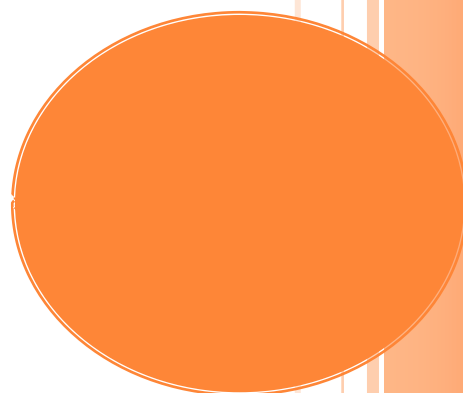# *"NO WRONG DOOR"/ COORDINATION OF CURRENT SERVICES*

STRATEGY BRIEFS

November 19, 2015

7. POTENTIAL "NO WRONG DOOR"/ COORDINATION OF CURRENT SERVICES STRATEGIES

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Potential Strategy 7.1
Strengthen the Coordinated Entry System

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I.   <u>Description of the Proposed Strategy</u>

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.

<u>A. Stronger Alignment and Consistency</u>

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. <u>Barriers to Implementing the Proposed Strategy and Recommendations on How they can be Resolved</u>

- **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.   <u>Description of the Proposed Strategy</u>

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, heath, 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:

- o   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;
- o   Available to partners and pets;
- o   Storage for belongings; and
- o   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**.
  - o   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[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.

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[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

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[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.
  o 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. <u>Potential Performance Measures</u>

- 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. <u>Potential Funding Streams</u>

- 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.

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Potential Strategy 7.3
Create an Integrated, Countywide System of Rapid Re-Housing

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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.