

# BOARD MOTION

## Declaring Unsheltered Homelessness in Los Angeles County a Public Health Emergency and Petitioning State and Federal Emergency Action

Supervisor Sidenfaden moves that the Board of Supervisors adopt the following Resolution:

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### I. Legal Authority

The Board acts pursuant to all three authorities simultaneously:

- **Government Code §8630** — California Emergency Services Act (local emergency proclamation)
  - **Health & Safety Code §101080** — County Health Officer authority to take measures necessary to prevent the spread of disease, including within incorporated cities
  - **County general police power** — authority for emergency procurement, environmental review suspension, and land use actions
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### II. Findings

WHEREAS, the 2025 Greater Los Angeles Homeless Count, as finalized by LAHSA after HUD review, estimated 47,450 unsheltered individuals residing on streets, sidewalks, parks, riverbeds, vehicles, and other public spaces across Los Angeles County; and

WHEREAS, in 2024, 2,208 people experiencing homelessness died in Los Angeles County — a mortality rate more than four times that of the general population — including 884 deaths from drug overdose (40% of all deaths), 105 homicides, and 80 suicides, representing a 21% increase in suicides over the prior year; and

WHEREAS, between 2018 and 2024, the Los Angeles Fire Department responded to 76,449 fire calls related to homelessness — 32.9% of all fire activity during that period — with rubbish fires seeing a 475% increase over the past decade and becoming the department's most common dispatch call type in 2024; and

WHEREAS, encampments create documented public health hazards including biohazard waste, fire risk, communicable disease exposure, lack of sanitation, and vulnerability to extreme heat, violence, and victimization; and

WHEREAS, at least one in four unsheltered individuals in LA County self-reports severe mental illness, a similar share reports substance use disorder, and experts who work directly with this population assess that the true prevalence of both conditions is significantly higher due to the inherent limitations of self-reporting by individuals in psychiatric crisis; and

WHEREAS, Los Angeles County's homelessness response has consumed billions of taxpayer dollars with insufficient accountability — an independent audit commissioned by a federal judge reviewed \$2.4 billion in City homeless spending and found it virtually impossible to trace where the money went, with contractors operating under vague arrangements and payments approved before services were verified; and

WHEREAS, among the programs auditors were able to evaluate, nearly half of all exits ended with individuals returning to homelessness — more than double the share who exited to permanent housing; and

WHEREAS, Proposition HHH, the \$1.2 billion bond measure approved by voters in 2016 as an urgent response to homelessness, promised to build 10,000 housing units; nearly a decade later, approximately 8,000 units have been funded, per-unit costs have risen from an original estimate of \$350,000 to nearly \$600,000, with some projects exceeding \$837,000 per unit, and the LA City Controller found the pace "wholly inadequate in the context of the ongoing homelessness emergency"; and

WHEREAS, Measure H, the quarter-cent sales tax approved by voters in 2017 to generate an estimated \$355 million annually for homeless services, has not prevented the continued growth of the County's homeless population, which rose from approximately 58,000 at the time of its passage to over 75,000 by 2023 before modest recent declines; and

WHEREAS, a 2024 California State Auditor's report found the state could not track the effectiveness of its homelessness programs despite approximately \$24 billion in spending; and

WHEREAS, the County's homelessness response has relied primarily on a Housing First framework that conditions initial intervention on the availability of permanent housing — a framework that has failed to sufficiently reduce unsheltered homelessness and that, by not requiring treatment for addiction or mental illness, leaves the underlying causes of homelessness for thousands of individuals unaddressed; and

WHEREAS, in December 2023, the Board of Supervisors voted 4-1 to delay implementation of SB 43 — the first major expansion of California's conservatorship law in over 50 years, which added severe substance use disorder as grounds for involuntary holds — until January 2026, citing the need to "align funding," despite the Governor of California publicly stating that people are dying on the County's watch; and

WHEREAS, in *City of Grants Pass v. Johnson* (2024), the Supreme Court of the United States affirmed that enforcement of public camping laws is constitutional, removing the legal barrier to encampment enforcement when shelter is available; and

WHEREAS, the Governor of California and the President of the United States have both signaled support for local action to address unsheltered homelessness — the Governor by encouraging counties to enforce encampment laws and conditioning state funding on local action, and the President by executive order directing federal agencies to prioritize funding for jurisdictions that enforce public camping bans — creating an unprecedented alignment of state and federal support for decisive local action; and

WHEREAS, precedent demonstrates that public health emergency declarations are effective tools for addressing systemic crises: the County of San Diego declared a public health emergency during a 2017 hepatitis A outbreak centered on its homeless population (592 cases, 20 deaths), and more than 70% of outbreak cases occurred before the declaration, with the trajectory breaking almost immediately after; the federal government has maintained a national opioid public health emergency continuously since 2017; and the State of Arizona's 2017 opioid emergency declaration produced a 40% reduction in opioid prescriptions filled and a 43% decrease in opioid pills dispensed within one year, demonstrating that emergency declarations produce rapid, measurable systemic changes; and

WHEREAS, prior declarations of homelessness-related emergencies by other jurisdictions — including Seattle, Portland, and the City of Los Angeles — were largely symbolic in nature, and this declaration is intended to be operationally distinct by establishing unified command, delegated emergency authority, quantified shelter capacity targets, enforceable timelines, real-time public accountability, and a defined enforcement framework; and

WHEREAS, the scale and persistence of unsheltered homelessness in Los Angeles County constitutes conditions of extreme peril to the health and safety of persons and property, and local resources deployed under normal governance procedures have proven insufficient to address the crisis at the speed and scale required;

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NOW, THEREFORE, BE IT RESOLVED THAT:

### **III. Declaration**

The Board formally declares unsheltered homelessness in Los Angeles County a public health and humanitarian emergency.

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### **IV. Unified Command Structure**

**Emergency Coordinator:** County Chief Executive Officer (or designee)

**Domain Leads reporting to Emergency Coordinator:**

- **Director of Public Health (DPH)** — health conditions, sanitation, disease surveillance
- **Director of Mental Health (DMH) / DPH-SAPC** — mental health and substance use treatment operations, SB 43 operationalization
- **Director of Homeless Services and Housing (HSH)** — shelter deployment, outreach, housing transitions
- **Sheriff (LASD)** — encampment operations, public safety, enforcement after shelter offer
- **Fire Chief (LACoFD)** — encampment fire response, site safety assessments for emergency shelter locations

**Delegated authority:** The Emergency Coordinator may, between Board meetings, execute emergency contracts, authorize site deployments, and redirect staff and resources within the scope of this declaration without prior Board approval, subject to reporting requirements in Sections IX and X.

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## V. Petition to the Governor of California

Pursuant to the California Emergency Services Act, the Board petitions the Governor to:

1. Issue a State Proclamation of Emergency recognizing unsheltered homelessness as a statewide public health crisis
2. Authorize activation of Cal OES to coordinate large-scale temporary stabilization facilities
3. Utilize all available emergency procurement, environmental (CEQA), and deployment authorities
4. Provide financial and logistical support for interim stabilization capacity
5. Deploy California Conservation Corps and/or National Guard for shelter setup and logistics support

Formal written response requested within 30 days.

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## VI. Petition to the President of the United States

The Board petitions the President to:

1. Recognize large-scale unsheltered homelessness as a humanitarian stabilization emergency

2. Direct HUD, FEMA, and HHS to evaluate available emergency authorities for temporary stabilization support
3. Provide federal financial assistance and logistical support for temporary shelter capacity
4. Activate FEMA pre-positioned shelter contracts and resources
5. Direct the U.S. Army Corps of Engineers to provide technical assistance for large-scale shelter deployment

Formal written response requested within 30 days.

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## VII. County Actions

### A. Emergency Shelter Deployment

**Target:** Emergency shelter capacity sufficient to house 90% of LA County's unsheltered population (~40,500 beds based on current estimates)

**Model:** Single large-scale emergency stabilization facility with both congregate and non-congregate sections. Individuals with acute mental illness and/or active addiction shall be housed in non-congregate sections with appropriate clinical supervision. Existing County-leased motels and permanent supportive housing serve as graduation housing for individuals who complete stabilization and are prepared to transition to independent or supported living.

**Minimum standard:** 40 sq ft/person (Red Cross emergency shelter standard); ~1.8M sq ft total facility footprint

**Timeline:**

Milestone	Deadline	Deliverable
Departmental viability assessment	Day 14	All designated departments submit written feedback on implementation plan feasibility, resource requirements, and operational constraints. Property inventory completed.
Preliminary implementation plan	Day 28	CEO delivers preliminary plan to Board for review including: site selected, preliminary facility designs, staffing model, procurement strategy, treatment co-location plan, enforcement sequencing, and budget estimate. Designs open for input from all participating agencies.

Finalized plan and procurement	Day 42	Final facility designs approved. All emergency facility and service contracts executed under emergency procurement authority. Site preparation begun. Parallel deployment resources engaged (National Guard, California Conservation Corps, Army Corps of Engineers, FEMA) alongside private contractors.
Construction commenced	Day 56	Facility buildout underway with parallel public and private deployment teams. Initial infrastructure (utilities, sanitation, perimeter, access) operational.
Initial capacity operational	Day 90	Initial facility sections complete. Intake operations begin. Offer-then-enforce framework activated. Public camping enforcement commences.
Full-scale capacity	Day 180	Facility at full operational capacity. 90% of LA County's unsheltered population offered placement and either sheltered on-site, relocated through voluntary reunification, or subject to enforcement.

**Emergency procurement:** CEQA, zoning, and permitting requirements suspended for emergency shelter sites under this declaration. All procurement conducted under emergency authority — competitive bidding requirements waived.

## B. Property Inventory

Within 14 days, the CEO shall produce a comprehensive inventory of:

**County-owned or County-controlled real property** that may be repurposed for emergency shelter, including:

- Parcel size, zoning classification, utility access, environmental constraints, estimated bed capacity
- Metro-owned park-and-ride lots and underutilized transit properties (leveraging the Supervisor's Metro board seat)
- Fairgrounds and other large public assembly sites
- Underutilized county facilities

**Non-County land** that may be available for lease or purchase for emergency shelter purposes, including:

- Privately owned vacant parcels of sufficient size within LA County
- State-owned or federally owned land that may be made available through intergovernmental agreement
- Estimated lease or acquisition costs for each identified parcel

## C. SB 43 Operationalization

- Immediate implementation of SB 43 conservatorship authority for individuals gravely disabled by severe substance use disorder
- Co-location of mental health and substance use treatment at emergency shelter sites
- Co-occurring disorder treatment as standard of care (not siloed mental health vs. addiction services)

## D. Enforcement Framework (Offer-Then-Enforce)

1. Emergency shelter capacity is deployed and available
2. Each unsheltered individual is offered two options, documented in writing:
  - **Option A: Local shelter placement** — acceptance of emergency shelter with co-located mental health and substance use treatment services. Individuals with acute mental illness or active addiction shall be placed in the facility's non-congregate clinical sections.
  - **Option B: Voluntary relocation / family reunification** — assisted relocation to a community where the individual has family, support networks, or prior housing, with transportation provided at County expense
3. An individual who claims to have secured independent housing arrangements may be granted a 72-hour verification window. If the individual remains unsheltered after 72 hours, enforcement proceeds and the offer is deemed satisfied.
4. Upon refusal of all available options, public camping enforcement becomes operative — consistent with Grants Pass v. Johnson
5. No enforcement action shall occur unless options have been offered and the offer documented
6. Individuals who accept and later abandon Option B and return to unsheltered status in LA County shall be deemed to have received a prior offer of shelter for purposes of subsequent enforcement

## E. Strategic Reorientation

The County's homelessness response shall be reoriented around the following principle: **emergency shelter and the establishment of individualized case management shall be the first step for all individuals entering or currently experiencing unsheltered homelessness with acute stabilization needs.**

Permanent housing placement remains a goal of the system, but it is a downstream outcome of stabilization and treatment — not a precondition for intervention. No individual shall remain unsheltered on the grounds that permanent housing is unavailable.

**Population-appropriate intervention:** This declaration recognizes that homelessness is not a single condition requiring a single response. The County shall maintain distinct pathways appropriate to each population:

- **Unsheltered individuals with acute needs** (severe mental illness, active substance use disorder, chronic homelessness, gravely disabled): Emergency stabilization facility intake, individualized case management, co-located treatment, and graduation to supported housing upon achievement of stabilization milestones. This is the primary population served by the emergency declaration.
- **Individuals and families at imminent risk of homelessness without acute behavioral health needs** (e.g., job loss, eviction, medical emergency, fixed-income seniors, families with children or elderly dependents): Direct placement into prevention and diversion services — including rental assistance, interim housing, rapid rehousing, and family reunification — to prevent entry into unsheltered homelessness entirely. These individuals shall not be routed through the emergency stabilization facility if interim housing or equivalent placement is available.
- **Unsheltered individuals without acute behavioral health needs** who are capable of independent living with minimal support: Direct placement into interim or graduation housing where available, with case management to support rapid transition to permanent housing.

Specifically:

1. All County-funded homelessness programs serving the unsheltered population with acute needs shall adopt intake-to-stabilization as the primary service model, beginning with emergency shelter placement and immediate assignment of a case manager
2. Case managers shall develop individualized stabilization plans addressing, as applicable: mental health treatment, substance use disorder treatment, medical care, benefits enrollment, employment readiness, and family reunification
3. Transition to graduation housing (County-leased motels, permanent supportive housing, or independent housing) shall occur upon achievement of stabilization milestones defined in each individual's plan
4. The County shall cease funding any program that conditions initial intervention for the unsheltered acutely-in-need population on the availability of permanent housing
5. Prevention and diversion programs serving at-risk populations shall continue to operate and shall be subject to forensic audit for fraud, waste, and abuse. Programs shall be evaluated on their effectiveness at preventing entry into unsheltered homelessness, with results reported on the public dashboard

## **F. Companion Animals and Personal Property**

- No individual shall be deemed to have refused shelter solely because they have a companion animal
- The emergency stabilization facility shall include or contract for companion animal housing with daily visitation for residents
- Individuals shall be permitted to bring a reasonable quantity of personal belongings into the facility; operational parameters for intake of personal property shall be defined in the Day 28 implementation plan
- Secure property storage shall be provided on-site

## **G. Veterans**

- Veterans identified during outreach or intake shall be referred to the U.S. Department of Veterans Affairs for placement in HUD-VASH housing and VA medical and behavioral health services
- The County's role for veterans is identification and warm handoff — not duplication of existing federal services
- The Emergency Coordinator shall establish a liaison relationship with the local VA medical center and Veterans Service Organizations within 14 days of adoption

## **H. Due Process and Individual Protections**

- All encampment operations shall include a civilian Field Advocate — distinct from law enforcement — whose role is to:
  1. Inform each individual of their options under the offer-then-enforce framework (Section VII.D)
  2. Assess whether the individual can meaningfully understand the offer (language access, cognitive capacity, lucidity)
  3. Arrange interpretation services for non-English speakers
  4. Document the offer, the individual's response, and any relevant observations regarding capacity
- All encampment clearing operations shall be recorded on body-worn cameras worn by both law enforcement and Field Advocates
- Recordings and documentation shall be retained for a minimum of 3 years
- No enforcement action shall proceed against an individual whom the Field Advocate determines lacks the capacity to understand the offer; such individuals shall be referred for involuntary evaluation under SB 43 or existing Welfare & Institutions Code §5150 authority as appropriate
- Individuals who dispute that an offer was made may request review of body-worn camera footage through a process established by County Counsel within 30 days of adoption

## **I. Children and Families**

- The emergency stabilization facility shall maintain a dedicated family section, physically separated from the general adult population, with child-appropriate conditions
- Families encountered during outreach or enforcement shall be assessed at intake for immediate qualification for interim housing or rapid rehousing as an alternative to facility placement
- When children are present with a parent or guardian who may be gravely disabled by mental illness or substance use disorder, the Department of Children and Family Services (DCFS) shall be notified at intake for assessment consistent with existing mandatory reporting obligations

- No child shall be separated from a parent or guardian solely as a consequence of facility intake absent a DCFS determination

## **J. ADA Compliance and Medical Accommodations**

- The emergency stabilization facility shall comply with all applicable requirements of the Americans with Disabilities Act
- Medical triage shall be conducted at intake for all individuals to identify acute medical conditions, ongoing treatment needs (e.g., dialysis, HIV/AIDS medication, chronic disease management), mobility limitations, and any condition requiring accommodation
- Individuals with medical needs exceeding the facility's capacity shall be referred to the County health system (DHS) for appropriate placement

## **K. Tribal Coordination**

- The County acknowledges the sovereign authority of federally recognized tribes to provide services to their members
- Tribal members encountered during outreach or enforcement who wish to access services through their tribe rather than the County system may do so as a voluntary alternative to facility placement, subject to the tribe's willingness to accept
- The Emergency Coordinator shall notify all federally recognized tribes within Los Angeles County of the emergency declaration and invite coordination within 14 days of adoption

## **L. Capacity and Enforcement Pause**

- No public camping enforcement action shall be taken unless a shelter bed is available at the time of the offer
- If the facility reaches capacity, enforcement operations shall pause until capacity is restored through exits, expansion, or alternative placements
- The real-time dashboard shall display current capacity and available beds to ensure enforcement and capacity remain synchronized

## **M. Staffing**

- The Emergency Coordinator shall have authority to staff the facility and field operations using any combination of County personnel, contracted service providers, mutual aid resources (including National Guard, California Conservation Corps, and AmeriCorps), and qualified volunteers
- Staffing decisions shall prioritize speed of deployment and cost efficiency
- All contracted staffing providers shall be subject to the same performance benchmarks and real-time reporting requirements as other emergency contracts (Section X)

- Clinical staffing (medical, mental health, substance use treatment) shall be provided by licensed professionals through County departments (DPH, DMH, DHS) and/or contracted providers operating under direct County supervision

## N. Facility Legal Status

- The emergency stabilization facility is a voluntary shelter, not a detention facility. The facility operates under the authority of this emergency declaration, not under criminal or custodial law.
- **General population:** Residents in the general shelter sections may leave at any time. However, departure to unsheltered camping on public property triggers an escalating enforcement sequence:
  1. **First encounter after departure:** Prior offer of shelter is deemed satisfied. Citation issued for violation of public camping ordinance. Individual offered transport back to facility.
  2. **Second encounter:** Additional citation. Individual offered transport back to facility.
  3. **Third and subsequent encounters:** Arrest and booking for repeat violation. Shelter placement offered as alternative to continued criminal processing.
  4. **At any point in the cycle:** If the individual's pattern of repeated inability to maintain shelter, care for themselves, or cease substance use meets the clinical threshold for grave disability, the Field Advocate or clinical staff may initiate evaluation for a 5150 hold or SB 43 conservatorship referral. A pattern of repeated departure and return to unsheltered status shall be considered relevant evidence of incapacity.
- **Clinical hold sections:** Individuals subject to involuntary holds under Welfare & Institutions Code §5150 or conservatorship under SB 43 shall be housed in clinically separate sections of the facility and held pursuant to existing legal authority with judicial oversight. These holds operate under their own statutory framework, not under the authority of this declaration.
- No individual in the general shelter population shall be detained, restrained, or confined solely on the basis of this emergency declaration.

## O. Exit Criteria and Graduation

- Individuals may exit the facility to graduation housing (County-leased interim housing, permanent supportive housing, or independent housing) upon meeting stabilization milestones defined in their individualized case plan.
- The Director of Public Health, in consultation with DMH and DPH-SAPC, shall establish clinical criteria for stabilization within 28 days of adoption, including:
  1. Criteria for individuals with substance use disorder, including whether medication-assisted treatment constitutes an acceptable recovery pathway
  2. Criteria for individuals with chronic mental illness, including treatment compliance benchmarks

3. Criteria for individuals with co-occurring disorders
- There is no maximum stay. Individuals who remain in the facility voluntarily and are engaged with their case plan shall not be discharged to unsheltered status.
  - Individuals who refuse all treatment but remain in the facility voluntarily may continue to reside there. Case managers shall continue to offer services at regular intervals.
  - If this declaration remains active and is presented to voters via referendum (Section XI.D), voters shall be informed that suspension of the declaration would result in the release of all non-conserved residents to unsheltered status and the cessation of enforcement operations.

## **P. Data and Identity Management**

- All individuals processed through outreach, field offers, and facility intake shall be enrolled in the Homeless Management Information System (HMIS) at point of contact
- Intake records shall include, at minimum: identity verification (or notation that the individual declined or was unable to identify), photograph, biometric data (fingerprint) for individuals who lack identification or are unable to provide identifying information, offer history, option selected, and intake assessment
- Biometric data shall be used solely for identification, deduplication, and tracking within the emergency system and shall not be shared with law enforcement databases absent a court order
- The system shall prevent duplicate offers and track individuals across multiple encounters to ensure the offer-then-enforce framework is applied consistently
- All data collection shall comply with applicable privacy laws; individual-level data shall not be published on the public dashboard

## **Q. Post-Clearing Site Remediation**

- Following the clearing of any encampment, the site shall be remediated within 7 days, including:
  - Removal of debris, abandoned property, and hazardous waste
  - Environmental assessment for soil and water contamination, particularly at sites near waterways
  - Restoration of the site to its intended public use
- **Cost allocation:**
  - Unincorporated areas: remediation performed and funded by County (DPW)
  - Incorporated cities that have opted in under Section VIII: remediation is the responsibility of the city, funded from the city's existing homelessness and public works budgets
  - Incorporated cities that have not opted in but where the County Health Officer acts under §101080 authority: the County shall perform remediation and bill the city for all associated costs
- Cleared sites shall be inspected weekly for 90 days following remediation
- Costs of remediation shall be tracked on the public dashboard by site and jurisdiction

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## **VIII. Incorporated City Participation**

### **A. Opt-In Framework**

The Board invites all 88 incorporated cities within Los Angeles County to participate in the emergency response through mutual aid agreements or joint powers authority. Participating cities:

#### **Receive:**

- Access to County emergency shelter capacity for their unsheltered populations
- County-provided treatment resources (mental health, substance use) for individuals transitioned from city jurisdiction
- Coordinated enforcement support from LASD (for contract cities) or through mutual aid

#### **Contribute:**

- A proportional share of their existing homelessness-related funding, based on the number of unsheltered individuals within their jurisdiction, to be directed to the emergency effort
- Cooperation with County enforcement and outreach operations within their boundaries
- Data sharing on unsheltered individuals and encampment conditions within their jurisdiction

### **B. Public Reporting**

All 88 cities shall be named in required quarterly progress reports indicating:

- Whether they have opted in to the emergency framework
- Number of unsheltered individuals within their jurisdiction
- Whether they have utilized available County shelter capacity
- Cities that decline participation will be publicly identified

### **C. County Health Officer Authority (Backstop)**

Pursuant to Health & Safety Code §101080, the County Health Officer retains independent authority to take measures necessary to prevent the spread of disease within incorporated cities where encampment conditions constitute a documented public health hazard. This authority operates independently of city opt-in status.

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## **IX. Accountability and Metrics**

### **A. Public Real-Time Dashboard**

The CEO shall establish and maintain a publicly accessible, real-time dashboard within 30 days of this Resolution's adoption. The dashboard shall be updated no less than daily and shall display all metrics enumerated below.

### **B. Operational Metrics (tracked daily during deployment)**

- Beds deployed vs. 40,500-bed target
- Intake volume (daily and cumulative)
- Offer outcomes tracked by pathway: Option A (local shelter) accepted, Option B (voluntary relocation) accepted, 72-hour verification window initiated, enforcement actions initiated after all options exhausted
- Voluntary relocations completed
- Staffing levels vs. plan (medical, mental health, substance use, security, operations)
- Facility conditions (occupancy rate, sanitation, incident reports)

### **C. Outcome Metrics (tracked monthly, ongoing after facility operational)**

- Mortality rate among sheltered population vs. prior unsheltered baseline (target: reduction of at least 50% within 12 months)
- Unsheltered point-in-time count (quarterly, supplementing annual LAHSA count)
- Treatment enrollment: percentage of residents enrolled in mental health and/or substance use treatment within 14 days of intake
- Treatment completion and recovery milestones
- Exits to graduation housing (County-leased motels, PSH)
- Returns to street homelessness after exit (recidivism rate)
- Cost per person per night vs. County's historical per-unit spending
- Encampment fire incidents (LACoFD data, compared to pre-declaration baseline)

### **D. Financial Transparency**

- All expenditures under emergency authority reported on the dashboard in real time
- Per-contract spending with vendor names, scope, and amounts publicly listed
- Monthly comparison of actual spending vs. budget estimate from implementation plan
- No expenditure shall be classified as confidential except where required by law

### **E. Reporting to the Board**

- Emergency Coordinator delivers written status report to the Board every 14 days during the 180-day deployment period
- Monthly written reports thereafter for the duration of the emergency declaration

- Any deviation from the timeline in Section VII.A shall be reported to the Board within 48 hours with explanation and revised plan
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## **X. Transparency**

- All communications with the Governor, the President, and their respective offices shall be made publicly available within 5 business days of transmission or receipt
  - All responses received shall be publicly posted on the County's website and the real-time dashboard
  - The real-time dashboard established in Section IX shall serve as the County's primary transparency mechanism for all emergency operations, spending, and outcomes
  - All contracts executed under emergency procurement authority shall be posted on the dashboard within 48 hours of execution, including vendor name, scope of services, contract value, and performance benchmarks
  - All Board reports from the Emergency Coordinator shall be publicly posted and archived
  - Emergency Coordinator reports to the Board every 14 days during the 180-day deployment period, and monthly thereafter
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## **XI. Scope and Duration**

### **A. Initial Period**

This declaration shall remain in effect for 12 months from the date of adoption.

### **B. Renewal**

The Board may renew this declaration in 6-month increments. Each renewal requires:

- Presentation of current dashboard data demonstrating the emergency conditions remain in effect
- Written justification from the Emergency Coordinator that continued emergency authority is necessary
- A majority vote of the Board

### **C. Automatic Termination**

This declaration shall automatically terminate if the quarterly unsheltered point-in-time count falls below 5,000 individuals countywide for two consecutive quarters.

## D. Democratic Referendum

If this declaration remains active beyond 18 months from adoption, the Board shall place a referendum on the November 2028 general election ballot asking voters whether to authorize continuation of emergency authority. If voters decline, the declaration terminates 90 days after certification of results to allow for orderly wind-down of operations.

## E. Spending Authorization and Funding Redirection

**Principle:** This emergency shall be funded primarily through redirection of existing homelessness spending, not new appropriations.

**Contract Review and Redirection:** Within 14 days, County Counsel shall:

1. Review all existing County homelessness contracts — including LAHSA service contracts, interim housing agreements, street outreach, rental assistance, and eviction diversion programs
2. Identify contracts that may be modified, renegotiated, or terminated under emergency authority
3. Classify all contracts into three categories:
  - **Redirect:** Contracts where spending is untraceable, outcomes are unverifiable, or services are underperforming. These shall be terminated or renegotiated to require provider participation in the emergency stabilization effort.
  - **Maintain with audit:** Prevention programs (rental assistance, eviction diversion) that serve an active anti-inflow function. These continue operating but are subject to immediate forensic audit for fraud, waste, and abuse. Funds recovered through audit are redirected to the emergency effort.
  - **Retain:** Contracts demonstrating verified, auditable outcomes that align with the emergency declaration's objectives.

**Fraud Investigation and Recovery:** The Board directs a referral to the Los Angeles County District Attorney to:

1. Investigate contracts flagged by the federal judge's audit — including those with untraceable expenditures, payments approved before services were verified, and vague contractual arrangements
2. Investigate fraud and abuse in rental assistance and eviction diversion programs
3. Pursue recovery of misused public funds, which shall be redirected to the emergency effort upon recovery

**Non-Profit Participation:** All County-funded homelessness service providers shall be required, as a condition of continued funding, to either:

- Operate on-site at the emergency stabilization facility, or

- Demonstrate a direct, auditable role in transitioning individuals from unsheltered status to the emergency facility or to graduation housing, or
- Participate in the development or operation of interim housing or permanent supportive housing under strictly defined criteria established by the Emergency Coordinator

All participating providers shall be subject to publicly available performance audits every 90 days. Audit results shall be posted on the public dashboard.

Providers unwilling or unable to participate shall have their contracts terminated and funds redirected.

**Budget Ceiling:** The Emergency Coordinator shall operate within the County's existing annual homelessness budget allocation (currently ~\$843M) as redirected under this section. Any expenditure exceeding this allocation requires Board approval.

## F. Geographic Scope

This declaration applies to all unincorporated areas of Los Angeles County and to all County-operated facilities, services, and programs regardless of location. Application within incorporated cities is governed by Section VIII (Incorporated City Participation).

## SOURCE APPENDIX (reference for data verification)

Claim	Source	URL
47,450 unsheltered (2025 count, finalized)	LAHSA finalized 2025 count after HUD review	<a href="https://www.lahsa.org/news?article=1051-lahsa-releases-finalized-2025-homeless-count-results-after-hud-review">https://www.lahsa.org/news?article=1051-lahsa-releases-finalized-2025-homeless-count-results-after-hud-review</a>
72,308 total homeless countywide (2025)	LAHSA 2025 count data summaries	<a href="https://www.lahsa.org/news?article=1043-homeless-count-2025-data-summaries">https://www.lahsa.org/news?article=1043-homeless-count-2025-data-summaries</a>
2,208 deaths in 2024; 4.2x mortality rate; 884 OD deaths (40%); 105 homicides; suicide +21%	LA County DPH 7th Annual Homeless Mortality Report (March 2026)	<a href="http://publichealth.lacounty.gov/phcommon/public/media/mediapubhpdetail.cfm?prid=5267">http://publichealth.lacounty.gov/phcommon/public/media/mediapubhpdetail.cfm?prid=5267</a>

Full DPH mortality report (PDF)	DPH Center for Health Impact Evaluation	<a href="http://publichealth.lacounty.gov/chie/reports/Homeless_Mortality_Report_2024.pdf">http://publichealth.lacounty.gov/chie/reports/Homeless_Mortality_Report_2024.pdf</a>
76,449 fire calls (32.9% of all fire activity) 2018-2024; 475% increase in rubbish fires	LAFD memo / NBC Los Angeles (April 2025)	<a href="https://www.nbclosangeles.com/investigations/fires-tied-to-homelessness-make-up-nearly-1-3-of-lafd-responses/3673530/">https://www.nbclosangeles.com/investigations/fires-tied-to-homelessness-make-up-nearly-1-3-of-lafd-responses/3673530/</a>
\$2.4B audit — untraceable spending, vague contracts	Alvarez & Marsal audit, U.S. District Judge David O. Carter (March 2025)	<a href="https://laist.com/news/housing-homelessness/audit-homeless-carter-laiksa">https://laist.com/news/housing-homelessness/audit-homeless-carter-laiksa</a>
Nearly half of exits returned to homelessness	Same A&M audit	<a href="https://laist.com/news/housing-homelessness/audit-homeless-carter-laiksa">https://laist.com/news/housing-homelessness/audit-homeless-carter-laiksa</a>
Prop HHH: \$1.2B bond, ~8,000 of 10,000 units, costs \$350K→\$600K+, some \$837K	LA City Controller audit (2022) + Local Housing Solutions (Oct 2025)	<a href="https://controller.lacity.gov/audits/problems-and-progress-of-prop-hhh">https://controller.lacity.gov/audits/problems-and-progress-of-prop-hhh</a> and <a href="https://www.localhousingsolutions.org/housing-policy-case-studies/los-angeles-proposition-hhh/">https://www.localhousingsolutions.org/housing-policy-case-studies/los-angeles-proposition-hhh/</a>
Measure H: \$355M/year, homelessness rose from ~58K to 75K+ after passage	Ballotpedia + LAHSA count data	<a href="https://ballotpedia.org/Los_Angeles_County,_California,_Sales_Tax_for_Homeless_Services_and_Prevention,Measure_H(March_2017)">https://ballotpedia.org/Los_Angeles_County,_California,_Sales_Tax_for_Homeless_Services_and_Prevention,Measure_H(March_2017)</a>

\$24B state spending, cannot track effectiveness	California State Auditor Report 2023-102.1 (April 2024)	<a href="https://www.auditor.ca.gov/reports/2023-102-1/">https://www.auditor.ca.gov/reports/2023-102-1/</a>
SB 43 delay — Board voted 4-1, Dec 19, 2023, Hahn sole dissent	LAist reporting + Board records	<a href="https://laist.com/news/health/la-county-delays-roll-out-of-new-law-that-expands-criteria-for-involuntary-treatment">https://laist.com/news/health/la-county-delays-roll-out-of-new-law-that-expands-criteria-for-involuntary-treatment</a>
Grants Pass v. Johnson (2024)	U.S. Supreme Court	<a href="https://www.supremecourt.gov/opinions/23pdf/23-175_19m2.pdf">https://www.supremecourt.gov/opinions/23pdf/23-175_19m2.pdf</a>
Trump EO "Ending Crime and Disorder on America's Streets" (July 24, 2025)	White House	<a href="https://www.whitehouse.gov/presidential-actions/2025/07/ending-crime-and-disorder-on-americas-streets/">https://www.whitehouse.gov/presidential-actions/2025/07/ending-crime-and-disorder-on-americas-streets/</a>
Newsom/Trump enforcement convergence	CalMatters (July 2025)	<a href="https://calmatters.org/housing/homelessness/2025/07/trump-homelessness-executive-order/">https://calmatters.org/housing/homelessness/2025/07/trump-homelessness-executive-order/</a>
San Diego hepatitis A (2017): 592 cases, 20 deaths	County of San Diego HHSa official outbreak page	<a href="https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/Hepatitis_A/outbreak.html">https://www.sandiegocounty.gov/content/sdc/hhsa/programs/phs/community_epidemiology/dc/Hepatitis_A/outbreak.html</a>
San Diego hepatitis A — CDC-published study	CDC Stacks / Clinical Infectious Diseases	<a href="https://stacks.cdc.gov/view/cdc/153467">https://stacks.cdc.gov/view/cdc/153467</a>
San Diego response audit — delayed planning	California State Auditor Report 2018-116	<a href="https://information.auditor.ca.gov/reports/2018-116/summary.html">https://information.auditor.ca.gov/reports/2018-116/summary.html</a>

Federal opioid emergency — first declared Oct 26, 2017, continuously renewed	HHS Secretary Kennedy renewal (March 18, 2025)	<a href="https://www.hhs.gov/press-room/secretary-kennedy-opiod-crisis-emergency-declaration.html">https://www.hhs.gov/press-room/secretary-kennedy-opiod-crisis-emergency-declaration.html</a>
Federal opioid emergency — Sept 2025 renewal	HHS ASPR	<a href="https://aspr.hhs.gov/legal/PHE/Pages/Opioids-Renewal-18Sept2025.aspx">https://aspr.hhs.gov/legal/PHE/Pages/Opioids-Renewal-18Sept2025.aspx</a>
Arizona opioid declaration — June 2017, 790 deaths, 74% increase	Governor Ducey declaration	<a href="https://azgovernor.gov/governor/news/2017/06/governor-ducey-declares-statewide-health-emergency-opioid-epidemic">https://azgovernor.gov/governor/news/2017/06/governor-ducey-declares-statewide-health-emergency-opioid-epidemic</a>
Arizona opioid — emergency response report	ADHS report (June 2018)	<a href="https://www.azdhs.gov/documents/prevention/womens-childrens-health/injury-prevention/opioid-prevention/2017-opioid-emergency-response-report.pdf">https://www.azdhs.gov/documents/prevention/womens-childrens-health/injury-prevention/opioid-prevention/2017-opioid-emergency-response-report.pdf</a>
Arizona — 40% Rx reduction, 43% pill reduction (verified)	ADHS Director's Blog (Aug 2018)	<a href="https://directorsblog.health.azdhs.gov/2017-opioid-report/">https://directorsblog.health.azdhs.gov/2017-opioid-report/</a>