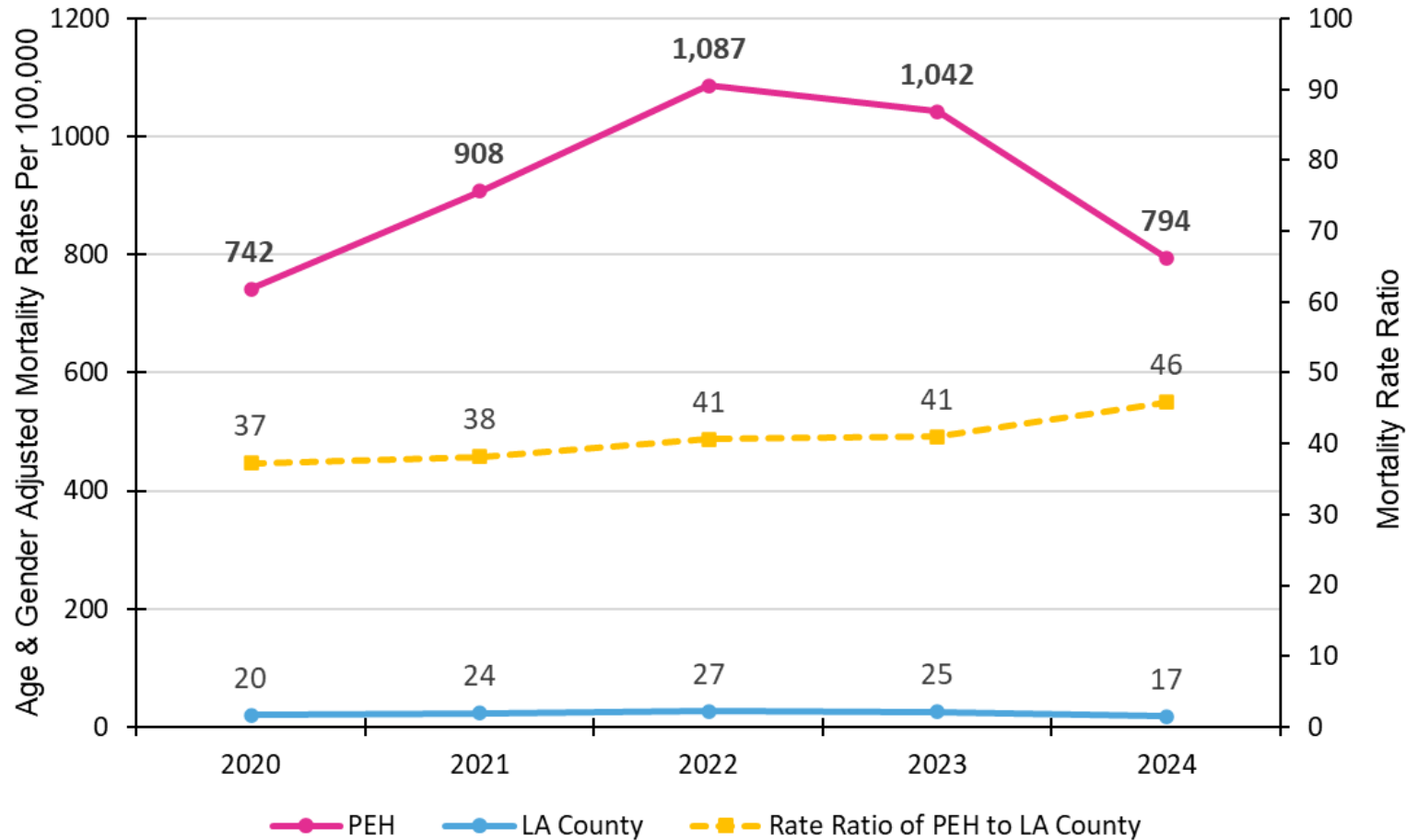
Figure 7: Age-Adjusted Drug Overdose Mortality Rates, LA County PEH by Gender, 2020-2024¹



PEH=People Experiencing Homelessness

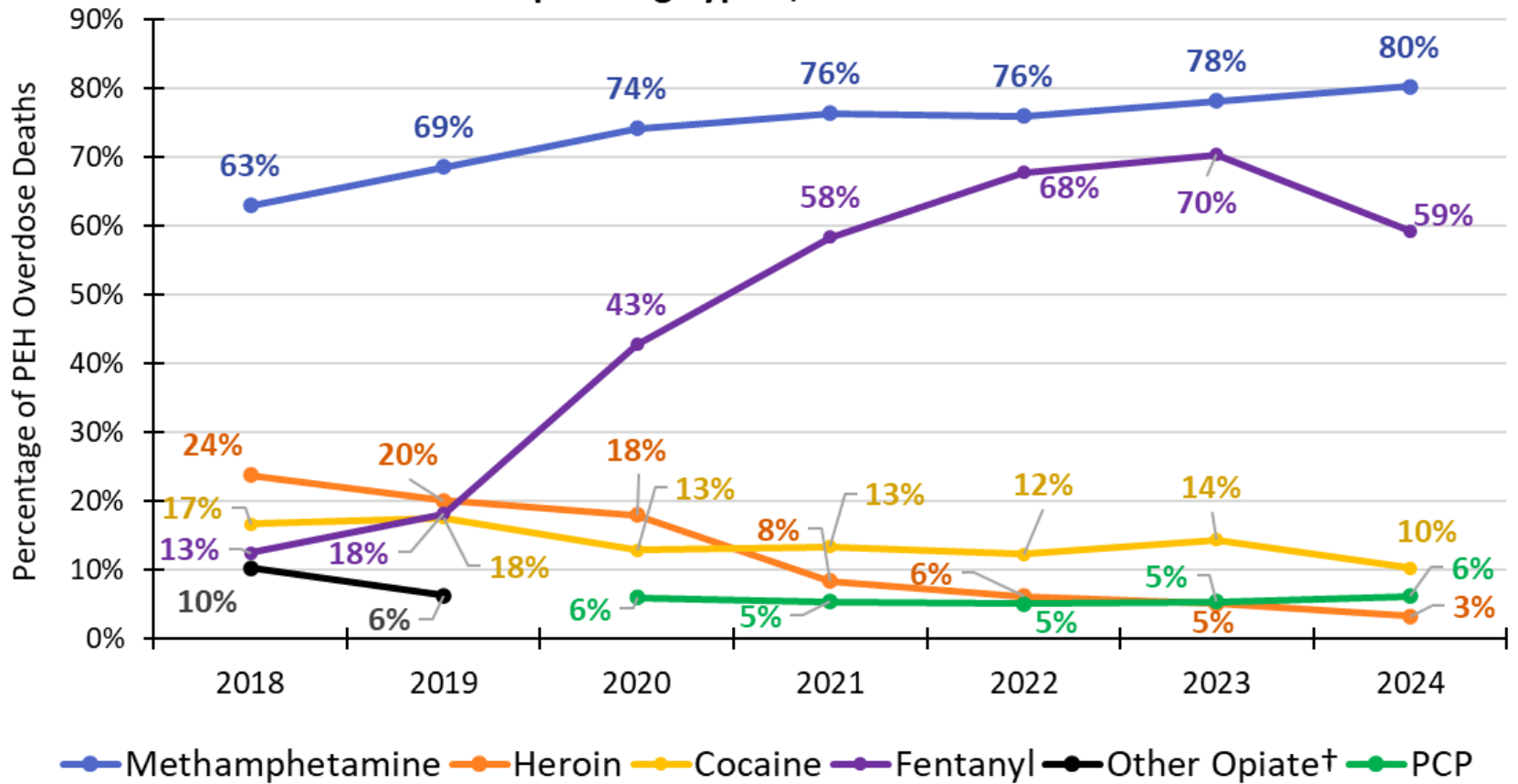


Figure 9: Age and Gender Adjusted Drug Overdose Mortality Rates, PEH compared to LA County Population, 2020-2024



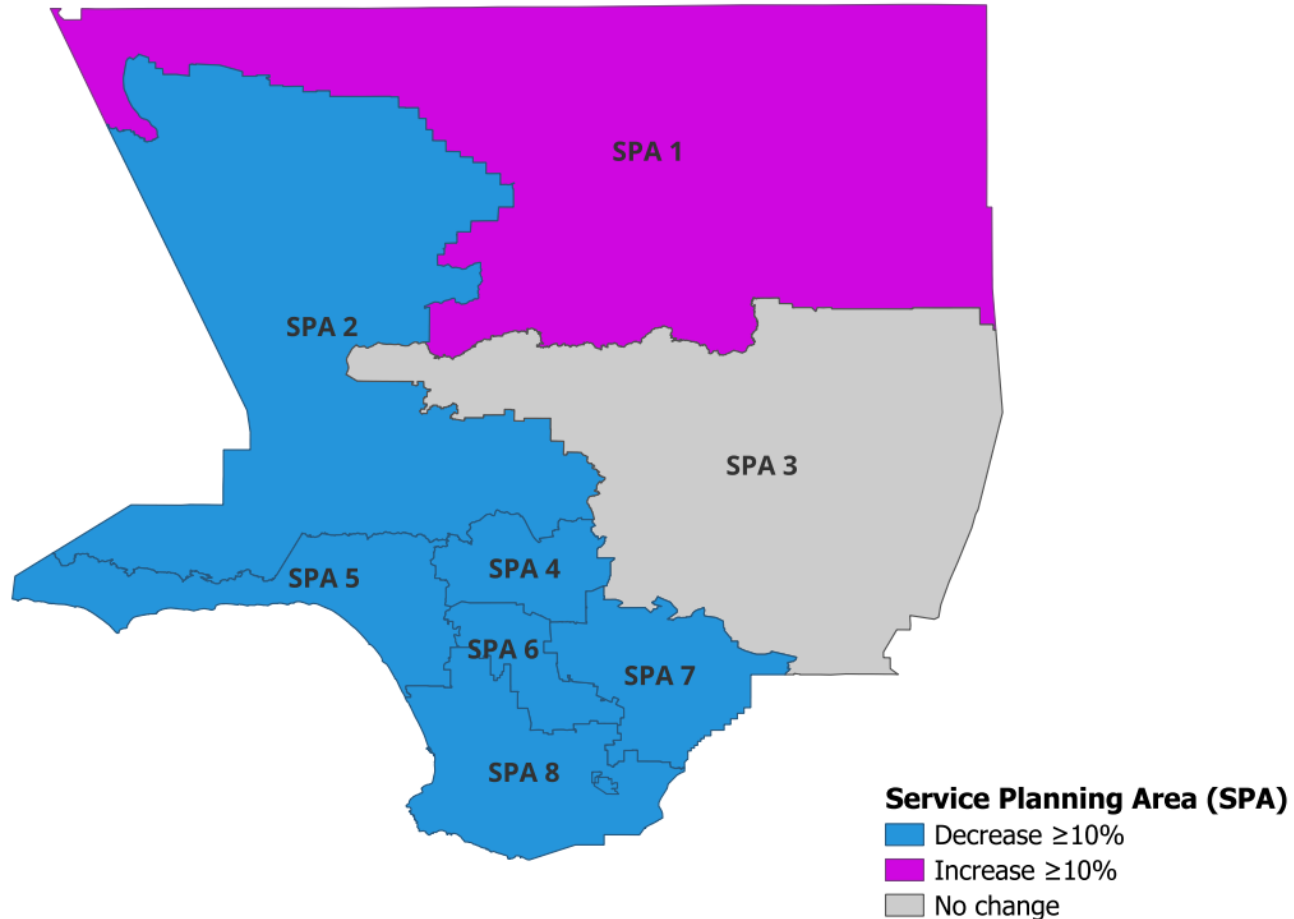
PEH=People Experiencing Homelessness

Figure 10: Percentage of Drug Overdose Deaths among PEH Involving the Top 5 Drug Types*, 2018-2024



PEH=People Experiencing Homelessness

Map 2: Changes in PEH Drug Overdose Deaths, 2023 vs. 2024, by Service Planning Area (SPA)



PEH=People Experiencing Homelessness



Strategies to Reduce **Drug Overdose** Mortality among People Experiencing Homelessness

- 2.1 Ensure that housing options for people experiencing homelessness support harm reduction, overdose prevention and substance use treatment goals.**
- 2.2 Sustain and expand the Reaching the 95% Initiative to lower barriers to SUD treatment for people experiencing homelessness who don't seek treatment.**
- 2.3 Expand and extend harm reduction and overdose prevention services wherever people experiencing homeless are located.**
- 2.4 Sustain and expand access to clinically effective addiction medication services for people experiencing homelessness.**
- 2.5 Integrate peer-driven and peer-led services into the continuum of substance use prevention, harm reduction and treatment services for people experiencing homelessness.**
- 2.6 Advocate for policies, regulations, and laws that make the continuum of substance use prevention, harm reduction and treatment services more accessible to people experiencing homelessness.**



Key Indicator #3:

**Coronary Heart Disease Mortality Rate among
People Experiencing Homelessness**



Figure 14: Number of **Coronary Heart Disease (CHD) Deaths and Crude CHD Mortality Rates, LA County People Experiencing Homelessness, 2015-2024**

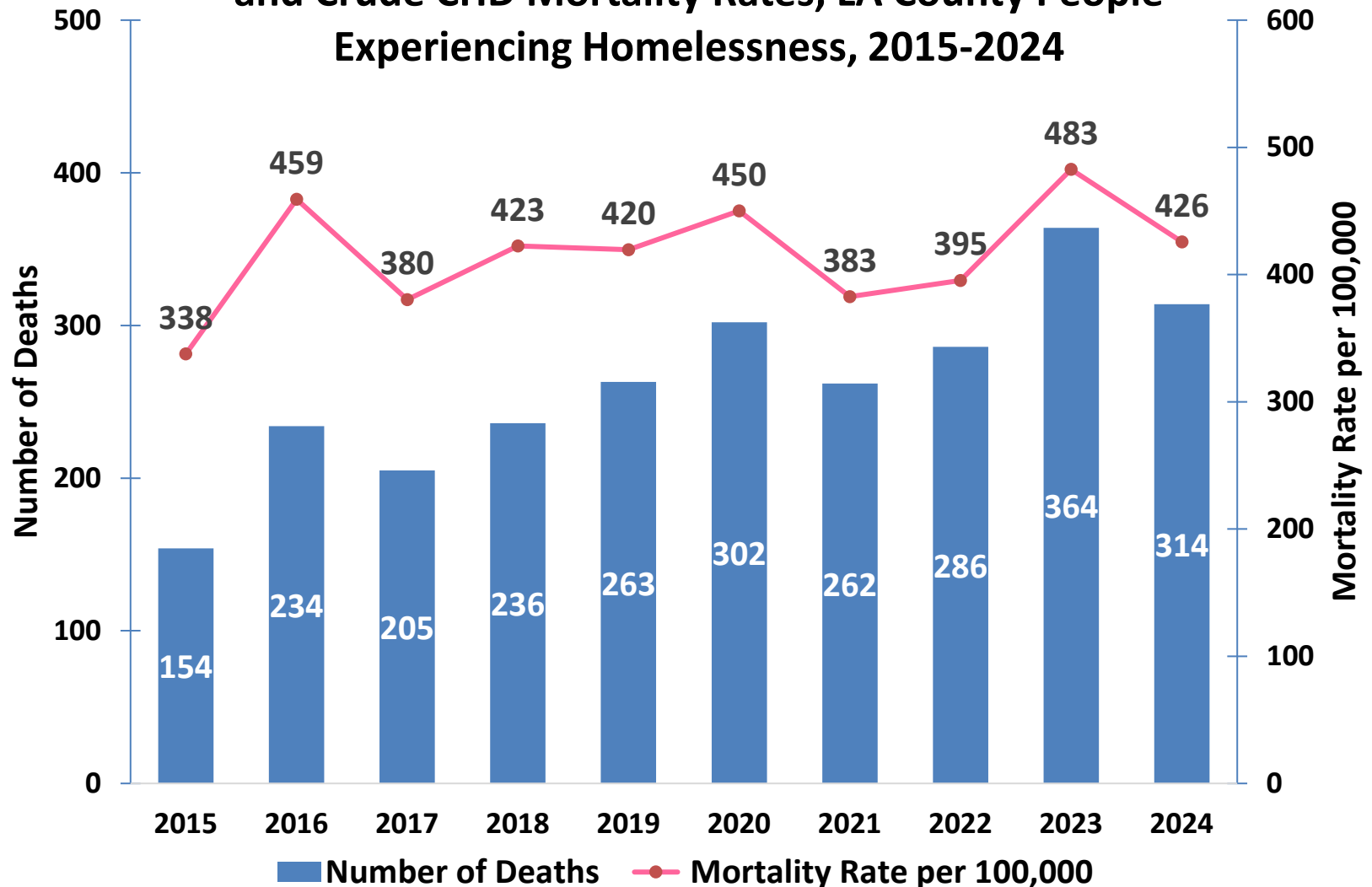


Figure 15: Age-Adjusted **Coronary Heart Disease Mortality Rates, LA County PEH by Race and Ethnicity, 2020-2024¹**

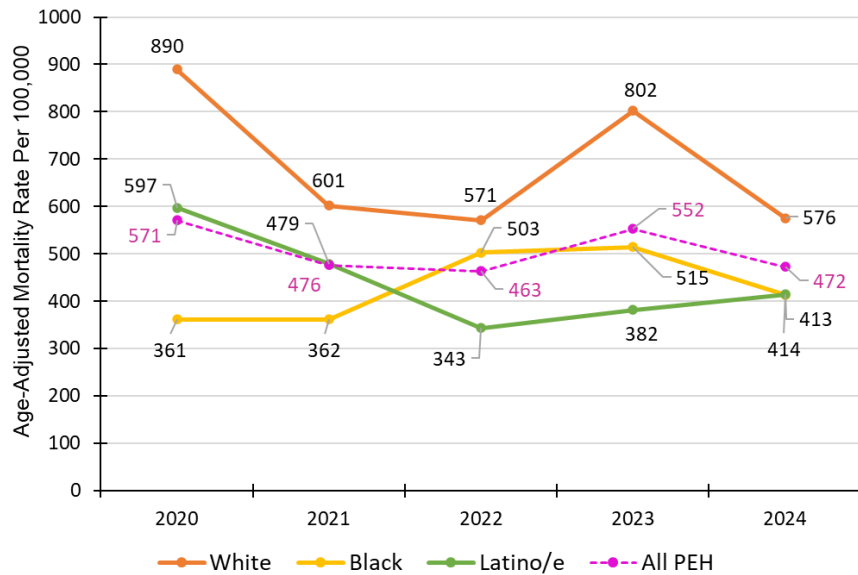
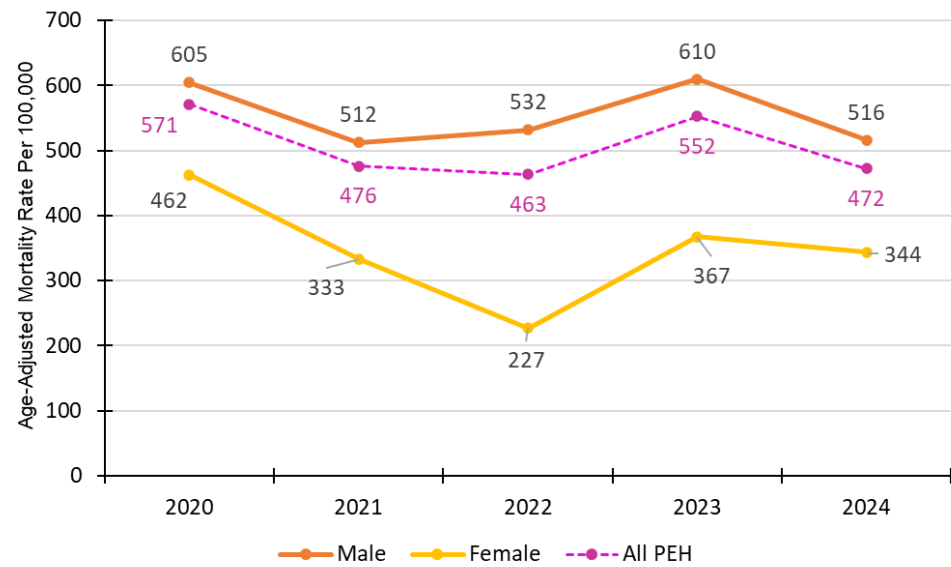


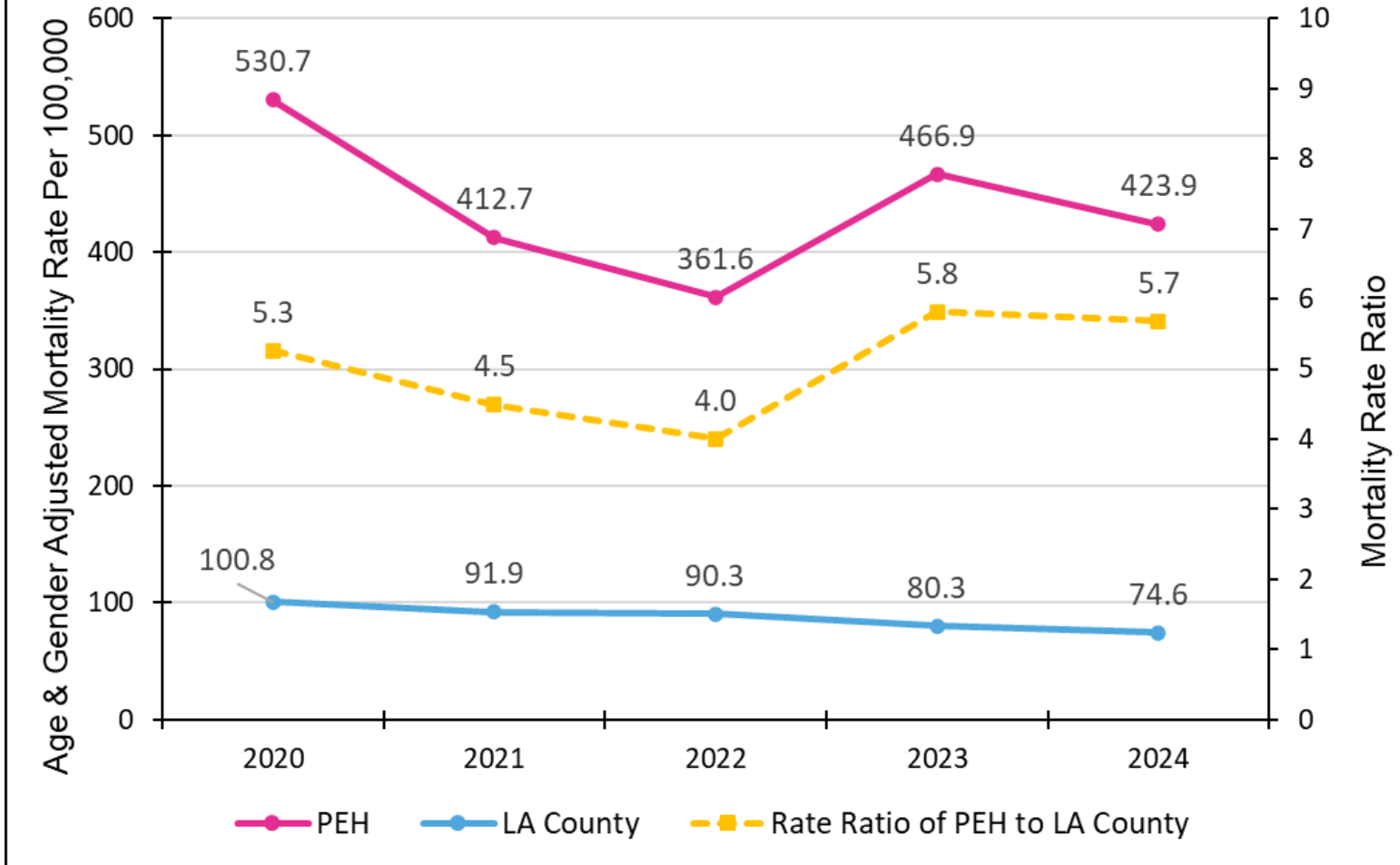
Figure 16: Age-Adjusted **Coronary Heart Disease Mortality Rates, LA County PEH by Gender, 2020-2024¹**



PEH=People Experiencing Homelessness

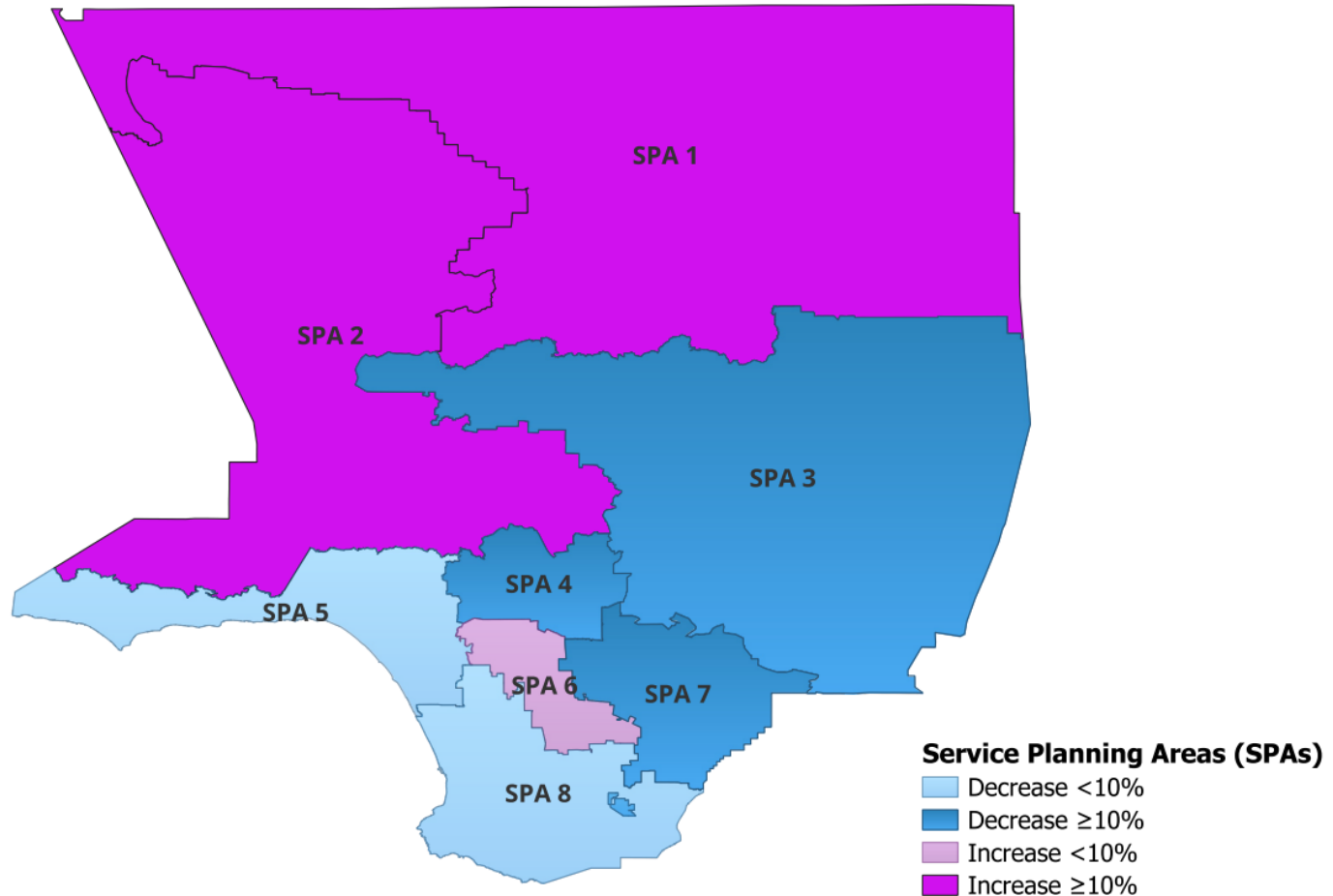


Figure 17: Age and Gender Adjusted **Coronary Heart Disease Mortality Rates, PEH compared to LA County Population, 2020-2024**



PEH=People Experiencing Homelessness

Map 3: Changes in PEH **Coronary Heart Disease Deaths, 2023 vs. 2024, by Service Planning Area (SPA)**



PEH=People Experiencing Homelessness



Strategies to Reduce **Coronary Heart Disease** Mortality among People Experiencing Homelessness

- 3.1 Sustain and expand comprehensive primary and preventive care services for people experiencing homelessness.**
- 3.2 Expedite and facilitate unhoused patients' access to cardiac testing, medications, procedures and care.**
- 3.3 Address substance use disorders as contributors to cardiovascular deaths among people experiencing homelessness.**
- 3.4 Train health care and social service providers to better understand and accommodate the special needs and circumstances of people experiencing homelessness when making chronic disease management recommendations.**



Key Indicator #4:

Traffic Injury Mortality Rate among People Experiencing Homelessness





Figure 18: Number of **Traffic Injury Deaths and Crude Traffic Injury Mortality Rates, LA County People Experiencing Homelessness, 2015-2024**

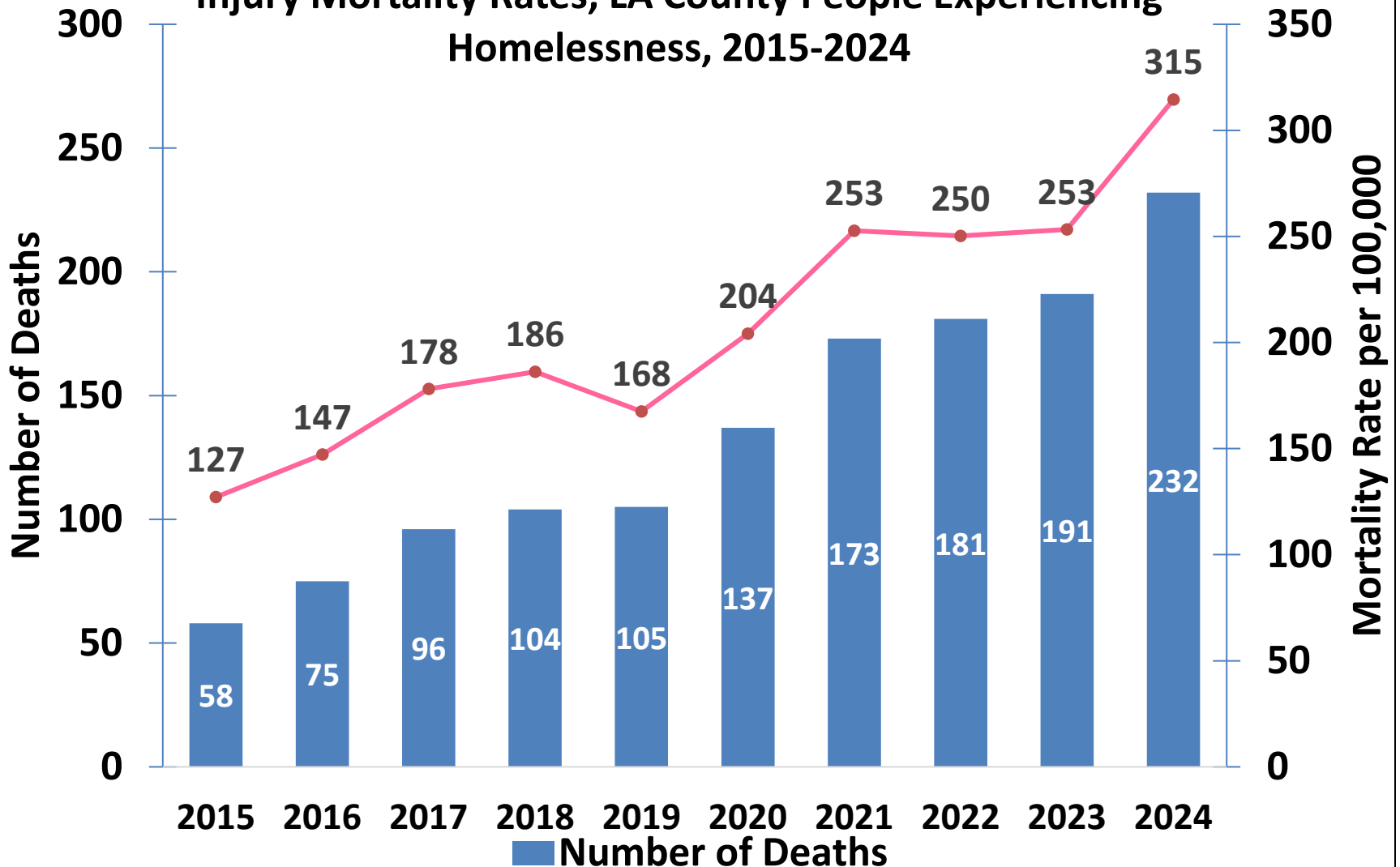


Figure 19: Age-Adjusted Traffic Injury Mortality Rates, LA County PEH by Race and Ethnicity, 2020-2024¹

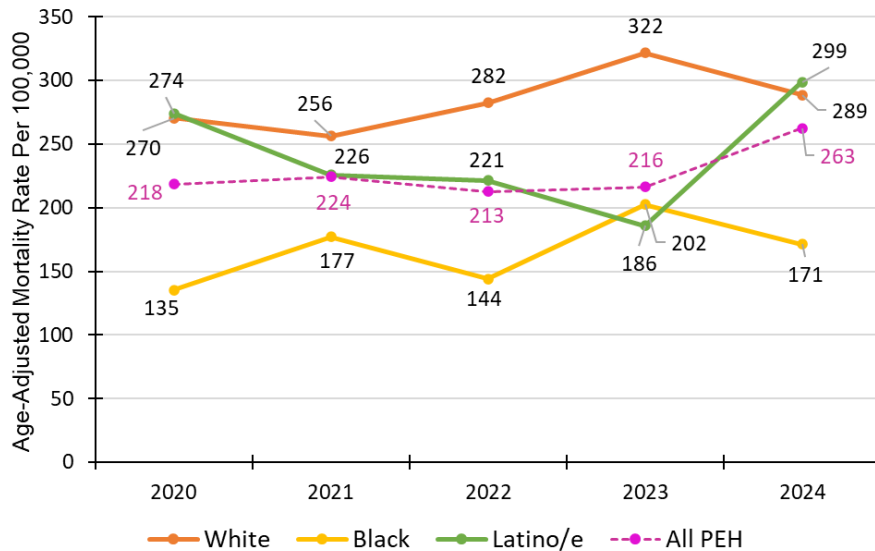
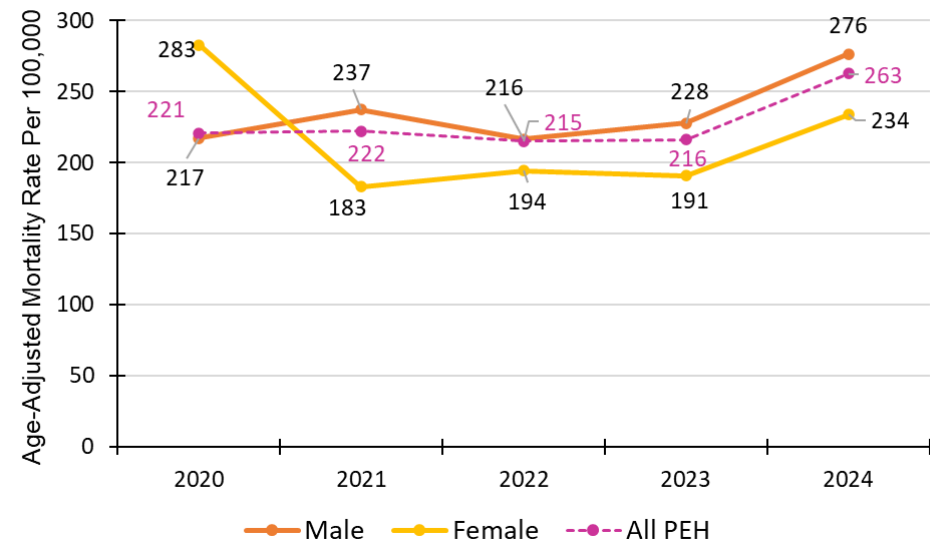


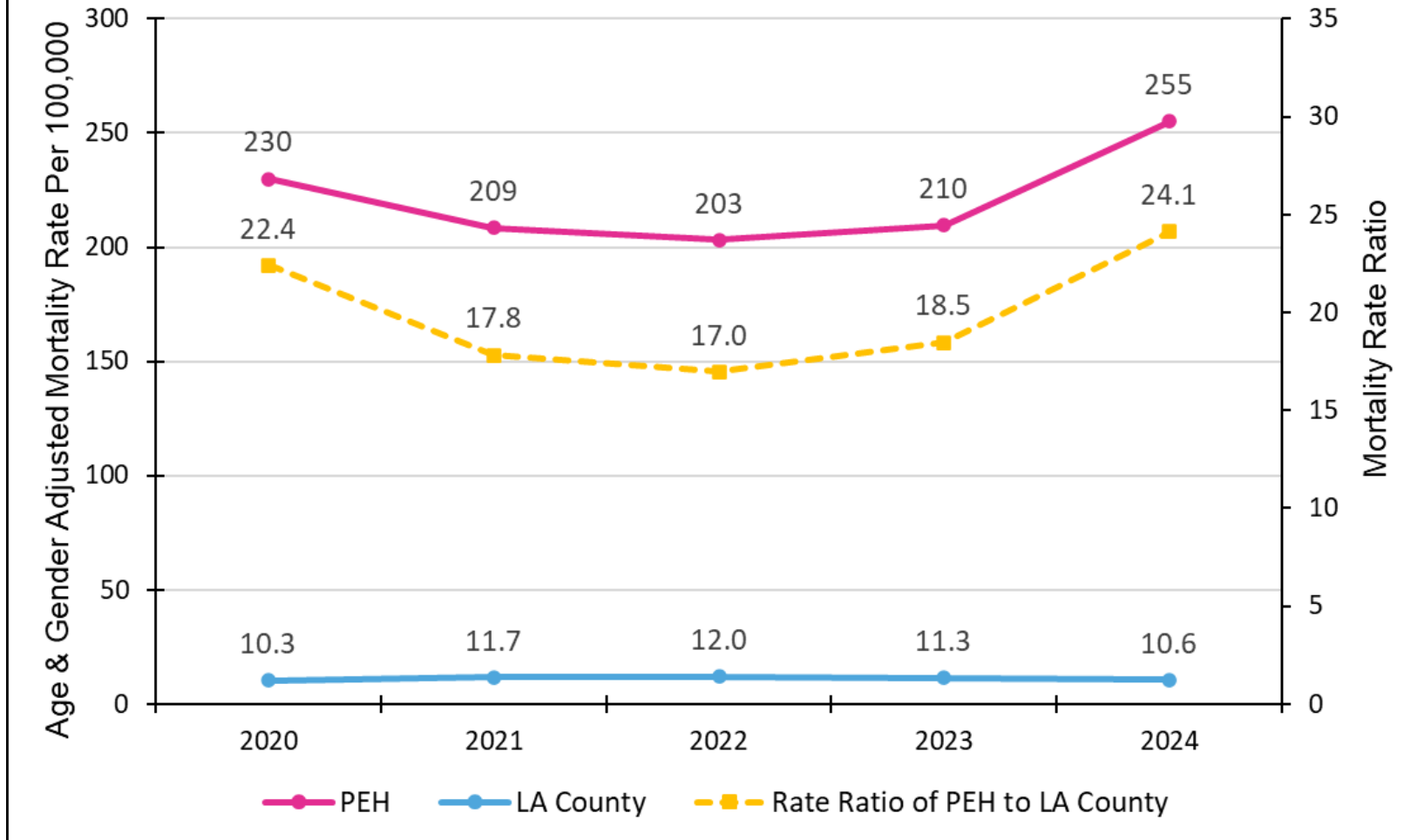
Figure 20: Age-Adjusted Traffic Injury Mortality Rates, LA County PEH by Gender, 2020-2024¹



PEH=People Experiencing Homelessness

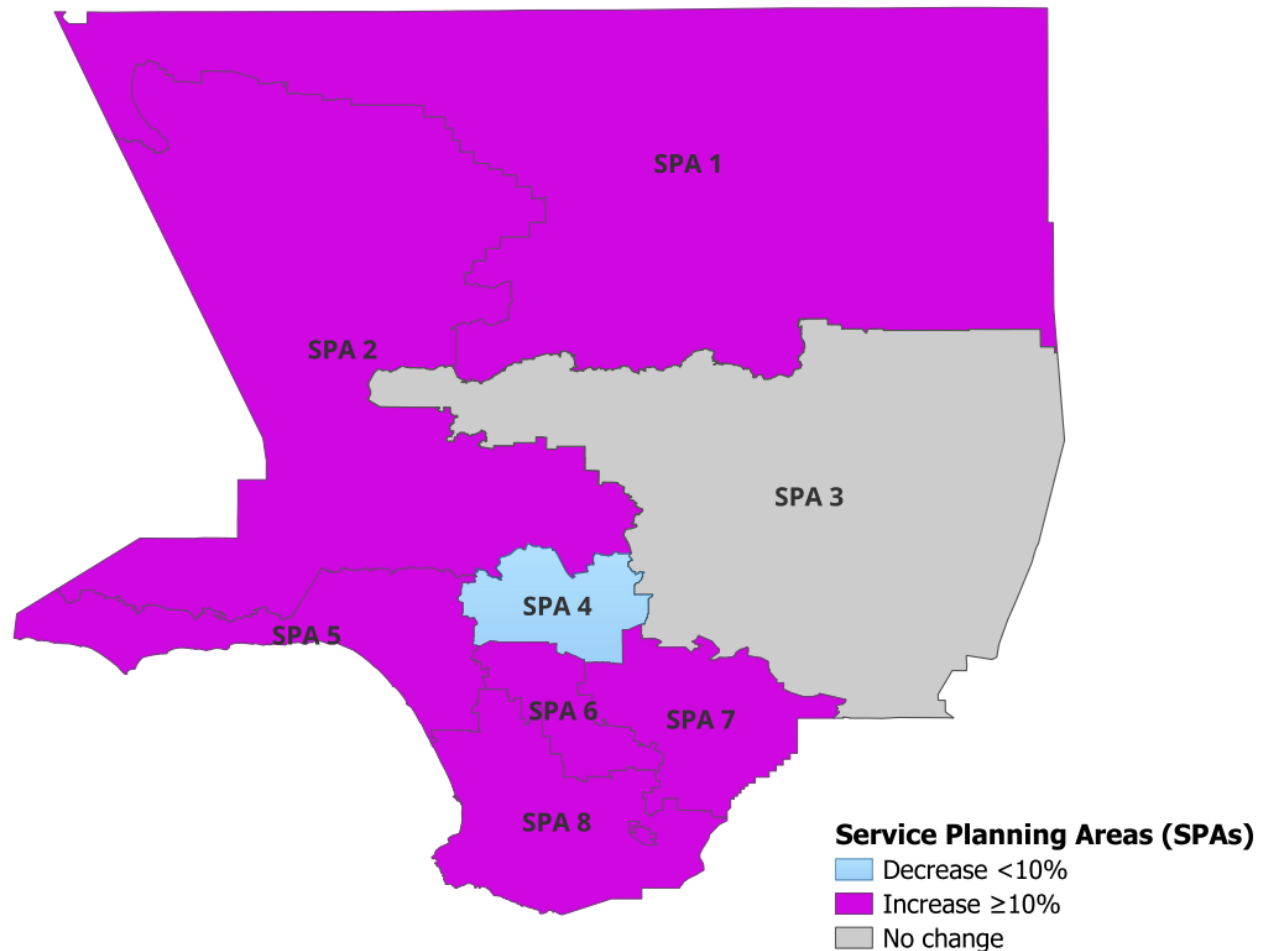


Figure 22: Age and Gender Adjusted **Traffic Injury Mortality Rates: PEH compared to LA County Population, 2020-2024**



PEH=People Experiencing Homelessness

Map 4: Changes in PEH Traffic Injury Deaths, 2023 vs. 2024, by Service Planning Area (SPA)



PEH=People Experiencing Homelessness



Strategies to Reduce **Traffic Injury** Mortality among People Experiencing Homelessness

- 4. Conduct a more detailed analysis of 2024 traffic injury deaths among people experiencing homelessness to inform preventive policy, program, and/or infrastructure interventions.**

Classify deaths by roadway type, situational context, proximity to encampments and other relevant landmarks, demographics and geographic clustering to identify most frequent causes of collisions. Convene workgroup of relevant agencies based on roadway types (e.g., Caltrans for interstate highways) geographic clustering (e.g., local transportation agencies and homeless Continuums of Care) and other relevant factors to identify mitigation strategies.



Key Indicator #5:

Homicide Mortality Rate among People Experiencing Homelessness





Figure 23: Number of **Homicide Deaths and Crude Homicide Mortality Rates, LA County People Experiencing Homelessness, 2015-2024**

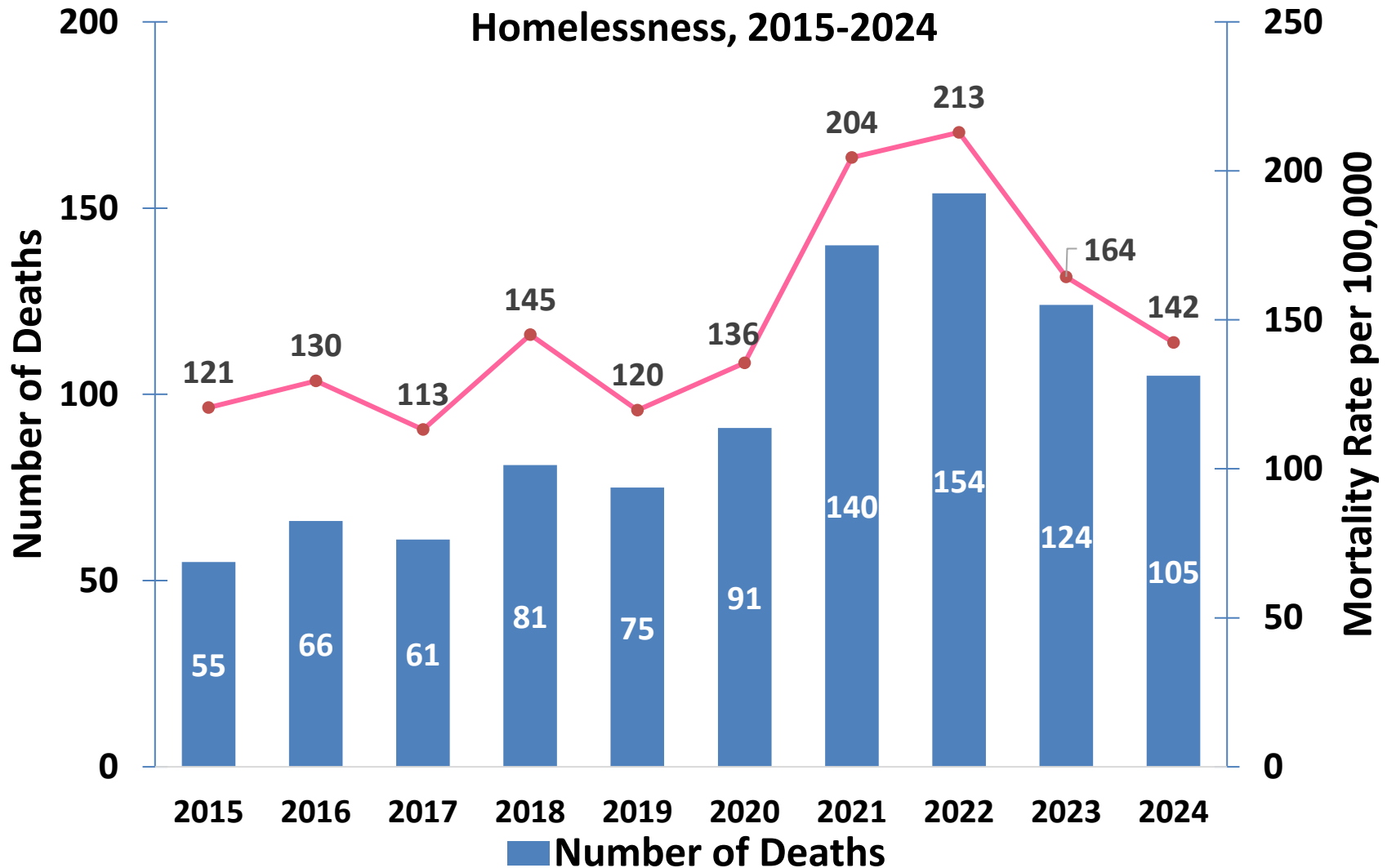




Figure 24: Crude Homicide Mortality Rates among PEH, by Race and Ethnicity, 2020-2024¹

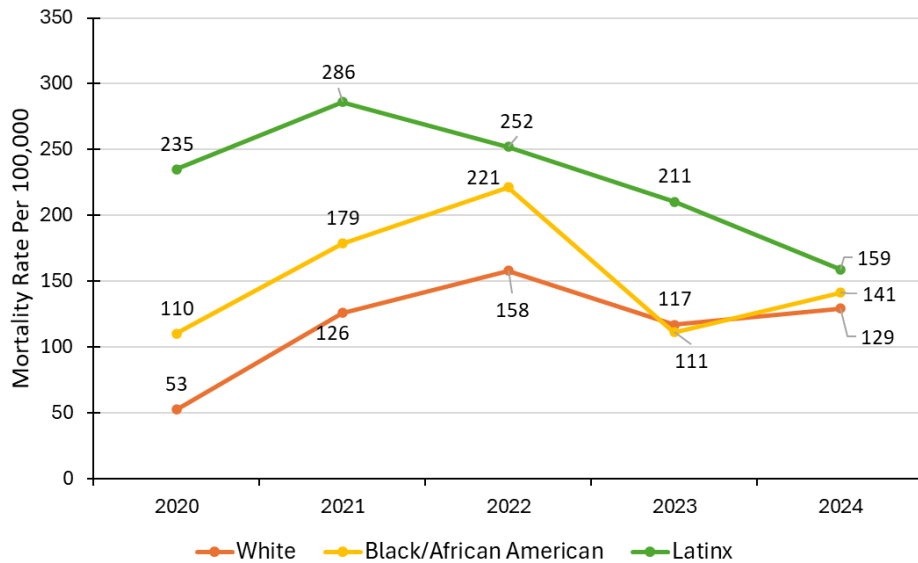
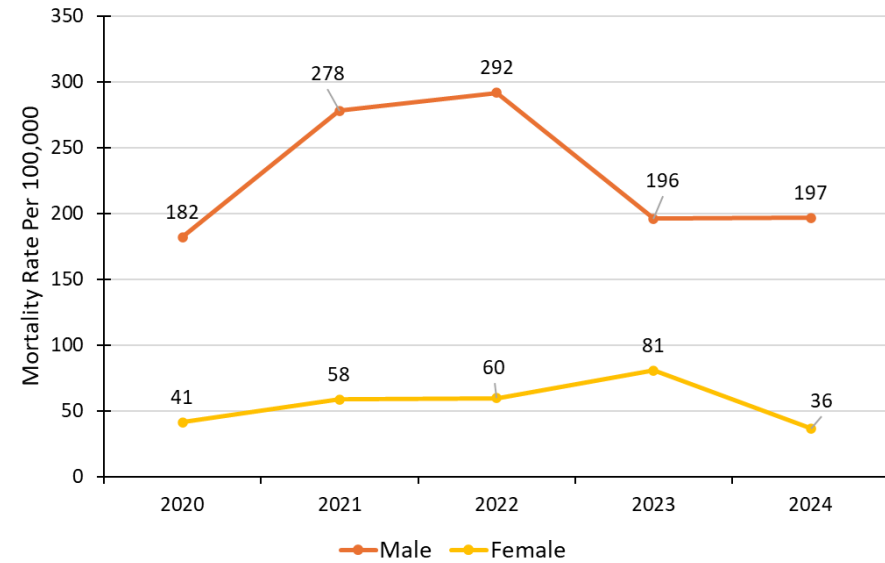
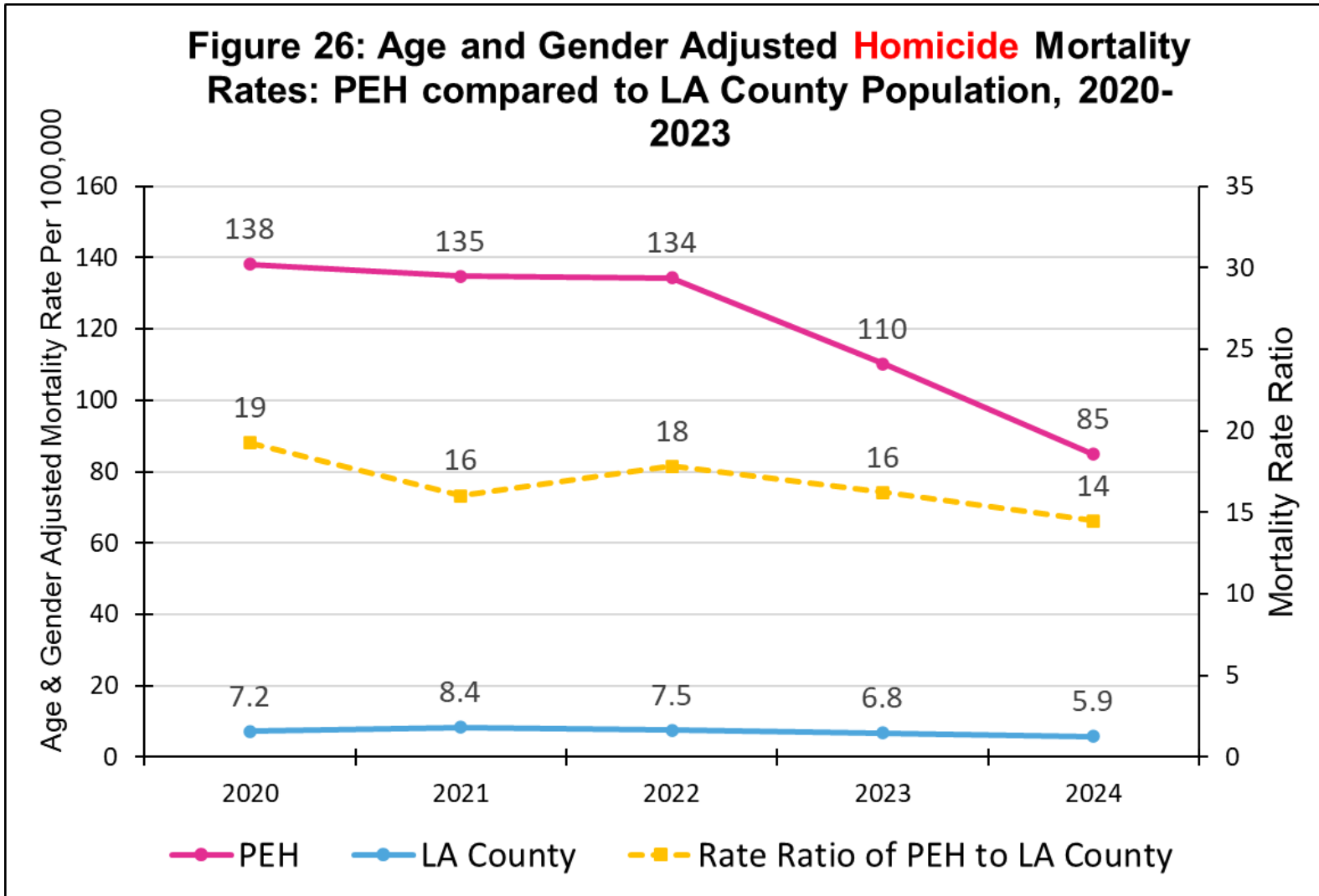


Figure 25: Crude Homicide Mortality Rates among PEH, by Gender, 2020-2024¹



PEH=People Experiencing Homelessness

Figure 26: Age and Gender Adjusted **Homicide Mortality Rates: PEH compared to LA County Population, 2020-2023**



PEH=People Experiencing Homelessness



Strategies to Reduce **Homicide** Mortality among People Experiencing Homelessness

- 5. Sustain and expand violence prevention and intervention services for people experiencing homelessness within Trauma Prevention Initiative (TPI) communities.**

Ensure that TPI services, such as Street Outreach and Community Violence Intervention and Hospital-based Violence Intervention, are available to individuals who are experiencing homelessness, including ensuring that adequate resources and referrals are in place to help people victimized by violence obtain housing.



Key Indicator #6:

Suicide Mortality Rate among People Experiencing Homelessness





Figure 27: Number of Suicide Deaths and Crude Suicide Mortality Rates, LA County People Experiencing Homelessness, 2015-2024

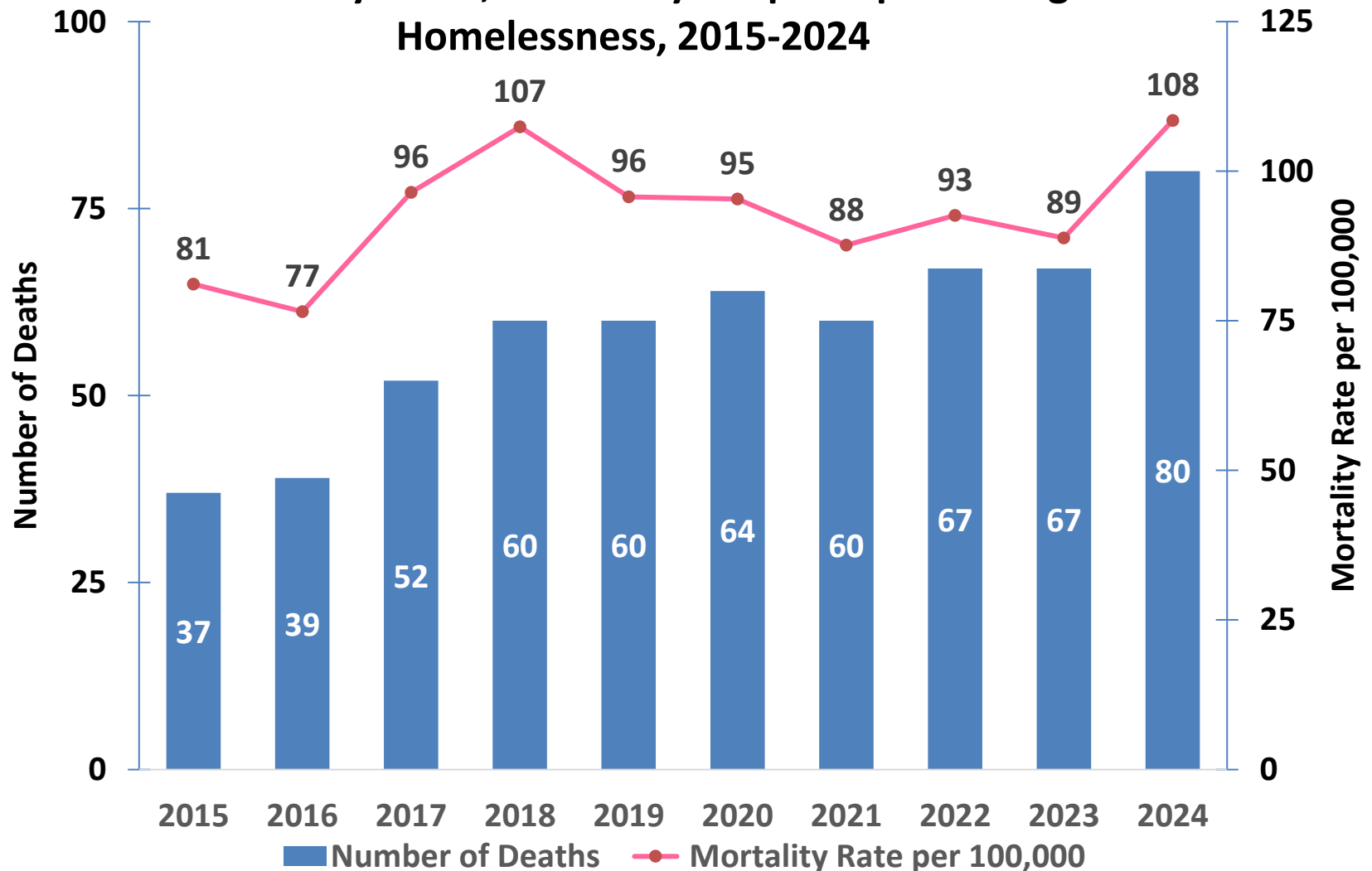


Figure 28: Trends in Suicide Mortality Rates among PEH, by Race/Ethnicity, 2020-24

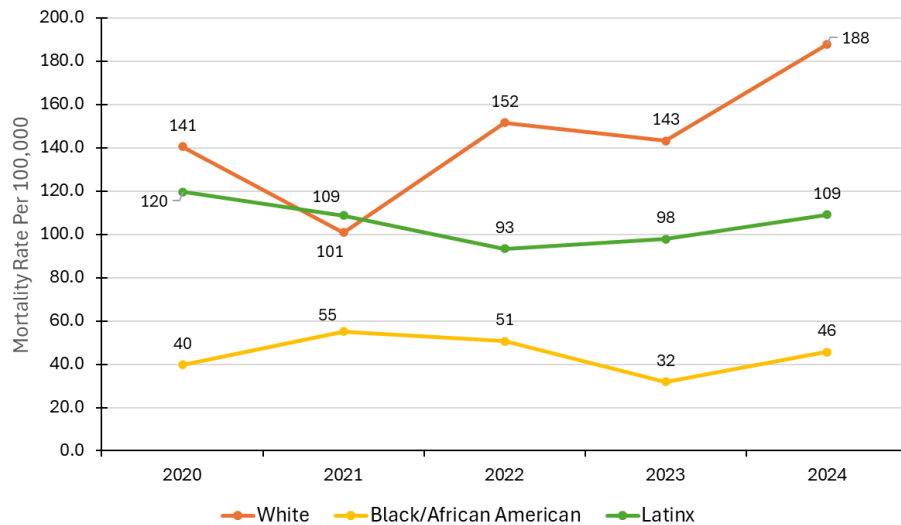
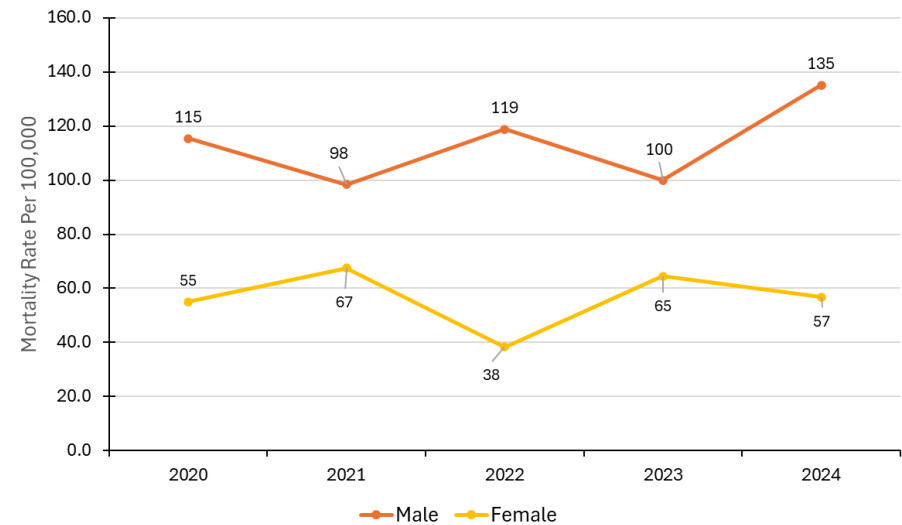
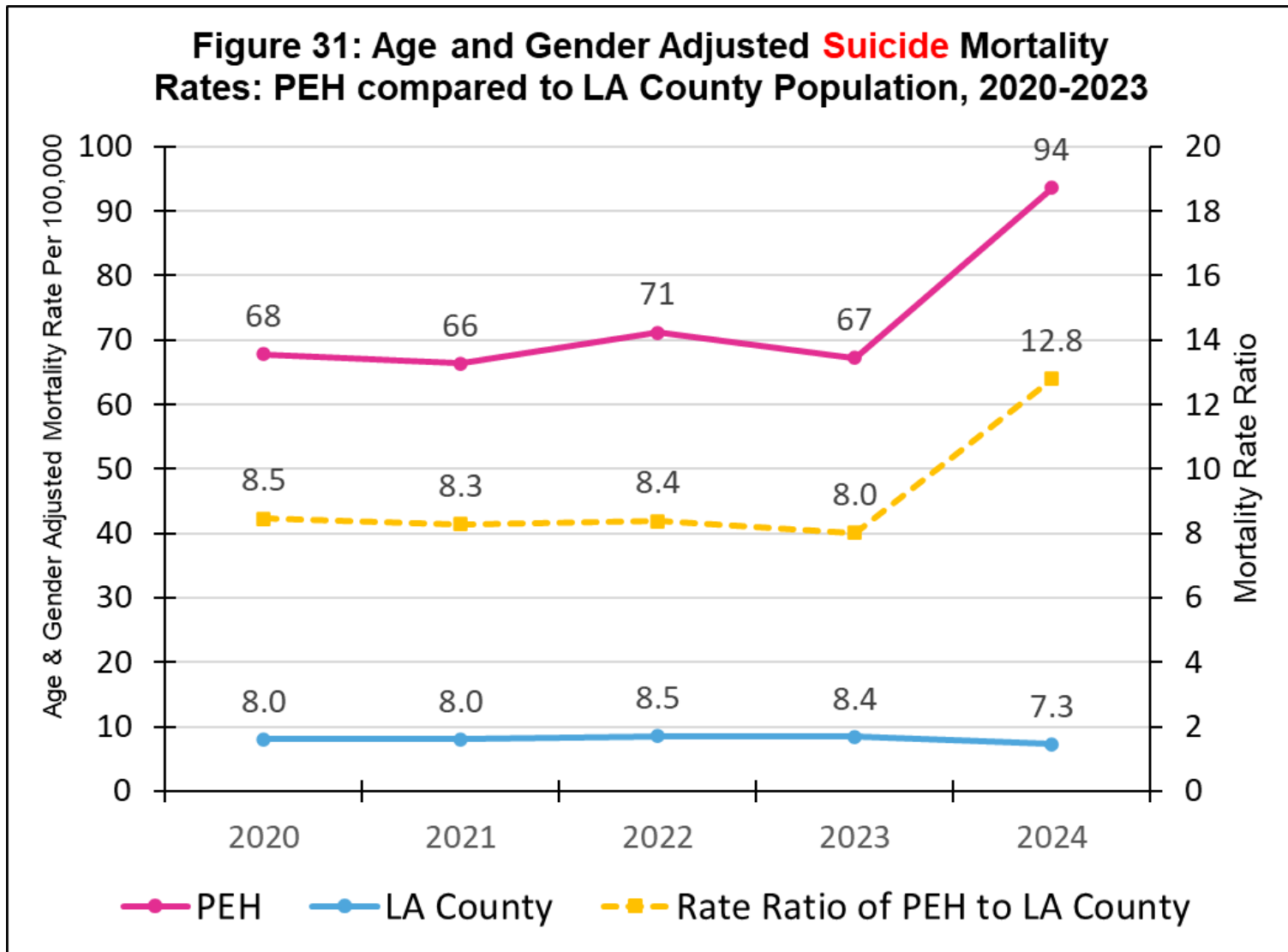


Figure 29: Trends in Suicide Mortality Rates among PEH, by Gender, 2020-24



PEH=People Experiencing Homelessness



PEH=People Experiencing Homelessness



Strategies to Reduce **Suicide** Mortality among People Experiencing Homelessness

6.1 Provide Outreach and Engagement, Risk Assessment, Treatment, and Postvention Response Services to People Experiencing Homelessness

Prevent suicides through direct service strategies provided in collaboration with housing and homeless service agencies, including outreach and engagement, thorough suicide risk screenings, treatment for individuals living with suicidal ideation and behaviors, and suicide postvention response for death by suicide the community.

6.2 Provide Suicide Prevention Trainings for Clinical and Non-Clinical Staff Working in Interim and Permanent Housing Settings

Provide clinical trainings, including Assessing and Managing Suicide Risk (AMSR), as well as consultation and technical assistance to clinical staff and contracted providers at Enhanced Emergency Shelter Programs for transition age youth (TAY), domestic violence shelters, and to clinical staff and contracted providers in County departments who serve PEH in interim housing settings. Provide Question, Persuade, and Refer (QPR) trainings to non-clinical County and contracted gatekeeper staff serving PEH, so they learn how to recognize the warning signs of a suicide crisis and to question, persuade and refer those needing help.



THANK YOU

For more information or additional questions please contact:

E-Mail: CHIE@ph.lacounty.gov

Website: <http://publichealth.lacounty.gov/chie/>

