

# Strategy E

## Create a Coordinated System



*Given their complex needs, homeless individuals, families and youth often touch multiple County departments, city agencies and community-based providers. For the most part, services are not well coordinated; this fragmentation is often compounded by disparate eligibility requirements, funding streams, and bureaucratic processes. Maximizing the efficacy of current programs and expenditures necessitates a coordinated system which brings together homeless and mainstream services. The extension of Medi-Cal to single adults through the Affordable Care Act, the County's commitment to criminal justice diversion, and the focus on collaboration between the County, cities, and community partners combine to create an historic opportunity to forge a coordinated system.*

**Los Angeles County  
Homeless Initiative**

## Strategy E1 | CREATE A COORDINATED SYSTEM

Related to Strategy Brief 3.3

# Advocate with Relevant Federal and State Agencies to Streamline Applicable Administrative Processes for SSI and Veterans Benefits

## POPULATION IMPACT

✓ ALL

FAMILIES

TAY

SINGLE ADULT

VETERAN

CHRONICALLY HOMELESS ADULT

## RECOMMENDATION

Direct the Chief Executive Office to advocate with relevant Federal and State agencies to streamline applicable administrative processes, in order to enhance access to SSI and Veterans benefits for applicants who are homeless or at risk of homelessness.

## DESCRIPTION

There is a significant opportunity to enhance access to SSI and Veterans benefits for applicants who are homeless or at risk of homelessness, through advocacy with the Social Security Administration, California Department of Social Services, Veterans Administration, Veterans Healthcare Administration, California Department of Corrections and Rehabilitation and any other relevant agencies to streamline applicable administrative processes. Such streamlined processes have been implemented in the past and could now be reinstated and enhanced. Specific opportunities include, but are not limited to:

1. Designating specialized local offices to handle SSI applications from County SSI Advocates;
2. Exempting cases of homeless clients applying for SSI from being transferred throughout the country; and
3. Collaboration with community- based organizations providing services to Veterans/ SSI applicants.

## LEAD AGENCY

Chief Executive Office

## COLLABORATING DEPARTMENTS/AGENCIES

Los Angeles Homeless Services Authority  
Health Services  
Mental Health  
Military and Veterans Affairs  
Public Social Services  
United Way/Home for Good  
Community-Based Organizations

Advocacy is needed with the following Agencies:

- Social Security Administration- Administers Supplemental Security Income;
- California Department of Social Services Disability Determination Services – Reviews medical records as part of the SSI application process;
- Veterans Administration- Oversees the provision of veterans benefits;

## DESCRIPTION *continued*

- Veterans Healthcare Administration – Oversees the provision of Veterans Healthcare services; and
- California Department of Corrections and Rehabilitation - Oversees State prison operations.

## POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

All homeless populations

## POTENTIAL PERFORMANCE METRICS

- ◆ Processing time for SSI and Veterans Benefits
- ◆ Approval rate for SSI and Veterans Benefits

## FUNDING

There is no cost to the County to implement this strategy.



## CONNECTION TO CITIES

SAME



**COMPLEMENTARY**

NO CITY ROLE

Cities could support the County's effort through the League of Cities and/or Independent Cities Association. Individual cities could also support this effort.

## Strategy E2 | CREATE A COORDINATED SYSTEM

*Related to Strategy Brief 5.3*

# Drug Medi-Cal Organized Delivery System for Substance Use Disorder Treatment Services

## POPULATION IMPACT



ALL

FAMILIES

TAY

SINGLE ADULT

VETERAN

CHRONICALLY HOMELESS ADULT

## RECOMMENDATION

- Direct the Department of Public Health's (DPH's) Substance Abuse Prevention and Control (SAPC) network to provide the full continuum of Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver services in a culturally competent manner to people experiencing homelessness.
- Direct DPH/SAPC to leverage new flexibility through the DMC-ODS waiver to increase access to substance use disorder (SUD) services by providing field-based services in the community for people experiencing homelessness.

## DESCRIPTION

The approval of the California Department of Health Care Services (DHCS) DMC-ODS Waiver by the Federal Centers for Medicaid and Medicare Services (CMS) allows counties to voluntarily opt in to expand reimbursable services under the DMC program. This opportunity includes a fuller continuum of care and appropriate support services, standardizes level of care placements based on the American Society of Addiction Medicine (ASAM) criteria and medical necessity, ensures effective and appropriate care through quality assurance and utilization management efforts, more fully integrates physical and mental health services with the SUD service system, and transforms the overall treatment of SUD from an acute care model to a chronic care model.

The DMC levels of care (LOC) will include withdrawal management (formerly detoxification services), short-term sobering centers, residential treatment, and medication-assisted treatment, in addition to already available outpatient, intensive outpatient, and narcotic treatment programs. Additional services will also include a 24-hour toll-free access line to place individuals in the appropriate LOC, case management, recovery support, and coordination with physical and mental health. Placement at a particular LOC and service duration will be based on medical necessity, except for residential services for which the maximum service duration for adults is 90 days with a one-time 30-day extension if medically necessary, and a limit of two non-continuous 90-day episodes annually (standards vary for perinatal beneficiaries and adolescents). Criminal justice populations may be eligible for an extension of up to three months past the 90-day episode, for a total treatment length of six months if medically necessary.

## LEAD AGENCY

Public Health

## COLLABORATING DEPARTMENTS/AGENCIES

Community-based providers  
 Children and Family Services  
 Health Services  
 Housing Authority of the City of Los Angeles  
 Housing Authority of the County of Los Angeles  
 Mental Health  
 Public Social Services  
 Los Angeles Homeless Services Authority  
 Medi-Cal Managed Care Organizations  
 Probation  
 Sheriff

**DESCRIPTION** continued

SAPC is targeting a launch date toward the end of 2016 for the new waiver services, but this timeline is dependent on County, State and Federal approvals. With the aim of expanding network adequacy, SAPC is currently reaching out to providers to encourage them to become DMC-certified. SAPC intends to provide training and technical assistance to providers seeking State DMC certification, including current DMH providers who wish to also be certified for DMC. Network adequacy is also dependent on the ability of DHCS to certify new providers and LOC, particularly residential treatment facilities.

**POPULATION(S) TARGETED & OTHER CATEGORIZATIONS**

All Medi-Cal beneficiaries who qualify for SUD services.

**POTENTIAL PERFORMANCE METRICS**

Number of homeless individuals who are screened and identified as needing SUD treatment services

Number of homeless individuals admitted to SUD treatment

Number/ percent of homeless individuals who remained in treatment for at least 30 days

Number/percent of homeless individuals in treatment who transitioned down to the next appropriate level of care (e.g., withdrawal to residential, residential to outpatient, and outpatient to recovery services)

**FUNDING**

DMC-ODS will fund SUD services.

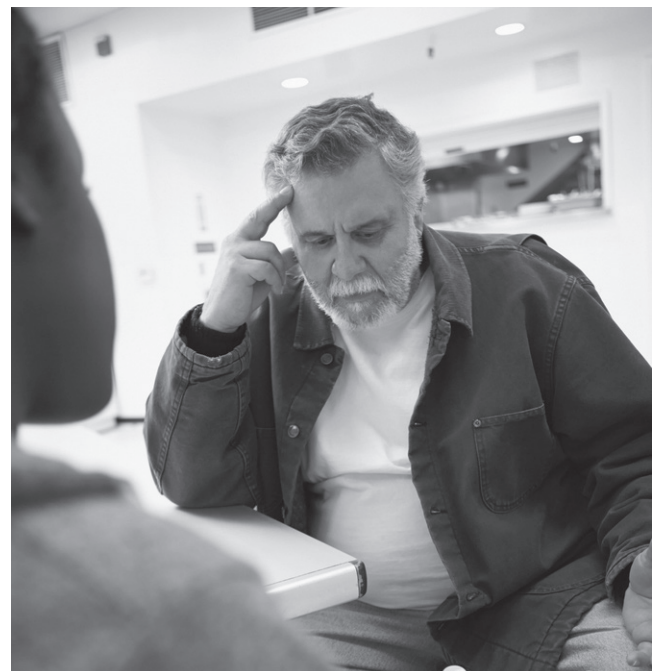
**CONNECTION TO CITIES**

SAME

**3** COMPLEMENTARY

NO CITY ROLE

Cities could facilitate the siting of residential SUD treatment facilities within their boundaries.



## Strategy E3 | CREATE A COORDINATED SYSTEM

Related to Strategy Brief 5.4

# Creating Partnerships for Effective Access and Utilization of ACA Services by Persons Experiencing Homelessness

## POPULATION IMPACT



ALL

FAMILIES

TAY

SINGLE ADULT

VETERAN

CHRONICALLY HOMELESS ADULT

## RECOMMENDATION

Direct the Health Agency to report back to the Board with recommendations to develop partnerships between health plans, health care providers, and homeless service providers to:

1. Identify and share information;
2. Emphasize case management for health care services;
3. Promote health literacy education; and
4. Connect the homeless to health care and services.

## DESCRIPTION

## 1. Identify and Share Information

Establish practices to enable homeless service providers to share information on homeless clients to determine enrollment status, assigned health plan and health care provider, to the extent permitted by law. Frequently, individuals experiencing homelessness who receive services from homeless service providers are asked questions about their insurance type and health plan provider. Many are uncertain of their enrollment status. Technology and consents allowing health plans to cross-reference enrollees with clients in the Homeless Management Information System (HMIS) and automatically update the client's health plan information in HMIS would be beneficial. On the health plan provider side, a report could then be generated for the health plans informing them of the homeless service program in which the client is enrolled and/or the most updated client contact information.

## 2. Case Management for Health Care Services

The needs of many persons experiencing homelessness are complex and, for those with the greatest vulnerabilities, pro-active health care treatment can either be difficult to access or be a lower priority for the person, thereby leading to high costs in public and private systems. In essence, ensuring that persons with complex health needs, who are experiencing homelessness, are linked to supportive field-based case management will increase the likelihood that they will proactively access needed health care services (i.e., health, mental health, and substance use disorder services). For example, housing and homeless service providers are well-positioned to deliver the types of services recommended for inclusion in the Health Homes model, including housing navigation; care coordination; transportation; health education; etc., though these services could be provided beyond health homes if Medi-Cal funding were available.

## LEAD AGENCY

Health Services

## COLLABORATING DEPARTMENTS/AGENCIES

Community-based providers  
 Children and Family Services  
 FEMA Emergency Food and Shelter Program  
 Public Health  
 Public Library  
 Mental Health  
 Public Social Services  
 Housing Authority of the City of Los Angeles  
 Housing Authority of the County of Los Angeles  
 Los Angeles Homeless Services Authority  
 Medi-Cal Managed Care Organizations  
 Probation  
 Sheriff  
 Skilled Nursing Facilities



**DESCRIPTION** continued**3. Health Literacy Education**

Create a health literacy education program for homeless clients by funding community-based organizations with experience in health consumer education to create and execute the education program. This program would focus on educating homeless clients and those working with homeless clients on both enrollment and renewing health coverage (Medi-Cal), and how to navigate the health care system and access care, in particular within managed care organizations.

**4. Connect Homeless People to Health Care and Services**

Utilize the adult Coordinated Entry System (CES) and the Homeless Families Solutions System (HFSS) to connect homeless people to the Medi-Cal application process, health care providers, health plans, and housing resources. CES and HFSS assessment tools gather self-reported information about persons experiencing homelessness, including: insurance and health plan enrollment; physical health; mental health; substance use; and resulting impacts on housing stability. There is potential to gather more targeted information via these assessments (or brief supplemental assessments) that could assist housing providers, in conjunction with the health plans, to confirm eligibility for health care services.

**POPULATION(S) TARGETED & OTHER CATEGORIZATIONS**

Homeless Medi-Cal beneficiaries

**POTENTIAL PERFORMANCE METRICS**

Percentage of homeless clients attending education programs who are still enrolled in Medi-Cal the following year

Percentage of people attending education programs connected to primary care physicians (PCPs)

Health outcomes of homeless clients participating in education programs

Percentage of eligible persons enrolled in HMIS with a health care provider identified

**FUNDING**

Current Medi-Cal revenue, for some of the activities listed above in the description section.

**CONNECTION TO CITIES**

SAME

COMPLEMENTARY

**3** NO CITY ROLE



Strategy E4 | CREATE A COORDINATED SYSTEM

PHASE 1

Related to Strategy Brief 6.2

First Responders Training

POPULATION IMPACT

✓ ALL FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

- Direct the Sheriff’s Department to develop:
- 1. a training program and implementation plan for law enforcement, fire departments and paramedics throughout Los Angeles County, including but not limited to the LA County Sheriff’s Department (LASD) and the Los Angeles Police Department (LAPD); and
  - 2. a Countywide protocol to address encampments and unsheltered homelessness.

DESCRIPTION

The proposed training program would educate law enforcement, fire departments, and paramedics, i.e., first responders, about the complex and diverse needs of the unsheltered homeless population and how to connect homeless individuals to appropriate services, so as to better prepare first responders when interacting with people experiencing unsheltered homelessness. The proposed training would emphasize awareness of, and strategies for dealing with, situations that arise among unsheltered homeless individuals due to an array of issues, such as, mental illness; alcohol and/or substance abuse/addiction (training in overdose Narcan protection/prevention is one component for addressing substance abuse); co-occurring substance abuse and mental illness; and/or physical health ailments. LASD and other police agencies interested in participating in the training will develop the training and protocol based on local and national best practices.

LEAD AGENCY

Sheriff

COLLABORATING DEPARTMENTS/AGENCIES

Fire  
Community and Senior Services  
Health Services  
Los Angeles Homeless Services Authority  
LAPD  
Mental Health  
Probation  
Public Health  
Any first responder agencies Countywide that choose to be a part of this strategy

The proposed Countywide encampment/unsheltered homeless protocol would ensure that LA County, and police forces across the County, are responding to the crises of encampments and unsheltered homelessness in a manner that both improves efficiencies across jurisdictional boundaries and achieves more effective outcomes and collaboration among police agencies and homeless service providers.





**DESCRIPTION** continued

At a minimum, the protocol must:

- provide first responders with real time information on service providers in the immediate area where they are engaging people on the streets and encampments with the desirable end result being a warm transfer to a homeless service provider who can continue the engagement process, build rapport, and assist the homeless individual to move into housing.
- address the needs of victims of domestic violence (DV) so that first responders are prepared when they engage couples/DV victims on the street and in encampments.
- address the role of Adult Protective Services (APS) in addressing the needs of endangered seniors and dependent adults.
- address best practices for serving the LGBT population.
- incorporate the concepts of Trauma-Informed Care, as applicable to first responders.

**CONNECTION TO CITIES**

**3** SAME

COMPLEMENTARY

NO CITY ROLE

The strategy will be applicable to all first responder agencies countywide.

**POPULATION(S) TARGETED & OTHER CATEGORIZATIONS**

Law enforcement, fire departments, and paramedics, i.e., first responders. Street homeless and homeless persons in encampments will benefit from the training because they will be engaged with greater sensitivity and understanding of their needs; however, the focus for this strategy is first responders. (The implementation of this strategy will complement the County's Homeless Encampment Protocol.)

**POTENTIAL PERFORMANCE METRICS**

Number of first responders trained

Number of jurisdictions which adopt the countywide protocol

**FUNDING**

There would be three tiers of costs:

1. development of the training/protocol;
2. the cost for trainers to deliver the training; and
3. payment of wages for those who attend the training. The training could be added to current training curricula of first responder agencies, which might reduce the associated cost. For the Sheriff's Department, this might include incorporating this training into the Crisis Intervention Training (CIT) recommended by the Mental Health Diversion Task Force, particularly given the high incidence of mental illness among homeless individuals living on the street and in encampments.

Each agency will absorb the cost of sending its first responders to the training or seek any needed funding through the applicable annual budget process. The cost for each trainee will include the cost of curriculum development and the cost of the trainers.

## Strategy E5 | CREATE A COORDINATED SYSTEM

## PHASE 1

Related to Strategy Brief 6.3

## Decriminalization Policy

## POPULATION IMPACT



ALL

FAMILIES

TAY

SINGLE ADULT

VETERAN

CHRONICALLY HOMELESS ADULT

## RECOMMENDATION

Direct the LA County Sheriff's Department (LASD), in collaboration with the District Attorney (DA), Public Defender (PD), Assistant Public Defender (APD), and Los Angeles Homeless Services Authority (LAHSA) to develop a decriminalization policy for use by the County and cities throughout the County.

## DESCRIPTION

The criminalization of homelessness has long been seen in some communities as a strategy to address some of the more visible aspects of homelessness; however, over the past few years, there has been an increased understanding that criminalization harms individuals and communities and in fact can make it more difficult to address homelessness. With new efforts by the Federal Government to encourage communities to roll back these measures, there is an increased need for the County to build on current Sheriff's Department policy and practice and take a leading role in promoting the decriminalization of homelessness throughout Los Angeles County. The decriminalization policy should:

1. Include a protocol that complements the County's Homeless Encampment Protocol (the Encampment Protocol also includes best practices that can be applied to street homelessness), to ensure that the County does not disproportionately enforce existing County ordinances against homeless families and individuals;
2. Include a process to ensure greater collaboration between judicial agencies and local alternative courts, e.g., County Homeless Court, DMH's Co-Occurring disorders Court, etc., to enable homeless individuals to address citation fines before they become a warrant and already-incurred warrants and fines, which are often a barrier to services and housing; and,
3. Support statewide efforts to stop criminalizing homelessness.

## LEAD AGENCY

Sheriff

## COLLABORATING DEPARTMENTS/AGENCIES

Alternate Public Defender

District Attorney

Probation

Public Defender

Los Angeles Homeless Services Authority

Law enforcement agencies from cities that choose to adopt a similar policy

Mental Health



## POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

All homeless populations, particularly homeless individuals living on the street and in encampments

## POTENTIAL PERFORMANCE METRICS

This recommendation does not apply to a specific programs or services; therefore, the success will be measured by a reduction across the County in policies and practices which criminalize homelessness.

## FUNDING

N/A. There is no direct cost associated with this strategy.

## CONNECTION TO CITIES

3 SAME

COMPLEMENTARY

NO CITY ROLE

The strategy could be implemented by each city in the County.

Strategy E6 | CREATE A COORDINATED SYSTEM

PHASE 1

Related to Strategy Brief 6.4

Countywide Outreach System

POPULATION IMPACT

✓ ALL FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Los Angeles Homeless Services Authority, in conjunction with relevant County agencies and community based organizations, to develop and implement a plan to leverage current outreach efforts and create a countywide network of multidisciplinary, integrated street-based teams to identify, engage and connect, or re-connect, homeless individuals to interim and/or permanent housing and supportive services.

DESCRIPTION

There would be at least one team in each Service Planning Area (SPA) of the County and each team should include the following staff: case manager(s), health outreach worker, mental health outreach worker, substance abuse provider, and LA Homeless Services Authority Emergency Response Team personnel. As needed, the teams would include outreach personnel from agencies that specialize in engaging TAY, Veterans, victims of domestic violence (DV) and Families.

The strategy requires a telephone hotline to connect to the street-based team(s) in each SPA with staff trained and well-versed in the services and housing opportunities in their respective SPA/region of the County.

For this strategy to be successful, it is imperative that all street teams operate with the same understanding of what it means to conduct outreach and what it means to engage homeless on the streets or in encampments. Department of Health Services' County+City+Community (C3) project, including a connection to Intensive Case Management Services (ICMS), is an appropriate model to emulate. Additionally, the outreach teams need to be aware of DV protocols and have a relationship with DV service providers. The definitions are as follows:

Outreach

Outreach is the critical first step toward locating and identifying a homeless person who is not otherwise contacting a government agency or service provider who can connect him/her to available services and housing resources. Outreach is a means of educating the community about available services, in this case for homeless individuals and families. Outreach is

LEAD AGENCY

Los Angeles Homeless Services Authority (LAHSA)

COLLABORATING DEPARTMENTS/AGENCIES

Fire  
Health Services  
Mental Health  
Probation  
Public Health  
Public Social Services  
Sheriff  
City of LA and any of the other 87 cities that would like to collaborate in this effort  
United Way

**DESCRIPTION** continued

also a process for building a personal connection that may play a role in helping a person improve his or her housing, health status, or social support network.

**Engagement**

Engagement, when conducted properly, is a process that establishes a trusting relationship that can lead to a homeless person's participation in services and housing. The process begins after the initial street outreach contact or, for example, when a homeless person presents at an agency such as DPSS, a CES provider agency, or an HFSS Family Support Center. The engagement process can take weeks to months. There is no standard timeline for successful engagement and an outreach worker/team should never be discouraged by initial rejections of their offers to assist a homeless individual. If an agency's policies and resources do not allow for this time and consistent/persistent effort, the worker will more often than not fail at building the necessary relationship and the homeless person will likely not trust the next outreach worker/team who tries to engage them and offer housing and services.

**CONNECTION TO CITIES**

SAME

**3** COMPLEMENTARY

NO CITY ROLE

Cities could take an active role in the outreach/engagement effort and/or provide additional funding/resources to bolster the efforts in their community. Certain cities have provided funding, in the past, for homeless outreach and engagement. Sometimes this has been done through enhanced Business Improvement District (BID) teams that have been trained to engage and connect clients to homeless housing and services.

**POPULATION(S) TARGETED & OTHER CATEGORIZATIONS**

Any individual, older adult, victim of domestic violence, youth, or family experiencing homelessness that is encountered during outreach and engagement activities. Families identified will be directed to the HFSS.

**POTENTIAL PERFORMANCE METRICS**

Number of contacts-duplicated and unduplicated

Number of people connected to health, mental health, substance abuse treatment, sources of income

Number of people connected to interim housing

Number of people permanently housed

Number/percentage of people permanently housed who retain housing for 6, 12, and 24 months

Number/percentage of people permanently housed who return to homelessness after 6, 12, and 24 months

**FUNDING**

\$3,000,000 in one-time HPI funding

## Strategy E7 | CREATE A COORDINATED SYSTEM

Related to Strategy Briefs 6.1 and 7.1

## Strengthen the Coordinated Entry System

## POPULATION IMPACT



ALL

FAMILIES

TAY

SINGLE ADULT

VETERAN

CHRONICALLY HOMELESS ADULT

## RECOMMENDATION

Direct the Los Angeles Homeless Services Authority (LAHSA), in collaboration with the departments/agencies listed below, to assess the adult Coordinated Entry System (CES), the Homeless Families Solutions System (HFSS), and the “under construction” coordinated system for transition age youth, develop a recommended plan to strengthen these three related systems, and submit the plan for consideration.

## DESCRIPTION

The move toward CES culminated with the implementation of the Federal “Opening Doors” Strategic Plan to prevent and end homelessness, the HEARTH Act, and the requirement that Continuums of Care (CoC) create a coordinated or centralized assessment and housing placement system. This system must be used to prioritize access to housing and services based on service need in order for a CoC to be eligible for federal homeless assistance funding. Coordinated entry is the process through which people experiencing homelessness or at-risk of homelessness can easily access crisis services through multiple, coordinated entry points, have their needs assessed and prioritized consistently, and, based upon those needs, be connected with appropriate housing interventions and supportive services. For special sub-populations, such as victims fleeing domestic violence or human trafficking, or those who are HIV-positive, CES must ensure that data-tracking and matching protocols do not conflict with confidentiality provisions to maintain individual safety and overall well-being.

## LEAD AGENCY

Los Angeles Homeless Services Authority (LAHSA)

COLLABORATING  
DEPARTMENTS/AGENCIES

Community-based homeless service and housing providers  
Community Development Commission  
Children and Family Services  
Fire  
Health Services  
Mental Health  
Probation  
Public Health  
Public Social Services  
Sheriff  
Housing Authority of the City of Los Angeles  
Housing Authority of the County of Los Angeles  
United Way – Home for Good

The County and City of Los Angeles have come a long way in coordinating the delivery of homeless services and housing. Over the last several years, there has been greater service integration and cooperation among County departments, city agencies and community organizations. For example, in early 2013 CES for single adults rolled out in Skid Row and is now operational in all SPAs and coordinates housing and supportive services not only with the County and City of Los Angeles, but with networks of over 100 local housing providers as well. CES could be strengthened through more standardization and an enhanced administrative/technology infrastructure for the coordinated entry systems for single adults and families, as well as the youth system which is currently in pilot. In fiscal year 2014-15, 9,720 individuals were assessed for homeless services and roughly 1,738 were housed.



**DESCRIPTION** *continued*

The plan to strengthen CES and HFSS should include, but should not be limited to, the following three elements:

1. Strengthen the network of housing locators in each service planning area (SPA) to enhance communication, capitalize on best practices and housing/real-estate expertise in securing units, increase efficiency, and minimize duplication of landlord contacts.
2. Develop and implement a common core curriculum training for outreach workers, case managers and other staff participating in CES, inclusive of the various applicable protocols and processes, as well as how others, such as local law enforcement, should be directed to access CES.
3. Implement the following database improvements to the CES module within the Homeless Management Information System (HMIS): A) Assess the CES/HMIS platform to enhance functionality for local users, including the development of a system design workflow; B) Review and evaluate new user training for CES/HMIS, including the time to receive HMIS log-ins and identify process improvements to remedy deficiencies; and C) Identify data software that can support a CES/HMIS report feature by service planning area (SPA) and site specific reports, as well as a proposed budget for implementing this reporting feature.

**CONNECTION TO CITIES**

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Cities could contribute funding to CES to support the connection of homeless populations within city boundaries to stable housing and supportive services.

**POPULATION(S) TARGETED & OTHER CATEGORIZATIONS**

All homeless populations and sub-populations

**POTENTIAL PERFORMANCE METRICS**

- ◆ Number of permanent housing placements
- ◆ Length of time from VI-SPDAT screening to housing
- ◆ Number of persons engaged and assessed (in relation to the Point-in-Time Homeless Count)
- ◆ Number of matches completed resulting in housing
- ◆ Number/percentage of people permanently housed who retain housing for 6, 12, and 24 months
- ◆ Number/percentage of people permanently housed who return to homelessness after 6, 12, and 24 months
- ◆ Percent of permanent housing resources matched to homeless clients through CES
- ◆ Number of persons successfully diverted from the homeless services system

**FUNDING**

- ◆ \$2 million of one-time Homeless Prevention Initiative funding.
- ◆ Emergency Solutions Grant (ESG) funding is a potential funding source from the County and those cities which receive ESG funding.

# Enhance the Emergency Shelter System

POPULATION IMPACT

✓ ALL

FAMILIES

TAY

SINGLE ADULT

VETERAN

CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Los Angeles Homeless Services Authority (LAHSA) to enhance the emergency shelter system, as described herein.

DESCRIPTION

The emergency shelter system should be enhanced to be an effective point-of-access to and component of an integrated homeless services system. An adequate crisis housing system ensures that individuals, families, and youth have a safe place to stay in the short-term, with access to resources and services that will help them exit homelessness quickly – optimally within 30 days

The emergency shelter system should be enhanced as follows:

1. Keep shelters open 24-hours a day/7 days a week. This would enable the shelter system to serve as a staging ground to triage/assess clients for housing, health, mental health, substance use disorder, and social service needs, particularly for outreach and engagement teams.
2. Transform emergency shelters and transitional housing into interim/bridge housing from which homeless families/individuals/youth could transition to the best suited form of permanent housing, such as rapid re-housing or permanent supportive housing. Housing location search assistance should be provided at each shelter by community-based housing locators, since such assistance is key to ensuring that the shelter system operates as effectively as possible with enough “throughputs” to move people out of the shelter system, thereby creating shelter capacity for additional homeless families/individuals/youth, including individuals and families fleeing domestic violence.
3. Establish “low threshold” common criteria for shelter eligibility across the county so that homeless families/individuals/youth can easily enter and remain in shelter without restrictive

LEAD AGENCY

Los Angeles Homeless Services Authority (LAHSA)

COLLABORATING DEPARTMENTS/AGENCIES

- Animal Care and Control
- Children and Family Services
- Community Development Commission
- Community and Senior Services
- Health Services
- Housing Authority of the City of Los Angeles
- Housing Authority of the County of Los Angeles
- Mental Health
- Probation
- Public Health
- Public Social Services
- Sheriff

**DESCRIPTION** continued

requirements that either preempt entry into the shelter system or force people to leave before they can transition to permanent housing.

4. Fully utilize the shelter bed assignment system in LAHSA's Homeless Management Information System so that any provider seeking a shelter bed could readily identify any available beds.
5. When possible, ensure that there is storage for belongings.
6. There needs to be confidentiality for those fleeing domestic violence and others who require it.
7. If shelters cannot accommodate pets for homeless individuals and families seeking shelter, have Animal Care and Control make alternative arrangements for pets.

There should also be a "diversion" component that helps at-risk households avoid entering shelter if alternatives can be identified and implemented, e.g. remaining in their current housing and/or placement into stable housing elsewhere, which might include living with family/and or friends.

**CONNECTION TO CITIES**

SAME

**3 COMPLEMENTARY**

NO CITY ROLE

Cities could contribute funding for bridge/interim housing to address homelessness within city boundaries. The other potential role for cities is to modify emergency shelter conditional use permits that do not currently permit 24-hour a day/7-day a week operations.

**POPULATION(S) TARGETED & OTHER CATEGORIZATIONS**

All homeless populations

**POTENTIAL PERFORMANCE METRICS**

Number and percentage of individuals, families, and youth who exit to permanent housing from emergency shelter (broken out by type of housing obtained, population, and Service Planning Area (SPA))

Number of days from housing referral for a family/individual in a shelter to housing placement (broken out by type of housing obtained, population, and SPA)

Number and percentage of individuals, families, and youth place into permanent housing from a shelter who have retained housing after 12 months (by SPA)

Number and percentage of disengagements from the shelter system without permanent housing or an acceptable alternative

Returns to shelter within 6 and 12 months

**FUNDING**

\$1.5million in one-time HPI funds.

Los Angeles City will need to make a corresponding commitment to keep shelters open 24/7.

Strategy E9 | CREATE A COORDINATED SYSTEM

Related to Strategy Brief 8.4

# Discharge Data Tracking System

POPULATION IMPACT

✓ ALL      FAMILIES      TAY      SINGLE ADULT      VETERAN      CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Los Angeles Homeless Services Authority (LAHSA), in collaboration with DHS, LASD, DPH, DMH, and DCFS, to develop a consistent, systemic approach to tracking and identifying people in an institution or residential setting who were homeless upon entry or who are at risk of being homeless upon discharge.

DESCRIPTION

As part of an overall effort to improve and enhance effective discharge planning processes to reduce and prevent homelessness within LA County, a consistent approach to tracking and identifying homeless persons and those at risk of being homeless upon discharge is critical. There is currently no consistent method of identifying and tracking current and potentially homeless persons in jails, hospitals, the foster care system, or other public systems which may discharge individuals into homelessness. To the extent permitted by law, such identification is key to the implementation of effective and appropriate discharge planning.

The main components of the system would include:

- Adopt common data elements with definitions to be incorporated into data and reporting structures within County departments involved in discharge planning.
- An update of LAHSA’s Homeless Management Information System data collection fields to track and report on homeless clients who were discharged from institutions.
- Utilize the County Enterprise Linkages Project to capture data and produce reports that can be used to measure progress in reducing homelessness and regularly inform discharge planning processes.

LEAD AGENCY

Los Angeles Homeless Services Authority (LAHSA)

COLLABORATING DEPARTMENTS/AGENCIES

Children and Family Services  
Health Services  
Mental Health  
Probation  
Public Health  
Sheriff  
Private Hospitals  
Cities that operate jails



## POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

Currently or potentially homeless persons, including the older adult population, who are in an institution or receive residential services from LASD, DMH, DHS, DPH, DCFS, private hospitals, and city jails.

## POTENTIAL PERFORMANCE METRICS

The rate of participation of agencies in utilizing the system and capturing data

The quality of data produced

Increase in homeless prevention activities before people are discharged

## FUNDING

Each agency will absorb its own costs.

## CONNECTION TO CITIES

SAME

3 COMPLEMENTARY

NO CITY ROLE

Cities that operate jails could utilize the same approach to data tracking

Strategy E10 | CREATE A COORDINATED SYSTEM

Related to Strategy Brief 9.4

# Regional Coordination of Los Angeles County Housing Authorities

POPULATION IMPACT

✓ ALL      FAMILIES      TAY      SINGLE ADULT      VETERAN      CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Housing Authority of the County of Los Angeles, in collaboration with the Housing Authority of the City of Los Angeles, to convene an ongoing, quarterly Homeless Issues Roundtable of all public housing authorities in Los Angeles County, for the purpose of identifying common issues related to combating homelessness and developing more integrated housing policies to assist homeless families and individuals. As appropriate, invite the the Departments of Community and Senior Services, Health Services and Mental Health, and community providers with subject matter expertise in housing to participate in the Roundtable.

LEAD AGENCY

Housing Authority of the County of Los Angeles

COLLABORATING DEPARTMENTS/AGENCIES

Chief Executive Office  
City Housing Authorities  
Housing Authority of the City of Los Angeles  
Los Angeles Homeless Services Authority

DESCRIPTION

The Housing Authorities of Los Angeles County (HACoLA) and City (HACLA) have responded to local, state, and federal efforts to end homelessness by engaging in various collaborative activities that have proven to be beneficial to families and individuals in need across the County, such as:

- Partnership with the Los Angeles Homeless Services Authority (LAHSA) and the United Way of Greater Los Angeles to develop and utilize coordinated access systems that match homeless clients with housing resources and supportive services that meet their specific needs.
- Interagency agreements for several housing programs that allow families to locate units in either jurisdiction by eliminating the cumbersome “portability” process.
- Creation of a universal housing assistance application that eliminates the duplicative effort of completing several different applications when applying for multiple housing programs across both Housing Authorities.
- Alignment of policy, where possible, to facilitate a uniform eligibility determination standard across both Housing Authorities.

This history of collaboration between HACoLA and HACLA provides a foundation to institutionalize ongoing collaboration across all public housing authorities in the County with the goal of maximizing the positive impact on homeless families and individuals.





## POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

Homeless populations with subsidized housing needs.

## POTENTIAL PERFORMANCE METRICS

Number of policies harmonized/integrated  
between agencies

Number of forms standardized/harmonized  
between agencies

## FUNDING

NA – This strategy does not require any funding to be  
implemented.

## CONNECTION TO CITIES

SAME

**3** COMPLEMENTARY

NO CITY ROLE

Cities which operate their own public housing  
authorities can ensure that their housing authorities  
participate in the Homeless Issues Roundtable.

Strategy E11 | CREATE A COORDINATED SYSTEM

# County Specialist Support Team

POPULATION IMPACT

✓ ALL   FAMILIES   TAY   SINGLE ADULT   VETERAN   CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Chief Executive Officer, in collaboration with the departments listed below, to establish a countywide team of specialists to consult with community-based homeless case managers throughout the County.

LEAD AGENCY

Chief Executive Office

COLLABORATING DEPARTMENTS/AGENCIES

Children and Family Services  
Health Services  
Los Angeles Homeless Services Authority  
Mental Health  
Public Health  
Public Social Services  
Probation Department

DESCRIPTION

Homeless families and individuals often have difficulty navigating County service systems and accessing the services which they need, even when assisted by a community-based homeless case manager. To address this problem and support a countywide system of community-based homeless case managers, a countywide team of specialists is needed throughout the County. The team would consist of an appropriate representative from the Department of Children and Family Services, Department of Health Services, Department of Mental Health, Department of Public Health, Department of Public Social Services, and Probation). One of the participating departments would designate a manager to lead the team.

The team would consult with community-based homeless case managers throughout the County via phone, e-mail, and live chat, and perform the following functions, as needed:

- 1. intervene within their own departments on behalf of specific homeless families and individuals;
- 2. consult among themselves; and
- 3. identify systemic barriers that would then be addressed at a department-wide or countywide level.



## POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

Homeless families and individuals, including victims of domestic violence and the older adult population.

## POTENTIAL PERFORMANCE METRICS

Number of contacts with the team and team member

Number and type of positive outcomes overall and by team member

Number of systemic barriers identified

Number of systemic barriers resolved

## FUNDING

Each department would absorb the cost of its team member, with the possible exception of the department providing the manager to lead the team.

## CONNECTION TO CITIES

SAME

COMPLEMENTARY

3 NO CITY ROLE

Strategy E12 | CREATE A COORDINATED SYSTEM

# Enhanced Data Sharing and Tracking

POPULATION IMPACT

✓ ALL      FAMILIES      TAY      SINGLE ADULT      VETERAN      CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Chief Executive Office and the Los Angeles Homeless Services Authority (LAHSA) to develop and implement a plan to enhance data sharing and tracking, as described herein.

LEAD AGENCY

Chief Executive Office  
Housing Authority of the County of Los Angeles

COLLABORATING  
DEPARTMENTS/AGENCIES

Children and Family Services  
Community Development Commission  
Community and Senior Services  
Health Services  
Hospital Association of Southern California  
Housing Authority of the City of Los Angeles  
Housing Authority of the County of Los Angeles  
Los Angeles County Office of Education  
Mental Health  
Probation  
Public Health  
Public Housing Authorities  
Public Social Services  
Sheriff  
United Way

DESCRIPTION

Data sharing and the development of homeless performance targets are central to the development and effective functioning of a coordinated system to combat homelessness.

The following actions are recommended:

1. Implement common categories for tracking homelessness across key County departments that touch or serve a large proportion of homeless residents, that differentiates between:
  - Those who are literally homeless using the U.S. Department of Housing and Urban Development’s (HUD’s) definition;
  - Those who are at imminent risk of homelessness using HUD’s definition; and
  - Those who are homeless under the individual department’s definition, but do not fall within the HUD definition.
2. Identify the costs for implementing homeless data collection on a monthly basis in the Departments of Public Social Services, Children and Family Services, Health Services, Mental Health, Public Health, Probation, Sheriff and the Community Development Commission. If there are no data elements to “flag” homelessness in departmental data systems, develop and implement a plan to add and utilize such departmental data markers.

## DESCRIPTION *continued*

3. Develop a plan to make LAHSA a full partner in the Enterprise Linkages Project (ELP) data warehouse, which will include the uploading of Homeless Management Information System records to the ELP data warehouse on the same basis as the County departments participating in ELP, and access for LAHSA to County department data in ELP, to the extent permitted by law.
4. Work with County Counsel to explore the use of passive consent, to the extent permitted by law (including Health Insurance Portability and Accountability Act (HIPAA)), for ELP participating departments working with vulnerable homeless populations. This consent only relates to use of ELP data at an individual level, not at an aggregate level, as no consent is required for the use of deidentified ELP data for program planning and evaluation.
5. Develop Countywide targets to reduce chronic, veteran, family, single adult and TAY homelessness.

## POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

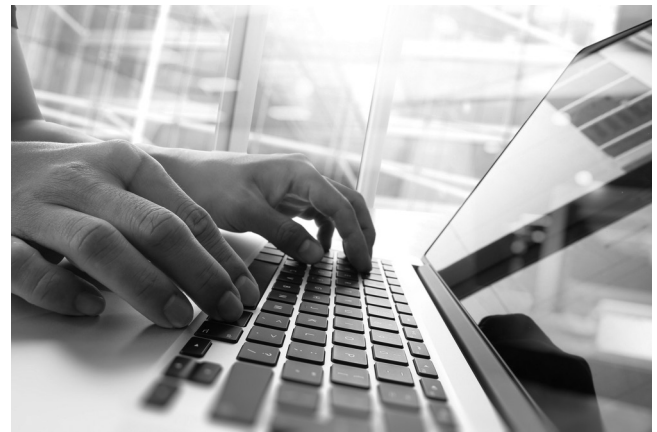
All homeless populations

## POTENTIAL PERFORMANCE METRICS

To be determined

## FUNDING

\$1 million in one-time HPI funding



## CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Cities with Public Housing Authorities could adopt the common method of data tracking described in number 1 above.

## Strategy E13 | CREATE A COORDINATED SYSTEM

Related to Strategy Brief 9.2

# Coordination of Funding for Supportive Housing

## POPULATION IMPACT



ALL

FAMILIES

TAY

SINGLE ADULT

VETERAN

CHRONICALLY HOMELESS ADULT

## RECOMMENDATION

Instruct the Director of the Community Development Commission/Housing Authority of the County of Los Angeles and the Los Angeles Homeless Services Authority, in consultation with the Department of Mental Health, the Housing Authority of the City of Los Angeles and the Los Angeles City Housing and Community Investment Department, to:

- Align priorities and processes in order to maximize capital, operating, and service funding for supportive housing.
- Develop a coordinated funding application and award process to dramatically reduce the time required to assemble project financing, with the goal of:
  - > Attracting cities to participate in a one-stop shop for all local capital and funding commitments.
  - > Allowing funders to be more strategic in the allocation of funds, while maximizing the leveraging of State and Federal funds available to the region.
  - > Creating a more streamlined and predictable system for developers, allowing them to maximize their production by creating more certainty about the availability of funds.
  - > Expanding to include other private and public funders through the Home for Good Funders Collaborative to maximize and leverage additional resources, including funds for services and other activities designed to operate and strengthen supportive housing.

## DESCRIPTION

Supportive housing is an innovative and proven solution that combines affordable housing with services that help people who face the most complex challenges to live with stability, autonomy and dignity. Supportive housing has been shown to have positive effects on housing stability, employment, mental and physical health, and school attendance. In addition, supportive housing is cost-effective as cost studies across the country demonstrate that supportive housing results in tenants' decreased use of homeless shelters, hospitals, emergency rooms, jails and prisons and therefore is often less costly than continued homelessness. Furthermore, supportive housing benefits communities by improving the safety of neighborhoods, beautifying city blocks with new or rehabilitated properties, and increasing or stabilizing property values over time.

Given the importance of supportive housing, there are multiple public agencies in Los Angeles County that regularly provide funding for the capital costs associated with the development of supportive housing. Enhanced coordination among these public agencies would increase the efficiency of the current funding system and thereby streamline the development of supportive housing.



## LEAD AGENCIES

Community Development Commission  
Los Angeles Homeless Services Authority

## COLLABORATING DEPARTMENTS/AGENCIES

Health Services  
Housing Authority of the County of Los Angeles  
Housing Authority of the City of Los Angeles  
Los Angeles City Housing and Community Investment  
Department  
Mental Health

## POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

All homeless populations, but primarily chronically homeless individuals

## POTENTIAL PERFORMANCE METRICS

Increase in the number of supportive housing units

## FUNDING

Not applicable



## CONNECTION TO CITIES

SAME

3 COMPLEMENTARY

NO CITY ROLE

Cities which provide funding for the development of supportive housing could participate in the recommended ongoing working group.

## Strategy E14 | CREATE A COORDINATED SYSTEM

## Enhanced Services for Transition Age Youth

## POPULATION IMPACT

ALL

FAMILIES

✓ TAY

SINGLE ADULT

VETERAN

CHRONICALLY HOMELESS ADULT

## RECOMMENDATION

Direct the Chief Executive Office (CEO) to work with the Los Angeles Homeless Services Authority to provide additional funding to support the expansion of the Youth Coordinated Entry System (CES) and programs providing housing navigation, access/drop-in centers, shelter, after care/case management and transitional housing for youth. Funding will be allocated based on geographic burden and need, as determined by the 2015 Homeless Count results for the Los Angeles, Glendale, Pasadena and Long Beach Continuums of Care.

Direct the Los Angeles Homeless Services Authority to work with the CEO, key county departments, the Los Angeles County Office of Education and a Community-Based Organization (CBO) serving mainstream youth to design a Youth Housing Stability Assessment pilot where one or more county departments, one or more school districts, and a CBO serving mainstream youth will administer a quick prescreening tool to determine if a youth should be referred to the Youth CES.

Direct the CEO and the Los Angeles Homeless Services Authority to work with the Los Angeles Coalition to End Youth Homelessness (LACEYH) to increase and maximize collaboration between County agencies and community-based organizations serving homeless youth.

## DESCRIPTION

As directed by the Board on December 15, 2015, County Departments and Community-Based Organizations specializing in providing services to homeless youth (up to age 24) collaborated to: (1) discuss TAY homeless service needs; (2) identify gaps in available homeless services; and (3) discuss opportunities for enhanced coordination that would strengthen the homeless service delivery system for youth. Together, the group identified LAHSA's Housing Inventory for TAY (Homeless Initiative Board Letter Attachment 7) and the Directory of Services for Homeless Youth (<https://www.ourchildrenla.org/community-center/directory/>) developed by Our Children Los Angeles (including its online app), as the most extensive, current inventories of available TAY homeless services. With respect to the \$5 million earmarked by the Board on December 15, 2015, strengthening the TAY homeless services system and enhancing the shelter system for youth, after care and transitional housing were identified as key service enhancements.

As homeless TAY are identified, a coordinated homeless service system is vital. Strengthening and providing additional access/drop-in centers where housing navigation options could be provided and expanding the current Youth CES by including TAY specific scoring and eligibility criteria is key to support the increased number of homeless youth in the County and ensuring access to homeless services.

One or more county departments, one or more school districts, and a CBO serving mainstream youth could pilot the practice of proactively assessing the housing status of TAY to identify those who are potentially homeless/at-risk of homelessness. The pilot will assess the impact of this routine assessment on the mainstream system's ability to link homeless TAY, or those at risk of homelessness to homeless/homeless prevention

**DESCRIPTION** continued

services and enhance opportunities for coordination. By assessing the housing status of TAY served within the mainstream system, homeless/at-risk TAY may be identified sooner and diverted from homelessness or the duration of the TAY's homelessness may be reduced.

Lastly, strengthening the ongoing collaboration between County departments and community-based organizations serving homeless youth is intended to result in:

1. the development of strategies to better coordinate services, resources and funding for TAY experiencing homelessness and housing instability;
2. identification of additional system gaps and solutions to fill those gaps; and
3. bringing to scale solutions and best practices that meet the housing and service needs of TAY experiencing homelessness and housing instability.

**LEAD AGENCIES**

Chief Executive Office  
Los Angeles Homeless Services Authority

**COLLABORATING  
DEPARTMENTS/AGENCIES**

Children and Family Services  
Community -Based Organizations  
Community Development Commission  
Health Services  
Mental Health  
Office of Education  
Probation  
Public Health  
Public Social Services

**POPULATION(S) TARGETED &  
OTHER CATEGORIZATIONS**

Transition Age Youth

**POTENTIAL PERFORMANCE METRICS**

The number of TAY who are housed  
The number of TAY who maintain housing  
The number of TAY who become self-sufficient  
The number of TAY who are prevented from becoming homeless

**FUNDING**

\$2 million one-time Homeless Prevention Initiative Funding to support expanded shelter, transitional housing and after care/case management services  
\$1 million one-time Homeless Prevention Initiative Funding to support housing navigation, access/drop-in centers and enhancement of the Youth CES  
\$2 million one-time Homeless Prevention Initiative Funding earmarked under Strategy B3, Rapid Re-housing  
All of this funding will be administered by LAHSA.

**CONNECTION TO CITIES**

SAME

**3** COMPLEMENTARY

NO CITY ROLE

Cities could contribute additional funding to support the key homeless services identified and proactively assess the housing status of TAY who receive services from city departments.

## Strategy E15 | CREATE A COORDINATED SYSTEM

# Homeless Voter Registration and Access to Vital Records

### POPULATION IMPACT



ALL

FAMILIES

TAY

SINGLE ADULT

VETERAN

CHRONICALLY HOMELESS ADULT

### RECOMMENDATION

Direct the Registrar-Recorder to collaborate with the Los Angeles Homeless Services Authority (LAHSA) and other County departments and homeless/housing service providers to enhance training and outreach efforts to homeless service providers and County agencies that serve homeless individuals, families and TAY by providing assistance in helping homeless citizens register to vote and access vital records, as described herein.

### LEAD AGENCY

Registrar Recorder

### COLLABORATING DEPARTMENTS/AGENCIES

Beaches and Harbors  
Children and Family Services  
Community and Senior Services  
Health Services  
Homeless Service Providers  
Mental Health  
Military and Veterans Affairs  
Parks and Recreation  
Public Health  
Public Library  
Public Social Services  
Housing Authority of the City of Los Angeles  
Housing Authority of the County of Los Angeles  
Los Angeles Homeless Services Authority  
Probation  
Sheriff  
United Way

### DESCRIPTION

The Registrar Recorder has been enhancing voter registration opportunities for homeless populations and organizations that serve the homeless throughout Los Angeles County as a result of:

1. A desire to lay the foundation for reaching out to communities who may have a greater chance of not being registered through the new Motor Voter law, which automatically registers to vote all eligible voters when they obtain or renew their driver's license at the Department of Motor Vehicles (DMV).
2. Being contacted by homeless services agencies requesting voter registration information, and realizing this was an area where additional outreach was needed.

The Registrar Recorder offers a variety of outreach support which includes training, voter registration cards, tracking of voter registration, and educational materials in various languages (with an emphasis on best practices and rules specific for registering homeless populations), in addition to information on how to access vital records (birth, death and marriage certificates).

Next steps for enhancing educational information and conducting more targeted outreach and engagement on voter registration and access to vital records include:

1. Finalize a single-page document that educates individuals and organizations on voting rights.
2. Connect with LAHSA and other collaborating agencies to discuss enhancements to training on voter registration and how to access needed vital records.
3. Place voter polling facilities, when possible, within a reasonable proximity of homeless shelters and services.



## POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

All homeless populations

## POTENTIAL PERFORMANCE METRICS

Number of trainings conducted per quarter

Number of homeless individuals/families/TAY  
registered to vote per quarter

Number of homeless individuals/families/TAY  
provided with vital records per quarter

## FUNDING

Costs will be absorbed by the Registrar-Recorder

## CONNECTION TO CITIES

SAME

COMPLEMENTARY

3 NO CITY ROLE

## Strategy E16 | CREATE A COORDINATED SYSTEM

Related to Strategy Briefs 5.1, 5.2, and 5.5

# Affordable Care Act Opportunities

## POPULATION IMPACT



ALL

FAMILIES

TAY

SINGLE ADULT

VETERAN

CHRONICALLY HOMELESS ADULT

## RECOMMENDATION

Direct the Health Agency to maximize the contribution of the Affordable Care Act to combating homelessness, by aggressively pursuing the nine goals related to homelessness in the Health Agency's Strategic Priorities, with emphasis on: (1) maximizing revenue through the Whole Person Care (WPC) pilots and Health Homes; and (2) providing integrated physical health, mental health and substance use disorder services to address the unique needs of the homeless population within the larger health care system.

## DESCRIPTION

The extension of full-scope Medi-Cal eligibility to almost all homeless individuals under the Affordable Care Act (ACA) creates a range of critical new opportunities to combat homelessness, including:

- Federal and state revenue to pay for physical health, mental health, and substance use disorder services;
- Potential additional funding under WPC, which is included in the State's new 1115 Medicaid waiver, effective January 1, 2016;
- Potential additional funding under the Health Homes Benefit (Section 2703 of the ACA) which the State proposes to implement in Los Angeles County on January 1, 2018 for eligible beneficiaries with serious mental illness and for all others six months later.

## LEAD AGENCY

Health Agency

## COLLABORATING DEPARTMENTS/AGENCIES

Children and Family Services  
Community-Based Providers  
Health Services  
Hospital Association of Southern California  
Housing Authority of the City of Los Angeles  
Housing Authority of the County of Los Angeles  
Los Angeles Homeless Services Authority  
Medi-Cal Managed Care Organizations  
Mental Health  
Private Hospitals  
Probation  
Public Health  
Public Social Services  
Sheriff

On September 29, 2015, the newly-formed County Health Agency identified homelessness as one of its top priority areas and released nine goals related to homelessness. These goals focus on strengthening the partnerships between the Agency, health plans, County departments, and homeless service providers, in addition to addressing the unique needs of homeless clients within the broader health care delivery system. As such, pursuit of these goals, in conjunction with the other recommended Homeless Initiative strategies, is the best way to maximize the contribution of the Affordable Care Act to combating homelessness.

The Health Agency's goals regarding homelessness are:

### Goal 1

Evaluate and reconfigure, as needed, housing and homeless services within the Agency and Departments to facilitate improved outcomes for homeless clients, including but not limited to the reduction/elimination of eligibility barriers and greater sharing



**DESCRIPTION** continued

of Departmental resources, to ensure that resources are available to homeless clients regardless of where they present.

**Goal 2**

Develop an accurate way to identify homeless clients, and those at risk of homelessness, currently served across the three Departments (e.g., development of a real-time unduplicated database, flag within shared client record) for the purpose of identifying priority clients who are determined to be likely to benefit from services from multiple Departments to regain health and residential stability.

**Goal 3**

Develop and implement shared standards and practices for ensuring a full range of housing, health, and prevention services are able to be delivered to clients based on client-specific needs.

**Goal 4**

Improve and expand upon multidisciplinary street engagement teams capable of effectively engaging homeless people living outdoors throughout the County with the express goal of securing interim and permanent housing.

**Goal 5**

Develop and open a range of “bridge” residential services that provide low-barrier, welcoming programs (e.g., sobering centers; day centers with showers, meals, and health services; recuperative care; detox centers; stabilization housing; congregate supervised living; and other effective bridges to permanent housing) for homeless individuals with complex health conditions in high density neighborhoods (e.g., Skid Row, Hollywood, Venice) and in unincorporated areas of LA County.

**Goal 6**

Maintain a real-time inventory of available residential slots, funded and usable by all three Departments, that facilitate immediate placement of homeless clients into

available interim and permanent residential options appropriately matched to various need indicators (e.g., Medi-cal necessity, accessibility, level of on-site services, neighborhood, age).

**Goal 7**

Obtain Medi-Cal coverage, when possible, and successfully link individuals, where clinically appropriate, to comprehensive, integrated health services that are delivered in a way that is tailored for the unique needs of homeless individuals.

**Goal 8**

Develop screening questions for those conditions that lead to homelessness that could be incorporated into the practices of all three Departments along with methods and plans to link individuals to needed supports and services as part of the delivery of health care, mental health and public health services.

**Goal 9**

Engage in policy development and technical assistance activities to enhance the availability of high-quality, affordable, stable housing stock within LA County.

The Health Agency goals strive to capitalize on the opportunities presented by the ACA by:

1. having no wrong entry points or ‘doors’ to care;
2. integrating an array of physical health, mental health, and substance use disorder (SUD) services;
3. remaining sensitive to the unique realities and lived experiences of homeless patients by maintaining a level of ‘homeless cultural competence’; and
4. effectively challenging public entities and community-based organizations to work together in unprecedented ways to maximize services to those who lack stable housing/shelter including new strategies, systems, and platforms to aggressively enroll and retain chronically homeless individuals on Medi-Cal.

Affordable Care Act Opportunities continued

POPULATION(S) TARGETED &  
OTHER CATEGORIZATIONS

Homeless families and individuals enrolled in  
Medi-Cal

POTENTIAL PERFORMANCE METRICS

To be determined

FUNDING

Medi-Cal

CONNECTION TO CITIES

SAME

COMPLEMENTARY

3 NO CITY ROLE



Strategy E17 | CREATE A COORDINATED SYSTEM

# Regional Homelessness Advisory Council and Implementation Coordination

POPULATION IMPACT

✓ ALL

FAMILIES

TAY

SINGLE ADULT

VETERAN

CHRONICALLY HOMELESS ADULT

RECOMMENDATION

- Direct LAHSA to convene a public-private *Regional Homelessness Advisory Council* to ensure broad-based collective strategic leadership.
- Direct LAHSA to establish an intergovernmental *Homeless Strategy Implementation Group* jointly with County public administrative leaders, Los Angeles City public administrative leaders and LAHSA to coordinate the ongoing implementation of the approved homeless strategies.

LEAD AGENCY

Los Angeles Homeless Services Authority

COLLABORATING DEPARTMENTS/AGENCIES

Chief Executive Office	LA City Housing & Community Investment Dept.
Children and Family Services	
Community Development Commission	Various LA City public administrative agencies
Health Services	Office of Education
Mental Health	United Way of Greater Los Angeles
Probation	LA County Continuum of Care leadership
Public Health	Philanthropy representatives
Public Social Services	Business Leadership
Sheriff	Community-based organizations
Housing Authority of the City of Los Angeles	
Housing Authority of the County of Los Angeles	

DESCRIPTION

Regional Strategic Alignment

The purpose of a *Regional Homelessness Advisory Council* is to provide an enduring forum for broad-based, collaborative and strategic leadership on homelessness in Los Angeles County in alignment with Home For Good. The Advisory Council would facilitate wide understanding and acceptance of national and local best practices, and communicate goals, barriers and progress to community stakeholders.

Objectives for a Los Angeles Regional Homelessness Advisory Council include:

1. Provide strategic leadership to all homeless system stakeholders, including consumers, providers of housing and services, public funders, private philanthropy, and public officials.
2. Support implementation of best practices and evidence-based approaches to homeless programming and services.
3. Promote alignment of funding across all sectors (e.g. public mainstream, private non-governmental, and homeless-specific) and the leveraging of resources in the most effective way possible.
4. Coordinate programmatic approaches across all homeless system providers and mainstream systems.
5. Support a regional strategic response to identify and resolve the primary factors contributing to housing instability and homelessness.
6. Identify and articulate artificial barriers across geographic and political spheres, in order to eliminate them.

## DESCRIPTION *continued*

7. Influence mainstream systems to ensure access and accountability to homeless consumers.
8. Track progress and evaluate results.

### **Intergovernmental Implementation Support**

The purpose of a joint LA County-City *Homeless Strategy Implementation Group* is to provide ongoing leadership support and oversight of the implementation of aligned homeless system strategies. A formally convened body will ensure an ongoing forum for high-level coordination across jurisdictions between public administrative agencies charged with implementation of aligned homelessness strategies, including but not limited to, tracking metrics, removing barriers, resolving conflicts, promoting shared responsibility, and maximizing the effective utilization of resources by the respective agencies.

## POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

All homeless populations, including the older adult population.

## POTENTIAL PERFORMANCE METRICS

- ◆ Homeless population decrease/increase
- ◆ Length of time individuals/families remain homeless
- ◆ Housing placement and retention for all homeless sub-populations
- ◆ Recidivism (return to homelessness)
- ◆ New entrants to all system points – outreach, shelter, transitional housing, rapid re-housing, permanent subsidized housing and permanent supportive housing by referral source

## FUNDING

No funding required. Existing administrative funding for departments and LAHSA will cover the cost of the needed staff time.

### CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

