Measure H Funding Recommendation Process-
FYs 2020-23

Homeless Initiative Policy Summit #4
Interim Housing

Tuesday, October 15, 2019

Key Points:

1. **For clients who require a higher level of care, consider opportunities for placement in facilities other than interim housing.** This could include Board and Care and Skilled Nursing Facilities. The County and partners can collaborate to explore funding options and creative solutions to make these facilities more accessible to people experiencing homelessness.

2. **Explore additional options for interim housing that support client choice.** While low-barrier, harm reduction-oriented programs have flourished within our system, some clients want and need separate sober-living facilities (not just a floor or segment of a facility) to maintain their sobriety and expedite transition into permanent housing.

3. **Pursue options for increasing access to a range of supportive services for participants in shelters.** For some clients, the supports currently available do not meet their needs. Such needs could be met with onsite staff or, potentially, by utilizing teams of clinicians from several disciplines that serve multiple facilities operating within a region.

4. **Enhance collaboration between interim housing providers and mental health and substance use disorder services.** While some shelters are effectively collaborating with agencies providing these services, others struggle to help their clients access needed supports. Services should be available to all clients, regardless of the funding source for their beds.

5. **Improve staff training to support better client outcomes and staff retention**. Expectations of interim housing staff are very high, but training and experience are limited due to the level of funding interim housing providers are receiving. Hiring more people with lived experience can help providers to better meet their clients' needs.

Interim Housing Policy Summit Notes
(Discussion questions in bold)

After a presentation on interim evaluation results by Health Management Associates, participants made the following comments:

- Bed rates have increased but are still too low. Providers need higher rates in order to enhance services and provide round-the-clock staff.
- Providers face the continued challenge of housing high acuity clients. The clients' lengths of stay in interim housing are increasing.
- Many challenges in transition to permanent housing.
- Top barrier: Lack of permanent housing, creating a bottleneck in the system and slow turnover rates in interim housing.
- 90 days is not enough time to be in interim housing before moving into Permanent Supportive Housing (PSH); clients need at least 6 months in interim housing to set them up for success in PSH.
- For future data collection:
    - Look at age (and pay attention to patterns with youth specifically).
    - Analyze data for Domestic Violence (DV) providers specifically, since DV survivors are in unique circumstances.

What internal and external bottlenecks compromise the homeless services system's ability to optimize Interim Housing's throughput to effectively and efficiently assist homeless individuals and families to transition into stable and permanent housing? How can they be addressed?

Need for effective deployment of supportive services and staff training

- Intensive Case Management Services (ICMS) case managers are sometimes matched to clients who are very far away from them geographically; lots of time spent in transit. LAHSA and DHS are looking at ways to address this.
- Providers recommend onsite supports from nurse practitioners, psychiatrists/DMH.
- Lack of staff training on crisis de-escalation, cultural competency, and LGBT issues/needs; lack of training contributes to high turnover rates among staff.
- Lack of connection to adequate wrap-around services.
- Lack of job connections for seniors and people with disabilities.
- Need to improve and increase employment services as a way to increase throughput (especially for low acuity clients who aren't eligible for any housing resources).
    - Need connection to higher quality jobs.
    - Consider offering incentives for housing based on engagement in work programs.
    - Co-locate WorkSource centers' employees at interim housing sites.
- Need for childcare services and education services for those in interim housing.
- Need to increase partnerships with other agencies.

Challenges of prioritizing and placing clients in Interim Housing (IH)

- Need to prioritize IH placement for those attached to a permanent housing (PH) resource.
- Burden of proving oneself eligible for interim housing is usually placed on the client, which is a challenge.
- Lack of housing options for people with mid-range acuity scores; may need to look outside the voucher system for these individuals/families.
- Lack of innovative thinking; need to explore alternative shelter spaces. For example, Downtown Women's Center looked into turning their day center into interim housing at night.

Client choice, safety, and special populations

- Unsafe conditions in interim housing, especially for youth and transgender women; many young people first come into contact with drugs at shelters.
- Women tend to remain without stable housing for longer than men.
- Challenge of high volume of people in interim housing still actively using substances.
    - DMH and partners are looking at opportunities for client choice, including options for people who want to keep using and those who want sober living environments.

Challenges of placing clients in permanent housing

- Landlord refusal to accept rental subsidies (even when they are within rental subsidy standards) is a barrier to moving people out of IH to PH. (Implementation of SB 329 effective January 2020 could mitigate this problem.)

Administration

- Rigid funding requirements; need more flex funding available to clients for their various needs.
- Need to hire more people with lived experience at interim housing to provide support and walk with clients through their journey. Roles could include house manager, coach, etc.
- Different sites are funded at different rates, but are all doing the same thing.

How can diversion/problem-solving be used to help ease the burden on the emergency shelter system? Is use of diversion as a tool to prevent entry into emergency shelter likely to be more effective with some populations/demographics than others?

Populations for whom diversion can be effective

- Diversion for youth can be very effective; many can self-resolve with connections to jobs/some assistance.
- Need more financial assistance for people who are already employed, but are still experiencing homelessness.
- Diversion seems more effective in the family system, which has a single point of entry.

Populations/situations for whom problem-solving may not be appropriate

- There are some people who aren't good candidates for diversion; however, we need to look at resources from other systems before sheltering.
- Problem-solving may not be particularly helpful at shelters that tend to serve single adults who are chronically homeless and don't have many options.
- Need to stop trying to divert DV survivors from coming into shelters; they are at the shelters because they truly have no other options. Family and friends are often connected to the abuser, so are not viable options.
- Service providers need to be trained in assessing the lethality of a DV situation, and then be able to provide wrap-around services.

Implementing effective problem solving

- Problem-solving must be well-resourced.
- LAHSA will pilot placing problem-solving specialists at high volume interim housing sites starting in November.
- In family reunification cases, need to consider the living conditions the person will be returning to before providing financial assistance to support the reunification; consider whether or not the person is likely to become homeless again based on those living conditions.
- Talk to clients more about looking into shared housing before going into a shelter; otherwise, they may be homeless for a long time.
- Explore client cost-sharing for motel stays.
- Staff through the system need to be problem-solvers, not just the problem-solving specialists at the front-end of the system.
- Homeless service system should not be the first call that people make when they need help; we should be the last call/last resort, once people have exhausted mainstream resources.
- Need to increase follow-up for those who have been diverted.
- LAHSA states that it is planning to do special DV training for providers.

Communications, prevention, and other comments

- Elected officials need to be able to educate their team about how the system works and what the best approach is to messaging.
- Homeless prevention seems underfunded and there is a lack of transparency/public info about prevention services.
- Greatest challenge with prevention is determining who will actually become homeless.
- Need to prioritize matching people to LA City's new A Bridge Home sites.
- Concern about high percentage of turnover for staff, whose caseloads are way too big.
- Need to improve policing at PSH sites.

Deinstitutionalization and non-institutionalization have resulted in homeless populations with complex and highly acute needs. What types of interim housing beds and residential placements are needed to meet the needs of the portion of the unsheltered population that has complex and highly acute needs? How do we increase current capacity to meet these needs?

Challenges facing high acuity clients

- Not enough interim housing for high acuity clients.
- Need to distinguish between people who began experiencing homelessness due to their high acuity needs vs. people who develop high acuity needs as a result of experiencing homelessness over time.
- Need more recuperative care beds.

Alternative care options for high acuity clients

- Board & Care facilities could be used for interim housing.
    - Having interim housing beds at Board & Care facilities could help channel more funding to those facilities.
- Need to advocate for SSI rate to increase statewide, as it has not increased substantially in decades and creates a challenge for Board & Care costs. Low payment rate for Board and Care threatens this important resource for the most vulnerable.
- Could we better utilize Skilled Nursing Facilities (SNFs)? Some clients in interim housing actually need SNFs.
    - However, they are expensive, most are privately operated, and they can and often do turn homeless clients away.
    - Medicaid doesn't cover the full cost. Client could be in SNF for life, so providers are reluctant to take them if they will not be reimbursed appropriately.
- Could we create a homeless service system SNF? May need additional funding.

Funding/resource constraints and challenges

- Given level of funding for interim beds, providers are hiring people with limited experience; yet, they are expected to know everything.
- Need funding to hire people with lived experience to work onsite and just talk to/provide support to participants.
- Need funding for facilities modification and access to support for those who need assistance with Activities of Daily Living (ADLs).
- Need every single partner that has resource to come to the table, even if we don't historically have a relationship with them or come from different perspectives on service provision.

Client supports and coordination of care

- Need more support and follow up with clients in PSH so they don't fall out of the system. For high need clients, transition to PSH can be difficult, and not all projects have sufficient support available.

- Suggestion for regional team support approach for interim housing – This could be something like a Multidisciplinary Team (MDT) to support interim housing. Could be one for each SPA, available by phone and for in-person visits. (Majority of people in the room raised their hand in agreement that this would be helpful.)
- Shelters need to be better equipped to link clients to DMH. Bell Shelter has a strong relationship with DMH case managers, who are able to provide continuous care. At Bell Shelter, support services are strong both for clients that are in DMH-funded beds and those who are not in DMH-funded beds.
- Not all have same experience as Bell Shelter. Need to increase system flexibility so that DMH providers are not limited to only working with people in DMH beds.
- Need to more clearly define ICMS case managers' role; right now, many are supporting clients while they are in shelters and offer continued support through the PSH process.
- Rather than form regional teams, we need to increase on site supports and services, but resources are limited.

Other challenges/options
- Need to divert lower acuity clients from shelters, find low-cost fast options. This will increase throughput and allow beds to be dedicated to the sickest clients.
- Before people exit interim housing, they need life skills classes, such as classes on cooking, cleaning, budgeting, and taking care of themselves, and be prepared for other needed activities, such as doing monthly check-ins with service providers.

What factors hinder the unsheltered homeless population from accessing interim housing? How can these barriers be addressed? Can we think about having different types of interim housing that are responsive and attractive to different groups of participants, including those who would like a clean and sober environment or a more structured program?

Shelter operations
- System has done a great job shifting to low barrier, harm-reduction services. However, with sites opening that serve 100+ people with varied needs, this doesn't work for everyone.
- Need more flexibility in the system, including ability to offer sober living environments. Entire facility needs to be sober, not just a floor or wing.
- Consider requiring participation in AA or NA for people to be able to stay in sober housing.
- Need local beds, geographically distributed throughout the county. Clients shouldn't have to move across the County, including to Skid Row, to get interim housing.
- For people exiting institutions, it takes a few days to figure out where they can be placed based on their needs/whether they can maintain themselves in an unlicensed facility. This time lag is challenging when there is an urgent need for shelter.
- Clients should be granted extensions to their stays in interim housing facilities while they are waiting for PSH or rapid re-housing placement, if they have already been

matched. If discharged to the street, they may encounter challenges/provider may have difficulty finding them.

Shelter hours

- Shelters need to have 24/7 access and/or afterhours intakes; having shelters maintain normal business hours is not working.
- Safe Landing programs should help alleviate this; will provide 24/7 intakes.
- Agencies are understaffed; shelters need night staff other than security guards. Staffing ratios at shelters should stay the same even through the night.
- People are getting thrown out of shelters (especially in SPAs 4 and 6) by security in the middle of the night; need service providers there to provide crisis intervention.

Perceptions of shelters and shelter variations

- People living on the streets have a lot of fear about what shelters are like, often based on rumors about what they are like; for example, some believe, "People get killed in shelters."
    - To address this, outreach teams could give clients tours of shelters (without them having to commit to taking a bed).
- Transitional housing for youth is not funded under strategies E8 or B7. The goal of this type of interim housing is to exit young people to independence, not to PSH.

Reasons why people experiencing homelessness may not want to enter interim housing

- Teenage boys are often turned down from family shelters/interim housing.
- Many providers are not accepting pets and emotional support animals.
- People in encampments may not want to leave their communities.
- Interim housing presents a challenge for couples, as a facility may not have beds for both people.
- Curfews discourage some from entering shelters.
- Not allowing alcohol/substance use also presents a challenge in shelters; some people leave their things in the shelter and end up staying outside all night to use substances, especially those who are alcohol dependent.
- People who are actively using drugs are fearful of entering interim housing; need more collaboration with DMH and SAPC.

What are the most promising innovative/new options for interim housing that can expeditiously and effectively get people off the streets? What criteria should we apply as we assess these options?

- Host Home model - volunteers hosting a young person in their home for up to 6 months
- Pet daycare
- Sober vs. not sober spaces
- Asking mega churches if they will shelter people at night
- Nighttime intakes at shelters

Public Comments

- People are entering into PSH too quickly, and then there are insufficient supportive services in PSH; people need mental health services.
- Need to focus on helping people heal on the inside (spiritually, emotionally, etc.). Services should be culturally rooted, delivered in a culturally competent manner.
- Need to hire people from various backgrounds within the homeless service system. Standardize terminology used (shelter, emergency housing, etc. mean different things for different organizations). Need housing options for people who are obese, registered sex offenders, and sex workers. Concern about shelter staff who have to work around animals even though they have allergies. Educate the public on vouchers; let people know that allowing someone to couch surf could jeopardize their voucher.
- Seniors are scared of shelters and they are the last place that senior, black, disabled women would want to go.
- Need funding to fill in geographic and population-specific gaps. Measure H funding not available to support capital funds needed to build new shelter.
- We are asking amazing questions and we are going in the right direction. We also need people who have worked in emergency shelters sitting at the table. SPAs 4 and 6 have additional needs. Safe Landing triage centers are needed in hospitals.
- The National Association of Mental Illness educates family members on how to live with, accommodate, and support someone suffering from mental illness. We could do something similar. We need to truly walk with people who are homeless through their struggle
- We need to better utilize open beds at sober living houses.