

Measure H Funding Recommendations Process

**Homeless Initiative Policy Summit #8
Closing System Discussion**

Thursday, November 21, 2019

Summit Report

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Measure H Funding Recommendation Process – FYs 2020-23

Homeless Initiative Policy Summit #8: Closing System Discussion

Thursday November 21st, 2019, 1pm-4pm
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 (10 min)
3. Overview of Key Themes from Summits #1-7 (10 min)
See attached “Key Themes” document.
4. Discussion of Key Themes from Summits #1-7 (2 hours)
See attached “Key Themes” document.
5. Public Comment (30 min)
6. Overview of Rest of Funding Recommendations Process (5 min)

Key Themes from Policy Summits #1-7

- 1. The homeless services system is struggling to meet the needs of clients with the highest needs, who may have serious health and mental health challenges along with other special needs.** From outreach to interim housing to permanent housing, providers and system leaders are struggling to utilize existing resources to meet the needs of the sickest clients. For some of these clients, higher levels of care that are currently available only outside of the homeless services system are needed. Going forward, we need to explore options for linking clients with complex needs to other systems of care or expanding the availability of such higher-level care (such as Skilled Nursing Facilities) to the homeless system. With these needs in mind, system leaders can continue to revisit policy decisions regarding the appropriate allocation of resources between higher and lower acuity clients to allow for intentional approaches to meeting clients' needs.

What policy, programmatic, or operational changes would most significantly enhance our ability to meet the needs of the most highly vulnerable individuals currently experiencing homelessness in Los Angeles County?

- 2. Lack of permanent housing slots creates bottlenecks throughout the system and can undermine the efforts of those on the “front end” of the system, such as outreach workers and interim housing providers. In the face of this limitation, and given the fact that many low and moderate acuity clients will not receive housing subsidies, there is a need for creative solutions and flexibility.** Key emerging strategies for addressing the lack of housing resources available in the region include problem solving, enhanced employment services and supports, and shared housing, both of which seek to make use of existing housing resources to address participants' housing instability or homelessness.

What creative strategies to increase the ability of people experiencing homelessness to secure permanent housing (without relying exclusively on new construction) are most promising?

- 3. Cross-system and intra-system collaboration is essential to successfully serving people experiencing homelessness, who often have complex needs that require interventions spanning multiple County and non-County systems.** While there has been considerable successful collaboration as a result of the Homeless Initiative, system leaders and providers have identified a number of areas where increased collaboration between the homeless services system and other partners is needed, including with substance use disorder treatment, public workforce system, and legal services providers. While there is already significant collaboration with mental health providers and public housing authorities, there are opportunities to grow these partnerships.

How can we strengthen collaboration within and across the systems that serve people experiencing homelessness in Los Angeles County?

- 4. While there are high levels of vulnerability and need among our homeless neighbors, there is also a great deal of resilience, capability, and resourcefulness, which often goes underappreciated. It is important to build a system that empowers participants and builds upon their capacities.** The problem-solving approach should be integrated throughout the system in order to work with participants to identify all available options and resources, before offering costly interventions that may not be necessary. Further, as participants move through the system, opportunities to build confidence and self-sufficiency are important to long-term success.

How can we best foster and build upon the capacities and resilience of people experiencing homelessness? Are there policy, programmatic, or operational changes that can help to ensure our system is empowering participants to utilize their strengths?

5. As system leaders explore innovations and creative ways to make use of limited resources, respecting client choice should remain a central value in our system. From potentially providing sober-living options in interim housing to offering shared housing as a permanent housing placement to assisting clients who are ready to move on from Permanent Supportive Housing, client choice should be a primary factor in determining the appropriateness of interventions.

What steps are needed to ensure that we maintain client choice as a central value and practice in our system?

6. Homeless services providers are challenged by administrative burdens prescribed in their contracts with government entities. Burdensome requirements can take away from service providers' abilities to directly serve clients. However, the fact that the system is largely funded through local dollars allows for opportunities to streamline and reduce administrative burdens that detract from our overarching goals. There is a need to systematically review contract language and policies to ensure that we remove any unnecessary burdens and maximize efficiency. Such a review should also take into account the challenges that have arisen in the process of executing contracts between the County and cities, which are directly receiving Measure H funds to implement their homelessness plans.

What changes would most significantly ease administrative burdens for contractors receiving Measure H funding, without compromising accountability or the countywide homeless service delivery system?

7. To truly move the dial on the homelessness crisis in Los Angeles County, we need full participation from all levels of government, including the state and federal governments. A coordinated and thoughtful advocacy strategy that brings together service providers, cities, County agencies and other key local stakeholders can help to continue forward momentum we have seen at the state level in recent years. The areas requiring advocacy are diverse, ranging from legislative changes to streamline and incentivize housing development, reforms to the mental health care system, increased support for housing subsidies, and more.

What opportunities do partners throughout the region have to enhance our collaborations around homelessness-related advocacy at the state and federal levels? What are the most urgent issues requiring advocacy efforts?

Closing System Discussion Summit Participants*

Participant	Agency
Alison Klurfeld	LA Care
Andrea Marchetti	Jovenes
Anne Miskey	Union Station Homeless Services
Cheri Todoroff	Department of Health Services
Chris Ko	United Way of Greater Los Angeles
Danielle Wildkress	Brilliant Corners
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
Eve Sheedy	Los Angeles Domestic Violence Council
Gary Painter	University of Southern California/ Homeless Policy Research Institute
Gloria Johnson	Los Angeles Homeless Services Authority Live Experience Advisory Board
Glenda Pinney	Department of Public Health - Substance Abuse Prevention and Control
Heidi Marston	Los Angeles Homeless Services Authority
Jacqueline Waggoner	Enterprise Community Partners
Janet Kelly	Sanctuary of Hope
Janey Roundtree	California Policy Lab
Jon Sherin	Department of Mental Health
Katina Holiday	Serenity Recuperative Care
Kris Freed	LAFH
Leticia Colchado	Los Angeles County Homeless Initiative
Lezlie Murch	Exodus Recovery
Lt. Wayne Windham	City of Redondo Beach
Luther Evans	Department of Public Social Services
Maria Funk	Department of Mental Health
Meg Barclay	City of Los Angeles Homeless Coordinator
Melissa Odotei	Family Promise of SGV
Meredith Berkson	Los Angeles Homeless Services Authority
Myk'I Williams	Los Angeles County Development Authority
Nina Vaccaro	Community Clinics Association of Los Angeles
Phil Ansell	Homeless Initiative
Reba Stevens	Los Angeles Homeless Services Authority Live Experience Advisory Board
Sage Johnson	Homeless Youth Forum of Los Angeles
Sarah Mahin	Department of Health Services
Shari Weaver	Harbor Interfaith
Sharon Rapport	Corporation for Supportive Housing
Simon Costello	LGBT Center
V. Gail Winston	Department of Child and Family Services
Veronica Lewis	HOPICS
Whitney Lawrence	Department of Health Services

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

Measure H Funding Recommendation Process

Homeless Initiative Policy Summit #8

Closing System Discussion

November 21, 2019

Key Points:

- 1. To meet the needs of high acuity clients, we need to tap into and advocate for funding sources beyond Measure H.** Addressing the crisis in Board and Care facilities, which threatens to further curtail the supply of an important resource for those at risk of homelessness, will require advocacy to increase SSI rates and address other challenges. To provide higher-level care to clients in Permanent Supportive Housing (PSH), we will need to tap into CalAIM and advocate for the ability to fully utilize these funds to serve our most vulnerable clients.
- 2. There are opportunities to more efficiently and fully utilize available resources both within and outside of the homeless services system in order to better serve our clients. We need to carefully assess our existing programs and maximize utilization of our resources.** Examples of programs that could be more effectively leveraged to meet client needs include Recovery Bridge Housing (RBH), In Home Supportive Services (IHSS), Regional Centers, and others.
- 3. To better meet client needs and ease some of the stress on our taxed homeless services system, we need to invest in educating County Department staff and build bridges across systems of care.** In a context where so many community members are at risk of homelessness, County and other systems that serve people living in poverty need to be prepared to fully utilize their own resources before referring to the homeless services system. Further, more effective communication with systems including Community Clinics and the Domestic Violence System could help to streamline referrals and ensure that administrative barriers to client service are minimized.
- 4. Greater transparency and information sharing with clients is essential to setting realistic expectations. At the same time, our assessment tools and practices need to be reviewed in order to ensure only needed information is requested from clients.** These practices can facilitate client choice and build needed trust.
- 5. Providers feel an urgent need to reform procurement processes and reduce burdensome reporting requirements.** In the face of our current homelessness crisis, providers find themselves spending too much time on administrative work when they most urgently need to devote themselves to serving clients. The Los Angeles Homeless Services Authority (LAHSA) contracting process is particularly challenging for providers (and is currently being assessed by the LAHSA team).

Closing System Discussion Notes **(Discussion questions in bold)**

What policy, programmatic, or operational changes would most significantly enhance our ability to meet the needs of the most highly vulnerable individuals currently experiencing homelessness in Los Angeles County?

Leverage funding streams beyond Measure H to increase staffing levels

- As seen in visits to Trieste, Italy and New York City, we know that the most highly acute clients can be well and succeed with enough support from loving staff trained on trauma-informed care, regardless of the setting/facilities. So, to take care of high acuity clients, we need to increase staffing. How can we better leverage other funding streams to increase staffing?

Ensure full utilization/maximization of existing programs inside and outside of the homeless system

- Recent expansion of recovery bridge housing (RBH) is a missed opportunity right now; better utilizing RBH is a way to use existing resources to get people off the street with supportive services. More specifically:
 - Since a lot of sober living programs have been off the grid, the hope was that when DPH increased RBH bed capacity, there would be a way to attach sobering services to RBH, but the requirements have excluded many of those facilities.
 - Policy issue: constraints due to Department of Public Health Substance Abuse, Prevention and Control (SAPC) requirements for who can receive/pay for treatment (e.g. requirement that agencies having state DHCS funding).
 - Lack of general awareness that RBH dollars exist now that SAPC has opened them up; people are also unaware of the low threshold of RBH, which simply requires that a client be undergoing some type of outpatient or other treatment.
 - For those who have RBH dollars: Are we using them well?
- We are underutilizing existing programs, such as case coordination programs (like those in LA Care), which can provide specialists to make doctor's appointments for clients/travel to appointments with clients. This would free up case managers' time. We could utilize recovery specialists to perform such functions as organizing group sessions instead of hiring new staff.
- We also need to better utilize "free labor" (interns in medical programs and other interns needing supervised hours, troubled teenagers in construction programs, etc.).
- Better utilize non-profits' after-school care and job centers. For example, Regional Center has helpful programs. Exceptional Children's Foundation has school-job programs as well as housing units for people with intellectual and development delays. These types of programs receive funding from outside of the homeless service system, so utilizing them is a good way to offset our own expenditures.
 - LA County intends to build a partnership with Regional Centers in LA County in order to provide services to people with intellectual delays who are also experiencing homelessness.

Develop housing programs with higher levels of care and re-invest in Board and Care facilities

- We need a PSH+ model. We need to coordinate with DPH nurses to support PSH+. Board &

Cares present challenges, so we may need to use interim housing and form an “Interim Housing+”; overall, we need more medical support in interim housing, but it should not be necessary for homeless services providers to become medical providers.

- Concern about high acuity clients who may not be able to stay at an interim housing facility due to the trauma they have experienced; need to do something to address the many Board & Care facilities in California that closed down this year. Can we bring them back and use them as a form of bridge/interim housing?
- We need a wider variety of housing models (and a corresponding wider variety of training and staffing models); also need to consider: what are the clinical needs of someone with intellectual disabilities vs. people with mental health needs vs. those experiencing both, and how can these needs be addressed in housing?
- San Pedro: 150-bed Board & Care facility just closed, and there was no continuity of care in getting these residents into a comparable facility.

Advocate for and fully utilize new funding streams to serve higher need clients

- One way to provide the care that is needed is to take advantage of the policy opportunities in state Medicaid funding through “in lieu of services.” The state is currently proposing to have “in lieu of services” come into Medicaid in 2021 (through CalAim); We need to make sure that it is structured in a way that meets the needs of people experiencing homelessness/high acuity clients.
- Need more funding for high acuity clients and special populations.
 - The CalAim proposal also includes a care coordination component called “enhanced care management.” It is very important that Los Angeles weigh in on this.
 - We are not utilizing all available funding. The Program for All-Inclusive Care for the Elderly (PACE) is very underutilized across California and could be better used here; the program is intensive, and the funding is rigorous.

Address gaps in service provision/service quality for high need clients

- There is a gap in time between someone moving from interim housing to permanent supportive housing with in-home supportive services—how can we close this gap so clients needing assistance with activities of daily living (ADLs) have that support?
 - There is an opportunity to better integrate IHSS access into the broader homeless service system since it is an entitlement program.
- We need to look at the people being served and the frontline staff serving them and consider whether clients are being served appropriately; for people with substance use and mental health needs: need to consider that harm reduction may not actually be helpful in the case of addiction. Where are the programs designed for people who are bodily and mentally different? How do we know we are really meeting people’s needs in the harm reduction model?
- Need to better leverage in-home supportive services (IHSS) for homeless clients; even while people are homeless, they are eligible for IHSS services and caregivers, as well as the IHSS job search registry; this allows them to already be connected to a caregiver and IHSS when they move into housing (whether interim or permanent).
- Why do we accept a situation where people live in such deplorable conditions and continue to be traumatized? All we are doing in allowing them to stay on the streets is generating more and more need and allowing for more and more deaths on the street. Those who are most vulnerable/comorbid should just be taken off the street. Right now. We can’t wait for

interim housing or PSH.

- We need to ask ourselves what we are doing in the acute phase to get people out of such toxic conditions.
- In terms of behavioral health: need to have outlets to stabilize people in the acute phase who are going through relapse, a psychotic episode, etc. that are distinct from people receiving ongoing care.
 - Is there a place where people could go for this acute phase, become stabilized, and then move on to a place less acute?

What creative strategies to increase the ability of people experiencing homelessness to secure permanent housing (without relying exclusively on new construction) are most promising?

Explore tools and incentives to maximize shared housing uptake, where appropriate

- Shared housing is commonly brought up in LAHSA's CES refinement workshops; it has also come up that we need to tell clients right away that shared housing is likely their only viable option; need to set expectations upfront.
- Housing affordability is the main issue; need to align our policies with the reality that most people will be in shared housing.
- Choice is very important when it comes to housing.
 - Need for better roommate matching for shared housing. Use a tool like Match.com for roommate matches; utilize empty bedrooms.
- Catch people upstream in prevention—find people facing eviction and ask if they would be willing to take a roommate in; this will allow us to dedicate more homeless services to the highest acuity clients.
- People with complex mental health needs often do not do well in their own units; they do better in aggregate units.
- Need regionally-based, agency-based social media pages for clients to connect/find a roommate.
- Explore creating incentives for shared housing (perhaps a stipend, for example).
- Shared housing works best for youth.

Role of front-end services in supporting housing placement

- We now have had contact with most people on the street due to front-loading in the system. Now what? Outreach workers and interim housing providers don't know who to hand cases off to; lack of connection to back-door resources.
- Create a hybrid position between outreach workers and housing navigators.
- We are housing people with the resources we have, but it's very difficult to work with high acuity clients.
- Need to revisit CES triage process—have we evolved with it?
- What works for DV survivors: DV Housing First model, which provides flexible funding, mobile advocacy, and building community partners with landlords. Has also been helpful in preventing homelessness for survivors of DV; can include shared housing model; 18-24 months of housing needed for DV survivors.
- Need to expand flexibility of problem-solving funding so that households can support multiple families.
- There are many vacant properties; partner with banks to figure out what is going on with

- them. (City of LA is exploring idea of a tax on vacant homes to incentivize occupancy.)
- Opportunity zones are a missed opportunity for housing development. Need public-private partnerships to advance.
 - Broaden scope of one-time funding for people not eligible for rental subsidies (perhaps consider paying utilities on an ongoing basis, for example).
 - Outreach is a form of navigation; outreach can and should be part of placements into permanent housing, as outreach workers are the ones who have built rapport with clients.

Access to rental subsidies

- There are two populations that face challenges with housing placement: those with vouchers, who can't find units, and those who will not get a subsidy.
- We know what works—we need more rental subsidies.
 - How do we get the “more” that we really need? Instead of trying to do more with less.
 - We need to work towards clients being able to pay their own rent.

Other potential sources of funding

- Need for state-wide flex pool for different subsidies for different populations.
 - What would incentivize private landlords to partner with us? Financial incentives are not enough—meaningful relationships with service providers are needed.
 - Need to replicate Housing for Health at the state level.
- There is an opportunity to “blow out” the SSI reclamation strategy for higher acuity clients; other cities that have supplemented SSI dollars have been able to build out housing options for people on SSI and make SSI income enough for people to actually live on.

Other options for expanding housing options

- We need to re-work our family re-unification strategies; use support from people who have been in the system in the past; connections to people outside of family are needed.
- There is available land (for example, in Torrance); why aren't we building on vacant lots?
 - Use micro units (300-400 square feet) for people who insist on living alone.
- Try to help relocate people to other states.

How can we strengthen collaboration within and across the systems that serve people experiencing homelessness in Los Angeles County?

Limitations of homeless services funding/role of mainstream systems

- We need more resources; need to manage the “front door”—really need to be honest with low acuity clients about the lack of subsidized housing available for them and connect them to other resources.
- LA Homeless System can't cure LA's poverty; need to rely on other resources, too; need to reserve our resources for the most vulnerable.
- How are we optimizing funding? Mental health system must be leveraged as a partner more effectively, need a plan to bring down more federal funds.
- People are getting flagged and pushed into CES; need to also be able to flag and push people out of CES and connect them to other systems (healthcare systems, etc.) based on their specific conditions; CES is used too narrowly and can be used for matching beyond housing.
- We need to treat homelessness as a “vital sign.”

Barriers to collaboration

- For families: barrier to accessing services is that they/their cars don't "look" homeless; need to pull in service providers to confirm homeless status for families.
 - Also need to pull in school districts, which are often a front door for families; think about prevention strategies for students; how do we support school districts with families on the verge of homelessness?
 - McKinney–Vento has a broader definition of homelessness.
- Problem with collaboration: other systems are unwilling to address the issue once the word "homeless" comes up; they then think it's "our" job; we need to hold others accountable so we don't put everything on ourselves; where do we draw the line with other systems?
- Lack of awareness about homelessness among county workers is a challenge; they don't know who to collaborate with or what homelessness really means/looks like.
 - Issue of people experiencing homelessness not getting support until they "look homeless."
 - Need education for county workers so they can collaborate better and sooner; what about a shared video for all county employees to educate them about homelessness?
- DV system struggles to collaborate with homeless system because of requirements that clash. Should only hold on to requirements that are absolutely essential.
- For structural reasons, the public workforce system has been largely unable to serve homeless clients; unclear whether this structural issue exists at the federal, state, county, and/or city level; important to try to identify these structural issues and attempt to resolve them.

Opportunities and strategies to overcome barriers to collaboration

- Suggest having SPA-level convenings with Community Clinics.
- We do a great job of developing human capital; some of our most experienced case managers excel in collaboration across silos; need IT systems for case collaboration that are not only homeless service focused and make collaboration easier.
- Organize future summits based on entities we want to talk to/collaborate with each other.
- SPAs need to meet once per quarter to review their data about how many people are coming in and out of the homeless system, how non-desirable outcomes could have been prevented, and what is working well; first start with a pilot of this in a particular area in the coming year.
- We too often want to put our framework/metrics of success on to other systems, which doesn't work because they have their own metrics of success. For example, the criminal justice system's main goal is reducing recidivism.
- How can we create a system that fosters shared accountability, particularly across LA County departments? Need different departments that may interact with people experiencing homelessness/those on the brink of homelessness to be aware of indicators of homelessness so they can provide problem-solving and intervention; all county departments should be equipped so that people experiencing homelessness are not always sent to CES.
- Need to map out all programs (at federal, state, county, and city levels) and identify overlaps, disconnects, gaps, and opportunities so we know that we are doing our best to optimize available resources.

How can we best foster and build upon the resilience of people experiencing

homelessness? Are there policy, programmatic, or operational changes that can help to ensure our system is empowering participants to utilize their strengths?

- Doubling-up in homes can result in deteriorating relationships within households, so people end up homeless again; need to make sure that someone moving into someone else's home feels that they are bringing something positive to the household; this helps foster a sense of empowerment; need to identify people's strengths so they remember they have something to offer.
- We need to consider how we can employ people experiencing homelessness in our own system, help them become managers, and assist them in transferring to other fields.
- Do we ask people on the street, "What is your past employment? What are your skills/interests? Where/how do you want to live?" Need to do all of this before ever doing CES assessment.
- Understand individuals' (often frayed) networks in order to understand their strengths.
- Need to lift up and support the role of the faith community.
- What are the opportunities for entrepreneurship among our clients? Electricians, construction workers, etc. who are experiencing homelessness could start their own business.
- Youth: may be interested in being specialists or housing navigators.
- Need to change stigma around homelessness and instead look at the whole person.
- Interim/shelter housing needs to include responsibilities and chores for clients, because what we are doing right now—allowing them to have no responsibilities—is not preparing them for jobs. Clients need to be held accountable for who and what they are capable of becoming.
- Need to provide more job opportunities for people with lived experience.
- Overall, the system needs more information-sharing, greater mobility, and a way for clients to check their status in the homeless service system (see that referrals were submitted, that they are on waiting lists, etc.); perhaps we could have kiosks to facilitate this.
- Common tasks need to be made achievable (Example: Going to DMV for clients needs to be made easier).
- Need to meet clients' basic needs with dignity and understand that someone whose basic needs are not met can't be fully productive; need to remember that housing is not just an end goal, but a way to meet basic needs.
- With the professionalization of the homeless services system, we've lost other components, such as fun, joy, and the arts. This is what people on the streets need; studies show that the arts, a sense of community, etc. are the most effective tools at pulling people out of poverty.

What steps are needed to ensure that we maintain client choice as a central value and practice in our system?

- Need to be transparent with clients—let them know that shared housing may be their only option if that is the case.
- Need for cultural competency; lack of cultural competency leads to SPA-jumping; people need to be able to choose where they live.
- Need for informed consent; service providers need to lay out all options for clients and explain what will happen if each choice is made.
- Choices are limited when resources are limited; need more resources.
- Need for recovery housing and sober living housing.

- People shouldn't get evicted if they do use substances; sober living model is currently too restrictive; recovery housing model is better.
- Social workers need to be able to communicate waiting times to clients.
- What choices do clients really have right now? Clients don't actually have choice.
 - We can't "get there" through an administrative lens; have to get there through the lived experience lens.
- At triage phase, currently, social workers have to ask everything; we should try not to ask clients their life story in order to triage.
- Housing stability plan is too rigid. Things that are important to clients are not captured.
- Increasing flexibility with how funding can be spent would better support client choice; we should be able to simply ask, "How can we help you?" We can't take a one-size-fits-all approach.

What changes would most significantly ease administrative burdens for contractors receiving Measure H funding, without compromising accountability or the countywide homeless service delivery system?

Reform LAHSA contracting procedures and data entry requirements

- Pre-populate performance reports.
- Combine as many contracts as possible; it's too much for providers to manage so many contracts.
- Takes way too long to get people entered into HMIS; lots of room for human error there.
- Issues with LAHSA contracts:
 - Lots of conflicts within contracts, typos, etc.
 - A lot of earmarked funding without explanation.
 - Problem of performance targets only lasting for one quarter.
 - Current scope of required services is not going to help us get to our goal with the homeless resources we do have.
 - Need agencies to be on a level playing field in order to meet performance targets.
 - Challenge of accountability: service providers are nervous to enter data that might not meet performance targets.
 - Different abilities to meet different targets across the different regions/SPAs.
 - DHS contracts are the gold standard.
- Re-think contracting process and clarify each time what a contract is for (otherwise budget teams spend hours doing something they'll have to re-do).

Increase funding flexibility

- Need fluidity between strategies and funding streams.
- Allow for more leveraging and innovation between agencies.

Reform RFP process

- Put RFP process on hold so we can reexamine how LAHSA procures and does contracts; new Grants Management System will alleviate administrative burden.

Improve data capacity

- Invest in the technological/data capacity of agencies; help agencies improve their technology; consider using mobile technology for client intakes.

- Increase LAHSA's data capacity.

Adjust requirements and policies that shape case manager work

- Need to use shortest possible effective tools.
- Instead of giving case managers 120 high acuity clients, give them 20; this way they will actually have time to do notes.
- Need to make note collection more client-centered.

Other recommendations

- Consider doing the PIT count every two years; this would slow things down a bit for agencies.
- Cities work slowly and need hand-holding.
- Cities are starting to get more engaged; maximum flexibility is needed, as cities know the regional needs.
- In family system, there are over 1,000 DPSS approvals need per month; could DPSS handle this and input the information into HMIS?
- Consolidate programs and fiscal audits across funders.

What opportunities do partners throughout the region have to enhance our collaborations around homelessness-related advocacy at the state and federal levels? What are the most urgent issues requiring advocacy efforts?

- Housing California: allows for public to weigh in on housing state policy on a monthly basis.
- Change structure at state level to be more responsive to homelessness.
- Consider creation of state fund for homelessness (possibly through a Millionaire's Tax).
- At federal level: look for bipartisan support for older adults.
- To address Board and Care crisis: consider our many partners and have them get involved in the Board and Care crisis.
 - Need to get SSI rate raised.
- CalAIM funding has significant potential: LA needs to speak up about its health and housing needs.
- Need to change perception/face of homelessness (often people portrayed in the media as homeless are the highest acuity, which frightens the public).
- Truth is that they are our neighbors; "housing first" model does come with flaws, but it's still important.
- Provider Alliance is getting agencies involved in advocacy.
- Concerns at Federal level regarding firing of U.S. Interagency Council on Homelessness (USICH) leader - very concerning and frightening.
- Possibility of "Housing First" being done away with—need to keep close to our federal contacts in DC.
- Concern that so many households are paying more than 50% of their income in rent.

Public Comment

1. The scariest people on the street are the people doing service work; agency workers don't

care; need to stop talking about “client choice” as if it exists—clients don’t have a choice; too much bias against people who are homeless.

2. Current assessment and service delivery approach looks at needs only; also need to look at the person’s functioning level.
3. These summits should occur monthly; frontline workers should be invited to them; don’t underestimate people with lived experience—employ them and use them as managers.
4. Prioritize people with HIV/AIDs; there is an opportunity to partner here.
5. Street medical teams (like the one through Venice Family Clinic) can provide primary care for people in the field; need to bolster our relationships with community clinics.
6. Commenter has a home for homeless women that is empty; have received no referrals; TAY are being told there is no funding for them; for people in GROW program—what happens during the 3 months off that the client is not receiving money?
7. Need to consider people with lived experience in forming policy with shared housing; good roommate matching is absolutely crucial.
8. State department of transportation—owns lots of property; much of this is probably available for purchase.
9. Be aware of cognitive dissonance; trauma is being reinforced right now on the frontlines; people with lived experience need to be leading this effort.
10. City of Norwalk is implementing effort to combat homelessness with half a million dollars.