

Exemption Documentation

West Los Angeles Armory Shelter
1300 Federal Avenue

Sirius Environmental

August 2022

**EXEMPTION DOCUMENTATION
WEST LOS ANGELES ARMORY SHELTER
1300 FEDERAL AVENUE**

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1. PROJECT DESCRIPTION

Existing Uses

The 167,811-square-foot (3.85-acre) project site is currently occupied by the two-story West Los Angeles Armory building (constructed in 1964) that includes approximately 53,000 square feet with an additional storage/maintenance bay building (constructed in 1979) of approximately 6,400 square feet and surface parking. The surface parking is used to store containers and military vehicles in addition to providing parking. Several ornamental trees, shrubs and plantings are located on the site.

The site is owned by the US Government. The existing Armory building houses the California National Guard including a recruitment center. For the past more than 10 years (ending in April 2020) the Armory building has housed a 160-bed mixed gender Winter Shelter. Winter shelters operate during colder months (generally November 1 through March 31) on a first come-first serve basis. Generally, winter shelters have provided overnight accommodations but during the pandemic they have operated 24-hours a day. The West Los Angeles Armory Shelter did not allow walk-ins. Access was from designated pick-up locations (bus stop at Cadillac Avenue and La Cienega Boulevard or Venice Skate Park) with pick-ups at 5 pm, 6:30 pm and 7:30 pm.

Surrounding uses consist of multi-family housing adjacent to the site to the south (four to five stories) and across Federal Avenue to the west (generally two stories). Federal property is located to the north including a building containing the United States Army Reserve Center. To the east is federal property that has been used as parking and now contains solar panels.

Figure 1 shows an aerial view of the project site and area. The site is relatively flat with the topography of the surrounding area sloping gently overall toward the south-southeast.

Proposed Improvements (Nature, Purpose and Beneficiaries)

Shelter

The project includes the construction of a three-story, approximately 167-bed, approximately 64,800 square foot shelter in the southwest corner of the site. The structure would be of modern design and could have operable windows.

The ground floor would include parking (approximately 49 spaces), security, lobby/seating, restroom, elevator access, storage (including bicycle storage), IT room, a trash room, loading area and electrical/mechanical space as well as an outdoor dog run to the south of the building (on grade equal to the second floor). The second floor would include a client intake area with shower, women's dormitory (48 beds), women's washroom, an administrative area including 12 private offices, kitchen, dining room, library and two outdoor client patios with privacy screens and a staff patio. The third floor would include a staff breakroom, women's recreation room, conference room, client laundry room, public restrooms, a couple's recreation room, a couple's dormitory and associated toilets and showers (30 beds for 15 couples), a men's dormitory (89 beds), multi-purpose room, recreation room, men's washroom, and two small outdoor patios.

The building exterior would be landscaped and would include a dog run to the south. The project would include low-level security and facility lighting. The north and east walls of the shelter would be solid blast

walls with no openings. There would be a fence / gate to separate the shelter from the recruitment office at the north and another one at the back of the building on the southern property line.

Illustrative plans are shown as follows: **Figure 2** shows a conceptual ground floor plan, **Figure 3** shows a conceptual second floor plan and **Figure 4** shows a conceptual third floor plan. **Figure 5** provides an illustrative view of the project site looking north. Actual plans may vary from the layout shown.

Parking Structure and Access

In addition to the shelter, a small parking structure would be constructed in the northeast corner of the Armory site to accommodate replacement parking. Access to the parking structure would be via a new driveway along the northern side of the site. The National Guard is requiring the parking structure, which would include parking to replace that displaced by the shelter (and the garage itself) as a condition of the lease with the County. Approximately 50 spaces would be lost at the shelter site and the parking garage itself would require the removal of a similar number of spaces. The parking structure would be approximately 150 feet by 180 feet and two stories tall. The parking structure would only replace parking area lost to the shelter.

In addition to the parking structure a new access driveway (26 feet-wide) would be located either along the northern property line or in the existing paved area between the Armory building and the shelter.

Construction of an access driveway to the north would require removal of up to about six ornamental trees. If the driveway is to be located between the shelter and Armory buildings several small ornamental trees and shrubs would need to be removed.

Utilities

An existing power line that crosses the shelter site could be undergrounded, resulting in the removal of up to three utility poles. If the power line were not undergrounded the building height and/or footprint would have to be modified and the poles would need to be relocated further to the south. Modifying the building height may include building setbacks at the second and/or third level. Enlarging the building footprint (adding approximately 10 feet to the east-west direction) would result in the need for a larger replacement parking structure.

Several smaller ornamental trees and shrubs adjacent to the shelter on the south (that have been placed on the Armory site by the adjacent residential property owners) would be removed to allow for this undergrounding.

Construction

Construction of the shelter would take approximately 16 months and is anticipated to begin in 2023. Construction staging would occur within the shelter site footprint. Construction activities would generate similar levels of traffic compared to operations of the proposed shelter. Construction activities would site clearance (including removal of any contaminated soil), grading, building construction, interior finishing, paving and landscaping.

Construction of the parking structure could occur simultaneously with the shelter.

The site is in a methane buffer area (although it is not located within a methane gas hazard area per the Los Angeles County Code Title 26). Construction would include conservative construction techniques to address any methane concerns, such as placement of an impervious membrane).

Operational Characteristics

The 167-bed shelter would be considered a low-barrier navigation center as it would:

- 1) offer services to connect people to permanent housing through a services plan that identifies services staffing.
- 2) be linked to a centralized coordinated entry system, so that staff in the interim facility or staff who co-locate in the facility may conduct assessments and provide services to connect people to permanent housing.
- 3) comply with applicable codes (Division 8 of the Welfare and Institutions Code)
- 4) have a system for entering client information regarding client stays, client demographics, client income, and exit destination through the local Homeless Management Information System
- 5) implement best practices to reduce barriers to entry including:
 - a. allowing for the presence of partners (couples beds)
 - b. providing for pets
 - c. providing for storage of possessions
 - d. allowing for privacy of individuals (all sleeping spaces would have private cubicles)

Similar to previous winter shelter operations, walk-ins would not be allowed; access would continue to be from designated pick-up locations.

Approximately 50 to 55 staff would work at the facility.

The facility would operate 24 hours a day, 7 days a week, 365 days a year. Outdoor patios and the dog run would be used at most 7 am to 11 pm daily.

The proposed project would generate approximately 145 daily weekday vehicle trips, including about 13 a.m. peak hour trips and about 15 p.m. peak hour trips.¹

The replacement parking structure would operate in the same way as the existing surface parking and would be available to the Armory only (not the shelter).

Discretionary Actions

The currently proposed action by the Los Angeles County Board of Supervisors, acting on behalf of the County of Los Angeles, includes authorizing the following:

- 1) enter into a lease agreement with the State Department of General Services
- 2) enter into funding agreements to carry out construction
- 3) enter into a lease agreement with future operators

¹ Assuming trip generation similar to permanent supportive housing in transit priority areas: 145 trips per day per unit (0.87 trips per day), 13 trips in the am peak hour (0.08 trips per unit) and 15 trips per unit in the pm peak hour. These rates are identified in the Los Angeles Department of Transportation (LADOT) Transportation Assessment Guidelines, July 2020 (page 3-10).



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Figure 1: Aerial View of West Los Angeles Armory and Approximate Location of Shelter and Replacement Parking Structure

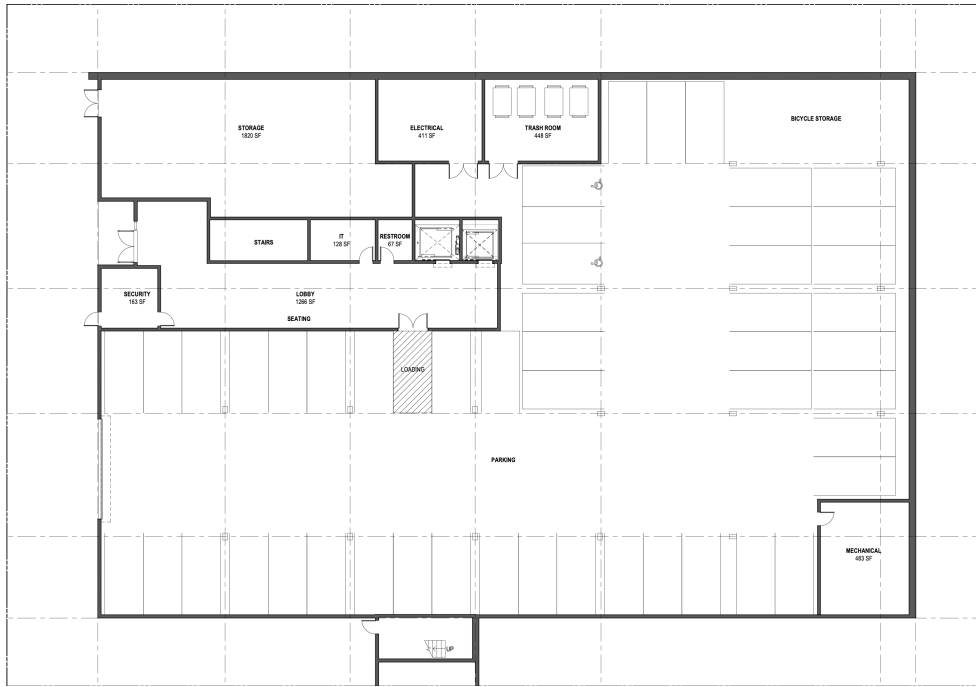


Figure 2: Shelter First Floor Plan

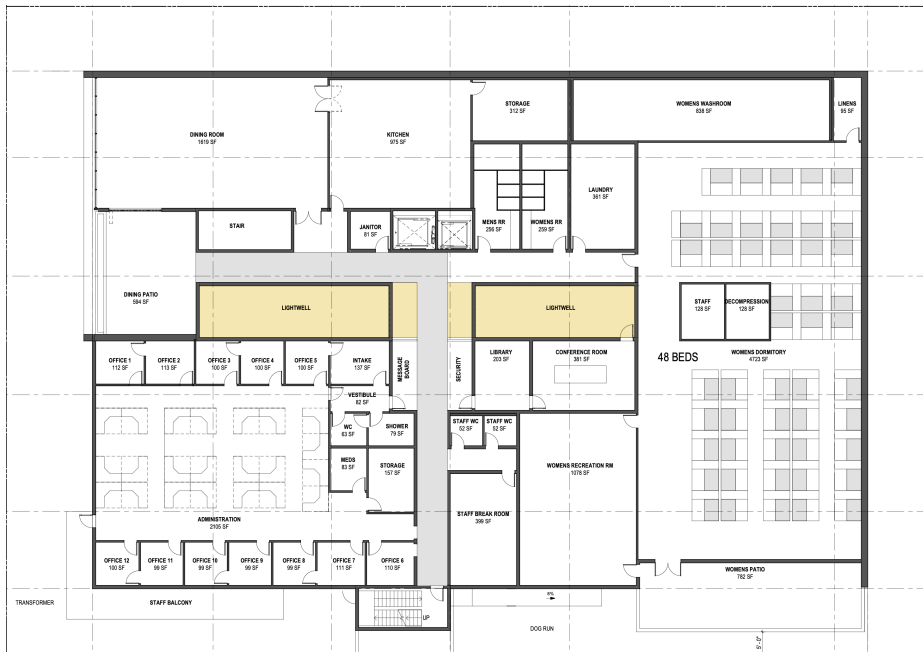


Figure 3: Shelter Second Floor Plan

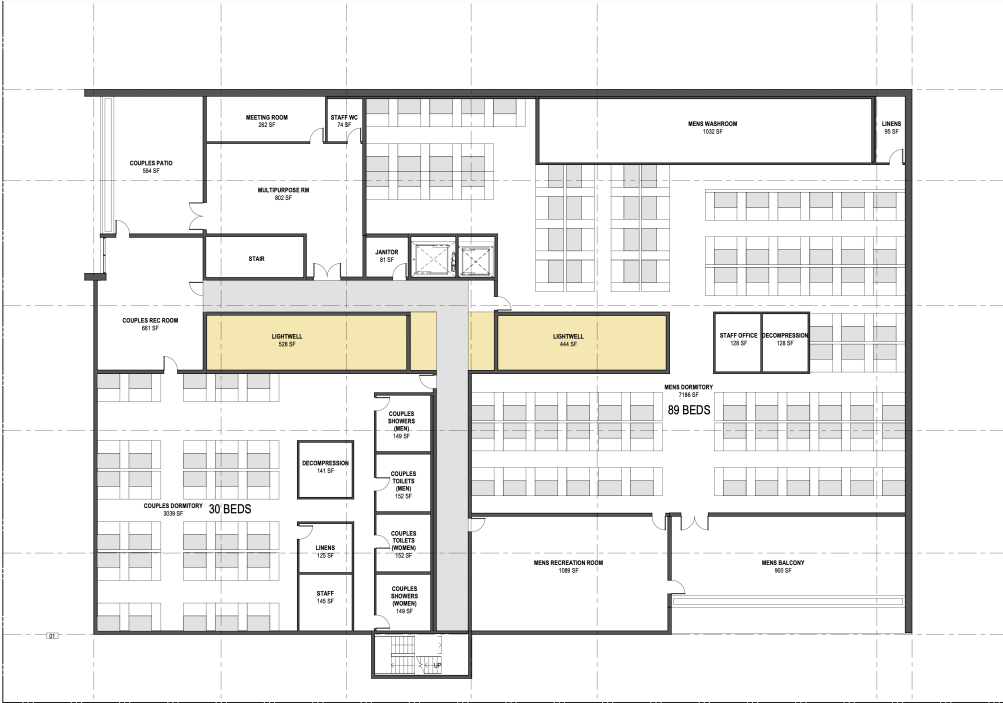


Figure 3: Shelter Third Floor Plan



Figure 4: 3D View of Shelter looking North

2. CEQA EXEMPTIONS, AND OVERVIEW OF PROJECT ANALYSIS

Introduction

Government Codes sections specify certain actions that are exempt from CEQA including by-right development. Government Code Sections 65660 and 65662 indicate that actions taken to approve a Low Barrier Navigation Center are considered “by-right” see further description below.

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

Pursuant to California Public Resources Code Section 21084, the State CEQA Guidelines (Article 19, Sections 15300 to 15333) includes a list of classes of projects, which the Secretary of Resources found do not have a significant effect on the environment, and which therefore are exempt from the provisions of CEQA.

The County of Los Angeles Environmental Document Procedures and Guidelines reference the State CEQA Guidelines. In accordance with CEQA Guidelines Section 15300.4, the County of Los Angeles, adopted Environmental Document Procedures and Guidelines to specifically identify activities that the County may approve or carry out under the exempt classes.

In addition to these regulations, the discussion below briefly addresses other relevant regulations regarding housing accountability (Government Code Section 65589.5(d)), a statutory exemption for shelters during a shelter crisis (Government Code Section 8698.4) as well as the CEQA exemption for shelters in the City of Los Angeles (CEQA Section 21080.27).

Statutory Exemptions

Low Barrier Navigation Center (Government Code Sections 65660 and 65662)

The definition of a Low Barrier Navigation Center (Government Code Sections 65660 and 65662) is:

65660

(a) “Low Barrier Navigation Center” means a Housing First, low-barrier, service-enriched shelter focused on moving people into permanent housing that provides temporary living facilities while case managers connect individuals experiencing homelessness to income, public benefits, health services, shelter, and housing. “Low Barrier” means best practices to reduce barriers to entry, and may include, but is not limited to, the following:

(1) The presence of partners if it is not a population-specific site, such as for survivors of domestic violence or sexual assault, women, or youth.

(2) Pets.

(3) The storage of possessions.

(4) Privacy, such as partitions around beds in a dormitory setting or in larger rooms containing more than two beds, or private rooms.

(b) “Use by right” has the meaning defined in subdivision (i) of Section 65583.2. Division 13 (commencing with Section 21000) of the Public Resources Code shall not apply to actions taken by a public agency to lease, convey, or encumber land owned by a public agency, or to facilitate the lease, conveyance, or encumbrance of land owned by a public agency, or to provide financial

assistance to, or otherwise approve, a Low Barrier Navigation Center constructed or allowed by this section.

65662.

A Low Barrier Navigation Center development is a use by right in areas zoned for mixed use and nonresidential zones permitting multifamily uses, if it meets the requirements of this article. A local jurisdiction shall permit a Low Barrier Navigation Center development provided that it meets the following requirements:

- (a) It offers services to connect people to permanent housing through a services plan that identifies services staffing.*
- (b) It is linked to a coordinated entry system, so that staff in the interim facility or staff who co-locate in the facility may conduct assessments and provide services to connect people to permanent housing. "Coordinated entry system" means a centralized or coordinated assessment system developed pursuant to Section 576.400(d) or Section 578.7(a)(8), as applicable, of Title 24 of the Code of Federal Regulations, as those sections read on January 1, 2020, and any related requirements, designed to coordinate program participant intake, assessment, and referrals.*
- (c) It complies with Chapter 6.5 (commencing with Section 8255) of Division 8 of the Welfare and Institutions Code.*
- (d) It has a system for entering information regarding client stays, client demographics, client income, and exit destination through the local Homeless Management Information System as defined by Section 578.3 of Title 24 of the Code of Federal Regulations.*

The project would meet the definition of a low-barrier navigation center. The project would 1) offer services to connect people to permanent housing, 2) be linked to a system that coordinates participant intake, assessment, and referrals, 3) complies with applicable codes, 4) has a system for entering client information, 5) implement best practices to reduce barriers to entry (presence of partners, pets, storage of possessions, privacy). A low-barrier navigation center is a use by right -- the site is in a nonresidential zone (Institutional) where the County may permit any public use (Government Code Section 65662). The State of California is requiring the parking structure as a condition of the lease with the County.

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

Public Resources Code Section 21080(b) indicates:

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

...

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

CEQA Guidelines Section 15269 indicates:

15269. Emergency Projects

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

...

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

improve facility integrity) are proposed for existing facilities in response to an emergency at a similar existing facility.

.
...

The proposed project is a response to the County of Los Angeles shelter crisis declaration. Already prior to Covid 19 the Los Angeles area was seeing an alarming increase in the number of homeless people that is only being worsened by the effects of Covid-19. The project is necessary to provide assistance to homeless people in the Los Angeles area. Emergency shelters are needed to get people off the street and to provide assistance with and a transition to permanent housing solutions. Immediate action is needed to mitigate homelessness including all types of housing that provide for reducing homelessness in the County.

See Section 4 for a detailed discussion of the emergency project exemption and why the proposed project is considered an emergency project.

Categorical Exemptions

State CEQA Guidelines Section 15302 Replacement or Reconstruction (Garage Portion of Project)

Class 2 consists of replacement or reconstruction of existing structures and facilities where the new structure will be located on the same site as the structure replaced and will have substantially the same purpose and capacity as the structure replaced...

State CEQA Guidelines Section 15303 New Construction or Conversion of Small Structures (Garage Portion of Project)

Class 3 consists of construction and location of limited numbers of new, small facilities or structures; installation of small new equipment and facilities in small structures; and the conversion of existing small structures from one use to another where only minor modifications are made in the exterior of the structure. The numbers of structures described in this section are the maximum allowable on any legal parcel. Examples of this exemption include, but are not limited to:

...

(e) Accessory (appurtenant) structures including garages, carports, patios, swimming pools, and fences.

...

The Los Angeles County Environmental Document Reporting Procedures and Guidelines, Appendix G, Categorically Exempt Projects under Class 2 and Class 3, generally mirrors the State CEQA Guidelines, with a few minor changes/additions including the following:

County Guidelines include the following for Class 3:

(d) Office buildings, community centers, garages, storage sheds, work rooms and similar structures at existing facilities.

The proposed replacement parking structure would be a small accessory garage structure that would serve the existing Armory facility and would replace spaces lost as a result of construction of the armory.

State CEQA Guidelines Section 15300.2 Exceptions to the Use of Categorical Exemptions

CEQA Section 15300.2 identifies the exceptions to exemptions. Categorical Exemptions do not apply where a project:

- (a) Location. Classes 3, 4, 5, 6, and 11 are qualified by consideration of where the project is to be located -- a project that is ordinarily insignificant in its impact on the environment may in a particularly sensitive environment be significant. Therefore, these classes are considered to apply all instances, except where the project may impact on an environmental resource of hazardous or critical concern where designated, precisely mapped, and officially adopted pursuant to law by federal, state, or local agencies.*
- (b) Cumulative Impact. All exemptions for these classes are inapplicable when the cumulative impact of successive projects of the same type in the same place, over time is significant.*
- (c) Significant Effect. A categorical exemption shall not be used for an activity where there is a reasonable possibility that the activity will have a significant effect on the environment due to unusual circumstances.*
- (d) Scenic Highways. A categorical exemption shall not be used for a project which may result in damage to scenic resources, including but not limited to, trees, historic buildings, rock outcroppings, or similar resources, within a highway officially designated as a state scenic highway. This does not apply to improvements which are required as mitigation by an adopted negative declaration or certified EIR.*
- (e) Hazardous Waste Sites. A categorical exemption shall not be used for a project located on a site which is included on any list compiled pursuant to Section 65962.5 of the Government Code.*
- (f) Historical Resources. A categorical exemption shall not be used for a project which may cause a substantial adverse change in the significance of a historical resource.*

None of the exceptions to exemptions, found at Section 15300.2 of the State CEQA Guidelines would apply to invalidate the categorical exemptions identified. Based on the record, the County has determined the following: (a) the site is not located in a sensitive environment; (b) the project would not create significant cumulative impacts by contributing to impacts of successive projects of the same type in the same place; (c) there is no potential for the project to result in a significant effect on the environment due to unusual circumstances; (d) the project would not result in damage to a scenic resource; (e) while the site is on a list compiled pursuant to Section 65962.5 of the Government Code (Leaking Underground Storage Tank) the case is closed; (f) the project would not include changes to the existing West Los Angeles Armory buildings (constructed in 1964) and therefore would not change the significance of any historical resource.

See Section 5 below for a detailed discussion of the exceptions to the use of categorical exemptions.

3. DETAILED DISCUSSION OF LOW BARRIER NAVIGATION CENTER (GOVERNMENT CODE SECTIONS 65660 AND 65662)

Existing General Plan and Zoning

The project site is within unincorporated Los Angeles County (the City of Los Angeles boundary and multi-family residential use borders the site on the south and west). The site is designated P for public and semi-public use (maximum FAR of 3.0:1):

Purpose: Public and semi-public facilities and community-serving uses, including public buildings and campuses, schools, hospitals, cemeteries, and fairgrounds; airports and other major transportation facilities. Other major public facilities, including planned facilities that may be public-serving but may not be publicly accessible, such as landfills, solid and liquid waste disposal sites, multiple use storm water treatment facilities, and major utilities.

A shelter use is a public use consistent with the land use designation.

The site is zoned for IT – Institutional Use:

Purpose. Institutional Zone (Zone IT) is established to provide for the preservation, maintenance, and enhancement of public and quasi-public uses and resources of the County as defined in the General Plan. It is the purpose and intent of Zone IT to:

- *Allow publicly and privately owned uses which provide public services to the community;*
- *Protect and preserve public facilities; and*
- *Provide and enhance all educational institutions, whether publicly or privately owned.*

A shelter use would be an institutional use consistent with the zone purpose and intent; neither shelter use nor multi-family housing are specifically identified as an allowed use in the IT Zone. In accordance with State Law, the County has sovereign immunity and may permit public uses in any zone (Government Code section 53090 *et seq.*).

Low Barrier Navigation Center

The intent of a low-barrier navigation center is to provide easy to access help for homeless people to allow them to get off the street and receive services aimed at providing comprehensive problem-solving and assistance in obtaining permanent housing solutions.

The project would meet the definition of a low-barrier navigation center. The project would:

- 1) offer services to connect people to permanent housing through a services plan that identifies services staffing.
- 2) be linked to a centralized coordinated entry system, so that staff in the interim facility or staff who co-locate in the facility may conduct assessments and provide services to connect people to permanent housing.
- 3) comply with applicable codes (Division 8 of the Welfare and Institutions Code)
- 4) have a system for entering client information regarding client stays, client demographics, client income, and exit destination through the local Homeless Management Information System
- 5) implement best practices to reduce barriers to entry including:
 - e. allowing for the presence of partners (couples beds)
 - f. providing for pets
 - g. providing for storage of possessions
 - h. allowing for privacy of individuals (all sleeping spaces would have private cubicles)

The National Guard is requiring the parking structure for replacement spaces, along with a new access driveway, as a condition of the lease with the County and therefore it is a necessary component of the project.

4. DETAILED DISCUSSION OF EMERGENCY PROJECT EXEMPTION (CEQA SECTION 21080(b) AND CEQA GUIDELINES SECTION 15269)

Homelessness in the County of Los Angeles is an emergency condition (see **Attachment C**).

Homelessness in the County of Los Angeles has increased catastrophically over the past decade. Los Angeles County has more unsheltered homeless individuals than any other U.S. county. The County's total homeless population increased to 66,436 in 2020 up approximately 12.7% from 2019, and up from about 32,000 in 2010² -- an increase of 107% in 10 years. (As a result of the pandemic a full homeless count was not conducted in 2021.)

The LA area is experiencing an alarming increase in both younger (18 to 24 Transition Age Youth – TAY - including households headed by someone in this age group) and older homeless people (over the age of 62). The 2020 homeless count identified a 19% increase in TAY households and unaccompanied minor children. Minor children in TAY-headed families and unaccompanied minors now comprise 7% of the homeless population. The number of homeless seniors surged by 20% in 2020.³

October 30, 2018, the Los Angeles County Board of Supervisors declared a shelter crisis to address homelessness in unincorporated Los Angeles County (estimated at that time to be more than 5,000 people).⁴

The homeless population is particularly susceptible to certain diseases that can spread in unhygienic conditions found when people sleep on the street. Los Angeles County experienced a typhus outbreak in the summer of 2018.⁵ Typhus is a disease spread by rats that is often associated with cramped unhygienic conditions. In 2017, Los Angeles County (LAC) experienced an outbreak of hepatitis A virus (HAV) occurring primarily among persons experiencing homelessness or with illicit drug use (IDU).⁶ Contagious diseases that start in homeless populations have the potential to spread to the rest of the population. These diseases, however, appear to be dwarfed by the current Covid-19 pandemic. The current Covid-19 pandemic is anticipated to continue to severely impact the existing homeless population as well as likely forcing many more people into homelessness as they lose their jobs in the numerous business sectors impacted by stay-at-home rules and changes to business operations as a result of the ongoing pandemic.

The mortality rate among people experiencing homelessness (PEH) is higher than the mortality rate of the general population. The mortality rate among homeless individuals is influenced by demographic characteristic - youth and women, for example, have an especially high risk of early death when compared to the general population. Lack of shelter and the presence of a chronic illness also increase the likelihood of mortality in homeless individuals by 2.7-fold when compared to sheltered homeless individuals.⁷

The number of homeless deaths has increased dramatically in recent years (from 630 in 2014 to 1,776 in 2020), see Figure 6 below (note, as data becomes available number of deaths is often revised upwards in subsequent years). The 1,776 PEH deaths in calendar year 2020, represented a 40% increase from 2019.

² Los Angeles Homeless Services Authority, May 2017

³ Ibid

⁴ <http://ridley-thomas.lacounty.gov/index.php/board-declares-emergency-and-places-homeless-initiative-on-ballot/>

⁵ <http://publichealth.lacounty.gov/eprp/Health%20Alerts/LAHANTyphusupdate101218.pdf>

⁶ <http://publichealth.lacounty.gov/eprp/Health%20Alerts/DPH%20HAN%20Hep%20A%20Outbreak%20091917.pdf>

⁷ Los Angeles County Department of Public Health, Center for Health Impact Evaluation. Mortality Among People Experiencing Homelessness in Los Angeles County One Year Before and After the COVID-19 Pandemic. April 2022. For additional information: <http://publichealth.lacounty.gov>

From April 1st, 2019, to March 31st, 2020 (pre-pandemic year) there were 1,271 PEH deaths. From April 1st, 2020, to March 31st, 2021 (post-pandemic onset year) there were 1,988 PEH deaths, representing a 56% increase in the number of PEH deaths from the pre- to post - pandemic onset year

The first year of the COVID-19 pandemic coincided with a steeper increase in PEH deaths than what we had seen in previous years in LA County, although we won't know if this reflects an equally large increase in the PEH mortality rate until we have results from the 2022 homeless mortality count. While COVID-19 became the third leading cause of death among PEH in the post-pandemic onset year, the overall increase was driven to an equal or larger degree by increases in overdose, homicide, chronic heart disease, and traffic injury deaths. It appears the COVID-19 pandemic may have exacerbated stressors already present in the lives of PEH, leading to increases in other causes of death, even as we redoubled our COVID-19 prevention efforts in this population. Thus, as the pandemic subsides, disproportionately high mortality will likely persist among PEH unless we continue to implement a broad array of preventive measures including housing placements, substance use prevention and treatment, physical and mental health treatment, and enhanced safety measures in areas where PEH congregate. Immediate action is needed to mitigate these conditions.

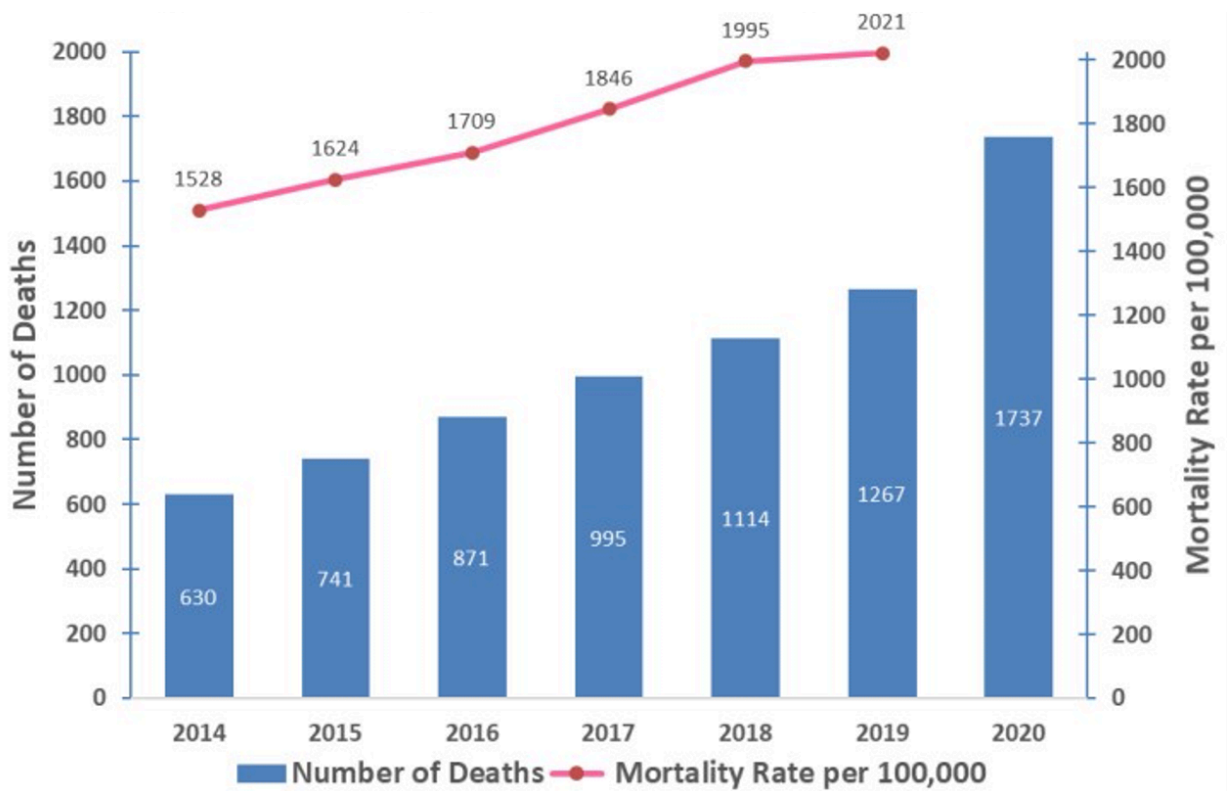


Figure 6: LA County Homeless Deaths and Mortality Rates, 2014 - 2020

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

- \$2 billion bond in the California "No Place Like Home" initiative;⁸
- County-wide Measure H, approved in March 2017, provides a 0.25 percent sales tax which could generate \$355 million annually for ten years to fund homeless services and prevention.

These funding sources are available for projects (including the proposed project). The Los Angeles County budget for the 2019-2020 fiscal year increased to \$32.5 billion, with \$424 million set aside for addressing homelessness and \$35 million targeted to fund housing development.⁹ Ensuring that current funding is being spent on programming with an evidence-based, researched, impact on decreasing the prevalence of homelessness is a paramount concern for Los Angeles County as a whole.

This project would involve construction of facilities (that the County would own) that are necessary to provide services essential to public health, safety, and welfare by mitigating the emergency conditions associated with the shelter crisis. The project is necessary to provide shelter to people who are already in extreme conditions that expose them to the elements as well as other safety issues associated with being unsheltered. The project would get people off the street and would provide comprehensive services to address problems and assist in providing permanent solutions to homelessness. Given the increasing pressure being placed on shelters and all types of affordable housing, the project is urgently needed to mitigate the homeless situation in Los Angeles County.

⁸ On July 1, 2016, Governor Brown signed legislation enacting the No Place Like Home program to dedicate \$2 billion in bond proceeds to invest in the development of permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness, chronic homelessness, or who are at risk of chronic homelessness.

⁹ LAist Staff in News on April 15, "LA County Released Its New \$32.5 Billion Budget. Here's Where the Money is Going." LAist, April 15, 2019, accessed September 16, 2020, https://laist.com/2019/04/15/la_county_budget_release_billions.php

5. DETAILED DISCUSSION OF CLASS 3 CATEGORICAL EXEMPTION (GARAGE) AND INAPPLICABILITY OF EXCEPTIONS TO CATEGORICAL EXEMPTIONS (CEQA GUIDELINES SECTIONS 15302, 15303 AND 15300.2)

Class 2 Replacement or Reconstruction (Garage Portion of Project) (CEQA Guidelines Section 15302)

Class 3 New Construction or Conversion of Small Structures (Garage Portion of Project) (CEQA Guidelines Section 15303)

The proposed replacement parking structure would be eligible for Class 2 and Class 3 Categorical Exemptions as it consists of replacing parking lost at the shelter site through the construction of a small garage structure that would be an accessory use to the existing Armory. The parking structure would replace parking spaces lost at the shelter site (approximately 50 spaces) as well as spaces lost in the footprint of the parking structure itself.

As discussed in detail below, the project would not trigger any of the exceptions to exemptions identified in CEQA Section 15300.2 that would make use of a Categorical Exemption (Classes 2 and 3 for the garage use) inapplicable.

Location-Sensitive Environment (CEQA Guidelines Section 15300.2(a))

The project site is not located in an area mapped as having sensitive uses including biological resources (the site is in an urban area zoned for industrial use) or hazardous materials. The site is completely urban.

Cumulative Impacts (CEQA Guidelines Section 15300.2(b))

CEQA defines a cumulative impact as an effect that is created as a result of the combination of a proposed project together with other projects (past, present, or future) causing related impacts. CEQA Guidelines section 15064 provides guidance on determining the significance of environmental effects caused by a project. CEQA Guidelines Section 15064(h)(1) provides guidance for determining significance of cumulative effects. If a cumulative impact may be significant and the project's incremental effect, though individually limited, is cumulatively considerable. "Cumulatively considerable" means that the incremental effects of an individual project are significant when viewed in connection with the effects of past projects, the effects of other current projects, and the effects of probable future projects.

While the shelter use would not be eligible for a categorical exemption, the garage use would be eligible for a Class 3 Categorical Exemption. The shelter could be considered a cumulative project to the garage use, even though they are part of one action. The two projects may be constructed at different times.

Given the urban nature of the site, the potential for immediately adjacent construction was considered for overlapping or cumulative impacts. The radius for identifying cumulative projects is typically determined by the potential for overlapping traffic and noise impacts. The project site is in a high noise environment (less than ½ mile from the 405 freeway) and would generate a minor increase in traffic during non-peak hours and therefore the potential for overlapping impacts would not extend beyond the immediate vicinity of the site. The closest cumulative project to the site is located at 11600 West Wilshire Boulevard (change in use of an existing office building from office to medical office) 850 feet northwest of the site.

A five-story residential building was recently completed immediately south of the site. Other than the shelter as a cumulative project to the garage, there are no other cumulative projects in the immediate vicinity of the project. Due to the small size of the project, location of the project in an already high-noise environment, operational characteristics of the shelter and garage (small size, low trip generation), and lack of nearby cumulative projects, the project would not have the potential to create significant cumulative impacts by contributing to impacts of successive projects of the same type in the same place. Even if construction of the shelter and garage were to occur at the same time as the project construction would be coordinated and there would be no potential for a significant cumulative impact.

The threshold of significance for a cumulatively considerable contribution to a traffic impact is the same as the threshold of significance for a project impact. The garage use would not generate new trips and the shelter use would be for lower income households and would therefore not require a VMT/traffic study. As a result, project trips do not have the potential to have a significant traffic impact and therefore do not have the potential to result in a considerable contribution to a cumulative traffic impact. The same is true for air quality thresholds of significance; because of the size of the project,¹⁰ it would not have the potential to result in a project-specific significant air quality impact and therefore does not have the potential to result in a cumulatively considerable contribution to a significant air quality impact.

The proposed configuration of the buildings (up to three stories) and location adjacent to the existing two-story Armory building and two to four story residential development, would result in minor if any impact on aesthetics. No project impacts project impacts related to hazards/hazardous wastes are anticipated because any contaminated soils on the site must be addressed in accordance with stringent regulations designed to protect public health, Minimal project impacts related to hydrology are anticipated because the site is already substantially covered with impermeable surfaces and the project would be required to comply with LID¹¹ and NPDES regulations that would reduce drainage and water quality impacts to less than significant levels. The project would have no impact with respect to land use; the existing 160-bed Winter shelter has operated on the site for over ten years. Any impacts in these issue areas are localized to the site and would not have the potential to combine with impacts of other cumulative projects.

Given the highly urban nature of the site, there is no habitat of value to threatened, rare or endangered species on the site. The construction of a new access driveway to the replacement parking garage may require removal of up to six ornamental trees. Over 900 species of migratory birds are protected under the Federal Migratory Bird Treaty Act (MBTA) (*Title 33, United States Code, Section 703 et seq., see also Title 50, Code of Federal Regulation, Part 10*) and Section 3503 of the California Department of Fish and Game Code protects nests of all birds (except English sparrows and European starlings). These regulations ensure protection of nesting birds. The project would not result in a considerable contribution to cumulative biological impacts.

The existing Armory building on the site dates from 1964 and is generally utilitarian (the storage/maintenance bays from 1979); the proposed shelter and parking garage would not affect these structures, therefore there would be no potential to result in a considerable contribution to impacts related

¹⁰ The City of Los Angeles has undertaken air quality modeling of a variety of projects and has issued guidance indicating that projects with less than 80 residential units or 75,000 square feet of non-residential area and less than 20,000 cubic yards of soil export are not expected to result in significant construction or operational emissions/air quality impacts.

¹¹ Chapter 12.84 of the LA County Code requires the use of Low Impact Development (LID) principles in development projects. LID encourages site sustainability and smart growth in a manner that respects and preserves the characteristics of the County's watersheds, drainage paths, water supplies and natural resources. Section 12.80 of the County Code protects the health and safety of the residents of the County by protecting the beneficial uses, marine habitats, and ecosystems of receiving waters within the County from pollutants carried by stormwater and non-stormwater discharges. The intent of this section is to enhance and protect the water quality of the receiving waters of the County and the United States. Section 12.80 applies to the discharge, deposit, and disposal of any stormwater and/or runoff to the storm drain system and/or receiving waters within any unincorporated area covered by a NPDES municipal stormwater permit.

to any historical issues. The project would result in minor ground disturbance, but likely not below previously disturbed levels and therefore would not have the potential to impact geology/soils, archaeological resources, paleontological resources or human remains. Therefore, project impacts would have no potential to combine with impacts of cumulative projects to create significant impacts on geology/soils or cultural resources.

The project would result in a density and use within the planning assumptions for the County of Los Angeles as well as the City of Los Angeles and its relatively small size would not result in a cumulatively considerable contribution to impacts on public services, recreation and utilities. Anticipated cumulative development in the area is within the planning assumptions of the City of Los Angeles.

Construction noise impacts are limited by intervening buildings, distance and the existing noise environment. The existing noise environment is high due nearby high-traffic roadways and the 405 freeway. Compliance with the Los Angeles County Code would reduce noise levels to acceptable levels and impacts would be less than significant and would not be expected to combine with noise from any nearby sites, to result in a cumulatively significant impact.

Operational noise impacts are associated with mobile sources, stationary equipment (e.g., HVAC) and user activity. Noise from stationary equipment is regulated by ordinance and would not have the potential to result in significant impacts that would noticeably combine with cumulative projects. Noise impacts from user activity would be addressed through limited hours of use of open spaces.

Mobile source noise is related to vehicle use, it is most concentrated at the site and then disperses to all the different destinations of project users who arrive/depart by vehicle. The project contribution to mobile-source noise levels at the site would be minor and would be even less with distance from the site and therefore the project's contribution to mobile source noise levels as a result of cumulative projects would be negligible.

Significant Effect Due to Unusual Circumstances (CEQA Guidelines Section 15300.2(c))

There is nothing unusual about the shelter or the project site. As explained in more detail above, for some environmental issue areas, because of the location of the project site (urban area, high noise environment), small size of the project, and expected operational characteristics, the project would not have the potential to result in significant environmental impacts with respect to any environmental issue area.

None of the following issue areas would be significantly impacted by the project: aesthetics, agricultural resources, air quality, biological resources, cultural resources, geology/soils, greenhouse gas emissions, hazards/hazardous materials, hydrology/water quality, land use, mineral resources, noise, population/housing, public services, recreation, transportation/traffic, tribal cultural resources, or public utilities/service systems issues and therefore would not have the potential to result in a considerable contribution to these impacts (see discussion of cumulative impacts above).

Scenic Highways and Scenic Resources (CEQA Guidelines Section 15300.2(d))

The project site is in an urban area of the City of Los Angeles. It is not visible from any State-designated scenic highway.¹² The closest highway with any State scenic designation is the Route 1, that is officially identified as "eligible" and is about 2.7 miles to the west of the project site. The project would not make substantial changes to the appearance of the existing on-site historic resource.

¹² <https://caltrans.maps.arcgis.com/apps/webappviewer/index.html?id=465dfd3d807c46cc8e8057116f1aaca>; accessed May 19, 2022

Hazardous Waste Sites (CEQA Guidelines Section 15300.2(e))

A Phase I and Limited Phase II Environmental Site Assessment was undertaken for the site.¹³ The Phase I indicates that while the site was listed as including a leaking underground storage tank (LUST), the LUST was issued regulatory closure on March 10, 1997. In addition, the findings of the Limited Phase II assessment indicate that existing contaminants in the soil do not exceed applicable screening criteria used to determine whether action is needed.

Historical Resources (CEQA Guidelines Section 15300.2(f))

The existing Armory building on the site dates from 1964 and is generally utilitarian (the storage/maintenance bays date from 1979); the proposed shelter and parking garage would not affect these structures.

If unexpected archaeological or paleontological resources are discovered during excavation activities such resources must be evaluated the find in accordance with federal, State, and local guidelines, including those set forth in California Public Resources Code Section 21083.2. California Health and Safety Code Section 7050.5, Public Resource Code 5097.98, and CEQA Guidelines Section 15064.5(e) address how unexpected finds of human remains are to be handled.

¹³ Phase I and Limited Phase II Environmental Site Assessment, West Los Angeles Armory Project, 1300 Federal Avenue, Unincorporated Los Angeles County, CA APN: 435-008-902, Leighton Consulting, Inc., September 4, 2019

Education

Sussex University, England, Chemistry, concentration in Environmental Science
Master's degree, Candidate, Environmental Management, University of San Francisco

Professional Affiliations

Association of Environmental Professionals
Los Angeles Conservancy
American Planning Association

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

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

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

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

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

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

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

Attachments

A. Emergency Documentation

Los Angeles County Homeless Emergency

Heidi Behforouz, MD (hbeforeouz@dhs.lacounty.gov)
July 2022

The Homelessness Emergency in Los Angeles County

Street-based homelessness is a long-standing challenge for Los Angeles County. However, its recent growth, and the rising comorbid complexities of undertreated medical, mental health, and substance use disorders facing this population, coupled with its disproportionate reliance on public social services, make homelessness a public health emergency. Homelessness not only threatens the wellbeing of those who are without a home but threatens the economic stability of impacted communities as well.

Prior to the Covid-19 pandemic, Los Angeles County currently had the second-highest number of homeless residents in the United States.¹ Homelessness in the County of Los Angeles, as well as the City of Los Angeles, experienced a large increase from 2016 to January 2020. The County's total homeless population increased to 66,436 in 2020 up approximately 12.7% from 2019 (an increase of 107% in 10 years). In 2020, the City of Los Angeles alone, the homeless count was 41,290 people, increasing 16.1% from 2019. Two-thirds of the unsheltered adults experiencing homelessness were homeless for the first time in 2019, with 59% of them citing economic hardship as the cause -- and this was prior to the pandemic. About 80% of unsheltered Angelenos have lived here for more than five years.²

The annual homeless count in Los Angeles County for 2021 was cancelled, due to the pandemic, and resumed in March 2022. Those results are not yet available. However, the most current January 2020 homeless count indicates the following concerning subpopulations:³

- The number of seniors 62 and over rose 20% from 2019, an alarming increase receiving sharp focus during the pandemic.
- The number of homelessness among Transition Age Youth (TAY) Households and Unaccompanied Minors, which includes individuals 18-24 and family members headed by persons 18-24, rose by 19%.
- The number of sheltered family members rose by 39%, reflecting the increased financial pressures on low-income families.
- Restructuring survey questions gave us new specificity on substance use while confirming previous estimates of mental health conditions. 14,284 unsheltered people (32%) report substance use, roughly double the prevalence under the previous methodology (this does not reflect population growth, only data refinement). 26% of unsheltered, or 11,711 people, report long-term mental health conditions.

¹ Los Angeles Daily News. 2020. *HUD Report: LA County Has Second-Highest Homeless Population of U.S. Regions – Daily News*. [online] Available at: <<https://www.dailynews.com/2018/12/17/hud-report-l-a-county-has-second-highest-homeless-population-of-u-s-regions/>> [Accessed 16 September 2020].

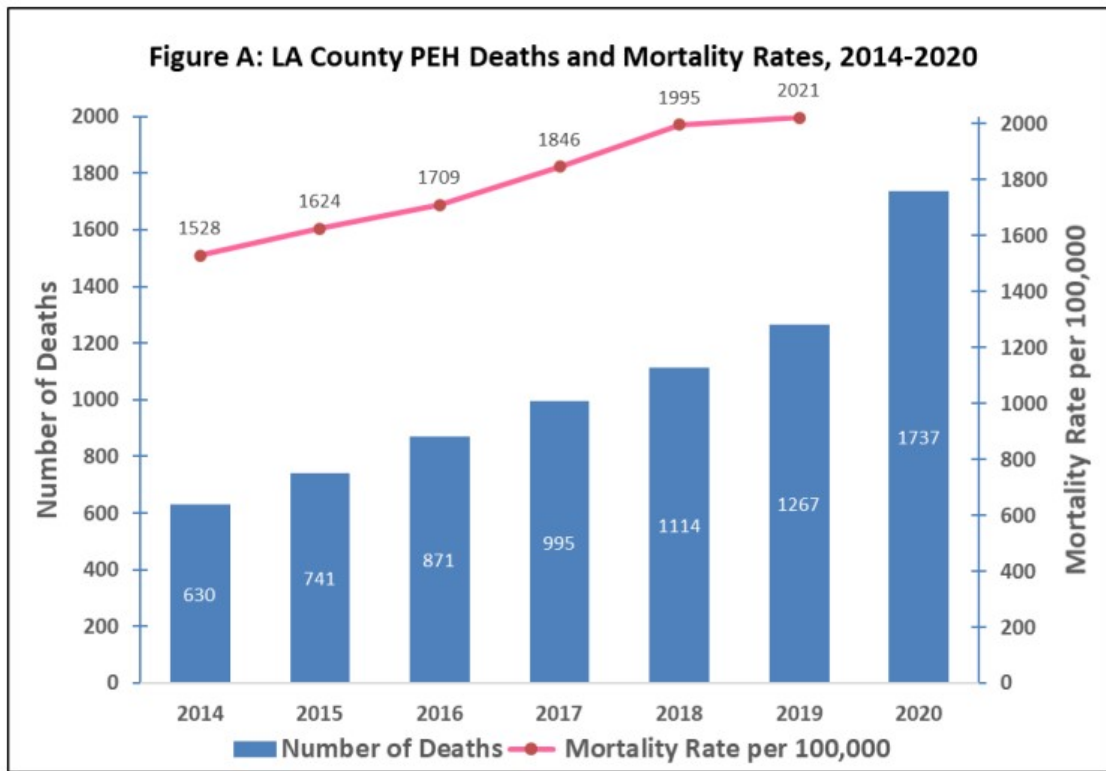
² 2020 Greater Los Angeles HOMELESS COUNT RESULTS Published June 12, 2020 | Last updated September 03, 2020

³ Ibid.

Mortality Among People Experiencing Homelessness (PEH)

The mortality rate among people experiencing homelessness (PEH) is higher than the mortality rate of the general population. The mortality rate among homeless individuals is influenced by demographic characteristics - youth and women, for example, have an especially high risk of early death when compared to the general population. Lack of shelter and the presence of a chronic illness also increase the likelihood of mortality in homeless individuals by 2.7-fold when compared to sheltered homeless individuals.⁴

There were 1,776 PEH deaths in calendar year 2020 (Figure A), representing a 40% increase from 2019. From April 1st, 2019, to March 31st, 2020 (pre-pandemic year) there were 1,271 PEH deaths. From April 1st, 2020, to March 31st, 2021 (post-pandemic onset year) there were 1,988 PEH deaths, representing a 56% increase in the number of PEH deaths from the pre- to post-pandemic onset year see Figure A and Table 1 below.



⁴ Los Angeles County Department of Public Health, Center for Health Impact Evaluation. Mortality Among People Experiencing Homelessness in Los Angeles County One Year Before and After the COVID-19 Pandemic. April 2022. For additional information: <http://publichealth.lacounty.gov>

Table 1 - Number and Characteristics of LA County Deaths among PEH, 12 Months Pre- and Post-pandemic Onset

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

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

In the pre-pandemic year the six leading causes of PEH deaths, in ranked order, were drug overdose (OD) (32%), coronary heart disease (CHD) (19%), traffic injury (9%), homicide (6%), suicide (4%), and other unintentional injuries (4%) (Table 1). In the post-pandemic onset year, these six causes maintained their relative rankings, but COVID-19 became the third leading cause of death, with 179 (9%) deaths. Among the other leading causes of death, OD saw the greatest relative increase of 78% from the pre- to post-pandemic onset year, followed by homicide (49%), traffic injury (33%), CHD (29%), suicide (16%) and other unintentional injuries (6%). PEH are often in worse health than the general population and suffer from numerous health conditions that make them more likely to suffer complications should they become infected with COVID-19. In the context of the global COVID-19 pandemic, access to shelter has become even more critical to the health and safety of PEH. In addition to the risks COVID-19 poses to all County residents, PEH face a wide range of additional threats related to their limited ability to self-isolate and lack of access to hygiene facilities.

The first year of the COVID-19 pandemic coincided with a steeper increase in PEH deaths than what we had seen in previous years in LA County, although we won't know if this reflects an equally large increase in the PEH mortality rate until we have results from the 2022 homeless mortality count. While COVID-19 became the third leading cause of death among PEH in the post-pandemic onset year, the overall increase was driven to an equal or larger degree by increases in OD, homicide, CHD, and traffic injury deaths. It appears the COVID-19 pandemic may have exacerbated stressors already present in the lives of PEH, leading to increases in other causes of death, even as we redoubled our COVID-19 prevention efforts in this population. Thus, as the pandemic subsides, disproportionately high mortality will likely persist among PEH unless

we continue to implement a broad array of preventive measures including housing placements, substance use prevention and treatment, physical and mental health treatment, and enhanced safety measures in areas where PEH congregate.

There has never been a period of time where we've experienced the tragedy of young lives lost. Deaths among young unhoused people ages 18 to 29 more than doubled in two years. Among the findings was that deaths among young unhoused people increased at a greater rate than their older counterparts. The primary cause for overdosing was fentanyl use - the drug of choice for many young people who use it to cope with the trauma of being unhoused. Young people were left out of COVID resources because they were more likely to survive. Therefore, young people were forced further and further into isolation which exacerbated drug use and using alone which is how the overdose deaths kept rising. Young PEH will become the chronically ill and chronically homeless without the necessary investment of early intervention.

The exact causes of mortality among the homeless population in Los Angeles County are diverse. Drug overdoses were increasingly intertwined with the homelessness crisis. They were the leading cause of death among the homeless in Los Angeles, where overdoses were responsible for 36 percent of deaths, a sharp increase from the previous year: Overdoses among the unhoused were up around 80. In addition, poisonings, from medications or illegal substances, suicides, accidents, heart disease, and infections are among the leading causes of death among the Los Angeles County homeless.⁵ Unfortunately, the unhoused in Los Angeles were more likely to die on sidewalks, in vacant lots, on park benches and on the beach — a rash of profoundly lonely and yet very public deaths. As the number of homeless individuals in the county continues to increase, so does the number of residents put at a higher risk for early death because of their lack of housing and their consequential struggles.

On December 6, 2016, in recognition of these dire trends, the LA County Board of Supervisors unanimously voted to declare homelessness an emergency in LA County.⁶ The declaration noted that homelessness in LA County is pervasive and growing in severity, endangering the lives of tens of thousands of LA County residents, and threatening the economic stability of the region by burdening the medical and social services safety net infrastructure.

The LA County Board again extended the 2018 shelter crisis declaration in unincorporated areas of the County through November 2022, mirroring Mayor Eric Garcetti's April 17, 2018 shelter crisis declaration for the City of Los Angeles. These declarations describe the pressing need to quickly provide shelters and build new housing units at scale to support the homeless and housing insecure.

⁵ Ibid

⁶ Supervisor Mark Ridley-Thomas. 2020. *Board Declares Emergency And Places Homeless Initiative On Ballot*. [online] Available at: <<https://ridley-thomas.lacounty.gov/index.php/board-declares-emergency-and-places-homeless-initiative-on-ballot/>>

Aging Homeless Population

There has been an increase in senior homelessness. Not only those with mental illness or substance abuse problems but people are being pushed into the streets due to rising rents.

Navigating sidewalks in wheelchairs and walkers, aging PEH are dealing with mobility, cognitive and chronic problems like diabetes. Many contracted COVID-19 or couldn't work because of pandemic restrictions.

Academics project their numbers will nearly triple over the next decade, challenging policymakers from Los Angeles to New York to imagine new ideas for sheltering the last of the baby boomers as they get older, sicker and less able to pay spiraling rents. Advocates say much more housing is needed, especially for extremely low-income people.⁷

Chronic Disease

The emergence of chronic illnesses in a person does not stop because an individual has become homeless. Chronic illnesses range from mild, occasional symptoms to debilitating, progressive conditions. Chronic diseases often require ill individuals to adjust their lifestyles, employment, and medical care to meet their needs.⁸ However, a lack of consistent housing and access to essential medical treatment from doctors can seriously exacerbate chronic illnesses in the homeless.

A variety of noncommunicable chronic illnesses are prevalent in PEH individuals, such as chronic obstructive pulmonary disease (COPD), arthritis, diabetes, seizures, and musculoskeletal disorders.⁹ Homeless individuals also commonly experience respiratory tract infections as well as oral and dental issues resulting from a lack of access to proper care.

Communicable Disease Risk (Including Covid-19)

Homeless individuals contend with a higher risk of contracting certain communicable diseases such as Tuberculosis (TB). TB is an extremely infectious and dangerous respiratory illness that spreads through exposure to infected air droplets. The conditions in which homeless individuals often live do not have proper ventilation, are subject to overcrowding, and continuously shifting groups of people—all of which favor the spread of TB.¹⁰

The homeless population is particularly susceptible to certain diseases that can spread in unhygienic conditions when people sleep on the street. Los Angeles County experienced a typhus outbreak in the summer of 2018.¹¹ Typhus is a disease spread by rats that is often associated with

⁷ [America's homeless population is getting older - Los Angeles Times \(latimes.com\)](https://www.latimes.com/local/lanow/story/2022-04-26/america-homeless-population-is-getting-older) By Anita Snow Associated Press April 26, 2022

⁸ Institute of Medicine and US Committee on Health Care for Homeless People, *Homelessness, Health, and Human Needs* (Washington, D.C.: National Academy Press, 1988), accessed September 09, 2020, <https://www.ncbi.nlm.nih.gov/books/NBK218236/>

⁹ "Chronic Illnesses/Diseases and Mortality," The Homeless Hub, accessed September 16, 2020, <https://www.homelesshub.ca/about-homelessness/health/chronic-illnesses-diseases-and-mortality>

¹⁰ Division of Tuberculosis Elimination, "How TB Spreads," Centers for Disease Control and Prevention, March 11, 2016, accessed September 16, 2020, <https://www.cdc.gov/tb/topic/basics/howtbspreads.htm>

¹¹ <http://publichealth.lacounty.gov/eprp/Health%20Alerts/LAHANTyphusupdate101218.pdf>

cramped unhygienic conditions. In 2017, Los Angeles County experienced an outbreak of hepatitis A virus (HAV) occurring primarily among persons experiencing homelessness or with illicit drug use (IDU).¹² Some diseases that start in homeless populations have the potential to spread to the general population where a disease is particularly contagious.

Many risk factors, such as increased exposure to pathogens, weakened immune systems and decreased healthcare access, increase the homeless population's susceptibility to infectious diseases. Many of these factors can be mitigated by access to the services available in stable housing.¹³

For example, *Bartonella quintana*, scabies, Hepatitis A (HAV), and Norovirus can result from inadequate care (or access) for personal hygiene. Typhus, HAV, and various skin and soft tissue infections (SSTI's) are possible results of inadequate access to proper resting places.

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

The Covid-19 pandemic increased the homeless population substantially. More than 60,000 people were experiencing homelessness in Los Angeles prior to the pandemic and it is estimated that the number may have climbed to more than 80,000 in the past two years. People continue to lose their jobs, and some of the anticipated government support is delayed, decreased, and/or has failed to materialize. The highly vulnerable homeless populations are more susceptible to contract Covid-19 due to their living conditions. Researchers Dennis Culhane and Randall Kuhn estimate, as many of 27,750 people experiencing homelessness in Los Angeles County could become infected with Covid-19, potentially leading to nearly 3,000 hospitalizations and nearly 500 deaths.¹⁴ The data shows how an outbreak in this vulnerable population could strain an already fragile hospital system.¹⁵

In addition, as the demand for shelter beds is increasing, the capacity of each shelter is being assessed to ensure that people can be safely housed. Shelters have undergone "decompression" as determined to be needed to ensure that there is adequate, safe separation between residents and staff. This process has reduced capacity of existing shelters as demand is rising. As the economic hardships of the pandemic and global health crisis continue to challenge our region with a

¹² <http://publichealth.lacounty.gov/eprp/Health%20Alerts/DPH%20HAN%20Hep%20A%20Outbreak%20091917.pdf>

¹³ C. Y. Liu, S. J. Chai, and J. P. Watt, "Communicable Disease among People Experiencing Homelessness in California," *Epidemiology and Infection* 148 (2020), accessed September 10, 2020, doi:10.1017/s0950268820000722)

¹⁴ <https://www.lahsa.org/documents?id=4579-lahsa-covid-19-recovery-plan-report>

¹⁵ Benjamin Oreskes, Anita Chabria, and Doug Smith, "Why a Fight Over Homeless People Could Determine How Much Coronavirus Hurts California," *Los Angeles Times*, March 27, 2020, accessed September 16, 2020, <https://www.latimes.com/homeless-housing/story/2020-03-27/coronavirus-homeless-shelters-california-cities-confusion>

disproportionate impact on our most vulnerable, we continue to see an increase in the number of people experiencing homelessness.¹⁶

Substance Use and Mental Illness

Substance use and mental illness are two other major health issues plaguing the Los Angeles County homeless community. The data collected in the LAHSA 2020 homelessness count indicate: 14,284 unsheltered people (32%) reported substance use (roughly double the prevalence found using the previous methodology); 26% of the unsheltered individuals counted -- 11,711 people -- reported long-term mental health conditions.¹⁷ Untreated mental illness and substance use can effectively bar homeless individuals from finding affordable housing and employment and deny them access to the funds necessary to treat their addictions and illnesses.¹⁸

Substance use can lead individuals to take part in risky behaviors that put them at risk for assault, contracting diseases, and premature death.¹⁹ One study estimated one-third of homeless individuals in the United States name mental illness as the cause of homelessness.²⁰ Previous psychiatric hospitalizations can also be linked to unsanitary practices, with a recorded 28% of homeless individuals with a previous hospitalization reporting that they've eaten food from trashcans and a recorded 8% using food from the trash as a primary source of food.²¹

The cost of mental illness among the homeless is high, and as a result, a vicious cycle of hospital-to-street-to-jail-cell has been occurring in Los Angeles. In other words, patients are released from psychiatric hospitals with nowhere to go, therefore returning to the streets of Los Angeles.²² Without maintained treatment, the mentally ill relapse, and sometimes end up receiving treatment in prison. In fact, the decreased availability of psychiatric beds has been correlated with an increased prevalence of crime and arrest rates. The cost of treating mental illness in prisons is not cost-effective. This results in a high financial cost to Los Angeles County and further burdens the mentally ill with unchecked illness.

¹⁶ Motion by Supervisors Kathryn Barger and Hilda L. Solis May 3, 2022. Implement the Blue-Ribbon Commission on Homelessness' Recommendations

¹⁷ Benjamin Oreskes, Anita Chabria, and Doug Smith, "Why a Fight Over Homeless People Could Determine How Much Coronavirus Hurts California," Los Angeles Times, March 27, 2020, accessed September 16, 2020,

¹⁸ 2020 Greater Los Angeles HOMELESS COUNT RESULTS Published June 12, 2020 | Last updated September 03, 2020

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

²⁰ Julia Dickson-Gomez et al., "The Relationship between Housing Subsidies and Supportive Housing on Neighborhood Distress and Housing Satisfaction. Does Drug Use Make a Difference?" Substance Abuse Treatment, Prevention, and Policy 11

²¹ C. Y. Liu, S. J. Chai, and J. P. Watt, "Communicable Disease among People Experiencing Homelessness in California," *Epidemiology and Infection* 148 (2020), accessed September 10, 2020, doi:10.1017/s0950268820000722)

²² E. Fuller Tory, Dr., "Homeless Mentally Ill Facts and Figures," Mental Illness Policy Org, January 23, 2019, accessed September 16, 2020, <https://mentalillnesspolicy.org/consequences/homeless-mentally-ill.html>)

How Homelessness Hurts Individuals

The United Nations recognized the right to "adequate housing" as a fundamental human right almost three decades ago.²³ When individuals lack a consistent and secure place to live and sleep, the effects on their health are detrimental and accumulative in nature.

More than 80% of homeless people have at least one chronic medical issue, such as high blood pressure, heart disease, diabetes, and infectious diseases.²⁴ Over half of homeless individuals have a mental health condition such as schizophrenia, bipolar disorder, post-traumatic stress disorder, and others, and up to an estimated 60% have substance-use disorders.

Substance use disproportionately impacts the homeless and is in many cases their primary reason for homelessness. A survey by the United States Conference of Mayors found that 68% of cities reported that substance abuse was the single largest cause of homelessness for single adults.²⁵

Without appropriate treatment and care, many of these individuals will succumb to their mental illness and addictions, leaving them vulnerable not only to a justice system that all too often criminalizes poverty, but also vulnerable to worsening mental states and early mortalities. Suicide is common among this population.²⁶

Besides their health, PEH are constantly forced to worry about their environment and physical safety. In one study of homeless individuals, 32% of women, 27% of men, and 38% of transgender individuals reported physical or sexual assault in the previous year.²⁷ Among homeless women with mental illness, the lifetime risk of violent victimization is 97%.²⁸

Moreover, without a permanent address or ready access to a birth certificate and identification, seemingly routine tasks become considerable barriers when seeking services, benefits, and jobs. As previously mentioned, many homeless people suffer from chronic illnesses such as diabetes.²⁹ Diabetic patients require access to refrigeration to store their insulin properly, and homelessness denies diabetic patients' reliable access to a refrigerator. An estimated 22 million Americans suffer from sleep apnea, the treatment of which often requires a breathing machine, which

²³ Office of the United Nations High Commissioner for Human Rights, 2020. *The Right to Adequate Housing*. [online] Geneva: United Nations. Available at: <https://www.ohchr.org/Documents/Publications/FS21_rev_1_Housing_en.pdf>

²⁴ Valvassori P, Sar EM, Chipon-Scheopp N, Messer K. Chronic Disease Management in the Homeless. National Health Care Council for the Homeless website. <http://www.nhchc.org/wp-content/uploads/2014/06/chronic-disease-combo-hch-conf-es.pdf>. 2014. Accessed September 2020

²⁵ National Coalition for the Homeless, 2020. *Substance Abuse and Homelessness*. [ebook] Washington, DC: National Coalition for the Homeless. Available at: <<https://www.nationalhomeless.org/factsheets/addiction.pdf>> [Accessed 16 September 2020].

²⁶ National Coalition for the Homeless, 2020. *Substance Abuse and Homelessness*. [ebook] Washington, DC: National Coalition for the Homeless. Available at: <<https://www.nationalhomeless.org/factsheets/addiction.pdf>> [Accessed 16 September 2020].

²⁷ National Sexual Violence Resource Center, 2020. *Housing, Homelessness, And Sexual Violence Statistics*. [PDF] National Sexual Violence Resource Center. Available at: <https://www.nsvrc.org/sites/default/files/NSAC11_Handouts/NSAC11_Handout_With_Statistics.pdf> [Accessed 16 September 2020].

²⁸ End Sexual Violence. 2020. *Connecticut Alliance To End Sexual Violence*. [online] Available at: <<https://endsexualviolencect.org>> [Accessed 16 September 2020]

²⁹ C. Y. Liu, S. J. Chai, and J. P. Watt, "Communicable Disease among People Experiencing Homelessness in California," *Epidemiology and Infection* 148 (2020): accessed September 10, 2020, doi:10.1017/s0950268820000722

requires access to electricity and the funds for a PAP machine.³⁰ Simply taking a pill twice a day suddenly becomes a logistical challenge.

These constant comorbid burdens, stressors, and barriers to assistance shorten the lifespan of homeless individuals. Studies have shown that the average lifespan of unhoused people can be cut short by as much as 36 years, and the mortality rate can be four to nine times higher than the housed general population.^{31,32} Further, a ten-year study in Boston found that homeless individuals sleeping unsheltered have a three-fold increased mortality rate compared to the homeless primarily sleeping in shelters and a ten-fold increased mortality rate compared to the Massachusetts population.³³

The emergent morbidity and mortality threat of the opioid epidemic, undertreated complex medical and mental health issues as well as the Covid-19 pandemic facing the homeless, supported by official declarations of both homelessness and shelter crises in Los Angeles County, are emergencies involving clear and imminent danger. Rapid construction of interim housing (IH) (shelters with services) as well as permanent supportive housing (PSH) is necessary to prevent and/or mitigate these emergency conditions.

How Homelessness Hurts Communities

Rising numbers of chronically homeless individuals affect our communities in a variety of ways, especially impacting publicly funded services. Homeless individuals use the emergency room three times more and are hospitalized five times more than housed individuals, 80% of these visits are for an illness that could have been treated with regular primary care for far cheaper.^{34,35,36} Meanwhile, these frequent visits tie up and overwhelm local 911, Police, Fire, and EMS systems. Once hospitalized, often in County safety-net hospitals, the care rendered will go unreimbursed if the individual lacks health insurance, adding to the financial strain on already stretched safety-net systems.

According to a 2015 Los Angeles report, at least 15 of the city's agencies engage with the homeless population, some at large cost.³⁷ For example, public health departments scrambled to

³⁰ Sleepapnea.org. 2020. *Sleep Apnea Information for Clinicians – Sleep Apnea*. [online] Available at: <<https://www.sleepapnea.org/learn/sleep-apnea-information-clinicians/>> [Accessed 16 September 2020].

³¹ "Premature Mortality," Nhchc.org, October 2011, [PAGE], accessed September 16, 2020, <http://www.nhchc.org/wp-content/uploads/2011/10/Premature-Mortality.pdf>

³² Cdc.gov. 2020. *Life Stages & Populations | Features | CDC*. [online] Available at: <https://www.cdc.gov/features/lifestages.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Ffeatures%2Fhomeless%2Findex.html> [Accessed 16 September 2020].

³³ Roncarati, J., Baggett, T., O'Connell, J., Hwang, S., Cook, E., Krieger, N. and Sorensen, G., 2018. Mortality Among Unsheltered Homeless Adults in Boston, Massachusetts, 2000-2009. *JAMA Internal Medicine*, 178(9), p.1242.

³⁴ HEALTHCARE COST AND UTILIZATION PROJECT, 2020. *Characteristics Of Homeless Individuals Using Emergency Department Services In 2014*. [online] Rockville, MD: Agency for Healthcare Research and Quality. Available at: <<https://www.hcup-us.ahrq.gov/reports/statbriefs/sb229-Homeless-ED-Visits-2014.pdf>> [Accessed 16 September 2020].

³⁵ 2020. *Housing and The Role of Hospitals*. [ebook] American Hospital Association. Available at: www.hpoe.org/Reports-HPOE/2017/housing-role-of-hospitals.pdf [Accessed 16 September 2020].

³⁶ Greendoors.org. 2020. *The Costs of Homelessness | Green Doors*. [online] Available at: <<https://www.greendoors.org/facts/cost.php>> [Accessed 16 September 2020].

³⁷ California State Auditor, 2020. *State Government and The Los Angeles Homeless Services Authority Need to Strengthen Their Efforts to Address Homelessness*. [online] California State Auditor. Available at: <<http://www.auditor.ca.gov/reports/2017-112/summary.html>> [Accessed 16 September 2020].

contain last year's Hepatitis A outbreak among homeless individuals in California, as this population's lack of adequate access to clean water and facilities for hygiene maintenance. Simultaneously, the economic impact on community property values, lost workforce productivity, and the increased burden on local jails—which must provide health services without the benefit of leveraging federal funds available when such services are provided in the community -- cause the costs to continue to multiply.

Recent Progress

While the challenges are considerable, our efforts within health services have led to some early successes. Studies nationally and locally, including a 2017 RAND Corporation study which looked at the Department of Health Services Housing for Health program, have shown that homeless individuals within Los Angeles who frequently utilize acute care services require fewer services once housed.⁴⁷ Essentially, housing helps stabilize an individual's social environment and reduces daily stressors, allowing more regular and appropriate engagement in life-sustaining choices such as visiting a primary care physician or mental health provider. In addition, our interim housing continuum under the Department of Health Services' Housing for Health division has provided a stable, clinically enriched environment where individuals with chronic disease who face homelessness can safely access the care and environment necessary to manage their health conditions.

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

Several new dedicated funding sources have been approved at the state and local levels to address the homeless crisis:

- \$2 billion in bonds from California "No Place Like Home" initiative;⁴⁸
- \$1.2 billion local (City of Los Angeles) bond measure (Measure HHH) approved in November 2016, generated over ten years.
- County-wide Measure H, approved in March 2017, provides a 0.25 percent sales tax, generating \$355 million annually for ten years to fund homeless services and prevention.

These funding sources are available for projects (including the proposed project). The Los Angeles County budget for the 2019-2020 fiscal year increased to \$32.5 billion, with \$424 million set aside for addressing homelessness and \$35 million targeted to fund housing development.³⁸ Ensuring that current funding is being spent on programming with an evidence-

³⁸ LAist Staff in News on April 15, "LA County Released Its New \$32.5 Billion Budget. Here's Where the Money is Going," LAist, April 15, 2019, accessed September 16, 2020, https://laist.com/2019/04/15/la_county_budget_release_billions.php

based, researched, impact on decreasing the prevalence of homelessness is a paramount concern for Los Angeles County as a whole.

Most of the people experiencing homelessness that the homeless system helps house stay housed. Eighty-eight percent of the people placed in permanent housing through the Los Angeles Homeless Services Authority (LAHSA) system in 2018 have not returned to homelessness. In 2019, the rehousing system helped 22,769 people move into permanent housing. And many more people occupy interim housing in 2019: 18,395 people experiencing homelessness in LA County were sheltered, up from 14,722 the previous year, a 25% increase. The impact of the "A Bridge Home" program was seen in the 39% increase in the City of Los Angeles sheltered population, from 8,944 to 12,438. Meanwhile, 732 new permanent supportive housing units opened in 2019, and thousands more are expected soon, including 2,360 scheduled to open in the next 12 months of a total construction pipeline of 10,638 homes.³⁹

Los Angeles County has undertaken unprecedented efforts to address the crisis of homelessness during the Covid-19 pandemic:⁴⁰

- Project Roomkey is a collaborative effort by the State, County, and the Los Angeles Homeless Services Authority (LAHSA) to secure hotel and motel rooms for vulnerable people experiencing homelessness. It provides a way for people who don't have a home to stay inside to prevent the spread of Covid-19. Project Roomkey aims to protect high-risk individuals and prevent the spread of the deadly virus in our communities and protect the capacity of our hospitals and healthcare system. LAHSA has housed over 6,000 people in just a few months.
- Medical Sheltering. Los Angeles County has made available temporary quarantine and isolation housing to prevent the spread of Covid-19. This temporary housing, using hotels and motels throughout the County, is for individuals who have been exposed to Covid-19 and must isolate and need assistance from the County to do so. Users include, but are not limited to, people experiencing homelessness.
- Eviction Moratorium. The [Los Angeles County Temporary Eviction Moratorium](#), effective March 4, 2020, with Phase II protections extended to December 31, 2022, implements a County-wide ban on evictions for residential and commercial tenants, including mobile home space renters. During the moratorium, tenants may not be evicted for Covid-19 related nonpayment of rent, as well as no-fault reasons, nuisance, unauthorized occupants, or pets, if related to Covid-19. The LA County Board of Supervisors may extend the moratorium on a month-to-month basis.

However, "even with the significant gains made in placing people into housing with services, it [increased housing] is not keeping pace with those Angelenos falling into homelessness." The number of homeless people in Los Angeles County continues to grow. Prior to the pandemic, "an average of 207 people exit homelessness every day—while 227 people become homeless." The Covid-19 pandemic has the potential to turn what was already a major emergency into a catastrophe for Los Angeles County.

³⁹ Los Angeles Homeless Services Authority, June 2020. Published June 12, 2020 | Last updated September 03, 2020

⁴⁰ County of Los Angeles; <https://covid19.lacounty.gov/homelessness-and-housing/>; accessed August 27, 2020

How Shelter and PSH Projects Address the Emergency

Given the severity of the homelessness emergency facing Los Angeles County, the most immediate intervention necessary for the safety of homeless Angelenos, as well as Angelenos facing housing insecurity, is access to shelter. Not only will access to a shelter allow the homeless a chance to rejoin the general population but shelter also removes common risk factors. Shelters provide individuals with the resources necessary to maintain hygiene, helping to stop the spread of certain communicable diseases. Shelters often provide access to resources aimed at finding affordable housing options, allowing residents to find more permanent housing, thereby continuously freeing up space for new residents.⁵⁶

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

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

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

In 2020 there were 177 interim housing sites county-wide, working out to roughly 7,132 beds open throughout Los Angeles County.⁴¹ The number of beds available to the Los Angeles homeless population is far from sufficient to address a growing homelessness emergency. Access to shelter and the services is immediately necessary to minimize the spread of infectious diseases, thereby increasing the lifespan of residents, as well as increasing quality of life. Access to safe, sustainable shelter is a proven method for reducing the morbidities and mortalities associated with homelessness and is generally a more cost-effective form of intervention than seeking to treat the health issues caused by unchecked homelessness.

⁴¹ County of Los Angeles, "Los Angeles County Homelessness & Housing Map: A Data-Driven GIS Map of Interim and Supportive Housing: A Data-Driven GIS Map of Interim and Supportive Housing," Los Angeles County Homelessness & Housing Map, June 10, 2020, accessed September 16, 2020, <https://storymaps.arcgis.com/stories/400d7b75f18747c4ae1ad22d662781a3>

Summary

Homelessness in Los Angeles County is an emergency. In 2020, an average of 205 homeless people were housed in L.A., while an average of 225 new individuals were driven to homelessness. If people keep falling into homelessness at a rate faster than we are housing them, the crisis will never end. LA County has been housing the homeless population at record numbers, even as the crisis continues to expand.⁴² Each shelter and PSH project in 2022 and for the foreseeable future is urgently needed to provide shelter to the many homeless people located in Los Angeles County. This homeless population lives in extreme conditions that expose them to the elements as well as other health and safety issues associated with being unsheltered. Immediate action is needed to address this crisis.

⁴² We have designed the crises: LA Homeless Services Director Resigns Isai Rocha April 25, 2022 ['We Have Designed the Crisis:' L.A. Homeless Services Director Resigns \(laweekly.com\)](https://www.laweekly.com/news/we-have-designed-the-crisis-la-homeless-services-director-resigns-isai-rocha/)

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

She is Founder and past Executive Director of Partners In Health's Prevention and Access to Care and Treatment (PACT) project in Boston, Massachusetts which employed community health workers (CHWs) to advocate for the health and wellbeing of inner city residents infected with or at risk for HIV and other chronic diseases. In the PACT model, CHWs provided home-based health promotion and harm reduction services and complemented the efforts of primary care providers to improve health literacy, medication adherence, self-management behaviors, and health care utilization patterns in the highest risk subset of patients with chronic disease. After one year, 70% of HIV/AIDS patients enrolled in PACT achieved clinically significant improvements in health status with a net 16% reduction in total Medicaid expenditures after two years of enrollment. This program was cited by AHRQ and HRSA as a best-practice complex care management intervention and has since been adapted for the care of patients with other chronic diseases (diabetes, mental illness, pulmonary disease) and psychosocial complexity. This model has also been successfully replicated in other settings, including New York City, California's Inland Empire, Miami, and Navajo nation. Dr. Behforouz continues to provide consultation in complex care management to accountable care organizations, managed care organizations, health departments, and community-based organizations around the country.

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