Health Services
LOS ANGELES COUNTY

HOUSING FOR HEALTH

Volume VII: January 1, 2024 through December 31, 2024

Annual Report

HOUSING FOR HEALTH

From the Director of Housing for Health:

Housing for Health has helped tens of thousands of people in their path toward permanent housing, in large part due to Measure H. We are grateful for the public's support of Measure A, which passed in November 2024 and replaces Measure H. This ½ cent sales tax will enable Housing for Health to keep working towards ending homelessness through our innovative programs.

In addition to increasing the sales tax, Measure A requires goals in areas such as increasing the number of people moving from encampments into permanent housing, reducing the number of people with mental illness and/or substance use disorder who experience homelessness, and preventing people from falling into homelessness. Housing for Health is working closely with the Leadership Table for Regional Homeless Alignment, the CEO-Homeless Initiative, and partners around the County to recommend metrics to measure progress towards those goals, and towards the increased transparency of the work occurring within the homeless response system.

This past year also saw the launch of new collaborative efforts around homelessness in LA County, including the LA County Leadership Table for Regional Homeless Alignment and the LA County Executive Committee for Regional Homeless Alignment. Leadership from government, philanthropy, nonprofits, and others are all working together to end homelessness, and Housing for Health is glad to be a part of that mission. Finally, the Board's motion to create a new LA County department has provided an opportunity to reenvision the homeless response system across one shared vision.

As we determine how to make an even greater impact with our partners, Housing for Health also remains focused on our day-to-day work across LA County. As a result of these efforts, Housing for Health served more than 57,200 people in 2024. This Annual Report includes data for the full 2024 Calendar Year and information on all of our programs, including mobile clinics, street outreach, interim housing, permanent supportive housing, homelessness prevention, and more. The report also highlights success stories, information about the launch of the Emergency Centralized Response Center, and the progress of the Skid Row Action Plan.

On behalf of our dedicated staff and partners, I present this overview of Housing for Health's activities from 2024. We remain appreciative of the Board of Supervisors for your ongoing support.

Sincerely,

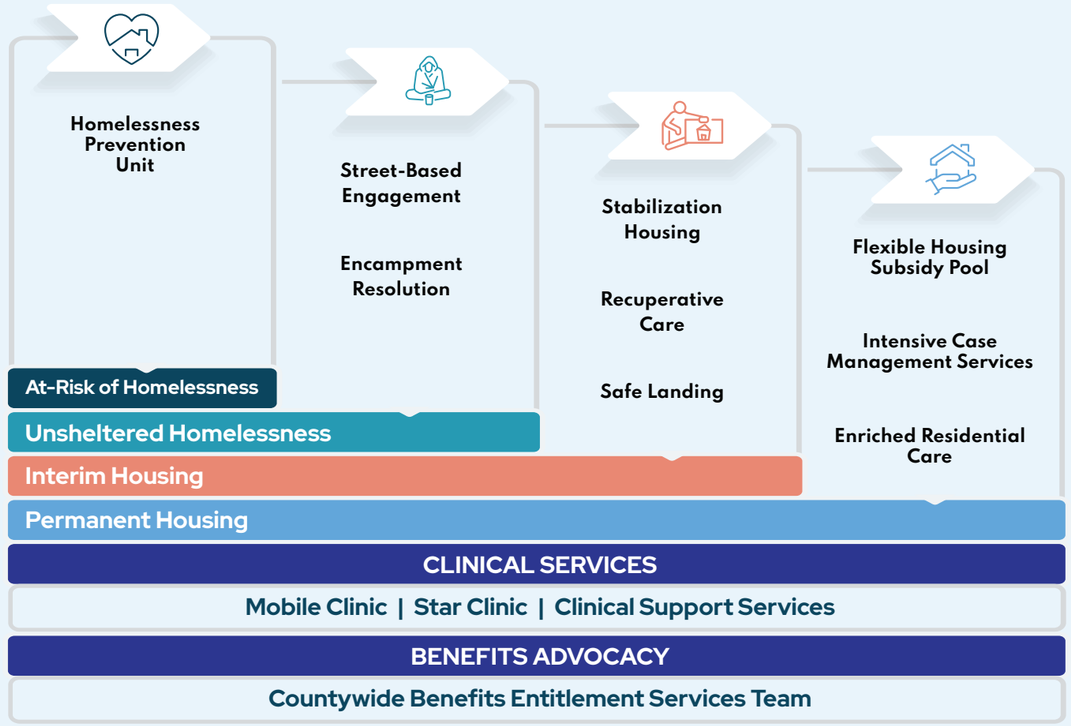
Sarah Mahin
Director, Housing for Health

Inside

Who We Are

Housing for Health is a division of the LA County Department of Health Services (DHS) that works to improve the health and quality of life for LA County residents experiencing, or at risk of, homelessness, delivering flexible services to meet each individual's needs. Housing for Health operates a full continuum of services, from street outreach to permanent housing, with case management, benefits advocacy, and clinical services integrated into all programming.

Housing For Health Programs



Street-Based Engagement

Multi-Disciplinary Teams and Encampment Resolution

Housing for Health partners with community providers across LA County to deliver street outreach to people experiencing unsheltered homelessness with complex medical and behavioral health needs. Multi-Disciplinary Teams (MDTs) are comprised of clinicians assisting with physical health, mental health, and substance use, as well as case managers and staff with lived experience. The teams build relationships with people experiencing unsheltered homelessness to quickly and compassionately bring them indoors. MDTs partner with the City of Los Angeles, other cities and jurisdictions, LA County departments, Los Angeles Homeless Services Authority (LAHSA), the CEO Homeless Initiative, Metro, and other stakeholders to conduct street outreach and to support encampment resolution operations.

In 2024, the Street Based Engagement (SBE) team continued to support people experiencing unsheltered homelessness by connecting them to interim and permanent housing, medical care, and services in shelters and on the streets. The team connected with providers, elected officials, and other stakeholders, working to improve relationships and strengthen collaboration in support of people experiencing homelessness. MDTs supported encampment resolution efforts, including County Pathway Home and City of Los Angeles Inside Safe operations, and helped move over 1,000 individuals indoors. Housing for Health deployed its mobile clinics to numerous "Service Connection" events, one-stop-shops for participants to sign up for various essential programs and services.

Members of the SBE team also participated in the design and launch of the County's Emergency Centralized Response Center (ECRC). The ECRC brings together key County departments, stakeholders, and partners to work together on encampment resolutions, outreach efforts, and crisis management.

Multi-Disciplinary Team Program Outcomes

From January 1 to December 31, 2024

- **20,393** clients received a service or referral by MDTs
- **4,967** clients connected to interim housing
- **1,293** clients linked with or placed into permanent housing

Multi-Disciplinary Teams conduct outreach and hand out food in Antelope Valley.

Simmi Ghandi (left), Victor Hinderliter (middle), and Mia Jackson (right) provide outreach services in MacArthur Park.

Encampment Resolution Program Outcomes

From January 1 to December 31, 2024:

- **45** County and City encampment resolution operations supported by MDTs
- **22** Service Connect events received full mobile clinic services
- **1,034** individuals served during encampment resolution efforts

Interim Housing

The Interim Housing (IH) program provides an avenue for people experiencing homelessness to safely move inside and connect with services and permanent housing. Housing for Health specializes in providing this temporary housing for individuals with complex medical and behavioral health conditions. The program offers three types of housing: triage beds with clinical staff onsite 24/7 to rapidly triage participants into other interim settings; recuperative care for individuals who are recovering from an acute illness or injury and need stable housing with medical care; and stabilization housing for people with complex health and/or behavioral health conditions who require supportive services not available in most shelters. The program experienced significant growth in 2024, adding more than 700 beds across 10 sites as part of the program's collaboration with the County's Pathway Home initiative. The expansion brought the total interim housing beds to 3,164 beds by the end of 2024. Additionally, the interim housing program added beds at the Cecil Safe Landing and the DTLA Hotel, both serving residents of Skid Row. As the year came to an end, interim housing staff began co-locating at the Emergency Centralized Response Center to facilitate rapid placements of unhoused individuals into available interim housing opportunities.

In addition, the interim housing clinical support program, comprised of dedicated Housing for Health occupational therapists and registered nurses, provided expert training and technical assistance to interim housing operators throughout 2024. The clinicians also provided direct services to high-risk and high-need Housing for Health interim housing participants.

Andrea Lopez (left) and Gustavo Ochoa (right) moved into their new interim housing unit during the Florence Firestone Pathway Home operation.

Interim Housing Program Outcomes

From January 1 to December 31, 2024:

- **189** days: average length of stay among interim housing participants in stabilization housing and recuperative care sites
- **6,692** interim housing clients served
- **1,109** clients, or **37%** of interim housing exits, placed in permanent housing

Interim Housing Outreach Program (IHOP)

Timothy Maple talks with his IHOP occupational therapist at an interim housing facility.

Interim Housing Outreach Program (IHOP) is a collaboration between DHS Housing for Health, the Department of Mental Health (DMH), and the Department of Public Health – Substance Abuse Prevention and Control (DPH-SAPC), working in partnership with interim housing operators, community-based organizations, and Managed Care Plans L.A. Care and Health Net. IHOP is a comprehensive program that provides field-based support to people experiencing homelessness who have functional challenges and are living in interim housing sites. IHOP participants may have both physical and behavioral health conditions, as well as substance use disorders and challenges with Activities of Daily Living (ADL), like bathing or eating.

Throughout the reporting period, shelters continued to refer individuals with complex needs to IHOP. Housing for Health-sponsored IHOP teams included nurse practitioners, occupational therapists, registered nurses, emergency medical technicians, and patient relations representatives. They worked together to provide short-term medical care, referral and linkage to longitudinal primary/behavioral health care, and care coordination to support clients on their journey to permanent housing. Housing for Health IHOP teams also placed caregivers in shelters to accommodate clients with ADL deficits or transferred them to higher levels of care, such as recuperative care centers or enriched residential care facilities.

In 2024, IHOP successfully expanded its services into Service Planning Areas (SPAs) 2, 4, 6, and 8 with a plan to serve clients residing in shelters across the 8 SPAs by July 1, 2025. IHOP also contracted with UCLA and the California Policy Lab to evaluate the program.

Interim Housing Outreach Program Outcomes

From January 1 to December 31, 2024*:

- **525** assessments completed through HFH IHOP
- **341** clients served by HFH IHOP

Of those served*:

- **85** IHOP clients stabilized in place with the attachment of a caregiver
- **117** clients connected to Enhanced Care Management (ECM)
- **211** clients connected to ICMS navigators to begin the process toward permanent housing
- **36** clients connected to CBEST for assistance with obtaining SSI and SSDI
- **36** clients connected to higher levels of care including:
  - **6** clients to Recuperative Care
  - **2** clients to Stabilization Housing
  - **28** clients to Enriched Residential Care

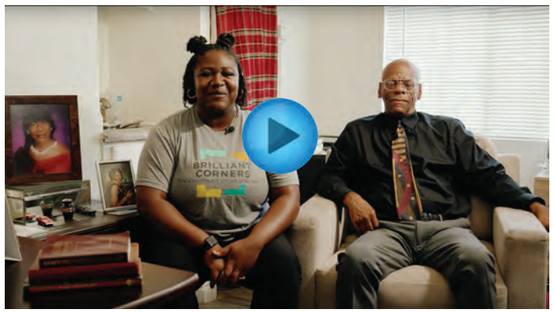
* Referrals/placement totals may include participants who were initially assessed in 2023

Flexible Housing Subsidy Pool

The Flexible Housing Subsidy Pool (FHSP) is a fiscal and contractual tool that enables Housing for Health and its partners to combine various revenue sources to create housing options and fund local rent subsidies. The Flex Pool is administered by Housing for Health's partner Brilliant Corners, who works with property owners and housing developers to secure housing units. Housing units secured may be both project-based, representing an entire building or portion of a building, or individual tenant-based units in private apartment buildings. The Flex Pool allows Housing for Health to respond quickly and nimbly to the needs of vulnerable people experiencing homelessness. In addition to serving the needs of Housing for Health's clients, the Flex Pool is used to acquire and administer housing units for a wide variety of County departments and the overall homeless system in Los Angeles County.

The Mayer, located in East Hollywood, is Housing for Health's newest Flexible Housing Subsidy Pool permanent supportive housing site.

The Flexible Housing Subsidy Pool celebrated its 10th anniversary in 2024, marking a decade of groundbreaking work that has led to over 13,000 people getting housed. The partnership between Housing for Health and Brilliant Corners began in 2014 as a unique public/private partnership and has grown exponentially since then.



Brilliant Corners released a video about the program's profound impact throughout that period.

In 2024, Housing for Health and Brilliant Corners continued expanding the program, adding more permanent supportive housing in privately owned units. The expansion led to much needed access to rental units, local subsidies, and supports for individuals throughout LA County. The number of housing units secured through executed agreements with housing developers increased significantly throughout the calendar year resulting in seven agreements executed with developers. Although market forces that no one could predict led to delays in construction, the FHSP team was still able to secure nearly 400 project-based units.

Flexible Housing Subsidy Pool Program Outcomes

From January 1 to December 31, 2024:

- **6,508** households housed through FHSP subsidies
- **2,059** households newly housed through tenant-based and project-based subsidies
- **347** households served through CalAIM Community Supports Housing Deposits
- **$1,100,000** in CalAIM Community Supports Housing Deposits distributed
- **360** project-based units secured
- **231** new project-based housing units available for lease up

Permanent Supportive Housing

Permanent Supportive Housing (PSH) is an evidence-based intervention that ends homelessness for vulnerable people with complex health conditions by pairing housing subsidies and supportive services. Housing for Health matches people with housing subsidies to Intensive Case Management Services (ICMS), which are delivered by community-based providers. Intensive Case Management Services are supplemented with the wraparound support of in-home caregivers that bridge to In-Home Supportive Services, field-based medical support by Housing for Health specialty mental health care from the Department of Mental Health, and substance use services by the Department of Public Health- Substance Abuse Prevention and Control. Integrating these services promotes housing retention and improves individuals' health and overall wellbeing.

Housing for Health saw an increased need in 2024 to provide services for the most vulnerable clients who were struggling to secure a housing subsidy through the Coordinated Entry System, the network that connects people to housing throughout LA County. To meet that need, Housing for Health launched "Pre-Match Intensive Case Management Services", which ensures that these clients have equal access to available housing resources by providing them with intensive case management before they receive a housing subsidy.

Additionally, Housing for Health clinical care teams provide medical care to clients through the PSH clinical support program. Services include complex care management to help individuals at risk of losing their homes and/or suffering from premature illness, disease, or mortality because of physical and behavioral health conditions. This initiative targets individuals with chronic illnesses, substance use disorders, severe mental health symptoms, and difficulties navigating health and social services.

Aviation Apartments, a permanent supportive housing site serving the Inglewood community.

Permanent Supportive Housing Program Outcomes

From January 1 to December 31, 2024:

- **25,382** individuals throughout LA County received ICMS
- **4,859** individuals newly housed in PSH
- **94%** of PSH participants retained housing for 1 year
- **83%** of PSH participants retained housing for 2 years

SUCCESS STORY

A Place to Heal

Shawn Talley, 57, spent nearly two decades without stable housing. The last time he remembers having a home is when he was 37, living with his brother and working construction in the Inland Empire. Work became difficult after he started experiencing severe hip pain and had an accident that resulted in him losing several fingers on his right hand.

Shawn wanted to return to the Venice neighborhood where he grew up, so he moved to the area. But unable to find housing, Shawn spent years living on the streets. "The toughest part of living on the sidewalk is losing your stuff every time they come through to clean up," Shawn said. "I lost so much over the years, including family photos."

About two and a half years ago, Shawn was still experiencing health challenges, and he decided it was time to get off the street. "I needed to get a roof over my head," he said. Housing for Health-contracted St. Joseph Center outreach teams worked with him over a period of five years until June 2023 when they helped him get into interim housing and after 18 months, he learned he qualified for permanent supportive housing at Aviation Apartments. "I was so happy to get my own place," Shawn said.

Shawn says the best part of having a permanent, stable home is that he now has a place to heal. "Living on the street was so hard because I was in pain," he said. With the help of his case managers from Venice Community Housing, funded by Housing for Health, he's on the path to receive more medical care, including a hip replacement he hopes to get in 2025. "I appreciate all their help with the paperwork and making sure I get to my medical appointments," he said. Shawn's main focus now is his health – he wants to continue on his journey of healing.

After almost 20 years without stable housing, Shawn Talley calls permanent supportive housing site Aviation Apartments his new home.

In-Home Care Giving

John Markham (right) shares smiles with Leticia Ocampo (left), a medical technician.

The In-Home Care Giving program serves as a vital resource for people who have experienced homelessness and are now residing in either interim or permanent supportive housing across Los Angeles County. The program's primary objective is to promote client self-sufficiency by offering comprehensive caregiving services. These services are particularly beneficial to participants awaiting approval for the state's In-Home Supportive Services (IHSS) program, for connection to an IHSS caregiver, for those who do not qualify for state assistance due to immigration status, or those encountering obstacles during the state application process. Housing for Health contracts with caregiver agencies who provide invaluable support, such as grocery shopping, meal preparation, household chores, transportation to appointments, and various other personal care services.

In 2024, the In-Home Care Giving program was expanded beyond the permanent supportive housing program to serve people in interim housing programs. The program also reached additional clients by securing funding to offer caregiving services to individuals in hospice care. In partnership with a hospice agency, the program provides caregivers to accompany participants through end-of-life care, ensuring compassionate support during a person's final stages of life in Housing for Health interim housing beds.

In-Home Care Giving Program Outcomes

From January 1 to December 31, 2024:

- **182** participants newly enrolled in the IHCG program
- **217** individuals received hospice and IHCG caregiving

Enriched Residential Care

The Enriched Residential Care (ERC) program provides housing placements for individuals who have complex physical and behavioral health conditions and need ongoing help managing their health and completing activities of daily living. Participants referred to enriched residential care are often discharged from an inpatient hospital, living in an unsheltered setting, or living in housing or interim housing that lacks the higher level of care that they need. Participants are placed in licensed residential care facilities (commonly known as board and care facilities) that provide around the clock staffing, care and supervision, and assistance with activities such as eating, bathing, and dressing.

Throughout 2024, the ERC program made several key changes, reorganizing teams to improve client services and collaboration and underscoring the program's dedication to delivering high-quality care. The client wellness team made up of program managers, social workers, and others, bolstered case management and support systems. The facility improvement team worked with facilities to enhance their care. And the referrals, assessment, and placement team streamlined client evaluations to ensure timely placements. Housing For Health also established clear communication channels with the Department of Mental Health and other partner agencies to foster better collaboration.

Finally, the ERC clinical support program provided clinical care to stabilize clients and to support them in gaining the independence that they needed to transition into permanent supportive housing. Medical case workers provided client case management while nurses, occupational therapists, and social workers collaborated to support client stabilization and transitions.

Agustin Montoya walks the grounds at Whitten Heights, an enriched residential care facility in La Habra.

Enriched Residential Care Program Outcomes

From January 1 to December 31, 2024:

859
individuals served

226
individuals newly placed

Homelessness Prevention Unit

Breanna Alvarez, a client of the Homelessness Prevention Unit, received services that helped her stay housed.

The Homelessness Prevention Unit (HPU) is a proactive, data-driven program launched in July 2021 to identify clients at high risk of experiencing homelessness and to test strategies to prevent their homelessness. Clients are identified through predictive modeling by UCLA's California Policy Lab. HPU staff work with clients over four to six months to help stabilize their housing and improve their overall health. The program also provides flexible financial assistance that can pay for rent, utility payments, vehicle repair, and debt resolution. Individuals and families are also linked to health and mental health services, substance use treatment, benefits advocacy, legal aid, employment assistance, and education.

Throughout the reporting period, the Unit grew its staff from seven to 40. This expanded team is comprised of 20 case managers, a dedicated housing navigator and linkage program manager, and staff overseeing outreach to prospective clients. The HPU is now able to serve between 250-300 clients at any given time and more than 700 clients over the course of a year. HPU often meets clients in moments of crisis- when they've just received an eviction warning, lost employment, or left the hospital- and assists them with solving that immediate crisis. More than 90% of the individuals and families served by HPU had stable housing at discharge from the program.

In November 2024, HPU released its first publication with UCLA and the California Policy Lab: **The Homelessness Prevention Unit: A Proactive Approach to Preventing Homelessness in Los Angeles County**. This report details how the program has already made a difference for hundreds of LA County residents at high risk of becoming homeless. The California Policy Lab is conducting an evaluation, expected by 2027, to assess the program's impact on clients' overall stability and health.

Homelessness Prevention Unit Program Outcomes

From January 1 to December 31, 2024:

712
households served

90.2%
of HPU clients retained housing or transitioned to other permanent housing at program exit

SUCCESS STORY

Proactive Services Just in Time

Breanna Alvarez was devastated after losing her job and suffering a miscarriage. She was considering self-harm and knew she needed help. She checked herself into a mental health facility where she stayed for two weeks, and started medication and therapy after release. Even as Breanna was doing her best to take care of her mental health, she and her family received an eviction notice. Due to her frequent participation in LA County services, she showed up on the Homelessness Prevention Unit's (HPU) list of people at high risk of losing their housing. She received a letter in the mail offering assistance.

HPU, an innovative prevention program, helps individuals like Breanna before they become homeless. Case managers like Jocelyn Bataz proactively connect with clients at high-risk of losing housing instead of waiting for them to reach out for services. Jocelyn said the program is very flexible with available assistance and resources, and that enables her to help clients with whatever they need. "The types of relationships I build with my clients is so different," Jocelyn said. "It's so much more personal."

Breanna Alvarez (left) stands next to her Homelessness Prevention Unit case manager Jocelyn Bataz (right) who helped her stay housed, obtain mental health support, and receive financial counseling.

A recent report by Housing for Health partner California Policy Lab found that the program – a combination of case management, financial assistance, and predictive data analytics – makes a positive impact on individuals at risk of homelessness. Dana Vanderford, who leads the program, said 90% of the clients have retained housing. "That's a huge number, hundreds and hundreds of people who our program has reached, who were living in that moment of crisis when we met them, who were about to lose their housing," she said.

For Breanna, the timing could not have been better. Jocelyn got Breanna, her husband, and their two children financial support to help them maintain stable housing, and the eviction was cancelled. She also provided referrals to additional mental healthcare, financial coaching, and other services. Breanna says the coaching has been helpful as she and her husband work toward job and housing stability. They recently welcomed a new baby, followed by Breanna crossing the stage to receive her high school diploma. Next, she plans to pursue a nursing degree.

Breanna said she also learned her rights and knows how to stand up for herself in housing. "I feel confident as a tenant," Breanna said, adding that she was grateful that the Homelessness Prevention Program found her and provided so much support.

Countywide Benefits Entitlement Services Team

The Countywide Benefits Entitlement Services Team (CBEST) helps unhoused people, individuals at risk of homelessness, veterans, and formerly incarcerated people apply for Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), and Cash Assistance Program for Immigrants (CAPI). CBEST consists of dedicated benefit advocates, clinicians, and legal service partners who provide comprehensive services to support successful disability benefit applications.

CBEST designed and implemented significant operational and staffing changes in 2024 to decrease program costs and increase efficiency. Those changes led to CBEST successfully reducing operating costs by 30% and program enrollment time from 17 days to 5 days with almost no reduction in the number of applications submitted. The program continued to have a high approval rate of 84% for benefits claims, resulting in thousands of individuals receiving much-needed income. In 2025, CBEST will work more closely with interim and permanent housing programs to maximize positive client outcomes by securing benefit income for highly vulnerable people experiencing and exiting homelessness, reducing client need for rental assistance.

Dr. Clemens Hong (second from the left) and members of CBEST meet with a client at the Wesley Health Centers- Zonal Ave Recuperative Care Center at LA General Medical Center's Restorative Care Village.

Countywide Benefits Entitlement Services Team Program Outcomes

From January 1 to December 31, 2024:

8,817
individuals enrolled in CBEST

3,536
benefit applications submitted

84%
approval rate for benefits claims

$1,144
average monthly award

$9,379,379
total awarded in retroactive back pay

Capital Improvement Intermediary Program

The Capital Improvement Intermediary Program (CIIP) manages the construction of facilities that expand housing and services for people experiencing homelessness. Housing for Health works closely with Brilliant Corners and project sponsors to design, build, convert, and renovate spaces that offer a supportive and dignified experience for clients. See Appendix A at the end of the report for a full list of past and pending CIIP projects.

Bridge to Home Santa Clarita opened a new facility in July 2024 that provides interim housing for 69 single individuals and up to eight families who are experiencing homelessness in the Santa Clarita Valley.

Capital Improvement Intermediary Program Outcomes

From January 1 to December 31, 2024:

80
units/beds completed during the reporting period

521
unit/beds currently in the CIIP pipeline

Star Clinic

Located in the heart of Skid Row, the Star Clinic is a patient-centered medical home that specializes in the care of unhoused and previously unhoused patients, all of whom require a special touch from a compassionate, trauma informed healthcare team. The clinic acts as a hub of clinical services and specializes in serving patients with complex physical and/or behavioral health issues. Star Clinic provides low barrier medical and behavioral health care for patient residing in interim and permanent housing, returning from prison or jail, and for those recently discharged from a DHS hospital. The multidisciplinary team at Star Clinic works closely with the housing programs at Housing for Health to provide Enhanced Care Management and primary care services to address the social determinants of health for some of LA County's most vulnerable populations.

Star Clinic Program Outcomes

January 1 to December 31, 2024

- **5,120** unique patient encounters by Star Clinic staff providing primary care services
- **281** patients enrolled in the Enhanced Care Management program with **6,075** interventions delivered to high acuity clients

Donna Wilby, RN (right), collects patient history from Michael Campos (left) at the Star Clinic.

Mobile Clinic

Patient Salina Villegas exits the mobile clinic with her prescription in hand during a regularly scheduled visit at MacArthur Park.

Housing for Health launched LA County's first-ever fleet of mobile clinics in 2022 to bring comprehensive health care to unsheltered people throughout the County. Mobile clinics provide comprehensive health services and address unmet patient needs for primary care, urgent care, psychiatric care, mental health, sexual health, substance use, and harm reduction. The mobile clinic program works closely with the Housing for Health Multi-Disciplinary Teams and receives referrals from the teams to help patients with complex medical and behavioral health issues. Mobile clinics also partner with County departments, cities, outreach teams, faith-based organizations, homeless service providers, and other community-based agencies.

Throughout the reporting period, the mobile clinic program provided 7,085 visits and held 1,860 clinics in all eight Service Planning Areas (SPAs) across LA County. The mobile clinics supported encampment resolution efforts, providing medical care to individuals placed in interim housing. Mobile clinics expanded substance use programming to provide contingency management services to patients with stimulant use disorder. Contingency management provides incentives and positive reinforcement to help individuals reduce their use of stimulants. Mobile clinic teams have provided contingency management services in the Antelope Valley, in North Hollywood and Canoga Park in the San Fernando Valley, and South Los Angeles with plans to expand further in 2025.

In 2024, mobile clinics also focused on providing timely follow-up visits to patients at high-risk of death after their release from the emergency room or hospital. The 'Transitions of Care' program served individuals experiencing homelessness who were discharged from LA General Medical Center, with hopes to expand to other DHS hospitals in the future.

L.A. Care and Health Net launched the LA County Field Medicine Program in July 2024 to coordinate care by field medicine providers across the County. The program continues to increase field medicine capacity and supports mobile clinics in focusing services in the most underserved regions of LA County.

Mobile Clinic Program Outcomes

From January 1 to December 31, 2024:

- **2,880** unique patients served by the mobile clinic program
- **7,085** total clinical encounters recorded by the mobile clinic program

SUCCESS STORY

Focusing on Recovery

Shane Hutchinson, 52, who was unhoused for 10 years, said he couldn't prioritize recovery from his substance use issues while living outside.

"Every day you are worried about what you're going to eat," he said. "Every day you don't have time to look for a job, figuring out how to keep your clothes clean and staying safe. You're out in the desert, and you are literally focusing on staying alive."

Shane decided recently that he wanted to try to stop using, so he started coming to Housing for Health's contingency management program. Launched in the spring of 2024, the innovative program focuses on assisting individuals experiencing homelessness who are struggling with stimulant drug use.

The contingency management initiative is a collaborative effort between Housing for Health and community-based organizations. Staff invite participants to engage in weekly therapy sessions, attend support group meetings, and undergo regular drug screenings. The unique aspect of this initiative lies in its incentive system; when participants do not have drugs in their urinalysis, they receive a gift card, helping them remain actively engaged in their recovery.

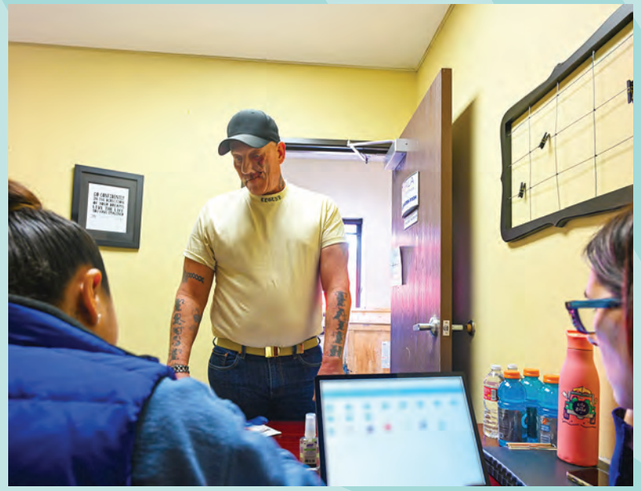
"The incentive is a great resource, it allows them to focus on their recovery," said Savann Duong, with the Mobile Clinic.

And while clients are in the program, Duong said, "We also assess their needs and provide other services like medical and housing."

Despite being only six weeks into its Lancaster operation, the contingency management program is already making a significant impact on the community. Shane said of his caseworker, "It took us a while to connect, but he was persistent, straight up 100%". Shane explained that once he opened up, the forward progress began. The program has supported him through his addiction and gave him a new focus on rebuilding his life.

The contingency management program uses the power of compassion, empowerment, and structured support for those navigating the challenges of homelessness and substance use. As Shane reflected on his journey, he emphasized that others with similar situations should not be discouraged. For Shane, that has led to him moving into housing. "The program and the people helped me, I couldn't be more thankful," he said.

The program continues to grow and is funded through Fiscal Year 2025-2026. As contingency management programs are piloted throughout LA County, there is hope that it will not only change individual lives, but also pave the way for more support and understanding throughout the community.



Shane Hutchinson (middle) checks in for a contingency management appointment at the Mental Health America of Los Angeles office in Lancaster.

Special Initiatives

Lived Experience Initiatives

Housing for Health continued its work in 2024 on the Skid Row Action Plan (SRAP), which is transforming Skid Row into a healthy, thriving community through engagement with Skid Row residents, service providers, community stakeholders, County departments, and City of Los Angeles partners. SRAP has sparked unprecedented collaboration, investment, and energy in the Skid Row community.

Skid Row Resident Councils

A core element of the Skid Row Action Plan is the meaningful involvement of Skid Row residents. Resident councils provide opportunities for Skid Row community members with lived experience in homelessness to assist in program implementation and improvement.

Housing for Health worked with community partner, Social Model Recovery Systems, to obtain funding for the resident councils, launching the first council in December 2024. Throughout all six resident councils, council members will go beyond an advisory role to work as partners in program design, policies, implementation, and evaluation. For the first resident council, focused on permanent housing, council members are collecting community feedback on how to improve permanent housing programs and will be sharing that feedback with housing operators and funders. Council members will also receive training, wellness support, benefits counseling, and compensation.

The first Skid Row Action Plan Resident Council focused on permanent housing launched in December 2024.

Lived Experience Committees

The SRAP recommendations also emphasize the necessity of robust partnerships between government, service providers, and community residents in achieving community transformation. DHS received grant funding from the Hilton Foundation to hire a community engagement program manager to lead the recruitment, retention, support, and management of two lived experience committees within Housing for Health and the Office of Diversion and Reentry. The recruitment for the program manager began in late 2024, and the program will be underway in early 2025.

The committees will collaborate closely with Housing for Health and Office of Diversion and Reentry leadership and staff members, as well as contracted community providers, on designing, promoting, and evaluating programs. Committee members will provide critical feedback that will impact decision-making, address systemic issues, and lead to innovative solutions.

Housing for Health leadership and staff look forward to working closely with those who have lived expertise to better address the needs of those that this organization serves.

Special Initiatives

Improving and Expanding Interim Housing in Skid Row

As part of the SRAP, Housing for Health expanded and improved interim housing access on Skid Row to meet the needs of the community. Housing for Health added beds and enhanced services at The Village, partnered with the City of Los Angeles to enhance services at the Mayfair Hotel, and partnered with the JWCH Institute to open additional interim housing beds. Housing for Health also opened the Skid Row Access Center and Safe Landing at the Cecil to get people into interim housing beds more quickly.

To move more people from interim housing to permanent housing, Housing for Health expanded its housing navigation services. Housing navigation is focused on supporting participants to collect critical documents, complete housing applications, and navigate the application and leasing process. These and other strategies show how the interim housing sites can be strengthened to improve access, utilization, and outcomes and help individuals move toward stable housing.

Allan Lecona (left) is staying at the Safe Landing in the Cecil Hotel. Allan, from Honduras, said the Safe Landing is keeping him from being homeless.

Skid Row Access Center

Housing for Health opened the Skid Row Access Center in March 2024. The center is an office in Skid Row where outreach teams and community partners can meet with staff from Housing for Health, the Department of Mental Health, and the Los Angeles Homeless Services Authority to submit referrals, identify the most appropriate interim housing bed, and house individuals on the same day when possible.

The Access Center provides an innovative approach where applications are triaged to identify the most appropriate bed. Unlike online referrals, outreach teams and community partners can walk into the Access Center any weekday to discuss how to help their participants get the right bed for them as soon as possible. From March 12 to December 31, 2024, the Access Center received 933 applications for interim housing placements and successfully placed 658 participants in interim housing.

Cecil Safe Landing

Housing for Health partnered with JWCH Institute to open the Cecil Safe Landing in February 2024. The site, modeled after the first Safe Landing project in West Athens, provides 24 hour/seven days a week access to a safe location for participants to be while pending interim housing placement. The goal of the Safe Landing, which has 25 recliners and clinical staff onsite, is to connect participants to an appropriate interim housing placement as quickly as possible. Participants stay between a few hours and a few weeks depending on the availability of appropriate beds. Housing for Health staff are onsite five-days per week to facilitate transfers. The Safe Landing recognizes that even if participants are not successfully linked to interim housing, the relationship and trust developed are an important step on their path to exiting homelessness.

Special Initiatives

The Emergency Centralized Response Center (ECRC)

To better coordinate services for the unsheltered community, Los Angeles County launched an Emergency Centralized Response Center (ECRC) in late 2024. The ECRC, which houses Housing for Health staff, serves as a crucial hub for coordinating the operations of outreach teams and other efforts dedicated to helping unsheltered individuals throughout LA County. The ECRC, established through a motion adopted by the LA County Board of Supervisors, serves outreach teams operating within LA County and its 88 cities.

Richy Myers (left) and Libby Boyce (right) in conversation on the important work underway at the Emergency Centralized Response Center.

The motion states that the "...success of the ECRC will rest on robust participation from the entire network of entities, agencies, providers, departments, and jurisdictions who are part of the region's homeless service response". The Center builds off the best practices of the Housing for Health Access Center in Skid Row by bringing together staff from different agencies into one location to more effectively respond in real-time.

The ECRC is designed for elected officials, jurisdictions, governmental agencies, and outreach teams while the public will continue to use 211 and LA-HOP.org for any concerns related to homelessness. The ECRC has several functions, including to:

1. Help outreach teams connect unsheltered individuals to interim housing and Los Angeles County services;
2. Centralize and support outreach efforts and encampment resolutions;
3. Produce timely updates on encampments or unsheltered individuals; and,
4. Support emergency response efforts for people experiencing unsheltered homelessness.

In its first week, ECRC staff coordinated a Pathway Home encampment resolution event with the City of LA outreach and ensured that outreach teams were able to assist their clients during a fire, resulting in five interim housing placements. The ECRC would soon become critical during the January 2025 wildfire emergencies.

The ECRC includes staff from the CEO-Homeless Initiative, DHS, DMH, DPH, and LAHSA, with support from numerous other agencies. The ECRC has a call center and staff available five days a week from 8:00 a.m. to 5:00 p.m. year-round.

Nurse Practitioner Lynda Stack helps a patient at the Star Clinic.

Appendix A

Capital Improvement Intermediary Program Project List (As of December 31, 2024)

Projects In Progress

No	Project Project Sponsor	Supervisorial District Location	Project Type/ Est. Capacity	Population Served	Current Status	Estimated Cost/ Est. Completion
1	**Trans-Inclusive IH** LA Family Housing	SD3	Interim Housing 30 Beds	Single Adults	Pre-development including architectural and professional services	$620,000 TBD
2	**A Village for Brothers and Sisters** Together California	SD5	Interim Housing 72 Beds	Transitional Age Youth	Construction	$500,000 TBD
3	**WLA Armory** Department of Health Services	SD3	Interim Housing 171 Beds	Single Adults and Couples	Pre-development including architectural and professional services	$437,000 TBD
4	**Willow Tree Inn** The People Concern	SD2	Permanent Housing 100 Units / 100 beds	Single Adults	Construction	$19,973,300 March 2025
5	**Santa Fe Springs** The Whole Child	SD4	Interim Housing 40 Units / 120 beds	Families	Construction	$7,317,562 February 2025

Completed Projects

No	Project/Operator Owner/Partner	Supervisorial District Location	Project Type/ Est. Capacity	Population Served	Current Status	Estimated Cost/ Est. Completion
6	**Santa Clarita BTH** Bridge to Home	SD5	Interim Housing 80 Beds	Families and Single Adults	Completed	$3,260,000 May 2024
7	**Jovenes Housing** Jovenes	SD1	Permanent Housing 8 Units / 8 beds	Transition Age Youth	Completed	$300,000 July 2023
8	**Safe Landing** Exodus	SD2	Clinically Enhanced Interim Housing 172 Beds	Single Adults and Couples	Completed	$36,271,448 January 2023
9	**Tropicana Motel** HOPICS	SD2	Interim Housing 120 Beds	Families	Completed	$45,000 June 2022
10	**628 San Julian (Oasis)** JWCH	SD1	Recuperative Care 40 Beds	Women	Completed	$7,838,241 December 2021
11	**Covenant House** Covenant House	SD3	Interim Housing 18 Beds	Transition Age Youth	Completed	$500,000 August 2021
12	**Figueroa** HOPICS	SD2	Interim Housing 15 Units / 45 beds	Families	Completed	$43,160 April 2021
13	**Long Beach** HOPICS	SD2	Interim Housing 18 Units / 54 beds	Families	Completed	$44,780 March 2021
14	**Canoga/The Willows** LA Family Housing	SD3	Interim Housing 70 Beds	Single Adults and Couples	Completed	$8,032,346 February 2021
15	**Paloma/The Lotus** Home at Last	SD1	Interim Housing 119 Beds	Single Adults	Completed	$6,750,826 December 2020

Capital Improvement Intermediary Program Project List (As of December 31, 2024)

Completed Projects (Continued)

No	Project/Operator Owner/Partner	Supervisorial District Location	Project Type/ Est. Capacity	Population Served	Current Status	Estimated Cost/ Est. Completion
16	**North Long Beach** City of Long Beach	SD4	Interim Housing 125 Beds	Single Adults and Families	Completed	$3,400,000 September 2020
17	**VOALA** VOALA	SD2	Interim Housing 45 Beds	Single Adults	Completed	$500,000 August 2020
18	**51st Street Motel** HOPICS	SD2	Interim Housing 18 Units / 54 beds	Families	Completed	$53,668 August 2020
19	**Santa Fe Springs** Salvation Army	SD4	Interim Housing 24 Beds	Women	Completed	$850,000 July 2020
20	**Kensington Lancaster** The People Concern	SD5	Interim Housing 156 Beds	Single Adults	Completed	$6,661,000 July 2020
21	**Sylmar Armory/ The Arroyo** LA Family Housing	SD3	Interim Housing 85 Beds	Women	Completed	$7,781,341 June 2020
22	**Bellflower Homeless Shelter** City of Bellflower	SD4	Interim Housing 60 Beds	Single Adults and Couples	Completed	$1,500,000 May 2020
23	**627 San Julian (FRAC)** The People Concern	SD1	C3 Day Center 300 Visits Per Day	Single Adults	Completed	$4,309,128 May 2020
24	**Pomona** City of Pomona	SD1	Interim Housing 200 Beds	Single Adults	Completed	$3,800,000 April 2020

Discontinued Projects

No	Project/Operator Owner/Partner	Supervisorial District Location	Project Type/ Est. Capacity	Population Served	Current Status	Estimated Cost/ Est. Completion
25	**Bell Shelter** JWCH	SD4	Recuperative Care 100 Beds	Single Adults	Discontinued	$50,000 N/A
26	**Virginia Road** HOPICS	SD2	Interim Housing 15 Beds	Families	Discontinued	$50,015 N/A
27	**Mount Moriah Housing Development** Mount Moriah Baptist Church	SD2	Permanent Housing 6 Units	Single Adults	Discontinued	$263,430 TBD

Other Projects

No	Project/Operator Owner/Partner	Supervisorial District Location	Project Type/ Est. Capacity	Population Served	Current Status	Estimated Cost/ Est. Completion
28	**LA Motel** Brilliant Corners	SD2	Interim Housing 28 Beds	Single Adults	Construction	$2,751,411 April 2025

Outreach teams help and develop trust with unhoused individuals

HOUSING FOR HEALTH

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