

**Measure H Funding Recommendations Process-  
FYs 2020-23**

**Homeless Initiative Policy Summit #2  
Prevention & Diversion**

**Thursday, October 3, 2019**

**Summit Report**

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# Measure H Funding Recommendations Process – FYs 2020-23

## Homeless Initiative Policy Summit #2: Prevention & Diversion

Thursday October 3, 2019

9am-12pm

United Way of Greater Los Angeles

4<sup>th</sup> Floor Conference Room, 1150 S. Olive Street, Los Angeles CA 90015

### Agenda

1. Welcome and Introductions (5 min)
2. Context for Funding Decisions – Available funds and funds needed to maintain status quo (5 min)
3. Data Overview (5 min)
4. Strategy Evaluation – Interim Results Presentation (25 min)
5. Discussion Questions (1hr 50 min)
  - a. How can we improve and expedite referrals for Prevention Services (case management, cash assistance, legal services) without utilizing prevention funds for people who are likely to remain housed without receiving Prevention Services?
  - b. While we refine the predictive analytics tools for homelessness prevention, what approaches can we take to improve outreach and targeting for prevention recipients?
  - c. What cultural and practical changes are necessary within the homeless services system in order to ensure that “diversion/problem-solving” is integrated into all facets of service delivery?
  - d. How can we incentivize and reward the participation of front line workers at mainstream County departments in prevention/problem-solving work?
  - e. How can we improve coordination between homeless service providers and legal services providers that are doing prevention work?
6. Public Comment (25 min)
7. Overview of Rest of Funding Recommendations Process (5 min)

**FY 2020-2023 Measure H Revenue Planning Process  
Key Data: Prevention**

*HI Strategies: A1 - Homeless Prevention Program for Families and A5 - Homeless Prevention Program for Adults*

**Summary Data**

Strategy	A1 - LAHSA		A5 - LAHSA	
Year	FY 17/18	FY 18/19	FY 17/18	FY 18/19
<b>Total Funding (all sources)</b>	\$ 3,000,000	\$ 6,065,918	\$ 5,500,000	\$ 10,539,753
<b>Measure H Funding</b>	\$ 3,000,000	\$ 6,065,918	\$ 5,500,000	\$ 10,539,753
<b>Measure H Funding as a % of Total Funding</b>	100%	100%	100%	100%
<b>Total Measure H Unspent</b>	\$ 906,976	\$ 974,549	\$ 3,989,459	\$ 2,304,832
<b>Number of families (A1)/ persons (A5) newly enrolled</b>	720	670	241	1,133
<b>Number of families (A1)/ persons (A5) served</b>	935	1,028	241	1,298
<b>Number of families (A1)/ persons (A5) retaining permanent housing or transitioning directly into other permanent housing</b>	348	689	72	813
<b>Average cost per families (A1)/ persons (A5) served</b>	\$ 2,239	\$ 4,953	\$ 6,268	\$ 6,344
<b>Average cost per families (A1)/ persons (A5) retaining permanent housing</b>	\$ 6,014	\$ 7,390	\$ 20,980	\$ 10,129

**FY 2020-2023 Measure H Revenue Planning Process  
Key Data: Prevention**

<b>A1 and A5 - Prevention Strategy Data</b>		<b>A1 – FY 17/18</b>	<b>A1 – FY 18/19</b>	<b>A5 – FY 17/18</b>	<b>A5 – FY 18/19</b>	
For those newly enrolled in prevention program, average score on prevention targeting tool*		20.08	24.79	27.05	26.6	
Average number of days from entry into the prevention program to exit		124.66	173.09	N/A	89.79	
Number of A1 participant families/A5 participant persons that retain their housing or transition directly into other permanent housing upon exit from the prevention program		348	689	72	813	
Number of A1 participant families/A5 participant persons that exit the program to any destination		477	775	81	872	
Percentage of A1 participant families/A5 participant persons that retain their housing or transition directly into other permanent housing upon exit from the prevention program		73%	89%	89%	93%	
Number of A1 participant families/A5 participant persons receiving...	Legal services	87 (only Q4, program start date 3/2018)	391	111 (only Q4, program start 3/2018)	371	
	Mediation services	3	4	2	5	
	Financial Assistance	All	379	578	158	983
		Average amount per household	\$ 3,543	\$ 3,392	\$ 2,076	\$ 2,111
		Average duration of subsidy per household	100.63	102.41	25.9	103.9
Other services	69	157	78	321		
Number of A1 participant families/ A5 participant persons that retained permanent housing after exiting from the prevention program and did not enter any homeless services programs (tracked in HMIS)	Within 6 months	N/A	583	N/A	510	
	Within 12 months	345	405	71	75	
Number of A1 participant families and persons that retained permanent housing after exiting from the prevention program and were eligible to meet... ( <i>denominator for below metric</i> )	...the 6-month retention milestone	N/A	629	N/A	572	
	...the 12-month retention metric	N/A	428	N/A	81	
Percentage of A1 participant families/ A5 persons that retained permanent housing after exiting from the prevention program and did not enter any homeless services programs (tracked in HMIS)	Within 6 months	N/A	93%	N/A	89%	
	Within 12 months	99%	95%	99%	93%	

\*The maximum score on the prevention targeting tool is 92. The highest recorded score out of all clients in the system that have been assessed with the tool is 39.

# Preventing Homelessness in Los Angeles

October 3, 2019





## Research & Evaluation – Preventing Homelessness

- Evaluation of Measure H Strategies A1/A5 (LAHSA only; does not include DPSS)
- Predicting risk of homelessness in Los Angeles among single adults receiving mainstream County services

## First, what do we mean by Prevention?

- ***Universal prevention*** addresses social conditions that produce homelessness
- ***Targeted prevention*** addresses people at special risk. It needs to be:
  - Effective – it should help people to find and maintain stable housing
  - Efficient – it should allocate assistance to people most likely to benefit
  - At a community level, it should reduce inflow to homelessness, not just reallocate it to people pushed down on waiting lists
- ***To reduce inflows, prevention must be targeted.***

Source: Marybeth Shinn, “What Really Works in Homelessness Prevention: Lessons from Literature and Field”

## Prevention in other cities – reason to be hopeful

- Chicago
  - Based at a call center
  - One-time cash assistance **reduced the likelihood of entering shelter after 6 months by 76%**, when comparing those who contacted the call center when funding was available to those who called when funding was unavailable
  - The effect persisted for one year after contacting the call center
- New York
  - Based in community centers
  - In the Homebase prevention program, families assigned to treatment spent on average **22.6 fewer nights in shelter** within 27 months following intake, compared to families who were assigned to the control group
  - Treatment group families were **49% less likely to apply to shelter**
- Targeting (i.e., knowing who is at risk) is the biggest challenge for New York and Chicago

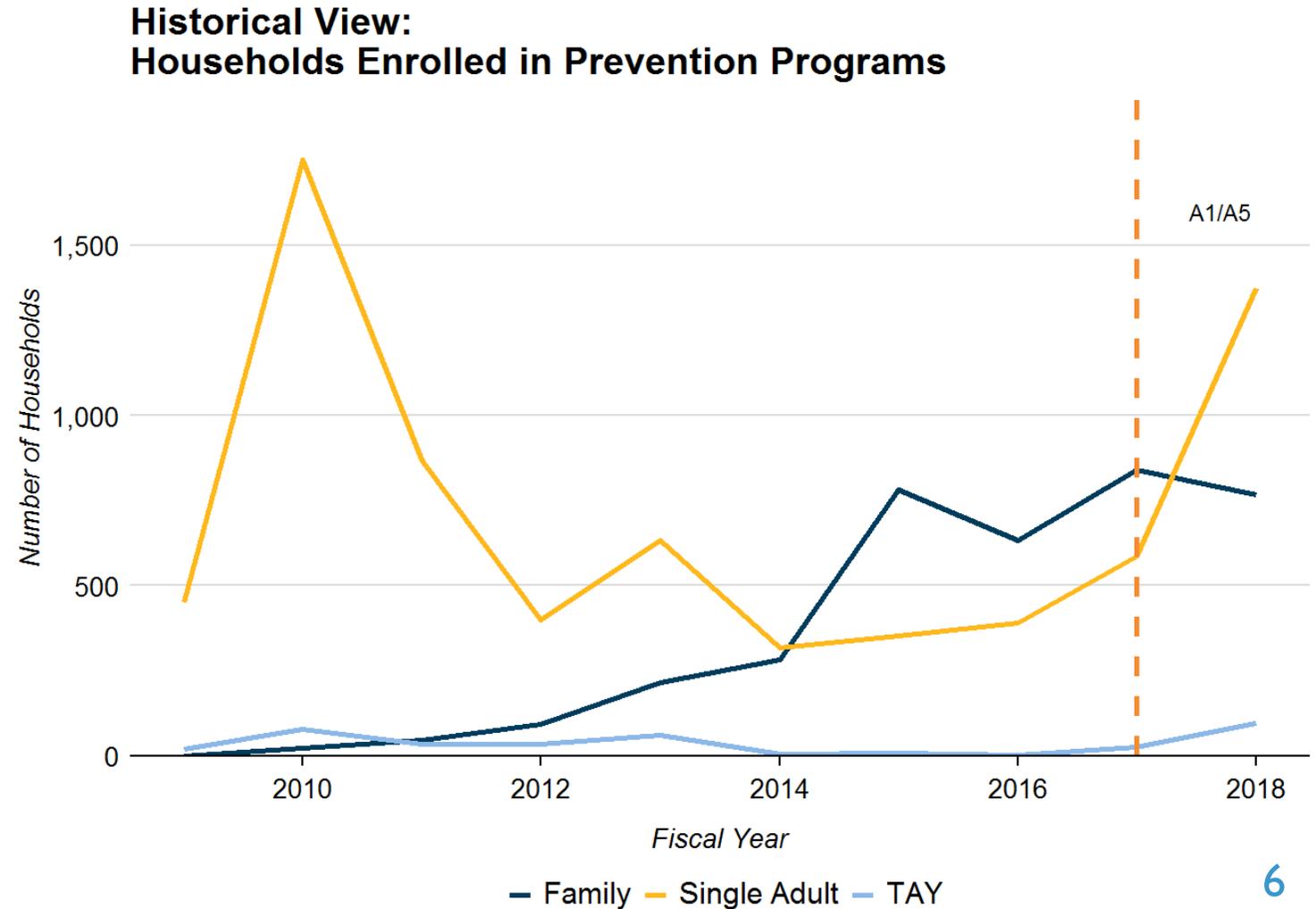


## Key Research Questions For Evaluation of AI/A5

- Who is receiving prevention and what are they getting?
- What are the most common pathways into and out of prevention enrollment, including returns to homelessness?
- How is the Prevention Targeting Tool being used and how could it be improved?
- [Are Strategies AI/A5 preventing homelessness?]

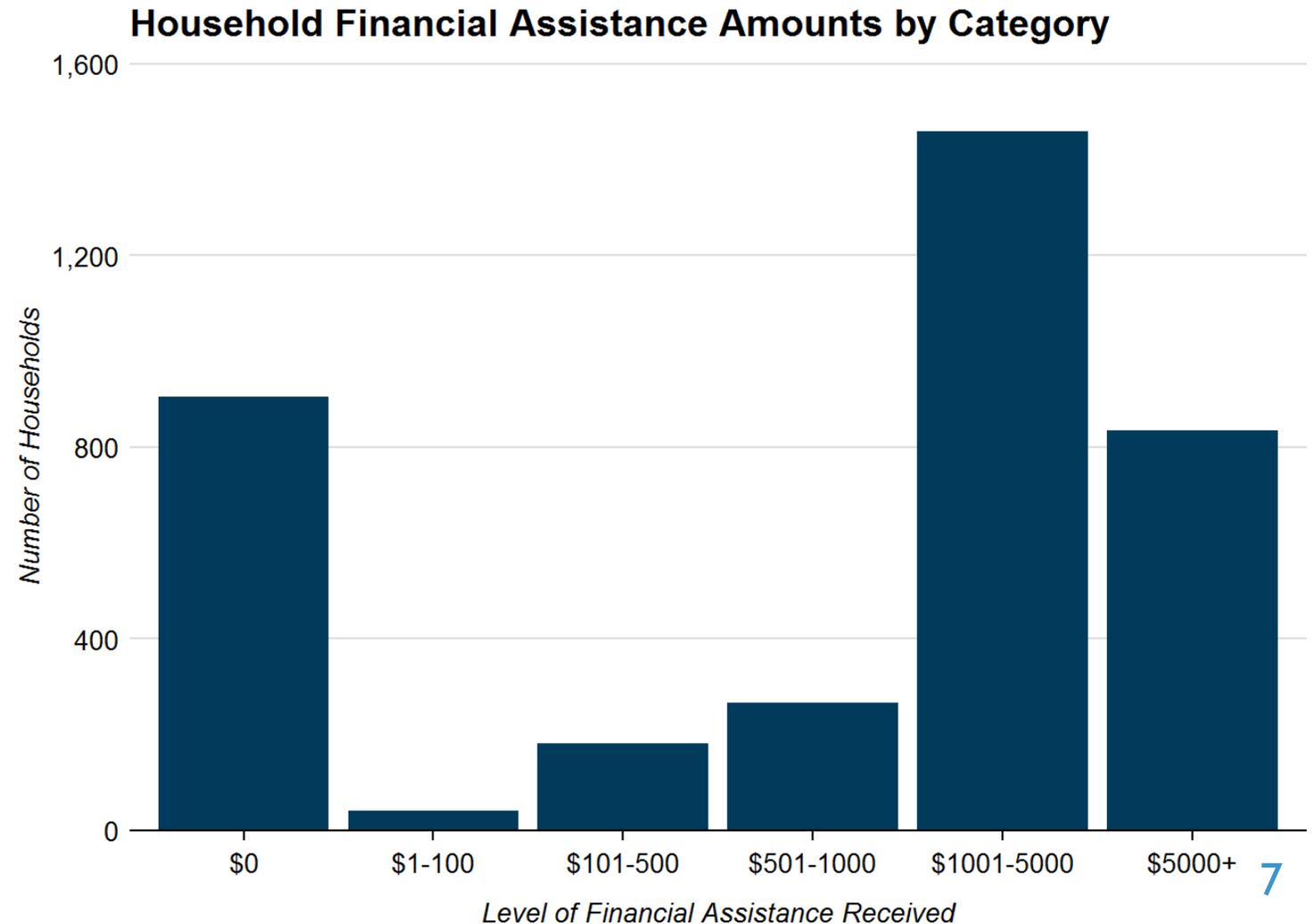
## Prevention Enrollment from FY2010-FY2018

- Since Measure H, nearly 3,700 households were enrolled
- Under A5 we see enrollments for single adults almost return to levels not seen since FY 2010
- AI increased enrollments for families



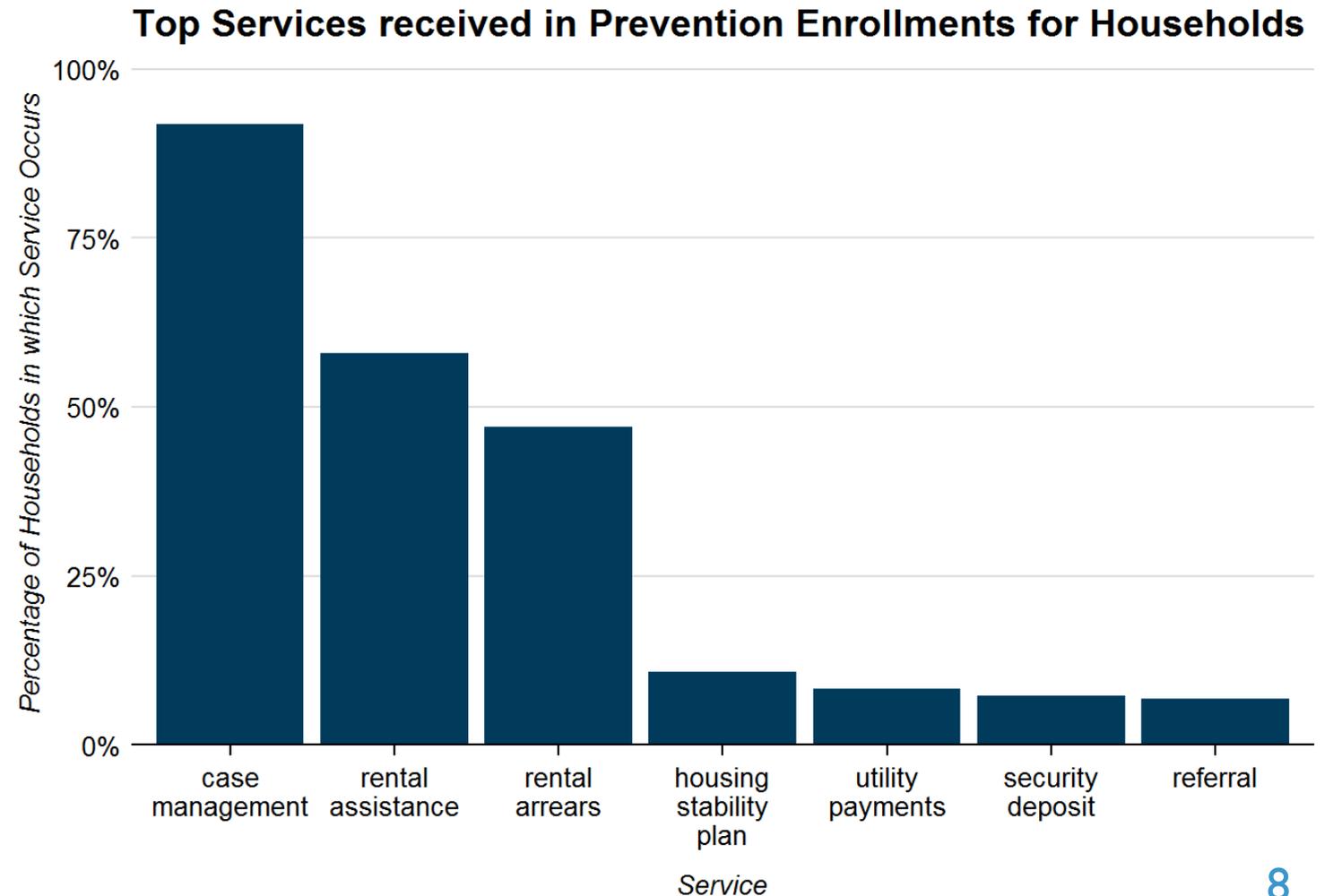
## Levels of Financial Assistance Receipt

- A quarter (25%) of households receive no financial assistance during their prevention enrollment; these could be “Problem Solving” clients
- Most households (40%) receive between \$1,001 and \$5,000 dollars
- Nearly a quarter (23%) of households receive more than \$5,000



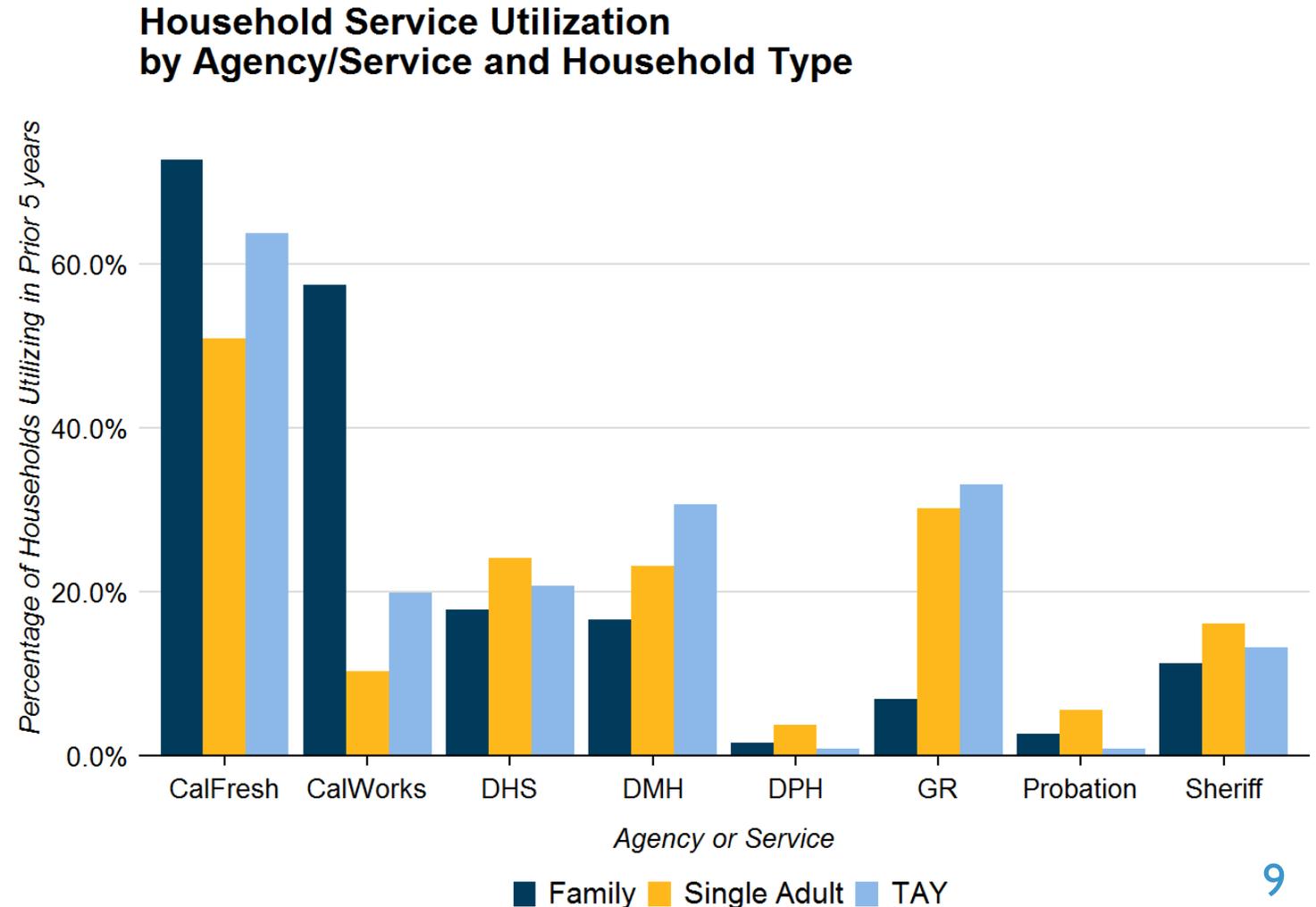
## Top Services Received during Prevention Enrollments

- 3520 households (95%) had some service record
- Unsurprisingly, case management is the most prevalent service households receive
- Rental assistance and rental arrears are also common



## Prevention Clients – Prior County Service Utilization

- 61% of all prevention households accessed CalFresh in the 5 years before enrollment
- 57% of Family households accessed CalWorks
- By household type, we see TAY more represented among CalFresh and DMH
- Single Adults have relatively more criminal justice contact



# Prior Homelessness by Household Type and Service Category



- **37% of all heads of household were homeless in the 5 years prior to their enrollment.**
- Clients across household types and enrollment categories experience extremely high rates of prior homelessness, though generally financially assisted clients have higher rates of homelessness in the past 5 years

Household HMIS Homelessness in Prior 5 Years

Household Type	Pct. HMIS	Pct. SSO	Pct. Housing	Pct. Other
<b>Case Management Only</b>				
Family	21%	10%	17%	6%
Single Adult	34%	18%	20%	15%
TAY	39%	26%	26%	19%
<b>Financially Assisted</b>				
Family	32%	10%	26%	9%
Single Adult	46%	25%	33%	24%
TAY	51%	38%	33%	32%

<sup>a</sup> Note: Households can belong to multiple categories.

HMIS – clients enrolled in any HMIS project excluding prevention and coordinated assessment;  
 SSO – clients enrolled in either emergency shelter (transitional housing) or street outreach projects;  
 Housing – clients enrolled in either permanent supportive housing, permanent housing, or rapid re-housing projects;  
 Other – clients enrolled in a project type not described above.



## Living Situation at Enrollment

- **67% of Prevention clients are doubled up at the time of enrollment**, mostly with family (63%)
- 25% of clients are living in a rental with some form of subsidy (mostly categorized in HMIS as “other ongoing subsidy”)
- A small proportion of clients (less than 5% total) seem to be enrolling directly from homeless, transitional, or permanent housing situations

Household Living Situations at Enrollment

Living Situation	Number	Pct.	Cumulative Pct.
w/Family	2307	62.6%	62.6%
Rental (subsidy)	929	25.2%	87.8%
w/Friends	163	4.4%	92.2%
PH	79	2.1%	94.3%
Shelter/Homeless	75	2.0%	96.4%
Hotel	45	1.2%	97.6%
Home (subsidy)	32	0.9%	98.5%
Institution	22	0.6%	99.1%
TH	19	0.5%	99.6%
Not Collected	10	0.3%	99.8%
N/A	6	0.2%	100.0%

## Living Situation at Exit (FY 2017-2018)

- 62% of Prevention households report being in an unsubsidized rental when they exit
- The second most common destination is a subsidized rental (16%)
- A small proportion of clients (3%) seem to be exiting to homeless, transitional, or permanent housing destinations

Household Destinations at Exit

Destination	Number	Pct.	Cumulative Pct.
Rental	903	62.2%	62.2%
Rental (subsidy)	232	16.0%	78.2%
Not Collected	94	6.5%	84.7%
N/A	81	5.6%	90.3%
w/Family	55	3.8%	94.1%
Shelter/Homeless	28	1.9%	96.0%
Other	18	1.2%	97.2%
PH	12	0.8%	98.1%
w/Friends	12	0.8%	98.9%
Home	5	0.3%	99.2%
TH	5	0.3%	99.6%
Hotel	4	0.3%	99.9%
Home (subsidy)	2	0.1%	100.0%

## Pathways for Households Receiving Financial Assistance

- Clients who receive financial assistance largely (63%) move from living with family to rentals
- The pathway from subsidized rental to subsidized rental is also common (14%)
- These 5 pathways account for 87% of households

Financially Assisted Households: Top 5 Most Common Entry/Exit Living Situations

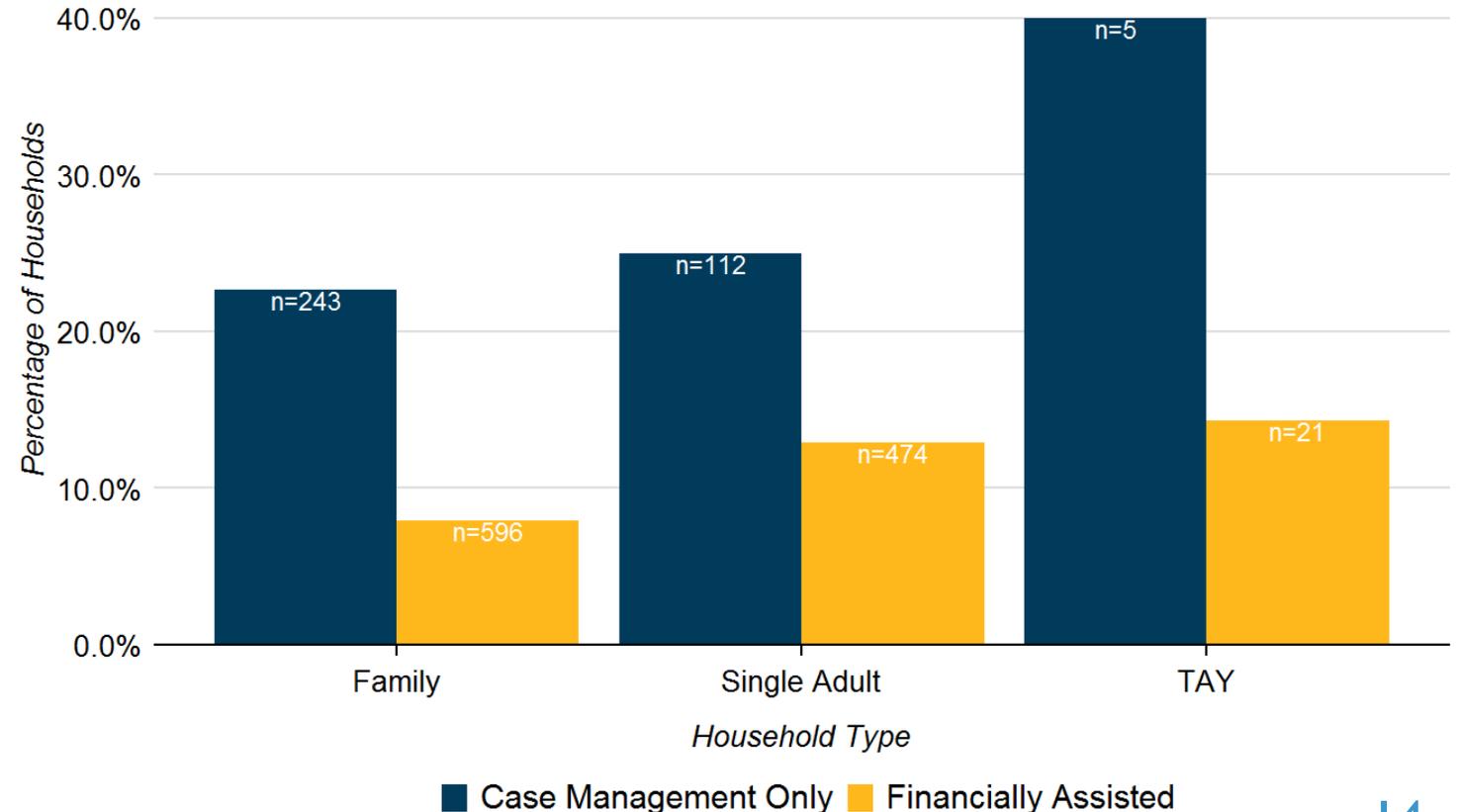
Prior Living Situation	Destination	Number	Pct.	Cumulative Pct.	Pct. HMIS Homeless (12 Months)
w/Family	Rental	684	63%	63%	8%
Rental (subsidy)	Rental (subsidy)	151	14%	77%	13%
Rental (subsidy)	Rental	48	4%	81%	4%
w/Family	Rental (subsidy)	36	3%	84%	8%
w/Family	N/A	34	3%	87%	12%

<sup>a</sup> Note: Missingness (N/A) for destination is 4% for subset of data used to generate table.

## Returns to Homelessness

- **Within 12 months of exiting Prevention, 13.5% of heads of households return to homelessness**
- For each household type, rates of 12-month HMIS homelessness are far less for financially assisted households
- Case management only households have 12-month HMIS rates of 23% or greater regardless of Household Type

**Household HMIS Homelessness after 12 Months by Household Type and Financial Assistance or Case Management**



Note: This grouping results in small cell sizes for some sub-groups, so number of obs. is shown at the top of columns.

## Prevention Targeting Tool – Roadmap for Improvement

- The following questions are most strongly correlated with risk of homelessness in the six months following assessment:

PTT	Question	Impact on Risk
Family	<b>Imminent Loss of Current Housing:</b> Failed to respond to the Unlawful Detainer notice within <b>5 days</b> of the court hearing (OR leaseholder mandated participant leave within <b>24 hours</b> )	4x more likely
	<b>Housing Status:</b> Doubled up and told by lease holder to vacate unit	2x more likely
Individual	<b>Imminent Loss of Current Housing:</b> Served an Unlawful Detainer requiring court response (OR leaseholder mandated participant leave within <b>48 hours</b> )	4x more likely
	<b>Imminent Loss of Current Housing:</b> Received a 3-day pay or quit notice with less than 1 month rent owed (OR leaseholder mandated participant leave within <b>1 week</b> )	4x more likely

- The CES could likely improve the accuracy of the PTT by reweighting the questions, incorporating information from other CES screening tools, and validating the tool.

## Potential Roles of Mainstream Agencies: Can we predict new homelessness spells?

- Here is how predictive models perform when they generate a list of County clients (DHS, DMH, DPSS, jail, probation, SAPC, HMIS) at highest risk of these outcomes:

\*Note that when we include the continuously homeless in the prediction models, the precision is approximately 90%.

Risk List	What % of the risk list were actually homeless?	How much more likely to experience NHS/FTH are the individuals on the risk list, compared with the average?
<b>New Homeless Spell</b>		
Top 3,000	45.9%	27x more likely
Top 1% (N=19,600)	35.1%	21x more likely
<b>First-Time Homelessness</b>		
Top 3,000	33.5%	48x more likely
Top 1% (N=19,600)	23.6%	34x more likely

## Prevention and Diversion Summit Participants\*

Participant	Organization
Abigail Marquez	Los Angeles Housing and Community Investment Department
Al Palacio	Los Angeles Homeless Services Authority Lived Experience Advisory Board
Alison Korte	Los Angeles Homeless Services Authority
Alex Devin	Los Angeles Homeless Services Authority
Alynn Gausvik	LA Family Housing
Brian Blackwell	California Policy Lab
Carissa Bowen	PATH
Dana Pratt	Department of Consumer and Business Affairs
Daniella Urbina	Office of Diversion and Reentry
Deon Arline	Department of Public Social Services
Elena Fiallo	Department of Health Services
Elizabeth Ben-Ishai	LA County Homeless Initiative
Gail Winston	Department of Children and Family Services
Greg Spiegel	Inner City Law Center
Janey Rountree	California Policy Lab
Javier Beltran	Legal Aid Foundation of Los Angeles
Kelvin Driscoll	Department of Public Social Services
Larae Cantley	Los Angeles Homeless Services Authority Lived Experience Advisory Board
Leanne Knighton	Los Angeles County Office of Education
Lena Silver	Neighborhood Legal Services
Marco Perez	City of LA, Department of Aging
Maria Funk	Department of Mental Health
Max Stevens	Chief Information Office
Meg Barclay	City of LA Homeless Coordinator
Michael Scoggins	Department of Children and Family Services
Myk'I Williams	Los Angeles County Development Authority
Phil Ansell	LA County Homeless Initiative
Randall Pineda	Probation Department
Rowena Magana	LA County Homeless Initiative
Ruth Schwartz	Shelter Partnership
Sarah Mahin	Department of Health Services
Travis Crown	Homeless Youth Forum of Los Angeles
Veronica Lewis	HOPICS
Juan Carlos Martinez	Workforce Development, Aging, and Community Services
Glenda Pinney	Department of Public Health - Substance Abuse Prevention and Control

*\*The above list does not include members of the public who attended the summit.*

# Measure H Funding Recommendations Process- FYs 2020-23

Homeless Initiative Policy Summit #2  
Prevention & Diversion

Thursday, October 3, 2019

## Key Points:

1. **Increase points of access for prevention services.** There is a need to open up more access points to prevention funds and services, rather than just providing access through the Prevention/Rapid Re-Housing lead agencies.
2. **Expand/refine outreach and communications efforts.** A clearer communications/outreach strategy regarding prevention programs is needed to ensure that people in need know where and how to access funds and services.
3. **Improve process and timeline for referrals to legal services.** The referral process for clients needing legal services should be re-examined because oftentimes legal assistance cannot be requested until too late in the eviction process, or once the referral is made, clients struggle to actually get connected to the legal services provider. Earlier legal services intervention is needed.
4. **Consider implications of prevention program focusing on/targeting highest-risk individuals.** Locating the prevention program within the homeless services system means that our prevention programs are targeting the highest risk/most vulnerable individuals, many of whom are already connected to the homeless services system. This was a policy choice made at the outset of the prevention program, which could be re-assessed if desired.
5. **Consider multiple prevention tracks for different populations/levels of need.** Consider whether there should be two or more buckets of prevention funding, with some targeting higher risk individuals and some targeting individuals not connected to the Coordinated Entry System (CES)/people at-risk of first-time homelessness.
6. **Incorporate problem solving into all components of service delivery.** Allow people experiencing homelessness the opportunity to tap into their resiliency, rather than turning to high-resource interventions too quickly. Due to lack of housing, success should not be defined as finding a housing resource for every individual.

## **Prevention and Diversion Policy Summit Notes** (Discussion questions in bold)

**How can we improve and expedite referrals for Prevention Services (case management, cash assistance, legal services) without utilizing prevention funds for people who are likely to remain housed without receiving Prevention Services?**

### *Increase access points*

- Increase localized services for people with disabilities or older adults who cannot drive.
- Increase number of access points to services in each Service Planning Area (SPA) - not just with one lead agency, since SPAs are so large.

### *Improve outreach/education*

- Increase education and outreach; many people do not even know that prevention services exist.
- For some (especially first-time homeless or vehicular homeless), the stigma of homelessness prevents them from seeking assistance at homeless service agencies.
- Disseminate information about prevention services to agencies working with vulnerable populations (churches, charities, etc.) or at locations where people in financial crises may be found (pay-day loan outlets, food banks, etc.).
- Educate landlords and property managers about what services are available to tenants.
- Concern about data collection: Only shows people successfully connected to services—What about people who are not connected to services or able to access services?
- Avoid pouring resources into outreach to people already in County systems because the agencies working with them should be conveying appropriate information to them. It's more important that those who are not connected to mainstream systems or the homeless services system be targeted for outreach.
- Consider establishing a phone line that people could call if they need to access prevention services, so they can be properly triaged (similar to LA-HOP). However, a similar call center in Chicago ends up getting mostly phone calls from people who are not actually at risk of becoming homeless,
- Refer to Ad Hoc Committee on Black People Experiencing Homelessness recommendations regarding targeting.

### *Improve legal services connections*

- Strengthen relationships between prevention services agencies and legal service providers – most of the referrals to legal service providers hinge on established relationships, which are not consistent within each SPA.

- Currently, the protocol for referrals to legal services results in clients not being able to access legal services until they are too close to eviction for those services to be truly effective. Need to rethink.

**While we refine the predictive analytics tools for homelessness prevention, what approaches can we take to improve outreach and targeting for prevention recipients?**

*Re-assess prevention program focus on highly vulnerable individuals already connected to the system*

- Current system is structured in a way that means targeted participants are generally “higher-risk” individuals. This is a function of having the prevention program embedded in the homeless services system.
- Targeting prevention services means being able to predict which people won’t be able to survive short-term financial shocks.
- There are individuals who are high-risk, but are not connected to CES
- Consider whether having two tiers of prevention services is an option – one for higher risk individuals/one for people at risk of first-time homeless/not connected to mainstream County systems or the homeless services system.
- Need to differentiate between people who experience one-time, serious financial burden (but are less vulnerable) vs. people who are accessing many services (and very vulnerable). The needs of people in those two groups may be different.

*Challenges of allocating and expending funding for prevention efforts*

- While there is a need for more funding for prevention, resources for people who are already experiencing homelessness are already inadequate. We shouldn’t be moving funds away from homeless services programs to fund prevention when there are people knocking on agencies’ doors asking for help – funds need to come from elsewhere.
- Difficult to predict who will become homeless; most people who experience a crisis that could push them into homelessness will self-resolve.
- 80% of people who become homeless are known to County systems.
- Despite high need for prevention, there was still underspending of A1 and A5 allocations. LAHSA attributes underspending to staffing vacancies and providers being conservative in expending funds at the beginning of the year.
- Many providers report feeling that they are running out of prevention funds, even when they may not be. Need to ensure providers have accurate sense of available funding so they can appropriately target.

*Consideration of groups with unique needs and vulnerabilities*

- Concern for 24-year-olds who are aging out of TAY services and entering adult services where resources may be scarcer – could fund vocational programs for young adults to prepare them for future challenges.
- Transwomen, transwomen of color, and LGBTQ communities are especially vulnerable populations that are at risk of homelessness.

- Veterans, who may have exceeded the funding they are able to access through the VA, have difficulty accessing mainstream CES.

**What cultural and practical changes are necessary within the homeless services system in order to ensure that “diversion/problem-solving” is integrated into all facets of service delivery?**

- Look at prevention as the intervention and diversion as an outcome.
- Focus on client autonomy and capabilities—do not focus on what clients can’t do, but on what they can do for themselves.
- Have clients ask not “How much can I get out of the system?” but instead “How can I be accompanied on the journey of self-empowerment?”.
- Increase system flexibility—How can we systematically incorporate problem-solving intervention at the beginning and every step of the way thereafter?
- Redefine success—we should not measure success based on how many services we can connect someone to or how many clients were connected to a housing resource, but on how much we can rely on someone’s strengths and resiliency.
- Fundamentally invest in people with lived experience to lead trainings and be a critical part of the homeless services system.
- Providers should have the ability to switch back to problem solving at any point in the provision of services, especially if there are inadequate resources available.
- Problem solving is a teachable skill – need to take the time to train folks.

**How can we incentivize and reward the participation of front line workers at mainstream County departments in prevention/problem-solving work?**

- Improve training for frontline staff so they can better identify who needs prevention services.  
Case workers in jails/prisons could screen people and determine who should be connected to prevention services and then connect them to a case manager. For example, the Community Transition Unit at the jails should be involved.
- Need to ensure that SAPC Client Engagement and Navigation Services employees are appropriately trained and involved in prevention/problem solving.
- Homeless Initiative could provide a certificate of recognition to staff for achievement in problem-solving.
- DMH has thousands of caseworkers who are starting to receive training on problem solving, which is a major systems change.
- DMH is considering flagging at-risk individuals in their data system so they can intervene appropriately.

**Public Comments**

- Have awareness of and respect for Black people’s ability to do things for themselves (budgeting, etc.) rather than implying that they are unable to do so.
- Improve referrals to legal services. If considering a phone line, look at the successes and failures of 211 to inform a phone line would be operationalized. Keep track of those who are not enrolled in prevention (because they don’t qualify) to determine outcomes.

- Create a universal assessment tool that can be used by agencies outside the LAHSA system/by those not funded by LAHSA.
- Leverage the skills and cultural competencies of community-based organizations to connect with people experiencing homelessness.
- Require inclusion of the prevention services flyer in 3-day notices and unlawful detainers.
- We have leeway to think outside the box with new state money. Important to have people who “look like us” - hire more Black and Latinx staff at access centers, so those most impacted by homelessness feel like they can work with someone who understands them. Be aware of frontline staff burnout (especially in South Central).
- Take advantage of financial services that could help address financial shocks.