

*COMPILATION OF
STRATEGY BRIEFS*

*December
2015*

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Introduction

From October 1-29, 2015, the Homeless Initiative convened an initial policy summit on each of nine key topics related to homelessness, with participation by County departments, cities, and community stakeholders/experts. During the first policy summit on each topic, potential strategy recommendations emerged for further development and discussion at the second and final summit on each topic. Summit participants volunteered to develop a detailed Strategy Brief on each potential recommendation, and those Strategy Briefs are compiled in this document.

The second round of Policy Summits for the 9 topic areas was held from October 29 - December 3, 2015. Summit participants reviewed and discussed the details and overall merit of each potential strategy and whether the potential strategy should be recommended to the Board of Supervisors and/or considered by cities for adoption. The coordinated set of County strategies to combat homelessness is targeted to go to the Board of Supervisors in February 2016.

Potential Strategy 1.1

Enhancing CalWORKs Subsidized Employment Program for Homeless Families

1. Description of the proposed strategy

Provide subsidized employment to CalWORKs homeless families. The services will be specifically targeted to meet the needs of homeless families. Examples of services include:

- Subsidized employment/bridge jobs provided in a Social Enterprise supportive employment work environment that includes personal supports, case management and job readiness preparation.
- Recruiting and working with employers willing to hire hard-to-serve individuals with non-traditional backgrounds. This will include recruiting and working with small localized (mom and pop) employers.
- Coordinated training to develop skills needed to obtain self-sufficiency.

Additional supports as needed by homeless families to help them maintain their employment and progress into unsubsidized employment and to retain their employment.

2. Target Population

Homeless CalWORKs families with an aided parent who is eligible to participate in the CalWORKs welfare-to-work program would be eligible to participate. The definition of “homeless” within the CalWORKs program includes individuals that lack a permanent fixed residence. This means that the definition includes families that range from literally homeless (e.g., sleeping in car) to those who are “couch surfing.”

- The definition for this strategy, if funded, could be further refined to include narrower sub-population(s), e.g., families referred by a Family Solution Center; or homeless three or more times in the past 24 months, etc.

The estimated cost per person is approximately \$ 10,500 - \$ 11,500 for a six-month assignment.

3. Opportunities that make this proposed strategy feasible (Is this currently done elsewhere? Is there legislation that makes this possible?)

- Existing Logistical Infrastructure:
 - DPSS CalWORKs Subsidized Employment Program
 - The City of Los Angeles was awarded a Department of Labor (DOL) grant for the Los Angeles Regional Initiative for Social Enterprise (LA: RISE). LA:

RISE includes the components noted in the description of this proposed strategy.

- Community and Senior Services (CSS) contracts for youth employment. This includes intermediary agreements with the City of Los Angeles.
- The South Bay Workforce Investment Board (SBWIB) has contracts for subsidized employment with Work Source Centers.

DPSS agreements could be used as a mechanism for funding this project, if funding is identified.

- Existing Services for Homeless CalWORKs Families:

DPSS has a contract with the Los Angeles Homeless Services Authority (LAHSA) to assist homeless families through the Homeless Families Solutions System (HFSS). DPSS' welfare-to-work case managers and homeless case managers work with direct service providers and refer homeless CalWORKs families to needed services.

The above are opportunities that can be leveraged to quickly develop and implement this program.

4. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

The uncertainty of funding sources is a potential barrier to implementation. The confirmation of funding sources will resolve this issue.

5. Potential performance measures

- Percentage of referred participants who are placed into subsidized employment.
- Percentage of participants who are placed into subsidized employment and obtain unsubsidized employment.
- Percentage of participants placed into unsubsidized employment who retain employment for a period of time.

6. Potential funding stream

CalWORKs Expanded Subsidized Employment funding

Potential Strategy 1.2

Create a subsidized employment program for Adults

1. Description of the proposed strategy

Provide subsidized employment opportunity for single adults mirroring what is provided for CalWORKs families.

The County will partner with employers, non-profits, and local public agencies to match unemployed, low income single adults to suitable employment opportunities. Wages are fully or partially subsidized and employers provide supervision and training. Jobs are in many industries, often entry level, with the expectation of building work experience to help secure a permanent unsubsidized job. Employers may be large or small businesses; however, all will be encouraged to retain employees once the subsidy expires.

Point of entry for the Subsidized Employment Program could include, but would not be limited to, the DPSS General Relief Program and Community Based Organizations linked to Social Enterprise Programs.

Key Points of Proposed Subsidized Employment Program:

- For GR participants whose subsidized employment exceeds the GR grant of \$221 per month, there are two potential policy options:
 - Income from subsidized employment can be exempt from GR eligibility requirements, allowing recipients to receive GR benefits while participating in the subsidized employment program; or
 - GR recipients would have cash benefits suspended while participating in the subsidized employment program if wages through employment exceed the \$221/month GR grant amount. If subsidized employment stops for any reason and recipient has not secured a job or income that exceeds \$221/month, GR recipient payments will resume on the first of the month following work stoppage in the Subsidized Employment Program. Time spent in the Subsidized Employment Program shall not count toward the 9-out-of-12 month maximum time limit for GR Employable Participants. GR Participants engaged in Subsidized Employment would be eligible to work-related or transportation expenses while participating in the Subsidized Employment Program even if the GR Grant is suspended.

2. Target Population

Target population would include those Single Adults who could most benefit from subsidized employment, including those who: 1) are experiencing homelessness, 2)

have a criminal background, 3) are just leaving prison, 4) have been unemployed for over a year, and/or 5) have a negative employment record.

The estimated cost per person would be similar to costs associated with the Subsidized Employment Program for CalWORKs families.

3. Opportunities that make this proposed strategy feasible (Is this currently done elsewhere? Is there legislation that makes this possible?)

The CalWORKs Subsidized Employment Program provides a mechanism that could be modified to encompass the provision of subsidized employment opportunities for Single Adults.

4. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

Subpopulations face a variety of obstacles and are likely to need closely tailored interventions. Barriers and Solutions include:

- *Housing/ Lack of Physical Address* - provide streamlined access to permanent or bridge housing. Work with Shelters, Homeless Service organizations and DPSS to ensure that every recipient has a contact address where needed.
- *Shelter Hours and Rules* – Work with shelters to allow flexible hours for entering and exiting shelter and relaxation of rules regarding house meetings/ chores.
- *Older Adults* - help them understand their employment potential, and tailor training and employment options to their needs.
- *Veterans* - draw from their previous military work experience and the occupational training, teamwork, and leadership skills they attained there, help manage trauma and the transition back to the civilian workforce.
- *Individuals with a Criminal Record and People Leaving Prison* - help participants navigate legal obstacles, tailor job search activities and provide follow-along supports.
- *Individuals with Health Conditions* - provide streamlined access to quality health care and benefits counseling, provide the necessary accommodations in both the employment program and the workplace, and help participants navigate the demands of both work and health.
- *Individuals with Substance Abuse Issues* - integrate employment services with a treatment regimen including collaboration with addiction counselors, foster social support, and work with participants to overcome substance use issues on the job.

- *Employer Participation in the program and Diversity of Employment Opportunities* – Work with the Small Business Administration, Chambers of Commerce, Social Enterprise Programs and non-profits to expand employer participation to meet the needs of prospective employees and provide a diverse array of job opportunities.

Barriers can be overcome by providing a comprehensive breakdown of the plan outlining positive outcomes for unemployed homeless populations and engaging community partners as advocates for the program.

5. Potential performance measures

- Percentage of participants who are placed into subsidized employment and obtain unsubsidized employment.
- Percentage of participants placed into unsubsidized employment who retain employment for a period of time.

6. Potential funding streams

- Workforce Investment Boards
- Los Angeles County Probation Department (AB 109, SB 678)
- Summer Youth Employment Program (SYEP)
- Homeless Veterans Reintegration Program

Potential Strategy 1.3
Explore enhancing Government procurement process to include preferential contracting and/or sub-contracting for Social Enterprise entities

1. Description of the proposed strategy

Local Government procures many services through a competitive bid process. Historically, the procurement process has required potential vendors to meet minimum employment standards, and attempted to drive business to identified groups through mandatory outreach programs and participation goals. While these programs are somewhat effective across the wide spectrum of contracting, they are not particularly applicable to the services available from social enterprise agencies.

Social Enterprises are mission-driven businesses focused on hiring and assisting people who face the greatest barriers to work. They earn and reinvest their revenue to provide more people with transitional jobs to become job ready with the basic skills necessary to compete and succeed in the mainstream workforce. They help people who are willing and able to work, but have the hardest time getting jobs, including individuals with a history of homelessness, incarceration, and youth who are out of school and out of work. In doing so, they enable people to realize their full potential through a more financially sustainable and cost-effective model focused on a demand-driven approach to meet employer needs.

Many services procured by local government could be provided, in whole or in part, by Social Enterprise entities. Enhancing the procurement process to mandate that 1) services be provided by social enterprise entities, or 2) a portion of the contracted services be subcontracted to a social enterprise entity would expand employment opportunities available to homeless adults or those at risk of homelessness. Additionally, expanding opportunities for social enterprise entities will allow them to expand and venture into new employment areas to enhance opportunity for at risk communities, consistent with government's core mission of improving the quality of life for all residents.

The following would be key steps in implementation of this strategy:

- Develop comprehensive inventory of the services currently being provided by the social enterprise agencies.
- Develop an appropriate process to establish an approved Vendor list for the services provided by the social enterprise agencies.
- Expand the County's Transitional Job Opportunities Preference Program to include "for profit" agencies.
- Modify the County's Expanded Preference Program and develop and pass a Social Enterprise Agency Utilization Ordinance within cities, similar to the

County's Expanded Preference Program. The Program/Ordinance would require every contractor providing services to the County or a city to use the approved Vendor list to perform functions consistent with business capacity of one or more vendors on the master agreement list. Whenever the contractor identifies work that is consistent with any of the approved Vendor's business capacity, the contractor will be required to contact the approved Vendors to determine if they can meet the Contractor's business requirement. If the approved Vendor can meet the business requirements, then the contractor must utilize the approved vendor. If not, the contractor is permitted to secure alternate resources to complete the task.

2. Opportunities that make this proposed strategy feasible (Is this currently done elsewhere? Is there legislation that makes this possible?)

- Billions of dollars are contracted out by the County and cities within the County. Within the scope of these contracts are opportunities to leverage the services provided by the social enterprise agencies. The volume of business opportunity is unknown at this time.
- There is currently no legislation that specifically permits this approach, but it does not appear that there is any legislation or policy that would preclude the adoption of an Ordinance to mandate this program.

3. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

- Potential conflict with Project Labor Agreements
- Potential adverse reaction from business community due to adding further contracting requirements on top of an already complex process.

4. Potential Performance Measures

- Increase in the volume of business for the social enterprise agencies.
- Increased employment opportunities resulting from increased utilization of social enterprise agencies.
- Potential decrease in the need for social services and financial support for some formerly homeless individuals
- Increase in costs due to monitoring and administering another contractual requirement.

Potential Strategy 1.4

Create and support a Social Enterprise Agency in the development of an Alternative Staffing Agency

1. Description of the proposed strategy

Alternative staffing is an employment strategy that uses a temporary staffing business platform coupled with supportive services to help individuals with obstacles to employment enter and advance in the workforce. Alternative Staffing Organizations (ASOs) act as intermediaries between employers and job seekers, helping employers attract and retain reliable, motivated workers and linking job seekers to competitive employment, opportunities for skills development and pathways to hire by employer customers.

Unlike conventional staffing companies, ASOs have a dual mission to satisfy their customers and promote workplace success for people with obstacles to employment. ASOs use temporary placements to help job seekers build skills and confidence, adjust to the demands of the workplace, and establish behaviors that will give them an edge in the labor market throughout their working lives. Because they are committed to their workers' long term success, ASOs invest in developing a deep understanding of their employees' challenges in order to provide appropriate supportive services. To facilitate transitions to long-term employment, many ASOs do not charge employers a fee when they hire an ASO temporary employee as a permanent employee.

2. Target Population

ASOs such as Chrysalis Staffing focus on individuals who have moderate barriers to employment, such as unstable housing, criminal backgrounds, or those participating in recovery programs. While these individuals have faced challenges to employment and may not have deep vocational skills, they have basic soft skills and are ready to enter the workforce with relatively limited employment supports.

The costs of the employment and programmatic supports needed for individuals participating in ASOs vary widely depending upon that individual's needs. However, a reasonable benchmark is \$2000 per individual placed. This cost could be funded through the hourly rate charged to participating employers, a public subsidy to the ASO, or a combination thereof.

3. Opportunities that make this proposed strategy feasible (Is this currently done elsewhere? Is there legislation that makes this possible?)

The use of staffing firms is generally accepted and understood as a business strategy to meet short-term, seasonal, or unexpected personnel needs while reducing the risk of employment liabilities and the hassles of recruiting and hiring workers. In many cases, staffing engagements are "temp to perm", enabling the customer to audition workers before making permanent hiring decisions.

It is likely that the County and cities within the County make extensive use of staffing firms. As such, contracting policies and preferences that encourage the use of workers from ASOs would create new opportunities for this population.

The County Department of Public Social Services (DPSS) currently refers homeless job seekers to Work Source Centers for placement through the CalWORKs program. It could be possible for DPSS to also refer these participants to an ASO as an additional employment option, or an ASO could be recruited/procured using an existing County mechanism such as the DPSS CalWORKs South Bay WIB contract. However, providing services to participants beyond the current CalWORKs welfare-to-work population would require additional funding.

Examples of ASOs include:

- Chrysalis Staffing in Los Angeles operates an ASO that has approximately 65 clients working each week. Key customers for this business are affordable housing providers, where the ASO workers are providing front desk and janitorial services.
- Emerge Staffing in Minneapolis places populations with significant barriers in positions such as assembly, commercial food processing, air cargo handling, digital imaging and food service.
- FVO Solutions in Pasadena is a subsidiary of Foothill Vocational Services. It provides contract manufacturing and staffing support to a wide array of customers, with a focus on helping individuals with intellectual and developmental disabilities enter the workforce.
- Solutions SF provides lobby staffing services to 40 supportive and affordable housing properties in San Francisco, including properties owned and managed by its parent organization Community Housing Partnership (CHP).
- Goodwill Staffing of Colorado relies on referrals from the Department of Human Services (DHS) of economically disadvantaged individuals including single parents, chronically unemployed individuals and those who have moved through the community corrections system. Its customers are a mix of manufacturers, retailers and warehouse distributors for whom the program mainly provides assembly workers, sales associates and materials handling workers.

4. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

ASOs tend to be much smaller and less sophisticated than conventional staffing firms. ASOs do not enjoy a bidder's preference or other contracting incentives that some

large staffing firms enjoy, primarily through the Minority/Women's/Small Business exemptions. Extending similar preferences to ASOs would help alleviate this issue. In general, staffing firms are able to be self-sustaining by marking up wage rates. In other words, a worker that is paid \$10 per hour may be billed to the customer at \$17. This "mark-up" covers employment taxes, workers compensation, mandated benefits, and profit or other margin needed to maintain the business as a going concern. An understanding of this business model, and the reasons behind the mark-up, is important in order to gain customer acceptance.

One way to address customer's concern about the markup and billing rates is to use subsidies to reduce the markup. By lowering the customer's overall costs, ASOs become a more attractive—and less risky—business proposition. At the same time, these subsidies help ASOs fund the critical support services needed to ensure employees' success.

5. Potential performance measures

- Number of workers engaged in ASO assignments
- Number of hours billed under ASO assignments
- Increase in earnings of participants due to ASO assignment
- Reduction in dependence on public benefits due to ASO assignment
- Net new employers sourcing from ASO's including City and County agencies

6. Potential funding stream(s)

Most of the funding for ASOs would come from the costs that a city or the County would otherwise incur with a conventional staffing firm. There could be modest funding required to provide ASOs with programmatic supports for their participating workers.

Additionally, under the Department of Social Services (DPSS) Greater Avenue for Independence (GAIN), two transitional subsidized employment programs exist CalWORKs parents/relative caregivers: 1) Paid Work Experience, and 2) On the Job Training. Both of these programs include placement in temporary employment, and vary as to the placement with either a government, nonprofit, or for-profit agency. The challenge with these two programs is placement for the long-term after the subsidized work experience. Combining this program and funding stream with an alternative staffing model could allow DPSS to better leverage its dollars and gain greater long-term employment outcomes for their families with the placement, support, and employment experience provided by an alternative staffing program. Combining this funding stream and this employment model could allow for more long term successes for families who are homeless or even on the verge of becoming homeless to gain greater economic security.

Potential Strategy 1.5
Create an automated inventory of homeless persons’
skill sets for matching candidates to opportunities

1. Description of the proposed strategy

“Open Doors” is envisioned as a database network system designed to create an inventory of job-related skills, transferable skills, and self-management skills of homeless individuals and those marginally housed who have expressed a willingness to work. The database would also capture work interests, work history, educational history and fields of study. Data collected would be used to assess job readiness and to match homeless individuals to employers looking for experienced workers.

Points of entry to “Open Doors” would include, but would not be limited to, DPSS, Social Enterprise Organizations, Probation Department and other County and Local government agencies.

The Open Doors database would streamline the process of connecting employers to homeless individuals who are job-ready, aid in resume building exercises, and identify industry-specific work-related experiences. Participating employers would interface with the system by entering/posting job openings along with skills necessary to perform the work needed.

A three-tiered database skills inventory would include:

- Job Related Skills – These skills place special emphasis on how individuals handle data and factual information (computer programs, numbers, databases, research, etc.), the type of people the individual worked with (supervisors, customers, vendors, etc.), experience with machines (computers, phones, heavy equipment, etc.) and the ability to generate good ideas (ways to make the job more efficient, profitable, safer, etc.).
- Transferable Skills – Transferable skills may be used in many occupations, regardless of the type of work. They are a soft skill that can transfer from one type of work to another without much training from the employer and would include skills such as writing reports, budgeting money, delegating, etc.
- Self-Management Skills – These are soft skills that tell the employer whether or not an individual’s personality fits the personality of the company, the bosses, and the co-workers. These would include if an individual were dependable, cooperative, considerate, confident, etc.

2. Target Population

The target population for the “Open Doors” program would include those individuals who are currently homeless or marginally housed and both willing and able to

work. A pilot program would include only those individuals who became homeless due to the loss of a job, including consultants who can no longer find work.

Estimated cost per person would include database design and programming, staff time for data entry and maintenance/upgrades, and ongoing case management (unless the case management were provided through another existing program). Potential savings from moving homeless individuals into the workforce should also be considered.

3. Opportunities that make this proposed strategy feasible (Is this currently done elsewhere? Is there legislation that makes this possible?)

Research confirms that many people with histories of homelessness, including those with disabilities, want to and can work when given the opportunity, support, and services to do so. Similar programs and legislation that support a skills-linkage strategy approach include:

- Job Link is a Linking Employment, Abilities, and Potential (LEAP) program.
- Homeless Veterans' Reintegration Project links employment services with veteran focused services, programs and organizations.
- Incarcerated Veterans Transition Program targets veterans previously incarcerated and near-release, to reduce unemployment, recidivism and homelessness.
- Ready 4 Work is used to link, employ, and retain job ready ex-offenders.
- Office of Disability Employment Policy validates successful employment practices, and promotes innovation.
- Job Corps Foster Care Initiative
- WIOA/One Stop Career Centers
- JobsLA.org

4. Barriers to implementing the proposed strategy and recommendation on how they can be resolved:

- Housing: potential resolution- we can increase housing opportunities by increasing housing specifically for those in the homeless community as well as creative solutions such as "shared housing."
- Technology: potential resolution- expand existing database platform currently being used by workforce system.
- Political Will and Government Employment Exclusion: potential resolution- L.A. County and local governments could lead way by adjusting hiring practices.
- Low Wages i.e. gaps between income and housing cost: potential resolution- increase wages, shared housing and other homeless housing programs.

5. Performance can be measured by:

- The number of individuals matched to a potential job for interviews

- The number of homeless individuals obtaining a job through the system

Secondary measures:

- Standardized data set that includes important information regarding the barriers to employment faced by homeless job seekers including previous employment experience, mental health issues, or length of time experiencing homelessness.
- Creating a clearer picture of populations served to alleviate the difficulty in evaluating relative program performance across employment programs.
- Tracking job retention rates for at least 90 days.

6. Potential funding stream(s)

- Workforce Investment Boards
- Los Angeles County Probation Department
- Homeless Veterans' Reintegration Program (HVRP)

Potential Strategy 1.6
Develop an employment retention and referral to self-help support
component to support newly-employed homeless individuals

1. Description of the proposed strategy

Upon entering employment, ongoing support is vital to ensure that newly-employed homeless individuals retain employment and progress in the work force. In providing ongoing support, a coordinated connection to available employment retention services is needed and should focus on:

- Soft skills- Enhancing the newly-employed individual's ability to successfully manage relationships with co-workers and supervisors, etc. Retention services must include connection to soft-skill development such as trainings and community supports.
- Résumé building to encourage and support promotion, including the exploration of volunteer work to supplement employment.
- Effective communication and coordination with case managers and housing specialists, including constant assessment of new referrals and/or connections needed to support the newly-employed individual.
- Creating incentives to expand work-study opportunities for people to build skill sets.
- Communication and Life Skills – Modeling of effective communication in a professional environment and appropriate dress code.
- A review of the Employer's company policies and Employee Handbook.

In addition to providing support to the newly-employed individual, to foster support at the employer level, coordination and communication with employers post-placement need to include:

- Employer Liaisons, available to the employer to identify issues/barriers as they arise in the course of employment, and identify service providers available to provide the needed support to the employee to address the issues identified by the employer.
- Employer incentives to hire and retain formerly homeless individuals.

Ongoing communication with newly-employed individuals to encourage and support access to:

- Coordinated referrals to Self-Help Support groups – provide free community support and develop soft skills necessary to maintaining employment.
- Online training in self-help and empowerment.
- Peer groups/ Job clubs – within and between providers/agencies to join people employed and receiving services

- Mentor opportunities within employment and housing programs that link and empower people seeking employment with those successfully maintaining employment
- Financial literacy/budgeting – training and support to transition people to be self-sustaining through employment

2. Target Population

Individuals and families who have been recently housed and connected to employment will be eligible to ongoing employment retention support and referrals, as needed.

Estimated cost per person is not known.

3. Opportunities that make this proposed strategy feasible (Is this currently done elsewhere? Is there legislation that makes this possible?)

Maximizing the resources available by expanding and supplementing existing structures such as the Department of Public Social Services Greater Avenues for Independence (GAIN) and Greater Opportunities for Work (GROW) Programs.

Additionally, a broad array of community support is available through a network of self-help support groups and the faith community through service providers and CBOs. For those facing reentry from the Justice System, the Department of Labor Prisoner Reentry Initiative is an available resource.

4. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

- Business hours of traditional support systems do not fully match the hours needed by newly-employed individuals. Flexible schedules – particularly for TAY population
- Availability of data and sharing of information among various agencies involved with the newly-employed individual

5. Potential performance measures

- Duration of employment
- Percent of newly-employed individuals engaged in Career/Skills Development
- Percent of newly-employed individuals who experience income increase
- Percent of newly-employed individuals who secure promotions
- People self-reporting satisfaction
- Quality of life survey to come later

6. Potential funding stream(s):

- DPSS (expanding services beyond the County to community partners)
- Expansion of work-study programs
- Probation dollars
- DCFS
- Department of Labor
- Business Community/Chamber of Commerce through United Way

Potential Strategy 1.7
Create incentives for business to hire individuals who are homeless and/or formerly homeless, including marketing incentives to employers

1. Description of the proposed strategy

The proposed strategy aims to provide financial incentives to private businesses for employment of individuals who are homeless or formerly homeless. Additionally, marketing and education are a key component of this strategy to promote and increase awareness among private employers on the benefits of hiring individuals who are homeless or formerly homeless.

Financial incentives could take various forms. Below are examples of incentives that are viable options:

- **Tax Incentives** - A local taxing entity could implement a tax incentive program within its jurisdiction for private employers who hire the homeless or formerly homeless. For example, a City could offer business tax credits calculated according to a set dollar amount per homeless individual hired or other factors, and the total credits allocated would be capped based on the desired investment for such a program. The tax credit could be targeted to support employment for specific homeless subpopulations based on verifiable information from social enterprises or other homeless service providers. An ordinance prepared by the City Attorney and approval by the Council and Mayor may be required to implement tax credits within a City.
- **Training Wage** - The County or a city with a minimum wage above the State minimum wage could amend its local minimum wage laws to allow for employers to pay the homeless/formerly homeless less than the local minimum wage for a specified time period after they are hired. This would make homeless individuals more attractive employees by lowering the cost of hiring them.

Marketing any incentive program would be vital in achieving success. The County and its cities could launch a public awareness campaign around homelessness that would be directed towards potential employers and the business community at large. The chief purpose of this program would be to inform the employers and the public about the dire state of homelessness in the County and its cities. Focus would be on educating the employer about how business can contribute to alleviating homelessness, and incentives available to businesses. This program could include:

- **Branding campaign**, whereby the use of a certified symbol would be allowed for businesses that help the homeless through employment, training, or other in-kind donations.
- **Partner with retailers, restaurants, grocers, or clothing manufacturers** for a campaign, where a defined percent of purchases at a participating store goes to feeding, clothing, and housing the homeless.

- Advertising to inform potential employers of any approved incentives for hiring homeless/formerly homeless individuals.

Additionally, employers participating in a subsidized employment program would have an on-call support system available to alleviate concerns from potential employers regarding the risks involved with hiring the homeless/formerly homeless. The program could mirror the system used by the County Department of Health Services' Housing for Health which provides on-call counselors to support participating landlords and its clients as they transition to permanent housing as part of a comprehensive housing program for the homeless.

2. Opportunities that make this proposed strategy feasible (Is this currently done elsewhere? Is there legislation that makes this possible?)

There are a few examples which could be applicable:

- Federal Work Opportunity Tax Credit, on hiatus as of January 1, 2015- Provided businesses up to \$9,600 in tax credit per eligible employee hired with specific employment barriers.
- Los Angeles City Internet-Based Business Tax Reclassification - This is a lowered tax rate, not tax credit. Effective through tax year 2018, the measure provides for reduced assessment of City gross receipts tax on Internet- based businesses in the City of Los Angeles.
- Utah State Tax Credit for Employment of Persons Who Are Homeless. Employers may earn a \$2,000 tax credit for each qualified new hire.

Within each jurisdiction there are local entities that deal with employers which could provide opportunities for outreach and engagement. These include the Chambers of Commerce and WorkSource Centers.

3. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

- All solutions are subject to approval of the relevant governing body. Additionally, tax credit and wage strategies require review and ordinance preparation by the attorneys for the implementing jurisdiction. A separate analysis would be required regarding impact of proposed reduced tax revenues.
- There is no guarantee that private employers would utilize the incentives or be convinced that incentives outweigh the risks involved with hiring an individual who is homeless/formerly homeless. Additionally, the monetary incentives required to improve employment opportunities for the homeless/formerly homeless may outweigh the benefits when compared to subsidized or other employment programs.

- The administrative costs of programs such as possible tax incentives and the awareness campaign also present a potential barrier which requires further assessment.

4. Potential performance measures

- Increased employment of homeless/formerly homeless and reduction in need for funding to subsidize housing for the homeless/formerly homeless
- Increase public awareness of homelessness issue and of local government efforts to address homelessness
- Decrease in tax revenues due to tax break incentives.

Potential Strategy 1.8
Modify hiring process for certain populations, e.g. homeless, to have access to County/City jobs outside of civil service process (be a “model employer”)

1. Description of the proposed strategy

There are three fundamental design features of Civil Service Employment: 1) examination for civil service positions are public, competitive and open to all; 2) they rely upon testing methodology to establish rank ordered lists for hiring opportunities; and 3) there are often stringent background standards.

Given the rigidity of the civil service process, a Phased Entry Strategy acknowledges both the institutional barriers, as well as the individual barriers often experienced by those who are homeless or formerly homeless. The Phased Entry Strategy provides an approach to address these barriers without reducing the quality of the candidate who will ultimately secure a position of trust as a valued public servant, and retains flexibility for the hiring agency to utilize traditional candidate selection mechanisms. The Phased Entry approach is a focused process to help individuals who are homeless or formerly homeless prepare for civil service employment. The process involves the following:

- **Workforce Planning:** Agency completes workforce planning analysis to develop five-year hiring projection.
- **Communication:** Inform the target population of agency's long term employment needs and opportunities, utilizing existing network of non-profit social service providers and WorkSource Centers.
- Utilize WorkSource Centers to provide assessment and training, and supportive services to get potential candidates to “employment ready status.”
- Hire the employment-ready individual identified by the WorkSource Center as a viable candidate for an identified agency position at one of the County or city-funded non-profit social service providers that has the capacity to on-board the individual, and provide on-going supportive services.
- Candidate is assigned work at agency under the supervision of agency staff a minimum of 6 hours per day with the remaining two hours back at the non-profit agency receiving on-going supportive services.
- After a minimum of twelve months of successful participation in the program, the candidate is transferred to a classification on County/City payroll consistent with a targeted employment classification, i.e. Vocational Worker exempt from civil service. Candidate remains a Vocational Worker for the duration of the designated apprentice program and/or training period. Non-profit social service agency continues to provide supportive services as necessary.

- Candidate is transferred to Trainee Classification for the targeted position; after twelve months, Personnel Department transitions the employee to a permanent civil service position and the employee completes his/her probationary period.

2. Target Population

Individuals who are homeless or formerly homeless would be eligible to participate in the Phased Entry Strategy.

3. Opportunities that make this proposed strategy feasible (Is this currently done elsewhere? Is there legislation that makes this possible?)

- Majority of the program design infrastructure already exists within the WorkSource Centers and is funded through a combination of grant and local funds.
- No new legislation is required to implement this program.
- Minor modification to background standards may be necessary, but the successful completion of the time on the non-profit agencies' payroll will create distance from any otherwise disqualifying events.
- Policy level commitment to utilize successful participants from the program to fill vacant positions is essential.
- Potential to expand to other employers.

4. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

- Funding.
- Amount of training and time to enable candidates to reach employment-ready status for qualification for civil servant positions.
- "At Risk" populations often have difficulty staying engaged in activities; as such, there may be a high turn-over rate among those participating in the Phased Entry approach.
- Potential Union opposition to program.

5. Potential performance measures

- Percent of employees participating in Phased Entry approach who secure civil service employment.
- Percent of employees participating in Phased Entry approach who secure other gainful employment.
- Expansion to other employers.

Potential Strategy 1.9
Explore a local ordinance on “Ban the Box” for private employers

1.

1. Description of the proposed strategy

The Fair Chance Hiring Program, also known as “Ban the Box” in hiring practices: (1) delays all conviction inquiries addressed to the job applicant until after a conditional offer of employment is made by an employer; and (2) eliminates background checks unless required by law or the employer has made a good faith determination that the relevant position is of such sensitivity that a background check is warranted.

The Los Angeles County Board of Supervisors could extend “Ban the Box” (passed by California in 2014 - Labor Code §432.9 - which applies to public employers) to all private employers and/or government contractors. A legal determination still needs to be made as to whether the County’s jurisdiction applies to the entire county or only to the unincorporated area. If the County’s jurisdiction is limited to the unincorporated area, each city would need to decide whether to pass its own “Ban the Box” Ordinance.

2. Target Population

Individuals who have criminal background that precludes them for securing employment would benefit from an expanded “Ban the Box” ordinance.

3. Opportunities that make this proposed strategy feasible (Is this currently done elsewhere? Is there legislation that makes this possible?)

- Nationwide, 19 states, Washington D.C., and 100 cities and counties have adopted this strategy. Within California, participating jurisdictions include: Alameda and Santa Clara Counties, and the cities of Berkeley, Carson, Compton, East Palo Alto, Oakland, Pasadena, Richmond, and San Francisco.
- Tool Kit exists with model Ordinance Language, Resolutions, Executive Orders, marketing material, extensive research to support the strategy.

4. Barriers to implementing the proposed strategy and recommendation on how they can be resolved.

Private employers may oppose this recommendation.

5. Potential performance measures

Successful implementation of this strategy would result in an increase in employment in Los Angeles County among those with criminal backgrounds.

6. Potential funding stream

This strategy does not require a funding stream.

Potential Strategy 2.1

Facilitating SB 2 Implementation throughout Los Angeles County

1. Description of the proposed strategy

Senate Bill 2 (SB 2), enacted in 2007, has two clear mandates. These mandates reduce zoning barriers that have historically stood in the way of adequate housing opportunities not just for individuals who are homeless, but also for the elderly, persons with disabilities, veterans, and other target populations. First, SB 2 mandates that each jurisdiction identify at least one zone where emergency shelters are permitted as a matter of right. SB 2 goes on to identify a finite list of objective standards which may be applied to encourage and facilitate the development of emergency shelters. Second, SB 2 mandates that transitional and supportive housing be treated as a residential use of property, subject only to restrictions that apply to other residential dwellings of the same type in the same zone. SB2 was crafted with the objective of making emergency shelters, transitional housing, and supportive housing not only permitted in each jurisdiction, but to ensure realistic potential for development, when there is a willing, private developer with adequate funding .

Eight years after enactment, additional work is needed to ensure compliance with SB 2 across the County's 88 cities. The County could engage in a two-step strategy: (1) review the County's own zoning code for SB 2 compliance; and (2) draft and distribute to its cities model language and guidance for SB 2 implementation.

A. Review of Los Angeles County SB 2 Implementation

i. Zoning Code

Los Angeles County's Zoning Code, which applies in the unincorporated areas of the County, identifies six residential and commercial zones along with all industrial zones where emergency shelters are permitted as of right, that is, without a discretionary process. These zones are mostly urban areas with easy access to public transit and other services. In each of these zones, emergency shelters are subject only to a "director's review," a staff level administrative review that does not require a public hearing. These provisions set a very strong example of zoning policy that meets the mandates of SB 2. The County's Zoning Code could be further strengthened if the following changes were adopted:

Emergency Shelter Definition:

Add "No individual or household may be denied emergency shelter because of an inability to pay" to the homeless shelter definition.

Emergency Shelter Development Standards:

The Zoning Code has outlined development standards in line with those permitted by statute, but could adopt clearer language with regard to proximity restrictions.

The Zoning Code requires, “that there is not an over-concentration of homeless shelters in the surrounding area.” While it is permissible to restrict the proximity of one emergency shelter to another, this particular provision does not set out an objective standard and leaves room for discretionary decision-making. The statute allows jurisdictions to require a separation of up to 300 feet between emergency shelters. While this maximum standard does not have to be used, specification of an objective development standard would eliminate any risk of arbitrary decisions.

Transitional and Supportive Housing:

The Zoning Code does not define “transitional housing” or “supportive housing”, nor does it include any provisions specifically identifying these uses as residential uses. Transitional housing, also known as bridge housing, can provide an important stepping stone to permanent housing. Supportive housing links long-term housing with critical support services. The next section of this Brief includes recommended definitions for both terms. Language could also be added to the Zoning Code to address the following: (1) both transitional and supportive housing “shall be considered a residential use of property, and shall be subject only to those restrictions that apply to other residential dwellings of the same type in the same zone”; and (2) transitional and supportive housing should be listed as permitted uses in each zone where other housing types are permitted uses.

B. SB 2 Suggested Language and Guidance

i. Definitions

Emergency Shelter

"Emergency shelter" means housing with minimal supportive services for homeless persons that is limited to occupancy of six months or less by a homeless person. No individual or household may be denied emergency shelter because of an inability to pay. (Cal Health & Safety Code § 50801(e))

Transitional Housing

"Transitional housing" means buildings configured as rental housing developments, but operated under program requirements that call for the termination of assistance and recirculation of the assisted unit to another eligible program recipient at a predetermined future point in time that shall be no less than six months from the beginning of the assistance. (California Government Code § 65582(h))

Supportive Housing

"Supportive housing" means housing: (a) with no limit on length of stay; (b) that is linked to an onsite or offsite service that assists the supportive housing resident in

retaining the housing, improving his or her health status, and maximizing his or her ability to live and, when possible, work in the community; and (c) that is occupied by the following (as defined in subdivision (g) of Government Code Section 65582):

(1) Adults with low incomes having one or more disabilities, including mental illness, HIV or AIDS, substance abuse, or other chronic health conditions and may, among other populations, include adults, emancipated minors, families with children, elderly persons, young adults aging out of the foster care system, individuals exiting from institutional settings, veterans, and homeless people; or

(2) Individuals eligible for services provided under the Lanterman Developmental Disabilities Services Act (Division 4.5 (commencing with Section 4500) of the Welfare and Institutions Code), who include individuals with a disability that originated before the individual was 18 years old, but not including handicapping conditions that are solely physical in nature.

ii. Emergency Shelter Development Standards

SB 2 permits jurisdictions to apply only those development and management standards that apply to residential or commercial development when drafting standards for emergency shelter development. The statute also permits the following eight objective standards:

1. The maximum number of beds or persons permitted to be served nightly by the facility.
2. Off-street parking based upon demonstrated need, provided that the standards do not require more parking for emergency shelters than for other residential or commercial uses within the same zone.
3. The size and location of exterior and interior onsite waiting and client intake areas.
4. The provision of onsite management.
5. The proximity to other emergency shelters provided that emergency shelters are not required to be more than 300 feet apart.
6. The length of stay.
7. Lighting.
8. Security during hours that the emergency shelter is in operation.

If a jurisdiction chooses to apply any of these additional eight standards, they must be written to encourage and facilitate emergency shelter development. Standards that render emergency shelters infeasible violate the statute. When setting standards, jurisdictions must focus on the use as an emergency shelter, not the perceived characteristics of potential occupants.

Several trends have emerged as jurisdictions attempt to address SB 2. First, it is common for jurisdictions to set very low bed limitations. If a jurisdiction chooses to limit the number of beds or persons served in a single shelter, then the jurisdiction should consider factors such as the size of its homeless population, rules for potential

shelter funding sources, and proximity restrictions. For example, a low bed limit coupled with the maximum proximity restriction available may make it impossible to build enough shelters to address the needs of the homeless population within the jurisdiction's borders.

Some jurisdictions attempt to restrict shelter proximity to other uses such as schools and parks. This type of restriction exceeds the authority permitted within the statute. Proximity restrictions may apply only to other emergency shelters.

Other jurisdictions write zoning ordinances requiring shelters to provide certain amenities such as laundry service or cooking facilities. Because the statute does not permit jurisdictions to set such requirements, amenities cannot be mandated for site approval, but the jurisdiction may include a list of suggested optional amenities. By including an optional list, the jurisdiction can set out amenities it believes shelters should have without barring shelter developers who cannot provide every amenity on the list.

iii. Choosing a Zone Where Emergency Shelters Are Permitted as of Right

Identifying at least one zone where emergency shelters will be permitted as of right requires individual analysis of each jurisdiction. Therefore, rather than identify a single type of zone, this guidance provides general suggestions for identifying appropriate zones.

First, it should be noted that each jurisdiction must identify at least one zone or overlay district where emergency shelters will be permitted without discretionary action. Generally, this means only administrative approval is required. Requiring conditional use permits, variances, etc. in the chosen zone or zones would violate the statute. The Los Angeles County zoning code identifies multiple residential, commercial, and industrial zones where emergency shelters are permitted as of right. While identifying this many zones may not be practical in all jurisdictions, identifying multiple zones makes the zoning provision more likely to pass the feasibility test.

Any zone or zones chosen must be ones in which emergency shelter development is actually feasible. This translates into several guiding factors. First, the zone must have capacity for shelter development to meet the jurisdiction's needs identified in its Housing Element analysis. At the very least, the zone(s) must be able to accommodate at least one year-round emergency shelter. Choosing a larger zone or multiple zones increases the likelihood of buildings or lots becoming available for conversion to or development of emergency shelters.

Suitability is also a significant factor. Jurisdictions should consider surrounding uses. The California Department of Housing and Community Development (HCD) has specifically advised that industrial zones with heavy manufacturing tend to be unsuitable for emergency shelters because of harmful environmental conditions. Ultimately, it is important to remember that emergency shelters act as residences, albeit temporary, for individuals and families who are homeless. Like any other

residential use, emergency shelters require zones where day-to-day living is appropriate. It is recommended that zones provide easy access to important services such as public transit, social services etc. This may be in a commercial zone that allows residential uses.

iv. Treating Transitional Housing and Supportive Housing as Residential Uses

Jurisdictions must explicitly address both transitional housing and supportive housing. The statutory definitions are provided above. The required development standards differ from SB 2 requirements for emergency shelters. Rather than identifying a particular zone, zoning codes must make clear that each use “shall be considered a residential use of property, and shall be subject only to those restrictions that apply to other residential dwellings of the same type in the same zone.” This means that if a developer chooses to convert a duplex, for example, into transitional or supportive housing, then that project is subject only to development standards applied to any other duplex within that zone. Likewise, if a developer chooses to build a multi-family apartment building, then standards for multi-family apartment buildings in that zone will apply.

2. Opportunities that make this proposed strategy feasible (Is this currently done elsewhere? Is there legislation that makes this possible?)

SB 2 is a state mandate requiring all counties and cities to remove certain zoning barriers to emergency shelter, transitional housing, and supportive housing development. Many jurisdictions across the state have enacted zoning ordinances to address the mandate since its enactment, but many have not. Eligibility for many government funding programs depends on compliance with housing element law, of which SB 2 is a part. Enacting an SB 2 compliant zoning ordinance will help cities across the County maintain eligibility for critical community development funding. Moreover, an SB 2 compliant zoning code helps cities shield themselves from costly litigation.

3. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

A. Addressing Negative Attitudes

SB 2 was designed to remove discretionary processes that act as an obstacle to development of shelters and housing for homeless populations. As jurisdictions work toward SB 2 compliance, government officials may face negative feedback from constituents expressing concerns about encouraging these uses. In order to address these concerns, officials may focus on the absolute minimum requirements of SB 2, often losing sight of the spirit of the statute. Ordinances identify zones without realistic capacity for emergency shelter development and emphasize that this type of development must not interfere with neighboring uses. The County could provide guidance to educate the public and city officials about the principles at the heart of SB 2. The guidance could emphasize that SB 2 is a critical element of a comprehensive

strategy to house individuals and families who are homeless in LA County. It could further highlight that SB 2 requires all jurisdictions to update zoning ordinances so that the task of housing the homeless does not fall on any single city or region alone. In guidance on the statute from HCD, the department emphasizes that development standards must address only the development's use, not the perceived characteristics of potential occupants. By emphasizing these points in its zoning code and SB 2 guidance, the County could help dismantle negative attitudes toward emergency shelter, transitional housing, and supportive housing development.

B. Capacity

Some cities may lack the resources to adequately and comprehensively address the mandates of SB 2. With no state funding to implement the mandates and the pressing demands of the day-to-day operations of a city, conducting studies and drafting a compliant zoning ordinance may be an overwhelming task, especially in smaller cities with limited budgets and staff. This strategy will provide cities with an updated resource to lessen the burden of compliance. When the County publishes the guidance, it should also reach out directly to cities encouraging them to use the guidance to review their zoning code and make necessary updates.

4. Potential performance measures

The immediate outcome is that after eight years, SB 2 will come back into the spotlight with County encouragement and support for compliance. The County's guidance will provide cities with a comprehensive template for zoning code compliance. As more cities pass compliant ordinances, developers of emergency shelter, transitional housing, and supportive housing will face fewer procedural barriers, reducing the costs of development. With more cities in compliance, developers will also have a larger selection of locations for development. There are many factors that dictate opportunities for this type of development, but SB 2 compliance eliminates a significant obstacle by removing discretionary procedures that can block projects.

Potential Strategy 2.2

Development of Linkage Fee Ordinance

1. Description of the proposed strategy

Adopt an Affordable Housing Benefit Fee program (alternatively referred to as a housing impact fee or linkage fee program) in cities and in the unincorporated area of the County. The proposed program (supported in Los Angeles City by the 2011 Housing Benefit Fee Study) would charge a one-time fee on all new development. A portion of the jobs created by new property developments are low paying; as a result, some of the workers are unable to afford the market rate rent, creating a demand for affordable housing. The fee would assist each city and the County (in the unincorporated area) with a percentage of the cost related to building and providing below market-rate housing to house the employees whose jobs are tied to new developments.

2. Opportunities that make this proposed strategy feasible (Is this currently done elsewhere? Is there legislation that makes this possible?)

With the dissolution of redevelopment in California, the severe cuts to federal housing funds and the prohibition on inclusionary rental housing policies, many cities are creating their own local solutions through linkage fee programs. In 2014, fifteen jurisdictions in San Mateo County engaged in a Multi-City Affordable Housing Nexus and Impact Fee Feasibility Study for Commercial and Residential Development. Meanwhile, in 2014, San Jose and Daly City implemented a linkage fee program for the first time, starting with fees as high as \$17 per square foot in San Jose and \$25 per square foot in Daly City. Mountain View adopted the fee program in 2013 and last year increased the fee amount for new apartment projects from \$10.26 per square foot to \$17 per square foot; the city reports no decline in interest among rental housing developers to build since the impact fee was enacted.

A nexus study is necessary for a City (or a county in the unincorporated area) wishing to adopt a linkage fee for affordable housing. For example, Los Angeles City's Affordable Housing Benefit Fee study was completed in 2011 and accomplishes the following:

- a) It documents the nexus between new development and the need for more affordable housing;
- b) It quantifies the maximum fees that can legally be charged for commercial and residential development; and
- c) It makes recommendations about the appropriate fee levels with a goal of not adversely impacting potential new development.

The study addresses the California Mitigation Fee Act (Gov. Code sections 66000 et seq) requirement that a fee be “roughly proportional” in nature and relate to the impact of the proposed development.

3. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

- Potential strong industry-specific opposition
- Public perception that the fee program is a tax on jobs; slogans such as *Linkage Fee (aka Jobs Tax)* are promoted through media outlets
- Public perception that fees significantly raise the cost of development, and therefore will have a chilling effect on new development with accompanying negative impacts on the local economy
- Potential competing proposals for development impact fees for other public purposes (e.g., parks, transportation improvements, and infrastructure)

Recommendations:

An Affordable Housing Benefit Fee program ordinance should remain flexible and adapt to local economic conditions through some of the following key considerations:

- Assess appropriate fee rates for specific types of development.
- Explore potential exemptions for industries that would otherwise bear an unfair burden from the fee program.
- Set thresholds so that fee amounts vary by project size.
- Explore applying fees in high-growth zones, expanding residential areas or near transit.

4. Potential Outcomes

- According to Los Angeles City’s 2011 nexus study, an Affordable Housing Benefit Fee program could raise between \$37 and \$112 million annually for the City of Los Angeles. .
- There is flexibility in the use of linkage fee revenue, which is a permanent local source of funding. A city or county can make policy decisions about housing production and preservation at various income levels, including middle income individuals and families. The funds are not tied to federal or state regulatory requirements. The fee revenue can house people from 0-120%AMI, including homeownership opportunities.
- Affordable housing helps attract and retain workers and business.
- Construction of low-income housing creates new jobs and further stimulates the local economy
- A well-designed and well-run program can create affordable homes without discouraging new development.

Potential Strategy 2.3

Support Inclusionary Housing for Affordable Rental Units

1. Description of the proposed strategy

Los Angeles County (LAC) could support amending or clarifying the interpretation of the Costa-Hawkins Rental Housing Act (Costa-Hawkins Act) to allow an inclusionary housing requirement for new rental housing. Such authority would apply to the County for the unincorporated areas and to each of the 88 cities in the County within its own boundaries.

Land costs are one of the major contributing factors to high housing prices and rents in LAC. The urban unincorporated areas are substantially built out, with little or no vacant land available for development. The shortage of developable land further drives up the demand for and cost of housing construction. Many unincorporated communities in LAC have a concentration of low-income residents, residents with lower educational attainment, poor air quality, and other challenging environmental conditions that negatively impact the health of residents¹.

The LAC Community Development Commission (CDC) sponsors the development of affordable and special needs housing in the unincorporated areas and the 49 cities that participate in the CDC's Urban County Program. Funding for CDC has been drastically reduced in recent years. Redevelopment funds have been eliminated, and state and federal funds have decreased.

Inclusionary housing, also known as inclusionary zoning or mixed-income housing, is a policy tool that requires or encourages private housing developers to include a certain percentage of income-restricted units within new market rate residential developments. The Costa-Hawkins Act, enacted in 1995, provides owners in rent control communities the right to establish initial rental rates when there is a change in occupancy at a dwelling unit and exempts housing constructed after 1995 from local rent controls. California courts have interpreted the Costa-Hawkins Act to mean that inclusionary zoning is prohibited for all newly constructed rental units. Specifically, in *Palmer/Sixth Street Properties v. City of Los Angeles* (175 Cal. App. 4th. 1396 (2009)), the Court of Appeals (Second District) held that the Costa-Hawkins Act preempted local inclusionary housing ordinances for new rental units.

Inclusionary housing is one tool for increasing the supply of affordable housing. Housing costs in LAC are high; many residents cannot afford to purchase homes and therefore rent their housing. A greater supply of affordable rental units is needed as part of long term solutions to the shortage of affordable housing stock.

¹ Senterfitt JW, Long A, Shih M, Teutsch SM. How Social and Economic Factors Affect Health. Social Determinants of Health, Issue No. 1. Los Angeles: Los Angeles County Department of Public Health; Jan 2013.

Without sufficient volume of affordable rental units, residents seeking adequate housing may be vulnerable to housing instability or homelessness. Amending the Costa-Hawkins Act to clarify that inclusionary housing requirements for new rental housing are indeed allowed would assist LAC's efforts to combat homelessness by providing the County with an additional tool to increase the volume of affordable rental units. Furthermore, inclusionary housing could help LAC meet its Regional Housing Needs Assessment goals, which quantify the housing needs in the unincorporated areas. For example, the Los Angeles City Housing and Community Investment Department found that, in the City of Los Angeles, only 36% of needed low-income units and 15% of the needed very low-income units were built in 2011².

2. Opportunities that make this proposed strategy feasible (Is this currently done elsewhere? Is there legislation that makes this possible?)

Prior to the Palmer/Sixth Street Properties case, many cities used inclusionary zoning as a tool to assure affordable housing units for rent and for sale. Since the Palmer case, there have been many attempts to address the ramifications of the decision by cities throughout California; therefore, there is ample opportunity to build off of the statewide momentum.

For example, in 2011, Senate Bill (SB) 184 (Leno) would have clarified that the right of owners of rental housing to set rental rates does not apply to inclusionary zoning in the Costa-Hawkins Act. The bill would have authorized any city or county to adopt inclusionary housing requirements as a condition of development and would have amended Section 65850 of the Government Code (California's Planning and Zoning Law) to clarify that inclusionary housing is a permissible land use power. SB 184, however, did not pass out of committee. In 2013, AB 1229 (Leno), which was very similar to SB 184, was vetoed by Governor Brown, in part to provide the California Supreme Court time to weigh in on inclusionary housing, which it did in June 2015.

The California Supreme Court's decision in June 2015 involved a January 2010 City of San Jose Inclusionary Housing Ordinance requiring that 15% of all new market rate for-sale developments of 20 or more units be price-restricted and transferred to moderate-income purchasers. The California Building Industry Association challenged the legality of the ordinance. In the case of California Building Industry Association v. City of San Jose, the California Supreme Court upheld San Jose's Inclusionary Housing Ordinance. Therefore, as it currently stands, the State Supreme Court has upheld the right of cities and counties to require inclusionary housing as part of for-sale development, but not for rental housing.

Supporting efforts to amend or clarify the Costa-Hawkins Act to allow inclusionary housing for new rental units would likely gain support from cities, counties and metropolitan planning organizations statewide. This policy tool could help implement

² Report of the Los Angeles Chief Legislative Analyst, June 24, 2013, Council File No. 13-0002-S97.

existing state mandates such as those outlined in Regional Transportation Plans/Sustainable Communities Strategies and Regional Housing Needs Assessments.

It is important to note that the County Department of Regional Planning is currently working on several initiatives to increase the amount of affordable housing in the LAC unincorporated area, including an inclusionary housing ordinance which would address for-sale units and affordable housing preservation.

3. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

- Funding would be needed for nexus studies to substantiate the need for an inclusionary housing provision in the unincorporated areas of the County.
- Opposition from landlords who do not wish to be restricted in the rents they can charge. This could be addressed by communicating the benefits of increasing the affordable housing supply in LAC to a variety of stakeholders.
- Opposition from members of the public who do not want affordable housing units in their community. This could be addressed through education and outreach about the benefits of additional housing opportunities and through development standards that address potential visual and traffic impacts.
- Opposition by for-profit housing developers. Developers may prefer not to provide affordable units due to the constraints this might impose on the profitability of a given development project and/or the complexity it would add to financing and regulatory compliance. This could be addressed by including incentives in any County inclusionary housing ordinance similar to those included in the Density Bonus Ordinance, which provide a developer with benefits such as an increased number of market rate units or relaxed development standards.

4. Potential Outcomes

There are several positive potential outcomes if the Costa-Hawkins Act were to be amended or clarified to allow for inclusionary housing for new rental housing, which include:

- Positive fiscal impact to Los Angeles County. As more people can access affordable housing, fewer people should become homeless. Individuals and families in affordable housing would benefit from an increase in income available for medical care, transportation, and food. A reduction in homelessness should lead to overall, long-term fiscal savings for LAC.
- Increase in the number and type of high-quality affordable rental units Countywide. Those with lower incomes are the most likely to live in

unhealthy, overcrowded, or unsafe housing conditions³. About 52% of households in LAC have a high housing burden, meaning they spend more than 30% of their monthly income on housing. In addition, those that reported housing unaffordability also reported significantly more days that their normal activities were limited due to problems with physical or mental health. With an increased supply of affordable units, there should be a decrease in the number of people living in unhealthy, overcrowded, or unsafe conditions. This could reduce the need for LAC to provide services to those in substandard housing, to take enforcement actions against substandard housing owners, to serve the chronically homeless and to address infectious disease related to overcrowded housing.

- Increased racial and income integration Countywide. This strategy is critical as it provides a tool to enhance equity in LAC and address concentrated poverty. Although effects are dependent on siting, in the aggregate, inclusionary housing has been found to be effective in affecting both racial and income integration in communities. To the extent that inclusionary housing policies include long-term affordability requirements, they can foster economic integration and give low-income families extended exposure to settings that promote health. Research shows that a significant amount of time is required - often, generations - for low-income populations to reap the benefits of low-poverty settings^{4,5}.
- Increased educational attainment. Low-density housing increases the likelihood that low-income households are priced out of homes located in neighborhoods with high-scoring schools. It follows that inclusionary housing policies can increase access to high-quality schooling. Educational attainment is a well-established social determinant of health⁶.

If the Costa-Hawkins Act were successfully amended, in addition to establishing an inclusionary housing policy in the unincorporated area, the County could support city efforts to include inclusionary housing requirements on new development for rental units.

³ Housing and Health in Los Angeles County. Social Determinants of Health, Issue No. 2. Los Angeles: Los Angeles County Department of Public Health; Feb 2015.

⁴ Schwartz HL, Ecola L, Leuschner KJ, Kofner A. Is inclusionary zoning inclusionary? A guide for practitioners. Santa Monica: RAND Corporation; 2012: Technical Report 1231.

⁵ Kontokosta, C.E. (2014), Mixed-Income Housing and Neighborhood Integration: Evidence from Inclusionary Zoning Programs. *Journal of Urban Affairs*, 36: 716–741. doi:10.1111/juaf.12068.

⁶ Egarter S, Braveman P, Sadegh-Nobari T, Grossman-Kahn R, Dekker M. Education matters for health. Exploring the social determinants of health: Issue brief no. 6. Princeton (NJ): Robert Wood Johnson Foundation; 2011.

Potential Strategy 2.4

Increase Development of Second Dwelling Units

1. Description of the proposed strategy

The proposed strategy is to revise existing codes and ordinances as well as simplify review and approval processes in the County of Los Angeles and its cities to facilitate the development of second units on single-family lots. In conjunction with this strategy, the County could waive or reduce permitting fees and utility and sewer hookup charges to assist homeowners in constructing second units in exchange for providing long-term affordability covenants or requiring recipients to accept Section 8 vouchers. Additionally, the County could partner with interested lenders to devise an easy-to-access loan program that could use a mix of conventional home improvement loans and CDBG or other housing loan funds to assure affordability.

2. Opportunities that make this proposed strategy feasible (Is this currently done elsewhere? Is there legislation that makes this possible?)

The County of Los Angeles has adopted an ordinance specifically regulating second units, and the City of Los Angeles has existing codes which, taken together, also regulate such uses. The opportunity exists to revise these codes and ordinances to eliminate barriers and further facilitate the development of second units. Similar opportunities exist in cities throughout the County.

In 2003, the California Legislature passed AB 1866, which explicitly encouraged the development of second units on single-family lots. It precluded cities from requiring discretionary actions in approving such projects, and established relatively simple guidelines for approval. Some cities have adopted local ordinances and some cities have taken additional actions to help homeowners build second units. For example, the City of Santa Cruz made second units a centerpiece of its affordable housing strategy by providing pre-reviewed architectural plans, waiving fees for permitting and processing, and providing a free manual with instructions about the development and permitting process. The City also helped arrange financing with a local credit union to qualify homeowners for a period of time. This example shows how the locality removed barriers, and actively encouraged residents to pursue this type of development.

3. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

While the County and individual cities could take action to make it easier for homeowners to develop second units, the actual impact of such action would be dependent upon individual homeowners choosing to add a second unit to their properties. For homeowners, one of the key barriers is securing financing. Since 2004, when the County adopted its Second Unit Ordinance, 719 second units have been

permitted in the unincorporated area. The County's second unit production reached an annual high of 135 in 2007 right before the Great Recession. In 2012, by contrast, only 32 second units were permitted.

In addition, neighbors are frequently opposed to densification of their neighborhoods. However, a study by Vinit Mukhija and UCLA's cityLAB found that second units could be supported by neighborhood groups when appropriate site-specific conditions were incorporated. Significant outreach and education would be necessary to build a coalition of stakeholders supportive of second unit development.

Another important consideration is that second units are a significant strategy for increasing affordable housing supply and combatting homelessness, but are not recommended as a strategy for addressing chronic homelessness due to the intensive nature of resident needs for case management and supportive services. However, a substantial majority of homeless individuals are not chronically homeless and could therefore be good candidates to live in a second dwelling unit. Additionally, an increase in second dwelling units would increase the supply of affordable housing, and thereby also indirectly assist in combatting homelessness.

The County and city Planning Departments can review and revise the regulatory barriers to implementation. In addition to code revisions, providing financing or fee waivers or reductions to homeowners in exchange for an income restriction covenant would provide significant encouragement to homeowners to pursue developing a second unit. These actions would build upon both current market practice and demonstrable demand by making it easier for property owners to build and finance safe second units and to do it well.

4. Potential outcomes

Second units represent an untapped resource of affordable housing that could potentially bring thousands of net new units to the County. Second units can encourage walkability by increasing density when located near transit. Additionally, with a critical mass of sufficient units, infrastructure investments to create "smart streets" and grand boulevards may make sense. Second units are neighborhood sensitive, as they are designed and built by individual homeowners in their own backyards; they have the additional benefit of providing housing for aging parents, affordable housing for older children, and the infusion of additional income that allows families to afford larger mortgages. This is a strategy that could bring many new affordable housing units to the County and has many collateral benefits as well.

Potential Strategy 2.5

Incentive Zoning/Value Capture Strategies

1. Description of the proposed strategy

- Incentive Zoning (IZ)/Value Capture (VC) is the idea that investments such as new transportation infrastructure and planning actions such as a zone change or density bonus can increase land values, generating an unearned profit for private landowners. Value capture strategies seek to redirect some of the increases in land values for public good. Below is a short list of value capture strategies:
 - Public Benefits Zoning
 - Incentive Zoning/Density Bonus
 - Housing Overlay Zoning
 - Tax Increment Financing
 - Community Benefits Agreements
 - Special Assessment Districts
- This strategy brief focuses on housing production and preservation. The recommendations speak primarily to affordable housing which encompasses everything from permanent supportive housing to workforce housing.
- Specifically, this strategy brief includes a list of land use recommendations that focus on the production of new housing through incentives and the preservation of existing housing through enforcement of regulations.
- The current housing crisis is one of the factors contributing to homelessness.
- Specific land use strategies could generate funding to support existing and new affordable housing. Funding could be used for everything from preserving existing Single Room Occupancy (residential) hotels to building new facilities for bridge housing.
- Communities and developers could benefit from this comprehensive strategy and both the County and cities could adopt the policies outlined to increase and preserve affordable housing.
- The County could consider drafting model ordinances to assist cities in developing these land use options.

2. Opportunities that make this proposed strategy feasible (Is this currently done elsewhere? Is there legislation that makes this possible?)

A. PRESERVATION TOOLS:

- Under the City of Los Angeles' Condo Conversion Ordinance, the City will not halt conversions unless vacancy rates are below 5% and the conversion is found to have a cumulative adverse impact on affordable housing.
- Other cities also have Condo Conversion Ordinances which should be reviewed to identify best practices.
- Review the City of LA's Residential Hotel Conversion and Demolition Ordinance. This ordinance was adopted nearly 10 years ago and could be revisited to determine if it is achieving its intended results.
- Tenant protection law, especially in cities under rent control/stabilization, should be enforced. The Systematic Code Enforcement Program (SCEP) in the City of Los Angeles is a good example of a proactive advocacy/education system for both landlords and tenants; however, it should be noted that SCEP can result in tenant displacement if City inspectors find units non-habitable. One response could be to create a policy to more easily legalize unpermitted units where land use/zoning standards (like density/parking) are the only obstacle.
- Consider a slowdown of demolition permit issuance for market-rate projects once the affordable housing index in a neighborhood drops by a measurable and significant amount. The City of Santa Monica may be a model; however, there is debate if this is a legal option under State law, given Costa Hawkins and the Ellis Act.

B. INCENTIVE-BASED TOOLS

- Value Capture (VC) : Projects are subject to VC if they have a specified number of units and receive a discretionary land use action. If the project proposes to demolish existing affordable housing units (RSO or covenant), there could be a requirement that they be replaced on a one-for-one basis and not permitted to be counted towards any applicable affordability requirement. This mirrors the requirements of AB 2222, which are described below. In order for incentive-based tools to succeed, incentives should be attached to the process of receiving a discretionary land use action such as more density or a zone change from non-residential to residential use.
- Some examples of incentives include:
 - Reduced parking requirements
 - Streamlining approval processes
 - Additional density

- Existing examples of Value Capture policies include:
 - Chicago has an Affordable Requirement Ordinance (ARO) similar to VC. Affordable housing is required in new projects of 10 or more units when a zone change is granted that increases the residential floor area ratio above the base zone or allows a residential use not previously allowed.
 - Cornfields Arroyo Seco Specific Plan (CASP) maintains a base density of 1.5 FAR for residential projects and allows developments to obtain up to a 100% density increase to 3.0 FAR by including increasing levels of affordable housing. CASP is also currently the only plan in Los Angeles County that provides incentives for developers to provide housing for Extremely Low Income residents, defined as <30% of Area Median Income.
 - Industrial Land Use Policy (ILUP) calls for inclusion of Community Benefits in conjunction with the approval of residential development and/or zoning and planning processes that allow for residential development on industrial land.
 - The Hub in San Francisco is more than a dozen city blocks at Market Street and Van Ness – one of the City’s most underutilized intersections. Nonetheless, it is a strategic location where tech employers, transit access for Muni and BART, and planned residential buildings come together. City planners are analyzing increasing density 10% - 15% in exchange for doubling the number of affordable units to be built in a planned rezoning. The County and/or cities could follow this example by identifying strategic transit nodes and imposing venture capture strategies that benefit low-income households while encouraging market rate development.
- Things to take into consideration in developing incentive based strategies:
 - **State Density Bonus** offers density incentives for the production of affordable housing units. To obtain the minimum density incentive available under the law, a project must provide at least 10% Low Income units or 5% Very Low Income, with increases in density incentives tied to increasing numbers of affordable housing units. State density bonus law does not provide incentives for moderate income rental units. The law allows for cities to grant a greater density bonus for projects that meet the affordability requirements, but also prohibits a city from offering “a density bonus or any other incentive that would undermine the intent of (the law).”
 - **AB 2222** was an amendment to state density bonus law that requires projects receiving a density bonus to achieve a net gain in affordable housing. To be eligible for a density bonus, projects must replace all affordable units (covenanted affordable, rent controlled, or units occupied by

lower income households). The bill also extended the affordability covenant term to 55 years.

- **AB 744** amended state density bonus law to reduce parking requirements for affordable housing projects near transit. A 100% affordable project that is located within a ½ mile of transit may obtain a parking ratio of no more than 0.5 spaces per unit. Mixed income projects within a ½ mile of transit that include the maximum percentage of low- or very-low income units in the density bonus law may obtain a vehicle parking ratio of no more than 0.5 spaces per bedroom. Projects must also replace all affordable units to qualify for these benefits.
- Transit Oriented Development Plans: Projects built within a specified radius of fixed transit could be required to include a percentage of affordable units in exchange for development concessions, such as increased FAR and reduced or eliminated parking requirements.
- The House LA Initiative focuses on housing production through streamlining the development process and also includes a recommendation to allow for Micro Unit Housing. The proposal seeks to waive density regulations as long as development is within the building envelope. This type of housing could be a cost effective tool to build new units for homeless individuals.
- A Density Bonus Ordinance could include an enhanced density bonus and incentives around transit hubs and expand the eligible area to a 1/2 mile radius of frequent bus service stops, transfer stops and rail stops, in exchange for affordable housing. Provide other incentives, like no parking requirements, no transitional height requirements, and allow additional heights and floor area beyond 35%. There may also be ways to house the formerly homeless in density bonus projects by either providing additional incentives or partnering with agencies that administer housing voucher programs.
- Implement SB 375, Sustainable Communities Act, which exempts infill affordable housing projects from CEQA.
- The City of LA State of Emergency Declaration could allow the City to build bridge and transitional housing in an expedited manner. Other cities and the County could take similar action.
- Define Permanent Supportive Housing in Los Angeles City's Zoning Code. This is being pursued in connection with the City of Los Angeles' comprehensive revision of its zoning code (Re: Code LA) and could potentially accomplish items like removing parking requirements and density regulations.

C. FUNDING TOOLS

- **Community Revitalization and Investment Authorities (CRIA):** Provides new authority to revitalize disadvantaged communities through planning and financing infrastructure improvements and upgrades; and affordable housing via tax increment financing based in part on former community redevelopment law.
- **Enhanced Infrastructure Financing Districts (EIFD):** This new law allows cities to create EIFD's to raise the necessary capital to invest in public works/transit projects, infill development, affordable housing and park space projects.
- **Transfer of Floor Area Rights (TFAR) Program:** Create a program that would allow developers to sell unused air rights to affordable housing developers in targeted areas. Utilize funds generated to create a Housing Trust Fund and invest in purchasing expiring use and RSO properties. These funds could also be used to preserve and renovate residential hotels.

3. Barriers to implementing the proposed strategy and recommendation on how they can be resolved:

- There are 88 cities and 137 unincorporated areas in Los Angeles County. Each geography has its own set of existing conditions and quality of life aspirations.
- Need to develop strong and varied coalitions

4. Performance outcomes

If jurisdictions were to enact a comprehensive set of Incentive Zoning/ Value Capture policies as outlined above, they could expect to preserve and produce a significant amount of additional affordable housing units. As many of the specifics of such a policy have not been determined, the exact numbers of units are not able to be easily ascertained.

Potential Strategy 2.6

Using Public Land for Homeless Housing

1. Description of the proposed strategy

- The proposed strategy is to make publicly owned real estate available for the development of Affordable Housing.
- In Los Angeles County, there are opportunities for using public land for affordable housing on many different types of sites, including vacant publicly owned land, under-utilized sites, parcels where existing public facilities are no longer needed, and as part of the development of new public facilities such as community centers, libraries, fire stations, and police stations.
- Discounted public land can provide a valuable subsidy to the development of affordable housing.
- Public land development opportunities can facilitate the development of affordable housing in transit-accessible, amenity-rich locations.
- The joint development of public facilities and housing properties can lead to infrastructure cost savings, better design, and more accessible public services.

2. Opportunities that make this proposed strategy feasible (Is this currently done elsewhere? Is there legislation that makes this possible?)

- Various examples of discounted public land are available throughout the country. Some examples of Public Land being used for Affordable Housing in Los Angeles County include:
 - Affordable Housing on Metro Joint Development Sites
 - Affordable Housing on LA Unified School District property in Los Angeles
 - Homeless Housing on surplus DMV site in Hollywood
 - Affordable Housing on land purchased by former redevelopment agencies
 - Housing for Homeless Veterans on Federally-Owned VA Property in Westwood
- Surplus Land - AB 2135 provides affordable housing projects the right of first refusal to obtain surplus land held by local governments, gives project developers more time to negotiate the purchase of the surplus land, and allows the land to be sold for less than fair market value as a developer incentive.
- Various Housing Agencies have the ability to implement Affordable Housing Land Disposition Strategies, and the County and cities can establish authorities

for the purpose of holding and disposing of public land for affordable housing. Housing Authorities currently have authority under state law to acquire, hold, and dispose of land. It is unclear whether the California Redevelopment Law transferred the right to hold and dispose of public land to Housing Successor Agencies; however, recent state legislation was enacted that may make it easier for these tools to be adopted by the County and cities. In some jurisdictions, Joint Powers Authorities or Housing Finance Authorities have been created to acquire, hold and dispose of public land for housing.

3. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

- **Barrier #1: Lack of alignment with Affordable Housing Subsidies**

While free or discounted public land can close some of the affordability gap, in many cases additional subsidies and investments will be needed, particularly if the public land is provided in exchange for community benefits beyond affordable housing.

Solution #1: Align the disposition of public land with affordable housing subsidies & cross- subsidy opportunities.

A public land development strategy should be linked to the Affordable Housing Subsidies in the region. In addition the public land development strategy should leverage strong market and development incentives in order to leverage cross subsidies and non-financial incentives that will reduce the overall cost of producing affordable housing.

- **Barrier #2: Decentralized Management of Land Disposition for Affordable Housing**

Without an express mandate or meaningful incentive to do so, County and city agencies that are not focused on housing are unlikely to take a hard look at their property holdings to determine if some could be used to support the development of affordable homes.

Solution #2: Empower one Agency to Manage Land for Affordable Housing

Within a single jurisdiction, or group of smaller jurisdictions, it may make sense to authorize a single agency to be responsible for the development of public land for affordable housing. Such an agency could conduct regular, cross-agency assessment of publicly owned affordable housing land development opportunities and could be authorized to own, hold, prepare, and dispose of public land for affordable housing.

- **Barrier #3: Costs & Risks of land development**

Even though the price of public land can be reduced for public purposes such as housing, not all public land is suitable for housing development. Some barriers to development include inadequate zoning, non-contiguous parcels, lack of infrastructure, and soil contamination.

Solution #3: Invest Public Resources in preparing public sites for development

Investing public funds in pre development —such as clearance and decontamination of a site, infrastructure provision, or advance completion of area land-use planning and entitlements—can reduce the risks and the cost of developing affordable housing on public land.

- **Barrier #4: Lack of a coherent public policy on the use of Public Land for Affordable Housing**

Solution #4: Develop strong local public policy with significant community engagement

The strongest local public land policies are developed with significant community engagement and are crafted with an understanding of affordable housing needs, development costs, and neighborhood-level market dynamics. Such a policy would include:

- A policy to identify and protect publicly owned sites that are good for affordable housing
- A clearly articulated policy for affordability levels on public land
- A policy to engage communities in the development process
- A policy to link publicly owned land to other housing subsidies
- A policy to reduce the cost of development through investment in public land set aside for housing
- A policy to minimize conflicts of interest by empowering one agency with the responsibility to develop affordable housing on public land.

4. Potential outcomes

Repurposing public land and obsolete public buildings

Free real estate, in conjunction with zoning incentives, and financial subsidies can become powerful tools to enhance local government's ability to reduce the cost of developing affordable housing. But to be useful, publicly owned sites must be suitable for affordable housing, clear of legal encumbrances, free of environmental contamination, and adequately sized and shaped so that multifamily housing can support a sufficient number of housing units to be managed and operated efficiently.

Joint Development with New Public Facilities

In addition to development on surplus property, affordable housing can be linked to the development of new public facilities such as libraries, fire stations, community centers, police stations, and parking garages. When doing this, however, it is important that the public agency coordinate with the housing developer at the beginning of the process. This can ensure that the benefits outweigh the costs of coordinating the development of shared infrastructure, and that architects and contractors for both the residential property and public facility are not working at cross purposes.

Potential Strategy 3.1
***Establish a Countywide SSI Advocacy Program for people
experiencing homelessness or at risk of homelessness***

1. Description of the proposed strategy

Establish a countywide Supplemental Security Income (SSI) Advocacy Program to provide assistance to eligible homeless individuals and those at risk of homelessness in applying for and obtaining SSI, Social Security Disability Insurance (SSDI), and Cash Assistance Program for Immigrants (CAPI).

This type of program has been proven successful as a pilot project and should be implemented with ongoing funding and coordinated in conjunction with the existing homeless entry points and systems of care, i.e., Housing for Health, the Coordinated Entry System (CES), Homeless Families Solutions System (HFSS)¹, the Single Adult Model (SAM)², and adults identified as potentially eligible by the Los Angeles County Department of Public Social Services (DPSS). The Program should be implemented through one or more contracts with local agencies charged with delivering the services to allow for maximum flexibility. The contract(s) should be managed by Los Angeles County Department of Health Services because of its successful management of the Benefits Entitlement Services Team (B.E.S.T.), the achievement of high outcomes and experience with large-scale contracting with homeless services agencies across the county.

There are various necessary components of a successful Advocacy Program. They include:

A. Benefits Specialist Resource Team(s) for each Service Planning Area (SPA) who will be responsible for:

- Conducting and/or leveraging outreach and engagement activities to identify eligible homeless individuals;
- Providing assessment and screening to ensure candidates meet both non-medical and medical requirements for SSI/SSDI or CAPI;
- Coordinating subsidized housing for those individuals enrolling in the program with existing homeless entry points, housing programs and housing subsidies;
- Coordinating record retrieval services based on client's medical/treatment history;

¹ Homeless Family Solutions System (HFSS): Regionally based Family Solutions Centers (FSCs) are the system's primary point of entry for homeless families whose immediate housing needs are not met by DPSS. Through HFSS, a family receives an initial assessment to determine the most appropriate housing intervention and wrap around services for the family.

² Single Adult Model (SAM): Innovative multi-departmental collaborative focused on providing permanent supportive housing and wrap-around services to heaviest users of County services. Partnering departments include CEO, DHS, DMH, DPSS and DPH..

- Coordinating and leveraging Department of Mental Health, Department of Health Services and managed care systems to provide health care, mental health care and documentation of disability for clients completing a SSI/SSDI claim;
- Developing and filing high quality benefits applications;
- Coordinating and advocating with the Social Security Administration (SSA), Disability Determination Services (DDS) and Department of Public Social Services (CASI) regarding status of pending benefit applications;
- Coordinating legal consultation for clients who have complex SSI/SSDI applications and/or require legal assistance at an appeals hearing;
- Coordinating Interim Assistance Reimbursement (IAR) with relevant County Departments; and
- Coordinating benefits advocacy with the Veteran's Benefits Advocacy Team for eligible veterans.
- Design and implement a referral system into the newly developed benefits program;
-

B. Ongoing training & technical assistance for Homeless Services Agencies, Federally Qualified Health Centers, and County and other public agencies.

Training and technical assistance could be from the Benefits Specialist Team or through a subcontract to maximize the reach to community organizations and clinicians. Training and technical assistance builds the capacity of the system to access SSI/SSDI and CASI benefits at a faster and greater rate countywide and facilitates the movement of Los Angeles County's homeless disabled population onto federal/State benefits and off county general funds. In the B.E.S.T program, trained clinicians were dedicated to providing quality documentation that included more than the actual diagnosis, but rather a focus on the "functioning" level of the applicant. This technique resulted in a 97% approval rate for approximately 900 initial applications. Training and technical assistance should incorporate the following:

- Leverage training resources provided by the National SOAR Team;
- Provide training regarding specific requirements for SSI/SSDI and CASI applications in the State of California;
- Incorporate the lessons learned from the B.E.S.T. project and other best practices;
- Develop and train homeless service providers and public agencies on the process for assessment and screening to ensure candidates meet both non-medical and medical requirements for SSI/SSDI or CASI;
- Provide ongoing training and support to physicians and clinicians on identifying potential applicants and completing SSI/SSDI or CASI documentation;

- Develop a plan for internal quality assurance reviews to ensure the submission of high quality SSI/SSDI applications;
- Provide coordination with the SOAR program;
- Work with community stakeholders to develop a system of data collection for SSI/SSDI applications in Los Angeles County;
- Aggregate and analyze data regarding benefit applications for Los Angeles County;
- Track and report Los Angeles County SSI/SSDI outcomes to the national SOAR program; and
- Pursue continuous improvement of training and coordination to assure high quality benefits support for homeless residents.

2. Target Population

The target population is homeless individuals and those at risk of homelessness in need of applying for and obtaining SSI, SSDI, or CAPI benefits.

3. Opportunities that make this proposed strategy feasible (Is this currently done elsewhere? Is there legislation that makes this possible?)

- The availability of Medi-Cal through the Affordable Care Act provides the ability to fund specialized medical staff and treatment for the targeted population.
- The local expertise and pilot experience available in the County through existing staff previously associated with the Benefits and Entitlements Services Team (B.E.S.T.).

4. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

- Potential labor relations issues with modifying existing county SSI Advocacy Programs
- Logistics of providing services Countywide

5. Potential performance measures

- The number of individuals served during outreach
- The number/percentage of individuals who were contacted during outreach
- The number/percentage of individuals who were enrolled into the program
- The number/percentage of individuals who initiate SSI/SSDI/CAPI applications
- The number/percentage of applications that are completed and submitted to SSA or DPSS
- The number/percentage of first time applications approved.

6. Potential funding stream(s)

- Interim Assistance Reimbursement could be collected on behalf of homeless individuals and families who receive assistance in meeting their basic needs for everyday living during the months their SSI/SSP application is pending or during the months SSI is suspended. Basic needs are defined as: food; clothing; shelter; personal hygiene items; grooming items; transportation to obtain basic needs; and emergency medical needs not reimbursable under another Federal Program.
- County General Funds and any associated revenue redirected from County departments who are currently funding their own SSI advocacy programs.
- Possible local revenue increases, either by the County and/or cities.
- Medi-Cal dollars for medical and mental health portions of services to fund those services directly and/or free up funds currently being spent by County Departments.

Potential Strategy 3.2

Provide subsidized housing to homeless disabled individuals pursuing SSI and recover the cost of housing subsidies through Interim Assistance Reimbursement for those individuals approved for SSI.

1. Description of the proposed strategy

Building on the success of DPSS' General Relief Housing Subsidy Case Management Program (HSCMP) and "Housing First" models, individuals assisted through the proposed Countywide SSI Advocacy Program could be provided housing as a first step. Housing can be provided in three ways: through the current variety of programs for the homeless, by expanding the GR Housing Subsidy Program, and/or by expanding the populations served in current homeless housing programs.

Stable Housing Promotes Success in SSI Advocacy - The General Relief HSCMP provides a \$400/month subsidy for homeless participants. Additionally, the participant contributes \$100/month from his/her GR grant for rent. An earlier study of the HSCMP pilot showed substantial savings and dramatically improved outcomes for those individuals who received the modest housing subsidy.¹ A County research study estimated savings of \$8,392 per person in the first year, even after offsetting the costs of the program.² As such, it seems reasonable to assume that any Countywide Benefits Advocacy Program could realize similar savings.

The study demonstrated that even a modest housing subsidy dramatically improved SSI application outcomes. First, individuals were much more likely to apply for SSI than their unhoused counterparts. Housing stability was key as each address change reduced the chances of a person even applying for SSI by 17%. This makes sense as a housed person has a greater ability to follow through on appointments, gather documents, and otherwise actively participate in applying for aid. Those individuals provided with the subsidy were also 2.5 times more likely to be approved for SSI than the control group.

In addition, the HSCMP reduced the extent of homelessness: after participation less than 1 in 5 was homeless. The longer a person received the subsidy, the less likely they were to become homeless after exiting GR and losing their housing subsidy. It is also worth noting that the HSCMP showed success with "employable" GR recipients who found employment at twice the rate of their unhoused counterparts.

Providing the subsidy is also simply more humane. As noted in the study: "...the coupling of GR with the rental subsidy program dramatically enhances the positive and lasting effects of GR. In the absence of a program, a larger proportion of homeless

GR participants would have remained homeless for significantly longer periods of time.”³

Many “housing first” models have shown great success in reducing the number of people who are persistently homeless. Under “housing first,” programs place a person in permanent housing and then after they are stable, they try to address the causes of their homelessness, such as drug or alcohol use or disability. For example, in Utah, the State reduced the number of “chronically homeless” by 91% (from 1,932 to 178) by placing them in permanent housing.⁴ Savings were estimated at \$12,000 per person per year.⁵

Steps in implementing a housing subsidy program for this population:

- A. Target current housing resources: First, some group of individuals in the proposed Countywide SSI Advocacy Program could be moved into permanent housing using existing housing subsidy resources. When combined with the case management and advocacy assistance outlined in the proposed Countywide SSI Advocacy Program strategy brief, research-based evidence indicates that there will be very positive outcomes including a successful transition to SSI and a significant reduction in the persistent homeless population. Many programs, such as B.E.S.T., have had SSI success rates approaching 90 to 95%.
- B. Expand the number of GR Housing subsidies in the HSCMP: While precise figures are not available, it seems reasonable to assume that many of the individuals who will be helped by the proposed Countywide SSI Advocacy Program will be on GR. Thus, one possible step is to expand the HSCMP so that more homeless GR participants enrolled in the advocacy program receive a GR subsidy. The GR housing subsidy ends when the person exits GR, so case managers in the proposed Countywide SSI Advocacy Program would attempt to transition these individuals into permanent housing upon SSI approval, to the extent that their housing supported by the HSCMP was not viable as permanent housing. Individuals approved for SSI might be able to pay for 100% of their own permanent housing costs or might need a residual rent subsidy.
- C. Expand the populations served through existing homeless housing programs such as the Single Adult Model (SAM), Housing for Health, and the Breaking Barriers programs. If the populations are expanded then the County could house individuals identified through the proposed Countywide SSI Advocacy Program. This would only be necessary to the extent the current targeted programs and GR subsidies are not available or sufficient to meet the need.

- D. Reinvest Interim Assistance Reimbursement collected for Housing Subsidies provided.

2. Target Population

Housing subsidies could be provided to some or all of the individuals who are served by the proposed Countywide SSI Advocacy Program. These individuals will likely have severe chronic health and mental health conditions, such that they may be among the most vulnerable and persistently homeless. Housing individuals identified in the proposed Countywide SSI Advocacy Program before providing case management and other services will help reduce the number of persistent homeless and increase the likelihood of a successful SSI application, as shown by the success of the HSCMP.

The cost of providing housing subsidies is unknown at this time, but could vary dramatically based on the number of people housed, program design and the amount of the subsidy.

3. Opportunities that make this proposed strategy feasible (Is this currently done elsewhere? Is there legislation that makes this possible?)

- The experience and success of current and prior housing first programs can be leveraged to effectively design a specialized housing subsidy program for this target population. The dramatic success of the HSCMP, the BEST program, and other “housing first” programs show that programs can reduce the number of persistent homeless, create housing stability, and increase the incomes of participants approved for SSI.
- The ability to recapture GR housing subsidies (and possibly other county funded housing) through Social Security’s Interim Assistance Reimbursement (“IAR”) Program will help offset the cost of this strategy. If the SSI application is successful, the entire amount can be offset by IAR, as long as the housing subsidy plus the GR grant (where applicable) does not exceed the monthly SSI benefit.

4. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

- Money is the number one barrier. The ability to recapture funds via the IAR program from the person’s retroactive SSI award will help offset the costs. Many subsidies will be recouped and can be reinvested into future subsidies in year two and beyond.

- Access to Affordable Housing – The improved economy may limit the ability of individuals on GR to obtain housing at the modest amount provided by the HSCMP of \$500.00 per month (\$400 subsidy + \$100 paid by participant),

5. Potential performance measures

- Number of individuals who maintain housing during the SSI application period
- Number of individuals who remain connected to services during the SSI application period
- Percentage or number of individuals still housed after exiting GR and the SSI Advocacy program
- Number of SSI applications filed
- Number of successful SSI applications at each stage (initial, reconsideration, appeal)

6. Potential funding streams

- County general funds
- Reimbursements from SSA's IAR
- Federal and State funding for homeless programs including Medi-Cal and mental health funding

¹At the time of the study the subsidy was \$300, with a \$136 contribution by the GR participant.

²The information regarding the GR Housing subsidy program is from a study published by the LA County Chief Executive Office Service Integration Branch available on line at: <http://www.cwda.org/downloads/tools/ga/GR%20Outcomes-Report-%20090409.pdf>. The General Relief Housing and Case Management Pilot Project: An Evaluation of Participant Outcomes and Cost Savings (2009) Moreno, Toros, Stevens et. al. at pp. 21-22, note 19 p. 21, 23, 36, .

³Id at p.24.

⁴ Los Angeles Times Article: "Utah is winning the war on chronic homelessness with 'Housing First' program" available at: <http://www.latimes.com/nation/la-na-utah-housing-first-20150524-story.html>

⁵Id.

Potential Strategy 3.3

Request Federal/State support at the local level by advocating with the Social Security Administration and Veteran's Administration and/or other relevant agencies for targeted support around applicable administrative processes

1. Description of the proposed strategy

Significant barriers to increasing the number of disabled, homeless people receiving SSI are created via current Social Security Administration (SSA) policies which require: 1) applications to be processed in the office serving the area in which the person lives, and 2) transfer of applications to "Extended Service Teams" (EST's) around the country to balance workloads in the Disability Determination Service (DDS) Branches.

These policies result in SSI applications for people (including homeless) in Los Angeles County being processed in upwards of 25 SSA offices and sent to as many as 7 DDS Branches for medical determinations. Experience in processing applications for homeless people varies widely among the offices. Without specialized processing, there are varying degrees of understanding about the limitations on a homeless applicant's ability to participate in the processing of the application, and an uneven degree of willingness and ability of the local offices and DDS Branches to provide needed accommodations, particularly in view of large workloads, reduced staffing, and processing goals. This problem is significantly increased by the transfer of applications to DDS Branches in other States, which have no knowledge about county advocacy resources that could be available to assist them in the processing of the applicant's SSI application.

Advocacy with the SSA was a key factor in the success of two large and successful SSI projects in Los Angeles County – the B.E.S.T. program and the Department of Mental Health's SSI Application Project. In both programs, homeless applications were: 1) flagged; 2) filed in one SSA office and 3) sent to a specialized unit in one DDS Branch and exempted from transfer to the EST's. This provided efficiencies to those served as well as to the project, DDS, and the local SSA office.

Additionally, Advocates working on behalf of applicants were able to provide assistance to the analysts in obtaining medical records, and the SSA office in obtaining other documentation, resulting in reduced processing time. Cases were also better developed, which led to increased approvals, and a reduction in Hearing level cases.

Best practices for helping chronically homeless Veteran's access VA benefits focus on empowering Veteran's to escape the streets and maximize resources provided by the VA, such as supported housing. Within the VA, there should be a center of

coordinated comprehensive services to help engage homeless veterans and connect them seamlessly with housing, healthcare, psychiatric care and benefits.

At the West L.A. VA campus, a possible approach would be to revitalize Building 402 or shape the new Visitor Center, Building 257- (whichever would serve best) as a central comprehensive triage and rapid response center where homeless veterans can transition into supportive housing immediately; where documents can be requested, accessed and managed efficiently, and where care can be coordinated comprehensively and tracked on an enduring basis. Additionally, it would be very helpful if the VA could provide access to VA staff at multiple locations across the County.

To achieve this coordinated service delivery system, advocacy with the VA is needed to:

- Invite community partners to co-locate at this central one-stop triage center to bolster the VA's capacity to help homeless veterans escape the streets. In this regard, a proposal is pending to have SSA set up a kiosk at the West L.A. VA, potentially at building 257.
- Revive the highly successful one-stop mobile team that operated successfully for years out of the Sepulveda campus of the VA to connect homeless veterans with supportive housing, healthcare and benefits
- Chronicle the services provided to each veteran with a history of homelessness, who seeks care and make sure that his/her experiences and outcomes are tracked to identify vulnerable points in the service model, which may need modification; universities could be enlisted to engage in clinical and research programs to help support this effort which could also reduce the associated costs.
- Ensure that veterans who accept benefits assistance and/or supportive housing receive the help they need to address quality of life issues, including ways to keep veterans active and prevent idleness. This could include engaging faith communities to help expand the array of activities available to veterans.
- Provide assistance in helping the veteran resolve legal issues such as warrants and outstanding tickets by establishing a Homeless Court for Veterans at the VA.
- Work with the transition units of Prison and local jails to ensure that any veteran who self-identifies as homeless is screened for eligibility for HUD VASH or Discharge Upgrades before discharge to the community. If they are not offered housing options, arrangements could be made to have them discharged to the VA's triage teams either at Building 402 or the Sepulveda VA
- Collaborate with social service and advocacy agencies in the sharing of information on Veterans to better identify them for targeted services.

2. Target Population

Advocacy to develop specialized processes for homeless or those at risk of homelessness is needed for the following agencies:

- Social Security Administration
- California Department of Social Services Disability Determination Services
- Veteran's Administration
- California State Department of Corrections

3. Opportunities that make this proposed strategy feasible (Is this currently done elsewhere? Is there legislation that makes this possible?)

- SSA and the VA are two of 19 federal government agencies that are members of the US Interagency Council on Homelessness with the goal to end chronic homelessness by 2017. The group put together, *Opening Doors*, the nation's first comprehensive Federal strategy to prevent and end homelessness. A major component of the plan is to increase civic engagement by seeking "opportunities to reward, recognize, and support communities that are collaborating to make significant progress preventing and ending homelessness."
- Significant political will within Local Government to advocate with Federal/State Agency Executives.

4. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

Resources needed to implement targeted processes may not be available at Federal/State levels.

5. Potential Performance Measures

- Processing time for SSI and Veteran's Benefits
- Approval rate for SSI and Veteran's Benefits

6. Potential funding stream(s)

Potential funding stream(s) are not needed at this time as there is no net cost to the County to implement this strategy.

Potential Strategy 3.4
Expand Interim Assistance Reimbursement (IAR)
to additional public agencies (County Departments and Cities)

1. Description of the proposed strategy

Expand the collection of interim assistance reimbursement (IAR) to additional county departments and cities. IAR could be collected on behalf of homeless individuals and families who receive assistance in meeting their basic needs during the months their SSI/SSP application is pending or during the months SSI is suspended.

Agencies that provide basic needs for eligible participants using non-Federal dollars are eligible to collect IAR, if the individual is subsequently approved for SSI/SSP. Basic needs include shelter, interim housing, recuperative care, and rental subsidies. Addition of County Departments collecting IAR will support the provision of ongoing services as IAR could be reinvested.

2. Target Population

Interim Assistance Reimbursement could be collected for individuals eligible to SSI who received assistance to meet their basic needs while the SSI application is pending. The current monthly SSI grant is \$889. For individuals who receive GR while their SSI application is pending, the County already recovers IAR for the \$221 monthly GR grant. Therefore, for individuals receiving GR, the monthly maximum additional IAR is \$661, while it is \$889 for individuals not receiving GR.

3. Opportunities that make this proposed strategy feasible (Is this currently done elsewhere? Is there legislation that makes this possible?)

Los Angeles County already has an MOU in place with the California Department of Social Services (CDSS). This strategy is feasible because the agreement signed by the County of Los Angeles and CDSS “may be modified in writing at any time by mutual consent and will not require any further action.”

The current Board letter and agreement allows for the addition of other County departments; therefore, it appears that regulatory barriers do not exist.

4. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

Staff resources needed to modify agreement with CDSS and prepare Board Correspondence seeking approval to expand IAR collection to other departments.

5. Potential performance measures

Performance measures could include tracking the amount of funding recouped through the IAR Program each year.

6. Potential funding stream(s)

Potential funding stream(s) are not needed at this time as there is no net cost to the County to implement this plan.

Potential Strategy 3.5
Establish a Countywide Veterans Benefits Advocacy Program for
Veterans experiencing homelessness or at risk of homelessness

1. Description of the proposed strategy

Provide assistance to eligible homeless¹ Veterans in applying for and obtaining income benefits from the Department of Veterans Affairs. The program will (1) provide wraparound case management, health, and mental health supports to house enrolled Veterans, and (2) acquire VA Service-Connected Compensation or VA Non-Service-Connected Pension benefits.

A Countywide VA Benefits Advocacy Program would be an exciting and unprecedented effort in Los Angeles County. The action items below are adapted, in large part, from the Benefits and Entitlements Service Team (B.E.S.T.) program model, as well as the Supportive Services for Veterans Families program and VA Homeless Patient Aligned Care Team program discussed in Section 2.

There are various necessary components of a successful Advocacy Program. They include:

A. VA Benefits Specialist Resource Teams for each Service Planning Area (SPA), including VA accredited agents and/or VA accredited attorneys, that will be responsible for the following:

- Conduct and/or leverage outreach and engagement activities to identify eligible homeless Veterans;
- Develop communication plans and increase staffing in key resource areas;
- Leverage resources;²
- Provide assessment and screening to determine whether Veterans meet requirements for VA Service-Connected and Non-Service-Connected benefits;
- Coordinate with existing homeless entry points and housing programs to provide subsidized housing for those individuals enrolling in the program;
- Coordinate record retrieval services based on the Veteran's medical treatment, military service, and VA claims history;
- Coordinate and leverage Veterans Health Administration, Los Angeles County Department of Military and Veterans Affairs "Navigator" program, Department

¹A 2014 Los Angeles County study found that "many veterans have unstable living arrangements, yet do not meet the federal definition of homelessness, and are therefore ineligible for federal housing benefits." See Castro, C.A., Kintzle, S., & Hassan, A. (2014), *The state of the American Veteran: The Los Angeles County Veterans study*. This recommendation expands the definition of homelessness to include those who meet the Department of Housing and Urban Development definition of homeless, as well as those who lack permanent housing and/or are at imminent risk of homelessness and do not meet the federal standard.

² While this proposed strategy brief specifically addresses the recommendation to establish a countywide VA disability benefits advocacy program, a singular countywide disability benefits program will not eradicate Veteran homelessness. Instead, a holistic and flexible approach is needed, which requires the VA Benefits Specialist Resource Teams to leverage and supplement public, social, and legal service resources to address barriers to Veteran self-sufficiency.

of Mental Health, Department of Health Services, and managed care systems to provide health care, mental health care, and documentation of disability and, when applicable, its relationship to military service for Veterans completing a VA Service-Connected and/or Non-Service-Connected claim(s);

- Develop and file high-quality benefits applications, including new and original, reopened, and increased rating claims;
- Coordinate and advocate with the Veterans Benefits Administration regarding status of pending benefits applications and appeals, as well as scheduling of Compensation and Pension examinations; and
- Coordinate legal assistance to assist Veterans who have complex Service-Connected/Non-Service-Connected claims, including claims that require a character of discharge determination, claims that have been denied and are eligible to enter the appellate phase, and “clear and unmistakable error” claims.

B. Ongoing Training and technical assistance for Veterans and homeless service agencies, Federally Qualified Health Centers, and County and other public agencies.

Training and technical assistance will be conducted by a VA Accredited Agent and/or Attorney, and could be from the VA Benefits Specialist Team or through a subcontract to reach government and community organizations and clinicians that serve Veterans. Training and technical assistance should incorporate the following:

- Leverage training resources provided by the Supportive Services for Veterans Families program;
- Develop the trainings and technical assistance modules described herein;
- Train homeless service providers and public agencies on the identification of eligible Veterans, with a special focus on the Program’s expanded definition of homelessness and Veteran military discharge status;
- Train homeless service providers and public agencies on the process for assessment and screening to ensure Veterans meet the requirements for VA Service-Connected Compensation and Non-Service-Connected Pension;
- Design and implement a referral system into the newly developed benefits program;
- Provide ongoing training and support to physicians and clinicians on identifying potential applicants and completing Service-Connected and Non-Service-Connected documentation;
- Provide quality assurance to ensure the submission of high quality Service-Connected/Non-Service-Connected applications;
- Access and monitor submitted Veterans claims in VA database systems;
- Track and report programmatic outcomes; and

- Pursue continuous improvement of training and coordination to assure high quality benefits support for homeless Veterans.

2. Target Population

The target population is homeless veterans and those veterans at risk of homelessness in need of applying for and obtaining VA benefits or related services. Estimated cost per person is unknown.

3. Opportunities that make this proposed strategy feasible (Is this currently done elsewhere? Is there legislation that makes this possible?)

In recent years, County Supervisors and the Mayor of Los Angeles pledged, alongside a substantial swell of public and private supporters coordinated by the Home for Good Initiative, to end Veteran homelessness by the end of 2015. In pursuit of this goal, the County and Los Angeles City acquired significant additional funding to house and case manage homeless Veterans. This unparalleled federal, state, and local support provide an ideal opportunity to establish a countywide VA Benefits Advocacy program.

While a countywide VA Benefits Advocacy program would be a new development,³ the proposed recommendation is an amalgamation of three successful homeless Veteran partnerships: (1) VA Supportive Services for Veteran Families (SSVF) Case Management-Legal partnerships,⁴ (2) VA Homeless Patient Aligned Care Team Medical-Legal partnerships,⁵ and (3) the Social Security Benefits advocacy program “Benefits and Entitlements Services Team (B.E.S.T.).”⁶

4. Barriers to implementing the proposed strategy and recommendation on how they can be resolved:

- Current Veterans Health Administration practice (not policy) that restricts clinicians from completing documentation in support of VA benefits claims; and
- Widespread misinformation in Veteran and civilian communities about Veteran status and eligibility.

³ In October 2015, members of this recommendation’s writing team contacted national partners to learn whether a similar approach has been conducted throughout the country. To date, we have not learned of any program.

⁴ The VA Supportive Services for Veteran Families (SSVF) program combines case management and temporary financial assistance to promote Veteran housing stability. Several SSVF programs in Los Angeles County sub-contract with legal services programs to address participants’ legal needs, including applying for and obtaining Veterans Disability benefits, e.g., United States Veterans Initiative, Mental Health America, and Legal Aid Foundation of Los Angeles successfully partner to provide holistic social and legal service supports to transition homeless Veterans into permanent housing while simultaneously tackling the legal barriers to housing stability.

⁵ See Homeless Initiative Policy Summit, Policy Brief: Supplemental Security Income & Veterans Benefits Advocacy, page 4.

⁶ See generally, Homeless Initiative Policy Summit, Proposed Strategy Brief: Recommendation to Establish a Countywide SSA Disability Benefits Advocacy Program.

- Current policy that prohibits most public and private appointed and accredited Veterans claims representatives from:
 - Obtaining expedited access to VA and military records (e.g., Veterans Claims Folders, Service Treatment Records, and Veterans Health Administration medical records, etc.);⁷
 - Coordinating with Homeless Claims adjudicators to expedite the submission and adjudication of claims; and
 - Accessing VA databases that display the stage of submitted claims (e.g., the database includes the date of the Veteran's Compensation and Pension examination. Failure to attend the examination is a common reason for VA claim denial; however, representatives are not informed of the date and therefore have no meaningful way to assist in Veterans' attendance);

5. Performance can be measured by:

- The number of Veterans who will be served during outreach
- The number of Veterans who will be enrolled into the Program
- The number of Veterans who will initiate applications for VA Benefits or be transitioned to the SSI Benefits Specialist Resource Team when expected VA Benefits receipt would be less than the SSI/SSP rate
- The number of VA/SSI/SSP claims that are approved

6. Potential funding stream(s)

- Department of Veterans Affairs funds, including Grant Per Diem, HUD-VASH, SSVF, and Department of Labor-Veterans Employment and Training Services grants
- California Department of Veterans Affairs funds, including Veteran Housing and Homelessness Prevention funds
- Leverage existing HUD funds to house homeless Veterans
- Leveraging and/or redirecting County General funds from County departments
- City general funds
- Leveraging Medi-Cal dollars for medical and mental health services

⁷ In order to evaluate and prepare a complete application for Veterans Benefits, a benefits specialist must review a Veteran's Claims Folder, military personnel and treatment records, and civilian medical records. Current average wait times for a Freedom of Information Act request for a VA Claims Folder is 6-18 months, for military records is 3-12 months, and for VA health records is 1-3 months. Veteran claims are therefore significantly delayed.

Potential Strategy 4.1

Fund a regional homeless prevention system that provides eviction prevention, targeted diversion services, financial assistance, case management, and legal services to individuals and/or families in imminent danger of homelessness

1. Description of the proposed strategy

Los Angeles County's homeless prevention system should be a comprehensive strategy to effectively identify, assess, and prevent households from becoming homeless. The plan consists of a multi-faceted approach to maximize and leverage funding and resources, evaluate and potentially modify policies that govern existing prevention resources to allow greater flexibility, prioritize resources for the most vulnerable populations, and create an outreach and engagement strategy to identify access points for people at risk of homelessness. The major areas critical to developing a homeless prevention system in Los Angeles County involve identifying additional and targeting current resources from multiple systems to focus on homeless prevention.

- A. Develop an approach to homeless prevention across multiple systems, supportive services and homeless services.** A homeless prevention system in Los Angeles County must take into consideration the various services and mainstream systems that work with those at risk of being homeless. Prevention approaches will vary based on the level of need, risk factors and access to resources. Core elements of a homeless prevention system would include rental assistance, legal and/or mediation services for eviction prevention, employment services, immediate alternative housing options, and leveraging other income supports. For implementation, the program could work with key public and private partners that already provide critical prevention services and supports, including; city governments, county departments, faith-based organizations, community-based organizations, and schools. In this strategy, an assessment of existing prevention resources and how they can be integrated and linked across various programs, resources and services will be critical to informing how different systems and services can use their current resources for homeless prevention and design services and interventions that best meet the needs of the those in need.
- B. Identify and review potential administrative barriers to better target and allocate homeless prevention interventions and programs.** Since those at risk of becoming homeless access various systems and services through different agencies that are funded from different sources, it is difficult to create uniform policies and practices across multiple agencies and mainstream benefits because of the risk factors, service needs and characteristics of those accessing particular systems. Some barriers could be eliminated through better information dissemination, linkages to resources and service coordination.

C. Review and evaluate the creation of a universal assessment. A universal assessment could be used (perhaps as part and parcel of the assessment tool currently employed in coordinated entry systems) to identify people who are at risk of experiencing homelessness. Households with the most imminent and intense housing crises could be prioritized based on factors contributing to their level of risk for homelessness, as well as barriers to independently re-establishing and maintaining housing stability. An evaluation of existing assessments will inform the use of a universal assessment and their applicability to homeless prevention.

D. Develop program thresholds for rental assistance. It is anticipated that rental assistance will be a primary intervention for a County homeless prevention system. In developing a homelessness prevention design, there would need to be program thresholds for rental assistance for each targeted subpopulation. This would involve assessing the cost and sustainability of the program. The threshold could take into consideration prioritizing individuals and families with the greatest potential to stay housed after one-time or short-term assistance.

2. Target Populations. All persons at-risk of homelessness would be eligible to homelessness prevention system assistance. Differentiating the target at-risk population by subpopulations, i.e., families, transition age youth, single adults, veterans, is just one strategy to identify and address the unique needs of each group, as each subpopulation may vary in the types and levels of interventions critical to preventing homelessness. Because various systems and programs serve various populations, targeting resources for prevention will require a multi-faceted and coordinated approach.

3. Opportunities that make this proposed strategy feasible (is this currently done elsewhere? is there legislation that makes this possible?)

The Homeless Family Solution System (HFSS) is a model that can help inform and guide proposed strategies for future homeless prevention strategies, even though HFSS is currently focused on families who are already homeless. Through the Homeless Family Solution System, there is funding from the County and the City of Los Angeles. The HFSS program has served as a national model, and is a new system of service delivery in Los Angeles County developed to improve and expedite the delivery of housing and other supportive services to homeless families in Los Angeles County. The Family Solutions System (FSS) was developed by a collaboration of family homeless service providers and other publicly funded agencies and adopted in 2013 by the Los Angeles Homeless Continuum of Care. Currently, homeless prevention is not adequately funded to support the HFSS. However, in October 2015, the Los Angeles County Board of Supervisors approved \$2 million to support homeless prevention for families. LAHSA will be administering this funding and the design and implementation of this could potentially be used to inform and guide homeless prevention for other subpopulations.

Supportive Services for Veteran Families (SSVF) also targets very low income veterans who are at or below 50% of AMI. These funds can be used to provide rental assistance, utility payments, moving costs, housing, supportive services and others. This program can serve as yet another model in developing a homeless prevention system across Los Angeles County.

The cities of Santa Monica and West Hollywood have examples of prevention systems with flexible spending options and additional supports, including direct linkage to mediation or no-cost legal counsel that are effective in preventing homelessness. Upon further evaluation, these models may be helpful in assessing how local resources can be used to support prevention programs.

DPSS currently funds eviction prevention for CalWORKs welfare-to-work families, and short-term rental subsidies for certain CalWORKs welfare-to-work families. This funding could potentially be leveraged and/or the associated eligibility rules could potentially be modified as part of a comprehensive system to prevent homelessness among families.

Additionally the development of coordinated entry systems across the country, which streamline and facilitate access to appropriate housing and services for individuals, (and in some instances families) experiencing homelessness, may serve as an opportunity to expand on existing infrastructure. Some coordinated entry systems have allocated prevention resources to assist not only with rental subsidies, but also with items that may lead to eviction (e.g. damage to a rental unit by a high-acuity placement). Coordinated entry is already having a real and measurable impact across the country on community efforts to end homelessness. As communities move forward in the development of their own coordinated entry systems, tailored to their local contexts, sharing best practices and lessons learned across the country is becoming even more essential.

This is a time where there is increased emphasis on collaboration, sharing of best practices, and funding going toward homeless assistance, which can make homeless prevention strategies more feasible.

Research at the national level will be instrumental to informing and guiding how prevention is approached at a countywide level in Los Angeles. Dr. Dennis Culhane of the University of Pennsylvania released a study in September 2014 titled “Development and Validation of an Instrument to Assess Imminent Risk of Homelessness among Veterans”. This study emphasizes the importance of targeting resources when it comes to prevention.

4. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

Potential barriers to implementing a regional homelessness prevention program are funding limitations to support homeless prevention programs in general. Currently, HUD is prioritizing Housing First, Rapid Rehousing, and Permanent Supportive Housing programs. Greater follow-up coordination and an emphasis on retention to keep people served by these programs housed would contribute toward prevention goals. Additionally, some State and federal eligibility restrictions to qualify for housing assistance may serve as potential barriers.

Although DPSS currently funds eviction prevention for CalWORKs welfare-to-work families, there are limitations and barriers to accessing such assistance. For example, Emergency Assistance to Prevent Eviction (EAPE) is limited to the welfare-to-work population, is a once-in-a-lifetime benefit, and provides up to \$2,000 to help pay rent and/or utilities for up to two months in arrears to assist the family in maintaining permanent housing. DPSS' Homeless Assistance Arrearage Payments are also a once-in-a-lifetime benefit and can pay for up to two months rent arrearages to prevent eviction; however, as required by the State, the family's monthly rent costs cannot exceed 80 percent of the total monthly household income.

5. Potential Performance Measures

- A. Percentage reduction in newly homeless individuals and/or families requesting homeless services (or other indicators).
- B. Percentage increase or positive change in the number of people receiving eviction prevention services.
- C. Percentage increase in employment and income among potentially homeless persons or families.
- D. Percentage reduction in the number and rate of evictions.

6. Potential funding stream(s)

- A. Explore pooling or blending of resources to allow flexibility to fund different program components, needs, and/or eligibility.
- B. Evaluate federal, State, local, and department regulations to identify restrictions tied to various funding sources, and match the funding sources to proposed program activities in order to ensure all program activities can be supported.
- C. Review potential resources from public sources (local cities, County of Los Angeles, State and federal funding) and private sources (corporations, non-profits, faith community, foundations).
- D. Explore and consider leveraging resources from mainstream systems to support victims of Domestic Violence,
- E. Some organizations may already be funded to provide eviction prevention and employment services. Working with these organizations to prioritize potentially

homeless persons and families will open additional leveraging of resources to support homelessness prevention.

- F.** FSS: Some jurisdictions operate Family Self-Sufficiency programs, which provide income and housing empowerment services to low-income households on Section 8. The same activities could be leveraged to support non-Section 8 households at risk of homelessness.
- G.** The CalWORKs Single Allocation for services to CalWORKs welfare-to-work families.
- H.** CalWORKs Fraud Incentive funding for services to CalWORKs non-welfare-to-work families.

Potential Strategy 4.2
Ensure that landlords have “Good Cause” for evictions

1. Description of the proposed strategy

Adopt a Good Cause for Eviction ordinance in the Unincorporated Areas and Encourage All Cities in the County to Adopt a Good Cause for Eviction Ordinance. Adoption and implementation of Good Cause for Eviction ordinances could be a part of a comprehensive strategy to address homelessness in Los Angeles County. Absent good cause protections, tenants are subject to eviction, and the attendant risk of homelessness, at the whim of their landlords, without any fault of their own. Under Civil Code sections 1946 and 1946.1, a landlord can terminate a tenancy without cause by serving a 60-day notice to quit; if the tenancy has lasted less than one year, the landlord may serve a 30-day notice to quit. A tenant generally has no defense to such an eviction and is forced to find new housing in a very short period, exposing the tenant to the risk of temporary or longer-term homelessness.

While the City of Los Angeles and several other cities in the County¹ have successfully implemented good cause ordinances, most cities in Los Angeles County do not have good cause for eviction protections, and there is no good cause ordinance applicable to the unincorporated areas of Los Angeles County. Requiring that a landlord have good cause for eviction will provide tenants with an additional layer of protection against the risk of homelessness. Good cause for eviction laws differ in their specifics, but typically consist of the following features:

- A landlord must have cause to evict a tenant, eliminating the landlord’s ability to evict for no reason on 30 or 60 days notice under Civil Code sections 1946 and 1946.1.
- Evictions must be based on one of the grounds specified in the Ordinance and the eviction notice must describe the basis for eviction in sufficient factual detail to allow the tenant to prepare a defense.
- Allowable grounds for eviction include circumstances in which a tenant is at fault, such as non-payment of rent, lease violations, nuisance, or illegal activity.
- Eviction is also permitted in limited circumstances where a tenant is not at fault, such as: landlord or relative of landlord intends to move into unit; landlord removing the unit from the rental market; capital improvement and rehabilitation; compliance with a government order to vacate.
- A landlord is required to provide an extended notice period and may be required to pay relocation assistance when eviction is based on an allowable no-fault ground, though this provision doesn’t necessarily apply to all types of rental units.

¹ Santa Monica, West Hollywood, Beverly Hills, and Glendale.

A Good Cause for Eviction ordinance would not impose any direct costs on the County other than staff costs, which could be covered by fees. For example, the City of Los Angeles' Housing and Community Investment Department's enforcement and administrative costs are covered by registration fees and penalties. Because unincorporated Los Angeles County has a lower number of residential units potentially subject to good cause requirements, the costs could be expected to be substantially lower than in the City of Los Angeles.

Adoption of a good cause ordinance in the unincorporated areas could be coupled with a County effort to encourage all cities in the County (who have not already done so) to adopt a good cause ordinance.

2. Opportunities that make this proposed strategy feasible (Is this currently done elsewhere? Is there legislation that makes this possible?)

Soaring rental rates in many California cities have attracted significant media attention in recent years, raising awareness of the need for tenant protections. This awareness has created a political climate favorable to the enactment of good cause for eviction ordinances. Notably, in July 2015, the City of Richmond passed the first new rent control ordinance in California in decades, which also included good cause protections.² The City of Alameda also implemented good cause protections in October 2015. In addition, both San Diego and Glendale have successfully implemented a version of good cause protections.

3. Barriers to implementing the strategy and recommendations on how they can be resolved

The primary barriers to implementing this strategy would be resistance from the landlord community. In addition, some may also be concerned with the limited efficacy of good cause protections in the absence of rent control, particularly given the housing stock of the unincorporated areas that might be covered by a Good Cause for Eviction ordinance enacted at the County level.

Existing state law does not place any limits on the ability of a landlord to raise rent, allowing landlords to circumvent good cause requirements by raising the rent to an unaffordable amount and evicting a tenant for failure to pay. Rent control laws limit a landlord's ability to increase the rent, typically restricting the allowable increase to one annual increase of a percentage tied to the change in the Consumer Price Index, thus eliminating a landlord's ability to circumvent good cause requirements. For this reason, good cause protections are strongest, when implemented in conjunction with rent control, as is the case in the City of Los Angeles, Santa Monica, Beverly Hills, and West Hollywood.

² Karina Ioffe, *Richmond becomes first city in Contra Costa to approve rent control*, CONTRA COSTA TIMES, July 22, 2015.

The county's ability to implement rent control measures is, however, limited by the Costa-Hawkins Act and political circumstances. The Costa-Hawkins Act³ prohibits new rent control measure on properties first occupied after 1996. As 84 percent of the housing stock in unincorporated Los Angeles County was constructed prior to 1990,⁴ the potential negative impact of Costa-Hawkins on a rent control ordinance in the unincorporated areas would be limited. The larger barrier to implementation of rent control is likely opposition from landlord groups. However, even in the absence of rent control, a good cause ordinance would still be useful in protecting tenants from inappropriate evictions.

Another limitation is that any good cause ordinance adopted by the County would apply only to unincorporated areas of the county, as was the case with the county's previous rent control ordinance, which expired in the 1980's.⁵

Based on the housing stock of unincorporated Los Angeles County, the positive impact of good cause protections would be limited unless those protections also included single family dwellings. There are approximately 300,000 households in unincorporated Los Angeles County.⁶ 62 percent of these households are homeowners,⁷ and single-family homes, which are often exempt from good cause and rent control laws, comprise 77 percent of the housing stock in unincorporated areas.⁸

4. Potential performance measures

To measure the direct impact of a good cause ordinance on homelessness, it would be necessary to obtain data regarding the number of no-cause evictions filed in unincorporated areas of the county and track whether those evictions resulted in homelessness for the tenants involved. It is unclear whether this data is available. Indirect measures could include an overall reduction in evictions.

5. Potential funding streams

Fees for enforcement

³ Civil Code §§ 1954.50 et seq.

⁴ Southern California Association of Governments, *Profile of the Unincorporated Area of Los Angeles County* (May 2015) (hereafter, "Profile"), p. 16, available at <http://www.scag.ca.gov/documents/unincarealosangelescounty.pdf>.

⁵ Los Angeles County Municipal Code §§ 8.52.010 et seq.; see *Vega v. City of W. Hollywood*, 223 Cal. App. 3d 1342, 1345, (1990) (Los Angeles County rent control ordinance did not apply to incorporated West Hollywood); see generally *Eclevea et al.*, 45 CAL. JUR. 3D MUNICIPALITIES § 243.

⁶ Profile at 9.

⁷ *Id.* at 11.

⁸ *Id.* at 16.

Potential Strategy 4.3
Adopt a “Tenant Protection” or “Anti-Harassment” Ordinance

1. Description of the proposed strategy

Tenants are sometimes harassed out of their housing by landlords. The County and the various Cities in Los Angeles County that have not already done so could pass tenant protection ordinances to ensure that low-income tenants are not illegally forced out of their homes and into homelessness.

2. Opportunities that make this proposed strategy feasible (Is this currently done elsewhere? Is there legislation that makes this possible?)

Santa Monica, West Hollywood, San Francisco, Oakland, and East Palo Alto already have tenant protection laws that prohibit harassment. These laws do not prohibit the lawful eviction of tenants by appropriate legal means. They do, however, identify specific behaviors that landlords are prohibited from using to fraudulently or in bad faith bully or harass tenants out of their housing. For example, Santa Monica’s ordinance identifies twelve actions that landlords are not allowed to take and are considered bad faith actions. These include failing to comply with local and State health and safety laws, refusing to acknowledge receipt of rental payments, landlords abusing their right of access to the unit, and threatening tenants with physical harm. The Santa Monica ordinance defines bad faith as “an intent to vex, annoy, harass, provoke or injure another person.”

3. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

No barriers, other than the politics of the measure.

4. Potential performance measures

Number of jurisdictions in Los Angeles County which adopt this type of policy.

5. Potential funding stream(s)

It will not cost anything to implement this change. Should any jurisdictions wish to include an administrative enforcement mechanism, the costs of enforcement could be fully offset by fees.

These ordinances usually provide for civil and criminal penalties. They also allow for tenants to enforce the ordinance. The Santa Monica ordinance, for example, states that each separate violation of the ordinance may be either a criminal misdemeanor (with up to six months in jail plus a \$1,000 fine), or a civil violation (subject to injunction, a fine of up to \$10,000 per violation, attorneys' fees and possible punitive damages). Perhaps most importantly for homelessness prevention purposes, a violation of the ordinance is a defense to an eviction action.

6. **Additional Information:**

Santa Monica's description of its tenant anti-harassment law:

https://www.smgov.net/Departments/Rent_Control/Information_and_FAQ/Tenant_Harassment.aspx

West Hollywood's description of its law:

<http://www.weho.org/residents/rent-stabilization-housing/rent-stabilization/tenant-faqs/tenant-harassment-prohibition>

Article about Oakland's anti-harassment law:

<http://oaklandlocal.com/2014/12/know-your-housing-rights-part-1-tenant-protection-ordinance/>

Potential Strategy 4.4
Develop a countywide rental registry

1. Description of the Proposed Strategy Recommendation

Los Angeles County could benefit from a countywide system of collecting and recording residential rental rates as part of a comprehensive strategy to prevent homelessness. This policy would require landlords to annually report the rents for their units. This information would be publicly available, either online or by request to the county. A rent registry could be implemented either as a countywide system or city-by-city, with the county responsible for collecting the information in unincorporated areas. The creation of a registry would:

- A. Help identify “hot spot” areas. The collection of rent data would provide a City with a unique opportunity for analyzing rent data to identify areas of rapidly declining affordable housing and/or fluctuations in rents by neighborhood.
- B. Supplement new and existing land use regulations. Rent data would give planners and legislators a new tool with which to more effectively regulate land use and plan for healthy communities.
- C. Ensure implementation of tenant protections offered by State law. Though unincorporated areas of Los Angeles County and many cities do not have rent stabilization ordinances, State law requires landlords to provide either a 30- or 60-day notice of any proposed rental increase. The registry would document the effective date of any rent increase.

2. Opportunities that make this proposed strategy feasible (Is this currently done elsewhere? Is there legislation that makes this possible?)

Los Angeles County’s affordable housing crisis has garnered national attention as it has been given the dubious title of the least affordable housing market in the country. This has created a climate that makes this proposal increasingly politically palatable. Both Santa Monica and West Hollywood have programs to track rental rates in their rent stabilized units. Santa Monica’s program is especially successful and provides a potential model for the county.

3. Barriers to implementing the strategy and recommendations on how they can be resolved

There is no single county department tasked with monitoring the county’s rental market. Therefore, it is unclear which agency would be responsible for implementing and maintaining the registry. Two possible solutions to this issue are housing the program within the Department of Regional Planning, which would use this information for planning purposes, or contracting with Los Angeles City’s

Housing and Community Investment Department (HCID). It is anticipated that this proposal would be opposed by landlords.

4. Potential performance measures

None identified.

5. Potential funding streams

The program could be funded by a minimal fee to landlords to cover costs. The only anticipated costs are staff time associated with collecting and organizing data.

Potential Strategy 5.1 Health Home Benefit

I. Description of the Proposed Strategy

Prepare homeless and health care systems in Los Angeles County for the new Medi-Cal Health Homes benefit by:

- *Creating a public-private partnership between the Department of Health Services (DHS) and Medi-Cal managed care/health plans; and*
- *Developing the capacity of health home teams “Community-Based Care Management Entities” (CB-CMEs) to be ready by July 1, 2016.*

Health homes funding will provide a new Medi-Cal benefit that funds care/case management and other services for beneficiaries with chronic medical and behavioral health conditions. Homeless beneficiaries who meet State-established health home program eligibility criteria would be eligible for the benefit. The Affordable Care Act (ACA) included the health home benefit (Section 2703) as an optional benefit which states may offer Medicaid beneficiaries with two or more chronic conditions, and provides states with enhanced federal funding (90% funding) for the first two years. The federal Centers for Medicare and Medicaid Services (CMS) provided some guidance to states on taking advantage of this option, but has not issued regulations, giving states considerable flexibility in crafting a health home benefit.

Successful case management programs serving homeless and frequent user populations, such as those funded under the DHS Housing for Health (HFH) program, use evidence-based models of multidisciplinary treatment, such as outreach and engagement using motivational interviewing, frequent face-to-face contact, connection to housing, and housing stability services (i.e., life skills and money management training, community integration, etc.). Study after study shows this package of services dramatically improves health outcomes and reduces Medicaid costs.

The California Department of Health Care Services (DHCS) is working on a State Plan Amendment (SPA) to create a Medi-Cal health home benefit. DHCS intends to submit the SPA at the end of 2015. DHCS is now preparing to release a draft SPA and updated concept paper on December 4, 2015 and to roll out the benefit in initial counties on July 1, 2016.

Managed care organizations will administer Health Home Programs (HHP) in specified counties. DHCS recently sought non-binding Requests for Information from health plans across the state. Within each county, all Medi-Cal managed care health plans that have contracts with the State must agree to implement health home in order for that county's Medi-Cal beneficiaries to be eligible.

The health home benefit will offer a monthly per member, per month rate to health home providers, which DHCS has termed “Community-Based Care Management Entities,” or CB-CMEs. Under the ACA option requirements, DHCS will establish eligibility based on a combination of chronic medical health and behavioral health conditions identified by DHCS. DHCS will also define the services funded in the benefit. CB-CMEs serving homeless beneficiaries would need to include a housing navigator to help beneficiaries complete housing applications, provide housing search assistance, and connect beneficiaries to the appropriate coordinated entry system. DHCS could also define services to include services that promote housing stability. However, the benefit will not fund start-up costs, such as costs necessary to build the infrastructure or to build a Countywide health home network.

The County could join with Medi-Cal managed care plans to create partnerships to ensure the health home benefit is accessible to Medi-Cal beneficiaries experiencing homelessness, and to determine what role the County could play in the administration of the benefit.

A. County-Health Plan Partnership to Administer HHPs

DHS and other health departments could play a leading role in administering and supporting implementation of the health home benefit. Several options exist to create County-health plan partnerships:

1. DHS could convene and lead a County-health plan work group on health homes. A work group could address capacity-building, data-sharing, plan contracting, and other issues in preparation for the roll-out of a health home program in Los Angeles County. DHS could coordinate with health plans in decision-making regarding request(s) for proposals, health plan requirements of CB-CMEs serving homeless beneficiaries, metrics, and data reporting and sharing.
2. DHS’s Housing for Health (HFH) division is well-poised to take a leadership position and play an important role in administering the benefit. One potential option would be for HFH to apply to be a lead CB-CME for homeless services and healthcare providers providing health home services in the County.
3. The Department of Mental Health (DMH) is in the process of establishing Health Neighborhoods in several communities of the County. DMH could also explore whether Health Neighborhoods could become CB-CMEs in some communities.

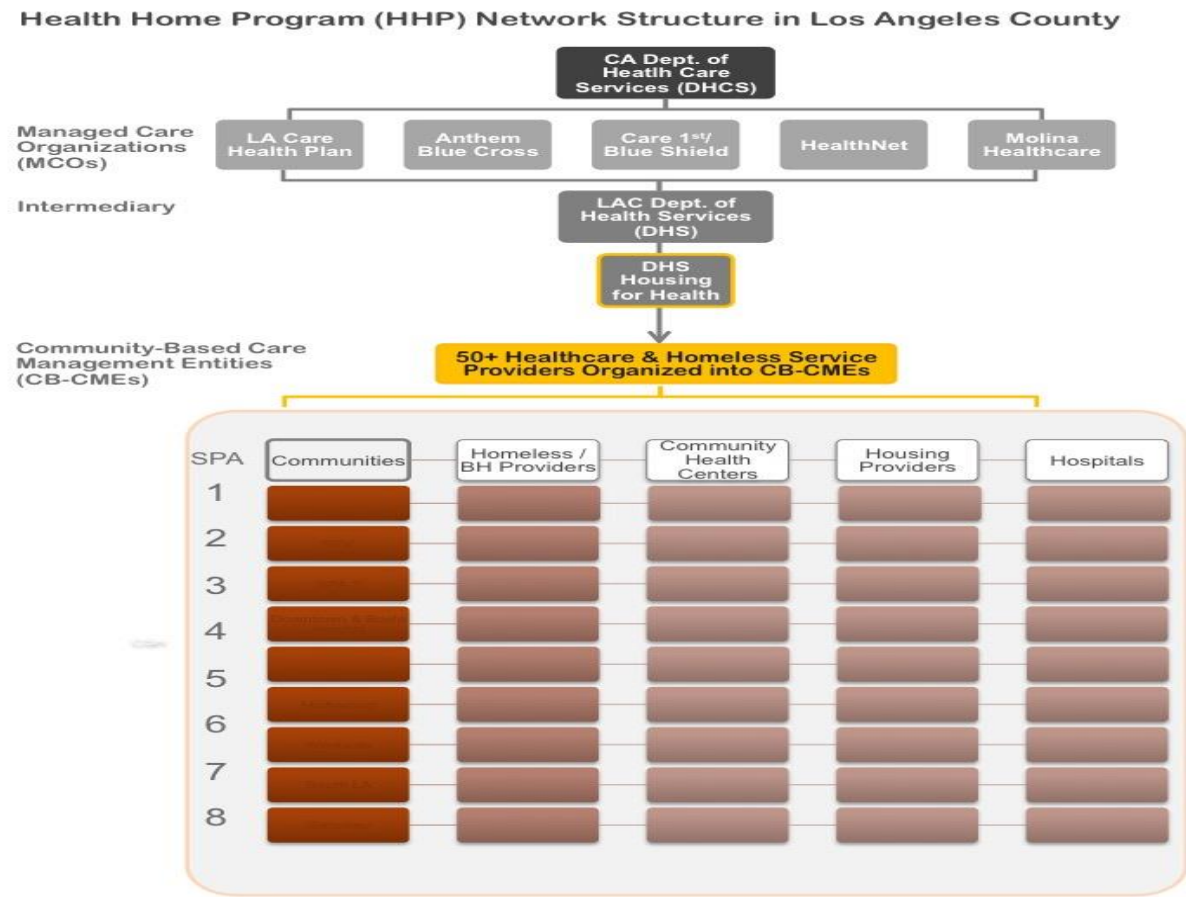
B. Capacity-Building for CB-CMEs Serving Homeless Beneficiaries

As the potential launch of health homes approaches, one significant concern is the current capacity of agencies with the greatest experience serving homeless beneficiaries. The next 12 months are critical in preparing providers across the County for the new health home benefit. With the appropriate level of resources, DHS could help potential CB-CMEs to prepare, which could include in-person training and support for CB-CMEs to build the infrastructure necessary to comply with administrative requirements, to help CB-CME team partners to share data and address HIPAA and health care privacy requirements, and to

“scale and staff up” to serve a significant number of homeless beneficiaries who will become eligible for a health home benefit.

Given significant overlap between the objectives of DMH’s Health Neighborhoods and a health home program, DMH could play a role in facilitating partnerships between Health Neighborhoods and CB-CMEs serving beneficiaries experiencing serious mental illness.

While a number of homeless service providers could expand to offer services to homeless beneficiaries, additional work would be needed to partner homeless services and mental health providers with health centers and hospitals serving residents in many places in the County. This work would involve setting up and conducting meetings with potential health home partners, including hospitals, health centers, and behavioral health providers. In this work, DHS and DMH are important partners to the health plans to design and implement a robust health home benefit in Los Angeles County.



C. Target Population(s)

DHCS has not yet identified populations eligible for the health home benefit. Under the ACA, DHCS must identify specific chronic conditions which could trigger beneficiary eligibility. For purposes of this brief, the target population would be homeless beneficiaries

who are eligible for the health home benefit, though the benefit would be available to a much larger population, and not all homeless beneficiaries would be eligible. The new benefit would be an entitlement, so all who are eligible in participating counties would be entitled to receive health home services, provided the provider infrastructure is in place. Based on rough estimates of the number of homeless beneficiaries who would be eligible statewide, which is based on the number of chronically homeless people and the number of homeless people with disabilities, Los Angeles CB-CMEs could potentially enroll and serve an estimated 12,000-17,000 homeless Medi-Cal beneficiaries eligible for health home benefits.

D. Estimated Costs Per Person to Establish Public-Private Partnerships

Investing upfront in infrastructure, such as data sharing platforms, encryption software, etc., could result in avoiding significant County costs. Potential costs are not yet determined.

II. Opportunities That Make This Proposed Strategy Feasible

As noted above, DHCS is in the process of crafting a new health home benefit. DHCS is planning on submitting a State Plan Amendment (SPA) by December 31, 2015, with an early draft released for public comment on December 4th.

In drafting their SPA, DHCS is implementing Assembly Bill 361, which passed the California Legislature and was signed into law in 2013. AB 361 authorized DHCS to take advantage of Section 2703 of the ACA. The bill further required DHCS to craft a health home benefit in a way that would address the needs of Medi-Cal beneficiaries experiencing chronic homelessness and beneficiaries frequently visiting hospitals for avoidable reasons. The bill included several provisions to ensure DHCS creates a benefit that homeless people could access, such as a requirement that CB-CMEs (or health home providers) have experience addressing needs of homeless beneficiaries and have experience connecting beneficiaries to permanent housing, that CB-CMEs be allowed to provide health home services in places most accessible to beneficiaries, including in a beneficiary's home, and that CB-CMEs include relationships with permanent housing providers and homeless systems to serve homeless beneficiaries.

Since the legislation passed, DHCS has proposed several concepts specific to health home beneficiaries experiencing homelessness, including the following:

- A tiered rate structure that would include an additional per member, per month rate if the beneficiary is homeless or formerly homeless and living in housing for less than one year (a "homelessness modifier");
- A "housing navigator" as part of the CB-CME team, who would assist beneficiaries with finding and securing interim and permanent housing; and
- An "engagement rate" to allow CB-CMEs to receive payment while working to engage beneficiaries, prior to a beneficiary's consent to participate in a health home program.

The Centers for Medicare and Medicaid Services has approved health home SPAs in 19 other states. Several states have received approval of multiple SPAs. Most are intended to address the needs of Medicaid beneficiaries with mental health conditions, but states approach the health home benefit differently. Because CMS has not yet issued regulations on the health home benefit, states have great flexibility in defining and funding services that make up the health home benefit. New York is the only state that has intentionally targeted homeless beneficiaries through a health home benefit; however, the New York SPA does not include requirements specific to homeless beneficiaries.

To administer the New York health home program, which began in 2011, New York City's leaders in medical, behavioral health, rehabilitation and supportive housing service systems, came together to launch a nonprofit health home fiscal intermediary, Coordinated Behavioral Care (CBC). CBC was created with government and philanthropic support, including the New York City Department of Health and Mental Hygiene. CBC is now comprised of over 50 organizations that provide case management, supportive services, supportive housing, and neighborhood-based clinical treatment for medical, mental health and substance abuse disorders. Through the unprecedented joint effort of its members, CBC is enabling community agencies to participate with managed care organizations and hospitals in large-scale, city-wide health care initiatives, including Health Homes. CBC is responsible for: governance, contracts for MCOs, establishing provider networks, consumer outreach and engagement, a 24/7 call center, care coordination standards, central IT for billing, data analytics and performance metrics, technical assistance and consulting, and the learning collaborative. CBC provides the infrastructure for CBOs across the city to provide health home services.

Because multiple agencies in Los Angeles have significant expertise in improving health care and access to homeless beneficiaries and do not have contractual relationships with MCOs, Los Angeles could benefit from a lead fiscal intermediary. The County HFH program could be an ideal intermediary, should the County decide to pursue this function.

Because the HFH program currently dedicates resources to pay for services for homeless County hospital patients, as well as for rental subsidies for these patients, the health home benefit could pay for a substantial portion of costs for HFH services, though it could not fund any costs of housing. Funds saved could then potentially be diverted to the Flexible Housing Subsidy Pool.

III. Barriers to Implementing the Proposed Strategy and Recommendations on How they can be Resolved

In order for Los Angeles County to take advantage of the Health Home benefit a number of system changes would help remove existing barriers to implementation.

A. Use of Health Information Technology

The implementation of Health Homes will require enhancements and changed methods of data entry and changes in how data is shared. Historically, managed care plans have not documented who is experiencing homelessness in Electronic Health Records (EHR). To date, managed care plans cannot cross-reference Medi-Cal billing to identify beneficiaries who are homeless. In order to address this concern, it is recommended that managed care plans use the International Classification of Diseases (ICD-10) code to indicate homelessness in the EHR. The ICD-10 is the standard clinical catalog system to indicate any factors influencing health status that are not otherwise coded through the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). Z59.0 is the ICD-10-CM code used to indicate homelessness. EHRs could include functionality in which to capture ICD-10 codes. Ideally, managed care plans would cross-reference Medi-Cal beneficiaries to this code and then have greater access to information indicating who is homeless in the health plans.

Because ICD-10 codes may not offer the health plans the most accurate data regarding a beneficiary's homeless status, health plans could help create a referral system that would allow for presumptive eligibility and expedited approvals of referrals from CB-CMEs serving homeless beneficiaries.

The HUD Continuum of Care services utilize the Homeless Management Information System (HMIS) as administered by the Los Angeles Housing Services Authority (LAHSA) in order to gather the HUD required data elements for individuals receiving homeless services. HMIS is a web-based application designed to collect information on the characteristics, service needs, and target achievements of clients. Los Angeles Homeless Services Authority (LAHSA) administers HMIS. In 2015, HMIS incorporated the Coordinated Entry System (CES). CES is now used to match homeless individuals to housing. CB-CMEs serving homeless beneficiaries should know how to access CES to identify housing options for homeless beneficiaries. In fact, CES could also incorporate health home program eligibility criteria into CES assessments of housing need to prioritize health home participants for supportive housing.

LAHSA has met with managed care plans to work through the process of addressing legalities inherent in HIPAA and effective data sharing. This process needs to continue to move forward in order to connect people experiencing homelessness to managed care plans and to connect homeless patients to housing resources.

B. Partnerships

Health Homes will require managed care plans to be the "Lead Entity" to contract with CB-CMEs. CB-CME's and managed care plans may require additional support for capacity building in order to meet the requirements of service delivery through a Health Home. Many

providers who have cultural competency to address the needs of homeless beneficiaries do not have the current infrastructure to become a health plan contractor. As noted above, the County could support capacity-building efforts, as well as work in partnership with managed care health plans to help with the process of contracting with agencies who are not currently health plan contractors.

The 10th Decile Project, administered by the Corporation for Supportive Housing, is a collaborative effort in Los Angeles County to connect frequent users of emergency health services to housing and appropriate care. More than 25 organizations, including five Health Center Program grantees, are involved in six neighborhood networks throughout the county to address the needs of the top 10% highest-cost, highest-need individuals experiencing homelessness in the community. This model has resulted in improved housing stability, enhanced health outcomes, and a significant reduction in per person cost to the health care system. In addition to the 10th Decile Project's model of partnership, the DHS' HFH program has become the standard of excellence in terms of partnership, resulting in ending homelessness for nearly 1,000 individuals in less than three years. The County could build on and expand significantly these existing partnerships that have successfully demonstrated effective case management and care coordination support for the Health Home population.

C. Availability of Adequate Housing

As housing is critical to improved health outcomes, available subsidized housing will be critical to the success of the health home benefit. Potential funding sources could include:

- Use a portion of HFH funding now dedicated to services to pay for rental subsidies through the Flexible Housing Subsidy Pool, if cost of services could be covered through Health Home funding or other sources.
- Reallocate McKinney-Vento Homeless Assistance funding now used for services to fund housing costs, if the cost of services could be covered through Health Home funding or other sources.

D. Timing of Implementation

The intended start date for Health Homes is July 1, 2016, DHCS' current planned implementation date for initial counties participating in the benefit. Because the financial model and final required outcomes have not yet been finalized by DHCS nor approved by CMS, the intended start date may be ambitious. Although there is a strong desire for managed care plans to take advantage of the Health Homes benefit option, there is not enough information yet to move forward with initial planning and full implementation.

E. Rate

The County could advocate with DHCS to ensure that DHCS designs the health home benefit to provide an adequate per member, per month rate to offer intensive services to homeless beneficiaries, limit administrative burden, and allow for services promoting housing stability.

F. Sustainability

The health home benefit would be funded through California's Medicaid program (Medi-Cal), typically funded in California at 50% federal funding and 50% state funding. Section 2703 of the ACA allows for 90% federal funding in the first two years of the benefit, and The California Endowment has offered to pay the State's share of costs for these first two years. After the first two years, the federal share of funding for the benefit will drop to 50% for categorically-eligible beneficiaries (on SSI or Social Security benefits) and 100% for Medicaid expansion population beneficiaries (indigent adults).

DHCS has indicated a commitment to administer this benefit beyond the first two years of enhanced federal funding. However, DHCS has also stated the State will not pay the State's share of costs for continuing the benefit *unless* an evaluation completed in the first two years demonstrates Medicaid costs decrease sufficiently among the participants to justify the costs of the benefit. Should the evaluation fail to demonstrate sufficient cost savings, the program would not have a sustainable source of state funding.

IV. Potential Performance Measures

- Number/percent of eligible clients enrolled in Health Home Benefit;
- Patient experiences of improved satisfaction in care;
- Reduced per capita cost of health care via reduced readmissions;
- Improved population health outcomes;
- Among beneficiaries who were homeless when they entered the health home program, percentage now living independently in their own apartments;
- Quality measures, based on state eligibility criteria; and
- Number/percent of health home participants matched to all eligible benefits to which they are eligible.

V. Potential Funding Streams

As noted above, studies show providing services in combination with housing dramatically decrease the health care costs of those experiencing homelessness. If the evaluation of the first two years of the Health Homes Program examines the impact of the benefit on specific populations, and if the benefit is administered in a culturally-competent manner following evidence-based practices, the State is expected to realize sufficient cost savings to fund the benefit for homeless populations on an ongoing basis.

In the event the State fails to achieve cost savings sufficient to pay for the ongoing costs of the benefit, the County would be required to: (1) fund the State's share of costs; (2) identify an alternative funding stream; or (3) allow the program to end. Relative to option 2, Mental Health Services Act funding could act as a potential funding stream, as could County DHS contributions to the HFH program.

The County could also advocate to the State to allow the County and health plans to create a “risk-savings pool” to draw on these funds for state matching funding. Federal guidance allows for using Medi-Cal money saved under a health home option to fund ongoing state matching requirements under the health home benefit.

Potential Strategy 5.2

Placeholder for the 1115 Medicaid Waiver

Los Angeles County should explore developing a proposal for a Whole Person Care Pilot program which includes services and some housing assistance (if allowable) for people who are experiencing or at high risk for homelessness. A portion of County and City funding that is available to invest in solutions to homelessness could be used to qualify for matching federal funds through the terms of California's new 1115 Medicaid waiver.

California's Department of Health Care Services is currently negotiating with the federal government (Center for Medicare and Medicaid Services, or CMS) the terms of a new 5-year 1115 Medicaid waiver, which will replace the current, expiring waiver by the end of the calendar year. One of the waiver provisions, which has been proposed by the state and is supported by CMS, would authorize Whole Person Care Pilots. These pilots would be county-based programs to provide more integrated care for high-risk, vulnerable populations. The waiver will authorize up to \$300 million statewide, annually for five years, to be matched by an equal amount of non-federal funds. Counties will be invited to submit applications for funding through a statewide, competitive process. Participation by a county is voluntary.

Between now and December 31, 2015, the state and CMS will negotiate Special Terms and Conditions (STCs) for the waiver and these STCs are expected to provide more details about the proposed Whole Person Care Pilots, including pilot program design, potential target populations, allowable uses of federal matching funds, requirements for non-federal funds, and performance measures/evaluation design.

Potential Strategy 5.3

Drug Medi-Cal Organized Delivery System (DMC-ODS) for Substance Use Disorder Treatment Services

I. Description of the Proposed Strategy

How the DMC-ODS Can Expand Services for Homeless Individuals

The approval of the California Department of Health Care Services (DHCS) Drug-Medi-Cal Organized Delivery System (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.

This waiver, coupled with the expansion of Medi-Cal eligibility to include single childless adults with incomes up to 138 percent of the Federal Poverty Level (FPL), greatly expands opportunities for individuals, including the homeless, to access substance use disorder (SUD) services. Furthermore, DMC waiver services will be an entitlement for all Medi-Cal beneficiaries who qualify based on medical necessity, and DMC will become the primary payer for most individuals seeking publicly funded treatment services. The program will soon include a more robust benefit package (as described in the next section), which will allow SAPC to shift other SUD financing sources that currently support these services to be utilized to provide services to the un/under insured and undocumented individuals, as well as to provide other necessary services not covered by Medi-Cal (e.g., room and board rate for residential services, sober living).

This system transformation will provide opportunities to better serve homeless adults needing SUD treatment services, and improve care coordination with physical and mental health, and other health/social services. It is anticipated that costs associated with providing SUD treatment services for homeless adults will largely be covered by DMC and the cost per individual will vary depending on what services are required and for what duration.

II. Opportunities That Make This Proposed Strategy Feasible

The DMC-ODS and Expanded SUD Benefits for Medi-Cal Eligible Beneficiaries

Los Angeles County intends to submit the DMC-ODS Implementation Plan by January 2016. Once the plan is approved by DHCS and CMS, and the new County contract with the State is executed by the Board of Supervisors, the expanded services can be provided and reimbursed. The DMC levels of care (LOC) would then include withdrawal management (formerly detoxification services), 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; however, SAPC would not receive federal funding for treatment after the first 30-day extension for residential treatment, and would have to utilize other SUD funding for treatment after that point. DMC does not reimburse for sober living homes, but limited slots are available through AB 109 and Adult Drug Court Treatment Program funding for these populations.

Substance Abuse Prevention and Control (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. Network adequacy is also dependent on the ability of DHCS to certify new providers and LOCs, particularly residential treatment facilities.

III. Barriers to Implementing the Proposed Strategy and Recommendations on How They can be Resolved

SUD System Barriers to Effectively Serving Homeless Individuals

The SUD treatment system, even with the expanded DMC-ODS benefit, does not fund transitional or permanent housing except for a limited number of sober living facility slots. Furthermore, residential treatment services are time-limited and require eligibility based on medical necessity and not housing status. Therefore, while homeless individuals with SUD treatment needs could receive services at the appropriate LOC, SAPC and its provider

network need to collaborate with other agencies to secure long-term housing. The County should align the DMC-ODS benefit with the Health Homes efforts of the local Medi-Cal managed care plans, as well as any potential provisions in the Section 1115 waiver that focus on homelessness. The availability of housing is particularly important for individuals transitioning from short-term residential programs who need a stable residence post-discharge to support treatment gains.

At this time, SAPC anticipates that there will be a need for additional residential treatment slots and additional network capacity more generally across LOCs. SAPC is in the process of engaging a consulting service to assist providers in the DMC certification process and developing the capability to deliver the continuum of services in accordance with the ASAM criteria and the DMC-ODS waiver requirements. It will also be important that existing residential treatment facilities receive DMC certification from DHCS so that currently unfunded beds not currently eligible for Medi-Cal reimbursement can be filled with DMC beneficiaries. This shift is essential since it can be time- and resource-intensive to receive local and State approvals for new facilities.

While it is possible for non-residential service providers to repurpose their facilities for residential SUD treatment, that process would require substantial changes. Those facilities would have to develop many capacities, including 24-hour staffing and the ability to provide and document individual, group, case-management, and recovery support services using evidence-based practices; assessing clients using approved tools and determining placement and on-going services based on medical necessity; and the ability to comply with other State and County requirements. Partnering with an established residential treatment agency may provide a better opportunity to leverage the appropriate resources and expertise in the earlier phases of waiver implementation.

One significant change in service provision with the waiver is the ability to provide and receive reimbursement for care delivered in the field, rather than strictly at certified locations. This provision opens the door for service providers that specialize in serving the homeless to provide services such as assessment, individual counseling, case-management, and recovery support in non-traditional settings. This flexibility would also allow practitioners to more effectively engage clients and introduce them to clinic-based services over time, both SUD and other health/social services.

SAPC's DMC provider network development activities will prioritize contracting with agencies with specialized expertise and unique approaches to providing services, including those who focus on services for individuals who are homeless.

- ***Recommended Strategy 1: Utilize SAPC network to provide the full continuum of DMC-ODS waiver services in a culturally competent manner to people experiencing homelessness.***

- *Recommended Strategy 2: Leverage new flexibility through the DMC-ODS waiver to increase access to SUD services by providing mobile services in the community for people experiencing homelessness.*

IV. Potential Performance Measures

SUD Performance Measures

- A. X% of homeless individuals with a positive SUD assessment who were referred to and initiated treatment at the ASAM-designated level of care.
- B. X% of homeless individuals who remained engaged in treatment after initiating treatment (i.e., after 4 or more treatments within 30 days).
- C. X% of homeless individuals transitioned down to the next appropriate level of care (e.g., withdrawal to residential, residential to outpatient, and outpatient to recovery services).

V. Potential Funding Stream(s)

Funding for SUD Services

DMC will be the primary funder for SUD treatment services for Medi-Cal eligible beneficiaries. Until Los Angeles County's DMC-ODS Implementation Plan is approved and the new contract executed, new services (e.g., withdrawal management, residential, recovery support) will not be reimbursable by DMC, but may be available under other funding sources.

SAPC anticipates no Net County Cost as a result of the DMC waiver implementation. Existing financing streams (i.e., Realignment funds, Federal Financial Participation, the Federal Substance Abuse Prevention and Treatment Block Grant, and the State General Fund) will support the newly-available services. Further, while the administration of the new organized SUD delivery system will require additional SAPC full-time employees, SAPC is eligible to receive Federal matching funds for administrative expenses for up to 15% of County DMC program costs, and the Federal matching rate is 75% for the cost of the administrative capacity that SAPC is building to operationalize an organized delivery system. SAPC expects that this Federal financial participation and other available funds will offset the cost of additional staffing items.

Potential Strategy 5.4
Creating Partnerships for Effective Access and Utilization of ACA Services by Persons
Experiencing Homelessness

I. Description of the Proposed Strategy

Develop effective partnerships between health plans, health care providers (including health, mental health and substance use disorder), and homeless service providers to: A) Identify and share information; B) Emphasize case management for health care services; C) Promote health literacy education; and D) Connect the homeless to health care and services, as described below.

- A. Identify and Share Information: Establish practices to ease the ability for homeless service providers to share information on homeless clients to determine enrollment status, assigned health plan and health care provider. This could include a process such as granting access to this information for Service Planning Area (SPA) CES/HFSS Leads, establishing a hotline, or sharing data between established homeless and health care systems. 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.
- B. 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. The positive impact on cost to the system of providing intensive case management services to high-need homeless individuals was clearly evidenced by a project carried out in Los Angeles County referred to as the 10th Decile Project conducted by the Corporation for Supportive Housing. Homeless individuals found to be in the costliest decile of spending were assigned a case manager from one of seven participating housing service providers who helped them find housing, medical homes, and other services. Preliminary results of a pilot test of this approach between 2011 and 2013 found

dramatically reduced service use including a 71 percent reduction in emergency department utilization, an 85 percent reduction in hospital readmissions, and an 81 percent reduction in in-patient days. The average cost-reduction per participant was \$59,415. This study and the work being performed in the Housing for Health (HFH) program, as well as outcomes reported by HFSS and CES, demonstrate that 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. In essence, ensuring that persons with complex health needs, who are experiencing homelessness, are linked to supportive field-based case management teams increases the likelihood that they will proactively access needed health care services (i.e, public health, mental health, and substance use disorder services).

The process and infrastructure under which funding could be provided to enable homeless service providers to work closely with the health plans and health providers could take several forms. One option would be to build upon the success found in CES/HFSS by regionally delivering services via the 8 SPAs. One possible structure could include Federally Qualified Health Centers (FQHCs) applying to the health plans to act as regional leads and subcontracting with homeless service providers on a reimbursement basis.

C. 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. The education program will include the following components:

- Consumer-friendly trainings for homeless clients;
- Short consumer-friendly materials aimed at assisting homeless individuals with navigating the health care system;
- Train-the-trainer trainings, including webinars for agencies that work with the homeless population;
- Technical assistance to homeless service providers assisting clients with accessing health coverage and/or health care services; and
- Using existing peer navigators to assist with outreach, engagement and education.

Target Population(s):

Homeless clients, homeless services providers, health plans and health care providers, as well as staff at public agencies, such as the Department of Public Social Services and the Department of Health Services.

Estimated cost: per person - \$50–\$100

- D. Connect Homeless People to Health Care and Services: Utilize coordinated entry systems (CES/HFSS/SAM) to connect homeless people to 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.

In order to ensure geographic coverage for persons experiencing homelessness throughout Los Angeles County, each SPA has a lead agency coordinating services for HFSS and CES. For CES, the SPAs have been subdivided to facilitate local collaboration and lead agencies have subcontracted with other established homeless service providers. Similarly, the Department of Public Health (DPH) has identified lead agencies to operate the Community Assessment Service Centers, which take primary responsibility for linkage to appropriate substance use services.

Promising practices already in place through HFH and SAM that could be expanded include adding requirements in the statement of work for Intensive Case Management Services providers to link clients to both health insurance and primary care providers. Providers could be required to report on health care progress regularly, including assessing individual client barriers to accessing primary care (e.g. transportation, shame/stigma, control issues) and to ensure that case management service providers actively address these issues.

II. Opportunities That Make This Proposed Strategy Feasible

1. Developing Partnerships: The development of partnerships between the health plans, health providers and homeless service providers, along with clear protocols for sharing data among the health care and homeless service systems, has proven to be effective in linking homeless clients to health care and reducing negative health outcomes and frequent ER use among homeless populations. A framework such as the Health Neighborhoods created by the Department of Mental Health (DMH) could be an aid in

supporting the development of these partnerships to promote the objectives mentioned above in strategies A and B. There are currently seven (7) Health Neighborhoods being piloted, which can be expanded to include homeless service providers and health plans. For the remaining areas, the process that has been established to develop Health Neighborhoods can be replicated to identify and build off of existing partnerships, and gather information about additional resources needed to achieve the strategies.

2. Health Literacy Education: DPH's Children's Health Outreach, Enrollment, Utilization and Retention Services currently funds at least two community-based organizations, Neighborhood Legal Services of Los Angeles County (NLSLA) and Maternal and Child Health Access (MCHA), to conduct comprehensive health program trainings for enrollment counselors, community-based organizations (CBOs), and other community partners. L.A. Care has previously provided funding to a community-based organization to conduct trainings on the transition of seniors and persons with disabilities into managed care organizations and the Coordinated Care Initiative. Programs such as these could support the development of Strategy C.
3. HFH: An effective homeless health care and housing service delivery program, such as HFH, serves as a model to support strategies B and D. The Department of Health Services (DHS) via HFH has established subcontracts with a number of established homeless service providers to deliver Intensive Case Management Services (ICMS) for persons experiencing homelessness with complex health care needs (health, mental health, and substance use disorders). Services provided by ICMS teams mirror those proposed under the potential Whole-Person Care Pilots referenced in the 1115 Waiver and the concept of Health Homes for clients with complex health and behavioral health needs. The HFH model has proven to be very effective in linking chronically homeless individuals with appropriate housing and health interventions.

III. Barriers to Implementing the Proposed Strategies and Recommendations on How They can be Resolved

Potential barriers to implementing the strategies discussed above include the challenges of identifying and conducting outreach to homeless clients, as well as the lack of mechanisms to track health outcomes and health coverage retention rates for homeless clients. To address this, organizations carrying out the education program could work in partnership with the Los Angeles Housing Services Authority (LAHSA) and County departments working closely with the homeless (such as, the Department of Public Social Services, DMH, DHS, DPH, etc.), health care providers, homeless service providers, and health plans, to identify and track homeless clients, conduct outreach, distribute consumer materials, and secure

transportation and training space. This could be done through the creation of a stakeholder advisory committee and the creation of a system to share information about homeless clients between County agencies, health plans, and other entities.

IV. Potential Performance Measures

- Survey results for participants of consumer and train-the-trainer education programs;
- 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;
- Survey of client wellness - similar to USC Transitions to Housing Study;
- Percentage of eligible persons enrolled in HMIS with a health care provider identified; and
- Attendance at an annual wellness evaluation with a PCP.

V. Potential Funding Stream(s)

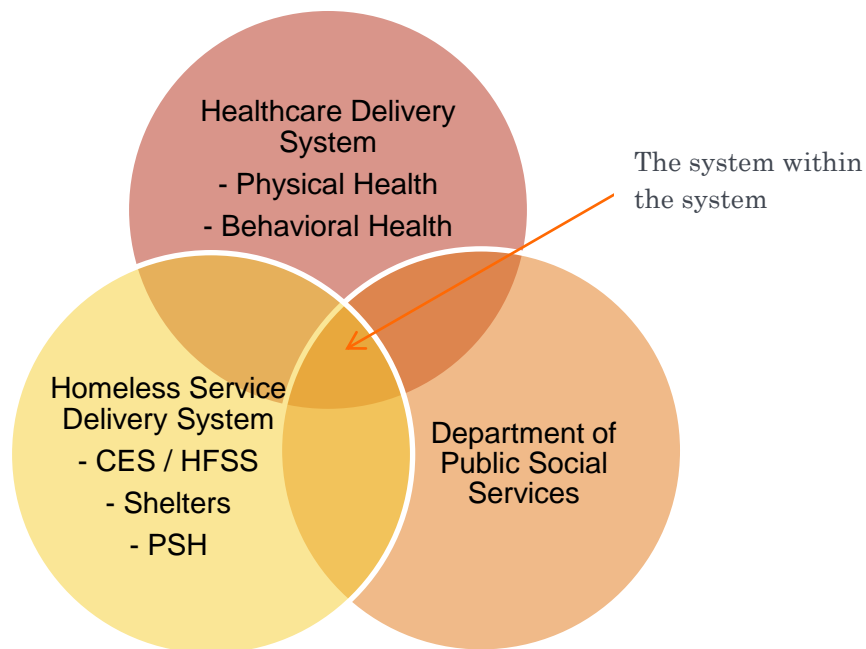
- Funding from county agencies that have previously funded CBOs to carry out similar work such as DPH and DHS;
- Federal funding such as grants through the Department of Health and Human Services' Administration for Children and Families. Funding from private foundations such as the California Endowment, the California Wellness Foundation, Blue Shield Foundation, etc.;
- Funding provided by health plans; and
- Per capita reimbursement provided to organizations providing homeless case management via funds available through the 1115 Medicaid Waiver and/or Health Homes provided under the Affordable Care Act.

Potential Strategy 5.5

Creating a Homeless Health Care System within a System

I. Description of the Proposed Strategy

With few exceptions, the dominant systems of health care delivery fail to address the unique needs of the homeless population. To appropriately serve this population, new strategies of engagement and models of service delivery and care coordination are required to enable systems and individuals to intersect in meaningful ways. An integrated health system specifically tailored to the homeless population—a system within a larger physical health, mental health, and substance use disorder care system — is one key strategy to address these challenges.



To be successful, this health care system within a system must: 1) have no wrong entry points or ‘doors’ to care; 2) integrate an array of physical health, mental health, and substance use disorder (SUD) services; 3) remain sensitive to the unique realities and lived experiences by maintaining a level of ‘homeless cultural competence’; and 4) effectively

challenge public entities and community-based organizations to work together in unprecedented ways to maximize services to those who lack stable or secure shelter including new strategies, systems, and platforms to aggressively enroll and retain chronically homeless individuals on Medi-Cal.

Areas of work for the system within a system will include:

1. *Identifying and engaging* chronically homeless individuals entering the delivery system through “any door”;
2. *Assessing* their needs and navigating them to permanent housing and appropriate services across sectors – requires seamless referral and coordination between the homeless service and social service sectors and the physical and behavioral health delivery system;
3. *Ensuring* that each individual has *access* to a continuity provider – primary care provider or behavioral health provider;
4. *Supporting recovery and self-efficacy* and providing care coordination services (whether through improved coordination between existing case managers or assignment of new care coordination staff);
5. Developing successful *transitions of care* – e.g. hospital-to-community, emergency department-to-community, jail-to-community, etc;
6. Cultivating and developing a culturally competent *workforce* of specialty providers—including individuals with lived experience--skilled at providing and linking chronically homeless to services;
7. Mapping the *service landscape* (formal and informal) where the chronically homeless access care, wellness services, etc.

In order to create this system within a system, Los Angeles County could consider several specific changes to improve outcomes for chronically homeless people with significant health issues:

- Designate specific physical health, mental health, and substance use disorder providers to deliver treatment to the members of the target population;
- Fund additional supportive services (such as case management, housing navigation, and housing retention);
- Fund additional housing subsidies or prioritize access to existing housing resources;
- Expand existing specialized health access points and/or create additional access points;
- Create electronic infrastructure to facilitate communication between health and homeless services providers; and
- Modify Medi-Cal eligibility and/or renewal processes to facilitate continuous enrollment for qualifying individuals.

Target Population(s)

Many different groups of people experience homelessness. These include: chronically homeless adults, veterans, families, transition aged youth, and single adults, Understanding the different needs, eligibility for benefits and services, and receptivity to engaging in health care and other services, of each of these groups and the subgroups within them allows for tailored strategies and approaches.

While the L.A. County physical health, mental health, and substance use disorder (SUD) care system needs to serve all individuals experiencing homelessness, there may be a special role to play for individuals who are chronically homeless, or who are homeless and also have significant physical health, mental health, or SUD needs. A system within the health care system could provide specialized care settings and/or services to these individuals. If the system within a system did not include all homeless families and individuals, specific eligibility criteria would need to be defined (e.g. chronically homeless vs. homeless plus a specific diagnosis, including, for both categories, those with high utilization of ER & IP services). If homeless people meet appropriate criteria, they should be included, whether or not they receive Medi-Cal physical health services through the Department of Health Services.

Potential Target Population	Approximate # of People in L.A. County <i>(Based on 2015 Homeless Count)</i>
Chronically Homeless Individuals	12,300
Chronically Homeless Families	1,800
Chronically Homeless plus High Utilizers of ER & IP Health Services	4,400 (i.e. "10th Decile")
Homeless plus Serious Health Condition	14,000 - 18,000 (Rough estimate)
Homeless plus Serious Mental Illness	12,000
Homeless Plus Substance Use Disorder	10,000
<i>Please note: only rows 1 and 2 are mutually exclusive of one another. Otherwise, all rows overlap with one another to some degree.</i>	

II. Opportunities That Make This Proposed Strategy Feasible

- Medi-Cal eligibility for nearly all homeless people.
 - This new system will need new mechanisms and strategies to leverage financial resources to ensure sustainability. While an ideal system would serve all individuals regardless of their benefits, this system is best maintained - and homeless people's access to, and continuity of, quality health care fostered - when Medi-Cal penetration rates are maximized.
- Existing specialized physical health, mental health, SUD care settings for individuals experiencing homelessness.
- Existing specialized services available through the physical health, mental health, SUD systems for certain individuals experiencing homelessness.
- More organization and coordination within the homeless services sector (e.g. Coordinated Entry Systems (CES), Homeless Families Solutions Systems (HFSS)).
- More organization and coordination within the health care service delivery sector with the expansion of Health Neighborhoods, which can include homeless service providers.
- Upcoming expansion of SUD services through the Drug Medi-Cal waiver.

III. Barriers to Implementing the Proposed Strategy and Recommendations on How They can be Resolved

- Barrier: Designing a system that accommodates regional variation in the demographics of homeless people, and the regional variation of the current system of homeless services providers and their partner physical health, mental health, and SUD service providers.

Potential Approach: Develop regional approaches linked to CES in each Service Planning Area so that the “system within a system” is responsive to local needs and addresses the differences in available services in different regions of the county. CES is designed to assess housing needs. A system to assess health care needs linked to CES should leverage both the existing housing placement system and the health care system.

- Barrier: Funding the services needed to engage and link people experiencing homelessness with health care.

Potential Approach: Invest in the health of chronically homeless individuals by funding support services within homeless services agencies as well as within the health care system. Many homeless services case managers provide support in all aspects of a client's journey to housing (for example - Housing for Health Intensive Case Management Services). Intensive and on-going case management is essential to sustaining housing, which is an essential ingredient for improved health. Without it, a client can easily fall back into homelessness.

- Barrier: Homeless services providers in housing, legal, health care, and related services have various levels of knowledge about the Medi-Cal funded safety net health system, and should be educated about systems changes as they occur.

Potential Approach: Build on trainings that have been offered to providers by the health plans and United Homeless Healthcare Partners (UHHP). Increase the frequency and fund the training.

- Barrier: A “system within the health care system” could be more complicated and more difficult to access than existing entry points into the health system.

Potential Approach: Create clear eligibility criteria that are aligned with existing tools (e.g. VI-SPDAT) and programs (e.g. federal definition of chronic homelessness). Create a simple entry and exit process. Build relationships amongst staff of local physical health, mental health, SUD, and homeless/social service providers.

- Barrier: Potential to increase health provider discrimination against people experiencing homelessness.

Potential Approach: Hold health providers accountable to provide non-discriminatory services using existing managed care and health regulation (e.g. EMTALA). Provide support to individuals experiencing homelessness as they navigate all parts of the health care system (e.g. using patient navigators).

- Barrier: Many health-related costs would not be counted in the Medi-Cal managed care rate setting process, even if they do result in overall health care savings.
 - Background: Medi-Cal managed care rates are based on health plans' reported costs and a variety of cost and utilization assumptions made by the state. Each year the plans submit an extensive Rate Development Template (RDT) that details all of their costs and service utilization for the reporting year, usually with a two-year delay. The state's actuary, Mercer, applies trend factors as well as policy changes impacting cost or utilization to the data. To the extent that a health plan is able to reduce health care costs or utilization, those reductions are reflected in the data submitted via the RDT and, thus, applied to the plans' rates through the rate setting process. The relationship between the plans' costs and the final rates are not directly correlated due to the variety of assumptions and factors applied during the rate setting process. The costs included in the RDT for medical services are limited to those costs considered Medi-Cal benefits. If a plan utilizes dollars for non-benefit costs, these initiatives must be paid for using administrative dollars. The plans' final rates do not reflect the plans' actual administrative costs. Instead, Department of Health Care Services (DHCS) adds a small percentage on top of the

medical costs for administration, profit and risk. If a plan's administrative costs are deemed too high by DHCS, the plan may experience further rate reductions.

Potential Approach: The County of Los Angeles could advocate that DHCS amend its Medical State Plan to include permissible housing-related costs for homeless people with significant health needs. (See CMCS Informational Bulletin re: Coverage of Housing-Related Activities and Services for Individuals with Disabilities, 6/26/2015)

IV. Potential Performance Measures

Service Provider Metrics:

- Percent of direct services provided in the field (or in other accessible settings);
- Respond to referrals within 72 hours; 24 hours if from an institutional setting;
- 15:1 client-to-direct service staff ratio for intensive case management;
- Maintain an integrated mental health, physical health and substance use care plan for 100% of clients;
- Refer clients to self-help, peer support and caregiver support groups;
- Hire some paid staff who are consumers and/or patient advocates within health care settings;
- Utilize evidence-based programs: Housing First, Harm Reduction, and Critical Time Intervention
 - Housing First: Housing First is an approach to ending homelessness that centers on providing people experiencing homelessness with housing as quickly as possible – and then wrapping services around them, as needed.
 - Harm Reduction: A set of practical strategies and ideas aimed at reducing negative consequences associated with drug use, potentially including safer use, managed use, abstinence, and addressing conditions of substance use along with the use itself.
 - Critical Time Intervention: A structured, nine-month intervention that provides support to people during and after a transition to community living from shelter, hospital, or other institutional setting, with the primary goal of preventing a return to homelessness and other adverse outcomes.

Client Metrics:

- Percent of clients whose health, mental health and SUD treatment outcomes improved;
- Percent of clients satisfied with their services;
- Percent of clients connected to a primary physical care provider;
- Percent of clients with mental health or SUD needs who are connected to mental health and/or SUD treatment;

- Percent of clients completing recommended preventative services/screenings (e.g. receipt of influenza/pneumonia vaccines);
- Percent of clients who obtained housing;
- Percent of clients who retained housing for a minimum of 1 year;
- Reduction in rate of emergency room visits;
- Reduction in rate of incarcerations;
- Reduction in rate of hospitalizations (admissions and/or readmissions);
- Percent of clients who applied for benefits for which they qualify (CalFresh, SSI, General Relief); and
- Percent of clients who attained benefits.

V. Potential Funding Stream(s)

- Medi-Cal Managed Care Capitation Dollars: Medi-Cal managed care (MMC) plans are paid a fixed, monthly amount for each of their actively enrolled Medi-Cal members on a per member, per month (PMPM) basis.
 - In general, this amount varies based on the member's aid category (TANF program, Medi-Cal Expansion, Seniors/Persons with Disabilities, other) and their acuity level in terms of need for institutional or other intensive care (Community Well, Home and Community-Based Low, Home & Community-Based High, and Institutional). There are some modifiers based on health conditions (e.g. higher rates for members diagnosed with HIV/AIDS) but not for housing status or other social determinants of health.
 - MMC Plans must provide members access to all benefits defined in the plan's contract with the state DHCS, including physical health care, mild-to-moderate mental health care, and pharmacy coverage. MMC plans may elect to cover additional services and supports that promote improved member health and wellbeing; however, the costs of these additional services/ supports are not included in future rate-setting (see Barriers above).
 - Federal regulations prohibit states from using Medi-Cal dollars to pay for room and board, but allow for flexibility regarding housing-related services and activities. (See CMCS Informational Bulletin re: Coverage of Housing-Related Activities and Services for Individuals with Disabilities, 6/26/2015)
- ACA Section 2703 Health Homes: 8 quarters of Federal funding that will be used for intensive, in-person care coordination, including housing navigation.
 - Federal requirements state that eligibility criteria can be based on diagnosis and acuity level; while many homeless individuals will qualify, not all will, and homelessness is not an eligibility criterion in itself.
 - Start date, program design, and rates are to be determined.

- 1115 Waiver Whole Person Care Initiative: Up to five years of additional funding to California for cross-sector initiatives to improve health for vulnerable Medi-Cal populations.
 - Program requirements, eligibility criteria, program design, rates, and start date are to be determined.
- Potential Mental Health Funding Streams: When specialty mental health and other funding-specific criteria are met for the individuals receiving services:
 - Federal Projects for Assistance in Transition from Homelessness (PATH);
 - State Mental Health Services Act (MHSA);
 - Medi-Cal; and
 - County General Funds.
- Potential SUD Funding Streams: The new Drug Medi-Cal Organized Delivery System creates the potential for increased use of several funding streams for SUD treatment and services:
 - Federal Financial Participation (FFP, or matching funds);
 - County Realignment;
 - Substance Abuse Prevention and Treatment (SAPT) Block Grant; and
 - State General Funds for Intensive Outpatient Treatment.

Appendix A: Estimated Costs for Selected Health-Sector Programs, Per Person Per Year

Los Angeles County has a number of existing health-sector programs that serve chronically homeless individuals or other homeless people with significant health needs. These programs could potentially be expanded or replicated to create additional capacity for a “system within a system.” Costs below are *estimates* and vary depending on the services and programs to be expanded. Client counts below show the varied scale of the different programs.

Program Name and Description	Estimated Costs	Notes
<u>Housing for Health</u> – Strives to end homelessness in Los Angeles County, reduce inappropriate use of expensive health care resources, and improve health outcomes for vulnerable populations. HFH provides intensive case management, permanent supportive housing, recuperative care, and specialized primary care to homeless people with complex physical and behavioral health conditions.	Average Cost of Case Management \$400-450 Per Member, Per Month (PMPM) Average cost of rental subsidy \$825 PMPM Total annual costs per client, including admin \$1,500 PPPM → \$18,000/year	Client Count = 1,000+ as of June 2015
<u>Full Service Partnerships</u> – The foundation of Full Service Partnerships is doing “whatever it takes” to help individuals on their path to recovery and wellness. Full Service Partnerships embrace client driven services and supports with each client choosing services based on individual needs. Unique to FSP programs are a low staff to client ratio, a 24/7 crisis availability and a team approach that is a partnership between mental health staff and consumers.	Annual service costs per client range from \$8,450-\$13,500 Annual housing costs per client, above/beyond vouchers, \$55-\$700 Annual Client Supportive Services (CSS) costs per client \$130-\$1,530 Total annual costs per client \$9,350-13,600 depending on age	These costs are based on information on FSP provided to children, TAY, adults and older adults. Costs vary widely depending on age. (costs rounded) Client Count = 10,924 (FY 2014/15)
<u>Project 50</u> – identified the 50 most vulnerable, long-term homeless individuals living on the streets in Skid Row. Begun in 2007 and has since expanded to other areas.	Annual service cost per client \$5,512 Annual HACLA housing costs per client \$8,170 Annual CSS costs per client \$85 Annual total cost per client \$13,767	Costs are based on DMH estimates for FY 2014/15. Client Count = 50

Program Name and Description	Estimated Costs	Notes
<p><u>Needs Special Assistance (LAC+USC)</u> - County of Los Angeles, Department of Public Health, Substance Abuse Prevention and Control (DPH-SAPC) awarded Social Model Recovery Systems, Inc. (SMRS) a grant to establish a community prevention project surrounding Los Angeles County + University of Southern California Medical Center (LAC+USC MC) entitled: Community Centered Emergency Room Project (CCERP). The project's two-pronged approach is to provide targeted outreach to the Needs Special Assistance (NSA) population to establish linkages and enhance community engagement in order to reduce risk factors. The program was also known as the LAC+USC Street to Home Project and is now operated through IMHT funding.</p>	<p>Annual program costs \$205,274</p>	<p>Client Count = 391 outreach recipients vs. 109 housed</p>
<p><u>Integrated Mobile Health Team</u> – A client-centered, housing-first approach that uses harm reduction strategies across all modalities of mental health, physical health, and substance abuse treatment. The service model is designed for individuals with a mental illness and their families, if appropriate, who are homeless or have recently moved into Permanent Supportive Housing (PSH) and have other vulnerabilities. Mental health, physical health and substance abuse services are provided by multi-disciplinary staff working as one team, under one point of supervision, operate under one set of administrative and operational policies and procedures and use an integrated medical record/chart.</p>	<p>Annual service cost per client \$20,839.77 Annual CSS cost per client \$2,670.18 Annual total cost per client \$23,509.94</p>	<p>Client Count = 300 (FY 2014/15)</p>
<p><u>10th Decile Project / FUSE / Social</u></p>	<p>\$15,159 One-time costs</p>	<p>Client Count =</p>

Program Name and Description	Estimated Costs	Notes
<u>Innovation Fund</u> - The FUSE (Frequent Users Systems Engagement) 10th Decile Project pilot helps hospitals collaborate with homeless service providers and community health centers to target and house the highest-cost, highest need individuals in supportive housing – and surround them with supportive medical and mental health homes.	to house each patient, including the first year of local subsidies for rent and supportive services \$3,518 Annual rent subsidy in the second and subsequent years, in addition to the Section 8 subsidy \$3,000 Annual cost for enriched supportive services in the second and subsequent years \$18,159 total cost per person for year one.	163
Estimated cost to provide housing, housing navigation, and care management for Integrated Recovery Network	Housing = \$1,000 PMPM SUD treatment, case mgmt, supportive svcs. = \$625 PMPM Average annual cost = \$19,500 / client	Client Count = 75

Appendix B: Strategies to Facilitate Continuous Medi-Cal Eligibility for People Experiencing Homelessness

Current DPSS efforts to stay in touch at Medi-Cal renewal

DPSS efforts to stay in touch with homeless beneficiaries begin at initial Medi-Cal application. It is important that we attempt to have a valid mailing address to ensure beneficiary remains informed of case status at all times.

Individuals indicating that they are ‘Homeless’ are asked to provide a mailing address and a phone number, if available. The DPSS District Office address is used when an applicant is unable to provide a mailing address. In these instances, the individual is required to do a mail check at the District Office at least once a week.

MAGI Medi-Cal Only Beneficiaries

The Affordable Care Act (ACA) expanded the eligible Medi-Cal population to include single adults aged 19-64. Most homeless single adults are within this age group and are usually eligible under the ‘MAGI’ program. The renewal process for this age group is completed via an Electronic Health Information Transfer (eHIT) process, which includes automated ex-parte review. Based on existing information, the renewal process is seamless and is completed with minimal correspondence between DPSS and the beneficiary. Our long term goal is to obtain the necessary information from our MAGI population at initial application. This step will allow us to complete an automated renewal process without the need to contact the beneficiary. Based on this ‘Happy Path’ scenario, the beneficiary would receive a notice indicating their eligibility has been re-established for twelve months.

No Discrepancies

- Automated eHIT process is done 60 days before the renewal due date.
- If no discrepancies, the case is authorized and the Approval Notice of Action will be generated.
- Beneficiaries without a mailing address may obtain their Approval NOA based on the mail check process.

Discrepancies

Discrepancies during the eHIT process requires the mailing of the Pre-Populated Medi-Cal Renewal Form (MC 216).

- The MC 216 is mailed with a 60-day due date to beneficiaries with a mailing address.
- Homeless beneficiaries using the District Office as their mailing address are provided the MC 216 during their mail check.
- If renewal is not completed:

- Automated phone call reminder is made.
- Reminder notice is sent to beneficiaries 30 days prior to renewal due date.
- Termination Notice of Action is mailed 10 days before the termination date.
- Beneficiaries have up to 90 days from the date of termination to provide the information needed to re-establish eligibility.

Non-MAGI Medi-Cal Only Beneficiaries

The Non-MAGI renewal process requires annual verification of property and resources. This current information is needed to re-establish Medi-Cal eligibility. This is not an automated renewal process. This Non-MAGI program is mainly comprised of the Aged, Blind, and Disabled population. A minimal number of these Medi-Cal beneficiaries are identified as homeless.

- The Renewal packet is generated 60 days before the renewal due date.
- If renewal is not completed:
 - Automated phone call reminder is made.
 - Reminder notice is sent to beneficiaries 30 days prior to renewal due date.
 - Beneficiaries that use the District Office as a mailing address are provided the reminder notice during their mail check.
 - Termination Notice of Action is mailed 10 days before the termination date.
 - Beneficiaries have up to 90 days from the date of termination to provide the information needed to re-establish eligibility.

Note: Submitted incomplete renewal packets will require the Eligibility Worker to conduct an ex-parte review (LEADER, MEDS, IEVS, and mutual household member cases terminated within the last 90 days) in an attempt to obtain missing information to determine continued eligibility.

Opportunities:

Ex Parte Review: A thorough ex parte review can play a critical part in easing the renewal process for homeless clients who may lack regular access to phone or email. Even if DPSS is unable to verify continued eligibility, the ex parte review can also be used to locate individuals with whom DPSS has lost contact. In order to improve the ex parte review process' ability to help locate homeless clients, the County could consider conducting an assessment of the databases DPSS currently has access to and evaluate whether access to additional county, state, and federal databases is feasible.

Partnerships with Homeless Service Providers: Homeless service providers who have consistent contact with homeless clients can serve as authorized representatives allowing them to assist their homeless clients with contacting DPSS during the renewal process. The county could enter into an MOU that allows for information sharing between homeless service providers and DPSS to assist with the renewal process.

Potential Strategy 6.1

Develop a Plan to Strengthen and Expand the Coordinated Entry System for Families, Single Adults, and Transitional Age Youth

Background

The Coordinated Entry System (CES) developed throughout Los Angeles County over the past two plus years has been a significant achievement. It has fostered collaboration and coordination among the wide mosaic of service providers, government agencies and other stakeholders. One of the key areas of success is the expansion of street-based outreach and engagement teams to work with people experiencing homelessness in the largest County in the United States.

With the largest street-based homeless population in the US, having robust, coordinated outreach and navigation teams is critical to the success of CES. While the framework for this expansion and coordination has been established in each Service Planning Area (SPA) and fostered by the CES leadership, there are opportunities to bring this important work to the next level as part of a coordinated effort to combat homelessness.

1. Description of the Proposed Strategy

The Los Angeles Homeless Services Authority (LAHSA) will oversee the Coordinated Entry System (CES) moving forward, including the expansion and further implementation of CES countywide. LAHSA will continue the strong community participation and feedback elements already in place in its development of the expansion, build on the existing outreach infrastructure in each SPA, and will serve to enhance coordination and collaboration broadly. At the same time, LAHSA will engage mainstream service systems which frequently serve homeless families and individuals, to explore opportunities to engage homeless families and individuals during their interactions with those mainstream service systems.

- Create a coordinated outreach strategy that prioritizes target populations, is housing focused and outcomes driven, and enhances existing collaborative efforts, including a system of best practices that incorporates the needs of each SPA.
- Build upon the infrastructure of 211 so that it functions as one central phone number that everyone can call; provide assistance to 211 to build capacity to be able to take calls not only for families but for individuals and transition age youth as well.
- Assess the CES partner agencies that exist and operate currently within each respective SPA to ensure that they are able to:
 - Expand CES to ensure that all of the necessary stakeholders are participating in the planning and further implementation of the system; and,
 - Based on the county-wide outreach assessment that was conducted by LAHSA, build upon the outreach portion of CES to be more inclusive of all of the teams doing outreach in each respective SPA and expand their reach to ensure that all areas within Los Angeles County are receiving outreach services, while minimizing duplication.
- Expand the functionality of the database that is supporting the Coordinated Entry System to ensure that it is continuously able to meet the needs of CES.

- Expand outreach to be more accessible, collaborative, geographically comprehensive, and proactive.
- Provide additional training as needed to build capacity within the Coordinated Entry System that includes but is not limited to: HMIS, Coordinated Assessments, the referral process, and other best practices that will support the continued growth and expansion of CES.

Administrative Structure of Countywide System

LAHSA will hire staff to be housed at LAHSA's main headquarters to develop, coordinate and manage the CES. In addition, each SPA will have CES staff to administer the program at the local SPA level. The SPA CES lead will be responsible for implementing efforts locally as directed by LAHSA's leadership.

Executive Structure

LAHSA will lead an executive team including leaders from DMH, DHS, DPH, DPSS, VA, City of LA, County of LA, and SPA CES leads. These leaders will provide guidance on building capacity within each SPA and other issues related to CES.

Community Partner and Stakeholder Participation

Regular community and government partner and stakeholder meetings will be facilitated by SPA CES staff to strengthen collaboration and to solicit input on the program. In addition, each SPA lead, in coordination with community and government partners, will develop a strategy to engage the necessary participants. This will foster an environment for continuous improvement and for overcoming barriers to success.

2. Opportunities that Make this Proposed Strategy feasible (is this currently done elsewhere? is there legislation that makes this possible?)

CES has been functioning to get people housed and out of homelessness for the past several years in the LACoC. It is an evidence-based practice and has been proven to make the best use of resources to achieve maximum impact. HUD has mandated the participation in CES for any CoC applying for funding.

3. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

The barriers to implementing the proposed strategy would include the need for participation by all entities that are currently providing outreach and homeless services to be collaborative in their efforts. Sharing resources brings the fear that smaller programs will sometimes get lost in the process and thus there is a natural hesitation. There are also conflicting philosophies around the wide-spread use and implementation of the housing first model.

The SPA-level infrastructure must also be adequately funded to take on the expectations of coordinating services among an ever-expanding group of public and private partners in this effort. Insufficient resources for this coordination have thus far limited the ability to proactively integrate such partners.

It is also important to mention that the Youth CES is still in the pilot phases and has not been implemented county-wide as of yet.

4. Potential Performance Measures

- Number of people connected to health, mental health, substance abuse treatment and sources of income.
- Number of people connected to interim housing.
- Number of people permanently housed.
- Number of TAY connected to safe and stable housing.
- Time it takes to permanently house people experiencing homelessness (and any reductions in this time).

5. Potential funding stream(s)

- County Department existing resources
- LAHSA CES and ERT existing resources
- Veterans Administration
- ACA/Medi-Cal reimbursement

Potential Strategy 6.2
Create a Law Enforcement Training and Countywide Law Enforcement Protocol
Blueprint for Engaging Homeless on the Street and Encampments

1. Description of the proposed strategy

This potential two-prong strategy would create: 1) a training program and implementation plan for law enforcement 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/unsheltered homelessness.

The proposed training program would educate law enforcement about the complex and diverse needs of the unsheltered homeless population so as to better prepare law enforcement 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, most notably:

- Long-term, untreated (or inconsistently treated) mental illness
- Alcohol and/or substance abuse/addiction
- Comorbid substance abuse disorders and mental illness
- Physical health ailments
- Lack of sanitary conditions and regular healthcare

The proposed countywide encampment/unsheltered homelessness protocol would ensure L.A. County is responding to the crisis of encampments and unsheltered homelessness in a manner that both improves efficiencies across jurisdictional boundaries and guarantees more effective outcomes.

- **Target population(s):** Law enforcement agencies throughout LA County, and potentially other first responders (e.g. LA County Fire Department and city fire departments.)
- **Estimated cost:** 1) The cost of the training should take into account the development and implementation of the training program. The cost of the time spent by individual officers attending the training would be the responsibility of each law enforcement agency. 2) The cost for the development of a countywide encampment/unsheltered protocol should not be significant.

2. Opportunities that make this proposed strategy feasible (is this currently done elsewhere? Is there legislation that makes this possible?)

Los Angeles is not the only county grappling with the proliferation of homeless encampments. Many municipalities across the country are also dealing with the challenges that result from unsheltered homelessness. The U.S. Interagency Council on Homelessness (USICH) recently released *Ending Homelessness for People Living in Encampments: Advancing the Dialogue*, a document intended to help cities and counties strategically plan in order to find cross-agency and cross-sector collaborative solutions to encampments.

USICH specifically recognizes that law enforcement plays a vital role in finding solutions to unsheltered homelessness, and therefore must be involved in the planning of intervention efforts. USICH also emphasizes the importance of standardizing approaches and aligning policies and procedures across programs and agencies to allow for effective responses.

Currently, there are opportunities that exist within LA County where certain jurisdictions are engaged in training of law enforcement and cross-agency collaboration. The Santa Monica Police Department (SMPD) employs a Homeless Liaison Program (HLP) model, committed to relationship building, networking, outreach, education, and enforcement. SMPD provides two training programs that are California Police Officer Standards and Training (POST) approved, as well as California Board of Behavioral Science (BBS) certified. The first training program is a 24-hour course titled “Homeless Outreach and Enforcement for Today’s Communities”, and the second is an 8-hour course titled “Mental Illness Awareness”. The HLP model emphasizes collaboration with other city and county agencies, including the Santa Monica Fire Department, the Santa Monica Human Services Division (HSD), and the Los Angeles County Department of Mental Health (DMH).

Another current collaborative effort in LA County involves the LAPD and the Los Angeles Homeless Services Authority (LAHSA). Currently, LAPD partners with LAHSA Emergency Response Teams (ERT) to identify and target high utilizers of emergency services on Skid Row, often chronically homeless individuals. These collaborative teams work to direct individuals to housing and services, and is funded through the Mayor’s Innovation Fund.

In addition to the opportunities to learn from efforts within LA County, there are opportunities to learn from progress made in other cities and counties. In 2012, the City of St. Louis, Missouri published a report titled *Moving Forward: Policies, Plans and Strategies for Ending & Preventing Chronic Homelessness*. Three of the five sections of the report focus exclusively on how St. Louis approached a chronic encampment situation, including discussion of a formal encampment protocol that may prove useful in LA County.

3. Barriers to implementing the proposed strategy and recommendation and how they can be resolved

Potential barriers to implementing the training include jurisdictional challenges, namely whether or not different jurisdictions within LA County can agree on a training curriculum and implementation plan. One alternative that may reduce this barrier would be to pilot a training program with agencies that express the greatest interest, and evaluate its outcomes prior to any County-wide dissemination.

Jurisdictional challenges may also pose a barrier to implementing a County-wide law enforcement encampment/unsheltered homelessness protocol. Emphasis should be placed on collaboration across jurisdictions and across agencies.

4. Potential performance measures

Potential performance measures should focus on enhancing sensitivity in working with people experiencing unsheltered homelessness (and homelessness in general). Performance measures should also be centered on the overall reduction of encampments/unsheltered homelessness through collaborative and standardized efforts

that steer homeless individuals away from incarceration and towards appropriate housing and service interventions.

5. Potential funding stream(s)

- Cost of developing and delivering the training – to be determined
- Cost of receiving the training - will be covered by the respective law enforcement agency whose police force would be receiving the training.
- Cost of developing a protocol for addressing street homelessness and those living in encampments - minimal

Potential Strategy 6.3
Create a Uniform Decriminalization Policy (it is not a crime to be homeless)

The criminalization of homelessness has long been seen 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, the County could take a leading role in promoting the decriminalization of homelessness throughout Los Angeles County. To achieve this, the County could: 1) ensure that the County does not disproportionately enforce existing County ordinances against homeless individuals; 2) support statewide efforts to decriminalize homelessness; 3) work with cities to develop a common set of policy recommendations and a resolution to promote decriminalization efforts, and/or 4) condition certain County funding streams on individual jurisdictions adopting policies consistent with these recommendations.

1. Description of the Proposed Strategy

Proposed steps to promote decriminalization efforts in order to achieve uniform decriminalization across the county include:

- *Decriminalization in the unincorporated areas of the County*

The County could include, as part of its outreach and engagement strategies that involve law enforcement training and coordination, training that ensures that laws of general applicability are not disproportionately enforced against homeless individuals throughout the County. Given the reach of the Los Angeles Sheriff's Department into 44 of the County's 88 cities plus the unincorporated area, as well as the goal to coordinate training for even more officers, the inclusion of anti-criminalization training has the potential to impact law enforcement's relationship with homeless individuals throughout the County.

- *Support statewide efforts to create a uniform statewide approach to decriminalization*

Just as regional efforts have the power to militate against a "race to the bottom," a statewide approach would eliminate this effect across California. Pending statewide legislation, SB 608, would afford homeless people the right to use public spaces without discrimination based on their housing status.¹ The County and cities could support this or similar legislation.

- *Develop Policy Recommendations and a Resolution to Promote Decriminalization Efforts*

The County could adopt a resolution supporting best practices for decriminalization, and encouraging cities within the County to adopt a similar resolution.

¹ SB 608, the Right to Rest Act, was introduced by Senator Liu in February 2015 and is currently pending in the legislature. Text of the bill is available at http://www.leginfo.ca.gov/pub/15-16/bill/sen/sb_0601-0650/sb_608_bill_20150227_introduced.html.

- *Condition Certain County Funding Streams on the Adoption of Policies Consistent with These Recommendations*

Just as the United States government has incentivized the decriminalization of homelessness through the leveraging of funding from the Department of Housing and Urban Development, the County could potentially condition or incentivize funding to cities based on decriminalization policies.

2. Opportunities that Make this Proposed Strategy Feasible (is this currently done elsewhere? is there legislation that makes this possible?)

The United States Interagency Council on Homelessness has defined the criminalization of homelessness as “formal and informal law enforcement policies [that] are adopted to limit where individuals who experience homelessness can congregate, and punish those who engage in life-sustaining or natural human activities in public spaces.”² Criminalization includes the passage and enforcement of laws that prohibit sleeping, eating, sitting, or panhandling in public spaces or sleeping in vehicles, as well disproportionate enforcement of other ordinances such as jaywalking and urinating in public against people who are homeless.³

The criminalization of homelessness has proliferated, as jurisdictions struggle to address the effects of the increasing number of people who live on the streets and in encampments.⁴ While these measures may seem effective at eliminating outward signs of homelessness, this approach has significant consequences, both for homeless individuals and for communities that enact these ordinances and policing strategies. For example, homeless individuals who are cited or jailed for violations of these ordinances may face barriers to employment and housing as a result of these charges, and incarceration could lead to the disruption of employment, public benefits, healthcare, and the ability to access social services.⁵ The seizure of a homeless person’s property often results in their identification, medication, and other necessities of life being seized, which creates additional barriers for individuals attempting to move out of homelessness.

Criminalization can also be costly for communities. Criminalization places burdens on the already overtaxed criminal justice system and sends people to the already overcrowded jails. Cities that enact these ordinances are also frequently the subject of costly and drawn out litigation, resulting in injunctions against enforcement.⁶ In August 2015, the United States Department of Justice submitted a statement of interest in a lawsuit against the City of Boise, arguing that ordinances that criminalize sleeping in public spaces where there is inadequate

² United States Interagency Council on Homelessness, “Searching out Solutions: Constructive Alternatives to the Criminalization of Homelessness” 2012 at p. 7.

³ *Id.*

⁴ See “California’s New Anti-Vagrancy Laws: The Growing Enactment and Enforcement of Anti-Homeless Laws in the Golden State”, University of Berkeley School of Law, Public Advocacy Clinic, February 2015.

⁵ See Sawyer, Amy. “Criminalizing Homelessness is Costly, Ineffective, and Infringes on Human Rights”, April 15, 2014, available at <http://usich.gov/blog/criminalizing-homelessness>.

⁶ See e.g., *Desertrain v. City of Los Angeles*, 754 F. 3d 1147 (9th Cir. 2014); *Lavan v. City of Los Angeles*, 692 F. 3d 1022 (9th Cir. 2012). See also *Glover v. City of Laguna Beach*, 8:CV-01332 (C.D. Cal, filed Aug. 20, 2015).

shelter space constitutes a violation of homeless people's Eighth Amendment right to be free from cruel and unusual punishment.⁷

In addition, the United States Department of Housing and Urban Development has for the first time included a community's affirmative efforts to decriminalize homelessness as a metric in evaluating which communities will receive FY 2015 Continuum of Care funding; the maximum incentive for decriminalization is given to Continuums of Care that demonstrate that 100% of the geographic area is covered by strategies that prevent criminalization.⁸ In the Los Angeles Continuum of Care, the funding request will be over \$91 million in funding for housing and homelessness services.

3. Barriers to Implementing the Proposed Strategy and Recommendation on how they can be Removed

There are obstacles to rolling back criminalization efforts on a community-by-community or jurisdiction-by-jurisdiction basis without additional regional or statewide incentives. Communities often adopt these measures in the first place to quell the tide of homeless individuals coming into their cities and towns from neighboring communities. If this happens, there can be a "race to the bottom," where each community increases enforcement an attempt to discourage people from staying in their communities. Once these measures are enacted, communities may be unwilling to take action to repeal these efforts unless others take similar steps.⁹ While the large number of jurisdictions in Los Angeles County may present challenges to adopting a uniform decriminalization strategy, there are a number of steps the County could take to further the goal of creating uniform decriminalization across the County.

4. Potential Performance Measures

Because this strategy does not apply to a program or service, there are no performance measures to be included. The success will be measured by a reduction across the County in policies and practices which criminalize homelessness.

5. Potential Funding Stream(s) – N/A

⁷ Statement of Interest of the United States, *Bell v. City of Boise*, Case No. 1:09-cv-540-REB, (Dist. Ct. Idaho), Dkt. # 276. This statement of interest relies heavily on the 2006 decision by the United States Court of Appeals for the Ninth Circuit in *Jones v. City of Los Angeles*, 444 F.3d 1118 (9th Cir. 2006) (vacated after settlement, 505 F.3d 1006 (9th Cir. 2007)).

⁸ In its FY 2015 Notice of Funds Available for Continuum of Care programs, HUD has conditioned the award of 2 points out of a possible 200 in part on demonstrating that the jurisdictions in the Continuum of Care have implemented specific strategies that prevent criminalization of homelessness that include engaging and educating local policymakers and law enforcement. Applicants must describe how they are reducing criminalization of homelessness and the procedures they will use to market their housing and supportive services to eligible persons regardless of race, color, national origin, religion, sex, age, familial status, or disability who are least likely to apply in the absence of special outreach. Because the Continuum of Care program competition is highly competitive, conditioning 1% of the possible points on these strategies indicates HUD's seriousness about the problem of criminalization. See Notice of Funding Available for the 2015 Continuum of Care Program Competition, FR-5900-N-25 at p. 44. ⁹ See "California's New Anti-Vagrancy Laws: The Growing Enactment and Enforcement of Anti-Homeless Laws in the Golden State", University of Berkeley School of Law, Public Advocacy Clinic, February 2015, quantifying anti-homeless ordinances in 58 California cities, including 11 cities in Los Angeles County.

Potential Strategy 6.4
**Forge a Countywide Outreach System which Effectively Coordinates the Vast Array of
Current Outreach Efforts in the County**

1. Description of the Proposed Strategy

The proposed strategy is to develop multidisciplinary and integrated street-based teams to identify, engage and connect and/or re-connect homeless individuals to interim and/or permanent housing and supportive services. These teams will include the following staff:

- **CES/Initial Case Management** – to conduct the standardized assessment of individuals (e.g. CES Survey Packet), ensure they are entered into HMIS, assist the individuals with obtaining required documents for housing and provide follow-up activities of all engagement efforts.
- **Health** – to assess all health-related issues, to connect individuals to primary health care and to coordinate care with primary health providers.
- **Mental Health** – to assess all mental health-related issues, to connect individuals to mental health care and to coordinate care with mental health providers.
- **Substance Abuse** – to assess all substance abuse-related issues, to connect individuals to treatment and to coordinate care with substance abuse providers.
- **LAHSA ERT** – to engage individuals and assist all team members in any follow-up activities as well as arranging for shelter/interim housing.

The following disciplines will be called upon using existing service providers in applicable geographic areas as needed:

- Veterans – to assist with any veterans identified, and to connect them to veteran-specific resources.
- TAY – to assist with any transition age youth identified, and to connect them to youth-specific resources.
- Family - to assist with any family identified, and to connect them to the Homeless Family Solution System (HFSS), the CES for homeless families in Los Angeles County.

A significant portion of the team composition can be leveraged from current outreach and engagement efforts that are outlined in Table II.

The teams will be organized using a Service Planning Area (SPA) based approach. There are about 28,000 individuals in Los Angeles County who are unsheltered on any given night. These teams will be distributed based on LAHSA's 2015 Homeless Count and the percentage of unsheltered individuals per SPA, with each team being responsible for a specific geographic area to ensure full SPA coverage.

Target Population(s) - Any individual, youth, or family experiencing homelessness that is encountered during outreach and engagement activities. Families identified will be directed to the HFSS.

Administrative Structure of Countywide System – LAHSA will hire staff to be housed at their main headquarters to develop, coordinate and manage the Countywide Street-Based

Outreach and Engagement System under the umbrella of CES. Additionally, each SPA has CES staff housed at the CES lead agency in the local community that can administer the program at the local SPA level. On behalf of each SPA, the SPA CES lead will be responsible for all traffic control of the teams responding to reports of homeless activity and ensure that there is no duplication of effort.

This structure will provide a strong framework for developing and managing a countywide system. This system will be responsible for coordinating, implementing and overseeing a network of outreach/engagement activities within each SPA, regardless of funding source.

Executive Structure – LAHSA will lead an executive team which includes leaders from DMH, DHS, DPH, DPSS, United Way, the City of LA and any of the other 87 cities. These leaders will provide guidance and assist in reducing barriers for homeless individuals who are working with a street-based team.

Community and Government Partner and Stakeholder Participation - Regular community and government partner and stakeholder meetings will be facilitated by SPA CES staff to strengthen collaboration and to solicit input on the program. In addition, each SPA lead in coordination with community and government partners will develop a strategy for how outreach efforts will be coordinated. For example, DMHs' SB 82 Mobile Triage Teams will be utilized specifically for mental health crises that cannot be managed by the standard outreach team.

This program provides an infrastructure within each SPA by which any of the 88 cities, community-based providers or others who are interested in participating in ending street-based homelessness can get involved. In addition, each SPA will be provided with a budget commensurate with geographic needs for developing a strategic and community-based plan for coordinating and integrating all local outreach and engagement efforts. This will allow SPAs the support needed to develop solutions unique to their communities.

Housing – This model is predicated on the idea that interim and permanent housing resources will be increased to meet the needs of the unsheltered street-based homeless for all of the target populations. To ensure the success of this program, immediate access to interim housing must be available as well as permanent housing opportunities.

Interim housing - A temporary site that includes one or more of the following: shelter, recuperative care, sober living, etc. It provides a staging place for individuals to secure permanent housing with needed supportive services. In addition, it is highly recommended that each SPA identify and/or implement Navigation Centers (similar to San Francisco's model) and Sobering Centers as points of entry for getting each individual stabilized in housing with the appropriate supportive services given their specific needs.

Permanent housing –The full range of permanent housing in each SPA including: resources available through public housing authorities, CES, DMH, VA and DHS' Housing for Health.

Hotline – Each SPA will have a hotline and website for reporting homeless encampments, individuals who are particularly vulnerable or any homeless-related issue. The hotline and website will be monitored by the CES SPA lead. If a report is sent to the incorrect SPA, the CES SPA lead will be responsible for routing the call/web report to the CES SPA lead for the correct SPA. Additionally, there may be a role for a countywide phone number and/or website

which could automatically route the person seeking to make the report to the correct SPA, based on zip code or address.

Each caller and web submission will be provided with an identification number. This number will allow utilizers of the system to track and receive updates on their submissions. In addition, the hotline will provide referrals and linkages to emergency and community-based resources 24/7/365. Hotline representatives will have access to a shelter bed inventory provided by HMIS, and will have the ability to verify and update bed availability as well as to link individuals to an appropriate shelter bed. The budget for these hotlines should include funding for transportation services.

Training – All SPA-based teams will be provided with initial and ongoing training related to the target population, roles and responsibilities of the teams and team building activities. A trainer hired by LAHSA will be provided to engage and maintain a dialogue with community organizations, businesses, home owner associations, etc. to inform them about how to make referrals, the CES system, and available resources. In addition, this trainer will assist in all aspects of training and staff development for the SPA teams.

TAY – Reducing the amount of time youth are homeless significantly reduces their exposure to physical abuse, sexual exploitation and violence, and mental health degradation. Ensuring that TAY have year-round access to youth-oriented interim and permanent housing and supportive services is essential. Leaders from Department of Children and Family Services, Probation Department, DMH TAY Division, LACOE Homeless Services, LAHSA and the youth service provider community must be engaged to create solutions that will meet the needs of TAY in the near future, as well as develop a more integrated youth system. This will enable:

- Enhanced coordination for TAY
- Identification of TAY “hotspots”
- Feedback from homeless/formerly homeless TAY to be integrated into planning processes
- Training specific to the TAY population

In addition, the effective outreach and engagement of TAY requires the development and integration of relevant and appealing outreach materials, on multiple platforms such as social media, web, print, etc. Resources should be made available to fund interagency and TAY-developed engagement strategies, as well as resources that will reduce barriers to the utilization of services for TAY.

2. Opportunities that Make this Proposed Strategy Feasible (is this currently done elsewhere? is there legislation that makes this possible?)

Street-based engagement for homeless individuals is well-documented as an evidence-based practice for assisting homeless individuals to transition from homelessness and reintegrate into the community. Most major metropolitan areas utilize street-based engagement teams, excellent examples of which can be found in Boston, Pittsburg PA, Seattle and Portland. Los Angeles also has examples of street-based outreach teams such as the Integrated Mobile Health Teams (IMHTs), the Multidisciplinary Integrated Teams (MITs) and the new C3 teams in Skid Row. This proposal would allow these types of teams to be taken to scale and have a significant impact on street homelessness.

There is no known legislation that promotes or hinders street-based engagement efforts.

3. Barriers to Implementing the Proposed Strategy and Recommendation on how they can be Resolved

There are no barriers to implementing the proposed strategy, other than identifying a funding source(s). It will likely be very welcome by all of the communities that are challenged by homelessness on their streets. It will be challenging to redirect existing resources to the teams as well as to align and coordinate various community-based outreach activities. However, it is critical that this be done to address the current fragmentation and duplication of existing outreach/engagement efforts.

4. Potential Performance Measures

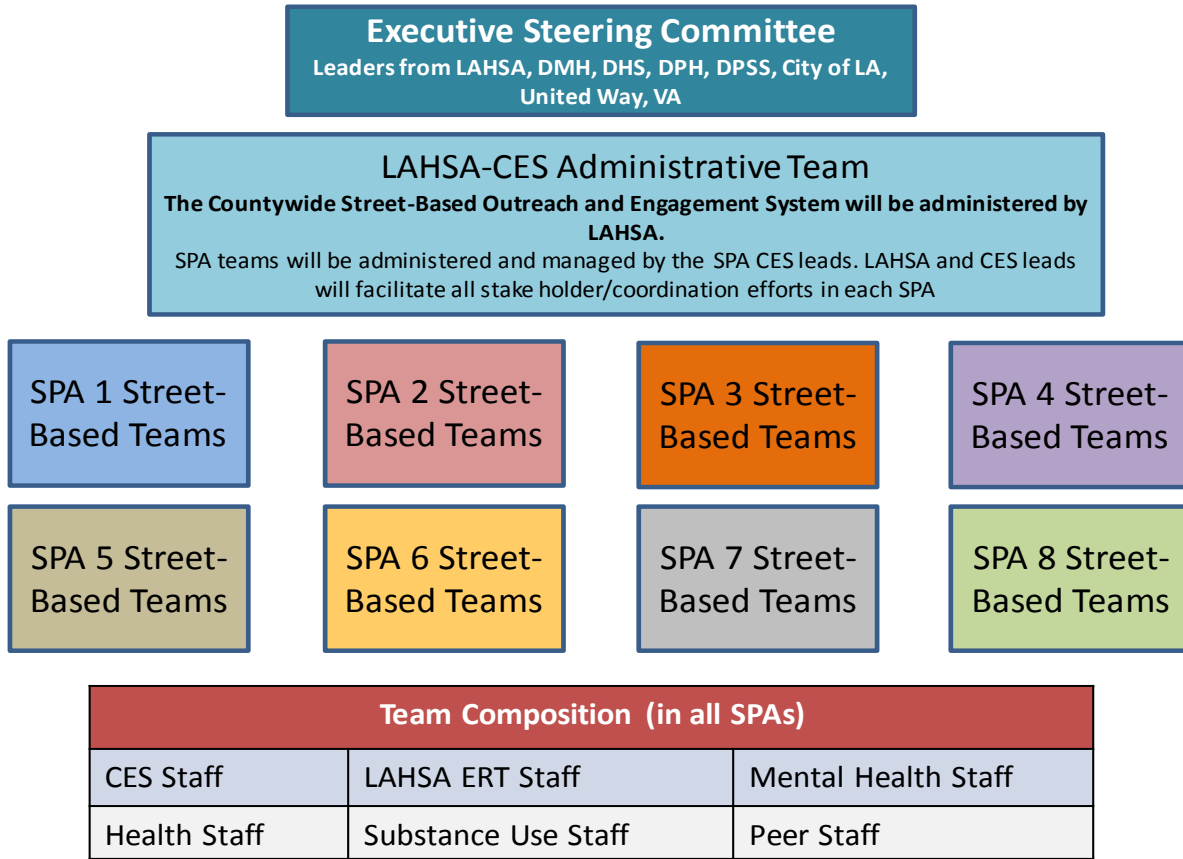
- Number of contacts-duplicated and unduplicated.
- Number of people connected to health, mental health, substance abuse treatment, sources of income.
- Number of people connected to interim housing.
- Number of people permanently housed.

5. Potential Funding Stream(s)

- County Department existing resources
- LAHSA CES and ERT existing resources
- Veterans Administration
- ACA/Medi-Cal reimbursement

(See charts on the following two pages)

Countywide Street-Based Outreach and Engagement System Visual



* Most of the existing outreach/engagement teams do not all have the clinical resources required for the comprehensive street-based engagement described above. However, the coordination that will occur in each SPA will ensure that clinical services are available to all efforts.

**Table of Current CES, DMH and ERT Outreach/Engagement Resources
Per SPA**

SPA	CES Provider	DMH Resources	ERT Provider	Other County Funded Efforts
SPA 1	AV Homeless Coalition	SB 82, Mental Health America MIT	LAHSA	
SPA 2	LA Family Housing	SB 82, San Fernando Valley Mental Health MIT, SFVMHC- Streets to Home	LAHSA	
SPA 3	Union Station	SB 82, <u>Enki</u> MIT	LAHSA	
SPA 4	LAMP	SB 82, HOME Team, Step-Up on Second MIT, Exodus-IMHT	LAHSA	C3 (Skid Row specific)
SPA 5	St. Josephs	SB 82, OPCC/LAMP MIT, St. Joseph and OPCC-IMHT	LAHSA	
SPA 6	SSG	SB 82, HOME Team, SCHARP MIT	LAHSA	St. Joseph-RV Outreach, PATH-South Bay COG Outreach
SPA 7	PATH	SB 82, <u>Enki</u> MIT	LAHSA	PATH-Gateway Connections
SPA 8	Harbor Interfaith	SB 82, MHA MIT, MHA-IMHT	LAHSA	PATH-Gateway Connections, PATH-South Bay COG Outreach

Potential Strategy 6.5
Create a Definition of Outreach and Engagement; Referral versus Connection to Services and Housing

1. Description of the Proposed Strategy

The proposed strategy addresses the need for additional resources and coordination of County-wide outreach and engagement of unsheltered County residents living on the streets and in encampments; and it provides a clear definition of both outreach and engagement, which are included at the end of this strategy brief.

- **Target Population(s):** the proposed definitions of outreach and engagement were developed for use by all service providers, funders, city and county leadership, and policy makers.
- **Estimated cost per person:**

N/A

2. Opportunities that Make this Proposed Strategy Feasible (Is this currently done elsewhere? Is there legislation that makes this possible?)

There is currently great political will and support in the County to move homeless individuals and families off the streets and into shelter/housing and supportive services. In order to be successful with this effort, outreach and engagement needs to be conducted with a clear understanding of what it means to conduct outreach and engagement.

Currently, there are more outreach and engagement teams in the County than ever before and if these teams all work under a unified definition of outreach and engagement their success rates and coordination will be enhanced.

There are local and national resources available that address the working definition, goals, and best practices regarding outreach and engagement of homeless persons:

- United Way Home for Good: <http://homeforgoodla.org/> Standards for Excellence <http://homeforgoodla.org/our-work/standards-of-excellence/>
- United States Interagency Council on the Homeless: "Ending Homelessness for People Living in Encampments" <http://usich.gov>

3. Barriers to Implementing the Proposed Strategy and Recommendation on How they can be Resolved

N/A

4. Potential Performance Measures

N/A

5. Potential Funding Stream(s)

N/A

DEFINITION OF 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 for educating the community about available services, in this case for homeless individuals and families. Outreach is 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.

An effective outreach worker/team knows: 1) the purpose and goals of the outreach; and 2) the services and housing options that s/he can actually access. The outreach worker/team needs to be clear and transparent with the homeless person regarding the purpose of their outreach and the minimum requirements to which the homeless person needs to adhere in order to be eligible to receive services or housing resources. The outreach worker/team needs to inform individuals of the purpose and goal(s) of the outreach visit such as to complete an assessment survey; to warn encampment dwellers that they must move or secure their property due to an upcoming “clean-up” of the encampment and when the clean-up will take place; to get someone into treatment first and that going into treatment *could* possibly lead to other benefits like housing, SSI, etc. An outreach worker/team should never promise resources to which they do not have immediate access at the time of their visit.

GOALS/OUTCOMES OF OUTREACH:

- Identify individual homeless people (Conduct VI-SPDAT assessment when possible)
- Assess immediate needs and link individuals to services and shelter
- Provide transport and assist with obtaining ID, income verification, SSA card

DEFINITION OF 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 outreach contact. 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.

Effective engagement requires: consistency, reliability, predictability, persistence, and patience. The outreach worker/team needs to be clear, honest, and realistic about goals, expectations, and available resources.

Key points of successful Engagement

- Each encounter with a person is valuable, quality time to further develop the relationship.

- Bring value! Advocate! Link people to resources. Demonstrate that you care and that you can help them navigate the systems and that you'll be there to assure their needs are addressed.
- Celebrate success and accomplishments (no matter how small!!).
- Inspire and reward moves toward accomplishing change; change is hard and can be threatening; part of building trust is creating a sense of safety as people step away from their comfort zone and routine.
- Work as a team to ensure flexibility, responsiveness, and reliability; a team should not have more than 3 people seeking to engage the same person.

GOALS/OUTCOMES OF ENGAGEMENT:

- Development of a trusting relationship that facilitates movement toward establishing and transitioning into a home.
- Using Housing First strategies to assist individuals in obtaining and transitioning into permanent housing.
- Link to and follow through with obtaining benefits.
- Assist with identifying appropriate health care and behavioral health treatment.

Potential Strategy 6.6
Develop a Method for Sharing Real Time Data/Tech- Mapping of the Homeless
Population and Outreach Services Across the County

1. Description of the Proposed Strategy

This proposed strategy suggests a process to geographically map the homeless population and share real time data among homeless services agencies, and agencies that come into contact with the homeless. Geo-mapping is an invaluable tool in assessing the needs of the homeless in order to develop effective services and housing plans for homeless individuals and families.

The goal of the proposed strategy is to build upon the outreach module within the Homeless Management Information System (HMIS) to include a mapping function that will be used by outreach workers county-wide. In addition, the strategy aims to develop an application that will allow agencies that come into contact with the homeless (e.g., Department of Public Works, law enforcement, LA City Bureau of Street Services, etc.) to upload encampment locations to HMIS for mapping purposes or to request outreach services.

HMIS is currently administered by the Los Angeles Homeless Services Authority (LAHSA) and has been in use by the majority of agencies administering programs that are conducting homeless outreach. HMIS provides a vehicle for sharing information amongst organizations within the Los Angeles Continuum of Care (LACoC). HMIS has recently been expanded to include a module that is dedicated to capturing outcomes of outreach services so that real-time data and information being collected and used by outreach workers can be easily tracked and shared to allow for more effective coordination of services.

The outreach module of HMIS is functional and can be accessed through an online interface on a tablet. This module currently uses manually input addresses to identify location, but can accommodate a mapping function as well, so that geographic locations do not need to be manually input and are stored in the correct format for digitization. It will also allow for the tracking of migration of the homeless population both within the LACoC and into, and out of, the LACoC.

In addition, it is recommended that an exploration be conducted to evaluate the merit of developing an application for non-outreach agencies that frequently come into contact with homeless encampments to map and request outreach services as necessary. This application should interface with the existing HMIS system.

2. Opportunities that Make this Proposed Strategy Feasible (is this currently done elsewhere? is there legislation that makes this possible?)

Adding a mapping feature to the existing HMIS infrastructure is very feasible. Implementing new technology outside HMIS would be more costly, and would also take much longer to be readily available, as there would be a need to develop, test, and create policy around administration and mandates on usage. Also, the agencies currently using HMIS already have consent forms that allow for the sharing of this data. This allows the administering

agency to generate usage reports, while also using analysis of the already-existing data to build policy and program based on known best practices.

Developing an application that would allow agencies that frequently come into contact with the homeless is not a new technology and could be designed to interoperate with HMIS.

3. Barriers to Implementing the Proposed Strategy and Recommendation on How they Can be Resolved.

The amount of information that can be recorded is endless. Privacy issues pose a challenge as to what can be asked and displayed. Further analysis regarding the recording and sharing of the specific location of the homeless would also need to be conducted.

Policies should be developed that outline which data points should be included or shared (i.e., single person vs. an encampment) and clearly define who can access this information.

4. Potential Performance Measures

Many different performance measures can be developed with the expansion of data sharing and the ability to geographically map outreach efforts. One example would be the ability to reduce the duplication of services due to the ability to access the real-time geographic locations of outreach efforts in a rapid manner. In addition, having the ability to visually see where outreach teams and other agencies are providing services and/or coming into contact with the homeless will give policy makers the ability to modify or develop strategies based on these data sets.

5. Potential Funding Stream(s)

- County Department existing resources
- LAHSA CES and ERT existing resources
- Veterans Administration

Potential Strategy 7.1 Strengthen the Coordinated Entry System

I. Description of the Proposed Strategy

The County and City of Los Angeles have come a long way in coordinating the delivery of homeless services and housing. Significant changes have been occurring over the last several years, as greater service integration and cooperation among county departments, city agencies and community organizations have set national standards in coordinating care for homeless populations.

With this basic standard of coordination in place, CES (inclusive of the coordinated entry efforts for single adults and families, with the youth system still in development) provides a strong framework and foundation upon which the delivery of services and resources can continue to improve in the following ways:

- A. Stronger Alignment and Consistency:** Common terms, tools, levels of service, resources, staffing patterns, and basic processes that hold constant across population types and regions for greater reliability.
- B. Increased Participation and Application:** Adding new public and private partners to the core of 100+ organizations that already coordinate care through CES. Also, growing the type of resources and services delivered through CES.
- C. Additional Capacity:** Funding and providing training for key positions and adding key resources so that CES can be as responsive and efficient as it was designed to be. Also, ensuring that there are not wide variances in this capacity from region to region, which could include the establishment of local community hubs, as appropriate?
- D. More Reliable and Efficient Data Infrastructure:** Shoring up the technological engine of coordination by improving and fixing the functionality of the Homeless Management Information System (HMIS) CES module, expanding data sharing, and integrating data across systems like HMIS, the Enterprise Linkages Project (ELP), and 2-1-1 information and referral services.

A. Stronger Alignment and Consistency

The basis for any level of coordination is explicit alignment and common components. Various regions should follow the same principles and operate using consistent protocols and policy, so that homeless families and individuals are given equal access to resources, wherever they reside.

- **Common Name:** “Coordinated entry” is the most popular reference term for coordinated systems of access to resources, and has been adopted formally by the federal government as the required approach. However, the general term is also confused with the specific Coordinated Entry Systems (CES) for single adults and families that have been created in Los Angeles County. The Los Angeles County CES is often confused with the Homeless Family

Solutions Systems (HFSS), which operates by the same principles, but is intended for a different population. In order to articulate an integrated vision for coordinated entry, a common name for the system must be established. This common name would form the base of a CES “tree,” with different branches for specific target populations. For the purpose of this strategy brief, the term “CES” will be used to encompass all coordinated systems which currently exist in the Los Angeles Continuum of Care (CoC).

- **Common Processes:** Core functions of the coordinated system (such as screening, matching families/individuals to resources, etc.) can be strengthened through the development of core processes. These processes will take into account the specific nuances and needs of each subpopulation. By creating common processes for core functions, there can be consistency in trainings, improved messaging to current and future partners, and increased understanding of the needs of homeless families and individuals.
- **Common Roles:** While each population requires unique approaches for greatest success, common functions, roles and services do exist within the CES. Utilizing uniform terms for these roles and categories of service and housing supports would provide consistency across the systems, while allowing the system to provide approaches tailored to the needs of the specific subpopulation.
- **Common Staffing and Resource Levels:** The coordinated system should establish consistent staffing ratios relative to the homeless populations in each Service Planning Area (SPA), and coordinating agencies must examine the distribution of staff and resources across each SPA, including potential sub-regional hubs in geographically-expansive SPAs.
- **Core Assessment Packet:** A standardized assessment tool or set of assessment tools (including supplemental questions for particular populations) is a vital component of a healthy coordinated entry system. This core assessment or set of assessment tools can help to ensure the consistent linkage of resources with eligible individuals and families, and streamlines the process of intake and assessment for individuals and families that identify across populations. Additionally, the creation of a core assessment tool or set of tools will enable the development of the tool(s) in multiple languages (Spanish, at a minimum).

B. Increased Participation and Application

Each CES regional hub has regular case conferencing meetings (via phone/web or in-person) comprised of agency representatives and case managers actively working to end homelessness for their clients. At the moment, the CES for single adults has cultivated the participation of over 100 publicly and privately-funded community partners, as well as Veterans Affairs (VA), the Department of Mental Health (DMH), and the Department of Health Services (DHS) contractors; the family CES co-locates DPSS, DMH, and DPH staff in its Family Solutions Centers; and the Department of Children and Family Services (DCFS) will begin participating in case conferencing with the Youth CES Pilot.

Even with significant coordination already in place, CES can be further strengthened through the ongoing addition of partners and services. As such, it is necessary to create a broader directive to encourage participation in these case conferencing and coordinated outreach meetings. While there

are regions that already involve the following agencies and organizations, it will be important to more formally negotiate and establish participation from the following:

Increased Partnerships:

- **First Responders:** Police, fire, and business improvement district security;
- **Community Services:** Parks and Recreation, as well as libraries;
- **Outreach:** Los Angeles Housing Authority's (LAHSA's) Emergency Response Team (ERT), DMH's Psychiatric Mobile Response Team (PMRT), Homeless Outreach Mobile Engagement (HOME), Integrated Mobile Health Teams (IMHTs), and the SB82 homeless mobile triage teams;
- **Medical Partners:** Clinics, hospitals, and urgent care centers;
- **Clinicians:** mental health, medical, substance use disorder, and street medicine specialists;
- **Peer Specialists:** Veteran groups, Transition Age Youth (TAY)/former foster youth, re-entry/formerly incarcerated, and mental health peers;
- **Food Lines/Pantries; and**
- **Street Sanitation.**

Just as CES is designed to link staff from a variety of agencies and agency types, it is also intended to deliver a variety of resources and referrals when individuals/families enter the homeless services system. Although permanent supportive housing is currently the primary resource being matched to single adults, while rapid re-housing and shelter care are the principle interventions used to support families, the following are additional applications of CES that should be explored further:

Increased Applications

- **Public Reporting:** Establish protocol for public report of encampments or homeless families/individuals in need for services through channels like 2-1-1, text messages, web entries, etc.
- **Encampment Engagement:** Using information gathered from reports, dispatch outreach and ERT staff from each regional CES hub to encampment sites. During periods when inclement weather is expected, outreach to encampments should be initiated proactively.
- **Respite/Recuperative/Treatment:** Create ability for CES partners to refer clients to interim beds based on discharge from medical facilities or indications of medical need.
- **Shared Housing:** To address the therapeutic need for companionship, low vacancy rates, and the inadequacy of subsidized resources for permanent housing, assess interest in shared housing and increase more systematic linkages to shared housing opportunities.
- **Emergency Response:** Place emergency flag questions within the core assessment tool. Prioritize critical emergency situations for immediate placement into shelter/crisis housing to contain the emergency, while the eligibility, documentation, and detailed assessment are further conducted.

- **Mainstream Benefit Enrollment:** Expand assistance with accessing General Relief (GR), CalWORKs (for families), Supplemental Security Income (SSI), CalFresh, Women Infants and Childrens' Program (WIC), and Medi-Cal.
- **Domestic Violence Supports:** Ensure assessment tools include appropriate questions to address exposure to domestic violence, train CES providers on safety planning, strengthen network of confidential crisis shelter and medium-term housing for individuals/families affected by domestic violence, strengthen connections to current domestic violence service providers, and ensure appropriate supportive services are provided (trauma-informed counseling, legal referrals, etc.).
- **Legal Supports:** Establish case management protocols around warrant issues and assistance in applying to move cases to homeless court and substance use disorder court.
- **Employment and Educational Aids:** Develop protocols and case management around linkage to the Employment Development Department (EDD), WorkSource Centers, local employment programs, and job fairs.

In many instances, these additional applications fall within the core responsibilities of agencies and organizations who are either already participating in CES or should participate in the future. Integrating these applications into CES should leverage these existing core responsibilities.

C. Additional Capacity

The objective of successful coordination is to provide services and housing to homeless individuals and households quickly and effectively. While the basic structures of CES are in place, its responsiveness and efficiency could be dramatically improved through the following means:

- **Fund Key Positions:** The cultivation of partnerships, case conferencing meetings, shared resources, efficient processes, and strong local networks will be supported by staffing additional regional coordination positions. The time from voucher issuance to move-in is driven by having sufficient housing locators and housing specialists. Strong data quality is supported by data entry specialists and trainers. Peer specialists who have lived experience with homelessness are critical for engaging and supporting service-resistant individuals, and the ability to successfully retain those high acuity populations is driven by having housing retention specialists. While it would not be feasible to fund all of these positions at each organization, CES provides the opportunity to share these resources by SPA.
- **Joint and Specialized Training:** Having shared terms and common processes also allows for training that serves all providers in each region. Training should include Mental Health First Aid training for those who encounter persons with apparent mental health conditions, cultural responsiveness training for working with individuals who speak English as a second language, and domestic violence/sexual assault training for working with individuals and families who are homeless as a result of abuse. Ensure that this training is provided to law enforcement personnel and that they also receive training on how to access/utilize CES resources.

- **Expand Marketing:** The creation of common terms will allow for a broader marketing campaign to ensure everyone is aware of how to get assistance. Leveraging the existing 2-1-1 system can also simplify access to information about CES.
- **Improve Transportation:** Assess the potential value of a fixed-route or on-demand shuttle transportation system, similar to the system used for the Winter Shelter program to target encampment locations. Such a system could potentially facilitate access and link individuals and families to a system of SPA-based entry points. Such an on-demand transportation service could potentially be implemented under 2-1-1 and made accessible to the regional hubs utilizing transportation providers such as UBER/LYFT or American Logistics Company (ALC) that coordinates transportation services via 2-1-1 to and from multiple providers across the County.
- **Augment Sub-Regional Hubs:** Presently, HFSS has more than one contractor in some regions, and CES for single adults divides most SPAs into 2-5 sub-regions, with dedicated hub coordinators in many of the sub-regions. It would be important to further strengthen and staff these regional networks. CES can fulfill its mission to be client-centered by reducing geographic distance and shrinking geographic boundaries (while still ensuring regional networks are in close collaboration with the SPA leads and integrated into the Countywide structure)
- **Crisis Response:** Through the coordination of current and potential new outreach teams, CES should be able to connect homeless families and individuals to emergency housing.

D. More Reliable and Efficient Data Infrastructure

The CES database is a core component of the system which has the potential to improve alignment and consistency, facilitate participation/application, and increase capacity. The Los Angeles CoC has identified HMIS as the primary engine of CES and continues to gather user feedback to improve and simplify the user experience, and expand accessibility and utilization. This feedback will help the database evolve from a compliance tool to a community tool, which providers can use to better serve homeless clients.

The following database improvements will be critical to strengthening CES:

- **Reliable Performance of CES Module in HMIS:** Ensure HMIS continues to integrate user feedback when assessing quality improvement opportunities. As the local utilization of HMIS transitions from primarily compliance toward being a client service tool, it will be critical to continuously evaluate the platform and its application to local need, including the evaluation of new HMIS platforms for this purpose, as they become available.
- **Easier Accessibility:** CES participation in HMIS can be improved by streamlining the way new users are trained and receive their log-ins for HMIS.
- **Cross-Population Module:** HMIS needs to include a uniform module that allows resource matching across client populations. This module will allow CES to better serve consumers who may identify or eventually transition across populations (e.g., a pregnant 18-year-old

fleeing domestic violence). This functionality is currently being built in HMIS and should be prioritized as new populations are integrated into the system.

- **Improved reporting/dashboards:** HMIS must ensure that accurate and easy-to-read reports are built into the system that support evaluation on an individual program level, as well as on an aggregate level.
- **Shared Resource Lists:** HMIS should include functionality through which community partners can identify available resources and match clients directly to those resources, specifically crisis housing beds and bridge housing beds.
- **Link databases:** As the primary engine for CES, the Los Angeles CoC HMIS should be utilized across agencies, departments and cities to ensure all clients have access to the most up to date and accurate housing resources. HMIS should partner to share data wherever possible, as with the Countywide data sharing mechanism known as the Enterprise Linkages Project (ELP) and care coordination activities through the Affordable Care Act.

II. Opportunities That Make This Proposed Strategy Feasible

Before the U.S. Department of Housing and Urban Development (HUD) mandated coordinated assessment, Los Angeles County was already developing a coordinated entry system, rolling out pilots and reviewing best practices, including essential database revisions to HMIS to better coordinate services between and within communities. This implementation has provided critical information that has helped shape the future of coordinated assessment within HMIS. The following list articulates some of those lessons learned:

- **Strength of existing systems:** There is a strong foundation of coordination that can be improved, built upon, and stitched together versus being imagined and built from the ground up.
- **Common Providers:** Many of the regional leads for the family and single adult systems are the same, providing ample opportunity to begin testing integration concepts. Additionally, the 2-1-1 system is regularly used by the general public and a wide range of service providers as an entry point to the shelter provider network.
- **Common Funders:** Public and private funders are increasingly interested in systems change versus simple programmatic improvements. There are several funders that also have interests in multiple populations and regions. The Home for Good Funders Collaborative has been proactively exploring how CES can be strengthened and expanded. LAHSA's funding of single adult, family, and youth services provides a vehicle for consolidation and coordination as well.
- **Resource Mapping:** the CES for single adults has asked all of the SPA leads to provide details on the current level of staffing and resources within their respective SPAs, as well as their estimate of the ideal levels needed for a fully-functioning system.
- **Technology:** The single, family, and youth entry tracks all primarily sit on the LAHSA HMIS system. While in separate modules at the moment, by developing a core set of assessment tools, it could be possible to build one system that allows for resource matching and care coordination across populations and regions. The County's ELP system, which organizes County agency data, also provides a potent source of data.

- **SPDAT family of tools:** The single adult, family, and youth entry tracks all use the SPDAT family of assessment tools developed by OrgCode. Each tool has population-specific supplements, but includes the ability for equivalence scoring across groups. Additionally, Justice and Discharge SPDATs are being developed for use by populations that have been institutionalized or are coming out of prisons.
- **CES Survey:** The broader CES survey, of which the SPDAT is a part, contains questions about a variety of services and needs that would allow for referrals and screening to resources beyond housing.
- **211 Resource Database:** Already used as a common referral number, 211's role can be clarified as a portal into CES. 2-1-1 is also funded by the County to maintain a comprehensive database of services available in Los Angeles County. Access to this full database could allow providers to make referrals for needs beyond those related only to housing. This information could be shared or made accessible through HMIS to facilitate access and to include tracking of non-housing-related referrals in client profiles.

III. Barriers to Implementing the Proposed Strategy and Recommendations on How they can be Resolved

- **Database:** With the continued development of HMIS enhancements to support coordinated entry, it has been a challenge to keep HMIS functionality up-to-date. As the coordinated entry system is a rapidly evolving process, it takes time, effort, and funding to continually enhance the HMIS with the necessary features. Also, in order to support data sharing for providers who must also use other database systems, it is necessary to identify the key databases that need to communicate with each other and create mechanisms for system integration and/or data-sharing linkages with HMIS.
- **Population Specific Needs:** In Los Angeles County, populations and regions have been somewhat siloed due to the unique needs of each population and the resources of each area. However, by identifying common terms, tools, processes, and geographies, CES can continue to develop to meet the needs of individuals and families across each population. Technology allows for resources to be matched with specific populations, even while being in one general system. Supplemental assessments that are particular to populations can be created as necessary.
- **Consent:** While there has been a tremendous amount of work to allow for informed consent and data sharing within HMIS and for County agencies in ELP, there is not yet a bridge between the two for the use of client-specific information. A common consent tool could be developed for use by HMIS and ELP.
- **Privacy:** Particularly for the population of domestic violence survivors, but also for anyone who does not wish to have their information shared, the ability to coordinate care without disclosing personal information is important. The single adult system was able to successfully match and apply care coordination with the use of unique identifiers prior to being on HMIS. While this approach impairs efficiencies when applied to all users, it can be a viable solution for consumers who need that level of privacy and still wish to access all the resources in the system.

IV. Potential Performance Measures

Each of the following, where applicable, could also have sub-metrics that are broken down by populations, regions, and acuity levels.

- Number of Permanent Housing Placements: For the youth system, placement into safe and stable housing includes transitional housing and family reunification;
- Length of Time Homeless;
- Number of Persons Engaged and Assessed (in relation to the Point-in-Time Homeless Count);
- Number of Matches Completed Resulting in Housing;
- Returns to Homelessness;
- Number of Agency Participants in Regional Networks;
- Percent of permanent housing resources matched through CES;
- Percent of Flagged Referrals Assisted; and
- Number of Persons Successfully Diverted from Homeless Services System.

V. Potential Funding Streams

- Hearth Act Funding for CES, HMIS, and general programs;
- Mainstream system funding – health/social services/criminal justice;
- County/City CDBG and General Fund; and
- Home For Good Funders Collaborative.

Potential Strategy 7.2 Enhance the Emergency Shelter System

I. Description of the Proposed Strategy

The redesign of the emergency shelter/crisis housing system includes expanding the system to provide access to emergency shelters across a vast geographic region which effectively serve the unique populations that reside within the County of Los Angeles. The shelter system should be designed to operate and be accessed twenty four (24) hours a day/seven (7) days a week. This would help address the current limited access to shelters during day-time hours, so that the shelter system could serve as a staging ground to triage/assess clients for housing, health, mental health and social service needs, particularly for outreach and engagement teams. More thorough housing, health, mental health and social service assessments could be conducted, while basic needs are met, such as the provision of nutritious meals, as well as shower and laundry facilities.

According to the National Alliance to End Homelessness, 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 programs should not discriminate on any basis, including sexual orientation or gender identification. All services should be voluntary. Special accommodation should be made for families and/or individuals who are: fleeing domestic violence; under the age of 24; exiting sexual or labor trafficking; and/or identify as lesbian, gay, bi-sexual, transgender, or questioning (LGBTQ). While not necessarily required in every facility, the following capacities should be available in the community:

- Accessible to people under the influence of substances, experiencing a mental health crisis, or with other issues that may present barriers to entry at some shelters;
- Available to partners and pets;
- Storage for belongings; and
- Confidentiality for those fleeing domestic violence and others who require it.

Low-barrier, high tolerance policies and practices in publicly-funded shelters will increase shelter use as an entry point to permanent housing and services for homeless populations that are affected by substance abuse and/or mental health conditions.

- **Strategy 1: Implement 24/7 operation and access to emergency shelters.**

- Act as a staging point for housing and service delivery assessments – Triage and linkage during daytime hours
 - Housing specialists/case management support should be available on site to assist those individuals, families and youth to self-resolve a housing crisis, which could include family mediation, access to legal services, employment assistance and referrals to community service providers. Ties with local

community coalitions, such as faith groups, universities, and community service groups could translate into assistance on site and meaningful support/interventions, to help expedite a solution to a temporary housing crisis.

- A potential target for crisis housing could be 30 days or fewer.

- **Strategy 2: Establish “low threshold” common criteria for shelter eligibility across the county so that chronic and vulnerable homeless populations can easily enter and remain in shelter until they can transition to permanent housing.**

- Shelter eligibility criteria need to be low-barrier in order to facilitate entry into the homeless housing placement system. A helpful resource, “Common Eligibility Criteria for Emergency Shelters,” developed by [100,000 Homes](http://100khomes.org)¹ has documented that shelters can be well-run and provide safe environments, without restrictive requirements that either preempt entry into the shelter system or force people to leave before they find permanent housing.
 - Limited shelter resources, within the context of enabling homeless families and individuals to enter the emergency shelter system based on immediate need, should be prioritized for the most vulnerable, for example the chronically homeless, youth under 24 and older adults over 55, as well as people who fear for their safety fleeing domestic violence, and those in poor health. It may take longer to find permanent housing for some of these vulnerable homeless populations and keeping them housed, while suitable permanent housing is identified, mitigates trying to find them out on the street and losing a potential housing slot when permanent housing becomes available.

- **Strategy 3: Transform emergency shelters into interim/bridge housing.**

- Emergency shelters should consider focusing on services that help households with less complex needs to self-resolve their homelessness and/or quickly find subsidized permanent housing. For example, for families facing a temporary crisis with less complex health, behavioral health, substance use disorder (SUD), and social service needs, some case management might be beneficial to expedite the transition to permanent housing, depending on the issue that brought the family to the shelter in the first place. By contrast, for chronically homeless individuals, the entry into shelter is in itself a huge first step and chronically homeless individuals may not be ready to take that next step which is to enter into a relationship with a case manager. The key point is that a one-size model doesn’t fit all.
- Housing location search assistance should be provided at each shelter, since such assistance is key to ensuring that the shelter system operates as effectively as possible with enough “throughputs” to move people into either rapid re-housing or permanent supportive housing.
- Utilize the shelter itself as bridge housing for up to 90 days, with an opportunity for small extensions, if necessary, as the move to permanent housing is finalized.

¹ See http://100khomes.org/sites/default/files/Common%20Eligibility%20Criteria%20for%20Emergency%20Shelters%20FINAL_0.pdf

- **Strategy 4: Establish a shelter bed reservation system and connect it to the Coordinated Entry System (CES) and other homeless services access points, such as the 2-1-1 information and referral system.**
 - Design a bed reservation system to reserve each person's bed each night for as long as the household continues to meet low-barrier shelter eligibility criteria. This provides the client with emergency housing stability, as housing specialist staff work toward securing permanent housing.
 - Connect the emergency shelter system to CES and provide supports/financial incentives to encourage the shelters to use the Homeless Management Information System (HMIS), and maintain real-time vacancy rates. Longer term data system interoperability should be explored to assist those shelters that have their own management information systems, but can't speak to HMIS. ²

Target Populations

The emergency shelter system should provide shelter beds and supportive services reflective of the homeless count and estimated need/service gaps for single adults, families with children, transition age youth, and other special populations in each geographic area.

Estimated Cost per person

The cost per person varies by family type and special populations. Emergency shelters for families can be expensive and private rooms or apartments result in higher costs than dormitory housing. Smaller programs, with fewer units over which to prorate costs, are generally more expensive than larger programs. Shelters with less intensive supervision, fewer services, less private space and higher capacity, increase economies of scale and help to decrease these costs.

Nationally, costs for shelter for individuals range from \$408 - \$1,817 per household per month, and costs for families range from \$1,391 - \$3,698 per household per month, depending on the economy of the region. ³ Currently, shelters funded by the Los Angeles Homeless Services Authority (LAHSA) receive approximately \$20/per bed/per night for 14-hour shelter and 24-hour shelters receive \$25 per bed/per night for single individuals. Some emergency shelter operators have indicated that this reimbursement doesn't reflect their true costs.

II. Opportunities That Make This Proposed Strategy Feasible

The County and City of Los Angeles have declared homelessness a top priority and the availability of emergency shelter services is an important component of the homeless/housing service continuum. Roughly 28,000 homeless individuals in the County are unsheltered on any given night, according to the 2015 homeless count. The U.S. Department of Housing and Urban Development (HUD) requires localities to create coordinated entry/assessment processes in which people experiencing or at-risk of homelessness can easily access crisis services/emergency shelter regardless of the door through which they seek to access services. Crisis housing can consist

² Technical assistance in strategy development provided by the National Alliance to End Homelessness and the Corporation for Supportive Housing.

³ HUD Report, "Costs Associated with First Time Homelessness, March 2010, http://www.huduser.gov/portal/publications/povsoc/cost_homelessness.html

of short-term stays (30 days or less), while households attempt to self-resolve their housing crisis, to longer stays, using the shelter as “bridge housing” for stays anywhere between 30-90 days, while an individual/family waits for a more permanent housing plan. Other jurisdictions across the country, such as Columbus, OH, have created effective emergency shelter housing/triage systems to efficiently triage, divert when possible, and maintain individuals/families in shelter settings until a more permanent housing option can be identified.

Several systems and initiatives are in place that could potentially be leveraged. The CES for homeless individuals, families and (forthcoming) youth is developing an infrastructure and stitching together resources, uniform assessment tools, and housing/supportive service matching criteria to ensure that individuals and families are matched to the right housing interventions/supportive service resources, including the network of emergency shelters/crisis housing. Los Angeles County also has in place a well-established 2-1-1 information and referral system, which, if linked to real-time shelter bed availability, could support a centralized referral system to the emergency shelter system. CES was designed so all Service Planning Areas (SPAs) have leads and partnerships in place, which can be leveraged to support the emergency shelter system with supportive services. Faith groups and local service coalitions are often a tremendous source of volunteers to provide oversight, meal support, and enriching activities. Properly coordinated, these groups could potentially help to mitigate costs and engage the communities to reduce negative pushback around the location of emergency shelters.

Due to a recent shift in HUD funding priorities, many transitional living programs will lose their HUD funding from LAHSA in 2016. Some of these programs and facilities could potentially be converted into shelters, based on an assessment of emergency shelter service gaps/needs.

III. Barriers to Implementing the Proposed Strategy and Recommendations on How they can be Resolved

- **Geographic Breadth:** Those homeless persons who are strongly attached to their community may remain unsheltered, and ultimately unhoused, if they have to move outside of their community to access shelter. A potential solution is to assess service gaps and needs, and then convert certain transitional housing facilities into emergency shelters.
- **Transportation:** Transportation challenges abound for those with limited resources and strain service providers.
 - Identify and maximize current transportation streams within each community. Identify and fill the transportation gaps within communities via bus tokens, taxi vouchers, and other financial supports to secure appropriate, readily available transportation not only during the day, but also in the evenings and during the weekends.
- **Multiple Databases and Systems:** Enhance coordination among shelters and services by improving data system integration and data sharing to improve shelter services and outcomes.
 - Continue and strengthen the effort to integrate or improve coordination and communication between homeless housing and service providers, emergency shelter operators and CES/HMIS.
 - Bring non-HUD/non-LAHSA funded shelters into the HMIS fold.

- Provide agencies that are not funded through LAHSA access to bed availability information.
- Provide outreach around the benefit of participating in the emergency shelter system and provide training.
- Enhance HMIS, as well as systems of other agencies that cannot readily share data, such as the VA, by providing a mechanism in which participating agencies can directly add and remove beds in real-time to HMIS or through other data systems that link to HMIS, as beds become available and as they are filled. Provide real time updates to the systems and make this data available to all shelters within the system, all outreach programs, registered case managers, and LA County 2-1-1.

IV. Potential Performance Measures

- 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 SPA);
- Number of days from referral to housing placement (broken out by type of housing obtained, population, as well as by SPA);
- Number and percentage of individuals, families, and youth who have retained housing after 12 months (by SPA); and
- Number of disengagements from the system before rapid re-housing or permanent housing is obtained.

V. Potential Funding Streams

- Emergency Food and Shelter Grants;
- Basic Living Program and Transitional Living Program for TAY youth, in partnership with the Department of Children and Families;
- Emergency Solutions Grants in partnership with local jurisdictions, the LA County Community Development Commission, and the Home For Good Funders Collaborative;
- County and city general funds; and
- Philanthropy/Fundraising.

Potential Strategy 7.3

Create an Integrated, Countywide System of Rapid Re-Housing

Description of the Proposed Strategy

The purpose of rapid re-housing is to help those who are experiencing homelessness to be quickly re-housed and stabilized. Rapid re-housing connects homeless individuals and families to permanent housing through the provision of time-limited financial assistance, targeted supportive services, and case management. Financial assistance includes short-term and medium-term rental assistance and move in assistance, such as the payment for rental application fees, security deposits, utility deposits and payments. Services include client-centered case management activities, including benefits advocacy, employment services, and linkage to physical and behavioral health services. Individuals and families should be referred to the appropriate Coordinated Entry System (CES) for either individuals or families. With rapid re-housing, the goal is that individuals and families can enter the system through multiple doors. Homeless clients may:

- Be referred to the CES provider (for individuals or families) by any county/city department, provider, shelter, or Board office.
- Walk into any CES location to access services.
- Be assessed and referred by an outreach response team targeting individuals and/or families.
- Call 2-1-1 who will assist the individual or family with a warm hand off to the CES provider with transportation and other support services, when needed.

Why Rapid Re-Housing? Rapid re-housing is the most effective and efficient intervention for more than 50 percent of homeless individuals and families based on available data. The success rate for permanent placement is higher and recidivism rates are lower than other forms of housing interventions. It is important to keep in mind that this is not the best intervention for those who have been chronically homeless and face high barriers that impact housing placement. In addition, this model should remain flexible enough to reassess individuals and families who may have been initially assisted with rapid re-housing, but may need permanent supportive housing or a housing choice voucher at a later time. There is very little up-to-date data on the cost of rapid re-housing for the single adult population. For families served through the Homeless Family Solutions System (HFSS), the 2014-15 year-end report indicated that average system costs per family for a permanent housing outcome was \$10,257. For single adults, actual costs could be higher or lower depending on the needed duration of the rapid re-housing subsidy and the cost of services.

It is important to note that, with any individual or family accessing homeless assistance, youth and young adults ages 18-25 have specific needs, which require diverse housing resources. Rapid re-housing resembles the transition-in-place model already utilized by youth housing providers. It allows for homeless youth that only need a limited amount of housing subsidy and support to quickly get off the street and prevents them from becoming chronically homeless adults.

Rapid Re-Housing is generally categorized as a short-term housing resource lasting between 6-12 months, but in some cases up to 24 months, if steady, but slow improvements are made by recipients in making the transition to permanent housing and self-sufficiency.

Proposal to Expand Rapid Re-Housing in the County of Los Angeles: The creation of an integrated, countywide system of rapid re-housing should be based on best practices from the HFSS and Housing for Health (HFH) models that are currently being implemented in the County of Los Angeles. The population to be targeted with this intervention will be homeless individuals and families, who are not chronically homeless.

Core Strategy Program Components of Rapid Re-Housing

1) Housing Identification/Navigation

- **Landlord outreach and recruitment.** Identify a range of available safe affordable rental units, and recruit landlords willing to rent to homeless families and individuals, including those who have poor credit histories and past evictions. Landlords are also provided information regarding the benefits of working with rapid re-housing programs, which include the support of rapid re-housing staff, regular payments, provision of regular case management services, and conflict resolution, when necessary.
- **Address potential barriers to landlord participation.** Landlord participation is key to the ability to re-house households quickly. Program staff provide information and address landlord concerns, such as homeless history, short-term nature of rental assistance, and tenant qualifications.
- **Assist households to find and secure appropriate rental housing.** Rapid re-housing staff assist households in locating and securing appropriate housing – housing that is affordable, once the assistance ends; is in a neighborhood that meets the household's needs; and is safe. Staff assist clients in housing search, completing applications, interviewing, landlord negotiation, signing lease and moving into the unit.

2) Rental and Move-In Assistance

- **Provide assistance to cover move-in costs, deposits, and the rental and/or utility assistance necessary to allow individuals and families to move out of homelessness and to stabilize in permanent housing as quickly as possible.** The amount and duration of financial assistance will vary, based upon a household's income, rent, and other factors, as determined by a rapid re-housing assessment. Funds can be provided to assist with move-in costs, security deposits, rental payments, and utility assistance. Rapid re-housing subsidy terms would range from 3 – 24 months, depending on both the assessed need of the individual client and the observed progress that the client achieves over time. Some clients will achieve housing stability and independence within a short amount of time. Others will require longer term interventions, especially those with less work experience, those applying for mainstream benefits like Supplemental Security Income (SSI), and those needing to be retrained to compete in the workplace. Some people initially assessed to need a specific intervention will require reassessment when staff observe a lack of expected progress toward independence. This group

may be deemed to require access to a higher level intervention, up to and including permanent supportive housing, months after their initial assessment.

- **Financial assistance can come in the form of a full subsidy, covering the full rent for a period of time, or a shallow subsidy, covering a portion of the rent.** Assistance starts with a full subsidy and gradually steps down the assistance a household receives to ensure each individual and family is accepting the greatest amount of responsibility for their housing payments as possible. People receiving a subsidy longer than 4 months should be expected to be able to contribute to their rent. HFSS has a specific policy allowing for up to 100% of rent to be subsidized in months 1-3 and stepping down an expected 15% each month thereafter. In this model, the subsidy is:

Months 1-3	= 100% subsidy
Month 4	= 85% subsidy
Month 5	= 70% subsidy
Month 6	= 55% subsidy
Month 7	= 40% subsidy

It should be understood that this is a model - not a specific prescription for each family. Many families experience unforeseen hardships later in their service period that require an increase in the subsidy percentage to maintain the stability that had been previously gained.

- 3) **Case management and Supportive Services.** These services must be guided by the unique needs and wants of individuals and families experiencing homelessness. The amount and duration of these services will be determined by the level of need of each household. Case management and supportive services can be provided from 3 to 24 months by rapid re-housing Program staff. These services will:

- **Help individuals and families experiencing homelessness address issues that may prevent access to housing.** Program staff will assist households in addressing such issues as credit history, evictions, arrears, lack of identification and any legal issues that may prevent them from obtaining housing. Additionally, staff will advocate with landlords for clients who have past issues.
- **Help individuals and families negotiate lease agreements with landlords.** Program staff work with households to negotiate leases with landlords; know the terms of their lease and their rights as a tenant; and ensure that the security deposit is paid.
- **Provide support and services to families and individuals to assist them to stabilize in their permanent housing.** The unique situation of each household will be assessed, in order to provide the necessary services and resources, either within the program or through linkage to community/government agencies. All services should be client-driven, culturally appropriate and voluntary. The type, amount and frequency of services provided depends on the household's needs and desire to participate. Services/resources are provided in the areas of: money management; job training; education; employment; benefits advocacy; legal advice; health; mental health; community integration; and recreation. Program staff also provide services to assist households in resolving barriers and crises, which might jeopardize their

housing stability. The goal is for households to have access to programs and services that will offer them the opportunity to achieve both short- and long-term well-being and stability.

- **Assist households in increasing income, if necessary, in order to achieve long-term housing stability.** Program staff will work with households to increase income, in order for household to pay rent once the Rapid Re-housing subsidy is terminated. This will include support, referrals and linkages to: school; job-training programs; employment programs; and/or assisting members of each household to apply for appropriate benefits (SSI, Disability, Unemployment, CalWORKs, Cal-Fresh, etc.). In some instances, the household will be supported in connecting with family members and/or friends who will move into the housing and assist with rental payments.
- **Monitor participants' housing stability and ability to maintain housing.** Each household develops a housing stability plan including time-limited, measurable goals with program staff. Every 3 months, program participants and staff re-visit the plan and ensure that the stated goals are being met and appropriate services are being provided. If goals are not met, program staff make appropriate shifts to services and interventions, in order to prevent the household's return to homelessness.

One key program design decision involves whether rental subsidy payments would be administered by a central countywide organization or a single organization in each SPA. HFH has demonstrated that having payments centrally managed by one organization (e.g., Brilliant Corners) across the County can be effective, particularly when implemented on a scale which can incorporate efficiencies. HFSS has demonstrated that the administration of rental subsidy payments by one lead agency per SPA can also work effectively. Either of these approaches would help ensure strong County/City controls over the administration of funding for rapid rehousing subsidies.

II. Opportunities That Make This Proposed Strategy Feasible

The County and City of Los Angeles have declared homelessness a top priority, particularly in light of the increased number of homeless individuals and families reported in the last homeless count in 2015, which identified a 15% increase since 2013. Recently, the Board of Supervisors committed \$10 million to fund rapid re-housing for single adults and \$3 million to extend the Supportive Housing for Homeless Families Program funded by First 5 LA, which is otherwise scheduled to end in March 2016. The Board also approved \$2 million for the Los Angeles Homeless Services Authority (LAHSA) to fund prevention-related activities for HFSS client families through June 30, 2016.

The homeless research literature has demonstrated that rapid re-housing has been an effective intervention for many families and individuals experiencing homelessness. Findings have been fairly consistent and often report that 90% of households or more remained housed and that very few returned to shelters. The U.S. Department of Housing and Urban Development has mandated Continuums of Care to redirect transitional housing grants to permanent supportive housing and rapid re-housing in an effort to capitalize on best practices by implementing more rapid re-housing; this has created prime opportunities locally and across the nation to advance rapid re-housing interventions.

III. Barriers to Implementing the Proposed Strategy and Recommendations on How They Can Be Resolved

- Networks of housing and service providers may need to be supported and built in some SPAs. Technical assistance, training, and SPA-focused monthly meetings could assist in building those networks.
- Funding is a potential barrier. Mainstream federal, state, and local resources could potentially be braided, similar to the way funding was braided to launch HFSS.

IV. Potential Performance Measures

- Number/percent of exits into permanent housing;
- Number/percent with permanent housing placement within 90 days;
- Number/percent of returns to homelessness within 24 months of placement in permanent housing; and
- Number/percent with increased income from all potential sources at program exit.

V. Potential Funding Streams

- Emergency Solutions Grant funding;
- HUD Super NOFA;
- Department of Health Services;
- Department of Mental Health;
- Department of Children and Family Services;
- Department of Public Health;
- Department of Public Social Services;
- Probation Department; and
- County /City general funds.

Potential Strategy 8.1

Adopt Discharge Planning Guidelines with the Goal of Avoiding Discharges into Homelessness

1. Description of the proposed strategy

Develop and implement discharge planning guidelines utilizing known best practices that are specific to institutions that discharge individuals who are homeless. These institutions include but are not limited to foster care, hospitals, and jails/prisons. General guidelines can be developed, but they must ultimately meet pertinent state and federal regulations that regulate the individual institution.

When effective discharge planning is implemented, the process prevents clients/patients from entering a “revolving door” in and out of homelessness. The discharge plan should successfully reintegrate an individual back into his/her community with a goal of preventing an individual from falling into homelessness.

Effective discharge planning also includes annual reviews of discharge planning processes to ensure uniformity in the implementation of an institution’s written protocol; and re-evaluation of available community resources. If resources allow, this annual review should include an evaluation of whether staff is following protocol and adhering to written guidelines.

- **Target Population(s):** Single adults, TAY, Veterans, and families
- **The following best practices and guidelines for discharge planning are shared across various institutions:**
 - Discharge/release planning begins at the time of assessment/admission and continues to be updated throughout the service delivery process;
 - Link client’s individualized needs to appropriate available services and supports;
 - Seek to prevent vulnerable clients from becoming homeless and/or criminalized;
 - Minimize community/external risks that can cause individuals to decline and thereby necessitate institutional readmission;
 - Establish a “community team,” which is a network of community based partners/providers, to assist with linkages to clothing, food, transportation, etc., in order to preserve continuity of care;
 - Engage client in the development of the discharge plan;
 - Engage family in the discharge process when appropriate and applicable, subject to the institution’s policy and protocol;
 - Schedule appropriate follow-up appointment with identified provider (ex.: mental health, primary care) and provide limited medication supply;
 - Involve pertinent members of the multidisciplinary team to be involved in the discharge planning process; and
 - Utilize the Coordinated Entry System (CES) when appropriate to increase linkage to potential housing opportunities.

- **Below are potential elements of an effective discharge plan:**

Programmatic

- Family Reunification
- Coordinated Entry System
- Managed Care Plan
- Substance Use Treatment
- Federally Qualified Health Centers
- Mental Health (FSP, outpatient treatment)

Housing types

- Recuperative Care
- Board and Care
- Motel Voucher
- Halfway House

- **The following are additional best practices/discharge planning guidelines targeting an institution's specialized needs:**

Foster Care System

Emancipating from foster care is a contributing factor for youth becoming homeless. Based on the 2015 Los Angeles County Homeless Count, there are approximately 2,781 Unaccompanied Minors and Transition Age Youth experiencing homelessness. Therefore, it is crucial to implement specialized discharge planning guidelines that are tailored to youth transitioning from Foster Care to prevent and/or reduce homelessness. The following are specific recommendations for discharge planning when working with Unaccompanied and Transition Age Youth:

- All foster youth must be involved in partnership with their case manager to develop and implement a solid transitional/discharge plan that includes supportive services, independency and autonomy prior to exiting the system;
- Implement opportunities for youth to practice living on their own as they prepare to transition into adulthood prior to exiting the foster care system;
- Coordinate access to safe, stable and affordable housing prior to discharge;
- Assist youth with establishing permanent connections to adults and a supportive network prior to exiting foster care, e.g., peers, mentors, service provider etc.; and
- Appropriate arrangements are made with securing access to necessary resources, supportive services and financial supports that promote long-term success, e.g., higher education, employment, medical insurance, housing etc.

Hospitals

The costs of inpatient hospital medical services are very expensive. The role of a hospital is to stabilize an acute episode and make arrangements to transfer a patient back into the community based on his/her individual needs, by preparing a discharge plan that is in compliance with federal and state requirements. Specifically, Health and Safety Code Section 1262.5 outlines discharge planning to include:

- Evaluate patient's wishes and desires for placement;

- Appropriate arrangements with post-hospital care, e.g., home care, skilled nursing, recuperative care, etc.;
- Hospitals shall inform orally and in writing of continued healthcare needs; and
- Transfer summary shall accompany the patient upon transfer to a skilled nursing facility or other designated facility (include diagnosis, pain treatment; medications, treatments, dietary, allergies, MD signature).

Jail / Prison

The role of the jail and prison system is to help inmates successfully reintegrate back into the community by ensuring appropriate resources and supports are in place to prevent recidivism and return to homelessness. The lack of adequate discharge planning increases the likelihood of individuals returning to jail or prison, homelessness or relapse into addictive behaviors. In an effort to avoid costs, reduce homelessness and reduce recidivism rates, specific discharge recommendations for the forensic population include:

- Individuals exiting the jail/prison system must be active participants in pre-release planning and the development of an individualized discharge plan;
- Discharge plans should have a second option available to the person being released, i.e., a contingency plan, in the event the initial plan does not come to fruition;
- Identification of community organizations and/or government agency programs that will be involved in post-release services;
- Jails/Prisons shall inform orally and in writing of continued healthcare, substance use and mental health needs;
- Linkage to temporary and/or permanent housing placements;
- Identification of opiate users who are then enrolled and provided overdose prevention training in Narcan; and
- Establish “treatment on demand” options for individuals who are identified as needing substance use treatment and/or mental health services immediately following release from jail/prison.

2. Opportunities that make this proposed strategy feasible (is this currently done elsewhere? Is there legislation that makes this possible?)

State regulations require hospital discharge plans for an individual that needs one.

The Center for Medicaid and Medicare Services (CMS) recently released a proposed rule that requires a discharge plan for every inpatient that is discharged, as well as those discharged from an observation unit

(<http://www.gpo.gov/fdsys/pkg/FR-2015-11-03/pdf/2015-27840.pdf>). In addition, the proposed rule would require a discharge plan to reflect family engagement.

3. Barriers to implementing the proposed strategy and recommendations on how they can be resolved:

- A primary barrier to implementing a discharge process that prevents homelessness is limited access to bridge housing, which offers short stay housing, while an individual qualifies for permanent housing, income and benefit establishment or other social support services.

Recommendation: Increase funding for bridge housing.

- Lack of sufficient community providers who serve former inmates, foster youth, and individuals who struggle with mental illness, addiction, physical illness and/or permanent disability.

Recommendation: Increase “treatment on demand” options and community resources that offer expanded hours and days of operation.

- Limited access to social services and community resources during after-hours, weekends and holidays.

Recommendation: Expand hours of operation and/or offer a live after-hours phone line for institutions that operate 24/7.

- Lack of funding to allow institutions to provide follow-up support post discharge for at least thirty 30 days.

Recommendation: Increase funding to enable institutions to provide discharge follow-up support for at least 30 days in order to monitor the effectiveness of the discharge plan and provide additional support as needed to increase an individual’s stability and success when returning or reintegrating into the community.

4. Potential performance measures

- Number of individuals who are homeless upon discharge from an institution.
- Number of individuals who are successfully placed into some type of housing upon discharge.
- Number of individuals who decline or opt-out of housing.
- Reduction in costs and costs saving by implementing successful discharge plans.
- Reduction in readmissions or recidivism rates.

5. Potential funding stream(s)

- Cities
- County General Fund
- DMH
- DHS
- Foundations
- Medi-Cal, including Health Homes
- U.S. Department of Housing and Urban Development
- Los Angeles Homeless Services Authority
- Veterans Administration
- Managed Care Organizations
- Private Hospitals

Potential Strategy 8.2

Interim / Bridge Housing for those Exiting Institutions

To ensure that individuals have a place to be directed for immediate short-term housing in order to be staged for permanent housing and connections to systems of care, a significant increase in interim/bridge housing is required. The following housing types should be available for individuals exiting institutions:

- **Shelter:** The least intensive program. Shelter includes year-round or cold-weather shelters that generally provide 2 meals per day, a cot, a shower and minimal case management. Many require individuals to sign-in during late afternoon/early evening hours and to leave the shelter in the morning at about 6:00 AM. (In another potential Homeless Initiative strategy, there is a recommendation to convert all LAHSA-funded shelters to be open 24 hours/day.) Shelters have no regular census, which means that shelter beds are not assigned and are allocated on a first come, first served bases.
- **Stabilization:** Shelter that is operated year round - 24/7. Stabilization housing includes all meals, shared or single room, case management with a focus on permanent housing acquisition, and transportation. Stabilization beds operate under a regular census process, which means that beds are assigned by referral from the agency funding the client's stay at the housing site.
- **Shared Recovery Housing (can be used for interim OR permanent housing):** Shared room in a fully-furnished and equipped private home that offers ongoing peer support. Residents must be willing to help with household chores and are encouraged to attend self-help support groups. Peer Bridger's provide supportive services and linkages to services. There is a regular census for this housing type.
- **Recuperative Care:** Shelter that is operated year round – 24/7. Recuperative Care provides a higher level of medical oversight and clinical care (although it is not licensed) and includes all meals, shared or single room, case management with a focus on permanent housing acquisition, and transportation. There is a regular census for this housing type.
- **Board & Care (can be used for interim OR permanent housing):** Community-based residential care for individuals who are disabled that require some supervision and assistance with activities of daily living. Meals are included and rooms are shared. There is a regular census for this housing type.
- **Target Populations –** Single adults, TAY, families
- **Estimated cost per person -**
 - Shelter - \$25 to \$30/day
 - Stabilization - \$50/day
 - Shared Recovery Housing with supportive services – \$750/month (about \$25/day) or as low as \$10/day if individuals use some of their SSI or other income.

- Recuperative Care - \$120/day
- Board & Care - SSI Rate/month (about \$30/day)

2. Opportunities that make this proposed strategy feasible (is this currently done elsewhere? is there legislation that makes this possible?)

All of these models are implemented in most jurisdictions throughout the United States. They are viewed as standards of care for most HUD Continua of Care communities. Many shelter models are funded by HUD under the McKinney Vento Homeless Assistance Act, which is legislation that supports homeless programs. Recuperative care is less prevalent; however, in some jurisdictions, health plans and/or hospitals pay for these services privately. Shared Recovery Housing is a SAMHSA evidence-based best practice. None of these programs are billable to regular Medi-Cal, though health plans/providers may be able to use the capitated Medi-Cal funding they receive to pay for bridge housing for their Medi-Cal patients.

3. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

The biggest barriers to implementing interim/bridge housing are: 1) identifying new funding; and 2) siting new facilities within communities across the County. Although NIMBY has been a longstanding barrier to the siting of homeless housing, there are communities with less residential areas that work well for shelters. There are also existing facilities, such as: motels, vacant motels, skilled nursing facilities, transitional housing providers and retirement homes that could be re-purposed for the target population. Additionally, State law (SB 2) requires a reduction in zoning barriers that have historically stood in the way of adequate housing opportunities for homeless individuals, the elderly, persons with disabilities, veterans, and other special needs populations. The full implementation of these requirements could open the way for the siting of additional bridge housing facilities. In the case of Shared Recovery Housing and Board and Cares, residential homes are used that are already integrated into the community.

4. Potential performance measures

- Number of individuals being discharged from institutions needing interim/bridge housing.
- Number of individuals who are discharged from institutions to interim/bridge housing.
- Number of individuals who are discharged from institutions to interim housing who are connected to physical health, mental health, substance use disorder treatment and sources of income.
- Number of individuals who are discharged from institutions to interim housing who leave interim housing for permanent housing.
- Number of individuals who are discharged from institutions to interim/bridge housing who leave prior to permanent housing.

5. Potential funding stream(s)

- DMH
- DHS
- LAHSA

- DPSS
- Probation Department
- Sheriff's Department
- DCFS
- County General Fund
- Cities
- Private Hospitals

Potential Strategy 8.3A
Targeted SSI Advocacy for Inmates

Targeted SSI Advocacy for Inmates

1. Description of Proposed Strategy

Assist incarcerated individuals in completing and submitting their Supplemental Security Income application prior to discharge and provide continued support, case management and SSI legal advocacy after discharge.

The strategy would be a coordinated effort between Los Angeles County Sheriff's Department (LASD), Disability Determination Services, LA County Department of Mental Health, LA County Department of Health Services, and a countywide Supplemental Security Income (SSI) Advocacy Program, as described in Strategy Brief 3.1. The countywide SSI Advocacy Program described in Strategy Brief 3.1 could serve the incarcerated individuals addressed in this Strategy Brief.

A significant number of disabled inmates being released from Los Angeles County Jails may be eligible for Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI) benefits. Making these types of benefits available to qualifying former inmates as soon after release as possible can be key to preventing relapse, recidivism, and reinstitutionalization. One way to increase the probability that benefits commence shortly after release is to file the necessary paperwork before inmates are released. Because the application processes are typically complex and time-consuming, and because inmates face a number of obstacles to completing applications themselves, ill inmates are likely to fare best when qualified benefit assistors assist in filing applications.

- **Target Population**

Individuals scheduled for release from incarceration within three to six months who have been assessed with severe mental or physical impairments.

- **Estimated cost per person - TBD**

2. Outline of SSI Advocacy for Inmates

To implement the proposed strategy, LASD should execute a pre-release agreement with the Social Security Administration to accept and process for medical eligibility an SSI/SSDI application prior to release of inmates.

Pre-Release

- A. Facility gathers list of release-eligible inmates (at least three months prior to release but six months is preferable to allow enough time to develop necessary medical evidence).

- B. Benefits eligibility specialists are assigned to screen for SSI and SSDI eligibility. Screening encompasses:
- Checking each inmate's social security number, citizenship or eligible immigration status and current benefit status;
 - Meeting with inmate to complete a questionnaire to determine whether individual has a severe mental or physical impairment or is aged (age 65) for potential eligibility for SSI. Also review work history and get earnings record to determine potential eligibility for SSDI.
- C. Inmates who are potentially eligible for SSI or SSDI will be invited to participate in the advocacy program. Once the inmate decides to participate, he/she will authorize LASD to initiate a SSI/SSDI application and will sign release of information documents. Medical and mental health records are obtained from private providers, public providers, incarceration facility providers and other identified providers:
- An assessment is made by a benefits specialist to determine if medical evidence is likely to be sufficient to prove disability according to SSA standards.
 - If assessment determines that available records may not be sufficient to show disability, refer individual to in-house or county medical and mental health providers for assessments and reports.
- D. Once sufficient medical evidence is gathered, forward eligible claims for disability to the Disability Determination Services (DDS) office. Benefits specialists maintain contact with DDS and SSA to check on progress of application.
- E. DDS/SSA makes the initial determination regarding disability while individual is still incarcerated.
- F. Housing specialist or benefits specialist assists in locating interim or permanent housing to ensure an appropriate housing placement upon the inmate's discharge.

Post-Release

- G. If medical eligibility is approved, upon discharge the individual is connected to a contracted agency within the countywide Supplemental Security Income (SSI) Advocacy Program to complete the application process.
- If medical eligibility is denied, the individual is connected to a contracted agency within the countywide Supplemental Security Income (SSI) Advocacy Program for case management and to assist with the appeal.
- H. Once a formerly incarcerated individual begins receiving SSI or SSDI, an appropriate agency will assist the individual in transitioning to appropriate permanent housing, if the individual was placed in interim housing upon discharge.

3. Opportunities that make this proposed strategy feasible

Different versions of this strategy are currently in use in New York, Texas, and the City of Philadelphia. A 2007 follow-up by Catherine Conly to the 2005 Helping Inmates Obtain Federal Disability Benefits report offered the following lessons learned:

- Partnerships keep the process alive
- Filling gaps until benefits commence is essential
- Centralizing operations reduces delays and improves communication

With sufficient funding and willingness of government agencies and community organizations to partner, this strategy could result in a significant number of individuals being qualified for a sufficient stream of income to cover housing after release.

4. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

Barrier	Recommendation for Resolution
Insufficient funding	Budget and allocate sufficient funding
Lack of will to implement	Obtain commitment from requisite parties
Lack of sufficient coordination	Appoint overseer to coordinate; develop MOUs that clearly articulate roles and responsibilities of all parties.
Lack of follow up on behalf of formerly incarcerated	Identify and fund organizations that have a proven track record in case management and SSI advocacy; Incorporate expectations and protocols for follow-up and data collection into the MOU or contract.
Applicant impairments – inmates themselves may be so ill or disabled that they are not able to meaningfully participate in the process.	Employ specialists who are trained to deal with this population.
Disability determination delays – the Disability Determination Service (state agency) can take a very long time to make decisions on cases.	Have a special MOU or agreement with the state agency that oversees DDS to make these cases a priority or assign a specific set of DDS analysts to handle this caseload.

5. Potential Performance Measures

- Number of incarcerated individuals assessed for potential SSI eligibility
- Number of individuals with sufficient medical evidence of disability to warrant an SSI application
- Number of SSI applications made prior to release
- Number of SSI applications medically approved prior to release
- Number of SSI applications medically approved post release

- Number of formerly incarcerated individuals who obtained SSI benefits
- Number of formerly incarcerated individuals who obtained housing paid for with SSI benefits.

6. Potential Funding Streams

- AB 109
- SB 678
- Interim Assistance Reimbursement for housing subsidies between release date
- Other Funding Streams TBD

Potential Strategy 8.3B Family Reunification Program

Family Reunification Program

1. Description of the proposed strategy

The purpose of this strategy is to grow the Housing Authority of the City of Los Angeles' Family Reunification Program by increasing the Sheriff's (LASD) and Probation Department's (Probation) use of the program. The program goal is to house formerly incarcerated persons (FIP) released from the criminal justice system within the last 24 months with family members who are current participants of HACLA's Section 8 Housing Choice Voucher Program. Family and FIP voluntarily agree to re-unite. FIP agrees to case management and supportive services with one of the partnering non-profit agencies for one year to assist them in reintegration to the family and community, and remain successfully housed. HACLA would like to make LASD and Probation more fully aware of and connected with the program in order to make referrals directly from their systems to the three partner non-profit agencies currently working with HACLA.

- **Target Population**

Section 8 participant families who would like to reunite with a formerly incarcerated family member released from the criminal justice system within the last 24 months.

- **Estimated cost per person**

There would be a minimal, to no cost for the Probation Department and LASD to refer inmates/former inmates to this program.

2. Opportunities that make this proposed strategy feasible

Non-Profit organizations assist this population by providing supportive services to the FIP to ensure successful re-integration to the family and community. The Sheriff and the Probation Department would identify inmates who appear to be potential candidates for the program and are about to be released from prison or jail, and refer them directly to one of HACLA's three partnering non-profit agencies.

- ***Is this currently done elsewhere?***

HACLA seems to be the only public housing authority in the State that has initiated this program with its Section 8 Housing Choice Voucher Program. However, other housing authorities, such as Cook County in Chicago and New York City Housing Authority, have implemented such a program for their Public Housing Departments.

- ***Is there legislation that makes this possible?***

The HUD Secretary has asked Housing Authorities to find ways to serve this population.

3. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

- Section 8 participant families can be uncomfortable adding the FIP to their household.
- FIP & family change their minds about reunification.
- Distrust of the Section 8 program.
- Fear of losing Section 8 assistance if FIP commits a crime.
- FIP unwilling to receive services.
- Owners reluctant to add FIP to the lease.
- If the Section 8 participant's unit is not large enough to add a person to the lease, they may be unwilling to move.

Each of these barriers is unique in its own way and recommendations to remove them may not work in all cases. Resolutions are delivered on a case-by- case basis.

4. Potential performance measures

Increase in number of families participating in this program

5. Potential funding stream(s):

N/A

Potential Strategy 8.3C

Expand Jail In Reach

1. Description of the proposed strategy

Create a Jail In Reach program that is available to all people incarcerated in the Los Angeles County Jail.

Jail In Reach (JIR) is a process that links an incarcerated person with the services he or she will need upon release. In many cases, the services are delivered by the same service provider pre and post-release, so that a trusting, engaged relationship can help bridge the shift from incarceration to post-incarceration. An expanded program should be built from the current successful programs and designed with the input of experienced community providers, as well as people previously incarcerated in county jail.

The term “Jail In Reach” is used broadly and specifically in Los Angeles County. These services have been funded from various sources, which have not included the Los Angeles County Sheriff’s Department. This document discusses three formal programs, all sanctioned by the County over the past several years.

Program Design recommendations:

Los Angeles County jail inmates present a variety of different levels of need ranging from people being held simply because they cannot afford bail to people serving multi-year sentences who have serious behavioral health and/or complex medical needs. A Jail In Reach program should have programming that meets these differing needs, such as:

- Offering all people jail in reach services from the beginning of incarceration.
- Providing intensive case management for people experiencing homelessness and/or behavioral health disorders (mental illness, substance use disorder, or both). The emphasis should initially be on housing and/or healthcare-based depending on the post-incarceration needs of the individual.
- Develop a less intensive case management model for other individuals that focus on his or her education, job training, job search, and/or family reunification needs post incarceration.
- Coordination of all services provided to incarcerated people so that physical health, behavioral health, housing, education, employment, and other needs are integrated into one case plan monitored by one assigned case manager. This will most certainly involve multiple providers for people with complex needs. However, the primary case manager should ensure strong service integration.
- Recruiting community-based service providers from across the county so that services can continue post-release with the same case management team. Fund providers to deliver these services.
- The Department of Health Services’ Housing for Health intensive case management program provides a model for the style of case management that will be required for many individuals.

Target Population: All people in county jail including those being held prior to trial.

Estimated cost per person: TBD

2. Opportunities that make this proposed strategy feasible

There have been three formal Jail In Reach programs in Los Angeles County in recent years. There have been strong results from each of these.

- ❖ The Homeless Prevention Initiative established a Jail In Reach demonstration program in 2008. The LASD Community Transition Unit (CTU) was allocated \$1.5 million to administer a 24-month jail in-reach demonstration program. CSH, through the generous support of the Robert Wood Johnson Foundation, provided an additional \$250,000 to leverage the public investment. The resulting pilot, Just in Reach (JIR), was designed to focus on the hardest to serve population - homeless, repeat offenders (incarcerated three times over three years and with three episodes of homelessness in five years). During the pilot (2008-2010), only 34% of participants were re-arrested. This program is referred to as "Jail In Reach 1.0."
- ❖ In January 2014, CSH re-launched Just in Reach (now named JIR 2.0) in collaboration with its service provider and County partners. The redesigned program was launched in January 2014 with funding from a combination of public and private sources and continues to focus on chronically homeless, frequently incarcerated individuals. However, compared to JIR 1.0, JIR 2.0 features increased collaboration with permanent supportive housing providers, an assessment tool designed to prioritize the most vulnerable clients, and a robust evaluation.

➤ JIR 2.0 GOALS

JIR 2.0 is a jail in-reach program that connects chronically homeless, frequently incarcerated individuals with a permanent housing solution. While JIR 2.0 has several metrics of success related to the overall health & well-being of program participants, the program's primary emphasis can be encapsulated in two main goals:

GOAL #1: Reduce rates of re-incarceration for JIR 2.0 clients.

GOAL #2: End the cycle of homelessness for JIR 2.0 clients.

➤ JIR 2.0 TARGET POPULATION

JIR 2.0 serves individuals who:

- Are currently incarcerated and sentenced at the Los Angeles County jail; and
- Are expected to be discharged from jail in 30-120 days; AND
- Have been incarcerated at least 3 times in the past 3 years; AND
- Prior to entering jail were homeless continuously for at least 1 year OR on at least 4 separate occasions in the last 3 years; AND
- Has a diagnosable substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from a brain injury, or chronic physical illness or disability, including the co-occurrence of 2 or more of these conditions.

➤ JIR 2.0 PROGRAM DESCRIPTION

JIR 2.0 uses an intensive case management model to connect the most vulnerable inmates to permanent housing and works with clients 2-4 months prior to discharge from jail, through temporary housing, and into permanent housing for as long as necessary to ensure that clients remain stably housed. Further, JIR 2.0:

- Embraces a Housing First approach, which prioritizes quick access to permanent housing without requiring “housing readiness”.
- Utilizes Multi-agency and inter-disciplinary team which provides wrap-around support.
- Is Data-driven and outcome-oriented.

➤ JIR 2.0 SERVICES

Collectively, the JIR 2.0 partner agencies provide the following housing and services to participants:

- Needs assessment and intensive case management
- Temporary housing immediately upon release from jail
- Permanent housing placement and short-term rental assistance
- Employment assistance (individualized and group)
- Benefits enrollment
- Mental health services
- Connection to drug and alcohol treatment
- Mentoring and other community support
- On-going services once placed in housing

JIR 2.0 includes the following agencies as part of an inter-disciplinary, inter-agency team:

- Amity Foundation
- Chrysalis
- Volunteers of America Los Angeles
- Skid Row Housing Trust
- Kedren

- ❖ LASD’s Inmate Welfare Funds are used for a Jail in Reach program operated by HealthRIGHT360 for people incarcerated in the County under AB109-Penal Code Section 1170(h), which applies to non-violent, non-serious, and non-sexual felony convictions. Since 2012, HealthRIGHT360 has provided transitional planning and case management services to the Sheriff’s jail population, linking over 7,000 inmates to community and faith-based services including substance abuse, mental health, homeless housing, dental and medical services and applications for health insurance. In 2013, HR360 placed 1,070 inmates directly into licensed community-based treatment, mental health or housing

services. To maximize positive outcomes, HR360 also provided transportation directly from the jail to the service location, transporting 859 in 2014.

3. Is this currently done elsewhere?

JIR programs have been implemented in other jurisdictions. Generally, they focus on housing for homeless inmates or on behavioral health linkages to after-care.

Harris County Texas

The Jail In Reach Project is a health care-based intensive case management “in reach” program that engages incarcerated persons from the homeless population who have behavioral health disorders (mental illness, substance use disorder, or both) in establishing a plan for specific post-release services. The Jail In reach Project aims to provide continuity of care and integrate this highly marginalized subpopulation of homeless persons into primary and behavioral health care systems by establishing patient-centered health homes. Preliminary results indicate that more than half of the persons referred to the program remained successfully linked with services post release.

4. Barriers to implementing the proposed strategy and recommendations on how they can be resolved

- Lack of funding
- Differences between a public health approach to reentry and the traditional criminal justice approach.

5. Potential performance measures

- Reduction in recidivism
- Reduction in Homelessness
- Increased employment
- Improved healthcare outcomes

6. Potential funding streams

- AB 109
- SB 678
- 1115 Waiver – Whole Person Care Pilot
- Medi-Cal

Potential Strategy 8.3D Community Model in Corrections

1. Description of the proposed strategy

Community Model in Corrections is a pre-release program which connects inmates with positive role models and support in the community, while educating them on how to be successful when they leave custody. It is an evidence-based program and has been shown to reduce recidivism to single digits over the past eight years. <http://www.nij.gov/topics/corrections/recidivism/pages/measuring.aspx>

The Community Model in Corrections provides daily programming which addresses substance abuse, mental health, trauma issues and homelessness. The programming can fit into the jail's schedule and services can be in the evening, on weekends, and/or between other jail activities. It is known to reduce violence and contraband, while being consistent with all jail rules and facilitating all jail functions. It is a voluntary recovery program run almost entirely by the inmates.

The program uses self-help support groups within the jail, such as Alcoholics Anonymous, Narcotics Anonymous, and Recovery International to address substance abuse, mental health and trauma issues. When people leave the jail, participation in this program while in jail can facilitate assimilation into the community, by assisting former inmates to get connected with sober living, shared housing or, even, a "couch commitment" where someone in the support group lets the person sleep on his/her couch until the former inmate finds a job and becomes self-supporting.

- **Target Population**

Homeless or at-risk-of-homelessness inmates who volunteer to participate, including those with substance abuse, mental health issues, and/or low or negative social capital.

- **Estimated Cost per person**

The cost for the program is anywhere between \$500 and \$2,500 per person depending on the needs of each individual inmate, e.g., substance abuse, anger management, violent tendencies. The cost is a fixed cost and can fluctuate among programs across the Country based on local economy. The length of the program also depends on the need(s) of the inmate.

2. Opportunities that make this proposed strategy feasible

Developed by two psychologists with many years of experience in corrections, it is currently implemented in eight jails/prisons across the US.

Former inmates who participate in this program while in jail will have additional opportunities to integrate into the community, as LA County has more than 12,000 support groups into which former inmates will be welcomed when they leave incarceration. These former inmates will be familiar with the way the groups are run and the norms of the groups, thereby creating a safe space for them to go. Community integration and safe, non-offending social connections are a predictor of success in the community.

3. Barriers to implementing the proposed strategy and recommendation and how they can be resolved.

TBD

4. Potential performance measures

- Number of former inmates who participate in this program and remain housed after release
- Number of former inmates who participate in this program and are not rearrested

5. Potential funding streams

- AB 109
- SB 678
- County General Fund

Potential Strategy 8.4 Discharges Data Tracking

1. Description of the proposed strategy

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.

This strategy includes the following main components:

- Adopt common data elements with definitions to be incorporated into data and reporting structures within critical institutions and agencies involved in discharge planning. This especially applies to the Los Angeles County Sheriff's Department (LASD), Los Angeles County Department of Mental Health (DMH), Los Angeles County Department of Health Services (DHS), Los Angeles County Department of Public Health (DPH), Los Angeles County Department of Children and Family Services (DCFS), Los Angeles County Probation Department and private hospitals.
- Update LAHSA Homeless Management Information System (HMIS) data collection fields to track and report on homeless clients who are discharged from institutions such as hospitals, jails, prisons, and the foster care system.
- Utilize the County of Los Angeles Enterprise Linkages Project (ELP) to capture data and produce reports that can be used to measure progress in reducing homelessness and regularly inform discharge planning processes.

• Target Population(s)

The populations targeted are those currently or potentially homeless who are in an institution or *receive residential services from LASD, DMH, DHS, DPH, or DCFS.*

• Estimated cost - Cost involved in this effort would include :

- The coordination and development of data elements and agreement on definitions associated with data elements will take staff time involving multiple agencies and institutions.
- Technical and system upgrades to include or refine data elements may require technology changes or upgrades to existing systems and databases within each entity to be included in this process.

1. Opportunities that make this proposed strategy feasible (is this currently done elsewhere? is there legislation that makes this possible?)

Currently, institutions and agencies that directly impact discharges into homelessness within the County have data systems in place that produce reports and data on those they manage or serve. This strategy is recommending that updates be made in these systems to capture

information that would better track and manage those who are homeless or may become homeless after discharge.

The Homeless Management Information System (HMIS), managed by LAHSA, captures information on homeless clients across the LA Continuum of Care. At this time, some information is captured on individuals that might have been discharged from jail, hospitals, child welfare and other systems. An enhancement could be made to specifically track where clients were last housed or placed before becoming homeless or returning to homelessness. The annual Point in Time (PIT) Homeless Count includes a demographic survey component that specifically asks questions about institutions or systems in which homeless people may have been placed before becoming homeless. Enhancing HMIS by including this information would enhance HMIS data.

The County's ELP project serves to track administrative data and utilization patterns across various agencies. ELP can be used to generate data on a regular basis once standard data elements are established for discharge planning and tracking of homeless and formerly homeless clients. ELP can help with streamlining and managing reporting, as well as producing County-wide trends and reports.

2. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

Potential barriers center around the timeline and reaching agreements on data elements.

3. Potential performance measures

Performance measures in this area should be centered on tracking participation of public agencies, the hospital systems and others in collecting and tracking the targeted populations. Performance measures could include:

- The rate of participation of agencies and institutions in capturing data;
- The quality of data produced on clients with improved capacity to profile their needs and produce trends; and
- Increases in homeless prevention related activities before people are discharged from institutions or agencies.

4. Potential funding stream(s)

Funding for this strategy will most likely already be imbedded in the administrative structure of institutions and agencies involved in the discharge processes presented in this brief. Funding may be needed to support the development of overall performance measures for discharge planning and data elements needed to better track and monitor the population targeted.

Potential Strategy 8.5 Foster Care Discharges

1. Description of the proposed strategy

In 2010, the State of California passed Assembly Bill 12, the CA Fostering Connections to Success Act. One of the key changes made by AB 12 was extending the age that youth can remain in foster care to age 21.¹ The intent of extended foster care is to provide additional time that youth can utilize resources in order to increase positive outcomes that support long-term self-sufficiency and prevent homelessness. According to national data, between 31% and 46% of youth who exit foster care experience homelessness at least once by age 26.² In states that have had an extended foster care age for decades, such as Illinois, the rates of youth that experienced homelessness after exiting foster care at 21 were no different from those states where youth exited foster care at age 18.³ These findings indicate that the policy of extending the age youth can stay in foster care is not sufficient to prevent youth homelessness on its own, and that the need exists to identify opportunities to better support youth in transitioning out of care.

Youth are eligible for extended foster care (EFC) if they are in foster care (out-of-home) placement in the child welfare or juvenile probation system at age 18. At that point, they are identified as non-minor dependents (NMDs). If, after the age of 16 years, they were adopted or placed in guardianship with a relative receiving KinGap funding, the caregiver will continue to receive extended foster funding until the youth turns 21. In these situations, the non-minor is not eligible for direct foster funding nor subsidized transitional housing unless the caregiver dies or is no longer providing support to the youth after their 18th birthday. In Los Angeles County, foster and probation youth have the option to participate in extended foster care. If they chose to leave foster care, these NMDs may re-enter foster care as many times as needed until they turn 21 years old.

The goal of EFC is to better prepare a NMD for success after they leave care. As such, this program is set up to support the NMDs along a continuum to independent living. There is a range of placement options that offer independence in incremental stages. From a foster home or group home to supportive transitional housing to independent living, each NMD is offered services support to move through each phase. Once they are assessed to be ready for independent living, these NMDs receive a monthly Supervised Independent Living Program (SILP) stipend to support their own housing choice.

Prior to AB 12, approximately 1500 youth exited foster care in Los Angeles annually at age 18. Since the implementation of AB 12, there have been approximately 2500 foster and probation youth participating annually in extended foster care in Los Angeles. Throughout 2015, the original cohort of youth who were EFC eligible in 2012 has begun to exit care. Statistics are

¹ Courtney, M., Dworsky, A., Napolitano, L. (2013). Providing Foster Care to Young Adults: Early Implementation of California's Fostering Connections Act. http://www.chapinhall.org/sites/default/files/Providing%20Foster%20Care%20For%20Young%20Adults_2_13.pdf

² Peters, C., Dworsky, A., Courtney, M., Pollack, H. (2009). Chapin Hall Issue Brief. Extending Foster Care to Age 21: Weighing the costs to government against the benefits to youth.

³ Dworsky, A., Courtney, M., et al (2010). Chapin Hall Issue Brief. Assessing the Impact of Extending Foster Care Beyond Age 18 on Homelessness: Emerging Findings from the Midwest Study.

https://www.chapinhall.org/sites/default/files/publications/Midwest_IB2_Homelessness.pdf

not available as yet, but anecdotally TAY providers are seeing that these youth are still in need of subsidized housing.

Although there has not been a specific analysis of the cost of youth homelessness in Los Angeles County, a 2011 study analyzing LA County's administrative data across multiple agencies looked at the young adult outcomes of three cohorts of youth: 1) youth who exited from foster care; 2) youth who exited juvenile probation supervision; and 3) youth who exited from both foster care and juvenile probation.⁴ Findings from this study show that youth who exited from both systems experienced the most challenges while in care, including earlier out-of-home placement age and more DCFS out-of-home placements, and experienced "less desirable outcomes"⁵ as young adults. Regarding costs to public agencies, the study found that in the first four years after exiting, the child-welfare-only cohort utilized an average of \$12,532; the juvenile-probation-only cohort utilized an average of \$15,985; and the cohort with involvement in both systems utilized an average of \$35,171.⁶ The study also showed that higher educational attainment and consistent employment were associated with positive young adult outcomes, and that stable housing helped youth achieve educational and employment goals.

In California and in Los Angeles County, key gaps have been highlighted throughout the implementation of AB 12 that could be addressed with the following strategies:

- **Hold transition planning meetings 6 months before discharge.** The transition planning meeting is a turning point for youth in preparing to exit foster care. It is meant to assess, identify, and develop the support services that youth will continue to need, their education and employment plan, and housing plan. Currently, the official meeting takes place 90 days before the day the youth exits care, which does not provide sufficient time or flexibility to identify, prepare for, and get in to housing. It is also not enough time for youth to save enough money or identify funding sources to cover basic housing needs, such as first/last/security deposit, utility deposits, moving costs, etc. Earlier transition meetings could also allow for social workers to provide supports to family members if the youth identifies family as part of their housing plan, and support the youth through the referral and application process for subsidized housing. Given that a study of local data found that youth who exited both the child welfare and juvenile probation systems from out-of-home placements were at greatest risk for experiencing undesirable outcomes, DCFS and Probation should work together to identify youth in both systems, and prioritize those youth for support services and housing.
- **Offer wrap around support services to families when youth exit back to a family member's home.** A number of youth identify family as their housing plan at exit. While there's no currently available data to show how many choose family and how successful that living situation is, it is widely accepted that not all living situations with family are successful. Families need support when youth are coming from out-of-home placement, and the need for services may not always be apparent until the youth exits foster care and is in the family member's home. Supports can include mental health supports and therapeutic services and family conflict resolution.

⁴ Culhane, D., Byrne, T., et al (2011). Young Adult Outcomes of Youth Exiting Dependent or Delinquent Care in Los Angeles County. <http://ceo.lacounty.gov/sib/pdf/RES/Youth%20Exiting%20Dependent%20&%20Delinquent%20Care%20In%20LA%20November%202011.pdf>

⁵ Ibid.

⁶ Ibid.

- **Ensure that community college or vocational training, at minimum, is part of the education component of the transition plan.** Higher educational attainment is a key factor for long-term self-sufficiency. Every community college in California has a Foster Youth Success Liaison who can provide resources to pay for youths' books, fees, and assist with transportation and food. They are a resource for helping navigate the community college system and for linking youth to other supports and resources. With the passage of recent state legislation, foster youth can now access expanded resources through the Extended Opportunity Programs and Services (EOPS) office, including resources for housing.
 - **Link youth to supports that promote career pathways, particularly through the YouthSource system, other WIOA programs, or other private employment initiatives targeting foster youth.** Ongoing employment opportunities are associated with a decreased risk of homelessness. The system of YouthSource centers has identified foster and probation youth as a target population, and is working to decrease barriers to access and increase employment resources and supports for foster and probation youth.
 - **Improve utilization of assessment for determining placement into the Supervised Independent Living Program (SILP).** The SILP is meant to be for highly independent youth; however, it's unclear how many youth are actually being assessed before being connected to a SILP. As a result, a number of youth are receiving SILPs who may actually need more support services than are offered through the SILP.
 - **Systematically collect data regarding youth exit destinations.** Data is not currently collected to track where youth are going after exit. This data is important to better understand where youth are going after exiting the child welfare system. An analysis is needed to determine what would be required to collect this data.
 - **Increase housing capacity and options for non-minor dependents.**
 - Expand the number of beds available in the housing programs for youth, including THP Plus Foster Care providers.
 - Increase the number of crisis beds or bridge housing for youth, to provide a safety net when they experience gaps in their housing.
 - Increase mental health supports connected to housing.
 - Explore utilization of community-based shared housing with support services.
 - Set a target number of affordable housing units to be set aside for youth.
- 2. Opportunities that make this proposed strategy feasible (is this currently done elsewhere? is there legislation that makes this possible?)**
- **Hold transition planning meetings 6 months before discharge.** Earlier discharge planning provides additional time to plan with youth in the multiple critical areas for their transition. The current time period of 90 days/3 months leaves little time for amending the plan if needed, which adds an immense amount of anxiety on the youth.
 - **Offer wraparound support services to families when youth exit back to a family member's home.** The LA LGBT Center recently completed an initiative called RISE,

focused on family reunification of homeless, LGBT youth with child welfare experience. It was in partnership with DCFS and funded by the U.S. Department of Health and Human Services over a five- year period to develop the curriculum for the intervention. UCLA also evaluated a wrap-around family reunification program called STRIVE that has shown to have very positive results in reunifying newly homeless youth with family.

- **Ensure that community college or vocational training, at minimum, is part of the education component of the transition plan.** Individualized educational or vocational planning is generally regarded as a best practice when working with youth.
- **Link youth to supports that promote career pathways, particularly through the YouthSource system, other WIOA programs, or other private employment initiatives targeting foster youth.** Los Angeles received a grant to focus on foster youth employment through the Opportunity Youth Collaborative, and was recently selected as a grantee of the federal Performance Partnership Pilot (P3) initiative to remove barriers facing disconnected transition age youth. WIOA also provides increased flexibility to target disconnected transition age youth and individuals with mental health disabilities.
- **Improve utilization of assessment for determining placement into the Supervised Independent Living Program (SILP).** Assessment is a requirement by the County.
- **Systematically collect data regarding youth exit destinations.** The infrastructure seems to already exist at the national and state levels. In 2006, the Administration of Children and Families (ACF) established the National Youth in Transition Database (NYTD), and required states to collect data on demographics, outcomes, and independent living skills services being received by youth. Data is collected by surveying a sample of youth transitioning out of care, and the most recent national response rate was 53%.⁷ California also collects broader child welfare data through the Child Welfare Services/Case Management System (CWS/CMS). This system captures data in four broad categories that are focused on programs and services for families in the child welfare system, and less about the outcomes of youth transitioning out of care.⁸ Research is needed to understand the process and timeline for adding data fields regarding destinations at exit into these existing databases, in order to determine the feasibility of utilizing this existing infrastructure.
- **Increase housing capacity and options for non-minor dependents.** All of the housing models identified above exist in differing scales in LA County. In 2008, the City & County of San Francisco, through a community-driven process, set a target goal of creating 500 units/beds of housing specifically for transition age youth. Setting this goal has helped to garner political support and leadership.

⁷ National Youth in Transition Database Data Brief #4 (2014). Comparing Outcomes Reported by Young People at Ages 17 and 19 in NYTD Cohort 1. http://www.acf.hhs.gov/sites/default/files/cb/nytd_data_brief_4.pdf

⁸ CA Dept. of Social Services Website: <http://www.childsworld.ca.gov/PG1328.htm>

3. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

- **Hold transition planning meetings earlier than 90 days before discharge.** There should not be additional barriers to implementing this strategy.
- **Ensure that community college or vocational training, at minimum, is part of the education component of the transition plan.** There should not be additional barriers to implementing this strategy.
- **Link youth to supports that promote career pathways, particularly through the YouthSource system, other WIOA programs, or other private employment initiatives targeting foster youth.** Determining which types of supports or program best fit the needs of the youth may be a barrier. Access to vital documents, such as an ID, may also be a barrier. However, foster youth are able to obtain IDs free of charge. Background checks may also be a barrier to accessing employment and employment programs. Employment programs and employers should be encouraged to waive the results of background checks as long as the youth is connected to support services.
- **Improve utilization of assessment for determining placement into the Supervised Independent Living Program (SILP).** A key barrier is the lack of housing options outside of the SILP. With few housing options available, SILPs provide some level of support for the youth. Expanding housing options for youth who may not be ready for a SILP is a critical need.
- **Systematically collect data regarding youth exit destinations.** Both databases utilized by DCFS are not locally managed. CWS-CMS is a statewide database, while NYTD is a national database. Research is needed to determine where the data should be reported and the process for adding that data point.
- **Increase housing capacity and options for non-minor dependents.** Funding to increase beds/units is the main barrier. Convincing municipal leadership to set a target goal for affordable housing set-asides, and garnering buy-in from developers are key barriers.

4. Potential performance measures

- **Hold transition planning meetings earlier than 90 days before discharge.**
 - Increase in number of transition plans completed 6 months before discharge
- **Ensure that community college or vocational training, at minimum, is part of the education component of the transition plan.**
 - Increase in enrollment into community college or vocational training
- **Link youth to supports that promote career pathways, particularly through the YouthSource system, other WIOA programs, or other private employment initiatives targeting foster youth.**
 - Increase in enrollment to these types of programs

- **Improve utilization of assessment for determining placement into the Supervised Independent Living Program (SILP).**
 - Increase in assessments
- **Systematically collect data regarding youth exit destinations.**
 - Increase in data entry of this data point
- **Offer wrap around support services to families when youth exit back to a family member's home.**
 - If there was exit destination and follow-up data, the performance measure would be a decrease in the number of youth who leave the family member's home
- **Increase housing capacity and options for non-minor dependents.**
 - Decrease in number of homeless foster and probation youth
 - Increase in number of former foster youth in subsidized housing

5. Potential funding stream(s)

- **Hold transition planning meetings earlier than 90 days before discharge.** No additional funding would be needed to start transition planning meetings earlier.
- **Ensure that community college or vocational training, at minimum, is part of the education component of the transition plan.** No additional funding would be needed to ensure a community college or vocational training is included in the plan. No additional funding would be needed to connect youth to the Foster Youth Liaison at the community college. SB1023 made funding available to community colleges to provide additional monetary and support service resources to foster youth. The Los Angeles Community College District was selected as a recipient of this funding.
- **Link youth to supports that promote career pathways, particularly through the YouthSource system, other WIOA programs, or other private employment initiatives targeting foster youth.** No additional funding would be needed to start transition planning meetings earlier.
- **Improve utilization of assessment for determining placement into the Supervised Independent Living Program (SILP).** No additional funding would be needed for already-required assessments to be completed.
- **Systematically collect data regarding youth exit destinations.** The scope of the cost here needs to be assessed. Where the data should live will determine if the cost would need to be covered locally or at the State level.
- **Offer support services to families when youth exit back to a family member's home.** Title IV-E Waiver could be considered as a potential funding source. Current funding or staffing resources under family reunification or family preservation could be explored and considered for shifting in order to meet this need.

- **Increase housing capacity and options for non-minor dependents.** Setting aside units in affordable housing developments should not require additional funding, but it would be a policy that requires leadership. Utilizing community-based shared housing resources will require funding for support services. Expanding beds in general will also require additional funding sources. Federal and State funding currently utilized for these programs, primarily Chafee funding, should be explored to identify opportunities for increasing the number of beds.

Potential Strategy 8.6 Criminal Record Clearing Project

1. Description of the proposed strategy

Los Angeles County Criminal Record Clearing Project (LACCRCP) will serve to expand access to criminal record clearing and remove barriers to housing and employment for individuals in LA County (County) who have criminal records. LACRCP will provide comprehensive training on criminal record clearing remedies so that County agencies, community organizations, and legal advocates can increase the workforce and outreach for criminal record clearing in the County. Through strategic partnerships and collaborative efforts, the project will aim to identify job-seekers who have criminal records and connect them to a legal advocate who will assist them with record clearing and other legal barriers to stable housing and employment. This project could be implemented as a two-year pilot, after which it could be evaluated and a determination could be made as to whether to extend the project based on the results and availability of funding.

A diverse LACRCP team should include the following staff:

- County departments (Public Defenders, Alternate Public Defenders, Probation, DPSS GAIN & GROW caseworkers, at a minimum).
- Nonprofit legal service providers (Legal Aid Foundation of Los Angeles, Neighborhood Legal Services of Los Angeles, A New Way of Life, etc.), pro bono attorneys and law students
- Community-based organizations (Homeboy Industries, Drug Policy Alliance, Bend the Arc, etc.)

Individuals with criminal backgrounds face unique challenges in the public and private housing market in Los Angeles County. Public housing is scarce and many programs have specific restrictions that apply to individuals with criminal records. For example, the Housing Authority of the County of Los Angeles has broad authority to exclude applicants based on their own or another household member's past involvement with the criminal justice system. In addition, the United States Congress has passed legislation giving public housing authorities more discretion in prohibiting persons with criminal records from living in public assisted housing.

The private rental market is also competitive and it is no surprise that landlords and property managers tend to have reservations about renting to individuals with criminal backgrounds. A 2007 study entitled "Landlord Attitudes Toward Renting to Released Offenders" found that 66% of surveyed landlords and property managers would not accept an applicant with a criminal history (<https://www.ncjrs.gov/App/Publications/abstract.aspx>). The law permits property owners to refuse housing to any person who has any drug-related or violent conviction.

Criminal records, especially felony records, can also diminish a person's ability to earn a viable income. In March 2015, the Center on Budget and Policy Priorities (CBPP) released a policy brief entitled "Strategies for Full Employment through Reform of the Criminal Justice

System.” It showed that a vast majority of large companies conduct criminal background checks as part of their hiring process and over 75% of employers were negatively influenced by a felony conviction or arrest. Those who do make it past the hurdle of finding a job then face a second hurdle—low wages. That same CBPP study found that having a criminal record can reduce a worker’s annual earnings by up to 40 percent.

- **Target Population(s)**

Individuals who have recently completed their parole or supervision; Individuals with criminal records who are currently enrolled in Los Angeles County's GAIN or GROW program; Individuals with criminal records who are seeking employment or housing

Estimated cost per person - TBD

2. Opportunities that make this proposed strategy feasible

California is in a unique position of having more avenues for reduction or clearance of criminal records than many other states. Voters recently expanded the array of criminal record clearing remedies with the passage of Proposition 47, which provides for the reclassification of certain non-violent felonies to misdemeanors. People with criminal records can also apply for an expungement, the legal process by which individuals can have their convictions dismissed on their public record. These legal remedies have the potential to open up housing and employment opportunities that are denied to those with criminal records.

County and legal service providers have existing infrastructure through which the program can be piloted. GAIN is a welfare-to-work program administered through the Los Angeles County Department of Public Social Services (DPSS) that provides employment-related services to CalWORKs participants. GROW, also administered through DPSS, is the welfare-to-work program that is mandatory for all employable General Relief (GR) recipients. DPSS’ Job Development Services provides a wide range of services to assist GAIN and GROW participants in obtaining employment and becoming self-sufficient. LACRCP could utilize the GAIN & GROW programs to identify job seekers with criminal backgrounds.

The Public Defender (PD) and Alternative Public Defender assist their clients with criminal record clearing. Both spread the workload for Proposition 47 filings among the lawyers with some assistance from paralegals and student workers. The PD also has dedicated paralegals to assist former clients with completing forms needed to petition for a dismissal or expungement.

3. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

Funding is needed for organizations to adequately staff the project.

Resolution – Allocation of required funding.

Awareness & Understanding - The depth of understanding about criminal record clearing remedies varies among County staff that engage with the reentry population, many of whom face barriers to housing and employment because of their criminal records. While many County staff and community based organizations are familiar with Proposition 47 eligibility and

filing process, most have little understanding about the benefits, eligibility and process of petitioning for dismissal (expungement).

Resolution- LACRCP legal advocates would conduct a comprehensive training(s) on the wide array of criminal record clearing remedies available in California.

Coordination & Outreach - While many public agencies and nonprofit organizations are engaged in outreach, education and service provision related to criminal record clearing, collaboration among the agencies needs to be improved. This can result in greater capacity to serve those seeking assistance, reduce applicants getting lost during the referral process from one organization to another, more consistency in the tracking of data, and improved results.

Resolution- Create an inter-agency committee to develop a coordinated outreach plan and a cross agency protocol for referring clients and tracking outcomes.

4. Potential performance measures

- Number of staff from LACRCP organizations that complete the criminal record clearing training
- Number of individuals who complete and file a Prop 47 application or petition for dismissal (expungement).
- Number of individuals served through this program who demonstrate an increase in income within 6-12 months after a dismissal.
- Number of individuals served through this program who maintain or secure housing within 6 - 12 months after a dismissal.

5. Potential funding stream

SB 678

Potential Strategy 8.7 Discharges Revenue Sources

Description of the proposed strategy

The following revenue sources are presented as potential funding sources not only for the strategies developed under Discharges into Homelessness, but also for strategies that are being developed under other Homeless Initiative focus areas. The format of this strategy brief has been adapted, because this brief addresses potential revenue sources, rather than a specific programmatic strategy.

A. SB 678

- **Description of the potential revenue source**

The California Community Corrections Performance Incentive Act of 2009 (SB 678) established a system of performance-based funding that shares State General Fund savings with county probation departments when they demonstrate success in reducing the number of adult felony probationers going to state prison because of committing new crimes or violating the terms of their probation. This measure is designed to help decrease California's prison admissions by reducing criminal behavior, and thus relieve prison overcrowding and save public funds.

The State shares a portion of its savings achieved with those jurisdictions that are successful in reducing the number of felony probationers committed to state prison. At the end of every calendar year, the California Department of Finance (Finance) is required to determine the Statewide and county specific felony probation failure rates.

Using a baseline felony probation failure rate for calendar years 2006 through 2008, Finance calculates the amount of savings to be provided to each County probation department.

- **Target Population:** SB 678 funds are spent at the discretion of county probation departments to serve their probationers.
- **Estimated Funds Available:** It is estimated that there are currently \$140M dollars in reserve and another \$20-\$40M available annually to the LA County Probation Department's SB 678 program.
- **Opportunities that make this proposed revenue source feasible (Is this currently done elsewhere?)**
 - SB 678 funds are currently being used to fund housing programs in Los Angeles County. For example, SB 678 funds support the Breaking Barriers program which is a housing model focused on adult felony probationers who are at moderate to high risk of recidivating and are precariously housed. The program was launched in June 2015 and represents a \$4M investment of SB 678 funds.

- These funds are also being used by the Probation Dept. to fund therapeutic interventions for felony probationers. Deputy Probation Officers are being trained to use such interventions as Motivational Interviewing and Cognitive Behavioral Therapy.
- **Is there legislation that makes this possible?** SB 678.
- **Barriers to tapping the proposed revenue source and recommendation on how they can be resolved**
 - Ultimately, probation departments determine how SB 678 funds are spent at the county level, subject to approval by the Board of Supervisors. In LA County, the Probation Department has been hosting community meetings to share how they have spent the funding.
- **Potential performance measures**
 - The most important performance measure for this funding source is the rate at which an intervention is able to lower probation failure rates. Additional performance measures for any housing program could include: lower rates of re-arrests, housing stability, and connections to mainstream resources.

B. AB 1056

- **Description of the proposed revenue source:**

What does Prop 47 do? Prop 47 reduces non-violent and non-serious drug and property crimes to misdemeanors. Savings captured from this shift will be placed into a funding pool called the “Safe Neighborhoods and Schools Fund.”

What is the Safe Neighborhoods and Schools Fund? The Fund is where savings captured from reduced sentencing will be placed. Twenty-five percent goes to the State Dept. of Education, 10% goes to the Victim Compensation and Government Claims board, and 65% will go to the Board of State and Community Corrections (BSCC). BSCC is directed to grant the money to agencies that provide services “aimed at supporting mental health treatment, substance abuse treatment, and diversion programs for people in the criminal justice system, with an emphasis on programs that reduce recidivism of people convicted of less serious crimes, such as those covered by this measure, and those who have substance abuse and mental health problems.”

Funds will not be distributed to the State departments listed above until August 15, 2016. The timeline for granting those funds back out to service providers is, as of yet, unclear. Estimates range from \$150 million to \$250 million in annual savings. BSCC will be discussing the implementation of the funds “periodically” between now and August 2016.

What does AB 1056 do? AB 1056 earmarks some of the Prop 47 funds for community based interventions that are focused on reducing recidivism. The bill specifically calls out mental health services, substance use treatment services, housing, housing-related job assistance, job skills training, and other community-based supportive services as eligible.

- **Target population:** Criminal Justice Involved populations
- **Estimated funds available:** Up to \$5M – 3 counties will receive grants for \$500,000 and \$2M each for a Pay-for-Success or social impact financing program focused on reducing recidivism.
- **Barriers to tapping the proposed revenue source and recommendations on how they can be resolved**
 - This funding appears to be limited to Pay for Success projects.
- **Potential performance measures**
 - Performance measures for any housing program could include: lower rates of re-arrests, housing stability, and connections to mainstream resources.

C. Potential County Prop 47 Savings

- **Description of the proposed revenue source:** (see above for Prop 47 description) Alongside the state level savings that will be generated by Prop 47, there may be savings at the County level.
- **Barriers to tapping the proposed revenue source and recommendation on how they can be resolved**
 - It is unclear how much savings (if any) will be realized in LA County and no County policy has yet been adopted regarding the utilization of any such savings.

D. AB 1228

- **Description of the proposed revenue source:** AB 1228, which was enacted in October 2015, requires California Community Colleges to provide priority housing to current and former homeless youth. This priority is identical to the priority already extended to current and former foster youth.
- **Target population:** Current and former homeless youth, i.e., a student under 25 years of age, who has been verified at any time during the 24 months immediately preceding the receipt of his or her application for admission by a campus of the California Community Colleges, as a homeless child or youth, as defined by the federal McKinney-Vento Homeless Assistance Act.
- **Estimated funds available:** It does not appear as if there is a specific funding stream attached to this legislation. Instead, this bill provides an opportunity for community colleges to provide housing for homeless or formerly homeless youth who are attending Community Colleges in California.
- **Potential performance measures:** Performance measures could include educational attainment, housing stability, and connections to mainstream resources.

E. AB 109

- **Description of the proposed revenue source:** The Public Safety Realignment of 2011 (AB 109) resulted in annual funding from the state to the counties. Prop. 30 in the following year made this a permanent source.
- **Target population:** The funds can be used by counties for any criminal justice purpose, as long as it does not supplant county funds.
- Estimated funds available: Approximately \$325,000,000 per year.
- **Opportunities that make this proposed revenue source feasible**

- LA County set up a percentage allocation for the funds when they were initially received. That formula has been modified only slightly in subsequent years. The priorities have been clearly established as incarceration and supervision. LA County spends more than 80% on incarceration and supervision and less than 20% on healthcare, mental health and substance abuse treatment, housing, and other support services.

Since then, the AB 109 jail and probation population has decreased substantially; however, there has been no change in the allocation of AB 109 funding.

- **Is this currently done elsewhere?** Each county is able to determine funding priorities for AB 109 dollars. For example, in FY 2013-14, Santa Clara County allocated almost 34% of its AB 109 funding to programs and services. Earlier this year, the Alameda County Board of Supervisors voted to allocate 50% of its AB 109 funding in FY 2015-16 to reentry services such as housing and employment assistance and medical and mental health care.
- **Is there legislation that makes this possible?** Funding allocations are local; no State or Federal legislation is required.
- **Barriers to tapping the proposed revenue source and recommendation on how they can be resolved**
 - LA County funding priorities have not focused on rehabilitation, healthcare, or behavioral health in jail or reentry. Of the \$311M received via AB 109 funding from the State last fiscal year, LASD is expected to claim 142% (\$257,608,740) of its FY 14-15 AB 109 allotment.
 - While the vast percentage of AB 109 funding is being given to LASD to incarcerate N3s, the percentage of N3s receiving split sentences, i.e., half their sentence in jail and the other half under Probation supervision, has risen from about 4% to close to 25%. Therefore, there are far more N3's who will need services upon release than can be covered by the small share of the LA County's N3 funding that does not go to LASD.
 - None of the people who have been jailed for AB 109 felonies since October 1, 2011, have received any County funded support services or housing upon release (the Just In Reach Programs are not funded by the County and said programs have been the main source of the services and housing cited above). Those few that have received services

were part of non- County-funded programs, e.g., Hilton Foundation, Inmate Welfare Fund (IWF). The IWF dollars are raised from inmates through their use of pay phones, canteen, etc.

- Line items not spent for services by other County departments (DMH, DPH, and DHS) are not rolled over to that line in future fiscal years, but are moved to the AB 109 general fund where they have been claimed by LASD.
- With DHS managing the Office of Diversion and Reentry, there will be cultural differences between a public health approach to reentry and the traditional criminal justice approach.

Each of these barriers could potentially be addressed through a modification to County policy.

- **Potential performance measures:** Not directly applicable, as this is not a programmatic strategy.

Potential Strategy 8.8 AB 109

1. Description of Proposed Revenue Source

In April 2011, the California Legislature passed the Public Safety Realignment Act, Assembly Bill (AB) 109, which transferred responsibility for supervising specific low-level inmates and parolees from the California Department of Corrections and Rehabilitation (CDCR) to counties. This program is part of California's solution for reducing the number of inmates in prisons and decreasing the recidivism rate, while promoting crime free lives by creating a plan for permanent housing and employment through support services.

The Public Safety Realignment Act of 2011, AB109, allocated funding to counties to support the custody, supervision, and treatment services provided to non-serious, non-violent, non-sexual offenders (N-3).

The Board of Supervisors identified and designated certain County departments, based on their role in the Criminal Justice system, as best suited to deliver services to the N3 population. Those departments receive an annual funding allocation to support the supervision, services, and treatment of Post-Release Community Supervision individuals.

- **The target populations include the following:**

Post release Community Supervised Individuals; Split Sentenced Individuals; Straight sentenced offenders under Penal Code 1170(h); Proposition 47 Offenders; Resentenced Released from County Jail; Released from State Prison; Proposition 36 Offenders;

Estimated funds available:

TBD

2. Opportunities That Make This Proposed Source Feasible

The existing Probation Department budget includes funding for temporary/transitional housing. The Department's housing program includes support services and case management to assist Post Release Community Supervised individuals in obtaining long-term/permanent housing upon their release from custody. However, the housing program is limited in its ability to provide services to meet the needs of supervised persons with medical issues and mental health issues.

The Department of Health Services, Department of Mental Health, and Department of Public Health each had carryover funding over the last three fiscal years. This carryover funding could be redirected to service providers that possess the skill and willingness to provide transitional and long-term housing for the Post Release Community Supervision (PRCS) population that are medically fragile and diagnosed with mental health illness. The Department of Health Services, Department of Mental Health, and Department of Public Health could coordinate this critical housing component.

On October 13, 2015, the Board approved a motion mandating that all County departments that provide support and treatment services to the Post Release Community Supervision and Split Sentence AB109 population expand the pool of eligible populations to include split sentenced offenders [PC 1170(h)], Proposition 47 offenders, and Proposition 36 offenders. This motion has the potential to increase the number of individuals served who are medically fragile and/or have mental health issues. For this reason, it is critical that long-term/permanent housing be secured to meet the needs of offenders with medical and mental health issues. As such, the aforementioned departments may need to expand the contract service providers' network to identify providers with the skill and willingness to serve the target population.

3. Barriers to Implementing the Proposed Strategy and Recommendation on How They can be Resolved

- Barrier: There are limited programs offering long-term housing to the target population.
Potential Approach:
The Probation Department could potentially expand the Breaking Barriers Program.
- Barrier: There is limited transitional and long-term housing for the subset of the target population that is medically fragile and/or diagnosed with mental illness.
Potential Approach:
Establish a collaboration with the Department of Health Services, Department of Mental Health, and Department of Public Health to increase the number of contract housing providers.

4. Potential Performance Measures (if applicable)

Potential performance measures are not applicable at this time.

5. Potential Funding Stream

AB109, including current and future unspent funds at the end of each fiscal year

Potential Strategy 9.1

Federal and State Subsidized Housing Policy Advocacy

This potential strategy presents opportunities for advocacy in three areas:

- 1) Statutory and regulatory improvements to the Section 8 Voucher Program, the primary source of long-term subsidy in Los Angeles
- 2) Current federal legislative/budgetary opportunities
- 3) Current state legislative opportunities

1. Statutory and regulatory improvements to the Section 8 Voucher Program, the primary source of long-term subsidies in Los Angeles

Recently released studies that have gathered evidence about the types of housing and services that work best to address homelessness have unanimously pointed to the benefits of permanent housing subsidies as the most effective tool to combat homelessness and its long term effects.

The U.S. Department of Housing and Urban Development (HUD) has created several programs that specifically target the homeless population such as the Veteran Affairs Supportive Housing Program (VASH) and the Continuum of Care Program (CoC). These programs are very effective but are narrowly targeted to specific subsets of the homeless population and may not be available to many homeless families and individuals. This is one of the main reasons that the Housing Choice Voucher Program (HCV) has become such an important tool in the fight to end homelessness.

The challenge in utilizing the HCV Program is the lack of flexibility that is required in administering the program in order to remove barriers to access for the homeless population. While HUD allows Housing Authorities a certain amount of discretion to set certain eligibility criteria, it does not allow the discretion to “carve out” specific criteria that may be of greatest benefit for homeless families and individuals.

While many Public Housing Authorities (PHAs) have attempted to modify their eligibility criteria as a means to remove barriers to access, there are quite a large number of PHAs nationally and regionally that have not. This is not because they are unwilling to serve this population, but rather because doing so requires across the board changes to their entire HCV program.

Legislative and or Regulatory changes are needed to provide PHAs more flexibility to serve special needs populations that have additional barriers. The following two changes could dramatically reduce the termination/denial of housing assistance to homeless households without altering the integrity of the HCV:

- A reduction in the criminal background check look-back period for drug-related crimes could provide access to housing for homeless individuals who would otherwise be disqualified.
- A reduction in the frequency of re-examinations (currently required three times/year) for fixed income households would significantly reduce the paperwork that formerly homeless households have to submit annually in order to retain their housing assistance. PHA's have reported that formerly homeless households experience a much higher than normal attrition rate due to program violations linked to the untimely submission of re-examination paperwork.

Target Populations

Homeless families and individuals.

Estimated cost per person

There is no hard cost associated with making regulatory or legislative changes to the program. There are, however, higher administration costs to PHAs that choose to prioritize housing the homeless population over other low-income applicants. More resources are expended to get a homeless household leased compared to another low-income household. These costs are absorbed by the PHA.

Opportunities that make this proposed strategy feasible

Advocacy for legislative/regulatory changes to facilitate housing the homeless would need to be part of the County's legislative priorities. Los Angeles and other cities could also align with the County in a joint advocacy effort.

Barriers to implementing the proposed strategy and recommendation on how they can be resolved

The current barriers to recent and previous legislative reform efforts for housing programs has been the lack of budget appropriations bills that could contain such measures. The Transportation, Housing and Urban Development, and Related Agencies (T-HUD) appropriations bills have been non-existent and funding has been provided through a series of continuing resolutions over the past several years.

Potential funding stream

Federal appropriations; however, there are certain beneficial changes that would have no federal cost.

2. Current federal legislative opportunities

The House and Senate Appropriations Committee and the responsible subcommittees should prioritize three key HUD programs in FYY 2016 by:

- Providing \$2.480 billion for HUD's McKinney-Vento Homeless Assistance Grants program, including \$40 million for homeless youth initiatives.
- Providing \$18.05 billion to renew all Housing Choice Vouchers in use at the end of 2015 and \$470 million to restore the remaining 60,000 vouchers lost due to sequestration.
- Not raiding the National Housing Trust Fund (NHTF) to fund other programs.

HOME Program Funding - The HOME program is the primary funding source for the LA City Housing Trust Fund and the LA County Community Development Commission annual Affordable Multifamily Rental Housing NOFA, which are the main sources of funds to produce permanent supportive housing in Los Angeles. Despite the impressive track record of the HOME program, Congress slashed funding for HOME by 50% in recent years, from \$1.8 billion in 2010 to an all-time low of \$900 million in Fiscal Year 2015. Because of tight spending caps, the House has proposed to cut HOME funding to just \$767 million or 58% less than in 2010. The Senate proposes to severely cut HOME by 93%, which would essentially eliminate the program altogether.

McKinney-Vento Homeless Assistance Grants - HUD's McKinney-Vento Homeless Assistance Grants program represents the primary source of federal funding for programs serving people experiencing homelessness. In 2009, the HEARTH Act made significant improvements to this program, though securing funding for implementation is an ongoing process. The \$2.48 billion proposed by the Administration in the President's Budget Proposal would fund housing subsidies for 37,000 people experiencing chronic homelessness to enter permanent supportive housing. This, in combination with efforts by HUD to reallocate existing resources to permanent supportive housing, would put the country on track to meet the Administration's goal to end chronic homelessness by the end of 2016.

SAMHSA Homeless Services - The Substance Abuse and Mental Health Services Administration (SAMHSA) within HHS provides funding for several programs that provide services to people experiencing or at risk of homelessness. The appropriations bills from the House and Senate propose large cuts to the Projects for Assistance in Transition from Homelessness (PATH) program under SAMHSA. The Senate proposes a \$25 million cut to PATH for FFY2016, which is a 38 percent cut from the \$65 million budget in FFY2015. The House is proposing a \$10 million cut to PATH which is a 15 percent cut. In addition, the House and Senate are proposing a \$2 million cut to SAMHSA homeless programs (3 percent cut) and the Senate is proposing a \$50 million cut to the Substance Abuse Block Grant (3 percent cut).

Section 8 Voucher Funding and Reform - Section 8 Tenant-Based Rental Assistance (the "Housing Choice Voucher program") is the primary program assisting extremely low-income people with the cost of housing. Ongoing efforts aim to streamline and enhance the program.

Homeless Youth Legislation - Runaway and Homeless Youth Act (RHYA) and the Education for Homeless Children and Youth (EHCY) programs help prevent

exploitation of youth on the streets and support reconnection to their families, schools, employment, and housing options. As runaway and homeless youth come to Los Angeles from around the nation, it is particularly important to fully fund these programs as requested in the President's Budget Proposal.

VA Homelessness Programs - The Department of Veterans Affairs has a variety of programs that are critical to ending homelessness among veterans, including Supportive Services for Veteran Families (SSVF), the case management portion of HUD-VA Supportive Housing (HUD-VASH) vouchers, and the Grant Per Diem transitional housing program. There is concern that the well-publicized accomplishments reducing veteran homelessness nationwide may tempt Congress to reduce funding for these programs, but they will be essential for eliminating veteran homelessness in LA and in helping veterans who become homeless in the future.

National Housing Trust Fund - In 2008, the National Housing Trust Fund (NHTF) was established as part of the Housing and Economic Recovery Act. The NHTF will expand, preserve, rehabilitate, and maintain the supply of rental housing affordable to America's poorest families. The NHTF was authorized by Congress in 2008 and with the Federal Housing Finance Agency's recent decision to end the temporary suspension of contributions from Fannie Mae and Freddie Mac to the Housing Trust Fund and Capital Magnet Fund, the NHTF will have at least some resources to begin expanding the housing supply for the lowest income and most vulnerable people in the country. With the lifting of the suspension, the first funds are expected to be allocated in early 2016, unless Congress diverts this funding to fund other line items.

Improve Project-Based Voucher (PBV) program - Two Bills seek to improve the Section 8 PBV program without increasing costs to the federal government:

- Maxine Waters' Project Based Voucher Improvement Act (H.R. 3827), and
- Blaine Luetkemeyer's Housing Opportunity Through Modernization Act of 2015 (H.R. 3700).

The PBV program helps housing providers leverage outside financing in order to create and maintain affordable housing in their communities. Both bills would improve the PBV program, a valuable tool to help preserve and create more affordable housing, especially for the poorest and most vulnerable populations, by facilitating the ability of PHAs to enter into agreements with private and nonprofit owners to use a share of its vouchers at a particular housing development.

3. Current state legislative opportunities

AB 1335 (ATKINS)

Subject: Finance Status: Two-year bill, requires 2/3 vote.

This bill would enact the Building Homes and Jobs Act to create a permanent source of state funding for affordable housing by imposing a \$75 surcharge for recording non-sales real estate documents. The total fee would be limited to \$225 per transaction. Estimated revenue from the fee runs from \$200 million to \$400 million annually.

County Position: County has a support position per 5/12/15 Board motion.

AB 396 (JONES-SAWYER)

Subject: Fair Housing Status: Two-year bill.

Similar to “Ban the Box” legislation for employment, this Bill would prohibit the owner of a rental housing accommodation from inquiring about, or requiring an applicant for rental housing accommodation to disclose, a criminal record during the initial application assessment phase.

County Position: County does not currently have a position, but is monitoring.

Potential Strategy 9.2

Financing and Coordination to Increase Funding for Supportive Housing

1. Description of the proposed strategy

“The most successful intervention for ending chronic homelessness is permanent supportive housing....”¹ 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. Research has shown that supportive housing has positive effects on housing stability, employment, mental and physical health, and school attendance. In addition, supportive housing is cost effective. 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. Further evidence shows that 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.

In order to maximize the supply of supportive housing units available to individuals and families experiencing chronic homelessness, the Los Angeles County Board of Supervisors could:

- 1) Adopt and promote an inter-jurisdictional coordinated system of funding supportive housing projects; and
- 2) Increase the amount of capital funding for supportive housing development through the adoption or creation of new funding sources.

Increased Coordination

One of the most significant barriers to maximizing funding for supportive housing in Los Angeles is the absence of a centralized system through which developers could apply for the multiple funding streams required to construct and/or sustain supportive housing units. Without such a system, there are a number of inefficiencies for funders and developers alike.

The primary local public funders of supportive housing (Community Development Commission of the County of Los Angeles, LA City Housing and Community Investment Department, Housing Authority of the County of Los Angeles, Housing Authority of the City of Los Angeles, and the Los Angeles Homeless Services Authority) could convene a working group to create a coordinated process by which

¹United States Interagency Council On Homelessness (USICH), Opening Doors: Federal Strategic Plan To Prevent and End Homelessness, June 2015, Page 41.

supportive housing projects are funded. The group will align priorities and processes in order to maximize capital, operating, and service funding for supportive housing. This will include developing a coordinated funding application and award process, which will dramatically reduce the time it requires to assemble project financing. As funding applications are coordinated and synchronized between the City and County of Los Angeles, other cities will be attracted to participate in creating a one stop for all local capital and operating funding commitments. A coordinated system will allow funders to be more strategic in the allocation of funds, while maximizing the leveraging of State and Federal funds available to the region. This will also result in a more streamlined and predictable system for developers, allowing them to maximize their production by creating more certainty about the availability of funds. As the LA City and County housing funders reach agreement on how to coordinate, the discussion will be expanded to other private and public funders through the Home for Good Funders Collaborative (the “Funders Collaborative”), to maximize and leverage additional resources, including funds for services and other activities designed to operate and strengthen supportive housing.

Increased Funding

In addition to creating a more streamlined and effective funding process, there are a number of strategies the County could pursue to increase the amount of funding available for the development of permanent supportive housing, including, but not limited to:

- **Linkage Fee**

Linkage fees have been enacted in jurisdictions from Boston to Berkeley. Proceeds from the fees have been used differently in different municipalities. Some believe that if a linkage fee had been in place -- solely for the City of Los Angeles -- that the fee would have generated between \$35 million to \$110 million annually between 1997 and 2007, depending upon the level of the fee.

The fee, linked to new development, would create a fund that provides capital for affordable housing, including permanent supportive housing. Specifically, any new development or refurbishment / rehabilitation of existing structures would pay into a fund that would be used for the development of permanent supportive housing. The housing benefit fee would apply to all privately-funded structures hotels, amusement, sports arenas and stadiums, hospitals, office structures, manufacturing, garages and parking lots, restaurants, storage facilities and warehouses, spas, theatres, and housing. Small structures less than 10,000 square feet would be exempt.

The fee paid into the fund would be determined by a nexus study that recognizes the different impacts on the need for affordable housing for different types of projects (i.e. an industrial building, retail building and hotel might have different fee requirements). Such a nexus study could be new or completed within the past five years. The fee would be adjusted annually in order to maintain pace with rising costs. The local construction cost index could be used

to make these adjustments. The linkage or housing benefit fee would generate capital funds to be used to increase production of permanent supportive housing.

- **Document Recording Fee**

The County could impose a document recording fee on every real estate related transaction. If enacted, a document recording fee could fund an affordable housing trust fund. Legislators have introduced similar bills in the California Legislature over the last four years; so far, none have received the 2/3 vote required to establish a new fee.

A document recording fee could generate significant funding. Document recording fees for affordable housing are in place in 20 states. Several counties and cities also use this strategy, including Portland, Oregon.

- **Permanent Supportive Housing Bond**

Developing new permanent supportive housing with long term affordability covenants is a capital intensive effort for local government. While a program to develop permanent supportive housing usually leverages substantial capital through the Federal and State Low Income Housing Tax Credit programs, as well as, private bank loans and philanthropy – it remains that 25-60% of capital for permanent supportive housing development is provided by local government subsidies (combined total of City and County Subsidies). This equates to a local capital contribution of \$84,000 to \$200,000 per unit, though the cost per unit could be reduced if the housing were sited on land already owned by a city or the County. In other words, to build 10,000 units of new permanent supportive housing would require a capital contribution by cities and the county of approximately \$1.5 Billion. Commonly, municipal governments use bonds to finance long-term capital programs – such as schools, hospitals, parking structures or multifamily housing.

- **Joint Powers Authority Bond Issuance**

Before cities, counties and special districts can issue bonds, they need majority-voter approval. If the voters approve, then the local government sells the bonds to private investors and uses the resulting capital to build a public facility. However, a Joint Power Authority can issue revenue bonds without holding an election.

A joint powers agreement (JPA) is a formal, legal agreement between two or more public agencies that share a common power and want to jointly implement programs, build facilities, or deliver services. In Los Angeles, LAHSA is a JPA that has historically delivered services; however, it was originally organized with the authority to issue bonds for funding homeless housing projects. Therefore, LAHSA could issue a permanent supportive housing bond, without voter approval, provided that each of the JPA's member agencies (LA County and LA City) adopts a separate local ordinance.

The enabling ordinances must identify the projects to be funded and the sources of repayment. Therefore, a permanent supportive housing bond issued by LAHSA would have to be linked to a specific permanent supportive housing capital development program, with all the necessary leverage capital, service funding, and resources identified, to enable the program to be implemented. This kind of capital plan will require collaboration on a large scale, but could be achieved through a coordinated capital planning effort, such as the Home for Good funding collaborative.

- **MHSA Revenue Bond**

Los Angeles County receives from the State an annual allocation of funding from the Mental Health Services Act (MHSA) to offer services, including housing, to people with serious mental illnesses. A “millionaire’s tax”—a personal income tax of 1% on all those making over \$1 million—funds MHSA. California created an MHSA Housing Program in 2007, which offered counties one-time capital and operating funding for supportive housing for those eligible for MHSA who are homeless. The County has since exhausted this one-time funding, but it could dedicate additional funding through MHSA each year toward capital for the same purpose. The County could bond against the County’s MHSA allocation to fund upfront development costs of supportive housing. The County would then use a portion of ongoing MHSA funds to pay the debt service on the bond.

A bond would allow the County to commit significant resources to build supportive housing, rather than allocating small amounts of funding each year to develop a small number of projects.

- **Social Impact Financing**

Social Impact Financing (SIF), also known as Pay for Success (PFS), offers a strategy to scale evidence-based housing solutions to end chronic homelessness. According to research, including more than 75 local cost studies across the country, the cost of managing homelessness is more expensive than providing permanent supportive housing, when that housing is appropriately targeted.

Numerous federal, state, and local governments throughout the United States are exploring SIF as a mechanism to raise private capital and invest in scaling cost-effective housing innovations and solutions. Massachusetts implemented the first SIF model in the country on chronic homelessness this past year and, while it is too early to draw any conclusions, the initial results are encouraging.

SIF raises private investment capital to scale evidence-based intervention programs, such as Housing First, that are designed to effectively address chronic homelessness. These housing interventions with appropriate support services are consumer preferred and reduce the need for extremely expensive and redundant crisis response systems and safety-net services. Investors are repaid only if the intervention is demonstrated to successfully improve outcomes, such as reducing homelessness and reducing the governmental costs

of managing homelessness. The SIF model has a great benefit in that it taps into significant private investment dollars that allow a scaling of housing solutions for the most chronically homeless at a level that may not be otherwise possible.

2. Opportunities that make this proposed strategy feasible

Examples of other jurisdictions that have taken advantage of the various opportunities are discussed above.

3. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

There are some specific barriers to implementing the various sub-strategies, which are addressed within each specific recommendation. However, there is no major barrier to implementing a coordinated inter-jurisdictional funding process.

4. Potential performance outcome

Increase in the number of supportive housing

5. Potential funding streams

- Linkage Fees
- Document Recording Fee
- Permanent Supportive Housing Bond
- Joint Powers Authority Bond Issuance
- MHSA Bond
- Social Impact Financing

Potential Strategy 9.3a

Wrap Around Services – Supportive Services

1. Description of the proposed strategy

Supportive services are a critical to effectively transitioning a formerly homeless person from being on the streets to becoming a thriving tenant and member of the community. To most effectively achieve this goal, we need, as a County, a consistent definition of supportive services. As such, the County could: (1) adopt and promote a definition of supportive services; and (2) adopt and promote a set of standards for high-quality supportive services.

Definition of Supportive Services

Supportive services are the “comprehensive package of supports that help tenants sustain housing stability and meet life goals.”² These supportive services involve the development of a trusting, genuine partnership and relationship between the service provider and tenant. This connection brings value and enhances participation in the supportive services, furthering the tenant’s journey of recovery and housing stability.

Supportive services include, but are not limited to, the following activities:

- Connection to financial benefits (such as General Relief, Supplemental Security Income [SSI], CalFresh, etc.).
- Connection to health insurance, which is generally Medi-Cal.
- Linkages to and direct connection/collaboration with treatment-related services (such as mental health, physical health, and substance use disorder treatment).
- Linkages to job development and training programs, school, peer advocacy opportunities, advocacy groups, self-help support groups, and volunteer opportunities, as needed and wanted by the tenant.
- Money management and linkage to payee services.
- Transportation and linkage to transportation services.
- Peer support services. (Utilizing people with lived experience in outreach, engagement, and supportive services is an evidence-based best practice.)
- Community building activities, i.e., pro-active efforts to assist tenants in engaging/participating in the community and neighborhood.

Supportive services may be on-site in a project-based building or scattered site housing. Services in some instances will be a street-to-home model in which a case manager: conducts outreach to the person on the street; assists in housing navigation, housing application, and location; and follows the person to further support him/her, once housed.

² See CSH, Dimensions of Quality: Supportive Housing, available at http://www.csh.org/wp-content/uploads/2013/07/CSH_Dimensions_of_Quality_Supportive_Housing_guidebook.pdf.

Quality Standards

Supportive services should adhere to high quality standards. To this end, supportive services in subsidized housing must be:³

Tenant-Centered

- Services are voluntary, customized and comprehensive, reflecting the needs of all members of the household.
- All members of tenant households have easy, facilitated access to a flexible and comprehensive array of supportive services.
- Tenants are actively involved in choosing the services they would like to receive. Supportive services staff uses a variety of proactive and creative strategies to engage in on-site and/or community-based supportive services, but participation is not a condition of ongoing tenancy.
- In delivering services to tenants, staff uses the most appropriate techniques or best practices, based on tenants' unique needs.
- The specific services and their intensity can vary over time, based on changing tenant needs.

Accessible

- Staff actively works to ensure that tenants are aware of available services, which are at convenient hours and locations.

Coordinated

- The primary service provider has established connections to mainstream and community-based resources, particularly behavioral healthcare, primary healthcare, education, employment, money-management services, and peer support.

Integrated

- Staff supports tenants in developing and strengthening connections to and relationships in their community.

In addition, supportive services should align with the following best practices with proven success in leading to more positive outcomes:

Housing First

- Housing First is an approach offering permanent housing as quickly as possible for people experiencing homelessness. It is particularly designed for people with long histories of homelessness and co-occurring health challenges.
- Income, sobriety, or participation in treatment or other services are voluntary and are not required as a condition for housing. The guiding philosophy of the

³ These quality standards are adapted from the *Dimensions of Quality: Supportive Housing* guidebook published by CSH (*supra*).

Housing First approach is that housing provides people with a foundation from which they can pursue other goals.

Harm Reduction

- Harm Reduction is a set of practical strategies that reduce negative consequences of drug use and mental illness.
- In the case of substance use, Harm Reduction incorporates methods from safer use, to managed use, to abstinence.
- With mental illness, Harm Reduction includes methods that inform, encourage choice, reduce negative symptoms and side-effects, and enhance self-management and recovery.

Critical Time Intervention

- Critical Time Intervention (CTI) integrates clients into the community through development of independent living skills and by building effective support networks.
- CTI's approach relies heavily on effective outreach and engagement by staff working in the community rather than in the office.
- CTI is time-limited, lasting for nine months after institutional discharge or placement into housing. Rather than providing ongoing assistance, CTI's emphasis is on mobilizing and strengthening client supports during the critical period of transition with the goal of ensuring that these supports remain in place afterwards.

Target Population

Homeless individuals, families, and youth.

2. Opportunities that make this proposed strategy feasible

There are examples of where this work of defining and funding effective supportive services is being done, including in Los Angeles.

Local Examples

Defining and Funding Supportive Services: The Los Angeles County Departments of Mental Health and Health Services define and fund supportive services which they view as critical to linking formerly homeless residents to the treatment needed to address a range of health conditions.

Coordinating Funding: The Home For Good Funders Collaborative is a partnership of more than 30 public and private organizations implementing an innovative funding system to end homelessness in Los Angeles County. It funds a number of the supportive services described in this strategy brief.

3. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

- Lack of funding is a central barrier to the implementation of effective supportive services.
- Existing programs are highly fragmented between various governmental and non-profit agencies; this fragmentation makes them difficult to alter and expand.
- Individuals in need of case management or other supportive services often have to switch providers as they transition in and out of housing and health treatment; this lack of continuity can prevent optimal outcomes.

4. Potential Performance Measures

Supportive services should comport with the quality standards outlined above. In addition, they can be measured by examining the following outcomes, which are taken from the Home For Good Standards of Excellence. The Standards of Excellence are a series of best practices developed by various stakeholders, including homeless services providers and philanthropy.

Desired outcomes for supportive services include:

- Tenants remain housed
- Tenants have social and community connections – integrating into and becoming a participating/contributing member of the larger community
- Tenants improve their physical and mental health – develop the personal confidence, resilience, skills, and resources to manage their own lives and build a fulfilling future
- Tenants increase their income and employment
- Tenants are satisfied with and investing in the services and housing.

5. Potential Funding Streams

The following are potential funding streams for supportive services for families/individuals in subsidized housing:

- Los Angeles County Departments and General Fund
- Health Homes and other Medi-Cal funding
- City of Los Angeles and other cities
- Public Housing Authorities
- Home For Good Funders Collaborative
- U.S. Department of Housing and Urban Development
- Veterans Administration
- Los Angeles Homeless Services Authority
- Coordinated Entry System Resources
- Philanthropy

Potential Strategy 9.3b

Wrap Around Services – Housing Stock and Landlord Engagement

1. Description of the proposed strategy

Los Angeles County could expand and/or create specific programs that identify and track housing stock, support landlords through the subsidized housing process, and celebrate effective landlords who have subsidized tenants.

Create

Damage Mitigation Fund: Oregon’s Housing Choice Landlord Guarantee Program “is designed to provide financial assistance to landlords to mitigate damages caused by tenants as a result of their occupancy under the HUD Housing Choice Voucher Program.”⁴ Los Angeles County could develop a similar program.

Vacancy Payments to Hold Units: Vacancy payments are permitted by the U.S. Department of Housing and Urban Development with Project-Based Vouchers.⁵ To prevent homelessness, vacancy payments could be implemented in Los Angeles County for Project-Based vouchers and/or other subsidized housing, though HUD funding could only be used for Project-Based vouchers.

Expand

Vacancy List: Los Angeles County could develop a centralized list of vacancies in Los Angeles County subsidized housing stock that is accessible to tenants and service providers. There is currently a list of project-based subsidized housing and some detail on affordable housing. This proposed vacancy list would further expand collective awareness of the available housing stock.

Landlord Recognition: Los Angeles’ Homes For Heroes Program celebrated landlords renting to veterans, hosting the Secretary of the US Department of Veteran Affairs, Secretary Robert A. McDonald, and other dignitaries.⁶ This type of recognition could be expanded to landlords working with non-veterans in subsidized housing.

24/7 Crisis Management Hotline: 24/7 crisis management for conflicts between landlords and tenants is considered a best practice by homeless service providers and does exist in some areas within the County, e.g., PATH’s work in various communities.

⁴ Oregon Housing and Community Services Department, <http://www.oregon.gov/ohcs/Pages/housing-choice-landlord-guarantee-assistance.aspx>.

⁵ U.S. Department of Housing and Urban Development, <http://portal.hud.gov/hudportal/documents/huddoc?id=pih2011-54.pdf>.

⁶ PR Newswire, <http://www.prnewswire.com/news-releases/va-secretary-mcdonald-and-mayor-garcetti-call-on-landlords-to-join-in-ending-veteran-homelessness-at-homes-for-heroes-breakfast-300095077.html>.

However, there is not currently access to a countywide hotline in Los Angeles County. With the deepening of the Coordinated Entry System, there are opportunities to connect a crisis management hotline to a countywide system with regional arms. In addition, the U.S. Department of Veteran Affairs is exploring a national hotline, and the County could partner on this work.

Target Population

Landlords and tenants in subsidized housing.

2. Opportunities that make this proposed strategy feasible

All of the above strategies have been implemented to some degree in Los Angeles County and/or elsewhere in the United States.

3. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

Lack of funding for the programs described above is a barrier that has required agencies to put pieces together independently, based on what funding is available. Some of this may be resolved through efforts of the Home For Good Funders Collaborative and various public funding sources, e.g., through the Los Angeles County Department of Health Services (DHS) Housing for Health Program.

Likewise, lack of coordination throughout the County is a major barrier. For example, housing and service providers hold their own vacancy lists, creating a barrier to a central vacancy list, and many have been reluctant to share these lists due to the competitive housing market and their desire to protect well-earned relationships. This could be resolved through a central program accessible to all agencies that would help reduce the barrier, which could be integrated into the Coordinated Entry System and supported by the Homeless Management Information System. Additionally, developing standards and providing training on landlord recruitment and retention could help agencies share their limited resources. (A separate strategy which has already been discussed in the Policy Summit on Coordination of Services calls for coordination and joint training of housing locators in each Service Planning Area.)

4. Potential Performance Measures

- Increased number of landlords willing to accept housing subsidies
- Enhanced ability of service providers to develop and retain good relations with landlords

5. Potential Funding Streams

- City of Los Angeles
- County of Los Angeles
- Public Housing Authorities

- Home For Good Funders Collaborative
- Los Angeles Homeless Services Authority
- Coordinated Entry System
- Philanthropy

Potential Strategy 9.4

Regional Coordination of Los Angeles County Housing Authorities

1. Description of the proposed strategy

Housing Authorities in Los Angeles County have responded to local, state, and federal efforts to end homelessness by engaging in collaborative activities that have proven to be beneficial to families in need across the County. More specifically, the Housing Authorities of Los Angeles County (HACoLA) and City (HACLA) have collaborated on several initiatives 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.

Given the success of these initiatives, which have been nationally recognized as best practices, both HACoLA and HACLA have reached out to other housing authorities to implement similar activities.

Therefore, to expand these collaborative efforts, the Board of Supervisors could recommend and encourage all Housing Authorities operating in Los Angeles County to meet on a quarterly basis to identify common housing barriers and develop meaningful strategies to mitigate them. To the greatest extent possible, these meetings should include County departments who also administer housing programs, community organizations, and subject matter experts who can provide information on best practices and community feedback.

Target Population

This strategy would create transparency and lead to innovation to benefit those in need of subsidized housing.

Estimated cost per person

This strategy does not require any expenditure in order to be implemented, other than minimal time by staff for scheduling and meeting.

2. Opportunities that make this proposed strategy feasible

Some Housing Authorities are already meeting on a quarterly basis through United Way and other facilitators, including the HUD Los Angeles Field Office.

3. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

Some Housing Authorities are small and have difficulty sending staff to meetings. They can participate via conference call if necessary.

4. Potential Performance Measures

Not applicable.

5. Potential Funding Stream

This strategy does not require any expenditure in order to be implemented.

Potential Strategy 9.5 Rapid Re-Housing

1. Description of the proposed strategy

Rapid re-housing (RRH) programs target homeless or those imminently at-risk of homelessness who have low- to moderate- barriers to maintaining permanent housing. RRH programs provide supportive services and financial assistance to households who have a diverse array of challenges to stabilizing their housing crisis and securing permanent housing, but with assistance, are likely to secure an income adequate to maintain unsubsidized permanent housing. Households are connected to an appropriate RRH program which is most likely to address their housing crisis for the long-term. RRH services are typically provided for 6 to 12 months and are tailored to the needs of each household. Households assessed as having high barriers or significant challenges to housing stability which cannot be reasonably resolved through RRH programs should be referred to other, more appropriate permanent housing opportunities, such as service-enriched housing.

Rental assistance subsidies are to be based on progressive engagement strategies. RRH staff will institute tapering or "stepped-down" rental assistance structures so families/individuals will be confident they can assume full responsibility for the monthly rent, utility costs, and other essential household needs at the end of the rental assistance period. RRH programs should be structured so that assistance is provided in conjunction with available rental assistance from other non-RRH funding sources to ensure there is no lapse in rental assistance if a household needs a longer subsidy than available through the RRH program. The need for ongoing assistance must be assessed approximately every 90 days.

Essential to the success of any RRH program is the program's ability to link households to community-based supportive services to increase a household's financial stability and self-sufficiency. This would include job training, job placement assistance, child care services, and transportation assistance. Linkages to services around mental health and substance use are also important as they assist the household to stabilize and manage issues which could potentially cause a challenge to housing stability.

Significantly, RRH is very cost effective as it is a less expensive service model than long-term housing interventions. Los Angeles must invest in RRH in order to have a comprehensive array of service interventions that meets the varying needs of the full range of individuals and families experiencing homelessness. Consistent with progressive engagement strategies, the availability of RRH can enable service providers to try a lower level intervention, and, if it does not work, proceed to linkage to an ongoing rental subsidy or Permanent Supportive Housing if available.

There are three core components to RRH:

1. **Housing Identification** - RRH programs must address barriers to returning to housing, which includes not only finding available housing, but working with landlords to reduce stigma about households that have experienced homelessness. RRH programs should not only support the housing search and placement process, but should address concerns about program duration, tenant history and qualifications. RRH programs should develop and foster positive working relationships with landlords. Landlord incentives, such as access to case managers, a repair fund, and/or recognition at relevant landlord events should be considered.
2. **Financial Assistance** - Effective RRH programs provide an array of direct financial assistance to assist homeless households secure permanent housing. Direct financial assistance can include move-in costs, deposits, and the rental and/or utility assistance sufficient to help households stabilize in housing. While programs should set criteria for the various levels of support that a household can receive, programs should have the ability to respond flexibly to clients changing needs (e.g. increasing financial assistance or modifying duration of assistance).
3. **Case Management and Services** - RRH programs provide the case management and services necessary to help a household stabilize in housing. This includes but is not limited to: linkages to mainstream benefits such as SSI/SSDI and/or Veterans benefits, connection to employment services, credit history resources, and legal services. RRH programs should also provide tenant/landlord education services, as well as tenant/landlord mediation services as necessary. Case management should focus on supporting households to mitigate the impact of any crisis on their housing.

Target Populations - All homeless populations with low-to moderate barriers to permanent housing can be served by RRH programs. This includes families, single individuals, multiple adult households without children, transition aged youth, as well as individuals and families fleeing domestic violence.

Estimated cost per person - Preliminary research suggests that RRH programs are more cost effective than transitional housing programs. Research also suggests that RRH programs lead to higher rates of permanent housing than either transitional housing or emergency shelter only interventions, and lower rates of return to homelessness.

- **Individuals** - Costs for RRH programs countywide targeting individuals will need to be determined, but it is safe to assume that RRH programs for individuals will cost less per person on average than family RRH programs.
- **Families** - Because the assistance provided in RRH programs is tailored to meet the unique needs of each family, the cost per family served will vary. However, based on preliminary research of 14 Continuums of Care in 7 states, the average cost per family exit to permanent housing was significantly lower for

RRH (about \$4,100) than it was for either shelter (about \$10,000) or transitional housing (about \$22,200).⁷

Staffing - Typical staff-to-client ratios in RRH programs are 20-25 clients per case manager. Programs should also employ a housing specialist whose primary focus is housing location and property owner relationship management. Staff should be aware of and use models identified as evidence-based, as well as best practices in providing housing services (i.e., Housing First, Motivational Interviewing, Critical Time Intervention, Harm Reduction, etc.) In addition, effective RRH programs either provide or have leveraged relationships with other community-based and government organizations which assist households in increasing their income, primarily through employment.

2. Opportunities that make this proposed strategy feasible

Los Angeles has implemented a Coordinated Entry System (CES) for both single adults and families, and a CES for TAY is currently in pilot. CES relies on an assessment that recommends a housing intervention based on need and future risk. While RRH has been demonstrated as a cost-effective best practice for helping households resolve their homelessness, there are very few sources of funding for these programs. Newly- created RRH resources could be immediately applied to those most appropriate for this housing resource.

Los Angeles has expertise administering successful RRH programs. The first RRH programs were funded through the Homelessness Prevention and Rapid Rehousing (HPRP) Program. Lessons learned and insight gained from HPRP can be used in identifying what key elements are needed to have an effective RRH program. More recently, a number of successful Supportive Services for Veteran Families (SSVF) programs were implemented in Los Angeles. Los Angeles can leverage the knowledge, tools, and resources of these successful programs as it implements new RRH programs.

Los Angeles currently has a RRH system for families through the Homeless Family Solution System (HFSS), now in its third year of operation. Additionally, First 5 LA and a number of Continuum of Care programs have successfully implemented RRH programs. These programs have been instrumental in housing over 2,000 families experiencing homelessness throughout the county since 2013. More recently, the Los Angeles Continuum of Care has begun to pilot a RRH program for families fleeing domestic violence in an effort to offer additional options for this population. The current efforts are community- based with services available in each service planning area (SPA), giving families easier access points to services. Family choice is another key component and benefit of RRH programs: because RRH utilizes units in the private rental market, households are able to choose where they want to reside and build upon the strengths and supports they have established in their community. By ensuring family choice throughout the process, these programs have been effective in

⁷ <http://www.endhomelessness.org/library/entry/rapid-re-housing-a-history-and-core-components>

both rapidly housing and retaining families in housing. RRH strategies limit the household's length of homelessness, ultimately reducing the negative impact of homelessness on all household members.

Development of a countywide Landlord Partnership Program could dramatically increase the availability of units for families participating in RRH programs. This program would support landlords who rent to families in need by offering training on what to expect from both the family and social service provider, including policies regarding damage to units and fees for delayed unit inspections.

3. Barriers to implementing the proposed strategy and recommendations on how they can be resolved

Gaps in funding - There is a significant funding gap between the number of funded RRH slots and the estimated need for RRH slots countywide. LAHSA is currently conducting a RRH assessment in order to account for countywide data.

Housing shortage - Families transitioning out of homelessness are presented with a myriad of obstacles preventing them from being rapidly re-housed as quickly as anticipated. Los Angeles County currently has a 2% vacancy rate, severely limiting the availability of market rate and affordable housing for families. This highly competitive rental market makes it difficult for service providers to locate units and to house families within a 45 -day period. Master leasing, a method by which housing providers lease a number of units from a property owner, has been proven to be a best practice in transitioning families more quickly out of homelessness. Implementing this strategy more frequently could allow for a higher number of families to utilize available RRH subsidies and decrease the length of their homelessness.

The increasingly limited housing market must be taken into consideration when implementing a RRH program in Los Angeles. As the rental market becomes more competitive, encouraging landlords to accept homeless households with limited income, multiple evictions, and poor credit will make it more challenging to assist households in identifying rental units.

Information gap - Many landlords are unaware of the structure and benefits of RRH programs and have misconceptions on the success it can provide to families/individuals. Service providers throughout Los Angeles County continue to outreach to landlords in the community to dispel the confusion around RRH assistance. Additionally, educating landlords on the continued support families receive from service providers after housing placement will also assist in landlords being more supportive of the program.

The financial instability faced by homeless households raises concerns from landlords in the community and limits the availability of potential housing opportunities. Landlords can be apprehensive in renting a unit to those transitioning out of homelessness, based on the fear that tenants will not pay rent or the unit may be

damaged. To address these concerns, landlords can be made aware of the RRH programs and the financial and other support they provide.

Insufficient Income – Eighty-five percent of families coming through the HFSS receive CalWORKs grants which are generally insufficient to assist a homeless family in stabilizing in permanent housing. More than 90% of those experiencing homelessness are considered extremely low-income, meaning the family income is at or below 30% of the area medium income. Additionally, with the increase in rental rates across Los Angeles County, coupled with the lack of affordable housing, families are unable to successfully transition to stable housing on their own. RRH subsidies provide a bridge for families to get stabilized more quickly and continue to receive the necessary financial assistance to ensure housing success.

Individuals whose income is only SSI or SSDI will not be able to sustain the full rent of a one bedroom apartment and may not be able to do so even in a studio/bachelor/economy unit. Thus, a RRH program model should employ multiple strategies to assist persons secure permanent housing, including shared housing and/or roommate scenarios or renting a room only. The rent supported by the RRH subsidy must be low enough that the person receiving the subsidy could realistically pay the entire rent, once the subsidy ends. Additional case management support must be factored in for shared or less private housing situations, in order to support the long term sustainability of housing.

4. Potential Performance Measures

The following percentages are currently being used in the HFSS program; similar targets would need to be established for individual adults:

- 90% of families that exit to permanent housing do not re-enter crisis housing within 2 years
- 85% of families enrolled secure permanent housing
- 70% permanent housing placement within 45 days
- 20 % of families increase income from all sources
- 60% of families at imminent risk of homelessness do not enter the shelter system

5. Potential funding streams

Potential funding streams include Cities, LA County, State, and Federal resources:

- Flexible pool of funds to pilot a short-term master lease program
- HUD Continuum of Care
- HUD Emergency Solutions Grant
- DPSS/CalWORKs
- CalWORKs Housing Support Program
- Community Development Block Grant

- First 5 LA
- Health Care System
- General Funds - Cities and County
- New revenue
- Department of Children and Family Services (DCFS)
- Probation Department
- Private foundations and other non-governmental funding

Potential Strategy 9.6

General Relief Housing Subsidy and Case Management Project

1. Description on the proposed strategy

The County could allocate additional funding to expand the General Relief Housing Subsidy and Case Management Project (GRHSCMP). Additionally, the GRHSCMP could be enhanced to align with a Rapid Rehousing model, which would include housing location assistance and housing-related case management, in addition to temporary rental assistance. A fully-funded and service-enhanced GRHSCMP will ensure that homeless and chronically homeless single adults of moderate acuity have an opportunity to end their homelessness. The GRHSCMP could also include tracking via the Coordinated Entry System to determine an individual's homeless status at enrollment, length of time to be placed in permanent housing and housing retention (recidivism) to facilitate outcomes analysis.

The current GRHSCMP focuses on increasing income beyond GR income, either through employment or receipt of Supplemental Security Income (SSI). The County provides \$400, which supplements \$100 provided by the GR recipient for a total of \$500/month available for temporary housing assistance. It is likely that most of the GR program participants use the funds to live in shared permanent housing.

An evaluation of the program demonstrated that GR recipients who received the temporary housing assistance through the GRHSCMP were more likely to obtain employment or SSI than those in the control group. Of those on the SSI track, 76% of program participants had their SSI applications approved compared to 52% of the control group.

Increased income through SSI provides an opportunity for former GR recipients with disabilities to avail themselves of affordable permanent housing opportunities, especially shared housing with separate leases. The GRHSCMP demonstrates that, for some homeless GR recipients who are frequent users of County services, temporary housing assistance may lead to successful re-housing.

For GRHSCMP participants who secure SSI, the County recovers the full amount of the rental subsidy from the participant's retroactive SSI benefit, though the Interim Assistance Reimbursement process.

Target Population:

The target population is homeless GR applicants and participants, who are living on the streets or in shelters who demonstrate moderate barriers to permanent housing and are either employable or potentially eligible to SSI.

2. Opportunities to make the proposed strategy feasible

The proposed strategy is feasible as this program is currently in operation at the Department of Public Social Services (DPSS). While federal funding for Homelessness Prevention and Rapid Re-Housing Program (HPRP) has been exhausted, the current GRHSCMP has demonstrated the efficacy of temporary housing assistance to help increase the incomes of GR recipients, including heavy users of County services, particularly from DMH and DHS. The County should implement lessons learned from HPRP and ensure that GR participants receive housing location assistance and housing-related case management. As with Rapid Rehousing more generally, participants who are not successful in increasing their income sufficiently to maintain housing with a subsidy could be considered for an ongoing housing subsidy through another program. For example, this could be the case of a disabled GR participant who is unable to qualify for SSI.

DPSS reports that, as of August 2015, a total of 93,707 persons received GR assistance up to \$221/month – 44,793 (48%) were deemed employable and 48,914 (52%) were deemed unemployable. DPSS estimates that approximately 60% of GR recipients are homeless; however, DPSS' definition of homelessness is broader than the Housing and Urban Development (HUD) definition of “literal” homelessness.⁸ Nevertheless, a significant (though unknown) percentage of GR participants considered homeless by DPSS would be considered “literally homeless” by HUD.

Currently, the DPSS GRHSCMP provides temporary housing assistance for up to 1,039 GR participants. The October 2015 program report shows that 218 (21%) program participants were “Employable” and 821 (79%) were “Unemployable” and pursuing SSI. The Unemployable group included 536 (65%) heavy users of County services and 271 (33%) non-heavy users.

Homeless GR recipients deemed “employable” are provided the temporary housing assistance for a maximum of nine months or until they exit GR, whichever comes first. Homeless GR recipients deemed “unemployable” are provided the temporary housing assistance until they are approved for SSI, are denied SSI at the appeals level, or exit GR, whichever comes first.

⁸ DPSS considers an individual to be homeless when they:

- Lack a fixed and regular nighttime residence; or
- Have a primary nighttime residence that is a supervised publicly or privately operated shelter designed to provide temporary living accommodations; or
- Reside in a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings; or
- Have a need for housing in a commercial establishment (e.g., hotel/motel), shelter, publicly-funded transitional housing, or from a person in the business of renting properties who has a history of renting properties; or
- Receive a pay rent or quit notice (at risk); or
- Use the County DPSS office as their permanent residence address.

3. Barriers to implementing the proposed strategy and recommendation on how they can be resolved.

Increased funding is needed to enhance the program to include housing location assistance and housing-related case management and to increase the number of slots in the program.

4. Potential Performance Measures

- Ensure 90% of all housing subsidy slots are filled by GR participants.
- Percent of unemployable rental subsidy recipients who secure SSI
- Percent of rental subsidy payments for unemployable participants recovered through Interim Assistance Reimbursement following SSI approval
- Percent of employable rent subsidy recipients who exit GR with employment

5. Potential Funding Streams

- County general fund
- Interim Assistance Reimbursement of GR rental subsidy payments for individuals who are approved for SSI

Potential Strategy 9.7

Family Reunification Housing Subsidy

1. Description of the proposed strategy

This Strategy will provide rapid re-housing and case management to families in the child welfare system where the parent(s)' homelessness is the sole barrier to the return of their child(ren). The goal of this strategy is to facilitate the reunification of families who meet the following criteria:

- 1) the child(ren) are currently placed in out-of-homecare (including relative caregivers);
- 2) the parent(s) have complied with or are in substantial compliance with all court orders for the return of their children;
- 3) homelessness is the sole barrier to the return of the child(ren) to their care; and
- 4) the family is a good candidate for rapid rehousing, rather than a longer-term housing subsidy.

The Department of Children and Family Services (DCFS) has oversight of thousands of children in out-of-home care throughout Los Angeles County. Families on CalWORKs whose child(ren) are removed lose eligibility to their CalWORKs cash grant, if there is no minor child remaining the home; therefore, the removal of the child(ren) can itself result in the family becoming homeless. Moreover, since homeless parent(s) without physical custody of a child are not eligible to receive a CalWORKs grant which could be used to pay for housing, children can remain in foster care for extended periods of time. A significant number of children in out-of-home placement could be reunited with their parents, if their parents were able to obtain and sustain suitable housing.

Rapid Re-housing provides housing location services, security deposits, move-in costs and short-to-medium term rental subsidies, along with other assistance needed by low-income families to obtain and maintain housing. The purpose of rapid re-housing is to help those who are experiencing homelessness to be quickly re-housed and stabilized. Rapid re-housing connects homeless individuals and families to permanent housing through the provision of time-limited financial assistance, targeted supportive services, and case management. Financial assistance includes short-term and medium-term rental assistance and move-in assistance, such as payment for rental application fees, security deposits, utility deposits and payments. Services include client-centered case management activities, including benefits advocacy, employment services and linkage to physical and behavioral health services.

Rapid re-housing is the most effective and efficient intervention for more than 50 percent of homeless individuals and families based on available data. The success rate for permanent placement is higher and recidivism rates are lower than for other

forms of housing intervention. The Department of Housing and Urban Development has released the evaluation of the first and second years of the Homeless Prevention and Rapid Re-Housing program, finding nearly 85 percent of rapid re-housing program participants (families and individuals) exited to permanent housing.⁹

Notwithstanding the value of rapid rehousing, some families who initially appear to be well-suited to rapid re-housing may ultimately need a permanent housing subsidy. Such families should be granted priority access to a permanent, federally-funded housing subsidy. This is consistent with the current approach in the Homeless Families Solutions System (HFSS).

In this regard, a recent HUD study documented the very positive impact of permanent housing subsidies for homeless families:

Approximately 20 months after entry into shelter and random assignment, families assigned to SUB [a permanent housing subsidy] appear to be doing better than the families assigned to CBRR [community-based rapid rehousing], Project-Based Transitional Housing (PBTH), and Usual Care (UC). The families randomly assigned to SUB on average have had fewer negative experiences (homelessness, child separations, and intimate partner violence). SUB families are also somewhat more likely to live in their own place. Moreover, children in SUB families move among schools less, and families experience greater food security and less economic stress.¹⁰

Recommended Multi-Agency Coordinated Approach

To maximize effectiveness of this strategy, a multi-agency coordinated approach is needed. Potential partners include: The First 5 LA Commission, DCFS, 211, the Los Angeles Homeless Services Authority (LAHSA), the Los Angeles Dependency Lawyers (LADL), the Los Angeles County Juvenile Dependency Court (JDC), DPSS, DHS Housing for Health, Homeless Families Solutions System (HFSS) Family Support Centers and the CDC. The current Families Coming Home Together pilot program should be a point of reference for the implementation of this strategy.

Additionally, the Linkages Program between DPSS and DCFS provides services and resources that will be critical to the success of this strategy.

Target Population

Families that meet the following criteria:

- have a Family Reunification case with the Department of Children and Family Services;
- have substantially or fully complied with all orders of the court but cannot reunify due to homelessness;

⁹ <http://www.endhomelessness.org/library/entry/rapid-re-housing-a-history-and-core-components>

¹⁰ www.huduser.gov/portal/portal/sites/default/files/pdf/FamilyOptionsStudy_final.pdf

- homelessness is the only barrier to the child(ren) being returned to the parents; and
- the family is a good candidate for rapid rehousing, rather than a longer-term housing subsidy

Estimated cost per family

Because the assistance provided in rapid re-housing programs is tailored to meet the unique needs of each family, the cost per family served will vary. However, an estimated cost would be \$10,000-\$15,000 per family served. For families served through the Homeless Family Solutions System (HFSS), the 2014-15 year-end report indicated that average system costs per family for a permanent housing outcome was \$10,257.

2. Opportunities that make this proposed strategy feasible

Upon reunification, a very substantial percentage of homeless parents will be eligible to receive a CalWORKs grant and participate in the CalWORKs welfare-to-work program, including subsidized employment. For these families, DCFS can pay for rapid rehousing with funding that would otherwise be used to pay for out-of-home care for children who could not return to their parent(s) due to the parents' homelessness.

The County has allocated general fund dollars for rapid rehousing and may allocate additional funding. Families who meet the four eligibility criteria for this program, but do not include a parent eligible to the CalWORKs welfare-to-work program, could be prioritized for rapid rehousing supported with these general fund dollars.

Families for whom rapid re-housing is not ultimately successful could be prioritized for permanent federal housing subsidies, particularly through HACLA and HACOLA.

3. Barriers to implementing the proposed strategy and recommendation on how they can be resolved

Barriers include:

- Availability of affordable housing
- Adverse financial record/bad credit history/evictions
- Family size
- Need to increase income to sustain unsubsidized housing

All of these issues can be addressed through the case management and other services provided through this strategy.

4. Potential Performance Measures

- Number/percent of families and/or children placed into housing;

- Number/percent of families with housing placement within 90 days;
- Number of days from referral to housing placement (broken out by type of housing obtained, population, and SPA);
- Number and percentage of families who have retained housing after 12 months (by SPA);
- Number and percent with increased income from all potential sources at program exit;
- Number of families with no DCFS jurisdiction at program exit; and
- Number and percent of families who successfully transition to unsubsidized housing

5. Potential funding streams

- DCFS funding that would otherwise be used for out-of-home placement, absent reunification. An initial funding commitment from DCFS would enable the program to be implemented. Out-of-home placement cost savings will be tracked, based on an assumption that the child(ren) would have otherwise remained in placement for 12 additional months, and the savings will be reinvested to sustain the program on an ongoing basis. If savings exceed the cost of sustaining the program for families which include a CalWORKs parent who is welfare-to-work eligible, the “surplus savings” could be used for rapid rehousing for the other families who meet the eligibility criteria for this program.
- CalWORKs Single Allocation funding, including family reunification services for families who were receiving CalWORKs at the time that the child(ren) were removed.
- First 5 funding
- Housing Choice Vouchers, particularly from HACLA and HACOLA