



Board of Supervisors Homelessness & Housing Cluster Agenda Review Meeting

DATE: April 9, 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 160 617 157# 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):

a. None.

III. Board Letter(s):

a. None.

IV. Presentation/Discussion Item(s): 2:05-3:50pm

a. Fiscal Year 2026-27 Recommended Budget Recommendations (2:05-2:20pm)

Presenters:

- Michael Martinez, Manager, Family and Social Services, Chief Executive Office - Budget & Operations Management
- James Sokalski, Budget Analyst, Family and Social Services, Chief Executive Office - Budget & Operations Management

b. LA County Department of Homeless Services & Housing Strategic Goals & Priorities (2:20-2:50pm)

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 (2:50-3:20pm)

Presenters:

- Dr. Will Nicholas, Director, Center for Health Impact Evaluation, Los Angeles County Department of Public Health
- Dr. Brian Hurley, Medical Director, Substance Abuse Prevention and Control, Los Angeles County Department of Public Health

d. Veteran Housing Updates (3:20-3:50pm)

Presenters:

- Jim Zenner, Director, Los Angeles County Department of Military & Veterans Affairs
- Nareh Alexani, Supervisor, Homeless Services Division, Los Angeles County Department of Military & Veterans Affairs

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: (3:50pm-End)

IX. Public Comment: (3:50pm-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

Family and Social Services
HOMELESS SERVICES AND HOUSING

Recommended Budget
 Fiscal Year 2026-27

Changes From 2025-26 Budget

	Gross Appropriation (\$)	Intrafund Transfer (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
2025-26 Final Adopted Budget	0	0	0	0	0.0
<i>Collaborative Programs</i>					
1. Transfer from CEO - Homeless Initiative: Reflects the transfer of 97.0 budgeted positions and related funding from CEO - Homeless Initiative to the newly established HSH department adopted by the Board on April 1, 2025.	42,571,000	1,652,000	37,674,000	3,245,000	97.0
2. Transfer from CEO - Homeless and Housing: Reflects the transfer of funding from CEO - Homeless and Housing Program to the newly established HSH department adopted by the Board on April 1, 2025.	309,156,000	6,000,000	224,375,000	78,781,000	--
3. Transfer from DHS – Community Programs (Housing for Health): Reflects the transfer of 316.0 budgeted positions and related funding from DHS – Community Programs (Housing for Health) to the newly established HSH department adopted by the Board on April 1, 2025.	662,084,000	144,612,000	513,626,000	3,846,000	316.0
<i>New/Expanded Programs</i>					
4. Measure A: Reflects an adjustment to align Measure A funding with the Fiscal Year 2026-27 HSH spending plan for Measure A, Measure H, and Homeless Housing, Assistance, and Prevention (HHAP) adopted by the Board on February 3, 2026.	247,121,000	--	247,121,000	--	175.0
5. Measure H: Reflects an adjustment to align Measure H funding with the HSH spending plan adopted by the Board on February 3, 2026.	20,380,000	--	20,380,000	--	--
6. Homeless Housing Assistance and Prevention (HHAP): Reflects an adjustment to align HHAP funding with the HSH spending plan adopted by the Board on February 3, 2026.	72,482,000	--	72,482,000	--	--
<i>Other Changes</i>					
7. One-Time Funding: Reflects an adjustment to remove prior-year funding that was provided on a one-time basis for various homeless programs.	(387,928,000)	(23,169,000)	(364,759,000)	--	--
8. Experience Adjustment: Reflects the deletion of 15.0 vacant positions and a net \$0 realignment of related appropriation based on anticipated expenditure trends.	--	--	--	--	(15.0)
Total Changes	965,866,000	129,095,000	750,899,000	85,872,000	573.0
2026-27 Recommended Budget	965,866,000	129,095,000	750,899,000	85,872,000	573.0

Family and Social Services
AFFORDABLE HOUSING
 Recommended Budget
 Fiscal Year 2026-27

Changes From 2025-26 Budget

	Gross Appropriation (\$)	Intrafund Transfer (\$)	Revenue (\$)	Net County Cost (\$)	Budg Pos
2025-26 Final Adopted Budget	0	0	0	0	0.0
Other Changes					
1. Affordable Housing (AH): Reflects \$100.0 million in one-time Available Fund Balance to support AH development and preservation, housing stability, and homelessness reduction.	100,000,000	--	--	100,000,000	--
Total Changes	100,000,000	0	0	100,000,000	0.0
2026-27 Recommended Budget	100,000,000	0	0	100,000,000	0.0

LA COUNTY DEPARTMENT OF HOMELESS SERVICES AND HOUSING

HSH Strategic Goals and Priorities

April 9, 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

9 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

KEY PARTNERS

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

Promote Effective System Governance

7 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 encampments
- Strengthen DMH Presumptive Eligibility partnership

Increase Access to Mainstream and Clinical Services

- Establish DPSS MOU to support alignment across multiple programs and strategies
- Strengthen departmental partnerships with AD, DEO, DCFS, and DPH for youth and families
- Strengthen and expand Veterans System trainings
- Engage in JCOD Warm Landing Place Advisory Committee
- Explore becoming an FSP provider

Improve Flow and Access to Interim and Permanent Housing

- Optimize Air Traffic Control
- Develop data use agreements with PHAS
- Veteran data access and One Team implementation

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

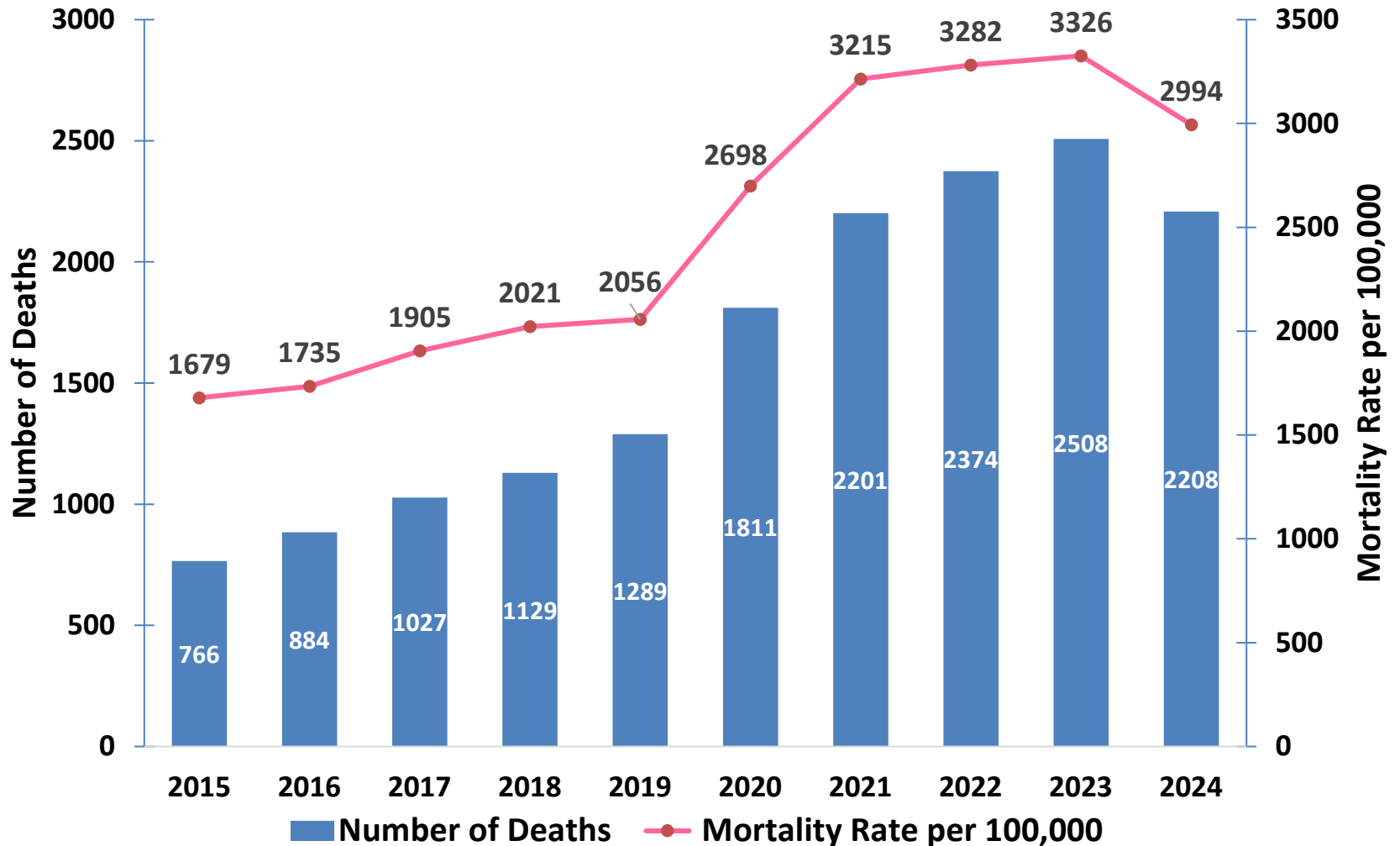




Figure 2: Age-Adjusted All-Cause Mortality Rates, LA County PEH by Race and Ethnicity, 2020-2024¹

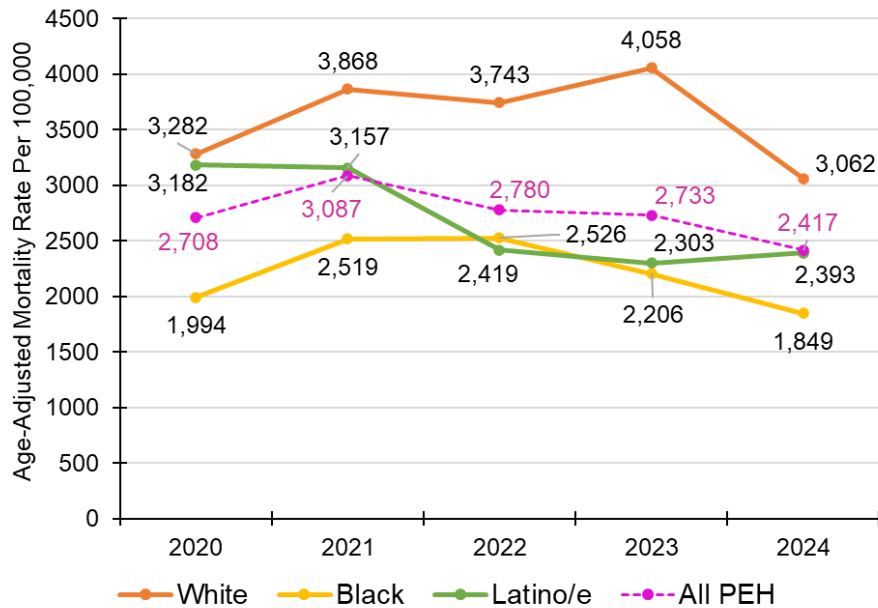
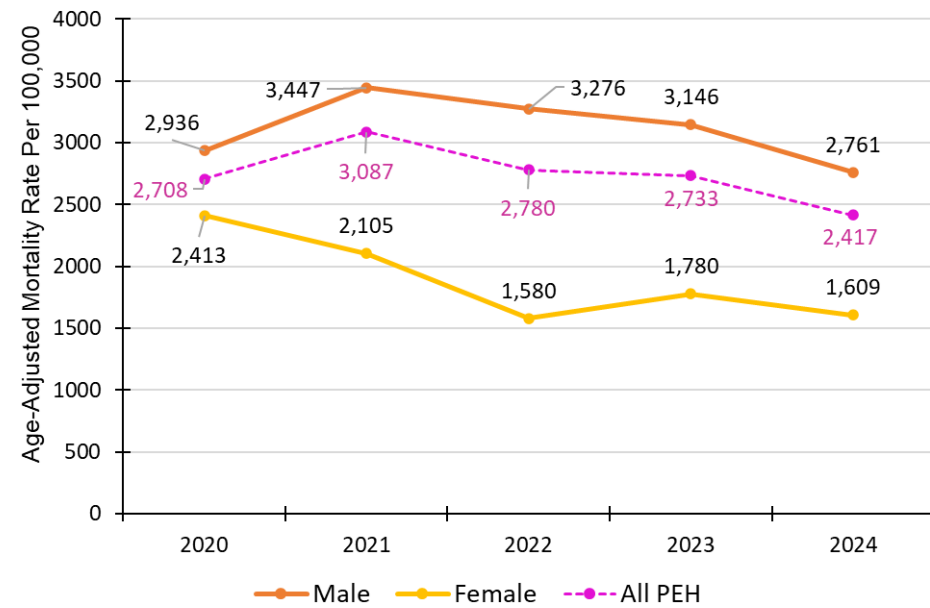


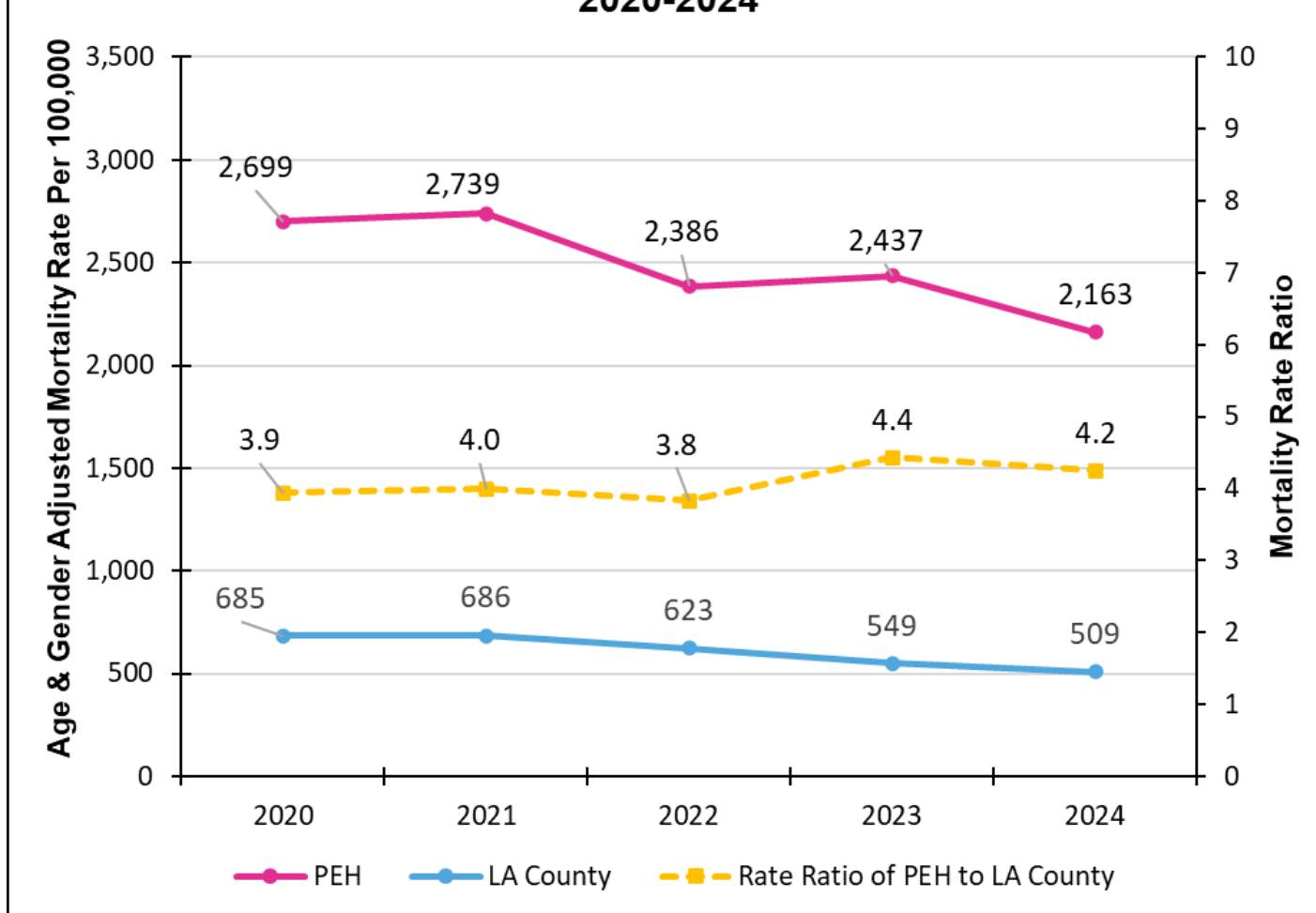
Figure 3: Age-Adjusted All-Cause Mortality Rates, LA County PEH by Gender, 2020-2024¹



PEH=People Experiencing Homelessness

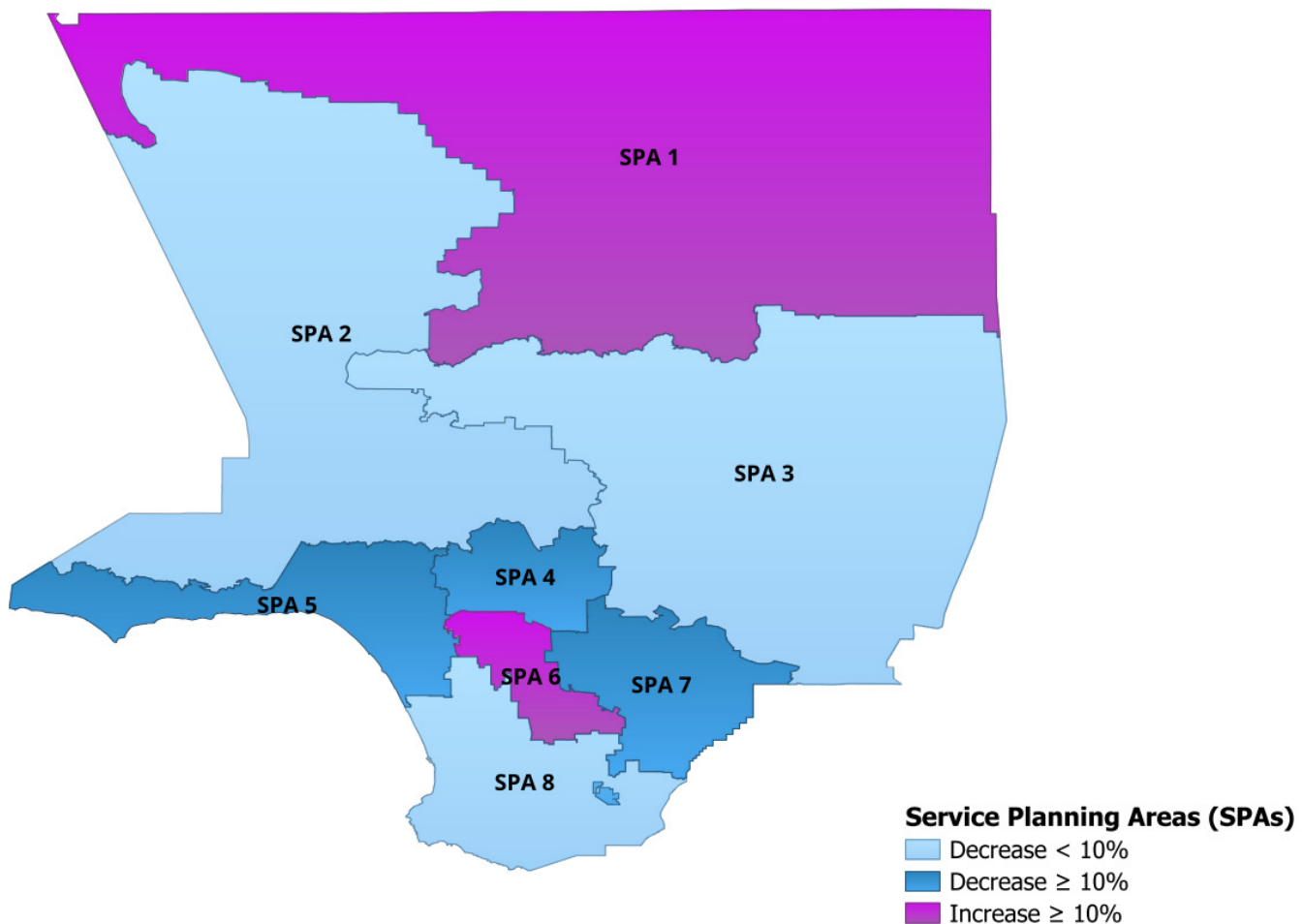


Figure 4: Age and Gender Adjusted All-Cause Mortality Rates, PEH compared to LA County Population, 2020-2024



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

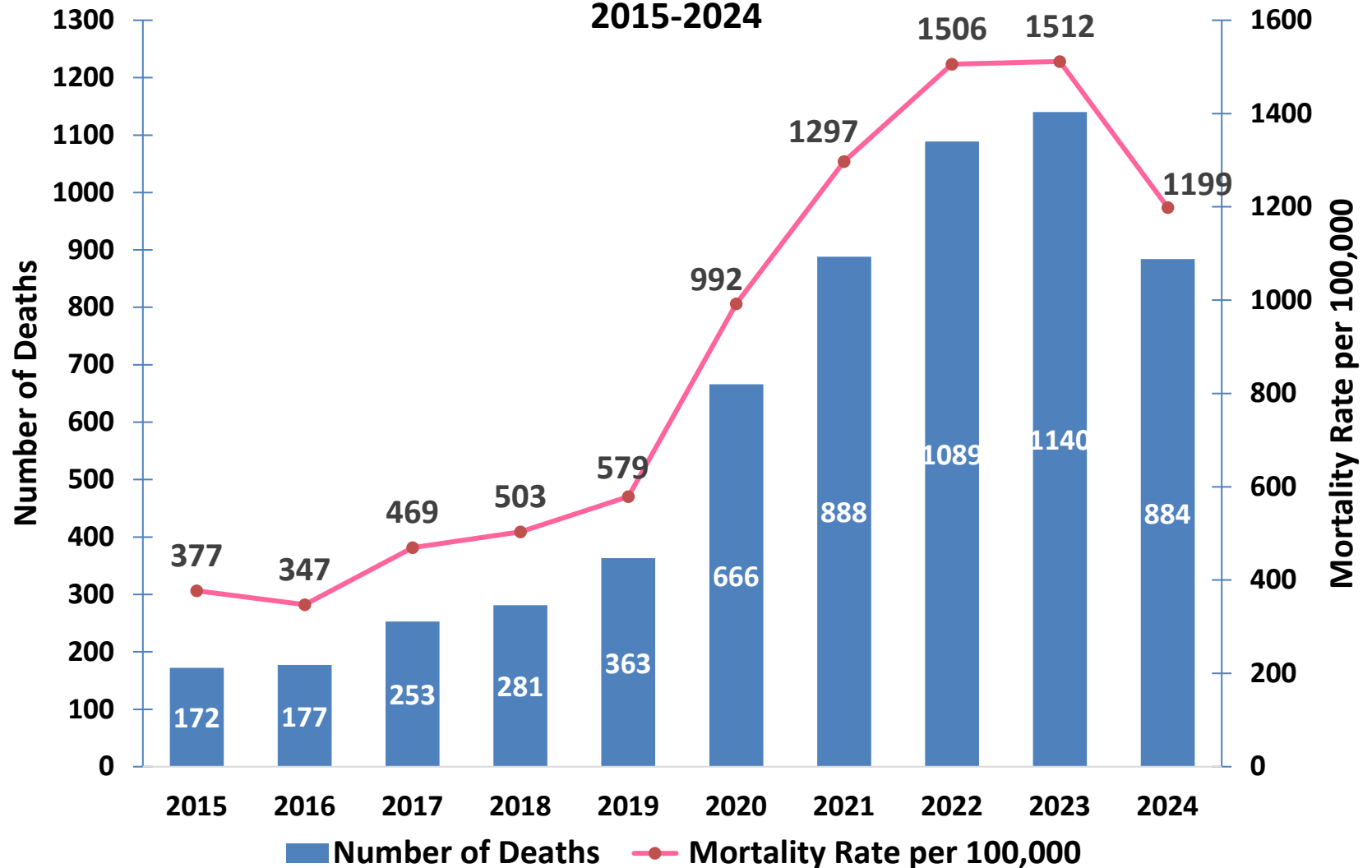


Figure 6: Age-Adjusted Drug Overdose Mortality Rates, LA County PEH by Race and Ethnicity, 2020-2024¹

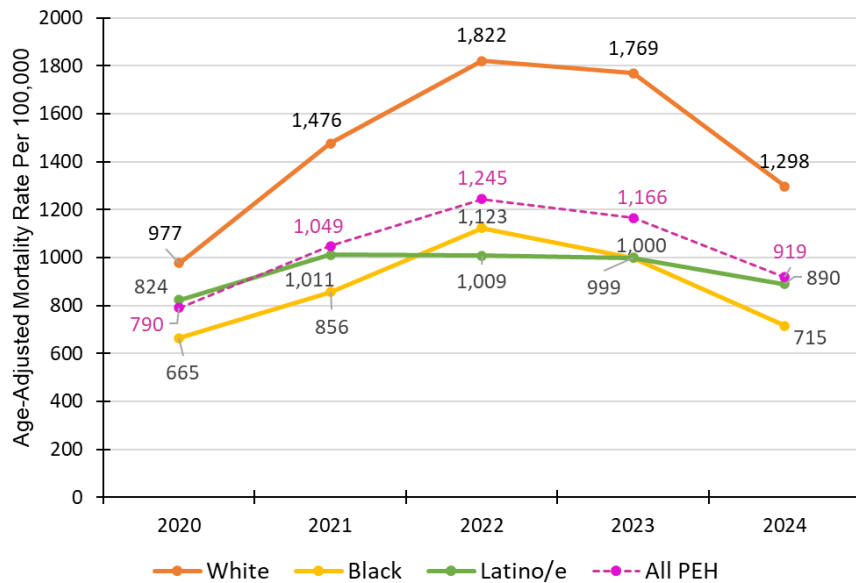
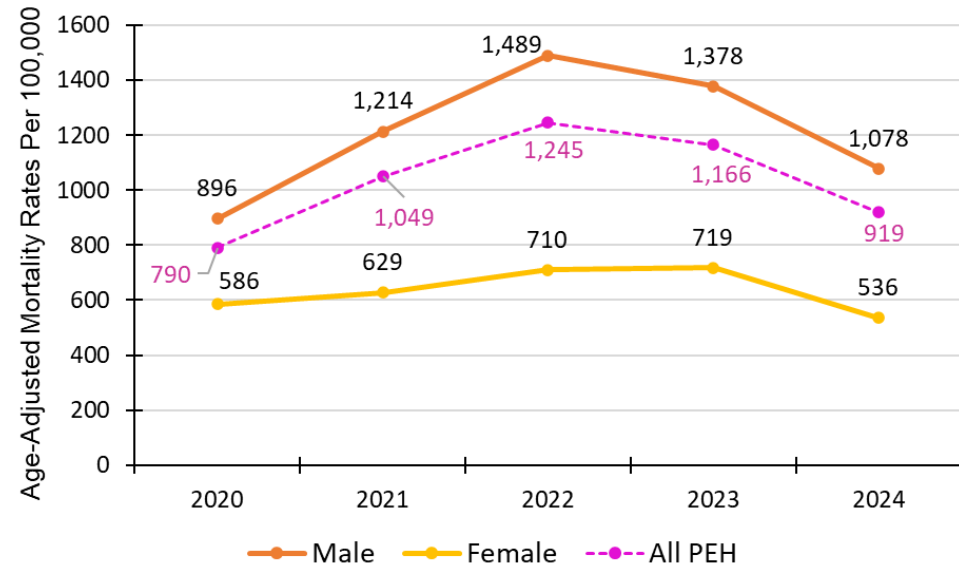


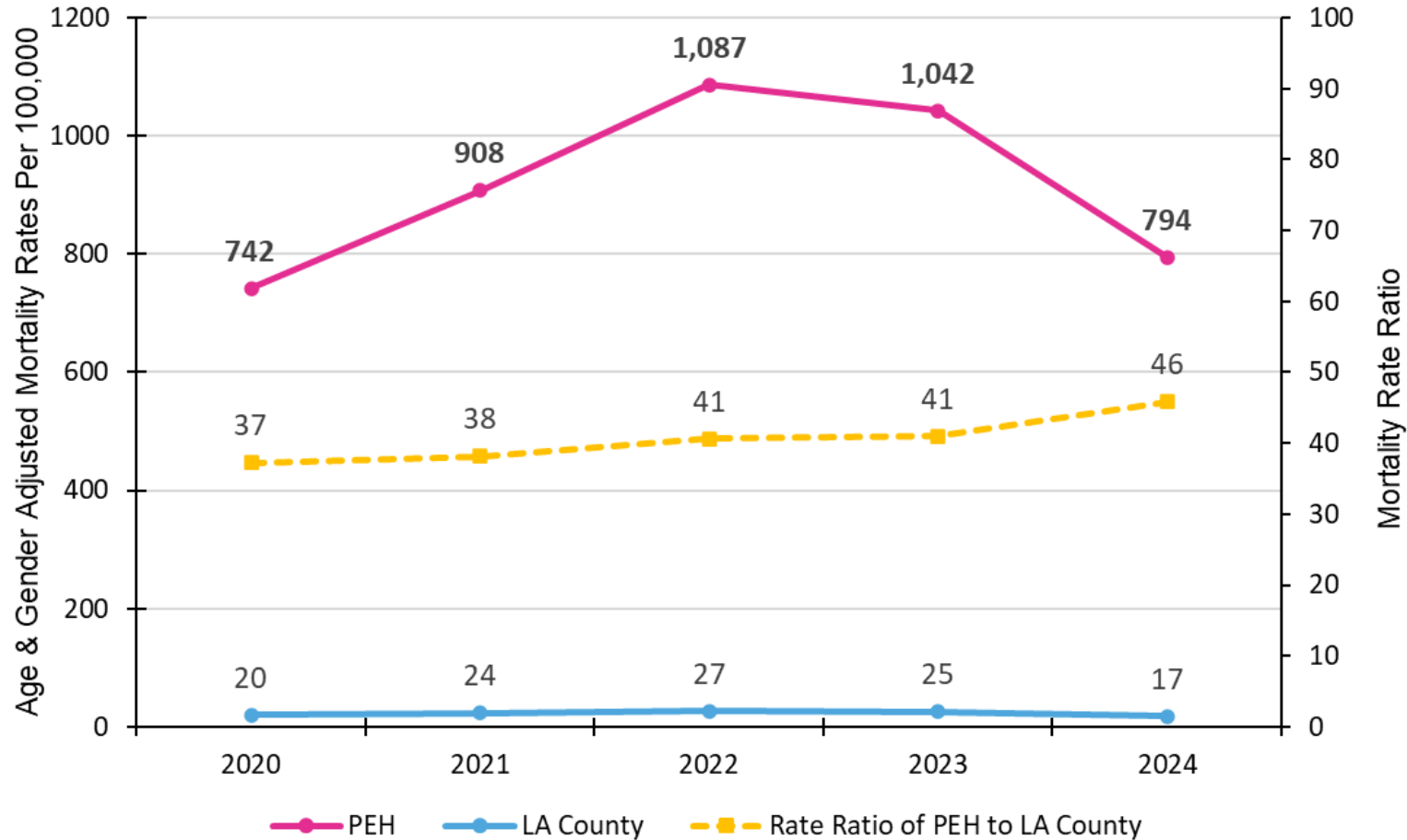
Figure 7: Age-Adjusted Drug Overdose Mortality Rates, LA County PEH by Gender, 2020-2024¹



PEH=People Experiencing Homelessness

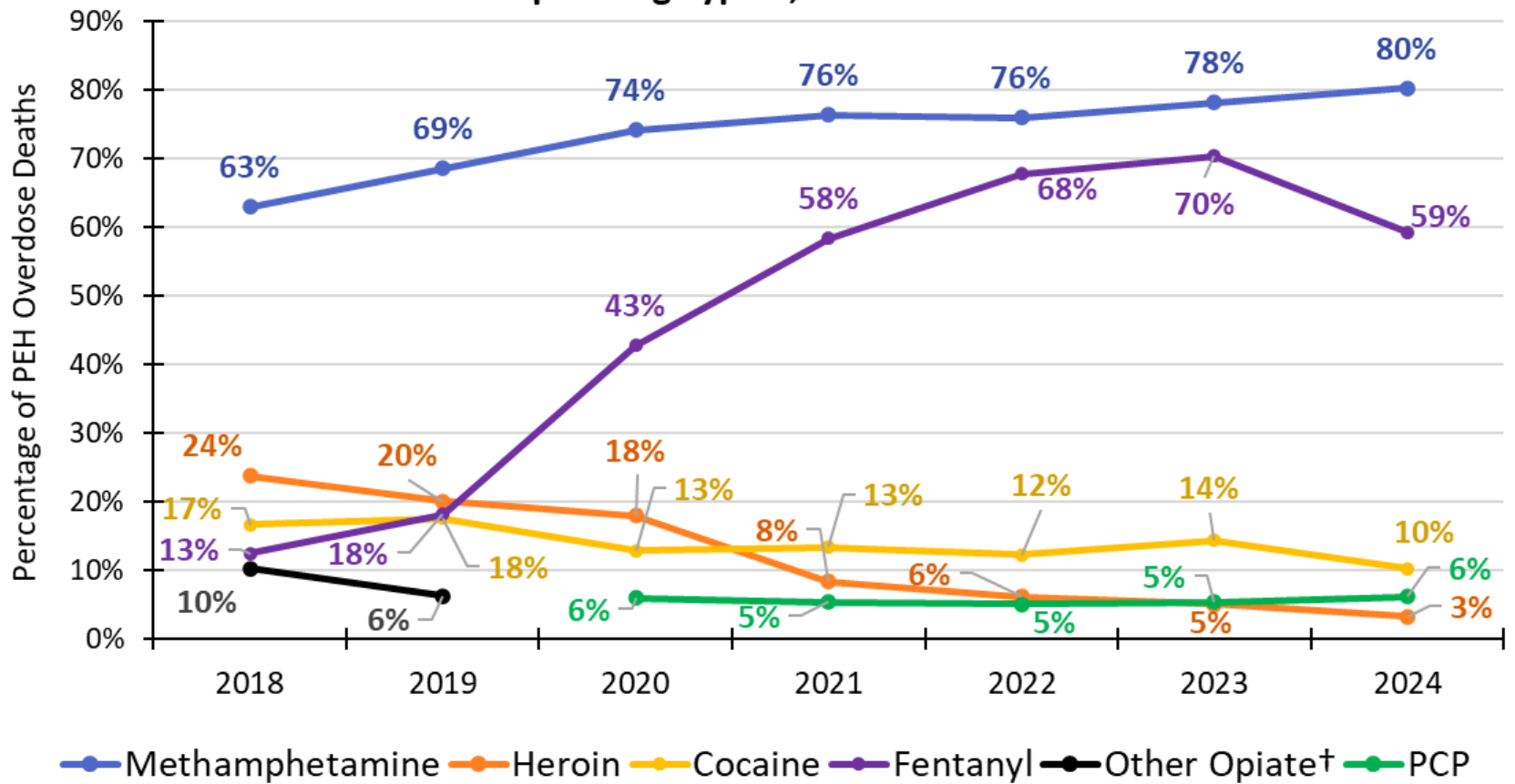


Figure 9: Age and Gender Adjusted Drug Overdose Mortality Rates, PEH compared to LA County Population, 2020-2024



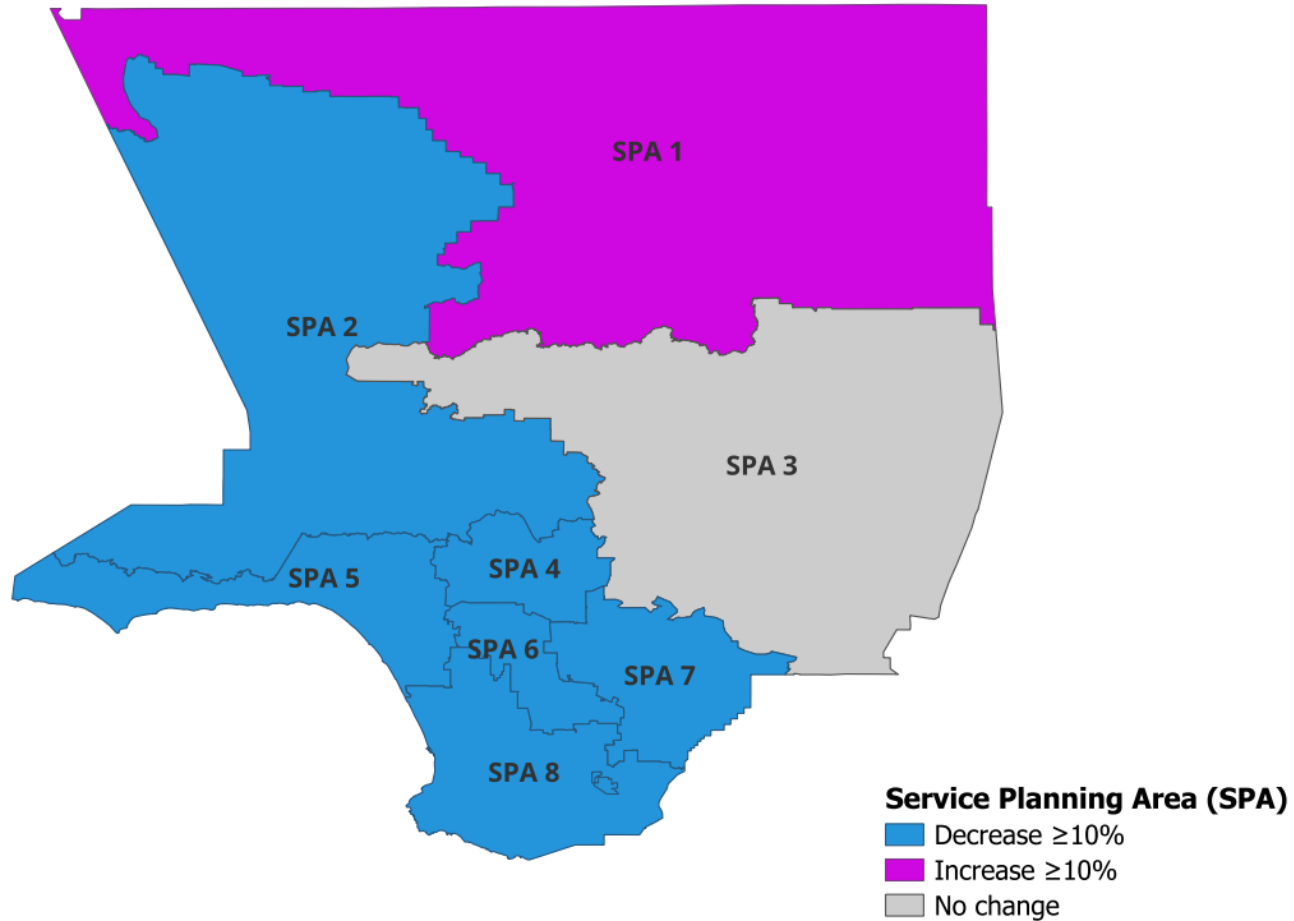
PEH=People Experiencing Homelessness

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**

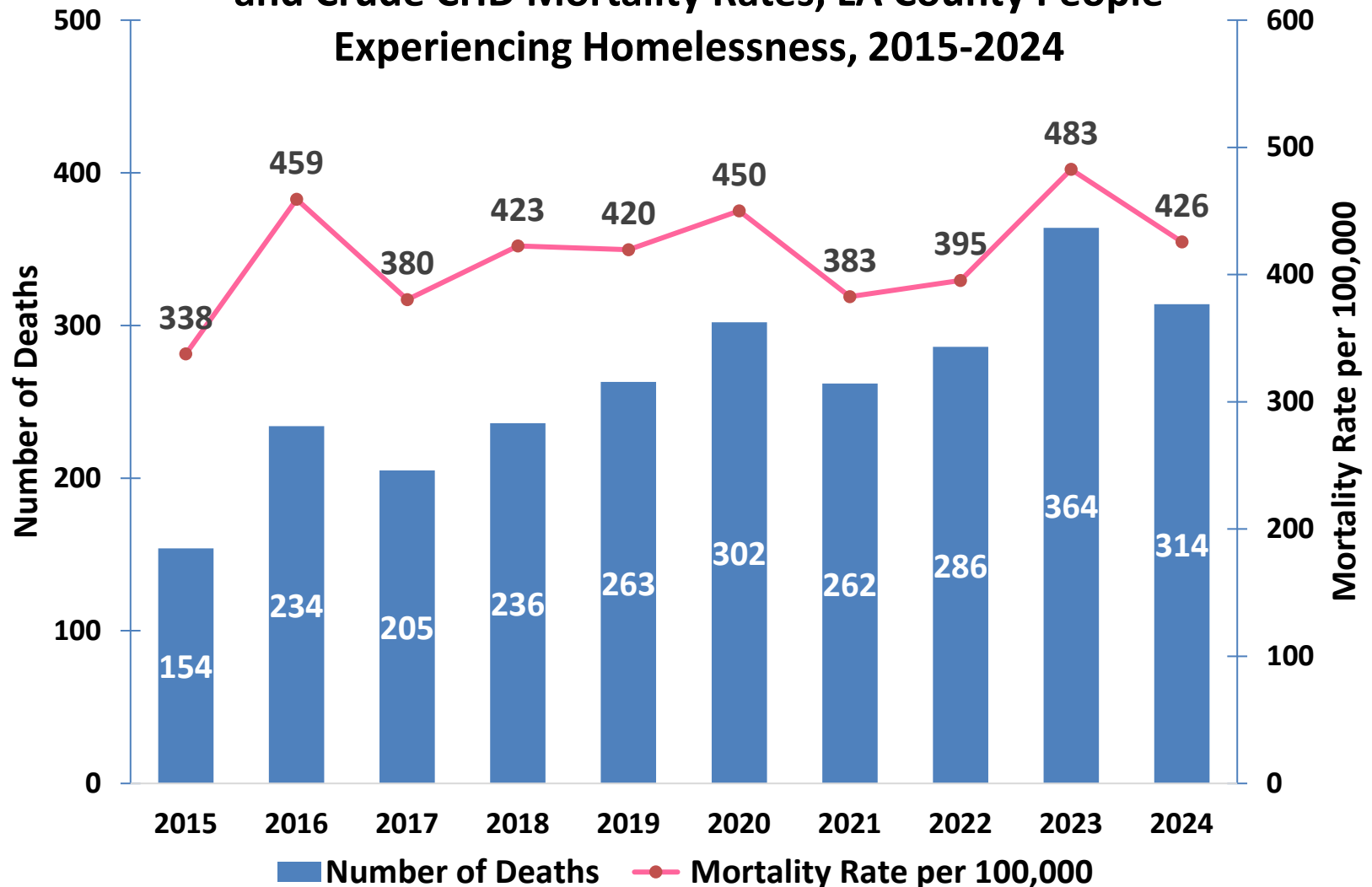


Figure 15: Age-Adjusted **Coronary Heart Disease Mortality Rates, LA County PEH by Race and Ethnicity, 2020-2024¹**

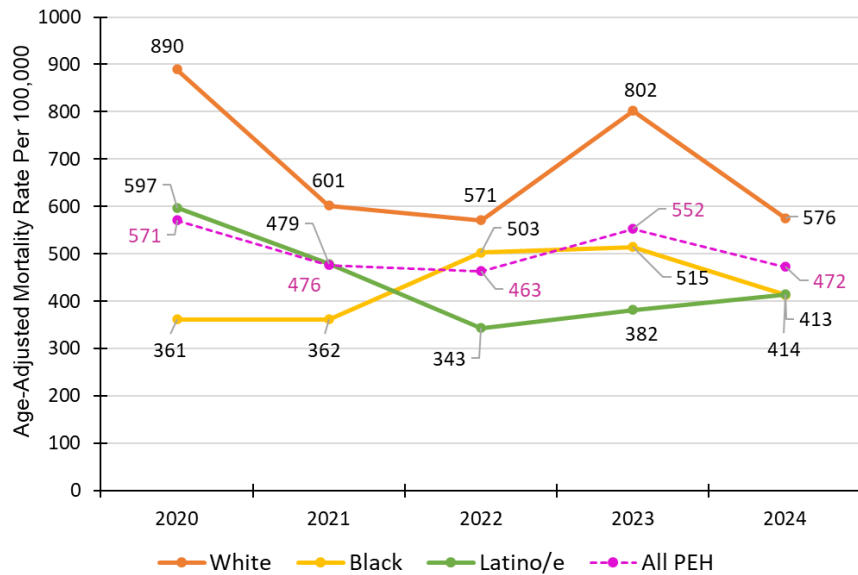
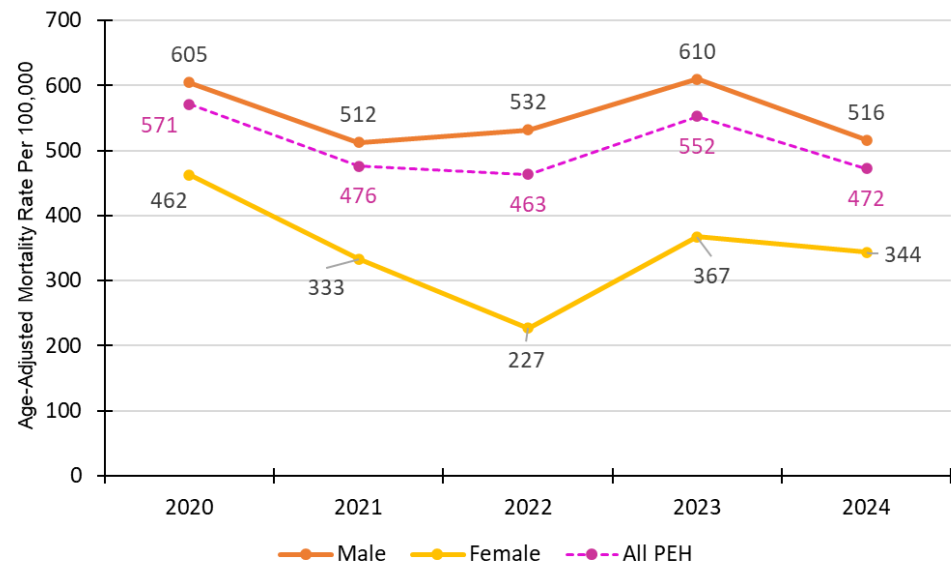
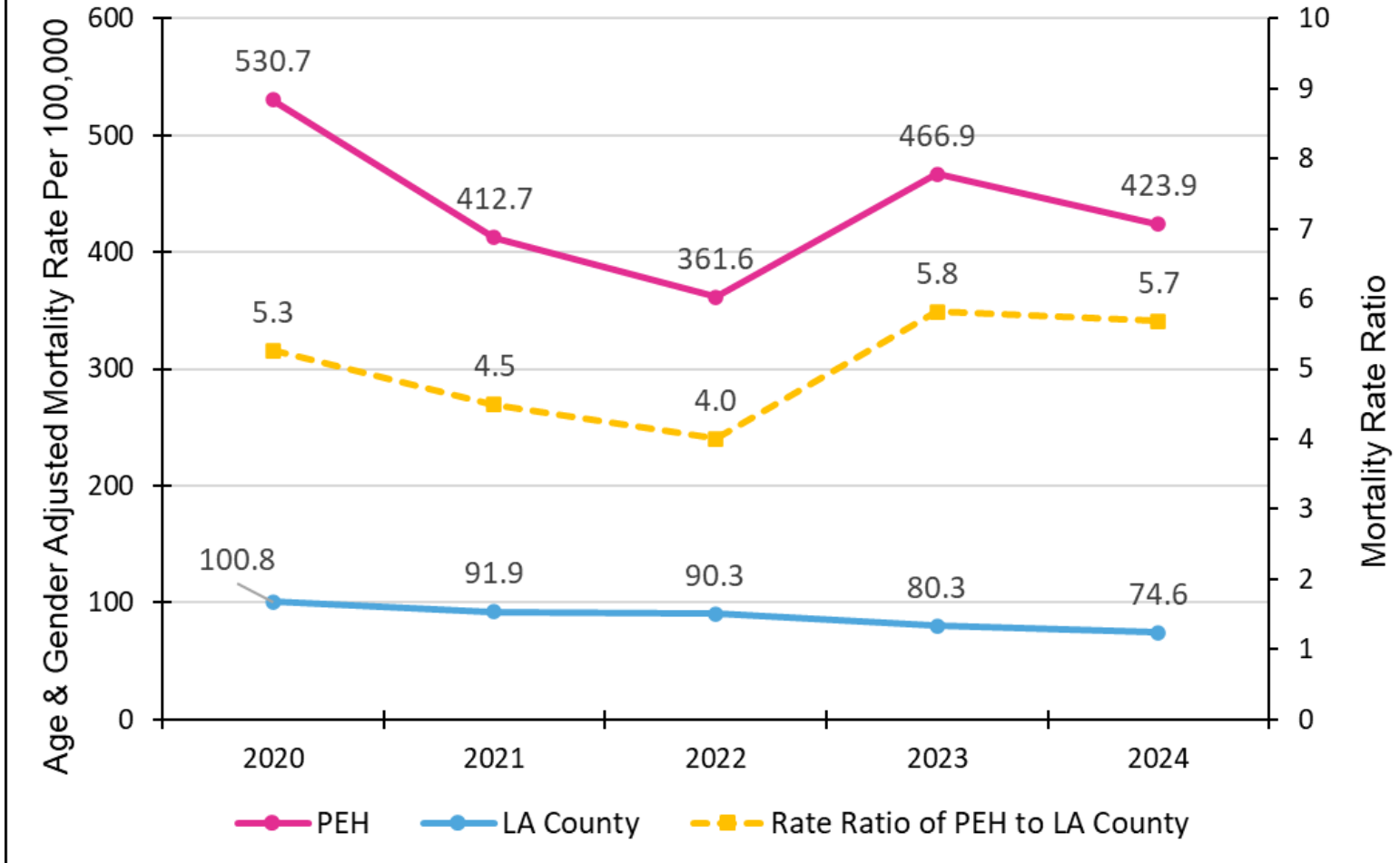


Figure 16: Age-Adjusted **Coronary Heart Disease Mortality Rates, LA County PEH by Gender, 2020-2024¹**



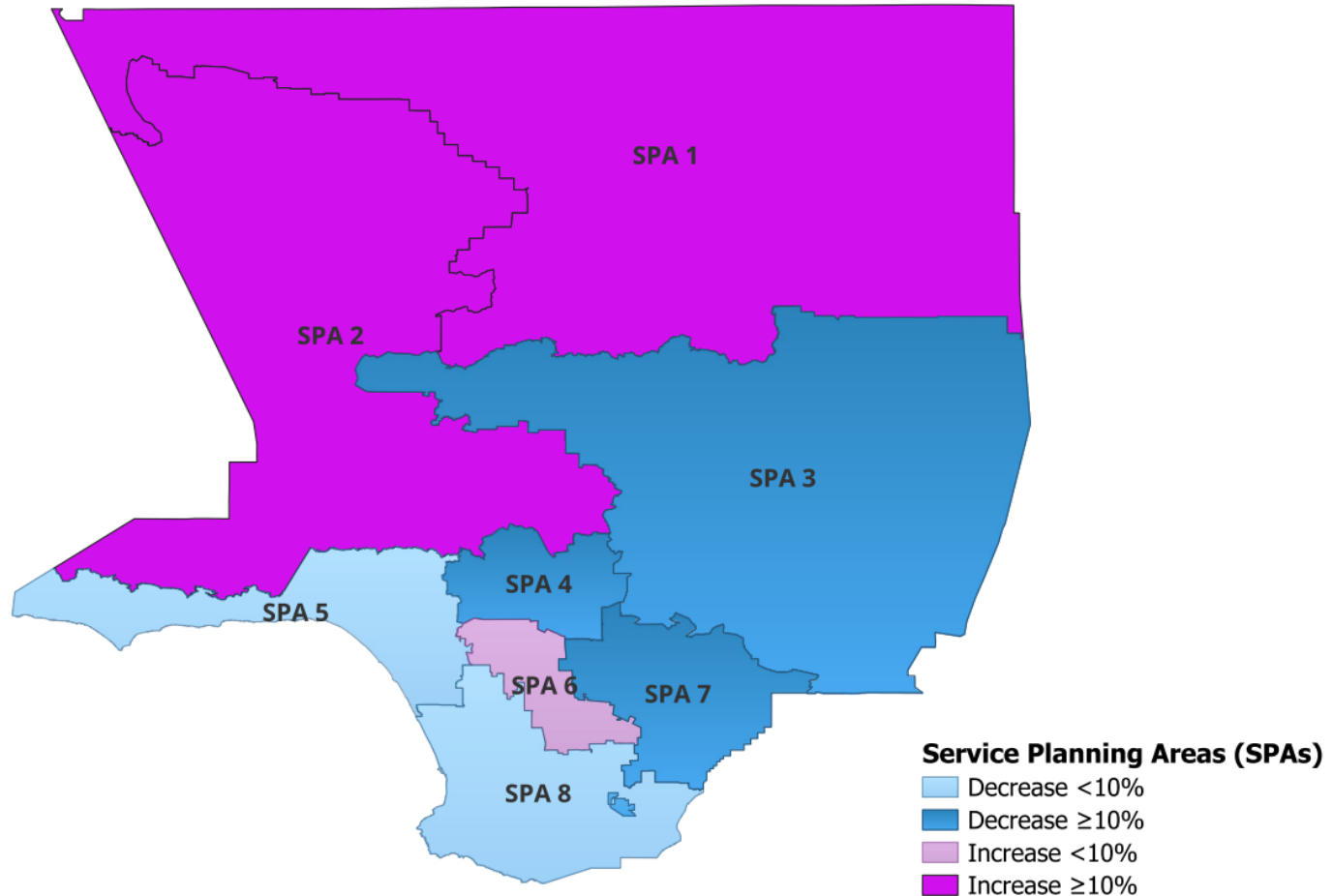
PEH=People Experiencing Homelessness

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

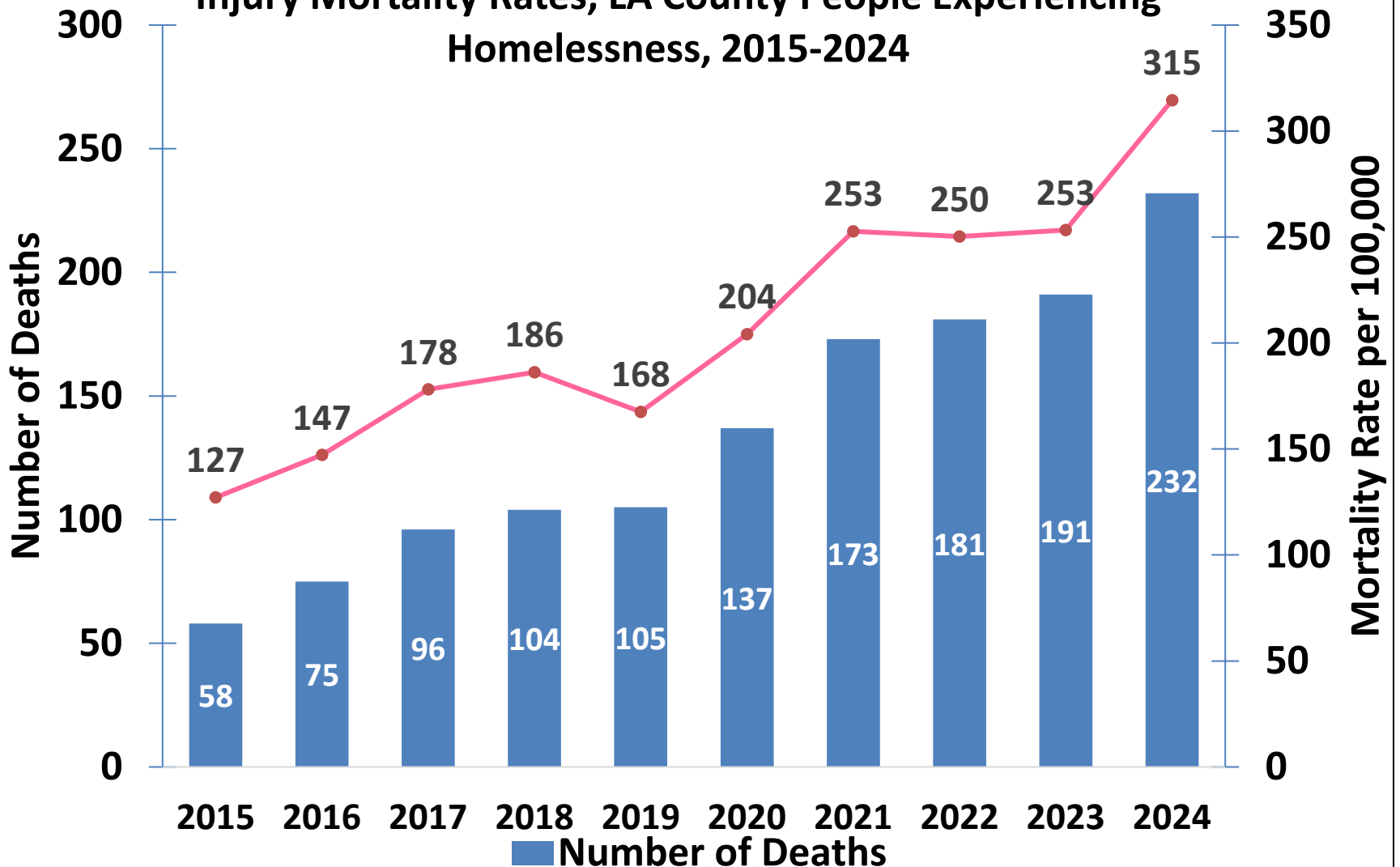


Figure 19: Age-Adjusted Traffic Injury Mortality Rates, LA County PEH by Race and Ethnicity, 2020-2024¹

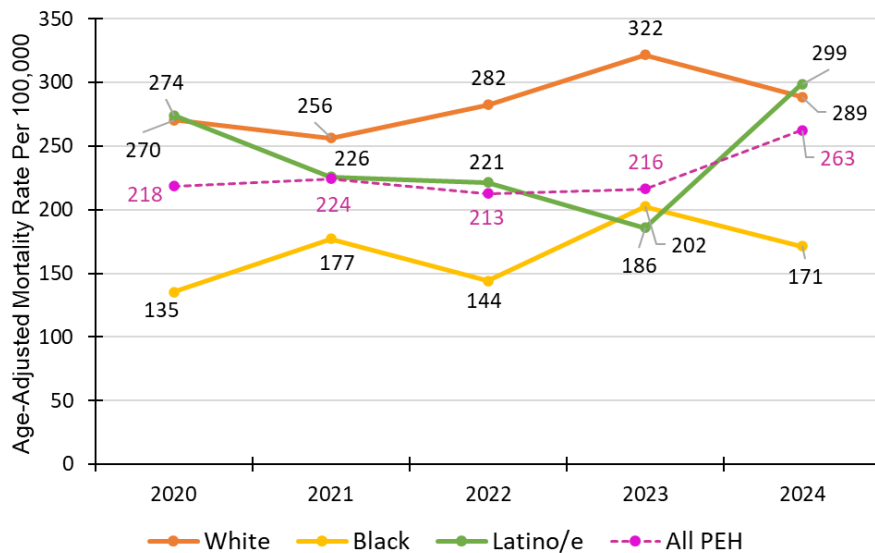
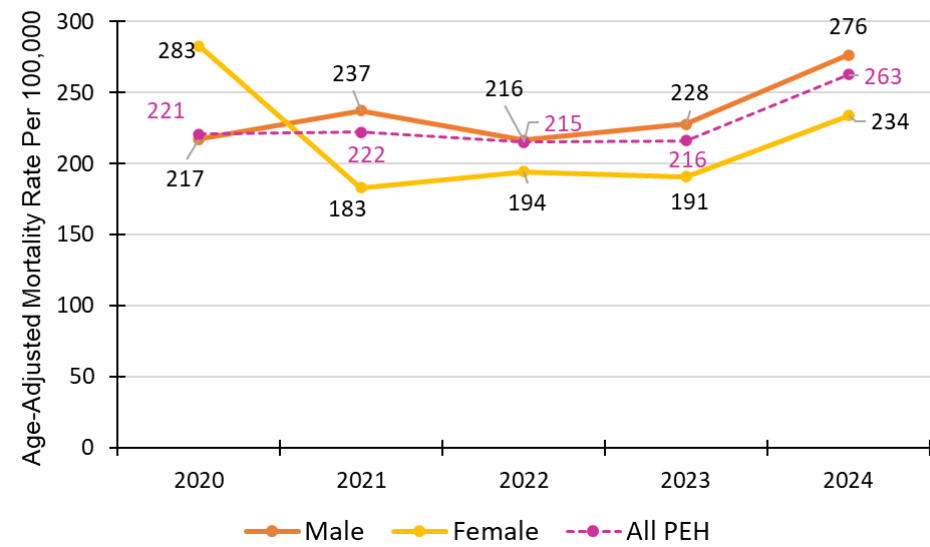


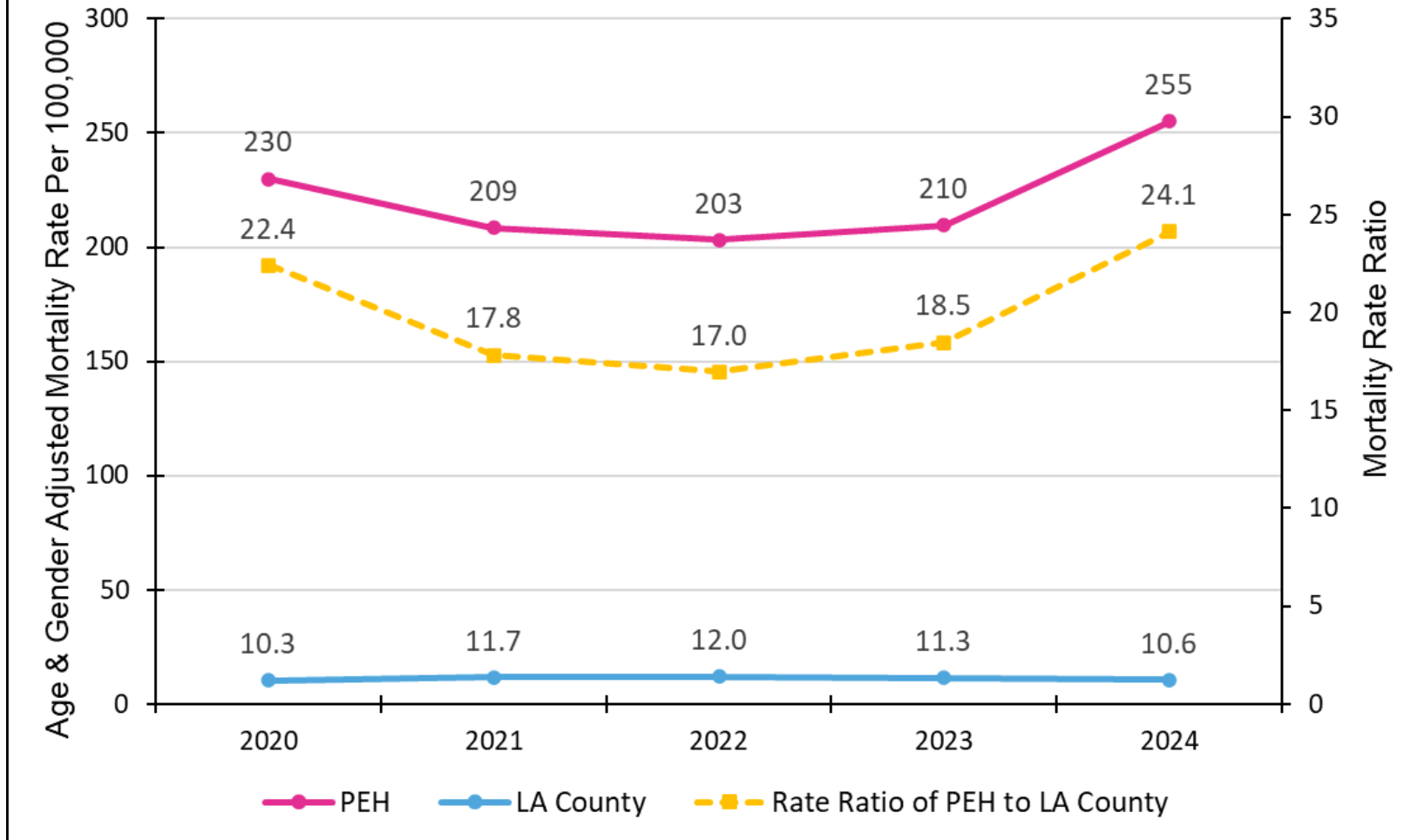
Figure 20: Age-Adjusted Traffic Injury Mortality Rates, LA County PEH by Gender, 2020-2024¹



PEH=People Experiencing Homelessness

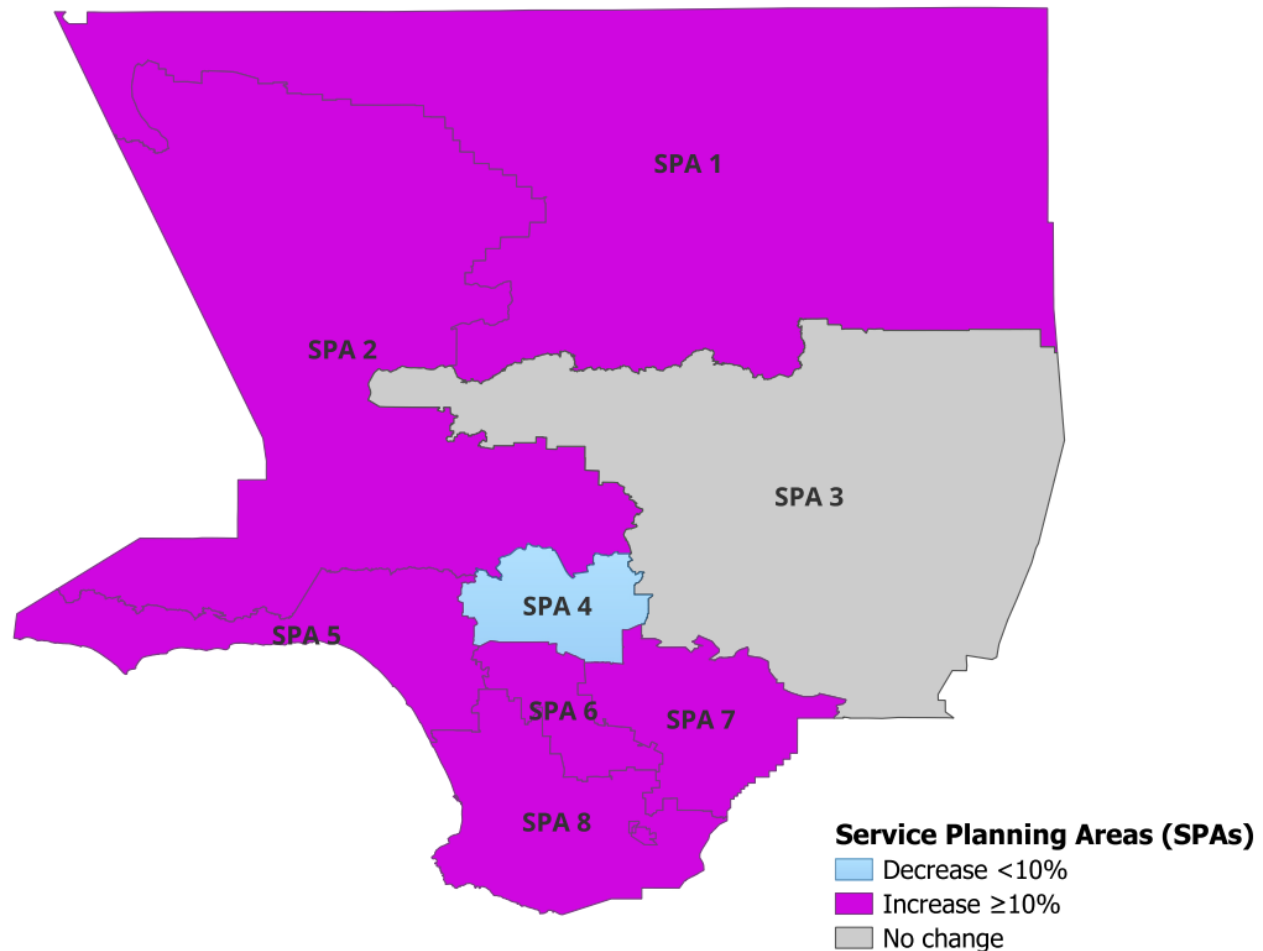


Figure 22: Age and Gender Adjusted **Traffic Injury Mortality Rates: PEH compared to LA County Population, 2020-2024**



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**

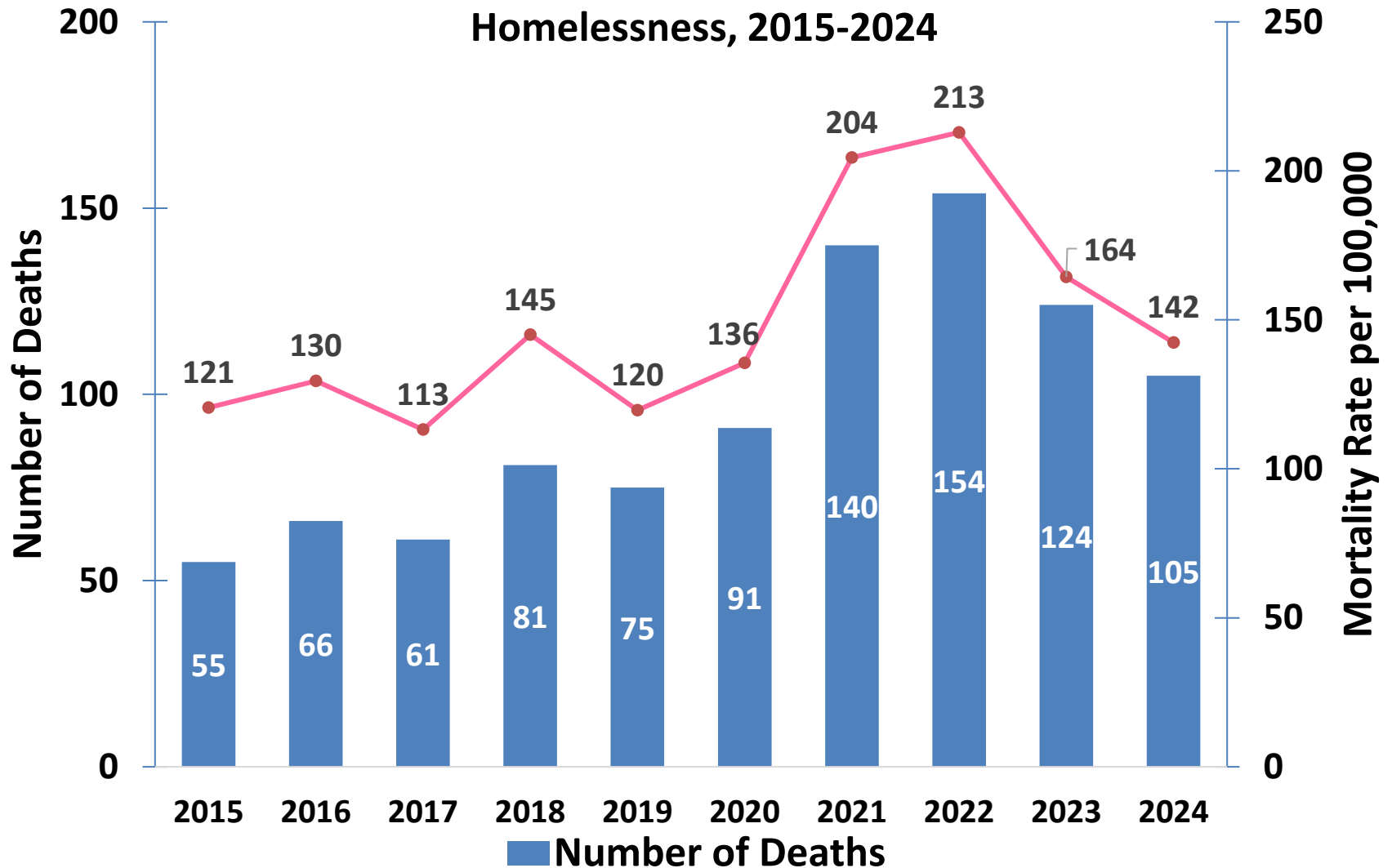




Figure 24: Crude Homicide Mortality Rates among PEH, by Race and Ethnicity, 2020-2024¹

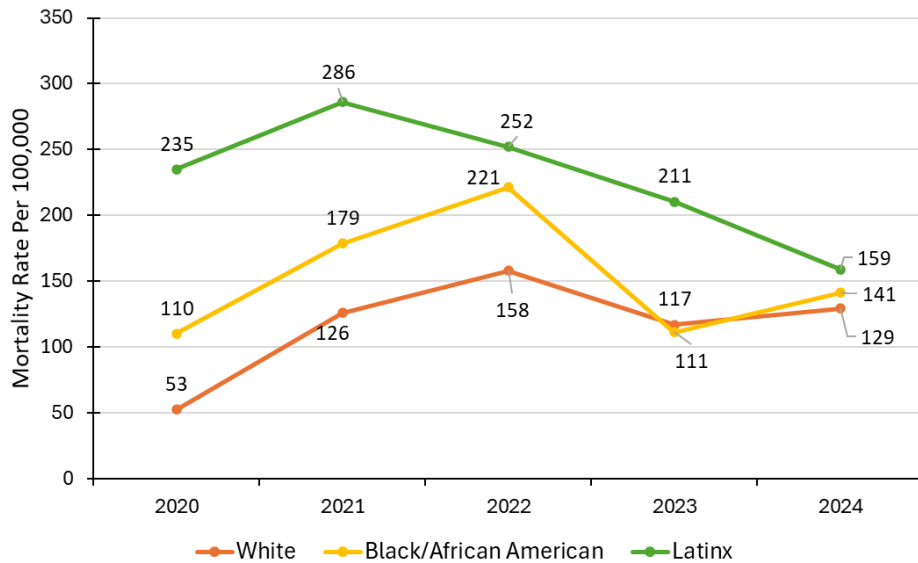
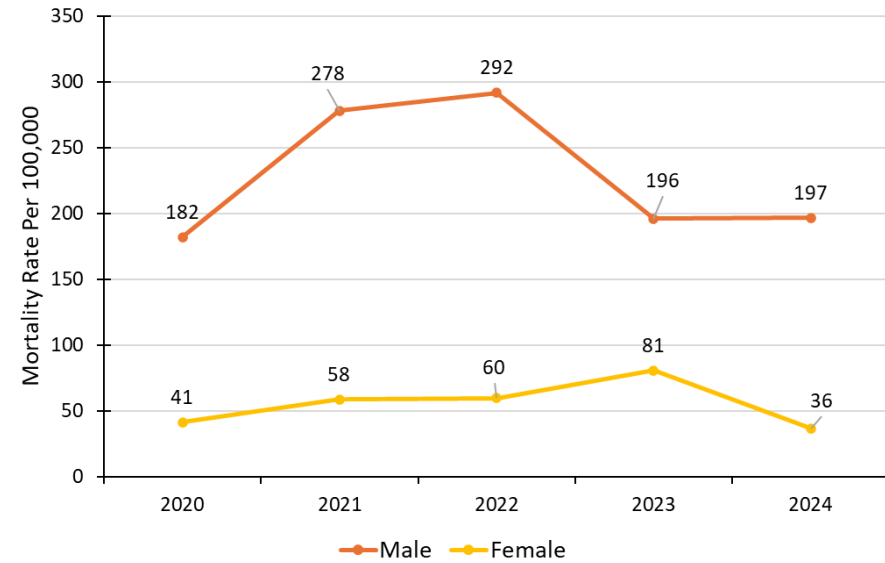
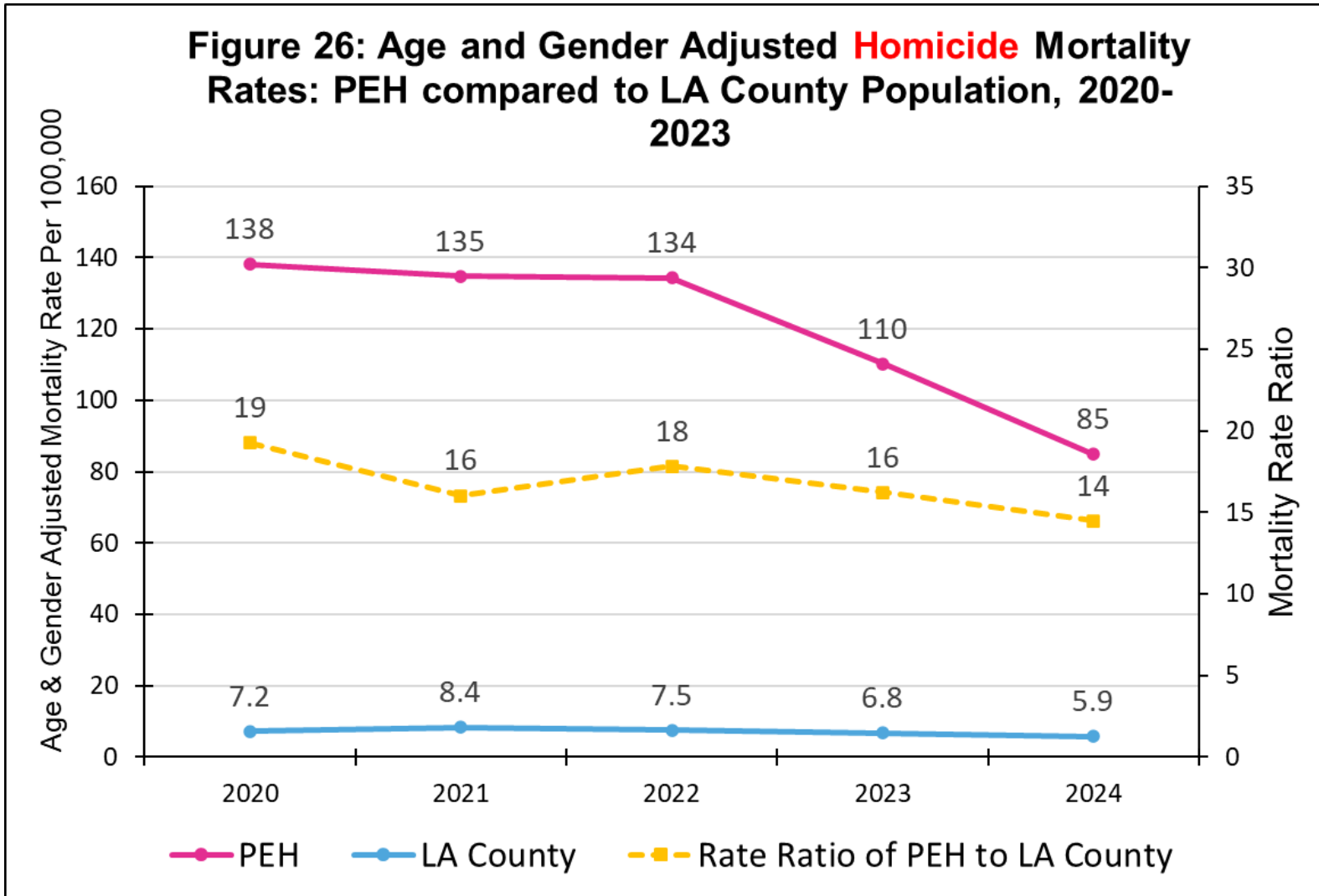


Figure 25: Crude Homicide Mortality Rates among PEH, by Gender, 2020-2024¹



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

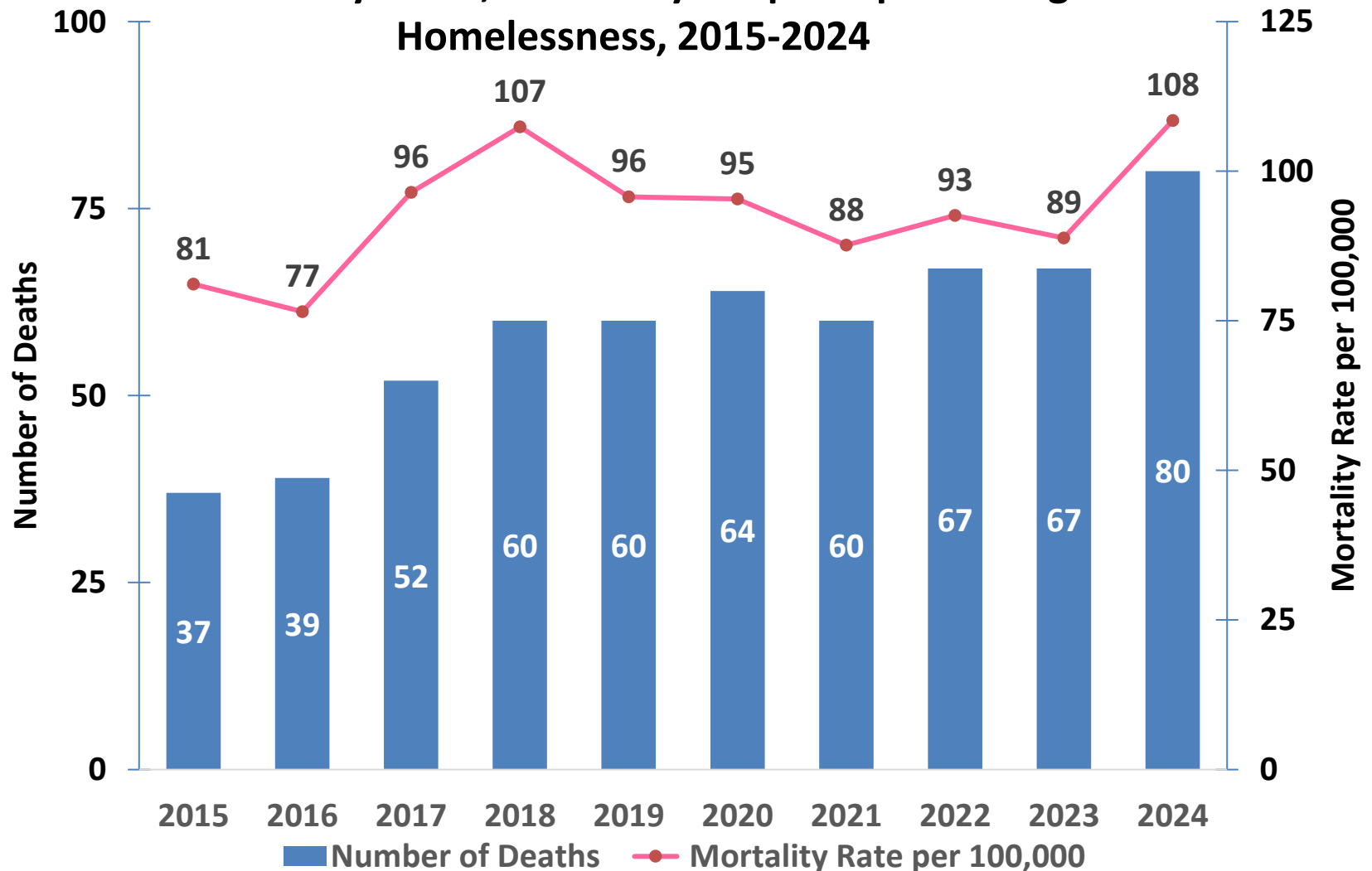


Figure 28: Trends in Suicide Mortality Rates among PEH, by Race/Ethnicity, 2020-24

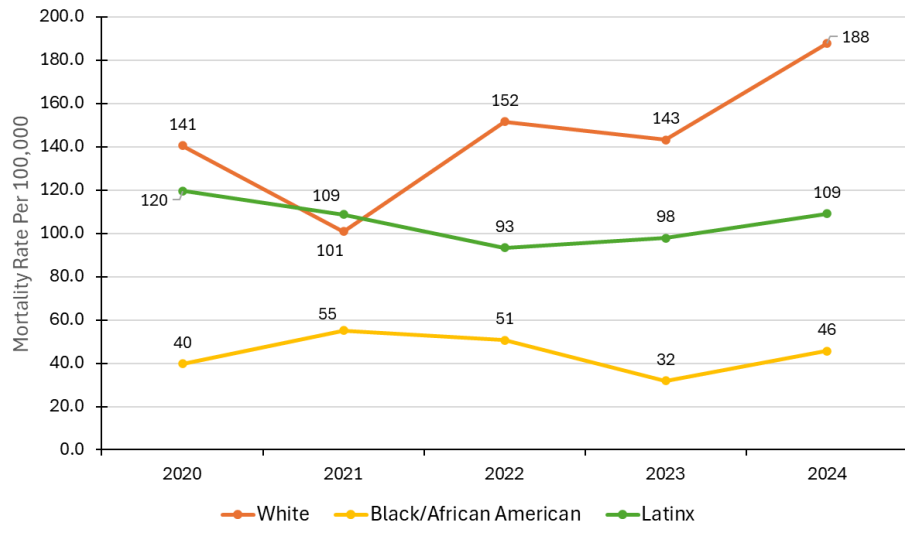
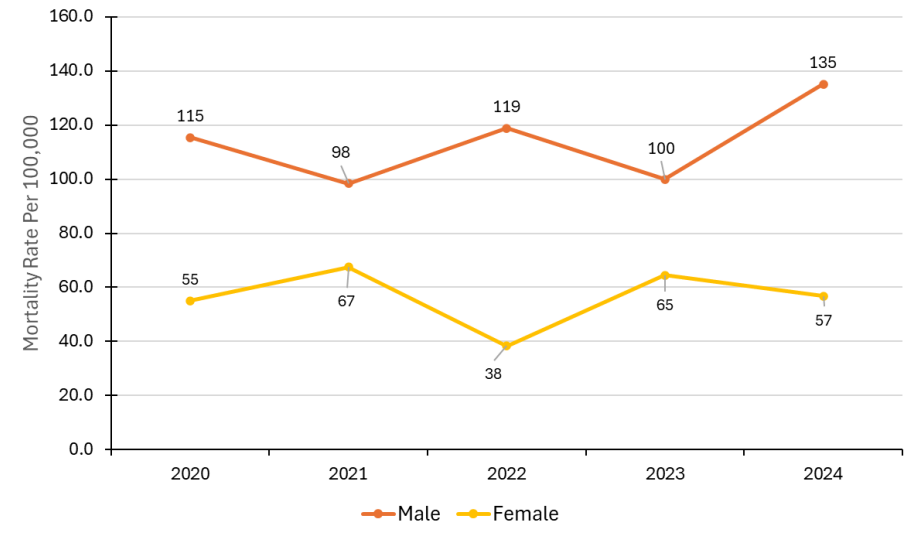
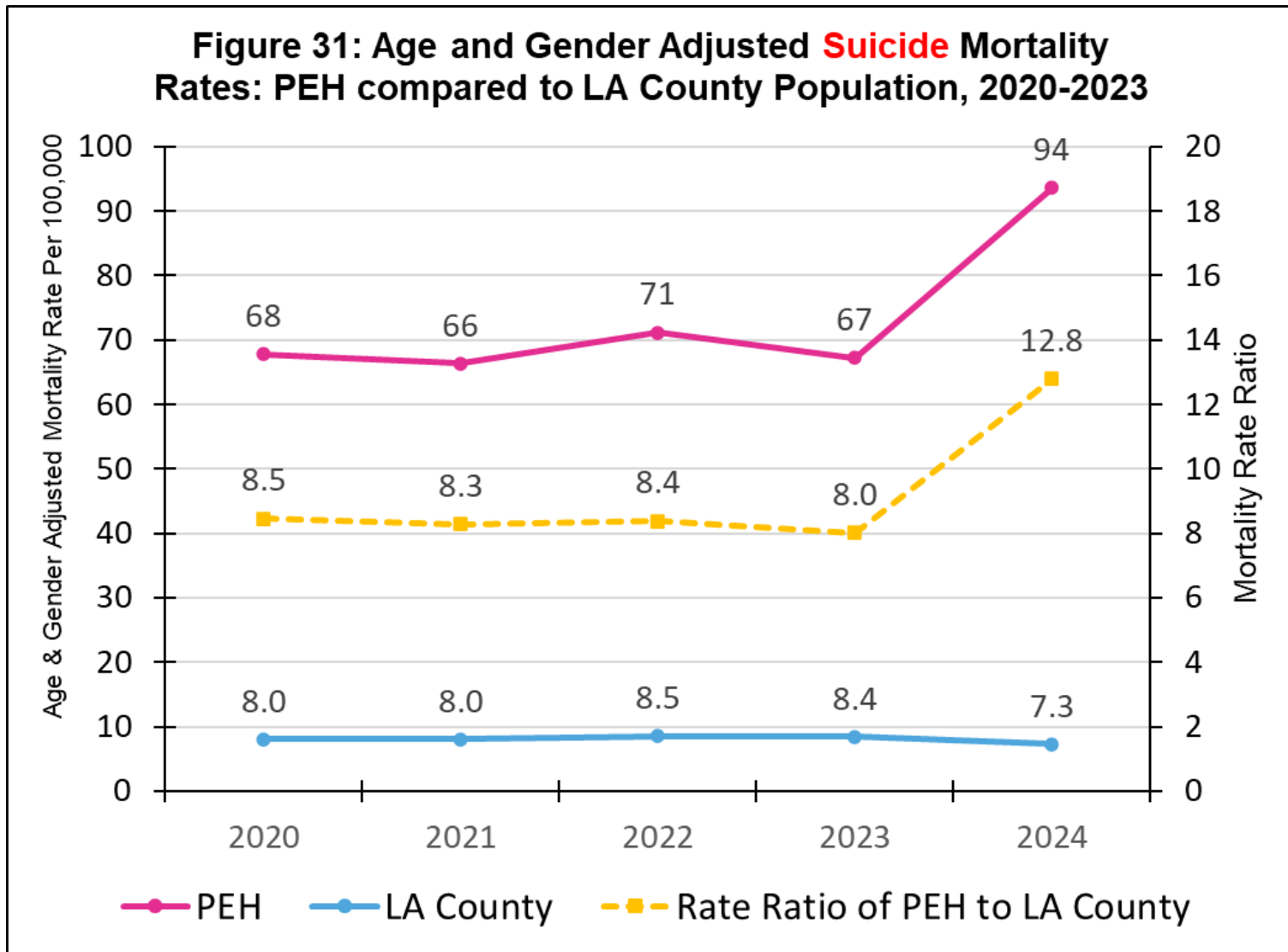


Figure 29: Trends in Suicide Mortality Rates among PEH, by Gender, 2020-24



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/>



Los Angeles County

Department of Military & Veterans Affairs | Veteran Peer Access Network

Veteran Housing Updates

Ending Veteran Homelessness



➤ VA PBV Vacancies

- One of the largest resources available for housing Veterans experiencing homelessness are the Project-Based Vouchers available.
 - As of March 24th, there are currently 298 VA PBV vacancies throughout Los Angeles County
- Some of the common concerns related to the vacancy rate are:
 - Unit Size
 - Lack of Amenities
 - Location/Area
 - Distance from VA Medical Centers



➤ VA PBV Vacancies - Solutions

- One Team creation of standardized messaging – a “pitch”
- Highlight areas around PBVs that are useful
 - Grocery Stores
 - Community hubs
 - Libraries
 - Public Transportation
- Property Developers are willing to offer incentives to encourage viewings and applications
- Provide a list of housing options from which the Veteran can choose to view and/or select
- This is a consolidated effort by all service providers to ensure housing stock that is currently available is fully utilized.



➤ HomeKey+ Efforts

- Partnered closely with HSH, DMH, DPH-SAPC, LACDA and other agencies to support and advertise HK+ funding availability
- Contracted with LeSar to review applications and provide feasibility assessments
- Met with HCD to provide feedback regarding the lack of Veteran project submissions and the causes:
 - Lack of matching funds
 - Lack of subsidies available for underwriting
 - Need for larger units
 - Timeline and cost per unit built
- Advocated with HCD to provide additional flexibility regarding Veteran units



➤ HomeKey+ Results

- In August 2025, HCD revised their NOFA to add an additional operating award of \$30,000 for each Veteran unit
- In March 2026, HCD further revised their NOFA:
 - To allow veteran units to leverage a 1:2 local match (up to \$100,000) per door
 - For projects that demonstrate a match commitment for three or more years, an Award for Operating Expenses will be provided up to a total of seven years



Questions?

THANK YOU FOR
YOUR TIME AND SUPPORT

