

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

**Homeless Initiative Policy Summit #1
Opening System Discussion**

Thursday, September 26, 2019

Summit Report

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Measure H Funding Recommendation Process – FYs 2020-23

Homeless Initiative Policy Summit #1: Opening System Discussion

Thursday September 26, 2019

9am-12pm

United Way of Greater Los Angeles

Penthouse, 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 (10 min)
3. Data Overview (10 min)
4. Discussion Questions (2 hrs)
 - i. What one change would most enhance the outcomes of our system?
 - ii. Are we effectively serving the people we should be serving, or are some populations or demographic groups disproportionately accessing or not accessing the services they need?
 - iii. What are the most significant barriers to system access and to people moving through the system to secure permanent housing?
 - iv. Are there systems changes that would allow us to amplify effective strategies for permanently housing people experiencing homelessness and overcome barriers to permanent housing?
 - v. How can mainstream systems better support the homeless services delivery system and allow the homeless services system to dedicate more resources toward permanently housing those who are most vulnerable?
 - vi. What cross-cutting issues should be addressed in summits 2 – 7?
5. Public Comment (20 min)
6. Overview of Rest of Funding Recommendations Process (10 min)

**FY 2020-2023 Measure H Revenue Planning Process
Key Data: Opening System Discussion**

Year		FY 17/18	FY 18/19		FY 19/20
Total Measure H Funding Allocated		\$258,937,000	\$412,241,000		\$460,000,000*
Total Measure H Spending		\$172,209,000	\$353,659,000		N/A
Number of persons placed in permanent housing**	All	20,153	20,009		N/A
	Families	7,195	8,032		N/A
	Single Adults	12,464	11,578		N/A
	Veterans	1,926	1,437		N/A
	Youth	2,023	1,824		N/A
	H***	7,699	9,377		N/A
Number of persons who entered interim housing**	All	21,867	27,268		N/A
	Families	6,351	7,706		N/A
	Single Adults	15,516	19,562		N/A
	Veterans	1,198	1,862		N/A
	Youth	2,494	2,554		N/A
	H***	15,634	18,323		N/A
Number of persons prevented from becoming homeless**	All	5,643	6,310		N/A
	Families	5,283	5,420		N/A
	Single Adults	360	890		N/A
	Veterans	495	511		N/A
	Youth	344	395		N/A
	H**	1,240	1,633		N/A
Increased Income**	All	5,800	8,190		N/A
	Families	606	1,955		N/A
	Single Adults	5,194	6,235		N/A
	Veterans	615	696		N/A
	Youth	728	987		N/A
	H**	N/A	N/A		N/A
Returns to Homelessness**	All	N/A	1051 (out of 9,430)****	11%	N/A
	Families	N/A	179 (out of 4,432)****	0.4%	N/A
	Single Adults	N/A	872 (out of 4,998)****	17.5%	N/A
	Veterans	N/A	154 (out of 924)****	16.7%	N/A
	Youth	N/A	119 (out of 717)****	16.6%	N/A
	H***	N/A	N/A	N/A	N/A
Number of persons newly engaged via Measure H funded outreach teams		8,658	10,905		N/A
PIT Count	All	52,765	58,396		N/A
	Sheltered	13,369	14,722		N/A
	Unsheltered	39,396	44,214		N/A
CEO Estimate	All	134,074	124,899		N/A
	Family Members	48,963	49,815		N/A
	Single Adults	85,111	75,084		N/A

*Does not include \$15 M in carryover funds approved by the Board or increases recommended in supplemental changes.

**All numbers are system-wide unless otherwise noted.

***Numbers in rows labelled "H" reflect outcomes for services funded in whole or in part by Measure H.

**** Numbers in parentheses are for total placed in permanent housing between January 2018 and June 2018 for the relevant population. These numbers are the demoninator for the returns to homelessness percentages.

**FY 2020-2023 Measure H Revenue Planning Process
Key Data: Opening System Discussion**

Assessment Data*

	Population/other breakdown	FY 17/18	FY 18/19
Number of clients assessed	All	37,065	35,314
	Families	4,910	4,688
	Single Adults	28,675	27,487
	Veterans	3,537	2,882
	Youth	3,480	3,139
Average Acuity Score	All	7.83	8.39
	Families	7.34	7.69
	Single Adults	8.1	8.66
	Veterans	8.68	8.39
	Youth	6.37	6.99
Number assessed who have acuity scores between 4 and 7.	All	13,719	11,887
	Families	2,542	2,170
	Single Adults	9,529	8,357
	Veterans	886	598
	Youth	1,648	1,360
Number assessed who have acuity scores of 8 or higher.	All	19,434	20,793
	Families	2,092	2,246
	Single Adults	16,138	17,190
	Veterans	2,356	2,117
	Youth	1,204	1,357
Number assessed who have acuity scores between 0 and 3.	All	3,912	2,634
	Families	276	272
	Single Adults	3,008	1,940
	Veterans	295	167
	Youth	628	422
Average time from assessment to housing <i>(includes those placed in housing via Department of Health Services programs)</i>	All	157.73	210.32
	Families	169.41	200.62
	Single Adults	154.66	215.31
	Veterans	146.58	210
	Youth	128.95	197.09

*All data is from HMIS only, except where otherwise stated. Assessment data is system-wide, not Measure H-specific.

Opening System Policy Summit Participants

Table Participant	Agency
Adam Murray	Inner City Law Center
Alison Klurfeld	LA Care
Andrea Marchetti	Jovenes, Inc.
Bill Kitchin	Los Angeles County Sheriff's Department
Celina Alvarez	Housing Works
Chris Contreras	Brilliant Corners
Chrissy Padilla-Birkey	Kingdom Causes Bellflower
Curley Bonds	Department of Mental Health
Deon Arline	Department of Public Social Services
Earl Edwards	University of California, Los Angeles
Elizabeth Ben-Ishai	Los Angeles County Homeless Initiative
Elizabeth Eastlund	Los Angeles City Domestic Violence Alliance, Rainbow Services
Eric Ares	United Way of Greater Los Angeles
Eve Sheedy	Los Angeles County Domestic Violence Council
Gail Winston	Department of Children and Family Services
Gary Price	University of Southern California
Glenda Pinney	Department of Public Health
Heidi Marston	Los Angeles Homeless Services Authority
Jacqueline Waggoner	Enterprise Community Partners
Jaime Garcia	Hospital Association of Southern California
Janet Kelly	Sanctuary of Hope
Janey Roundtree	California Policy Lab
Jonathan Thompson	Good Seed
Katina Holiday	Serenity Recuperative Care
Kris Freed	Los Angeles Family Housing
Kris Nameth	Los Angeles LGBT Center
LaCheryl Porter	St. Joseph Center
Leticia Colchado	Los Angeles County Homeless Initiative
Lezlie Murch	Exodus Recovery
Lt. Wayne Windham	City of Redondo Beach
Maria Funk	Department of Mental Health
Meg Barclay	City of Los Angeles Homeless Coordinator
Meredith Berkson	Los Angeles Homeless Services Authority
Michael Graff-Weisner	Chrysalis
Myk'l Williams	Los Angeles County Development Authority
Nina Vaccaro	Community Clinics Association of Los Angeles
Phil Ansell	Los Angeles County Homeless Initiative
Reba Stevens	Los Angeles Homeless Services Authority Lived Experience Advisory Board
Reggie Clark	Volunteers of America
Roberta Medina	Department of Children and Family Services
Sage Johnson	Homeless Youth Forum of Los Angeles County
Sarah Mahin	Department of Health Services
Sarah Tower	Union Station Homeless Services
Shari Weaver	Harbor Interfaith
Teresa Chandler	City of Long Beach
Veronica Lewis	HOPICS
Whitney Lawrence	Department of Health Services
Xochitl Guillen	Family Promise of San Gabriel Valley

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

Measure H Funding Recommendations Process - Fiscal Years 2020-23

Homeless Initiative Policy Summit #1
Opening System Discussion

Thursday, September 26, 2019

Key Points:

1. **System should be equipped to provide services that are individualized based on needs.** There is a need to refine the homeless delivery system to respond according to a person's needs and different levels of acuity. Currently, the system is struggling to provide services to very high acuity clients with complex medical needs. Older adults, Transition Age Youth (TAY), domestic violence survivors, Black people experiencing homelessness, and several other populations have unique needs that must be carefully considered.
2. **Refine program and administrative policies.** Administrative processes and program policies should be reviewed to eliminate burdensome and unnecessary requirements that take away time from direct client services.
3. **Allow greater flexibility in funding and system flow.** The homeless services system should strive to balance the need for accountability with the flexibility needed to ensure we have a person-centric system. As a local funding source, Measure H opens the door for more flexibility; it is important to fully capitalize on this flexibility.
4. **Enhance efforts to empower individuals experiencing homelessness to achieve self-sufficiency and thrive.** Ensure efforts to help don't encourage dependency.

Opening System Summit Notes (Discussion questions in bold)

What one change would most enhance the outcomes of our system?

- System has become very process driven. Administrative work consumes a significant amount of case management time. Staff need more time with people rather than with the paperwork.
 - Find out what is straining individual agencies—they know what is happening on the ground.
 - Engaging with clients more effectively would enhance ability to triage clients and connect them to the most appropriate resources.
- Coordinated Entry System (CES) Assessment tool (VI-SPDAT) does not adequately capture levels of vulnerability.
 - Need to assess whether the VI-SPDAT is needed for everyone or whether it makes sense to develop a process to better triage individuals to determine next steps based on service needs.
 - For some populations, such as Older Adults and Youth, scoring is not reflective of their vulnerability.
 - Assessment of vulnerability needs to consider health and mental health records that may/may not be disclosed.
 - Women on the street often experience greater health barriers and experience greater vulnerability than men.
- Persons experiencing homelessness are getting “stuck in the system”.
 - Example: Length of time from interim housing to permanent housing has increased for DHS Housing for Health resources since DHS resources became part of CES.
 - Possible solution: Increase funding at the “back end” of the system so that people who enter the system have a way to exit.
 - Wait time for people in the system to connect to Permanent Supportive Housing (PSH) increased by about 6 months from Fiscal Year (FY) 2017-18 to FY 2018-19. This kind of delay often results in people graduating to the “chronically homeless” status. Need to serve people before they get sicker.
 - Affordable housing supply and tenant protections (including enforcement) should be expanded.
- System is too rigid; there needs to be a balance between accountability and standardization. There is a need for more flexibility to move people between programs/strategies, and funding should be fluid to support where the need is.
 - Explore diverse housing options, such as respite care, safe haven, and non-traditional interim housing.
 - Care plans should be flexible to meet client’s changing needs.
 - Explore expanded landlord incentives.
- Need to examine contracting terms. While Measure H should and can be flexible funding, rigid Housing and Urban Development (HUD) requirements are often integrated into Measure H contracts. Unrestricted local dollars should be utilized more innovatively.
- System should maximize the benefits of the unique knowledge and experience of people with lived experience by providing employment opportunities at all staffing levels, across all sectors, including the private sector.
- System needs to better integrate health, mental health, and public health systems.

- Need to tackle prevention on a greater scale and ensure continued advocacy to create and preserve affordable housing supply, as well as enforcement of established laws.
- Greater emphasis should be placed on advocacy around living wages and preparing people to work to sustain their household. This includes making connections to supportive services, such as child care.
- Case Management ratios should be examined to allow for more effective case management that fosters relationship building and meaningful connection with clients, so clients feel connected and remain engaged.
- Evaluation and learning should be more systematically embedded in policy roll out from the beginning so that the research community can partner earlier on. More pilots and experimentation should be supported.
- People who were housed through the “old” CES (pre-Measure H) sometimes have inadequate or no retention services.

Are we effectively serving the people we should be serving, or are some populations/demographic groups disproportionately accessing or not accessing the services they need?

- There are various populations where opportunities exist to expand service access and effectiveness. These populations include:
 - Older adults – They are not scoring high enough because they often have income and generally have not experienced prior housing instability. The prevention screening tool often screens out older adults.
 - Those experiencing vehicular homelessness. They should be targeted with “light touch” services, which may help prevent them from moving to street homelessness
 - Transition Age Youth, including those who are parenting and LGBTQ.
 - Domestic violence survivors often have unique needs. Need to build capacity of the homeless services delivery system to serve this special population or expand resources to domestic violence agencies who are called on to fill the gap.
 - College Students often lack access and connection to services.
 - Black persons experiencing homelessness; need to increase retention in services since Black people are proportionally engaging in services but are “dropping out” at much higher rates than those of non-blacks.
 - Latinx people who may not be accessing needed services.
 - Persons experiencing homelessness for the first time.
 - High acuity persons who cycle back through the system and often have a need for a higher level of care. May need to create an “interim/permanent housing plus” program that includes more intensive medical and mental health care or explore expanding housing opportunities to include licensed residential facilities. There is a sense that the system is set up to serve mid-acuity people but is prioritizing high acuity people for services, making it hard to meet their needs.
 - Re-entry population – this population has very specific needs to prevent recidivism so need to expand partnership with re-entry population.
 - Families where children have been removed from the home to support quicker reunification.
- Geography should be considered when allocating resources to ensure that the needs of persons experiencing homelessness are provided in the community of origin so they are not displaced from their community.

- Expanded access to client records would enhance opportunities to serve and avoid duplication of efforts. AB 210 could alleviate this barrier if access to data were readily available.

What are the most significant barriers to system access and people moving through the system to secure permanent housing? Are there system changes that would allow us to amplify effective strategies for permanent housing people experiencing homelessness and overcome barriers to permanent housing?

- Throughput and integration should be a primary focus – Creating more permanent housing will free up interim housing resources and allow for greater flow in the system.
- Ensure clients in rapid rehousing are connected to employment that will enable them to increase their income to be self-sustaining.
- Explore how clients get matched to units to more effectively maximize voucher utilization.
- Extend duration of recuperative care and interim housing to ensure clients are ready to move to independent living and so that providers have sufficient time to create an appropriate plan.
- Examine Public Housing Authorities internal processes for ways to enhance application and recertification processes.
- Housing Navigators should place greater emphasis on building relationships with landlords, including education on who to contact after-hours, if there are any concerns. Potential for Landlord Support Line operated by Brilliant Corners being expanded countywide.
- Uniformity in landlord incentives to avoid competition among subsidy providers.

How can mainstream systems better support the homeless services delivery system and allow the homeless services delivery system to dedicate more resources toward permanently housing those who are most vulnerable?

- Much greater access and coordination needs to occur with DCFS. There is a significant gap, particularly in serving AB12 youth.
- Greater coordination with Substance Abuse Prevention and Control (SAPC) around residential treatment, which is now based on medical necessity, and results in shorter stays in care.
- IHSS can play a greater role in supporting clients in Permanent Supportive Housing.
- Continue conversation to reframe Lanterman-Petris-Short guidelines.
- Consider role for mainstream systems beyond homelessness prevention. Ensure that clients are provided appropriate and timely resources for which they are eligible to prevent clients from touching the homeless service delivery system.
- Consider providing hospitals with greater access to client data via AB 210 or the Homeless Management Information System (HMIS).
- Encourage health care system to make greater investments in housing crisis.
- Continue to expand relationship building across systems to promote partnerships and innovation.
- Ensure coordination with community clinics, which are serving a significant portion of the homeless population.

What cross-cutting issues should be addressed in summits 2-7?

- Innovation in all areas with focus on engagement, community building, and case management.
- Data sharing to measure success and track outcomes. What does success really look like?
- Need to pay attention to local trends and differences among various communities.
- Role of technology in the system.
- Ensure connections across departments continue beyond workgroups/summits.
- Identify what is working well and lift them up across strategies.
- Services are often provided in silos tied to strategies. Identify ways to minimize handoffs and trauma that often comes with handoffs.
- Opportunities to identify flexible pool of funding across strategies to meet immediate needs.
- Create network for providers/systems to engage advocacy support, as needed.
- Ensure that there is intentional framing of questions from strength-based perspective and highlight what is working well.

(Based on the above identified issues, a set of additional questions was developed to inform the discussion at Summits 2-7.)

Public Comment

- Trauma informed care is currently being evaluated as a strategy to improve effectiveness of the overall system.
- People living with HIV should be prioritized.
- Measure H funding is flexible, so it shouldn't have the same constraints/rigid requirements that exist with federal/State funding streams.
- County should shift lead to other jurisdictions who know how best to serve their communities.
- Debacle of middle-class is resulting in greater inflow and traumatization.
- Permanent Supportive Housing (PSH) has been looked at one- dimensionally. Need to explore more scattered site housing models with peer support.
- Local service providers with expertise in serving targeted populations should be better engaged to be part of the system as contracted providers.
- Increase allocations to enable agencies to pay staff a living wage.
- Continue to educate and inform local elected officials around solutions based on data and input from people with lived experience.
- Continue to tailor services and prioritize funding to meet the needs of youth.
- Better inform property owners who have housing available on how to access referrals for tenants.
- Where are the faith organizations? There needs to be more engagement with faith organizations.
- How are law enforcement staff being trained to improve interactions with people experiencing homelessness, particularly around mental health awareness?
- Explore building capacity of school districts and McKinney-Vento Liaisons to serve students experiencing homelessness.