Homeless Health Peer Network
AGENDA
August 12, 2025 at 10:30am - 12:00pm
Virtual via Zoom
Meeting ID: 848 3394 7502; Passcode: 529042

Time	Agenda Item - Presenter	Materials	Action
10:30am	**Welcome & Code of Conduct** – *Amber Guerra, Venice Family Clinic*		A
10:35am	**Introductions & Ice Breaker** – *Sarine Pogosyan, CCALAC*		D
10:40am	**Homeless Health Policy Updates** – Erika Rogers, CCALAC • County ○ Homeless Count Results ○ Measure A/Time-Limited Subsidy Program • State ○ Legislation: AB 543, SB 324 ○ FY 2025-26 Budget • Federal ○ H.R. 1 ○ EO on Homelessness & Mental Health	• Homeless Health Policy Update Slides • Intersection of H.R. 1 & CA State Budget Slides	I/D
11:00am	**Street Medicine Electronic Records Analysis Research** – *Dr. Randall Kuhn, Professor, Department of Community Health Sciences, UCLA Fielding School of Public Health; Giovanni Righi, PhD Candidate, UCLA Economics; Dr. Coley King, Director of Homeless Health Care, Venice Family Clinic*		I/D
11:30am	**Introducing the Department of Homeless Services and Housing** – *Sarah Mahin, Director, LA County Department of Homeless Services and Housing*	• Department of Homeless Services and Housing Slides	I/D
11:55am	**Future Meeting Topics** – *All*		D
12:00pm	**Adjourn** – *Amber Guerra, Venice Family Clinic*		A

Next Meeting: Tuesday, November 4 at 10:30am-12:00pm

Resources:
Homeless Health Peer Network
Homeless Health Resources
CCALAC Ethical Storytelling Guide
CCALAC Training Center

* A = Action D = Discussion I = Information

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Homeless Health Peer Network

August 12, 2025

Member Driven. Patient Focused.

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Code of Conduct: Highlights

- To participate actively in membership meetings and actions.
- To attend meetings on time and silence electronic devices.
- To be present and to listen carefully, open-mindedly and respectfully to my colleagues.
- To be attentive, to respect the opinions of my fellow members and assure that all members have the opportunity to speak and be heard.
- To speak the truth while being mindful of the impact of my words – speak for my organization or myself.
- To be flexible, respect different perspectives and practice empathy for others.
- To speak succinctly to further the membership discussion and self-govern the frequency and length of comments.

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Icebreaker

Introduce yourself! Share your name, title, and organization

What's one thing your team or organization is proud of accomplishing recently?

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LA County Issues

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Homeless Count Results

- For the second year in a row, homelessness in LA County declined.
- The data shows a 4% decrease countywide and a 3.4% drop in the city of Los Angeles.
- Unsheltered homelessness across LA County has dropped by 9.5%, and is down 14% over the last two years. Meanwhile, the number of people in shelter rose by 8.5% in 2025.
- In the City of LA, unsheltered homelessness dropped by 7.9%, and is down 17.5% since 2023. In 2025, the number of people in shelter rose by 4.7%.
- In 2024, the rehousing system recorded an all-time high number of permanent housing placements at nearly 28,000 placements.
- View LAHSA's 2025 homeless count data summaries and presentation slides here.

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Measure A/TLS Program

- LAHSA has stopped new enrollments in its time-limited subsidy (TLS) program due to a $46M funding shortfall this year.
- TLS, once credited with reducing homelessness, serves as a key bridge to permanent housing.
- Most Measure A funding is allocated to building new affordable housing rather than homeless services.
- Economic slowdown means the county expects to collect less sales tax revenue for homeless services this fiscal year.
- Cuts are expected to cause longer shelter stays, fewer beds, and more people on the streets.
- Advocates warn the rollback could reverse recent progress and deepen the homelessness crisis.

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State Issues

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Legislative Process & Key Dates

If substantially amended, bill must go back to its House of Origin for concurrence of amendments

House of Origin
- Bills must be introduced by Feb. 21, 2025
- Rules Committee
- Policy Committee(s)
- Appropriations (fiscal) Committee*
- Floor Vote

Second House
- Rules Committee
- Policy Committee(s)
- Appropriations (fiscal) Committee*
- Floor Vote

Governor's Desk
- Legislature must pass bills by Sept. 12, 2025
- Governor must sign or veto bills by Oct. 12, 2025

***Appropriations Committee Suspense File:** bills with a cost of over $50K are "placed on suspense" – committee members and legislative leaders then make strategic/fiscal/political decisions about what bills to allow to move forward or "pass" out of the committee. Suspense hearings are usually just prior to the deadline for bills to clear fiscal committees. Decisions are often reached the weekend prior.

Resource: 2025 Legislative Calendar and Deadlines

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Bills of Interest

- **AB 543 (González) Street medicine**
  - This bill would establish presumptive eligibility (PE) for people experiencing homelessness, introduce a homeless identifier code to facilitate DHCS and CalSAWS sharing of data on homelessness, and prohibit MCPs and their delegates from denying care based solely on network assignment.
  - **Update: Recent amendments address the reasons for our opposition through requiring communication and information sharing within the Medi-Cal managed care infrastructure to better support the delivery of care through street medicine and support the role and responsibilities of assigned primary care providers.**
  - Bill does have a cost associated with it; amendments expected in Appropriations committee process
  - CCALAC Position: Watch (changed from Oppose Unless Amended)
  - Co-Sponsor: California Street Medicine Collaborative and USC
  - Status: Suspense

- **AB 804 (Wicks) Medi-Cal: housing support services**
  - This bill would make housing support services a covered Medi-Cal benefit for people experiencing or at risk of homelessness, contingent on federal approval and state funding. It includes assistance with securing housing, move-in costs, and ongoing tenancy support to improve housing stability and health outcomes.
  - CCALAC Position: Support
  - Co-Sponsor: Corporation for Supportive Housing, Western Center on Law and Poverty, Housing California
  - Status: Failed to pass out of Assembly Appropriations; 2-year bill

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Bills of Interest

- **SB 324 (Menjivar) Medi-Cal: enhanced care management and community supports**
  - This bill would require Medi-Cal managed care plans to prioritize contracting with community providers for Enhanced Care Management (ECM) and community supports, such as housing transition services and medically supportive food, when those providers are available and experienced. Existing law, under the CalAIM initiative, allows Medi-Cal to offer ECM and community supports to high-need populations, including people experiencing homelessness and frequent hospital utilizers.
  - CCALAC Position: Support
  - Co-Sponsor: CBO Medi-Cal Coalition, California Alliance of Child & Family Service Providers, Cal NonProfits, Ceres Community Project, East Bay Innovations, El Sol Neighborhood Center, Institute on Aging, San Diego Wellness Collaborative
  - Status: Assembly Appropriations

- **SB 634 (Pérez) Local government: homelessness**
  - This bill would prohibit a local jurisdiction or state agency from adopting or enforcing any regulations that impose civil or criminal penalties, such as jail time or fines, on a person who is homeless for any act related to homelessness and/or their basic survival, as well as on a person assisting someone who is homeless.
  - CCALAC Position: Watch
  - Co-Sponsor: Disability Rights California, Inner City Law Center, National Alliance to End Homelessness, Public Advocates, Western Center on Law & Poverty
  - Status: Assembly Floor

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FY 2025-26 Budget

Medi-Cal Changes

- Freezes enrollment in Medi-Cal for individuals with unsatisfactory immigration status, ages 19 and older, beginning January 1, 2026, by including a six-month reenrollment grace period and clarifying that an individual cannot "age-out" of the program;
- Implements a $100 per-month premium for full-scope Medi-Cal, for individuals with unsatisfactory immigration status, ages 19 and over, by reducing it to a $30 per month premium instead, effective July 1, 2027, for ages 19 to 59;
- Rejects the May Revision proposal to set the Medi-Cal asset test limit at $2,000 for individuals or $3,000 for couples, by reinstating it at $130,000 for individuals and $195,000 for couples.
- According to preliminary projections, between 135,000 to 227,000 individuals in LA County could potentially lose Medi-Cal coverage due to these three provisions.

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FY 2025-26 Budget Continued

- **California Department of Social Services (CDSS) Homeless Services Program:** in LA County, allocates $81 million in one-time funding for Bringing Families Home (BFH) to continue housing support for those in foster care; $83.8 million in one-time funding for Home Safe to continue housing support for those involved in Adult Protective Services (APS); $44.6 million in one-time funding for the Housing and Disability Advocacy Program (HDAP) for housing support for seniors and people with disabilities.
- **Homeless Housing Assistance and Prevention (HHAP) Program:** $500 million for a seventh round of the HHAP program in FY 2026-27 and requires legislation to govern the administration of the new HHAP allocation.
- **Encampment Resolution Funding Timeline Extension:** adjusts deadlines to be based on award date, not appropriation date; gives LA County more time to obligate and spend $51.5 million for six encampment zones; funding expected to help ~600 people move from encampments to interim/permanent housing.

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Federal Issues

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Homelessness & Mental Health EO

- On July 24, the President signed an Executive Order titled Ending Crime and Disorder on America's Streets.
  - Mandates mental health or addiction treatment for unhoused individuals and directs federal agencies to assist states and cities in the clearing of local encampments
  - Instructs HHS to ensure that FQHCs to "reduce rather than promote homelessness" by supporting comprehensive services for people with serious mental illness or substance use disorders, including crisis intervention
- Executive orders do not override existing law and require federal agencies to issue implementation guidance in order to effectuate any changes.
- At this time, health centers do not need to alter any operations related to caring for people experiencing homelessness. Further guidance from HHS and HRSA is anticipated.

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EO Response

- National Alliance to End Homelessness Statement on EO
- National Health Care for the Homeless Council Statement on EO
- LA County Board Motion: Responding to President Trump's Executive Order on Homelessness that orders a 30-day report on the legal, policy, and funding impacts on homelessness and behavioral health within LA County
- National Alliance to End Homelessness: What the Recent Executive Order Does and Doesn't Do claims the EO attacks Housing First, promotes forced institutionalization, removes privacy protections, worsens disparities.

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Thank You!

Erika Rogers, Public Affairs Specialist - erogers@ccalac.org

Sarine Pogosyan, Health Equity Program Director - spogosyan@ccalac.org

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Intersection of H.R. 1 & CA State Budget

Last Updated: Aug 1, 2025

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Timeline

2025

- July 4, 2025: Medicaid 1 year Planned Parenthood defund (FED)
- July 4, 2025: New Provider Tax Rules (w possible transition period) (FED)

2026

- Jan. 1, 2026: Medi-Cal enrollment freeze for undocumented/Health4All adults (STATE)
- Jan. 1, 2026: Reinstate Medi-Cal asset limit (STATE)
- July 1, 2026: Eliminate Medi-Cal PPS for all UIS (STATE)
- July 1, 2026: Eliminate Medi-Cal full scope dental for UIS adults (STATE)

2027

- Jan. 1, 2027: Medicaid work requirements for non-exempted adults (FED)
- Jan. 1, 2027: Medicaid renewals every 6 months for ACA expansion adults (FED)
- July 1, 2027: Medi-Cal $30/month premiums for UIS adults under 60 (STATE)

2028

- Oct. 1, 2028: Medicaid $35 cost sharing (not for FQHC services) (FED)

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July 4, 2025

Effective Date	State or Federal	Provision	Considerations/Impacts
July 4, 2025	Federal	• **Prohibits Medicaid funding** to entities that meet specific criteria for 1 year - **Planned Parenthood** • Essential community provider, primarily engaged in family planning/reproductive health, provides abortions, received >$800M in Medicaid funds	• PPLA: 129,117 patients and 24 sites • PPPSGV: 35,027 patients and 5 sites • July 3: DHCS issued guidance to providers regarding service delivery and claims submission. • July 3: DHCS issued APL 25-011 to Medi-Cal MCPs on the handling of payments to impacted providers. • DHCS will implement any necessary policy and system updates to ensure that no federal payments are made to Prohibited Entities. • July 7: Planned Parenthood filed a lawsuit & a federal judge issued a two-week temporary injunction.

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July 4, 2025 + Ongoing: H.R. 1 Provider Tax Provisions

Effective	Provision	Considerations/Impacts
July 4, 2025	• Prohibits new or increased provider taxes – freezes existing taxes at current levels • Revises conditions under which states can request waiver of requirement that provider taxes be broad-based and uniform • May allow *up to* 3 years (at discretion of Secretary) to transition existing arrangements that are no longer permissible	• CA's MCO tax structure is not broad-based or uniform - we tax Medi-Cal member months more ($274) than non-Medi-Cal member months ($2/$2.25); Medi-Cal is 50% of member months taxed, but generates 99% of tax revenue • CA has a waiver currently (CMS expressed concerns at last approval that structure is not "generally redistributive") • **CA's MCO tax structure will not qualify under new requirements - will have to restructure - likely *severely* reduces MCO tax revenue** • Current statute limits non-Medi-Cal tax liability to $36M annually starting in 2027 – unless that provision is changed, would effectively limit total MCO revenue to $75M • Per DHCS, modification will require changes to state statue – legislature can adjust with three-quarters vote • **Timeline unknown – transition period under H.R. 1 subject to Secretary's discretion, under CMS proposed rule CA gets no transition period – CALIFORNIA HAS REQUESTED A TRANSITION PERIOD** • CA's current MCO tax is authorized/approved through Dec. 31, 2026
Oct. 1, 2027 (FY 2028)	• Reduces safe harbor limit- currently 6% - in ACA expansion states reduces cap by 0.5% annually starting in FY2028 until reaches 3.5% in FY2032	• "Safe harbor" allows states to guarantee providers receive back the taxes as increased Medicaid payments as long as revenue from tax is under this level • **CA's MCO tax is close to 6%, impact on CA will start 2028+ - by 2032, MCO tax revenue reduced by 58%** (under current structure MCO tax generates ~$7-8B net revenue annually)

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January 1, 2026

Effective Date	State or Federal	Provision	Considerations/Impacts
Jan. 1, 2026	State	**Medi-Cal enrollment Freeze** for Undocumented Adults (3 month grace period, this is essentially the Health4All adult expansion populations)	• Operations/Workforce - Navigator/enroller workload; **enroll as many people as possible before Dec. 31; increase renewals education/ outreach** • Financial - increase in uninsured/ sliding fee patients
Jan. 1, 2026	State	**Reinstate Medi-Cal asset limit** for non-MAGI (seniors, people with disabilities) applicants at $130,000/ individual, $65 for each additional person	• Navigators will need materials/resources (partner orgs will provide) • Likely impacts a fairly small subset of new CHC Medi-Cal applicants

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July 1, 2026

Effective Date	State or Federal	Provision	Considerations
July 1, 2026	State	**Elimination of PPS to FQHCs for all individuals with UIS**	• Implementation details unknown • CHCs do not know who is UIS (who to bill wrap for?) • Financial – lost reimbursement, PPS to Medi-Cal managed care cap rate • LA County $270M/annual loss of revenue to CHCs
July 1, 2026	State	**Eliminate Medi-Cal full-scope dental coverage for adults 19+ with UIS**	• CHCs do not know who is UIS (how to know who is eligible for what services?) • Financial – lost reimbursement (how to bill? Can FQs charge sliding fee to Medi-Cal enrollees for services not covered?) • Patients lose access to comprehensive care

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Jan. 1, 2027

Effective	State or Federal	Provision	Considerations
Jan. 1, 2027	Federal	• **Medicaid work requirements** – non-exempted adult (19-64) enrollees must meet monthly 80 hour community engagement requirement – work, school, community service – to retain coverage • Exemptions: parents with kids under age 14, pregnancy/post-partum, AIAN, disabled veterans, medically frail, newly released from incarceration, etc. • States can get waiver if making good faith effort to implement (up to 2 years)	• Implementation details TBD • Huge IT and admin burden to state/county • Ops/Workforce Impact: Navigator/enroller workload • Coverage Losses (CapLink: 850K – 1.7M CA CHC patients will lose coverage) • Financial impact: increased uninsured /sliding fee patients (CapLink: CA CHCs lose $5.4B - $11.1B in Medi-Cal revenue)
Jan. 1, 2027	Federal	• **Medicaid eligibility determinations every 6 months** for ACA expansion adults • HHS Sec issues guidance by 12/31/25	• Implementation details TBD (ACA expansion adults are aid code M1…) • IT and admin burden to state/county • Ops/Workforce: Navigator/enroller workload • Financial: people lose coverage, increase in uninsured /sliding fee
Jan. 1, 2027	Federal	• **Limits retro coverage** to 1 month prior to application for expansion enrollees, two months for traditional enrollees	• Financial burden on patients/providers

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2027 & 2028

Effective Date	State or Federal	Provision	Considerations
Jan. 1, 2027	Federal	• **1115 Waiver Budget Neutrality** – gives Chief Actuary for CMS discretion in determining *federal* budget neutrality for state 1115 waivers	• Could impact CA's next waiver applications - CA's current waivers approved through Dec. 31, 2026 • Some CalAIM programs are in 1115 waiver - ECM and most of CS are approved under 1915(b) waiver, not 1115
July 1, 2027	State	• Monthly **$30 Medi-Cal premium for UIS adults** age 19-59	• Implementation TBD - unknown who will collect premiums or how (DHCS forming working group) • Enrollment freeze in effect for same population, if lose coverage due to non-payment, likely cannot re-enroll • CHCs - increase in uninsured/sliding fee
Oct. 1, 2028	Federal	• **Medicaid cost sharing** of up to $35 per service on Medicaid ACA Expansion adults 100-138% FPL • Does not apply to primary care – specifies no cost sharing for FQHCs services, CCBHC services	• Disincentivizes care seeking, leads to worse health outcomes

Brief Overview: Analysis of SM at Venice Family Clinic

CCALAC Quarterly Meeting

Giovanni Righi, Randall Kuhn, Coley King
August 12, 2025

Research Team

- Gio Righi, PhD Student, UCLA Economics
- Randall Kuhn, Professor, UCLA Fielding School of Public Health
- Coley King, Homeless Services Director, Venice Family Clinic
- Lilian Gelberg, Professor, UCLA Department of Family Medicine

Motivation

- As SM is expanding following Cal-AIM, we want to document who are the patients being served and what are the services being provided from a **quantitative perspective**
- Unsheltered patients are seen both on the street and in the clinic, and so we want to highlight some of the differences between **street & clinical care**, as well as patients experiencing **street & sheltered homelessness**
- Keep in mind: what questions do you have about how a long-standing CM program operates clinically (besides billing and pharmacy)

VFC Program

- 2 vans
- Coley King + 3 PAs + occasionally psychiatrists
- Predominately serving the West side

Street Med Patients

Table 1: Summary statistics for the main samples. The Sheltered subsamples are defined by the UDS status, while the Unsheltered subsamples are defined according to the visit location.

Sample	Patients	Avg. Visits	Avg. Age
All	7266	9.0	47.0
Sheltered	3222	7.8	44.9
Shelter	745	7.8	45.0
Transitional	1272	5.5	41.4
Doubled Up	757	10.6	47.2
Other	448	9.4	46.2
Ever Unsheltered	4044	9.9	48.3
Clinic Only	3373	9.4	47.6
Street Medicine	671	12.3	51.3
Street Medicine Only	105	3.4	51.6

Street Med Patient Demographics

Table 2: Demographics of aggregate sample by UDS homelessness. Cohen's D reflects the difference between the Sheltered and Unsheltered samples.

Demographic	All	Sheltered	Unsheltered	Cohen's D
Age, years (%)				
< 30	21.7	25.8	18.5	-0.3
30-40	19.2	22.8	16.3	-0.3
40-50	20	18.9	20.9	0.1
50-60	25.8	21.2	29.6	0.3
60+	14.1	10.7	16.9	0.5
Sex (%)				
Female	31.3	35.6	27.9	-0.2
Male	65.1	60.2	68.9	0.1
LGBT	4.4	4	4.7	0.2
Race/Ethnicity (%)				
White	43.5	39.3	46.8	0.2
Black	21.8	20.1	23.1	0.1
AI/AN	0.8	0.3	1.1	1.4
Hispanic	23.5	31.1	17.5	-0.6
Other Race	2.4	2.5	2.3	-0.1
Unknown Race	8.7	7.9	9.3	0.2

Unsheltered Patients & Trimorbidity

Condition	National (%)	Clinic only (%) N = 3,373	Street ever (%) N = 671	Street only (%) N = 105
Trimorbidity	–	22.9	44.3	28.6
Mental	–	47.3	73.9	66.7
Schizophrenia	18.2	10.9	27.1	38.1
Bipolar disorders	17.2	7.3	11.6	7.6
Other mood	–	4.2	14.3	9.5
Depression	38.9	24.8	34.9	16.2
Anxiety	31.8	13.8	17.6	13.3
PTSD	–	3.8	11.5	9.5
SUD	–	50.8	68.7	57.1
Drug use disorder	40.1	23.9	34.9	21.0
Opioid use disorder	–	5.6	7.9	1.9
Stimulant use disorder	–	8.6	17.4	10.5
Nicotine dependence	–	31.3	45.0	37.1
Alcohol use disorder	34.9	15.4	26.8	19.0
Physical	–	71.1	79.4	61.0
HCV	15.1	8.9	10.0	3.8
HIV/AIDS	2.1	2.7	1.8	1.0

Drivers of Mortality in All PEH

Condition	Prevalence	Adjusted OR	Unadjusted OR	Adjusted PAF	Unadjusted PAF
Alcohol use disorder	0.151	3.532	3.887	0.190	0.205
Diabetes	0.088	2.258	1.738	0.083	0.053
Depression	0.241	1.547	1.794	0.081	0.109
Liver disease	0.032	3.825	6.677	0.074	0.130
HIV/AIDS	0.025	4.441	3.538	0.072	0.055
Cancer	0.016	5.546	4.467	0.063	0.049
Deficiency anemia	0.028	3.512	5.186	0.060	0.093
COPD	0.047	2.500	3.145	0.059	0.080
HCV	0.085	1.821	2.463	0.056	0.092
Opioid use disorder	0.063	2.071	2.241	0.056	0.064
PTSD	0.043	2.355	2.461	0.050	0.054
Other mood	0.041	2.051	2.011	0.038	0.037
Heart failure	0.018	2.882	3.906	0.031	0.047
Coagulopathy	0.002	10.277	6.728	0.018	0.011
Alzheimers / dementia	0.002	7.806	7.588	0.013	0.013

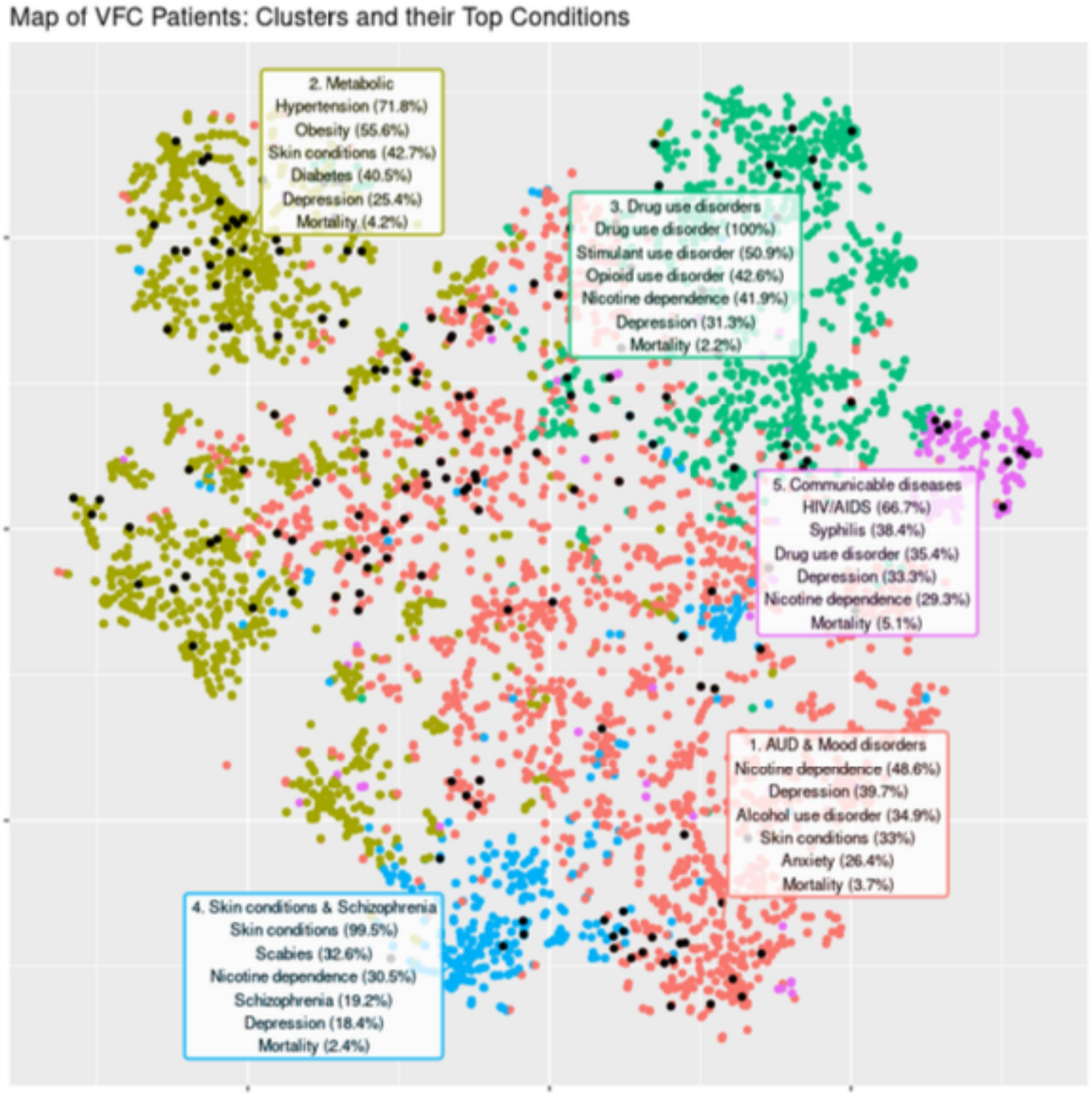
Drivers of Mortality

Condition	All	Sheltered	Unsheltered	Clinic only	Street ever
Alcohol use disorder	0.19	0.173	0.201	0.192	0.228
Diabetes	0.083	0.087	0.08	0.08	0.074
Depression	0.081	0.075	0.085	0.082	0.094
Liver disease	0.074	0.065	0.08	0.074	0.108
HIV/AIDS	0.072	0.072	0.072	0.076	0.054
Cancer	0.063	0.052	0.066	0.066	0.072
Deficiency anemia	0.06	0.056	0.062	0.058	0.081
COPD	0.059	0.04	0.071	0.061	0.112
HCV	0.056	0.052	0.059	0.058	0.064
Opioid use disorder	0.056	0.059	0.054	0.051	0.067
PTSD	0.05	0.039	0.058	0.045	0.107
Other mood	0.038	0.019	0.052	0.039	0.101
Heart failure	0.031	0.023	0.036	0.034	0.046
Hypothyroidism	0.029	0.029	0.028	0.029	0.022
Coagulopathy	0.018	0.009	0.026	0.026	0.026
Alzheimers / dementia	0.013	0.007	0.02	0.013	0.059
N	7266	3222	4044	3373	671

Differences by Race in Drivers of Mortality

			PAF		
Condition	OR	Prevalence	All	Sheltered	Unsheltered
Black					
Hypertension	47.835	0.223	0.415	0.420	0.411
PTSD	21.891	0.043	0.312	0.279	0.329
Alcohol use disorder	7.851	0.151	0.302	0.287	0.310
Schizophrenia	6.360	0.099	0.238	0.171	0.267
White					
Alcohol use disorder	3.264	0.151	0.178	0.161	0.189
Liver disease	5.706	0.032	0.112	0.099	0.120
Opioid use disorder	2.852	0.063	0.089	0.093	0.086
Hispanic					
Liver disease	39.456	0.032	0.348	0.331	0.356
Hypothyroidism	21.145	0.025	0.246	0.246	0.241
Depression	2.794	0.241	0.186	0.178	0.192

Latent Profiles (“Clusters”) of Street Med Patients



Mortality Differences by Cluster

Mortality Rate per 100,000 Person Years

Cluster	Crude Rate	Adjusted Rate
1. AUD & Mood disorders	767.300	686.900
2. Metabolic	752.800	524.200
3. Drug use disorders	546.400	683.600
4. Skin conditions & Schizophrenia	357.100	290.000
5. Communicable diseases	912.800	1,002.400

Spectrum of Services Provided

Label	Total	Sheltered	Unsheltered	Clinic	Street
Diagnosis and management of chronic conditions	71.7%	69.6%	72.9%	71.7%	77.5%
Prescribing medications	35.1%	33.4%	36.2%	35.5%	39.0%
Draw labs	30.3%	33.2%	28.6%	30.4%	21.9%
Urgent care/acute care	24.3%	20.4%	26.7%	26.5%	27.2%
Mental health diagnosis	24.1%	22.0%	25.4%	23.2%	33.8%
Preventive medicine screening	23.4%	27.4%	21.0%	22.8%	14.1%
Mental health maintenance of treatment	19.3%	18.7%	19.7%	18.2%	25.6%
Procedures	15.8%	16.0%	15.7%	15.9%	14.7%
Substance abuse maintenance of treatment	14.9%	16.0%	14.2%	13.5%	16.6%
Substance abuse initiation of treatment	14.4%	12.5%	15.5%	14.1%	20.7%
Women's health	9.2%	11.6%	7.7%	8.3%	5.6%
Medication Assisted Therapy	8.8%	9.5%	8.4%	8.7%	7.5%
Immunizations	7.5%	9.1%	6.5%	7.0%	4.6%
Mental health initiation of treatment	5.6%	6.0%	5.3%	4.6%	8.0%
Administering medications	5.4%	5.4%	5.4%	5.1%	6.6%
Dispensing medications	2.3%	2.5%	2.3%	1.9%	3.5%
Point of care ultrasound	1.8%	2.1%	1.6%	1.6%	1.5%
Telemedicine	0.4%	0.4%	0.4%	0.4%	0.3%

Services Provided by Cluster

Label	AUD & Mood	Metabolic	Drug Use	Skin Conditions	Communicable
Diagnosis and management of chronic conditions	72.1%	72.5%	71.9%	70.2%	81.1%
Prescribing medications	34.5%	34.7%	34.3%	33.9%	37.5%
Draw labs	34.1%	38.8%	31.5%	32.7%	26.8%
Preventive medicine screening	28.4%	31.3%	26.8%	28.7%	18.0%
Urgent care/acute care	23.8%	20.7%	25.6%	26.2%	23.3%
Mental health diagnosis	19.2%	16.4%	20.8%	19.3%	27.2%
Procedures	18.1%	19.1%	17.6%	17.4%	18.2%
Mental health maintenance of treatment	14.5%	13.0%	15.2%	13.4%	23.3%
Women's health	10.2%	12.1%	9.1%	9.6%	7.0%
Substance abuse initiation of treatment	9.7%	7.5%	11.0%	10.3%	14.2%
Immunizations	9.0%	10.7%	8.0%	8.4%	6.1%
Substance abuse maintenance of treatment	6.5%	8.3%	5.5%	4.9%	8.6%
Administering medications	5.7%	5.7%	5.7%	5.3%	7.5%
Mental health initiation of treatment	5.2%	6.4%	4.5%	3.8%	8.1%
Dispensing medications	2.4%	2.7%	2.3%	2.2%	3.2%
Medication Assisted Therapy	2.4%	3.8%	1.6%	1.5%	2.1%
Point of care ultrasound	1.9%	2.2%	1.8%	1.7%	2.0%
Telemedicine	0.5%	0.6%	0.5%	0.5%	0.4%
Clean needle exchange	0.2%	0.2%	0.1%	0.1%	0.1%

Services Provided by Race

- Sharp difference in mental health services among Black and White patients, which could be
  - Race differentials among physicians or
  - Differing vulnerability to homelessness

- Black patients are receiving more MAT

Interactive: Interpreting Differences

- What does the lack of difference between clusters mean?
  - Model is meant to treat all patients similarly
  - Clusters are too nuanced - patients are more similar than the clusters would make you think
  - The SM model has limitations in that there aren’t enough unique services in clusters (either because the services are not available, or because it takes too much history to establish those unique services)

Summary

- Schizophrenia & SMI is widely distributed, highlighting need for psychiatric across clusters (there is not one “schizophrenia” cluster)
- Mortality driven by AUD, Liver Disease, OUD, Schizophrenia, PTSD, Hypertension
- Observe five clusters of patients: AUD & Mood, Metabolic, Drug Use, Skin Conditions, Communicable
- Full spectrum of services able to be provided on the street

Acknowledgements: VFC, California Healthcare Foundation

August 12, 2025

Department of Homeless Services and Housing

Chief Executive Office.

County of Los Angeles Homeless Initiative

HOUSING FOR HEALTH

Board of Supervisors Directives

On April 1, the Board voted to establish the County's first ever department on homelessness.

The motion directed HFH and HI to:

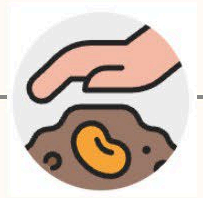
- Develop a process to **conduct meaningful outreach to receive analysis and input**
- Present to the Executive Committee on Regional Homeless Alignment (ECRHA) examples of **how stakeholder input is incorporated into the new department**
- Develop and implement a **consensus-building model of stakeholder engagement**
- **Integrate planning** with ECRHA and the Leadership Table.
- Ensure department planning and implementation are guided by a **commitment to reduce racial and ethnic disparities** for people experiencing homelessness.

Department of Homeless Services & Housing

- Brings together our homeless response under one unified department to ensure accountability and faster results.
- Improves care for people experiencing homelessness, and reduces the barriers on the providers who serve them every day.
- Reduces duplication of effort and ensures investments are connected to outcomes.

Department Timeline

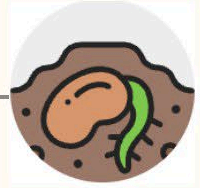
April 1, 2025



Phase 0

Assemble Implementation Team

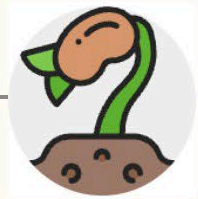
July 1, 2025



Phase I-A

CEO-HI & DHS-HFH Integration

Jan 1, 2026



Phase I-B

New Department Establishment

July 1, 2026

Phase II

County funded LAHSA Integration

July 2026 +

Phase III

Additional County Program/Service Integration

Vision for New Department

Prevent and end homelessness by:

- Improving care for people experiencing homelessness
- Reducing the burden on providers who serve them every day
- Increasing public accountability and results

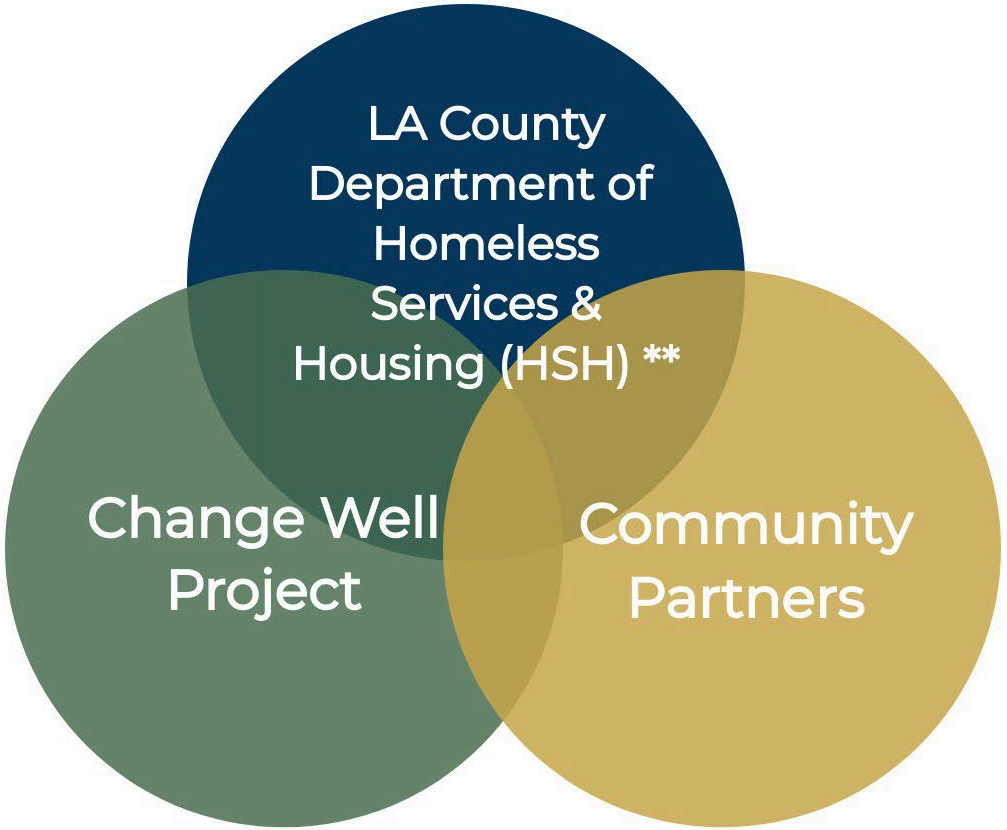
We will work toward this vision by focusing our work on innovation, collaboration, equity and accountability to the people and communities that we serve.

Change Well Project

Change Well Project is partnering with the department to support the County's commitment to people, providers, and public accountability by designing and implementing a community engagement process that is inclusive, accessible, and collaborative.

Change Well has deep roots in Los Angeles communities and extensive experience in housing and homelessness systems and governance.

Building the Plan Collaboratively



HSH is the integration of CEO-HI & DHS-HFH

Community Partners

- People with Lived Homelessness Expertise
- ECRHA
- Leadership Table
- BOS Offices
- Service Providers & Frontline Staff
- Grassroots Organizations
- BPEH, Taskforce on Latinx PEH, AIAN Task Force
- Tribal Communities
- LAHSA, other CoCs, LACAHSA, and PHAs
- Cities and COGs
- Unincorporated Areas
- County Departments
- Homeless Coalitions, DV & Homeless Services Coalition, Faith Collaborative
- Other Partner Engagement Efforts

High-Level Community Engagement Plan

We Want To Hear From You!

Please complete this short survey to help us know more about you and how you would like to be involved in providing feedback to help shape the new Department of Homeless Services and Housing.

Your input will support the design of services that are equitable, inclusive, and grounded in community experience.

Survey Link:

https://tinyurl.com/LACounty-Outreach