

**Homeless Initiative  
Los Angeles County**

**Measure H FY 2020-21  
Funding Recommendations  
Process**

**Public Input Received through  
Homeless Initiative Website, September  
- November 2019**

## Table of Contents

Homeless Prevention.....	1
Outreach.....	14
Interim Housing.....	22
Permanent Housing.....	31
Employment.....	38
Partnerships with Cities.....	45
Other Comments.....	49

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Homeless Prevention**

<b>Homeless Prevention</b>	<b>SPA</b>
<p>put more money into ADDICTION and MENTAL ILLNESS programs! be real about the fact that alot of people need THAT type of help and just a week or a month in a rehab won't cut it. put money into places that already exist so that they can house people longer which will help them stay clean in the long run.</p>	SPA 7
<p>Education has always been a pathway not only preparing you to think critically about the decisions for your future but just getting a certificate of completion outside of high school is a major accomplishment and the path to college or vocational training should not start after high school but start in 7th grade because it will set the vision and path for graduation and future planning. Data shows that a path to prison can be predicted simply based on the type of childhood adverse events experienced in underserved communities, also known as "social determinants" so we need to start a lot sooner preparing our youth for the future. grants to cover all 4 yrs of college and housing. Not sure what specifically relates to diversion, but any company looking to build more prisons should be heavily taxed and divert those tax funds towards more educational training opportunities. The Los Angeles community looks like a third world country. The tents should be removed provided because it is traumatic to us as residents and to the homeless, we are now becoming accustomed to the view daily! Everyone is now traumatized by this issue, but for some trauma may have started in their childhood. Let's not expect someone who has been homeless and who gets placed in shared housing or even bridge housing to suddenly become this "model" tenant. The landlord and the tenant should go through some long term case management to become engaged in new behavior change and perspectives to prevent the person who was just placed from becoming unplaced in less than 6 months which has happened to some not all. So lets do something silmilar to "relapse prevention" in drug treatment and do some "transitional placement" to permanent placement in the same apartment or house if its a family but we need to manage and unmanage the trauma of the experience and offer almost daily checkins with the client same as what you provide when you admit someone to a hospital for an illness, you see them daily.</p> <p>Anyone on unemployment who also has an apartment or a home is potentially at risk for unemployment. That person should get a case manager from one of the work source agencies to work closely with them to secure employment quickly. I was laided off in Jan 2019 and was able to secure only part time work with no benefits and have to withdraw money from retirment accounts to make ends meet to pay my mortgage and other expenses. I would be looking at forecloseure possibly myself because its been almost a year because I was on disability last year and went back to work onky to be laided off.</p>	SPA 6
<p>Self-Help Support Groups are an evidence-based best practice which have been recommended to be part of health care reform by Division 27 of the American Psychological Association. The LA County Department of Mental Health has established parameters for referrals to self-help support groups. Connecting all county systems - health, social services, courts, mental health, child and family services - to these parameters and ensuring that everyone coming into services in county systems is connected to self-help support groups is essential in homelessness prevention as people in self-help support groups are greater able to sustain self-sufficiency through the experiences that drive people into homelessness.</p>	SPA 5

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<p>To prevent recurring homelessness in people who have issues with chronic homelessness two suggestions. 1. People who repeatedly have problems with substance abuse paying their bills, and evictions, instead of giving them cash , make their rent and utility Bill's payable directly to their landlords and utility companies.</p> <p>2. The mentally ill tend to leave board and cares and try to make it on their own for a plethora of reasons.</p> <p>Most of their income usually \$1,000.00 goes to the facility and the client is left with \$130.00 per month for spending money. Recreation, dining out, personal hygiene, tobacco if they smoke, clothing etc. When they could live in supportive housing and pay 30 % of their income and a little more if they need assistance with laundry and cleaning. They normally have to share a room, with someone with a different diagnosis and often with different interest, cultural backgrounds and religious beliefs. They cannot have pets, and have no privacy. There is no formal recreation or diversion activities because it is not affordable. With the cost of living increasing , wages, gas food and taxes going up the facilities cannot provide good care and decent meals. The clients get situational depression, hopeless and give up. They deserve to be treated as adults they have the same needs and desires as every other person on earth and until we make their surroundings better they will continually get fed up and resort back to the streets. Even shelters allow you to have a pet and allow couples to remain together. Until they ( the mentally ill) have some sense of normalcy to their lives the face of homeless will not change. I believe supportive housing for all mentally ill clients is the first step to eliminating homelessness among the mentally ill. We all know that pet therapy is healing, and these people cannot do gardening or pursue other hobbies in a board and care sharing a room with one or two other people and no funds to support a hobby. The supportive housing only needs an on site manager, a cook, housekeeper, security guard. Weekly visits with social workers and case managers to make sure clients needs are met and programs are being followed. Then from supportive, to interim and finally permanent. Whether permanent supportive or permanent independent depending upon their needs.</p>	
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<p>Let independent livings be available for people needing housing</p>	<p>SPA 6</p>
<p>I applied for Homeless Diversion through DPSS and was denied resulting in my children being removed by false accusations and retaliation from a disgruntled landlord who I fell behind in rent with. How is our system benefiting our families if DPSS is unwilling to execute prevention measures. I was told by the worker who processed my paperwork, "œ In 8 years of working here , I've only seen one request processed." This is a disservice to our community and citizens and families.</p>	<p>SPA 6</p>

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<p>THE CURRENT PROCESS IS NOT WORKING- RECOMENDING THAT BASE ON THE AUDIT OF THE CURRENT HOMELESNESS POPULATION BE BROKEN DOWN AND CATEGORIZED AS FOLLOW:</p> <p>1- FIRST TIME HOMELESNESS WILL BE ADDRESS - BE THE FIRTS TO BE PROVIDE WITH A HOUSING/ APARTMENT -NO TEMPORRARY SHELTER BECAUSE IT WILL SUCK THE MONEY OUT OF PROP HHH AND H. WHICH CURRENTLY IS ESTIMATED TO BE OUT OF MONEY IN 18 MONTHS          COST OF HOUSING IN THE LOS ANGELS AREA          PROVIDED THEM WITH A TRANSITION PLAN - RE TRAINING PROGRAMS TO UPDATE THEIR SKILL SET AS WELL AS A HEALTH PLAN FOR 18 MONTH</p> <p>2- LONG TIME HOMELESNESS          MAJOR PROBLEM:          THEY WILL HAVE TO BE CATEGORIZED AND SEE HOW MANY OF THEM HAVE          * MENTAL PROBLEMS- IT WILL COST MORE MONEY - WILL NEED PROFESSIONALS TO FIGURED IT OUT WHAT IS THE BEST APPROACH!          STAY AWAY FROM NON PROFIT ORGANIZATIONS- USED THEM IS JUST MORE WASTE OF MONEY          * HOW MANY ARE TRUE VETERANS- HERE HELP HAVE TO COME FROM THE US GOVERNMENT THEIR SHELTER HAVE TO BE DIFFERENT AND CAN NOT BE MIXED WITH THE FIRST TIME HOMELESNESS CATEGORY          *</p>	
Homeless	
Find family members to reconnect the homeless to and from then help with housing and treatment of their issues: mental health, addiction, employment, etc...	
<p>Nees to start counting folks who are also on the verge of homelessness and also need to start building mix housing for folks who are homeless disabled seniors veterans section 8 low income very low income affordable and e.t.c and stop building properties that are too high in rent that folks cant afford and more housing in south la like Florence Firestone Community manchester broadway watts compton lynwood southgate walnut park Huntington park Florence green meadows gardena Carson Hawthorne long beach cudahy there is a vacant building at 2121 Firestone blvd in Florence Firestone and there's a vacant lot on Firestone Blvd and Hooper and there's a vacant lot on alameda street and 89th street that's well over 40,000 plus Square feet and several other vacant lots and properties Equally Thruout FlorenceFirestone Community watts and south la</p>	SPA 6
More options than just SHARE! housing for rapid rehousing.	SPA 5
Mental health and drug counseling need to be more aggressive. Drugs are causing people to loose their jobs, not be able to pay their rent and end up on the street committing crimes to support their drug habits.	SPA 2
Round up all indigent vagrants for mandatory incarceration in a tent city east of Barstow enclosed in razor wire and atmed guards.	
Restart the Civilian Conservation Camps that were utilized during The Great Depression, which will divert the unhoused to immediate housing, work ad wages.	SPA 5
require all APT buildings reserve 10% of its units for working class families and income brackets.	
Some action has already been taken by the City Council to declare a moratorium on 'no fault' evictions; more needs to be done to help long-term tenants fight against landlords that will do anything, including false accusations and made-up rules that did not exist at the beginning of tenancy, as an excuse to evict without paying relocation fees.	SPA 6
Arrest those who sleep on the street	
Tiny houses & self cleaning bathrooms like they have in Paris	

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<p>Start educating 5th grade students how alcohol and drug dependency can lead to homelessness, and repeat this curriculum each year thereafter. Quiz and test these students about drug and alcohol abuse. Bring in former homeless people to talk with students about the dangers of drug and alcohol abuse, and that there is help for this along with help for mental problems.</p>	
<p>The county has outreach bureau that is funded by taxpayer to outreach FSP programs etc get them involved</p>	SPA 5
<p>This needs to be a priority</p>	
<p>Need to realize this is not about lack of housing or resources. People need to be taught priorities. Classes on life skills.</p>	
<p>Every Homeless person who is on the streets of Los Angeles shall be contacted and given an evaluation. Each person will be monitored by a computerized Ankle Bracelet that will monitor their whereabouts in order that the City Administrators be capable of contacting each Bracelet wearer. When permanent or temporary housing is available for that particular homeless individual, each wearer of the bracelet will be contacted by the Homeless City/County Program Administrators, and at that time, the Homeless individual must cooperate with the guidelines of the program. The programs intent is to make sure each homeless individual be fitted with a bracelet, receive temporary shelter within 30 days and after the 30 days, receive permanent housing. This housing will consist of studio apartment type amenities with a stove and a refrigerator. Each adult homeless individual must adhere to all terms of the program. Any individual who does not cooperate with the guidelines of the program, will be immediately identified and dismissed from the program. Upon dismissal from the program, the individual will be given the opportunity to leave the State of California - and will be given \$300 and a train ticket to wherever they choose to go (within reason). If the individual chooses not to take the \$300 and the ticket, that individual will go to jail for one year. Upon release, if no change of heart, shall receive two years of jail time. This penalty will be put in place because the individual has chosen to be a PERMANENT NUISANCE! The governing taxpayers are reaching out to help all those who cannot help themselves.</p>	
<p>Homelessness prevention should include training in saving, budgeting, financial management. Job skills training, resume writing, interviewing techniques should be available. Mental health and addiction services need to be available before individuals become homeless. Some broader forms of rent control are needed. Developers also must set aside a far larger share of affordable housing.</p>	
<p>Realize that when a person first develops a serious mental illness, their hospitalization must be framed as a medical condition. Just as you would not release a patient with diabetes, kidney failure, or tuberculosis before their condition is stabilized and they know how to take care of themselves, you don't release a patient in psychosis before they are stable, and have the means and knowledge to take care of their condition. Keep the care level up and gradually release them to lower levels of care. Likewise, when a person is jailed for a misdemeanor, and it is discovered they have a mental illness, don't release them to the streets in the middle of the night. Make sure they arrive at a place where they will get continuing care until they are stabilized as above.</p>	

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<p>During intake, find out where they originally came from, what their drug of choice is, what route they do their drugs, how long they have been sober &amp; what blood borne disease they think or know they have. They most likely came from another state or town and are using more tax payers money to pay for unwanted medical expenses. After intake offer to send them back, or even send them to Figi if they want to go! It's cheaper than building these apartments!!!! They may need to be sedated during transport, (if they even agree to go), because most of them become dangerous &amp; are in psychotic states. Let it be drug induced schizophrenia from too much marijuana and family history or just plain old meth. The heroin addicts just fall asleep and will nod off during transport. Make sure to provide a meal on the bus, train, plane to anywhere besides here location of their choice. As they may wake up &amp; be hungry or maybe not if they are still on Meth. Make sure we have dedicated volunteers with some type of self defense background who don't mind catching Hep C, or being spit on. They must also be ok with being near someone with has scabies. Just give them a hazmat suit, it will be cheaper than building an apartment complex. We may just need to bring in the national guard and contain them to ground zero, downtown LA as they prefer to live there and keep returning back to their love for the streets &amp; openly being able to steal under \$950 &amp; doing drugs. Whatever you do, do not give them cash and do not build something they will not use.</p>	<p align="center">SPA 8</p>
<p>Plenty of empty lots and buildings in commercial areas to get unhomed people out of public way. Or better yet, put them on church property,</p>	
<p>I would assume a lot of the homeless are homeless due to mental illness. My brother is a paranoid schizophrenic who was almost homeless due to the fact his paranoid delusions caused him to run away from home as he was scared he was being monitored via video in our parents' home. So he lived in a motel for a few weeks and cut off all forms of communication to our family. We were fortunate enough that the bank told us where he last used his credit card so that we could locate him. We had police searching for him, etc. When I finally found him at the motel, he luckily opened the door for me and I asked him if he would get back on his medication and he said no. Then I somehow got him to agree to call his doctor with me on speaker phone and leave a voicemail to get more medication. Well, with paranoid schizophrenia and severe bipolar cases (my sister is bipolar), it's a lot easier said than done when it comes to medication. You see, my brother has a fear of public places, and especially doctors, as he hears voices all the time. Additionally, part of the illness tells you that you don't have a disease. If you read the book "I'm Not Sick, I Don't Need Help" it explains this in-depth. To make matters even more difficult, since my brother was 18, we couldn't step in and help facilitate any part of the medication process. To make matters even MORE difficult, he needed to have his blood drawn and tested on a weekly basis in order to keep being given his medication as the schizophrenia medication can lower white blood cells so they require this for all patients. So basically it's nearly impossible to get medication for a schizophrenic. Throw in 50+ hospital visits and my brother just being sedated to the point he is basically asleep and then tossed out of hospital after hospital. Fortunately, but also not fortunately, when my brother became violent was the only time he has been kept in the same facility for over an entire year out of all of his hospital visits, suicide attempts, you name it, over the past 11 years. Now, his voices tell him to punch people, so he is in a facility in central Illinois with other mentally ill people who are violent. They say that schizophrenia medication is to schizophrenics as insulin is to diabetics. If you're not on it, it's extremely dangerous and your disease can get progressively worse. Well, with all of the hoops a family has to jump through to try to get medication for an 18 year old schizophrenic who is in denial that he has the disease, and rips up guardianship paperwork, the system is broken in many many places. I think a good starting point would be making it easier for families and loved ones to be able to get a schizophrenic/bipolar person the medical and psychiatric help they need in order to help save them. Families are able to help someone with Dementia or Alzheimer's get help, however you aren't able to get a loved one help if they have schizophrenia or severe bi-polar disorder, and schizophrenia is essentially like dementia or Alzheimer's that begins around the age of 18. Their mind is no longer their own, they have very little control over their own thoughts, and we need to help families get help, so that these people with these diseases don't self-medicate with alcohol, heroin, and other street drugs that make them feel more normal.</p>	



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DEPORT ALL UNDOCUMENTED AKA ILLEGAL PERSONS IN LA, THUS OPENING UP RESOURCES FOR LEGAL PERSONS ESP. VETERANS ON THE STREET!!!! ABOLISH THE SANCTUARY STATUS OF LA IMMEDIATELY AND DEPORT ALL ILLEGALS IMMEDIATELY!!! THIS IS THE BEST SOLUTION TO THE PROBLEM OF HELPING THE HOMELESS. THIS WILL YIELD MORE RESOURCES TO ACTUALLY SOLVE THE PROBLEM OF HOMELESSNESS!!! THE SURPLUS OF ILLEGALS HAS ONLY HURT THE LEGAL MINORITY COMMUNITIES AND THIS INCLUDES THE HOMELESS COMMUNITY!!! ABOLISH OUR SANCTUARY STATUS AND ENFORCE OUR FEDERAL LAWS!!!	SPA 3
los angeles county homeless have priority over non LA or out of state homeless. Women children and elderly are first priority over drug addicted men and women. First priority should be low income housing for elderly and families.	
Highly support through Nonprofits like Venice Community Housing and SPY	SPA 3
Substance abuse rehabilitation. Actually enforce the laws on the books.	
The reasons for homelessness are too varied to offer a single solution. Prevention is basically impossible without affordable housing for every unique circumstance. There are people who want to live an independent life and will always be homeless. For some it's circumstance, some years ago I had to live at a friends house while looking for a job after the company I worked for went out of business. Of course there are drug and alcohol addictions and hard working people that simply can't afford life. High rise, high cost (\$800,000) units are not a solution the general population will ever understand, Not when they work hard and could never afford something that expensive.	
Stop making Los Angeles attractive to people who take advantage of lax law enforcement.	
This makes the most sense to me and seems worth it: <a href="https://www.huffpost.com/entry/homelessness-finland-housing-first_n_5c503844e4b0f43e410ad8b6">https://www.huffpost.com/entry/homelessness-finland-housing-first_n_5c503844e4b0f43e410ad8b6</a>	
Change the laws so we can actually get the mentally ill homeless the help & treatment they desperately need	
Lowering the cost of utilities and rent to a reasonable amount. Employers are not paying a living wage, the majority of jobs have been streamered back if not completely eliminated due to technology. 30 years ago I made \$22 per hour as a legal Secretary, now as a single mother of 5, looking for work that will support my children and myself, I am finding those same jobs only pay \$20 per hour, which isn't enough, to pay rent, utilities, transportation or food, much less what other items required to take care of children, or adults. Yet that amount is too much to qualify for help, which isn't even advertised.	
We need much more funding going into Prevention. I recognize it is still an emerging intervention, but the needs are so great. It is also getting a great deal of public promotional that it is raising expectations.	SPA 8
Refund it to the tax payer.	
Housing!!!! For Eldery, and Families. Also housing for exoffenders coming out of Jail's or prison and have wrap around services such as mental health, substance abuse and employment. Last stop the current way housing is offered through the Coordinated Entry System with only the most vulnerable are selected for housing. Too many are slipping through the cracks. Let other homeless agencies have some say of who may really need a housing voucher because without housing assistance how can one keep a job or look for a job. Or get the treatment services they need.	
Want to help.ADOPT-A-HOMELESS person.	SPA 3

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<p>In LA's modern version of urban renewal, there was no protection for tenants in Retrofitted apartment buildings. Apartment communities were dispersed en masse, not invited back, or their rents were raised to be unaffordable.</p> <p>AirBnb, VRBO, Hey Alfred.... LA needs affordable options for its guests, which shouldn't be precious potential long term residences. I don't have the room to put up friends and relatives for a visit. No one I know has the ability to afford any time here. LA's become inhospitable to everyone. I fear the Olympics.</p> <p>Keeping someone housed is the first step to preventing homelessness. There aren't enough safety nets -- or info on how to access them. How does someone recover once they lose the roof over their head? A place to financially chill out for a couple months while maintaining one's employment would alleviate the anxiety and poor decision making that stems from desperation.</p>	SPA 6
<p>Funds towards rent stabilization for renters at highest risk of losing housing. Financial literacy support.</p>	SPA 2
<p>Wake up and realize this isn't a "housing crisis", it's a crisis of drug addiction, mental illness and lawlessness sanctioned by cities agreeing to settlements with so-called homeless advocacy organizations and the ACLU that do nothing to serve the homeless, but instead perpetuate the problem.</p>	SPA 5
<p>Housing is scarce, with the law of supply and demand prices go up and people loose their homes. Build/ facilitate others to build to the point that people can live where they want.</p>	
<p>All outreach efforts should include education on Domestic Violence and Human Trafficking-both sex and labor trafficking-and how vulnerabilities to homelessness are often exploited by traffickers. This should include how traffickers may offer room and board, and/or false employment opportunities in exchange for engaging in commercial sex, or other labor or services including illegal activities and who to contact if this occurs to prevent trafficking. It should also include education that all individuals fleeing violence, are considered homeless and referrals for specialized programs with trained agencies may be necessary.</p>	SPA 2
<p>Prevention must start with new laws and new programs. It is obvious from the accelerating rate of homelessness that both current laws and current programs are inadequate and make it im</p> <p>Treat their mental illness</p>	
<p>Predatory lending, reverse mortgages,out of control rent, transit oriented developments targeting and displacing long time Black and Brown neighborhoods</p>	SPA 6
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<p>Do what we have to do to bring and keep folks out of poverty of all kinds and build more housing across the board for homeless vets disabled section 8 low income and very low income supportive service housing &amp; E.t.c Housing and make sure ever housing built has at least 30 percent of its rooms for seniors homeless vets disabled section 8 low income very low income and E.t.c and start knocking on doors and count folks on the verge of homelessness also and work with the postal service and churchs and e.t.c to do outreach</p>	SPA 6

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<p>CAST is one of the largest service providers in the country directly serving victims of human trafficking. In 2005 we opened the first shelter in the country dedicated to serving sex and labor trafficking survivors, and in 2018 we opened a second shelter. It is CAST's on the ground experience in Los Angeles that shape these recommendations and the disturbing findings during the annual 2019 homeless count that 16% reported being victims of human trafficking. This is an increase from the 2018 homeless count where 1 in 10 individuals reported be victims of human trafficking. These disturbing numbers show the need to have specialized programs for human trafficking victims who are often not appropriately served in traditional homeless services programs. Data also shows that being homeless leaves many vulnerable to becoming victims of human trafficking and therefore homeless service providers can be key in preventing human trafficking before it starts.</p> <p>#1 All outreach efforts should include education on human trafficking-both sex and labor trafficking-and how vulnerabilities to homelessness are often exploited by traffickers. This should include how traffickers may offer room and board, and/or false employment opportunities in exchange for engaging in commercial sex, or other labor or services including illegal activities and who to contact if this occurs to prevent trafficking. It should also include education that all individuals fleeing violence, including all forms of human trafficking, are considered homeless and referrals for specialized programs and resources for those who have experienced and are fleeing human trafficking.</p>	
<p>Please Please use some of the funds to increase the \$35 per day that is currently paid to LICENSED Board &amp; Care facilities who provide care for adults and older adults who have Serious Mental Illness. These folks are preventing the homelessness.</p>	SPA 2
<p>More adequate low or subsidized housing with necessary services such as , Mental Health Counselors, Drug Counselors, Vocational Counselors, Employment Development and Placement Services, Health Care Workers, Benefits Information. and Child Care. At the present time, our area is a very popular place for homeless encampments, it is a consent contact with our wonderful lead officer, Lynn Whitley and contact to the office of Councilwoman Martinez that eventually relocates the encampment, but it is a temporary and inadequate solution. With a clear understanding of the Civil Rights of the homeless, as taxpaying , homeowners it is frustrating to drive around and see things like public urination, drug paraphernalia, used condoms, piles of garbage on the street, and tent cities on the sidewalks. We have had a rat infestation this summer as a result of the encampments as well.</p>	SPA 2
<p>I am resubmitting this, as I omitted my SPA on the earlier one. More adequate low or subsidized housing with necessary services such as , Mental Health Counselors, Drug Counselors, Vocational Counselors, Employment Development and Placement Services, Health Care Workers, Benefits Information. and Child Care. At the present time, our area is a very popular place for homeless encampments, it is a consent contact with our wonderful lead officer, Lynn Whitley and contact to the office of Councilwoman Martinez that eventually relocates the encampment, but it is a temporary and inadequate solution. With a clear understanding of the Civil Rights of the homeless, as taxpaying , homeowners it is frustrating to drive around and see things like public urination, drug paraphernalia, used condoms, piles of garbage on the street, and tent cities on the sidewalks. We have had a rat infestation this summer as a result of the encampments as well.</p>	SPA 2
<p>Money should go towards helping people with rent and legal advice when they are facing eviction because of mental illness.</p>	SPA 7
<p>More funding should be allocated to this activity to keep individuals/families from becoming homeless.</p>	SPA 7
<p>The county's efforts, so far, are lacking. We should be focusing on the acute homeless who can be more easily helped. This includes services, temporary housing, and rent subsidies to prevent the currently housed, but housing-insecure, from becoming homeless.</p>	

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<p>I believe actions toward prevention are critical to avoid increasing the numbers of people living on the streets. The city and county talk about prevention, but I haven't heard or read anything about WHAT they're actually doing, and I do read numerous papers, city/county reports and email, and attend council meetings. I would like to know whether our public agencies are engaged in the following, and specifically what they're doing and what successes and failures they're experiencing:</p> <ol style="list-style-type: none"> <li>1. Activities that reduce the prevalence of risk of housing crises within communities;</li> <li>2. Activities that reduce the risk of homelessness while households are engaged with or are transitioning from systems; and</li> <li>3. Activities that target assistance to prevent housing crises that do occur from escalating further and resulting in homelessness.</li> </ol>	
<p>Use it to send recent arrivals back home</p>	
<p>I'm a homeowner in Mar Vista and we've seen a significant increase in homelessness over the past 2 years. Measure H has not been effective at reducing homelessness</p>	<p>SPA 5</p>
<p>Flex funds to pay the gap between a mortgage payment and income. This potentially save more money by stopping the people falling into homelessness and utilizing affordable housing for higher acuity people.</p>	<p>SPA 1</p>
<p>More resources should be put towards homelessness prevention and provide diversion for rapid re-housing clients who fall back into risk of homelessness after graduation. Short-term subsidies, assistance with rental arrears to avoid eviction, light touch case management as needed</p>	<p>SPA 3</p>
<p>Safety net health leaders, which include community health centers, hospitals, county health departments, and Medi-Cal health plans, recommend continued investments of Measure H funding in prevention and diversion strategies. We are interested in the integration of Measure H prevention strategies with community health services. Health care providers may help reduce the number of people falling into and/or re-entering homelessness by serving as points of access and linkage to preventive and supportive services. Trained staff can screen patients for at-risk characteristics as well as facilitate problem-solving strategies that could divert patients. Co-locating homeless prevention services, such as CBEST and legal services, in community health settings have promising results.</p> <p>Because health care providers are frequently providing medical care to patients experiencing homelessness, they are natural partners in prevention and diversion work. St. Francis Medical Center serves 1936 homeless patients annually. Based on the volume of our homeless population, connecting with services for these patients would provide us a way to ensure that they have a methodology to assist them in a wellness path. With patients moving on a wellness path, it would improve their ability to become more self-reliant and reduce the health care dollars required to care for their needs.</p> <p>Lastly, we recommend more health provider outreach on the available prevention resources so that community health providers can make referrals to services and case manage patients.</p>	<p>SPA 6</p>

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Homeless Prevention**

<p>Safety net health leaders, which include community health centers, hospitals, county health departments, and Medi-Cal health plans, recommend continued investments of Measure H funding in prevention and diversion strategies. We are interested in the integration of Measure H prevention strategies with community health services. Health care providers may help reduce the number of people falling into and/or re-entering homelessness by serving as points of access and linkage to preventive and supportive services. Trained staff can screen patients for at-risk characteristics as well as facilitate problem-solving strategies that could divert patients. Co-locating homeless prevention services, such as CBEST and legal services, in community health settings have promising results.</p> <p>Because health care providers are frequently providing medical care to patients experiencing homelessness, they are natural partners in prevention and diversion work. Lastly, we recommend more health provider outreach on the available prevention resources so that community health providers can make referrals to services and case manage patients.</p>	
<p>Just as owners of rent-controlled apartments cannot evict tenants without compensating them, developers who evict people from low income properties should have to do the same. Payments should be made in conjunction with City rehousing services to assist people in finding new residences. Perhaps even make the money payable to a City rehousing service trust account for evicted residents.</p> <p>Foster care, mental health care, and the penal system must improve transition services when people are released from their jurisdiction. These people need a safety net.</p>	
<p>The option to stay on the street should be non-negotiable. Any support for "rights" or choice to live on the street is support for squalor. Outreach programs must include law enforcement to motivate and guide the reasoning of a resistant homeless person. Other cities in Modesto, California and Burien, Washington have outreach that is clear and supportive, but, firm and requires peace officers to enforce regulations. The refusal of an individual to change their circumstance from a tent to services with shelter when an opportunity is presented is not an option. Either the homeless individual accepts services or rehab, moves on or goes to jail. The other alternative is using jails as a rehab service net that would be available for those currently incarcerated for illegal drug possession and use.</p>	SPA 5
<p>FILM AND TELEVISION</p>	SPA 4

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Homeless Prevention**

<p>The Hospital Association of Southern California (HASC) recommends continued investments of Measure H funding in prevention and diversion strategies. Hospitals (public and private) can help reduce the number of people re-entering homelessness upon discharge by having direct and immediate access &amp; linkage to community-based preventive and supportive services. In 2018, hospitals reported an estimated 83,519 homeless encounters that were associated with Emergency Department (ED) Treat and Release. In terms of inpatient discharges for homeless individuals, hospitals reported an estimate 33,897 encounters in 2018. Hospitals offer the Homeless Initiative a collaborative opportunity to break the cycle for people experiencing homelessness, if afforded timely access to housing and other immediate supportive services in advance of their discharge from a hospital.</p> <p>At the community-level trained staff can screen patients for at-risk characteristics, as well as facilitate problem-solving strategies for referred individuals. Co-locating homeless prevention services, such as CBEST and legal services, in community health settings have promising results.</p> <p>Lastly, HASC recommends increased outreach on the available prevention and supportive resources so that hospitals and other community health providers can make referrals to supportive services and case manage services.</p>	
<p>A1/A5: Homeless Prevention Program for Families/Individuals          Position: As health providers, community clinics appreciate the resources that are available to assist patients with homelessness prevention. However, accessing prevention services may feel complex for health providers who are not familiar with the homeless systems in Los Angeles County.          Clinics' varied awareness of how to access prevention services is a barrier to effective homeless prevention services.          Recommendation: To increase the utilization of these resources, community clinics recommend that county agencies and LAHSA develop a training curriculum for health providers and clinic staff (case workers, care coordinators, case managers, social workers, and front line staff) on how to access these valuable resources for patients who are at-risk of being homeless.</p>	
<p>See "other comments" section</p>	
<p>Please share we need to make the response that monies for homeless should go to areas in a strategic way that reflects those who are homeless by percentage per council district and to the lead orgs Urban League, BAPAC, NAACP, etc. to acknowledge the prevention and partner with locals and churches WILLING to do the work with a plan. Make the garage conversion process monies more readily available with the necessary permits already packaged for consumer pick up along with their 75,000 incentive check and a list of minority contractors that look like their community. Allocate funding for safe parking, security and permits for churches who desire to have a safe parking lot for the homeless with cars.</p>	SPA 6
<p>More RRH funds</p>	
<p>Domestic violence is a leading cause of homelessness for women and children. The Domestic Violence Housing First (DVHF) model focuses on getting survivors of domestic violence into safe, stable, permanent housing as quickly as possible. Key components of the model include survivor centered, trauma informed mobile advocacy, community engagement and flexible financial assistance. DWC recommends to dedicate a portion of the funding for Prevention for providers to utilize when it is safe for survivors to remain in their current housing environment.</p>	SPA 4
<p>Early Mental Health diagnosis is key. Mental health services need to be provided by community organizations who offer peer-to-peer strategies. Homeless at-risk population may not access services due to the lack of trust in government systems.</p>	SPA 4
<p>Government financial help for people who have spaces to offer the homeless</p>	SPA 6

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Homeless Prevention**

Stop job discrimination against black people.	SPA 6
The current situation is consider by nearly everyone as a "crisis." So where is the crisis response? The National Gaurd (or US military) should be building interim housing facilities (Interim meaning to last up to 5 years) in areas that are already being utilized by homeless people. The city should authorize this construction on current undeveloped lots in the area or take over vacant buildings and have the military bring them up to code for immediate housing use. After the immediate crisis the property owners will be delivered improved properties which they can made use of or remove changes at their leisure. There will be push back from the land owners but they should be required to assist the less wealthy in our communities in this crisis and they will be forgiven any property tax requirement as long as the city is using their property.	
For the last couple of years, I have worked intermittently due to illness. The last few months have been especially trying since I have run out of financial resources. I called several agencies in the city, as well as the offices of Karen Bass and Mark Ridley-Thomas seeking help with paying my rent. My SDI is exhausted and I have already requested a one time hardship disbursement from my retirement fund months ago. I was without income for 47 days, and there is no help for a working person such as myself. I was devastated. How dismissive! How do you expect to successfully combat homelessness with no support whatsoever for those of us in the middle? What I was told was that I needed to receive a 3 day notice from my owner in order to receive any assistance. That, I could not do. My owner had no inkling of any trouble and I couldnâ€™t afford to give him any. If he had even the slightest idea that I couldnâ€™t pay my rent, I would have to move. Besides, I worked hard to get away from the system. I shouldnâ€™t have to forgo my independence and privacy in order to receive a little help. It was the grace of God by which I was able to pay my rent for November 2019. Now, here we are going into December 2019, and I have no idea what lâ€™m going to do. I donâ€™t have the money. A person who has worked to help house the homeless, disabled, and low income families for the past 12 years, yet my own housing is in jeopardy. How sadly ironic. Low income housing is an awesome idea, but as I recall we also had housing in this city for moderate income families around 30 years ago. It only makes sense. When people like me arenâ€™t saddled with excessive rents and bills, weâ€™re able to participate more in local commerce. I canâ€™t even remember the last time I was able to even buy new clothes and shoes for work. Help keep us housed. This needs to be fixed now!	SPA 6
As a community clinic, we often see patients who are on the brink of losing their housing and are reaching out to us for assistance. We experience inconsistent referral pathways to link our patients to preventative services. We would recommend a training and protocol for the wide variety of clinic staff (from the providers to front line registration) to be able to assist and connect our at risk patients.	
HR 1856/ Executive Order 0116. Mickinley Vento	SPA 6
Analyse why African Americans support/participation/retention numbers are so poor. Include Cultural Awareness & Cultural Sensitivity training for all non-African American staffers.	SPA 6



**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019  
Outreach**

Outreach	SPA
be more persistent, make it harder for people to stay on the streets. of course if they can stay on the streets and do whatever they want that's just what they'll do.	SPA 7
Mental Health outreach should be provided by department of mental health in 3 shifts. mental health crisis do not stop at 5pm when majority of mental health locations close. any one that is willing to stay on the streets has some sort of distress that requires intervention even if we have to implement new public policy that allows mental health PET teams to remove individuals from the side walks. Heroin and other substance use is a chronic disease and should be considered a threat to your self or others especially if you are sharing needles and contract communicable disease and spread them. All the churches in Los angeles county that are non profits should be mandated to become wellness centers and place department of mental health appropriately trained staff to service the homeless in all churches. The government allows them a tax exempt status. these churches can be funded as temporary recuperative care agencies with a different healthcare focus, to heal the trauma from homelessness. They can be established similar to our federally qualified health centers that receive federal dollars. We can designate them as "medical homes" which we have a few of already. we can offer holistic approaches to mental health. These churches are barely able to sustain themselves, they should be mandated.	SPA 6
Peer Support is an essential component of Housing First. Los Angeles has attempted to implement the Housing First strategy, but according to Sam Tsemberis, author of "Housing First, How to House People: Ending Homelessness, Transforming Systems and Changing Lives," Los Angeles is not practicing Housing First. One of the critical elements of Housing First is Peer Support, people with lived experience as paid outreach, engagement and supportive service providers, practicing Peer Support - not case management or linkages. SAMSHA has listed core components of Peer Support. California has many Peer Run Organizations training, placing hiring and coordinating Peer Support across Mental Health, Homeless Services, Health, Substance Use and Criminal Justice fields. The LA County Initiative will have much better results when it implements Peer Support according to the identified Peer Support Practices and uses the existing local expertise to scale Peer Support across the system.  Additionally, Outreach and Engagement personnel need to be able to place people immediately in available housing. When outreach people are able to connect people who want housing immediately to the housing available, people will move into housing. Identifying, assessing and placing people using our current system takes an average of 200 days to move people from assessment to housing. This is inexcusable - especially when there are programs that have immediate vacancies and place people on the same day they express an interest in housing.	SPA 5
Outreach has to be expanded to same day service and responsive within hours. If there were more drop in centers spread out throughout the city where people can connect to services, get a shower and a meal and wash 1 load of clothes we can see progress. Currently almost everything is downtown and many do not want to go there.	
NO NON PROFIT ORGANIZATIONS TO BE UTILIZED- IS MONEY WASTED	
Can only be by human to human	
La city and la county and volunteers and e.t.c need to start knocking on doors to count folks on the verge of homelessness and also count folks who maybe a paycheck away from homelessness also and build more housing at a faster pace in both la city and la county both and start building more housing in these lots that still haven't been built on since the 1992 riots and abandon vacant buildings and e.t.c	SPA 6
More coordination and reaching out for support at critical times depending on someone's progression towards housing/shelter and their health	SPA 5
Very poorly done. Needs big improvement	SPA 2



**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019  
Outreach**

Reach out and collect all indigent vagrants for mandatory incarceration in a tent city east of Barstow enclosed in razor wire and armed guards.	
I don't have an answer to this, because I can see outreach workers galore reaching out to the transient community in person and on foot and those people staying in place, even if it's doing drugs and baring their naked bodies right outside my kid's school. Some people just don't want to move. So until there's some kind of enforcement, spending additional funds on outreach isn't a good use of funds -- it's not working.	SPA 5
many people still dont collect unemployment benefits because they see it as a personal failing. this needs to be resolved. also wage theft needs to be addressed.	
Join in the conversations around the area about how to 'push back' against displacement of residents by greedy property owners who sell and leave their tenants at the mercy of investors and developers who neither live, work or plan to assist in retention of the culture and history of areas that have been preserved for DECADES as community centers.	SPA 6
None needed. Stop wasting tax dollars.	
Job training. substance abuse therapy, flyers reminding the homeless how drug dealers are living the good life because of the money they get from homeless drug addicts.	
Enlist the Dept of mental health outreach teams along with the city Dept of social services workers to field work	SPA 5
Letting people know what services are available, where, and how to access them is also important	
Enforcement. If beds are available then people without shelter need to be told there is no option to sleep on the street.	
Program administrators will be accompanied by law enforcement when they reach out to the homeless individuals. At that time, they will be letting them know about the intentions of the program. Each homeless individual will identify themselves and let the program administrators know if they wish to participate. They will be informed that they have no legal rights to loiter on the sidewalks, the parks, the under bridge areas, or any other place unless they are participating like all others who have a residence in the State of California. Each homeless person will be treated with respect and their human rights will be upheld.	
More outreach teams including law enforcement, social workers, nurses and mental health and addiction specialists must be deployed.	
Make it understood that homelessness (literally living on the streets i tents) is not an option. Have real places with real care that meets the needs of each person. Make an effort to contact and engage relatives in ongoing care. That way, when outreach teams engage with persons living on the street to get them off the street, there is something real being offered.	
Tell them they chose this lifestyle of drugs and lawlessness and try finding a religion that has some code of ethics unlike the Babylonian times.	SPA 8
They don't take any of it because we make it easy to stay on sidewalks and commit crimes. Police need to arrest for fires, theft, abuse, and harassment.	
Making a huge push towards the law for families to be able to get their loved ones help and medication. And making the medication easily accessible and affordable. Perhaps even having mobile clinics that go direct to people and assess them for diseases and dose out medication right then and there - knowing they are likely too scared of doctors/hospitals/public places anyways.	
<b>BUILD MENTAL HEALTH HOSPITALS AND HOUSE THE HOMELESS THERE!!! THEY NEED MENTAL HEALTH SERVICE OR THE HOUSING WILL DO NO GOOD!!!!</b>	SPA 3
If the homeless do not want housing or help they should be arrested on first offence and sent to get clean instead of jail. After 2 attempts at getting clean they are on their own and need to go to jail. They will only commit crimes on our street and to our tax paying residents who funded this program. You need to protect our residents.	
Need more	SPA 3

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019  
Outreach**

LAPD officers can log in targeted individuals/locations for services/assistance. 2-1-1 was a smart move, but I have no idea how many are aware of its existence.	
We need a system to identify and categorize homeless individuals. Maybe a numbering system based on personal conditions. Category 1; families with children. Category 2; people willing to work who have a temporary crisis. Category 3; people willing to work that have been homeless for an extended period... I'm sure you get the idea and there are better qualified people than me to decide the categories. Assistance is more urgent for category 1 and so on.	
Keep identifying homeless people who want help getting off the streets, mentally ill people who need supervised care, and addicts who need supervised care.	
Recall "Qualified Immunity" for our useless "leaders" whose utterly destructive policies are directly responsible for the DEATHS OF HUNDREDS of mentally ill homeless on our streets. It is shameful and they should be PERSONALLY HELD RESPONSIBLE for those deaths!!!	
Dignity. People are homeless because they are being forced out by society, low pay, high living, yet we are hardworking good people, outreach programs need to keep that in my mind.	
Yes outreach and have more money placed in for dual diagnosis people, supportive housing, substance abuse and mental health.	
Would like to interview and help a homeless person.	SPA 3
There should be an Outreach session at the Baldwin Hills Crenshaw Mall for the taxpayers of Baldwin Hills, Crenshaw and Leimert Park. And for the homeless residents of these areas. Information on services has got to be accessible thru LAUSD campuses.	SPA 6
Stop coddling the "homeless" and recognize them for what they are: criminals, and psychopaths. Provide more taxpayer-funded social services only makes the criminals feel like their chosen lifestyle is ok. Instead, make the citizens and taxpayers feel like we're the ones being served, with better law enforcement.	SPA 5

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019  
Outreach**

<p>#1 Include Victim Advocates provider/Survivor on outreach team, county specialist support team, and advisory council who understand needs of victims. Consider hiring local agencies to support this work.</p> <p>#2 All staff/providers with contact with homeless /potentially homeless individuals should receive training on how to identify DV, SA, and sex and labor trafficking cases as well as how to ask intake questions that identify if a person has a history of this victimization and know how and where to refer the individual to receive specialized services.</p> <p>#3 Training should be provided to homeless/potentially homeless individuals on identifying potential recruitment into all forms of trafficking and where to report if they feel like they have been offered fraudulent employment and/or pressured to engage in commercial sex.</p> <p>#4 Training should be specific to target/understand specific vulnerabilities in subpopulations such as people with disabilities, youth, those exiting the foster system, or those with criminal backgrounds to decrease vulnerability to commercial exploitation in the future.</p> <p>#5 Non-Profits who are working within the community and with this population should be hired to do some of the homelessness outreach efforts. This would build a relationship with the community, and the clients would begin to be familiar with agency.</p>	SPA 2
<p>By making it illegal to camp or sleep overnight on public land (parks, sidewalks, beaches, etc.) and be reversing Prop 47, outreach will be automatic and done by Police who could be accompanied by social workers to provide information on options to those inclined to take them rather than going to jail.</p>	
<p>Hygiene facilities established</p>	SPA 6
<p>Work with churchs and post offices and e.t.c for outreach</p>	SPA 6
<p>Include personnel to accompany police to speak with and process street homeless BEFORE it's time for them to move. Get info about their situation, ask what they really want, determine if they are capable of deciding their life path for them selves, take photos and get their names.</p>	

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019  
Outreach**

<p>#1 Include Human Trafficking Provider/Survivor on outreach team, county specialist support team, and advisory council who understand needs of both sex and labor trafficking victims.</p> <p>#2 All staff/providers with contact with homeless /potentially homeless individuals should receive training on how to identify sex and labor trafficking cases as well as how to ask intake questions that identify if a person has a history of this victimization and know how and where to refer the individual to receive specialized services.</p> <p>#3 Training should be provided to homeless/potentially homeless individuals on identifying potential recruitment into all forms of trafficking and where to report if they feel like they have been offered fraudulent employment and/or pressured to engage in commercial sex.</p> <p>#4 Training should be specific to target/understand specific vulnerabilities in subpopulations such as people with disabilities, youth, those exiting the foster system, or those with criminal backgrounds to decrease vulnerability to commercial exploitation in the future.</p> <p>#5 Housing specialists should be placed in anti-trafficking programs and serve as resources for all those providing outreach efforts and referrals as the main POC with human trafficking programs and homelessness outreach efforts.</p>	
<p>Use previously homeless individuals who have benefited from being off the streets and have them go out with or without LAHSA Staff and talk to the homeless about the services and things and benefits of being in a safe, clean environment. I also think there should be an opportunity for local input on these issues, in terms of widely publicized meetings.</p>	SPA 2
<p>Use previously homeless individuals who have benefited from being off the streets and have them go out with or without LAHSA Staff and talk to the homeless about the services and things and benefits of being in a safe, clean environment. I also think there should be an opportunity for local input on these issues, in terms of widely publicized meetings.</p>	SPA 2
<p>I think we have too much of this without the resources to place people in housing. Please do not allocate any additional money to this area.</p>	SPA 7
<p>Too much funds and resources is are going to this activity without significant results. The County should advocate for the state to pass legislation that would make it easier to provide mental health treatment to the homeless population that need it.</p>	SPA 7
<p>Outreach teams need to be at large encampments day-in and day-out until enough people are receiving services that the encampments start shrinking.</p>	
<p>I believe that outreach efforts from the city and associated private/publicly funded agencies and organizations is woefully lacking. Visits to Mar Vista encampments are infrequent, lack continuity of personnel. Without frequent visits by the same outreach team members, it is impossible to build trusting relationships, hence the desire to come inside, try rehab, gain employment.</p>	
<p>Use it to remove tents from streets</p>	
<p>I've spoken with several police officers of the Pacific Division who complain that they have effectively been required to serve as social workers. Perhaps the best use of Measure H funds would be to lobby council members to stop rewarding homeless vagrants with toilets and showers and to focus on public safety by not passing legislation which would make it illegal to camp on the streets.</p>	SPA 5

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019  
Outreach**

<p>Creating Outreach teams was vital in the first couple of years. Now we have so many that are touching the same people while there is little housing resources for the people to go. I feel we should move money out of this area, trim down the number of outreach teams to maintain contact with homeless people leaving money to be moved to other categories.</p>	<p>SPA 1</p>
<p>Regular events for intakes and resources like Homeless Connect but on a more regular basis. Advertising for these events to make sure those newly homeless know how to access resources.</p>	<p>SPA 3</p>
<p>Safety net health leaders, which include community health centers, hospitals, county health departments, and Medi-Cal health plans, recommend further investments of Measure H funding in outreach strategies. Street outreach strategy is a mechanism to deliver patient-centered health care that meets the needs of people experiencing homelessness. We request for additional Measure H funding for sustaining and creating more multidisciplinary teams, specifically more teams with primary health and psychiatric capacity. We understand that Measure H funds outreach teams to incorporate a housing-first focus. As health care providers, we recommend exploring how outreach strategies can also incorporate more of a street medicine approach to address the complex health needs of people experiencing homelessness, such as adding mobile electronic health records application and medication delivery. These teams can provide services where people are at while they are waiting for housing placements and help them access specialty care. We also recommend exploring ways outreach teams can best coordinate with community health providers and hospitals to facilitate warm hand offs and connect people to a medical home. Health care providers agree that people experiencing homelessness can benefit from enhanced outreach resources that include intensive case management to better support patients with community re-integration following discharge from a hospital. Coordination with homeless outreach teams provides a way to ensure that the homeless are receiving and utilizing the services available to them. This potentially would decrease the need for costly and intense health care services.</p>	<p>SPA 6</p>
<p>Safety net health leaders, which include community health centers, hospitals, county health departments, and Medi-Cal health plans, recommend further investments of Measure H funding in outreach strategies. Street outreach strategy is a mechanism to deliver patient-centered health care that meets the needs of people experiencing homelessness. We request for additional Measure H funding for sustaining and creating more multidisciplinary teams, specifically more teams with primary health and psychiatric capacity. We understand that Measure H funds outreach teams to incorporate a housing-first focus. As health care providers, we recommend exploring how outreach strategies can also incorporate more of a street medicine approach to address the complex health needs of people experiencing homelessness, such as adding mobile electronic health records application and medication delivery. These teams can provide services where people are at while they are waiting for housing placements and help them access specialty care. We also recommend exploring ways outreach teams can best coordinate with community health providers and hospitals to facilitate warm hand offs and connect people to a medical home. Health care providers agree that people experiencing homelessness can benefit from enhanced outreach resources that include intensive case management to better support patients with community re-integration following discharge from a hospital.</p>	
<p>SIMPLIFY the process. Use input from the formerly homeless to make effective adjustments so people get help MUCH more quickly and do not become hard core homeless.</p>	

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019  
Outreach**

<p>Outreach programs’s success depends on the homeless person to accept help and counseling. There must be a limit to how long these folks can REJECT an offer to improve their situation. Some, esp addicts, will take YEARS to decide / REALIZE they need help. At some point the outreach must be accompanied with specific limits or this will continue to be a leak in funds waiting for the homeless person to accept help and come to terms with the rarity that they cannot continue to be subsidized by the rest of the working population who don’t have it so easy, either, yet they sweat to pay every tax levied on them by the powers that be. The options are to accept help or vacate the area / street. For those that cannot reason or are mentally incapacitated because of substance abuse - They must accept rehab counseling or leave the area.</p>	SPA 5
<p>FILM AND TELEVISION</p>	SPA 4
<p>A robust street outreach strategy is a mechanism to deliver patient-centered health care that meets the needs of people experiencing homelessness. HASC recommends that additional Measure H funding for sustaining and creating more multidisciplinary teams, specifically more teams with primary health and psychiatric capacity. As health care providers, we recommend exploring how outreach strategies can also incorporate more of a street medicine approach to address the complex health needs of people experiencing homelessness, such as adding mobile electronic health records application and medication delivery. These teams can provide services where people are at while they wait for housing placement, and help them access specialty care. We also recommend exploring ways outreach teams can best coordinate with community health providers and hospitals to facilitate warm hand-offs and connect people to a medical home. People experiencing homelessness can benefit from enhanced outreach resources that include intensive case management to better support patients with community re-integration following discharge from a hospital.</p>	
<p>E6: Expand Countywide Outreach System          Position: Community clinics support outreach efforts that assist people experiencing homelessness with linkages to housing and services. However, limited resources, funding, and uniform standards exist for medical staff on multidisciplinary teams (MDTs).          Recommendation: Community clinics recommend that county agencies and LAHSA increase E6 funding allocations to adequately support MDTs.          Many MDTs are staffed with health providers from community clinics who increase the street medicine capacity that has been proven to be successful in engaging people experiencing homelessness. However, the funding for the health providers and administrative staff on MDTs is limited, which decrease clinics’s ability to conduct direct street outreach to people experiencing homelessness. This prevents community clinics from being able to access the support and mental health services needed to assist homeless patients in their service areas. This parallels the Department of Public Health (DPH)’s recommendations on how to combat the rising mortality rates among people experiencing homelessness in Los Angeles County.          In addition to recommending the need for supplemental funding under E6, community clinics recommend that this additional funding will support innovative street medicine efforts such as mobile electronic health record applications, medication delivery, etc.          Recommendation: Community clinics recommend MDTs use evidence-based systems and implement standard policies and procedures to ensure all teams are providing the same level of assistance.          Currently, there is lack of consistency among MDTs due to high turnover and poor coordination once staffing changes. Uniform standards and practices need to be implemented in order for MDTs to operate with a consistent quality level and be successful. Examples include varied and inconsistent documentation taken during street outreach.          Question: Street outreach teams at community clinics have been developed and are working well. What is going to happen when E6 funds run out? What are the implications of this? How can we sustain efforts?</p>	
<p>See "other comments" section</p>	

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019  
Outreach**

<p>There are 99 neighborhood councils there should be vouchers given to the homeless liaisons to use for those in emergency situations especially on the weekends when there is no access to assistance from any of the current agencies to assist after 4:00 pm on fridays until Monday at ten a m. And then no immediate assistance. The vouchers need to be distributed based the amount of homeless within their parameters that they service which sometimes covers overlapping councils - I know how to logistical Lt strategize the plan.</p>	SPA 6
Hospitals & Jails	
<p>Access Centers dedicated exclusively for women and DV survivors are critical. Through this specialized designation, women will be able to receive individual gender-specific care that makes the Access Center a safer, more comfortable place. Additionally, Access Centers that also offer holistic services are better situated for more meaningful outcomes. For example, co-located health care, meals, showers, support groups, classes, workforce development opportunities, etc. that are within the same building or very close to the Access Center are important so that clients do not have to travel extensively or be forced to choose between staying for a meal or making a doctor's appointment across town, for example. The Downtown Women's Center, notes that older women experiencing homelessness require unique care at an increasing rate. Funding support for Occupational Therapy and nursing specific to this population helps increase overall wellness and decreases isolation.</p>	SPA 4
<p>Peer outreach workers who can reach the hard to reach population and can deliver a service with the cultural sensitivity required is vital. Offering portions of the service where the client finds themselves. Building a service model with an outreach service delivery component, something such as "Sidewalk Therapy".</p>	SPA 4
<p>Actually talk to and offer mentoring for the people on the street and see what their needs and gifts are</p>	SPA 6
<p>Outreach to those with homes after vetting those that find themselves without a home.</p>	SPA 6
<p>Build the facilities to house the people and outreach will not be necessary. Placing sufficient staff in the facilities to make them safe and livable for those forced by need to live there will be necessary.</p>	
<p>There are many outreach programs to help the homeless, but is it helping them to become there own person again. A lot of homeless people are very intelligent just need to find their way back.</p>	
<p>We believe that multidisciplinary teams (MDTs) can provide amazing work and that the health component can often be the missing piece to help clients transition from unhoused to housed. However, we feel like there needs to be an investment in ensuring that all teams are using evidence-based systems, for example pulling best practices from the Assertive Community Treatment (ACT). This will ensure consistency and quality in all of the MDTs. We also recommend having a universal standards and practices for collecting health data as part of the MDTs that both capture helpful data while not being so burdensome as to distract from the real work.</p>	
<p>Include Cultural Awareness &amp; Cultural Sensitivity training for all non-African American staffers.</p>	SPA 6

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Interim Housing**

Interim Housing	SPA
again, put money into housing that already exists! fix places up, provide security so that they'll want to stay. I know people who have said they won't stay in housing facilities because they don't feel safe or somehow feel cleaner on the streets.	SPA 7
Put up giant tents to house the homeless now and move all homeless into tents	SPA 8
More churches should be "mandated to open their doors to become temporary shelters. We should get federal public health crisis designation and mandate new policy for churches to help this crisis. If they refuse they lose their tax exempt status. Any public school with a yard that is empty can potentially be covered with an insulating tent to provide immediate temporary housing on the weekend when school is not in session.	SPA 6
Use the SAMHSA-identified best practice of Shared Recovery Housing to scale shared housing system-wide. The research based best practice for shared housing is to have people share bedrooms. Shared Recovery Housing is targeted to people with disabilities, substance use disorders, severe mental health issues and any combination of the forementioned. Shared Recovery Housing has 24/7 onsite supportive services as the people living in a house provide support to one another, particularly as research has shown that sharing a bedroom increases contact and support in the house. SHARE! Collaborative Housing, as an example, has successfully housed people with acuity scores up to and including 17. Research shows that people who are resistant to clinical and professional services do much better using peer interventions including self-help support groups to get them back into mainstream life.	SPA 5
Closed military bases, hospitals, jails and mental health facilities. Could be used for shelters or drop in centers.	
Independent living homes	SPA 6
I've called 211 more than 10 occasions and only once have I received any relief which was resulting in being placed in a hotel with bed bugs. Substandard relief is not relief. This was more traumatic than helpful.	SPA 6
NO TEMPORRAY SHELTERS	
Yes, needed	
More intermittent housing Equally Thruout la city and la county in south la watts and Florence Firestone	SPA 6
You might want to model interim housing on the VA's housing for veterans. They put them in private homes, where they pay a certain amount. They receive attention to be certain they're taking any medication they need, and to be certain they're fed. It stabilizes them, and a VA social worker checks up on them from time to time.	
More low barrier opportunities for individuals to succeed, get off the streets and acclimate to being inside. Perhaps more long-term options as well for those that may not be able to sustain PSH	SPA 5
I have it two doors from me and it is a sad state of affairs. House looks unkept and the folks are abusing drugs.	SPA 2
House all indigent vagrants in mandatory incarceration in a tent city east of Barstow enclosed in razor wire and atmed guards.	
You need a version of what worked during the height of The Depression: Civilian Conservation Corps Camps. Able-bodied, out-of-work adults were (and still can be) housed in military-style housing in US parks, and given shelter, food, wages and training in exchange for working to build out and repair park infrastructure, ranging from roads and bridges to replanting trees. If you tie this into the New Green Deal you'll accomplish what was already proven to work when the CCC was up and running, which was give those without jobs or a reason something to rally behind while providing useful infrastructure help that parks -- and the country -- so desperately need.	SPA 5



**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Interim Housing**

small scale boarding houses in normal residential areas. people being housed must meet psychological screening requirements and be in good health. people who are facing drug dependencies and mental disorders need to be hospitalized and rehabilitated first.	
Several organizations are attempting to provide SERVICES that will assist the mentally ill, financially unstable and victims of crime to re-enter society with a safety net that can keep people who have lived on the street, with or without support from family units. Once the drug and alcohol issues have been successfully addressed, preparation can and should be made to obtain jobs so that formerly homeless individuals and families can start to put their lives back on the right track.	SPA 6
Provide it in Baker, CA	
Gated with security to keep drug dealers/criminals away from these vulnerable people. Pimps loiter outside of foster care shelters for girls, we don't need them targeting these people in interim housing.	
Use the county and city buildings that aren't in use for housing also motels hotels for interim housing Use shipping containers that are functional Have the county build a high rise complex downtown with a social service health center on the bottom floor of each building A courtyard where people can sit, hang out, play basketball, do their laundry Make it w trees, etc Base it on the likes of Park labrea or Village Green. Make it in the skid row area. Imminent Domain is possible to build this type of structure. This vision is possible only if the county and city elected officials will get on board. Otherwise nothing will change!!!	SPA 5
Is less important than permanent housing, but needs to be part of a complete plan for addressing homelessness	
Shelters that are similar to large dorm rooms that hold a specific number of people.	
All designated shelters, all vouchered hotels, all buildings that have been constructed but are vacant (bank foreclosure).	
Buildings that have been vacant for more than a determined time might become temporary shelters.	
Put them and their personal property in front of Garcetti's and Newson's front yards, & their children's schools with new tents to make it look decent. I really don't mind using my tax dollar for that!	SPA 8
We need more mental health facilities that treat and keep patients and don't just try to sedate them and kick them out and put them back on the street because insurance companies tell them to.	
<b>BUILD MENTAL HEALTH HOSPITALS AND HOUSE THE HOMELESS THERE!!! THEY NEED MENTAL HEALTH SERVICE OR THE HOUSING WILL DO NO GOOD!!!!</b>	SPA 3
You cannot have interim housing without a promise of peppermint low income housing. Most of the beds are not full in interim housing.	
Need more in every area of LA	SPA 3
I personally have no issue with homeless housing in my area, so long as it is run efficiently and staffed 24/7. Perhaps have the most responsible residents mediate issues within the facility, as well as have social workers on-premise.	
I am not a builder, but could supply small (tiny) insulated units that will be about 8' wide, 10' deep and 9' tall. They will have enough room for one or two people to safely live in a housing emergency. They'll have composting toilets (saving 6600 gallons of water per year), a locking window and a locking door. A solar panel to power an exhaust fan on the roof and power for a small appliance or two. Each unit would have an address that would allow someone temporary relief while they looked for a job and long term housing. Each unit would cost less than \$25,000. The units would be spread throughout the industrial community. There should be access to showers (there are construction trailers with locking shower stalls available). Obviously the idea for this type of housing is interim and temporary, but could meet the needs of thousands of people, in a hurry and may even become an option for those who have given up. It would certainly be better than a tent.	
Use low value real estate, even nif outside city of LA.	

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Interim Housing**

This makes the most sense to me and seems worth it: <a href="https://www.huffpost.com/entry/homelessness-finland-housing-first_n_5c503844e4b0f43e410ad8b6">https://www.huffpost.com/entry/homelessness-finland-housing-first_n_5c503844e4b0f43e410ad8b6</a>	
Update the hundreds of units at the VA In Brentwood to house homeless veterans	
<p>There are tons of buildings, apartments, condos, and even office buildings with vacate rooms. If there are vacancies, on 12/1/18, for instance, these vacancies should be given to those without a home. There will be a time limit on this free housing, which shall include running water, electricity and gas, such as a year, to give the person or persons a chance to get on their feet. If after a year they have been able to find employment, but still not enough to relocate, then a sliding scale shall be put in place for them to contribute to their share of expenses. This would eliminate the need to build tent cities in parking lots, which isn't a really safe situation for families or senior citizens who have lost their homes.</p> <p>The owners of these Apartments, condos and or offices would receive a tax break (although it was their greediness that caused this situation).</p>	
<p>a.Acknowledge the vast majority of people stay in interim housing more than 90 or 120 days, both in the ways in which these programs are funded and in the messaging to the general public (to set realistic expectations).</p> <p>b.Better integration and collaboration with DPSS offices and each CES regional framework. From my perspective, it seems like these are two systems operating independent of each other.</p> <p>c.Now that hospitals have to provide warm referrals because of SB 1152, we need to ensure they are fully informed about homeless services. LAHSA has recently changed how we fill ES beds: we have to go through them and people are "mismatched" rather than case workers directly contacting them to see about vacancies. Most hospitals probably don't know about this.</p> <p>d.There really needs to be a "regional priority" for filling DHS and DMH interim housing beds. I know "on paper" this is the case, but in practice this is not currently being done in our SPA. This only gives more fuel to neighbors and the elected officials who say people experiencing homelessness are being brought into our regions rather than these local facilities helping "our own."</p>	SPA 8
Yes for sure more is needed. Interim is needed before they become swept in to the street life. Case management is a must with Interim.	
They need interim,	SPA 3
There are two facilities in the Leimert/Crenshaw areas that ave gone unused for over 5 years - the former Probation building on Crenshaw/Exposition and the Animal Services building on 11th avenue. Both are in commercial areas. There are probably 50 churches in B/C/L, 2 fire houses, multiple schools and at least 3 parks... That means plenty of parking lots to borrow for cars, and accessible places for information.	SPA 6
Yes, but bids should be open to non-city contractors to lower the high price tag of construction.	SPA 2
Place the homeless on city or county-owned land far from residents. Why are they being spoiled by being housed near the ocean? It's ridiculous that normal, job-holding citizens can't afford these areas, but vagrants are allowed to live wherever they chose, with the government assisting them in their illegal squatting.	SPA 5
Convert existing county building to communal building with shared facilities. If they are available they beat living in a tent. Allow others to build high density housing on county land. County allows luxury apartments on county land like the Grand, but no real affordable housing.	

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Interim Housing**

<p>#1 Given the data showing the number of those currently homeless in Los Angeles who have experienced domestic violence or human trafficking we need to increase funding for additional trauma informed, emergency shelter, bridge housing, and transitional beds to serve families and individuals fleeing domestic violence or human trafficking. The rates per night for the shelters need to be minimum \$60 for domestic violence specialized services and \$73 for human trafficking specialized services in order to support the needs of individuals and families with complex traumatization.</p> <p>#2 SU recommends Measure H Funding support opening the first emergency specialized shelter for men and the LGBTQ community. No such service currently exists in all of LA County.</p> <p>#3 Expanded support for field-based supportive services for Victims of Crime are needed. A model that combines intensive field-based Case management with mental health treatment and access to comprehensive legal services is needed so survivors can fully stabilize and then reintegrate into less intensive programs/support. Our agency provides this supportive service, and would like support to continue doing this work.</p>	SPA 2
<p>Closed Drug and alcohol rehab residential centers, and open job training center should be in low-land-cost areas of the County. These can start as enclosed tent cities on the 1,390 state-owned parcels as being suitable for development<sup>1</sup> and progress to the prefab housing Mayor Garcetti just arranged for at the cost of about \$5100 per unit rather than the \$527,000 of Prop HHH funds wasted per unit. The prefab units could and should be assembled by free retrained-homeless labor, not expensive union labor.</p> <p>Mental health treatment, counseling and skills training centers should be in low-land-cost areas of the County.</p> <p>Safe-houses for women and children victims of domestic abuse should only be needed until the abuser is caught and incarcerated, castrated or terminated. Safe-houses are needed in cities so victims can continue to work.</p> <p>Transition housing for those reentering the workforce should be in the lowest-rent areas within 1-hour transit rides to the type of jobs for which training has been provided.</p>	
<p>Create &amp; move the homeless to a tent city out and away from the City.</p>	
<p>Build more interim housing for all not just homeless but homeless disabled low income very low income vets seniors and e.t.c citywide and countywide</p>	SPA 6
<p>For those homeless who are self guiding and want assistance, do make more housing available. Accommodate those who have animals.</p>	

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019  
Interim Housing**

<p>#1 CAST has provided comments in the past, and reiterates its comments that victims of domestic violence, sexual assault and human trafficking have different specialized needs. Therefore, CAST recommends that there be separate designated programs for human trafficking victims from other victims of violence. The County must therefore create specific RRH program for human trafficking victims as victims often have differing programmatic needs than those traditionally homeless and 1 in 10 homeless are self-identifying as being trafficked in Los Angeles County. CAST clients are often either on RRH waitlists and/or are never called back, and that places human trafficking survivors in vulnerable position of being potentially re-exploited. In addition, many RRH providers don't understand Human Trafficking, and don't treat Human Trafficking victims in trauma-informed ways</p> <p>#2 Given the data showing the number of those currently homeless in Los Angeles who have experienced domestic violence or human trafficking we need to increase funding for additional trauma informed, emergency shelter, bridge housing, and transitional beds to serve families and individuals fleeing domestic violence or human trafficking. The rates per night for the shelters need to be minimum \$60 for domestic violence specialized services and \$73 for human trafficking specialized services in order to support the needs of individuals and families with complex traumatization.</p> <p>#3 CAST recommends Measure H Funding support opening the first emergency specialized shelter for trafficked men. No such service currently exists in all of LA County. 25-30% of CAST's clients are male survivors and we believe this number could be higher if more resources were available to identify and serve male victims. The focus in the past has been on women and child survivors.</p> <p>#4 Many transition age youth and those exiting the foster system have suffered sex or labor trafficking. CAST believes designated beds for youth/transition age youth in Los Angeles are insufficient to cover the need and it is these same youth who then end up trafficked due to lack of access to stable shelter. CAST recommends that the number of available Interim Shelter beds be significantly increased for youth/TAY and that some of these beds be specific for those who have suffered sex and/or labor trafficking.</p> <p>#5 Expanded support for field-based supportive services for Human Trafficking is needed. A model that combines intensive field-based Case management with mental health treatment and access to comprehensive legal services is needed so human trafficking survivors can fully stabilize and then reintegrate into less intensive programs/support.</p>	
<p>Recuperative Care</p>	<p>SPA 4</p>
<p>There needs to be something for women who have children</p>	<p>SPA 2</p>
<p>There are many vacant buildings and lots in my area, (old Merit College Building on Sepulveda north of Vanowen, south of Sherman way, the empty lot just south of the MacDonald's on Sherman Way and Sepulveda, and the VA on Woodley and Plummer, all could be developed into both permanent and temporary housing, via the use of trailers or other temporary structures, while more permanent building were built.</p>	<p>SPA 2</p>
<p>There are many vacant buildings and lots in my area, (old Merit College Building on Sepulveda north of Vanowen, south of Sherman way, the empty lot just south of the MacDonald's on Sherman Way and Sepulveda, and the VA on Woodley and Plummer, all could be developed into both permanent and temporary housing, via the use of trailers or other temporary structures, while more permanent building were built.</p>	<p>SPA 2</p>

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Interim Housing**

<p>Interim housing should be true emergency shelter where the doors all always open and no one is turned away. We should have one place identified in each service area. In addition, we need money to go towards residential substance abuse treatment. In addition, we need these programs to have the medical capabilities to accept anyone who desires help.</p>	<p>SPA 7</p>
<p>Interim housing - quonset huts, shipping containers, managed tent cities - is the best answer. It's quick and it's cost-effective allowing services to be delivered quickly.</p>	
<p>Crucial - must include conditions, including rehab, job training and more.</p>	
<p>Use only for dormitory style shared housing</p>	
<p>It's ineffective to try to build interim or permanent housing in expensive westside neighborhoods at \$700,000 per unit. The city should be building FEMA type encampments on the outskirts of the City in a controlled environment where they can more effectively evaluate the homeless, provide the necessary services and help transients who are capable of re-entering society.</p>	<p>SPA 5</p>
<p>very important, need to get rid of the encampments!</p>	<p>SPA 5</p>
<p>Need interim housing for families. In the top three funding priorities.</p>	<p>SPA 1</p>
<p>Safety net health leaders, which include community health centers, hospitals, county health departments, and Medi-Cal health plans, recommend increased investments of Measure H funding in interim housing strategies. Health leaders recommend embedding intensive health care coordination for medically vulnerable patients in interim housing settings. This can help reduce high utilizers' need to frequent hospitals' emergency rooms. Measure H can fund intensive care coordination for patients transitioning from inpatient care, which can improve the efficacy of placements.</p> <p>In addition, there needs to be more investments in enriched housing settings for people experiencing homelessness. These enriched housing settings should provide onsite medical and behavioral health treatment to patients.</p> <p>Individuals who do not have adequate housing/shelter have an increased risk of disease and exacerbation of current conditions. There is also, an increase in spreading communicable diseases to others in the surrounding area. Residential housing can provide for basic necessities to ensure proper healing, etc.</p> <p>Lastly, health leaders recommend incorporating greater considerations of acute and chronic, disabling healthcare needs when assessing individuals for priority placement in housing (i.e., as part of or in addition to VI-SPDAT).</p>	<p>SPA 6</p>
<p>Safety net health leaders, which include community health centers, hospitals, county health departments, and Medi-Cal health plans, recommend increased investments of Measure H funding in interim housing strategies. Health leaders recommend embedding intensive health care coordination for medically vulnerable patients in interim housing settings. This can help reduce high utilizers' need to frequent hospitals' emergency rooms. Measure H can fund intensive care coordination for patients transitioning from inpatient care, which can improve the efficacy of placements.</p> <p>In addition, there needs to be more investments in enriched housing settings for people experiencing homelessness. These enriched housing settings should provide onsite medical and behavioral health treatment to patients.</p> <p>Lastly, health leaders recommend incorporating greater considerations of acute and chronic, disabling healthcare needs when assessing individuals for priority placement in housing (i.e, as part of or in addition to VI-SPDAT).</p>	
<p>Use interim housing as a true interim. Swiftly get people necessary paperwork, put them into a jobs transition program like Chrysalis (<a href="https://www.changelives.org/">https://www.changelives.org/</a>), and move them RAPIDLY into permanent housing per the below.</p>	

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Interim Housing**

<p>Shelter Navigation Centers must be employed where the needy can be centralized in a location where processing and services can be provided to each individual. The waste of time and resources spread all over the city is incredibly ineffective and inefficient and continues to over burden neighborhoods where these encampment spring up. With a Navigation Center, such as a Sprung Shelter, hundreds of people can be attended to while placing a roof over them. A FEMA or army barracks shelter design will work and is working while resolving the job/community service and housing issues for the individual. Get these folks off the street asap!</p> <p>Create an honest oversight for the private and city funded shelters that have security and cleanliness issues. Fix and or restructure the existing shelters and management. There are interim shelters at the moment that have dozens of vacant beds! The rescue missions have connections to these shelters. But it must be mandatory that people follow shelter rules while prohibiting camping on sidewalks. As a protection for stable communities, shelters should not be built near residential neighborhoods.</p>	<p>SPA 5</p>
<p>HASC strongly advocates for increased investment of Measure H funds in interim housing strategies. Embedding intensive health care coordination for medically vulnerable patients in interim housing settings is also encouraged.</p> <p>In addition, intensive care coordination / case management services for patients who transition from hospital inpatient care to the community are more likely to succeed in their placement. This supportive services can help reduce high utilizers need to frequent hospital emergency departments for primary care and social services needs (shelter, meals and clothing).</p> <p>HASC supports further development and expansion of the 'Safe Landing' program that can accept from public and private hospitals inpatient referrals. Safe Landing should be designed to also offer individuals, those discharged from the ED, an interim location to be screened and case managed for placement in the most appropriate program. Safe Landing offers, to date, an effective intervention strategy to prevent homeless individuals from re-entering homelessness upon their hospital discharge.</p> <p>In addition, there needs to be more investments in enriched housing settings for people experiencing homelessness. These enriched housing settings should provide onsite medical and behavioral health treatment to patients. Insufficient supply of adult resident facilities further limits the discharge options a hospital can offer an individual experiencing homelessness. The Homeless Initiative should explore the use of Mental Health Services Act (MHSA) dollars to make this a reality since this involves outpatient treatment.</p>	

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Interim Housing**

<p>â€¢Position: Community clinics are partners in combatting the impacts of homelessness and provide comprehensive health and supportive services to people experiencing homelessness or at-risk of being homeless. However, community clinics face multiple barriers with the CES, are not integrated in the CES, and believe there is a lack of communication infrastructure between providers who use the CES system.</p> <p>oCommunity clinics face challenges when their patients navigate the CES, specifically in regards to the utilization of the Vulnerability Index- Service Prioritization Decision Assistance Tool (VI-SPDAT).</p> <p>oIndividuals going through the CES process will complete the CES Survey, which consists of the VI-SPDAT, Los Angeles Countyâ€™s universal assessment. It is a holistic triage tool that assesses 1) housing and homeless history, 2) risks, 3) socialization and daily functioning, and 4) wellness. The data gathered is then entered into the Homeless Management Information System (HMIS) and a VI-SPDAT score (1-20) and the Housing Intervention Score (1-4) will be produced.</p> <p>oMany clinics will refer their patients to a CES lead in their Service Planning Area (SPA) to be assessed. A few member clinics have trained case managers to provide the CES survey for patients.</p> <p>oit can be challenging for clinics to get their patients prioritized for permanent supportive housing when the VI-SPDAT score is used. Clinics will work with patients with low VI-SPDAT scores and help them become â€œmatch ready.â€ However, patients with low scores remain on the waiting list and clinics receive little follow up communication about them.</p> <p>oClinics are also concerned that the VI-SPDAT does not heavily prioritize individuals with HIV/AIDS although linkage to housing may be available to this specific population.</p> <p>oClinics are not always confident the VI-SPDAT scores of their patients accurately reflect their acuity, especially when their patients are assessed by an external agency. For example, individuals may not always want to disclose their HIV/AIDS status, which could impact their score.</p> <p>oThe referral relationship between clinics and CES leads is challenging. There is not a strong infrastructure for clinics to receive information from and communicate with CES leads. When referring a patient to a CES lead, a clinic runs the risk of losing contact with the patient and not knowing if their patient completed the referral.</p> <p>â€¢Recommendation: Community clinics recommend inclusion of a health related question(s) in the CES system.</p> <p>â€¢Recommendation: Community clinics recommend that unlimited HMIS licenses be available to clinics. Currently, clinics are limited to two licenses per clinic. Community clinics need access to HMIS licenses for care coordination and case management purposes.</p> <p>â€¢Recommendation: Community clinics recommend county agencies and LAHSA host Service Planning Area (SPA) events where various providers (health, mental health, substance use, housing, CES leads, and homeless providers) can network and build collaborative relationships and partnerships.</p> <p>â€¢Recommendation: Community clinics recommend county agencies and LAHSA develop standards for communication between clinics and CES leads/matchers.</p> <p>â€¢Recommendation: Community clinics recommend county agencies and LAHSA develop a homeless sensitivity training for individuals, including front line staff, providers, and any employees working with vulnerable populations, including people experiencing homelessness, with the aim of reducing stigma and myth busting.</p>	
<p>Funds should be allocated to individuals and non profits locally with houses for this purpose advertised via the neighborhood council also because if the work is being carried out then the Liaison knows where these places are to help keep them afloat with the supplemental income</p>	SPA 6
<p>More Bridge Housing</p>	



**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Interim Housing**

<p>According to the DWC LA City Housing Gap Analysis (as prepared by USC Price School of Public Policy), in 2018, 2,407 existing emergency shelter bed programs targeted populations including individual females age 18 and over across the City. Unfortunately, this means that there are 2,435 more unsheltered individual women experiencing homelessness than the existing emergency shelter bed infrastructure can accommodate in the programs serving individual women in LA City. Furthermore, because the majority emergency shelter beds are within programs that serve a broader population target, than just individual women, the gap between the number of unsheltered individual women and existing shelter beds available is likely larger than 2,435. Additionally, in relation to shelter beds, the DWC recommends that ALL shelter beds have a contracted amount of permanent housing exits/or concrete partners who have permanent housing contracts to ensure that clients do not fall back into homelessness. We must continue to build and provide services for these underserved women that are unable to find shelter. Shelter contracts need to be funded at \$60/night to account for increased mental health (trauma healing services) and healthcare service needs (primary care, occupational therapy, nursing supports, ageing related care, etc) among this population. Janey Roundtree, with CA Policy Lab, stated that current data shows that homeless women are sicker than homeless men on the streets. Roundtree continues by emphasizing that family trauma is the root cause of women’s homelessness, while suggesting that gendered health interventions are necessary for women experiencing homelessness.</p>	SPA 4
<p>Support housing development projects for existing service providers. Not necessarily for non-profit housing organization but for organizations who already have a proven track record of providing quality wrap-around services.</p>	SPA 4
<p>Government financial assistance for Affordable shared housing from private citizens</p>	SPA 6
<p>See prevention and diversion.</p>	
<p>I'm not sure about interim housing. I would like for it to work better for the homeless.</p>	
<p>We recommend more clinic/health provider partnerships in interim housing. We have seen a variety of issues that could be helped with medical intervention. This is seen when a client has to extend their stay in interim housing because they cannot get medical clearance to move into permanent/other housing. Additionally, clients can be stuck between not being well enough for interim housing but not sick enough for recuperative care. Having an investment in connecting to medical care can help manage and prevent these situations. We also believe that helping clients have a strong connection to a medical home can help prevent some of the reasons they fall out of housing. Along with stabilizing health issues, health centers often have community services that help ground clients with a sense of belonging including support groups, exercise classes, advisory boards and other health related activities.</p>	
<p>Transitional housing needed</p>	SPA 6
<p>Avenues to bring community in to support the social service efforts that clients need.</p>	SPA 6



**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Permanent Housing**

<b>Permanent Housing</b>	<b>SPA</b>
<p>how can this really be helped? do you think the answer is building skyscrapers around single family homes just to house people? maybe look into ways to fund people moving to other cities or counties or even states. it's unfair to homeowners who work and pay taxes to be crowded out by massive low-income apartment complexes where the developers are allowed to be slum lords!</p>	SPA 7
<p>I do not like the fact that permanent housing for the homeless will not include mandatory social and psychological treatments. Why will they not be required to take a career class if they are able. Why will they be allowed to drink and do opioids in this home the taxpayers are providing. Why is there not a curfew? Are we furnishing these homes with telephones and televisions? Are we paying for Air Conditioning and Heating? Are the chronic homeless living in these units going to get General Relief (Welfare) to pay their rent, are they getting meals paid for by the taxpayers? How is all this sustainable?</p>	
<p>Dept of housing urban development can convert housing lost to foreclosure into permanent shared housing. The cith can purchase houses on the market gfrom private owners and convert them into shared permanent housing but only with case management from trained community health workers.</p>	SPA 6
<p>The City and County efforts to scale permanent housing have been utterly myopic, defining Permanent Housing singularly as the new construction of site-based units for voucher-holding residents. Donna Gallop, when she moved from New Jersey to Los Angeles to head LAMP described the housing approach in Los Angeles as "housing projects or jails." Our society determined long ago that housing projects were detrimental to society, community and the people in the housing projects. Why are we using the same model for our homeless population? In fact, people want community-based housing. Los Angeles is built on a suburban grid. Most of the housing stock in Los Angeles is single family homes. At any given time in Los Angeles, there are 50,000 single family homes for rent. Our system could scale tens of thousands of units immediately by targeting the single-family home rental market.</p> <p>Shared Recovery Housing is able to take large numbers of homeless people and give them the social support and skills that they need to get off of government benefits and subsidies, move into permanent market-rate housing, and become tax payers. One of the goals of Shared Recovery Housing is to get people to move out to market-rate housing as soon as they can successfully sustain themselves. There is more than 10 years of data collected by Los Angeles County Department of Mental Health (DMH) showing that SHARE! Collaborative Housing has few people move back into homelessness, with the overwhelming majority of people moving into market-rate housing.</p>	SPA 5
<p>Rehabilitate city and county owned property and rent to homeless rather than sell to investors.</p>	
<p>Independent living homes</p>	SPA 6
<p>I have been on two section 8 lists in 15 years LA County and Ventura County, after waiting 12 years. I received a 6 months extension from HaCla and even with a Housing Locator was unable to secure housing. The property managers have unreasonable guidelines, requesting 700 credit scores and 3x the market rate rent. Had I met these two guidelines I would not qualify for Section 8 in the first place. I have chronically experienced homeless due to the high priced rent and other hardships and barriers.</p>	SPA 6
<p>THE CITY, THE COUNTY THE STATE OF CALIFORNIA S WELL AS THE FED GOVERNMENT HAVE A LOT PROPERTIES THROUGH OUT THE STATE THAN CAN BE USED TO BUILT PERMANENT HOUSING!!</p> <p>THE SYSTEM, DOES NOT TALK TO EACH OTHER</p> <p>THE CITY OF LOS ANGELES THE COUNTY AND THE STATE DOES NOT !</p>	
<p>Subsidies will be needed, specially for the long-term displaced/homeless population</p>	
<p>How do i sign up ?</p>	

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Permanent Housing**

More permanent housing in both la city and la county Florence Firestone watts south la and e.t.c	SPA 6
They need compatible people to share permanent housing with; otherwise they'll be too lonely.	
More opportunities for supportive housing settings. Many of the people we work with are not capable of living independently without around the clock support	SPA 5
How about it gets fairly distributed throughout this city. Lands is cheap in the poorer areas so those areas get hit with all of it.	SPA 2
Hoise all indigent vagrants in mandatory incarceration in a tent city east of Barstow enclosed in razor wire and atmed guards.	
Drugs and alcohol and mental health issues need to be addressed first; putting people with those existing problems into permanent housing, as judging by the endless police and ambulance calls to the permanent housing structure across from my offices, is doing zero good. Any money destined for permanent housing should be immediately redirected to mental health and addiction services first.	SPA 5
planned communities for low-income families and eventually housing close to work/job through stable rent agreements	
Too many of the disabled, whether veterans or those injured in accidents, are on the street because there is no way for them to find out about how to look for permanent and affordable housing. There needs to be an advocacy program that provides assistance to those people who can demonstrate a willingness to cooperate and live within the confines of clean, quiet, safe and drug- and alcohol-free properties, and there needs to be a clear method to impart the rules so that people know exactly what is being required of them, in exchange for what is being provided TO them.	SPA 6
Micro units	
Not a gov't responsibility	
I believe there should be a program that helps any family who lived in a HUD red lined zone & was denied federally subsidized support to buy a home. There should be outreach to these families & the decedents of these family and as long as they can prove they lived in the area, they should be eligible for down payment grant, rehab grants & closing cost grants in the neighborhood.	
24 hour security which demands photo ID of all visitors, and this information must be documented each and every time a guest/visitor comes to perhaps prey on these people to deal drugs or mooch a rent-free residence that was not intended for them. Also, I have met SEVERAL homeless men who have refused Section 8 vouchers because they don't want to spend a 1/3 of their SSI, SSDI, or SS for a place to live. They would rather stay in their tents and be an encumbrance to the local area rather than have their own residence.	
Affordable housing with rent control is everyone's right!! Above is my response to permanent housing	SPA 5
There needs to be a lot more affordable housing. It is critical to being successful in dealing with homelessness	
There should not be permanent housing. Transition housing is needed. Who will pay for the permanent housing?	
City Housing! City high rise apartments for the homeless will have to be developed for 5 times the number of homeless people. The apartments should consist of be one to two bedrooms, no more than 350 square feet total. These apartments will be inspected yearly and must be managed by law authorities selected by the administrators of the program. All rules will be set to adhere to cleanliness and safety.	
Permanent housing for the homeless must be evenly distributed throughout communities, affluent and poor alike.	
All options must lead to more housing"Empty nest homeowners get support to renovate a bedroom into an efficiency with separate entrance, AND coordinated support for housing someone there could add to the stick fo available units. Regulate developers of multi unit buildings contribute either units or money to build units for subsidized housing. They should not be allowed to just keep building luxury units, ousting tenants just so they Can up the rent.	
They prefer to live in their own with no rules. Can't comply to no drugs and no alcohol policy.	SPA 8

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Permanent Housing**

Mental health facilities.	
BUILD MENTAL HEALTH HOSPITALS AND HOUSE THE HOMELESS THERE!!! THEY NEED MENTAL HEALTH SERVICE OR THE HOUSING WILL DO NO GOOD!!!!	SPA 3
Get working on it now and do not charge the tax payers \$500,000 plus for low income housing. Go to area that are cheaper and require each city a percentage of low income housing so it is spread out. Venice has more interim and drug facilities than most cities because the drug addicted love the beach. The beach is a privilege and not a right.	
Need more low income housing	SPA 3
Again, I personally have no issue with homeless housing in my area, so long as it is run efficiently and staffed 24/7. Perhaps have the most responsible residents mediate issues within the facility, as well as have social workers on-premise.	
AFFORDABLE, the answer is affordable housing for anyone who needs it. Closing the loop hole that allows developers to "relocate" their affordable units out of new construction to poor and/or dangerous neighborhoods. Permanently isolating people based on income eliminates long term opportunity.	
It must be supervised for many. You can't just dump the mentally ill and drug addicted in an apartment.	
Same as above: <a href="https://www.huffpost.com/entry/homelessness-finland-housing-first_n_5c503844e4b0f43e410ad8b6">https://www.huffpost.com/entry/homelessness-finland-housing-first_n_5c503844e4b0f43e410ad8b6</a>	
Don't build permanent housing on the MOST EXPENSIVE REAL ESTATE ON THE PLANET! Build them in the inland empire or somewhere else with cheaper land.	
If the above steps are taken, maybe people will be able to have permanent housing, but to say there are not enough homes, is a lie, and another way for greedy developers to make more money. There are plenty of empty homes around the country.	
It was brought up at Policy Summit #1 that all acuity levels need to be considered for service. I completely agree. But I also feel raising acuity eligibility levels introduces more complications because the interventions are strained to work with the higher needs people. For instance, RRH used to be for "mid-level" acuity persons, from 5-8 scores, and now with "acuity creep," must serve people with scores of up to 12. If policy makers still feel we need to use Measure H funding for the highest acuity first, mirroring HUD's CoC priorities, then we should allocate much more funding to D7.	SPA 8
Yes more permanent housing is needed as those demonstrate or supported to keep permanent housing and keep case management services connected to them.	
or permanent places to live in.	SPA 3
Seeing advertisements for seminars on purchasing houses with tax liens is just another method of preying on at risk residents. Or offering Pod residences at \$50/night/\$280 week/\$1000 month is criminal.	
Public housing worked at one time until it didn't anymore. Permanent housing needs to fit the economics of the residents. A \$15/hrs worker has to eat and be mobile on top of having a private roof over their head. That's not taking medical or family needs into consideration. And where is the quality of life?	
All these towering apartments being built in every neighborhood in this city = lots of housing. If even 10 units were set aside for people who could walk to work or school, those are people who are economically more advantaged. If 10 units matched the economic needs of a teacher or college graduate in their first job, they're taking stronger first steps into the future. If 10 units were set aside for Veteran parents, 10 for formerly incarcerated, etc... That's at least 40 units more full than some of these buildings are now.	SPA 6
Yes, but bids should be open to non-city contractors to lower the high price tag of construction.	SPA 2

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Permanent Housing**

<p>No permanent housing unless you clean up your act, get a job, and then agree to either pay rent within a set amount of time, or find somewhere else to live. Government indulges these criminals without setting them on a path to progress.</p>	<p>SPA 5</p>
<p>Need new approaches for housing, not everyone needs full function home. Legalize and encourage micro units, SROs, and shared housing.</p>	
<p>#1 Provide incentives for landlords to accept subsidized tenants to assist victims who have federal housing subsidies. Often times due to victims' criminal record, history of income, and immigration status, landlords do not want to accept HUD vouchers, and these incentives will increase access for those that are able to receive vouchers.</p> <p>#2 Provide specialized housing and case management services to survivors whose children are in the welfare system. Human Trafficking and Domestic Violence survivors work to rebuild their lives after, a large part of that rebuild is reunifying with their child/children. Often times housing can be the only barrier to reunifying with their children.</p> <p>#3 Similarly to Interim housing, expanded support for field-based supportive services for Victims of Crime are needed for an individual's success in permanent housing. A model that combines intensive field-based Case management with mental health treatment and access to comprehensive legal services is needed so survivors can fully stabilize and then reintegrate into less intensive programs/support. Our agency provides this supportive service, and would like support to continue doing this work.</p>	<p>SPA 2</p>
<p>Permanent housing of those with untreatable mental illness should be in low-land-cost areas of the County.</p>	
<p>Build more interim housing for all not just homeless but homeless disabled low income very low income vets seniors and e.t.c citywide and countywide</p>	<p>SPA 6</p>
<p>#1 Provide incentives for landlords to accept subsidized tenants to assist Human Trafficking victims who have federal housing subsidies. Often times due to Human Trafficking victims' criminal record, history of income, and immigration status, landlords do not want to accept HUD vouchers, and these incentives will increase access for those that are able to receive vouchers.</p> <p>#2 Provide specialized housing and casemangement services to Human Trafficking survivors whose children are in the welfare system. As Human Trafficking survivors work to rebuild their lives after exploitation, a large part of that is reunifying with their child/children. Often times housing can be the only barrier to reunifying with their children.</p> <p>#3 Many Human Trafficking survivors may be exiting institutions, such as prison/jail and hospitals without a place to go, leading to further victimization. Specialized Human Trafficking Housing should be available to individuals exiting institutions to decrease further exploitation.</p> <p>#4 Expanded support for field-based supportive services for Human Trafficking is needed. A model that combines intensive field-based Case management with mental health treatment and access to comprehensive legal services is needed for Human Trafficking survivors to fully stabilize and reintegrate</p>	

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Permanent Housing**

<p>If funds are going to be used to attempt to solve this problem, converting a prior storage locker and trying to cram individuals into there is not a solution, (it is inhumane in my eyes) such as the one being considered on Wyandotte and Sepulveda. Using one of the larger spaces previously mentioned would provide adequate space for a large group of homeless individuals, and provide them with services to mainstream, if possible back into the work force. The expression , some homeless are Mentally Ill and do not want housing, is ignoring the problem. If they are truly Mentally Ill they should be in treatment facilities, not living in deplorable conditions on the street.</p>	SPA 2
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<p>We need a lot more of this. Once someone obtains permanent housing they need more help with substance abuse and mental health treatment in order to successfully maintain the placement.</p>	SPA 7
<p>A large portion of the funding should be focused on building affordable permanent housing and focus on giving more spotlight to the Lease Up LA Initiative.</p>	SPA 5
<p>Bad idea. Permanent housing creates permanent reliance. Except in rare and well-justified cases, public assistance should be temporary and transitional.</p>	
<p>Yes, with support to enable residents to transition to self-sufficiency, where possible.</p>	
<p>Do not use for housing unless it goes to board and care for mentally ill</p>	
<p>Again it's not going to solve the homeless epidemic by trying to build housing in west LA. The City needs to focus on realistic solutions, building housing far outside of the city. This is not a housing issue it's drug and mental health issue.</p>	SPA 5
<p>More housing projects, housing specialists at the LAHSA level that are able to connect with landlords and share housing resources across SPAs</p>	SPA 3
<p>Safety net health leaders, which include community health centers, hospitals, county health departments, and Medi-Cal health plans, support expanding the supply of and access to housing resources across a continuum of housing types and locations. We support the continuation of Measure H investments in the supply of housing. Measure H should explore the development of congregate living sites and other innovative interim and permanent settings for individuals who need permanent daily support for ADLs. In November 2019, the Board of Supervisors moved to double DHS/DMH tiered rates for existing adult residential facility (ARF) and residential care facility for the elderly (RCFE) providers, to preserve and expand existing bed capacity, identify additional financial support and collect better data on ARF/RCFE closures. Measure H funding could also supplement this funding to sustain this critical resource for individuals at-risk for homelessness. In addition, health care providers are interested in strategies that will develop housing sites with co-located health and behavioral health services.</p> <p>Health leaders recommend incorporating greater considerations of acute and chronic, disabling healthcare needs when assessing individuals for priority placement in housing (i.e., as part of or in addition to VI-SPDAT).</p> <p>Health leaders want to partner with housing and homeless advocates to promote and support local, state, and federal policies that would increase affordable housing and rental assistance.</p>	SPA 6

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Permanent Housing**

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<p>Move many more people RAPIDLY into shared supportive housing, which is far cheaper and more readily available than custom built units. Expand SHARE's (<a href="https://shareselfhelp.org/">https://shareselfhelp.org/</a>) capacity to serve and set standards/provide mental health support for other public/private providers who can move more nimbly to house people, such as HAAVEN (<a href="https://www.haaven.org/">https://www.haaven.org/</a>) who housed 98 people in one year.</p> <p>Identify those who CANNOT cohabit successfully and put them on an alternate track.</p>	
<p>his is where the biggest and most ludicrous draining of tax money is. Shared minimum 2 person or one family units are, the most reasonable. Expecting taxpayers to fund single occupancy units per person at min. 4-500,000 dollars per unit is insane and unsustainable as the influx of homeless people continue to flow into California. People can be housed, but, in less expensive real estate land and in less densely populated areas bringing the cost down in development of permanent housing.</p>	SPA 5
<p>FILM AND TELEVISION</p>	SPA 4
<p>Measure H funds combined with other revenue streams (state) should be explored as an opportunity to develop congregate living sites and other innovative interim and permanent settings for individuals who need permanent daily support for ADLs. In November 2019, the Board of Supervisors moved to double DHS/DMH tiered rates for existing adult residential facility (ARF) and residential care facility for the elderly (RCFE) providers, to preserve and expand existing bed capacity, identify additional financial support and collect better data on ARF/RCFE closures. HASC recommends that such housing sites can benefit from co-located health and behavioral health services. The latter service may benefit by using Mental Health Service Act dollars.</p>	

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Permanent Housing**

<p>D7: Provide Services and Rental Subsidies for Permanent Supportive Housing</p> <p>â€œPosition: Community clinics support the continuation of Measure H investments in the supply of housing. Following the integration of the Department of Health Services (DHS)â€™s Housing for Health intensive case management services (ICMS) program with CES, clinics have experienced challenges with keeping their own patients in their ICMS case management team. Clinics are not able to reverse refer patients into housing.</p> <p>oCurrently, community clinics rely on DHS referrals until clients can be housed within LA County. Housing for Health clients are often housed in unfamiliar or geographically distant areas resulting in isolation from their community and support systems.</p> <p>â€œRecommendation: Community clinics recommend county agencies and LAHSA develop a new workflow that allows clinics to refer patients into Housing for Health since they have a familiarity with their client population and the communities they live in.</p>	
<p>Waiting List should be worked frequently there should not be anyone waiting more than five years</p>	SPA 6
<p>Great need for more DV sensitive rental properties</p>	
<p>DWC foremost supports the use of Measure H funds to ensure that adequate services are provided to new and existing PSH units. In addition to this support we recommend promoting the use of the Domestic Violence Housing First Model for both DV survivors and beyond. DV providers are the most trained to serve this population, just as youth providers are for TAY. The Downtown Womenâ€™s Center continues to support current Measure H funded programs for DV survivors, including the DV Regional Coordination, creating a parallel HMIS system, Rapid Rehousing for IPV (the Domestic Violence Housing First model), and additional shelter beds for women. DWC recommends doubling the funding (1.3Million to 2.6 Million) to enhance and scale the Rapid Rehousing for IPV program. Although, weâ€™ve increased the coordination funding for co-located DV/Homeless services, we have not yet truly increased the permanent housing resources for people at these critical intersections.</p>	SPA 4
<p>Garage conversions provided by private citizens</p>	SPA 6
<p>Board should make use of eminent domain laws to purchase, at market value, undeveloped lots of property in the cities that have been undeveloped for at least 5 years and build apartments on those lots. The apartment buildings being built should be rented out as a mix of 50 percent market value and 50 percent for low income housing. The city should remain the landlord for these buildings until a market value is great enough to be sold to offset costs.</p>	
<p>Should be Transitional Housing first to make sure they get the help they need to not become homeless again.</p>	
<p>Again, we believe that a strong connection to a medical home that has the cultural competency to treat those that have experienced homeless with dignity is very important. This connection will help create the stability needed to remain housed. Health centers provide not only comprehensive health care but community connections that support groups, exercise classes, advisory boards and other health related activities.</p>	
<p>Number one. 70 percent. CAD CAM Method Housing</p>	SPA 6
<p>Avenues to bring community in to support and advocate for innovation in resource assumption and consumption.</p>	SPA 6



**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Employment**

<b>Employment</b>	<b>SPA</b>
again, maybe look into helping people relocate. if they have that option and financial assistance maybe they'll take it.	SPA 7
Workforce development focused on eliminating lists for government jobs that no one ever gets called off such as with the city ,county and state. Continue targeted hiring such as that initiated with the city targeted at all everyone and students enrolled in any college program leading to a certificate programs offered at all LACCD and other community colleges throughout the state. Make tentative job offer contingent upon finishing program at the START of the program to motivate the student to complete. Some high school students are getting the benefit of college instruction on site at their high school. We should be able to offer college classes on site at an employer site to make going to school to get a degree or improve your career trajectory realistic because many individuals working full time with kids and families to manage do not have time to take away from those obligations. Bring college class to the employer on site or offer them cheper online and offer grants to keep students out of debt. Most students do everything electronic and would prefer some course offering online. Not all but most can be done online or onsite.	SPA 6
Using Peer Support and connecting people with Self-Help Support groups is essential to obtaining and maintaining employment. a study of CalWORKs shows that the number one predictor of whether or not people receiving government benefits will still be on government benefits 5 years after first receiving benefits is whether or not they know ONE person not receiving benefits. When people see people living off of government benefits - friends and family- they see that they too can do it. Our system concentrates people in projects that are exclusively for people receiving services. This is segregation. It does not work. Connecting people to Self-Help Support groups allows people to develop authentic friendships with people from all walks of life.	SPA 5
Dept of rehab/ dpss job help	SPA 6
As an IHSS Provider who is paid \$12.15 per hour which is below the working minimum wage. Even working two jobs how could I afford to live in The place I have lived for 20 years.	SPA 6
A NEW TRAINING PROGRAM WILL BE NEEDED TO UPGRADE THE SKILL SETS OF FIRST TIME HOMELESNESS JUNIOR COLLEGES AS WELL THE UNIONS LA UNIFIED SCHOOL DISTRICT CAN HELP OUT WITH THIS	
Yes, training for jobs needed too	
Hire more folks and residents of that Community were these projects are being built and give the community 20 to 30 percent first dips on getting a place to live in these projects	SPA 6
Some homeless people do not have the skills or the emotional stability for a job. If it started with just a few hours a week--maybe.	
Not versed in this area. But would encourage any and all opportunities, even if being hired at some of these potential housing and shelter locations	SPA 5
Interior design	SPA 2
The indigent vagrants should be making license plates while confined in a tent city east of Barstow enclosed in razor wire and atmed guards.	
You need a version of what worked during the height of The Depression: Civilian Conservation Corps Camps. Able-bodied, out-of-work adults were (and still can be) housed in military-style housing in US parks, and given shelter, food, wages and training in exchange for working to build out and repair park infrastructure, ranging from roads and bridges to replanting trees. If you tie this into the New Green Deal you'll accomplish what was already proven to work when the CCC was up and running, which was give those without jobs or a reason something to rally behind while providing useful infrastructure help that parks -- and the country -- so desperately need.	SPA 5



**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Employment**

they can immediately start with helping to clear brush and fire hazards from powerlines. those who are not physically able can work in an office environment as a clerk or courier.	
APPRENTICESHIP PROGRAMS!!! GEDs have long been the path to completion of higher education but it is time to recognize that not everyone is 'college material'; some people are better at working with their hands, or outside the traditional suit & tie (or high heels and hose) environment. Testing and training for entry-level jobs in construction, plumbing, electrical work and computer training make sense to provide a hand UP, instead of a hand-OUT!	SPA 6
Require any business benefiting from City tax breaks or funding to offer training and apprenticeships to homeless individuals	
Not a gov't responsibility	
Hire homeless for homeless service jobs as outreach partners & advisors to high level officials & administrators.	
Job training and opportunities at businesses that employ undocumented aliens rather than hire legal residents, i.e. car washes, restaurants, landscaping, home maintenance/repair, vehicle repair, and hotel housekeeping.	
This is improbable since many homeless do not want to work Or have the skills, attitude, to work. Theyâ€™re substance abusers, mentally ill, lifestylers prefer living in the street for their freedom from responsibilities	SPA 5
Having services to help the homeless find jobs is very important. Having access to computers, telephones and an address that can be used are very beneficial.	
Instead of government workers the unsheltered should work in the positions for board	
Each Homeless person who takes advantage of the housing program, will exchange work for housing privilege.	
The homeless will not become employable until they overcome their addictions and mental health issues and practice good hygiene.	
All these jobs Trump is creating? Where are they? All those jobs listed on monster.com and other job sites? Invite those employers posting their jobs to meet with mentors and social workers who provide support for homeless people to find work. For each homeless person who does connect with a job, provide support and coordination for as long as needed to help them keep their job. This means far more jobs fro support providers, better coordination of services. And pay a living wage to these people!	
The majority donâ€™t want to work itâ€™s easier to steal under \$950 and walk into stores and steal.	SPA 8
Give them jobs in the mental health facilities, or connect them with employers that hire homeless people such as â€œThe Giving Keysâ€.	
BUILD MENTAL HEALTH HOSPITALS AND HOUSE THE HOMELESS THERE!!! THEY NEED MENTAL HEALTH SERVICE OR THE JOBS WILL DO NO GOOD!!!!	SPA 3
We need to implement a fair wage in the city of los angeles that is more than \$15 an hour. Large companies need to pay their workers a wage they can live on.	
Reach out to local businesses and provide incentives for hiring the homeless. Years ago, there was a federal Targeted Jobs Tax Credit that helped offset the wages of targeted groups during various time intervals.	
Subsidize small and midsize companies. Offer them incentive and funding to hire and train people. This would put money in the hands of small companies and people, rather than corporations.	
People who can work, should be trained in work they enjoy.	

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Employment**

<p>This is the biggest culprit, causing the problems we are now facing. Employers have been allowed to delegate most jobs out of the country, because they can pay lower wages, they pay their employees who reside in the US minimal, and the non profits, who do not have to pay any taxes, whose only obligation is to give 10%, back to charity, are compensating their CEOs millions, yet paying their employees little, ie, Cedars Sinai Medical Center for instance. They have facilities on some of the most expensive real estate, and do not pay a dime in taxes, their CEO, is compensated \$4,270,000.00 per year, but the average employee makes less then \$60,000 and has to either commute 2 hours, or work two or more jobs. This is wrong and should not be supported anymore.</p>	
<p>Fund a pilot for a modest amount for vocational training, including 100% covering tuition/special clothing/equipment/public transportation to school site; in-service training for counselors and instructors so Trauma Informed, have resources (TAY agency experts, etc) who can provide guidance on dealing with behavioral issues that manifest themselves in the classroom (e.g., student isolating themselves from others; low motivation; anger management).</p>	SPA 8
<p>Yes of course but housing first. More shelters, Interim housing and permanent housing.</p>	
<p>I drive to work against traffic. I was excited to use the upcoming Crenshaw train until it was rerouted to Norwalk. In a nutshell, employment in this County is tied to one's ability to get to it. If it takes an hour to drive 8 miles something is wrong. Either jobs or housing needs to get closer because public transportation here will get you fired.</p>	SPA 6
<p>What kind of job can any of these people possibly do? The only job they're equipped to manage, once they're sober, is cleaning up other bum encampments.</p>	SPA 5
<p>We are at 3.5% unemployment if you want a job it can be found. What is needed is training and help with transitions to workforce.</p>	
<p>#1 Provide additional specialized model employment retention support programs to assist in employing victims who often face many barriers when returning to work, such as having a criminal background due to their abuse or lack of work in traditional settings, such as increased support when entering the job place, job readiness preparation, and connection to jobs willing to hire non-traditional employment backgrounds.</p> <p>#2 Funding for programing around finical literacy for victims of crime would be very helpful. These programs can help individuals gain independence and build confidence. Partnerships with Cities</p> <p>#3 Increase funding for additional LAHSA trauma shelter beds specific for survivors such as vouchers for hotel stay, and for transpiration.</p> <p>#4 Increase funding to support multidisciplinary work between Community Agencies and City departments such as the City Attorney's office and LAPD. Support the cost of City Attorney Advocates co-located in Police Departments, and local agencies.</p>	SPA 2

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Employment**

<p>Rehabilitated homeless needing jobs could be trained and employed in the following jobs to help offset the cost of their rehabilitation and housing:</p> <ul style="list-style-type: none"> <li>- Construction of County and city housing and treatment centers.</li> <li>- Meal preparation, service and cleanup at County and city housing and treatment center</li> <li>- Cleaning of County and city housing and treatment centers and other government buildings.</li> <li>- Repair of County and city roads.</li> <li>- Maintenance of County and city public lands.</li> <li>- Maintenance of County and city sanitation systems.</li> </ul>	
<p>First treat the mental illness. Then teach a trade/skill.</p>	
<p>Do more hiring citywide and countywide and work with wdavs and dpss to find more hires</p>	SPA 6
<p>#1 Provide additional specialized model employment retention support programs to assist in employing Human Trafficking victims who often face many barriers when returning to work, such as having a criminal background due to their trafficking or lack of work in traditional settings, such as increased support when entering the job place, job readiness preparation, and connection to jobs willing to hire non-traditional employment backgrounds. Additionally, human trafficking survivors are often triggered in employment settings and a structured support program will help human trafficking survivors be more successful in these programs long-term.</p> <p>#2 Fund Workforce development to pair with specialized Human Trafficking RRH programs to ensure that supportive employment services are available for Human Trafficking survivors.</p> <p>#3 Fund specialized legal service providers to clear arrest and criminal records that are often barriers to employment and housing. Legal service providers for human trafficking should not be SPA specific but placed in specialized human trafficking programs.</p>	
<p>I think that before one can expect individuals to be in the work force, they need a stable residence, a mailing address, a place to shower and keep clean clothes to go on an interview. More emphasis on Job Counseling, and/or employment training should be a condition of living in a housing for the previously homeless. Also, perhaps some of the homeless could be employed at some of the completed new housing facilities, doing such things as maintenance, gardening and taught to do office work. (not suggested this be implemented where they live, but in another facility.</p>	SPA 2
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<p>Those who want to work should be provided additional training for interviewing, resumes, and skills to make them employable. In addition, legal assistance should be provided to help with legal history that may be a barrier to employment.</p>	SPA 7
<p>Another focal point should also be employment and livable wages for all</p>	SPA 5

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Employment**

Job training should be part of the services provided.	
Yes - job training and follow-up to ensure employment is a success.	
Require anyone receiving services to do community service such as street and sidewalk cleaning.	
We have close to zero unemployment. Everyone who wants a job should readily be able to find work.	SPA 5
Need more funds	SPA 1
Partnerships with employers that are willing to provide job training to clients that provide subsidized wages with possibilities for full-time work at the end of training. Job fairs with these employers for clients.	SPA 3
The nonprofit, Chrysalis ( <a href="https://www.changelives.org/">https://www.changelives.org/</a> ), has a fantastic model for transitioning homeless people and substance abusers back into the labor market. It works. Use it as a model and scale it.	
<p>People striving to overcome employment barriers and build a better life want what we all want—the opportunity to take care of themselves and their families, and contribute their skills and talents to our country and the economy. LA:RISE provides that pathway and collaboration for people to build a better life. On behalf of the LA:RISE social enterprises, personal support providers, WorkSource Centers, America’s Job Centers of California and partners, we recommend the continued funding to LA:RISE to help eliminate homelessness in Los Angeles County.</p> <p>When we reflecting on what’s been added to the basic structure of LA RISE over the last 5 years, we see how the foundation of social enterprise and workforce development can also serve as the platform to add the type of wrap around supports that people with complex, multiple challenges that are often long-term need in order to have a fighting chance to turn their lives around - enhancements such as legal services for transitional employees, integration with housing (A Bridge Home), technical assistance, a technology partner and a clearinghouse for employers – all made possible by LA:RISE’s commitment to co-case management and clearly defined outcomes.</p> <p>Through LA:RISE employment social enterprises continue to provide diversity, leveraged resources, and support to expand the workforce development system. When compared to traditional workforce development services, the ESE business model covers the employee’s wages, and the subsidy is only needed to cover expenditures like staffing and supportive services that make the difference between individuals with barriers keeping a job and falling back into unemployment.</p> <p>Finally, transitional employment is a valuable and necessary first step on the pathway to higher wages and quality jobs for people with high barriers to employment. Transitional employment is critical to helping people gain the necessary job readiness skills and work experience necessary to get a better job and build a career.</p>	
No job is too small. Job training in the labor market - Plumbers, carpenters, construction skills. As many homeless able-bodied should be employed in community service in exchange for shelter and food. The sense of accomplishment is missing for many of the people on the streets. They need to feel accountability and the self-respect that responsibility creates. No free ride no opting out of contributing to a positive environment for everyone. Mental health intervention, psychiatric support, life counseling and rehab for substance abuse must be obligatory.	SPA 5

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Employment**

FILM AND TELEVISION	SPA 4
See "other comments" section	
The target hire via the work source centers is a terrific idea into a city job and needs to be expanded to other government jobs. There should also be positions should also be available for all with graduate degrees for more lucrative salaries	SPA 6
More trauma informed employers	
<p>Transitional employment is a valuable and necessary first step on the pathway to higher wages and quality jobs for individuals who have been unemployed and/or under employed. The LA:RISE intern participants gain the necessary skills leading to employment opportunities they otherwise would not have had.</p> <p>Digital Learning Academy (DLA) students use the skills learned in the graphic arts class as stepping-stones to employment. This is where they work in the Print Center and practice customer service skills and varied print production assignments, like developing 3D robotics.</p> <p>The LA:RISE internship is also provides an opportunity for participants to overcome challenges by learning how to address the lack of transportation, child care, work attire, etc. Through the caring staff, the interns are taught the skills and/or resources that will be instrumental in their addressing these challenges to meet their needs.</p> <p>The confidence that is instilled in them by the instructor and other facilitators, contribute to their success in seeking gainful employment after completing their 300-hour internship. The skills learned often leads to a pathway to college in pursuit of higher education.</p>	SPA 4
Part of the solution for ending homelessness involves stable employment opportunities. The Downtown Women’s Center continues to support initiatives that incentivize County/City departments to prioritize hiring people experiencing homelessness. We also advise pairing Workforce Development contracts with RRH and Bridge Housing. It is important that participants in RRH and Bridge Housing have access to one-on-one career counseling, career workshops, job placement, and job retention services. We also support sustaining if not expanding the LA:RISE program. Transitional employment is a valuable (and necessary) first step on the pathway to higher wages and quality jobs. Measure H dollars should continue to fund innovative employment solutions to ensure long-term employment success, which in turn helps break the cycle of homelessness.	SPA 4
Support the growth of social enterprises. Support the advocacy efforts towards reducing barriers to employment based on criminal history.	SPA 4
40 hour work week not 3days or 4days etc. You can't build a life not knowing how much you are going to make each month	SPA 6
Stop discrimination by race, color and age	SPA 6
There is an almost limitless amount of work that can be done to improve our city from sweeping streets to management of facilities and parks. Every person who wishes to work should be provided an opportunity to work at a livable wage with benefits. Many of the answers I have suggested above will require employees. That will be a place to start offering jobs (construction of new buildings can be done by people who are looking for work, the city can supplement the pay of workers of the companies that accept the contracts to build the new apartment buildings).	
	SPA 6

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Employment**

<p>I think that there should be transitional and not just Housing to get them off the streets. Getting them off the streets is not the answer to me, we have to address the mental issues and transition the homeless that can be transitioned. I have a proposal for transition housing that has been turned down because they do not want transitional they want housing, which need to be transitional so that many can get better help. To house them without transition is not helping them at all. there are many that have mental problems that will take more help then myself or anyone else can give them to transition them however there are also many that can be transitioned to get help and with the correct help they may stay off the streets permanently and not be homeless again. I would like to transition them not just house them. My corporation is New Faith Transitional Living.</p>	
<p>Health centers are large employers and value peer experience. We can be valuable partners in employment projects. This includes intern programs that can provide valuable work experience.</p>	
<p>Clinician</p>	SPA 6
<p>Incentivise hiring by non-profits, implement OJT.</p>	SPA 6

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Partnerships with Cities**

<b>Partnerships with Cities</b>	<b>SPA</b>
FORCE yourselves on the cities who are able to buy their way out of helping the situation like you force yourselves on us who live in cities that aren't rich and don't have the money to fight back. what did hahn say? it's a SHARED problem that needs SHARED solutions. keep your word for once!	SPA 7
Agencies are working in silos. LA is right next door to Inglewood , hawthorne, carson, culver city, venice, westchester yet they do not share resources. These cities homeless demographics are extremely lower so we must come together as neighbors in the state of california and share resources and solutions. This needs to stop. We are all in California. A forum needs to be held for agencies with similar demographics and client focus.	SPA 6
Prohibit other cities like Culver City from pushing their homeless into LA	
Most Cities are in violation of Federal Guidelines and should not be operating as cities, due to their inability to provide affordable housing.	SPA 6
AGAIN- NO PARTNESHIPS OF ANY KIND	
Kassandra	
Partner with more city's and more parts of la county Especially south la	SPA 6
More of it! Targeting high utilizers of resources, reducing duplication of services, working amongst CES providers to increase clarity re what teams can help best and at what points	SPA 5
Police board, Metro CAC, Historic board	SPA 2
Cities need to assist in rounding up all indigent vagrants for mandatory incarceration in a tent city east of Barstow enclosed in razor wire and atmed guards.	
Each city should commit to utilizing and paying X amount of Civilian Conservation Corps workers recruited from the ranks of the able-bodied unhoused, as each city already has parks that can both provide military-style housing for them AND be rebuilt and restored using CCC labor precisely as was done during The Great Depression. You can't say that didn't work or that it's a pie-in-the-sky solution when you can still visit parks in LA today and see CCC-constructed buildings, bridges and other infrastructure in place.	SPA 5
large companies which depend on labor of contractors and employees being paid under what the living wage is for a city should be required to equalize their employees burdens on the social safety net. that could be a tax directly on the CEO's pay or a cap on CEO pay depending on what the median wage is at that company.	
Definitely should be based upon more than whatever is in place now! Cities, Counties and States should be willing to give back in exchange for all the money that gets drained from he Homeless Prevention funding to finance 'studies' and 'administrative costs'.	SPA 6
Aren't you partnered already?	
Look at international models	
Develop a beneficial plan with Culver City to make them stop ordering homeless people to move to the LA side of their boundary.	
Enlist every city within the county hold the board of supervisors and director of mental health and social services and Dept of health accountable for ensuring health and safety for all indigents	SPA 5
Should be pursued when possible. There are a lot of organizations working to find solutions. Coordination with them could be very beneficial.	
All cities will allocate funds that are equivalent to each homeless persons burden ( which is the last residence address of the homeless) in order that the particular city members taxes, will relieve only the burden of which they have agreed to be responsible for.	
Partnerships should not create new layers of bureaucracy. Instead of redundancy there should be collaboration.	

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Partnerships with Cities**

Be careful of cities like Culver and others nearby who just send their homeless to LA. All local cities should partner to coordinate services.	
Send them back to their places of origin!	SPA 8
I'm not sure of any cities doing this well (perhaps in San Francisco where they have the programs to give heroin addicts clean needles?) but I do know in Michigan there is a facility that treats schizophrenics and bipolars called Rose Hill and they may be a helpful resource. I think there is supposedly a good place in Boston. My brother is at Chester Mental Health Facility in Chester, Illinois and they're the best place he's been over the past 11 years.	
BUILD MENTAL HEALTH HOSPITALS AND HOUSE THE HOMELESS THERE!!! THEY NEED MENTAL HEALTH SERVICE OR THE REST WILL DO NO GOOD!!!!	SPA 3
Pockets of LA such as Venice and parts of LA cannot carry the burden for the rest of LA county	
Need all cities to have Bridge Housing and long term low income housing	SPA 3
Cities and counties need to supply real estate sites and access to services designed to help the homeless, not just police them. Working with small and midsize companies would create more jobs throughout the county rather than putting people in one area working for a single larger company.	
Not sure what you mean?	
Cities and counties should also be paying a living wage to their employees as well as have all jobs open to all people and not just a few.	
a.Coordination with SD on homelessness in unincorporated areas is sorely needed. b.Encourage cities' department/commission on Youth and/or Seniors to understand the CES referral process. For first time people who are homeless like seniors, they do not have a clue how to access services, but they typically are plugged in to their city's senior services (consider having "Problem Solving"/Diversion training with this staff). c.City staff and electeds do not understand LAHSA's City Outcome reports. The explanation of each outcome needs to be delivered in layperson's language rather than the current HUD-sounding narratives. The relationship between each outcome is also needed. Besides misunderstanding the report, I'm concerned people will just take the sum of all the Number Housed for each regional jurisdictions and divide that by the amount of funded SPA programs, to get a very inaccurate picture of "the cost to house one person." d.City electeds are reluctant to support new developments unless they feel their constituents will get the first opportunity of moving into them (this includes shelter, safe parking, PSH). e.Cities have a powerful impact on helping to message the effectiveness (or not) of homeless services to their constituents. There will not be a "Measure H 2.0" if we do not course-correct how the funding is being utilized during Yrs 4-6, so that in Yrs 7-9 the public dramatically sees a reduction in homelessness on their streets.	SPA 8
with Orange county	SPA 3
The Mayor's photo ops are tiresome. How about having all of LA's leadership work together to get something fixed. Like the Housing Dept. and LAHSA. Correctly.	SPA 6
Incentivize wealthy cities within L.A. County to build more affordable housing.	SPA 2
What does this mean?? The only "partnership" the city should have is with LAPD to enforce all the broken laws.	SPA 5
To improve on regulations chocking the supply of housing.	



**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Partnerships with Cities**

<p>As an agency who focuses on serving all victims of violent crime, we know that we can do our work best when we are in strong partnership with other agencies, and most importantly our Cities. Working closely with local city government to assess need and resources, and co-locating with our law enforcement and and City Attorney, and City Attorney and DA Advocates has helped us greatly to provide wrap around services, and get folks connected with the services that already exist. There is going to be fewer City Attorney Advocates funder, as the city moves from the consultant model to a city staffed model. And we feel this will directly affect our clients, and more will become homeless. We know we will loss our onsite Advocate, and it is devastating.</p>	SPA 2
<p>The homeless issue must be address uniformly by all Cities in a County, if not the State. Addressing it at the City level only pushes the homeless across the street. To wit, when Culver City cracked down on those sleeping on Culver City sidewalks, the homeless moved across Venice Boulevard to the Los Angeles City side of the street.</p>	
<p>Partner with all cities citywide countywide</p>	SPA 6
<p>#1 Create specific RRH program for human trafficking victims (HT) as victims often have differing programmatic needs than those traditionally homeless and 1 in 8 homeless are self-identifying as being trafficked in Los Angeles County. CAST clients are often either on RRH waitlists and/or are never called back, and that places HT survivors in vulnerable position of being potentially re-exploited. In addition, many RRH providers donâ€™t understand HT, and donâ€™t treat HT victims in trauma-informed ways.</p> <p># 2 Provide funding to open the first human trafficking crisis and/ or bridge shelter program for male victims of human trafficking 25-30% of CAST clients are male survivors and we believe this number could be higher if more resources were available to identify and serve male victims. The focus in the past has been on women and child survivors.</p> <p>#3 Increase funding for additional LAHSA trauma shelter beds specific for human trafficking survivors. Funding at \$73 per night is required to meet the needs of this vulnerable victim population who often has no connection or support in the community and has suffered years of exploitation in sex or labor trafficking</p>	
<p>We need to have additional support from the cities so that they will allow substance abuse and shelters in their cities.</p>	SPA 7
<p>Measure H funds should be shared more generously with cities on a proportionate basis.</p>	SPA 7
<p>Only if the partnerships substantially further the county's goals.</p>	
<p>Where appropriate - county is responsible for public health so they must bring the mental and physical health resources to the encampments, concurrent with city services, such as sanitation and police. When the encampments are being cleaned and showers provided, it seems there is no coordination with county or social service agencies on these days.</p>	
<p>The focus should be on partnering with neighborhoods and communities, the people who pay the taxes that fund Measure H.</p>	SPA 5
<p>Not all cities fully cooperate with CES. Maybe making their funding conditional based on their collaboration with the CES Lead might prompt open community and cooperation.</p>	SPA 1
<p>Partnerships with cities for low-income job training programs with the city or county. For example, Pasadena offers the MASH program for residents that allows clients to learn skills for maintenance work with homeowners that sometimes leads to a paying job.</p>	SPA 3

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Partnerships with Cities**

We need partnerships with businesses more than cities, especially healthcare providers who are beginning to see that the cost/benefit ratio of care for the homeless is stacked in favor of getting a roof over their heads. Built for Zero is a promising model ( <a href="https://www.smartcitiesworld.net/news/news/partnership-aims-to-end-chronic-homelessness-in-15-us-communities-3962">https://www.smartcitiesworld.net/news/news/partnership-aims-to-end-chronic-homelessness-in-15-us-communities-3962</a> ) and United Healthcare has already made an investment in LA ( <a href="https://www.unitedhealthgroup.com/newsroom/2019/2019-03-26-uhc-affordable-housing-path-metro-villas.html">https://www.unitedhealthgroup.com/newsroom/2019/2019-03-26-uhc-affordable-housing-path-metro-villas.html</a> ). Keep expanding and exploring partnerships with all who can move people RAPIDLY into low income housing and supportive housing.	
Absolutely needed. Community input is vital. No state bills or zoning measures passed without consent of the stakeholders.	SPA 5
FILM AND TELEVISION	SPA 4
County needs to continue to explore opportunities to partner with cities, as a means to ensure that social & supportive services, such as housing options are geographically dispersed.	
See "other comments" section	
Individuals, groups, others should be invited to the table because a multitude of people are overlooked with the capacity to do the work	SPA 6
More collaborative efforts with cities	
Increase partnership opportunities with local government. Leverage existent resources and possibly create coalitions of service providers under one roof. Ie. Wellness Center, County Reentry Center. Engage service providers in technical assistance contracts. Allow for creative ways government can learn and share with non-profit partners.	SPA 4
Non-profit organization who are dedicated to homeless solutions should partner with local government for low interest loans to help develop available spaces for housing.	SPA 6
Their should be better partnerships with the Cities to help the homeless, and I do not think that LASA is doing all that they can. In fact I was told that they are no longer taking Bidders that you have to come in under someone who is already a bidder. That makes no sense at all, If you are non-profit and want to help the homeless you should be allowed to do so.	
We participate in excellent models of collaborations with our local cities like Santa Monica, Pacific Palisades and Malibu. There are best practices that could be duplicated especially in engaging the community with non-traditional collaborations. For example, working with the local liquor store owner to help the team stay engaged with a high need client.	
Pasadena	SPA 6
Compare plans and strategies to determine how two can develop programs and housing cooperately to meet each other goals.	SPA 6

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Other**

Other comments	SPA
<p>you seem to think just building housing will solve all of our problems. my sister had a house, a car, a job and gave it all up for her addiction. starting from scratch, lost everything and now trying to find a rehab that can keep her for more than a few months cause she KNOWS that's what she needs. most people didn't end up on the streets overnight and their issues won't be solved by you all sprouting up low income apt buildings and shelters overnight! your rush to just "house" people is hurting everyone involved. those who NEED the help and those of us who have to live with all of these developments.</p>	SPA 7
<p>Enforce the laws and</p>	SPA 8
<p>TAKE ME OFF YOUR MAILING LIST!!!!</p>	
<p>I really believe its time for an executive order to mandate a urgent response to this problem. I was told that people were found living under a man hole in an underground tunnel.</p>	SPA 6
<p>It's time to end homelessness. That means using backwards design. There are 64,000 homeless individuals (at least) in Los Angeles. We have XXX amount of \$\$\$\$. How to we use the existing resources to house 64,000 people? Not in ten years. Not in 20.</p> <p>Now.</p> <p>There are 50,000 single family homes for rent in Los Angeles TODAY. That would be a good start.</p>	SPA 5
<p>As long as people are permitted to live on the streets in tents this city will welcome people from other states. Criminals, pedophile, sex offenders and others hiding from the law. Just roll up a tent and move. It has its environmental issues with human waste being disposed of with pine soil being poured into the sewer drains. It has the health issues with improper disposal of trash causing infestations of disease carrying rats. And then the safety issue as fire hydrants are being opened to obtain water. I have great compassion for them all I have been homeless and I am certain with more drop in centers where people can use the rest room, get a drink of water sit down and rest and read a newspaper, and get referrals and case management a shower and a meal, pick up mail we can end this problem sooner than later. We must start empowering and stop enabling. We make it easy and convenient for them to stay on the streets.</p>	
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<p>Independent living homes should be another option for housing. Most board and care are very costly and those people cant afford it.</p>	SPA 6
<p>Builders need to work and create guidelines that are feasible for program participants otherwise the end to homelessness will continue and continue to grow.</p>	SPA 6
<p>THE STATE OF CALIFORNIA AS WELL AS THE LA COUNTY SHOULD DECLARE A STATE OF EMERGENCY NOW</p>	

Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019

Other

More outreach start counting folks who are on the verge of homelessness and folks who are a paycheck away from homelessness by knocking on doors and build housing for all homeless disabled vets senior low income very low income affordable section 8 and e.t.c so you can cover all bases because section 8 housing and e.t.c are needed as well Equally Thruout FlorenceFirestone Community south la Los Angeles city and la county and e.t.c	SPA 6
Thank you! I think things are going in the right direction, but we also need state advocacy to push for options for those who do not wish to consider different, are too dependent upon substances and severe mental health concerns	SPA 5
This city has never looked or felt so bad. It is shameful. The homeless situation is a mess. Too many non-profits that have had no success and paying huge salaries. Ridiculous	SPA 2
Until citizens stop drinking the "homelessness-is-caused-by-unaffordable-housing" Kool Aid that our profiteering politicians are peddling, the problem isn't going away. Taxpayers will just keep getting soaked while bureacrats, developers and all the other financial beneficiaries of this fable continue fattening their lush bank accounts. Most indigent vagrants squatting on our streets, under bridges, etc. are mentally ill, drug addicted or both; many are criminals, and all refuse to abandon their chosen feral lifestyle. Squatters should not be allowed to choose where they live. Removing indigent vagrants from our communities for mandatory treatment is required if we want to regain our quality of life and a decent community in which to live. Also required is rescinding the recent CA "decriminalization of crime" measures (that are fueling a massive increase in crime) and resume enforcing laws. Otherwise it's still Groundhog Day.	
Restore the Civilian Conservation Corps. My own family wouldn't be here today if the CCC hadn't given my grandfather a job during the crushing poverty and hopelessness and lack of jobs during The Great Depression. It worked once, it can work again, and pouring endless dollars down a black hole of services that aren't working -- which is the current state of California and the community all around me -- isn't working, but reinstating the CCC and tying it to the New Green Deal CAN.	SPA 5
its still obnoxiously hard to permit an ADU on land that isnt that large to begin with	
Parks, open space and green space; sidewalk repair, repaving and expansion and repair of transit infrastructures benefit the few, in the long run, and there should be separate funding for these projects; since we are ALL taxed at the same rate for these services, why is it necessary for us to fight for a FEW items (speed humps/bumps come immediately to mind), when the need for more is so obvious and pressing in areas where fewer dollars are spent to repair 'historic' potholes and sidewalks, trim trees or remove diseased ones?	SPA 6
This is taking too long, you all need to be creative and incentivize supportive housing agencies to max out occupancy	
It will worsen until you stop it.	
Again, MANY homeless do not want permanent housing because they want to spend what income they have on other things such as narcotics, alcohol, and other things. I know a homeless man who has a membership to Gold's Gym at 7th/Fig, and travels twice a year to visit family in Georgia. This is just wrong for both this man and society.	
There needs to be a wholistic approach that can meet the needs of each individual. A one size fits all approach will not work.	
Neighborhoods need immediate relief from homeless trash and encampments. Taxpayer approved funding has been mismanaged. Our streets and sidewalks no longer allow safe passage.	
If youâ€™d like me to share my story at any big meetings, I am happy to do so. JillKnepper@Gmail.com	
DEPORT ALL UNDOCUMENTED PERSONS!!! BUILD MENTAL HEALTH HOSPITALS TO HOUSE THE HOMELESS!!! THEN BEGIN THE DISCUSSION ON HOUSING AND JOBS, NOT BEFORE!!!	SPA 3

Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019

Other

<p>Your residents cannot let their children walk to the store by themselves during the day and worry about crime in their neighborhoods. We have no idea how many rapist and child molesters are among the homeless. We need mental health facilities to make sure that meds are being taken.</p>	
<p>Affordable housing IS an issue in Los Angeles. However, most of the homeless in my area are clearly struggling with addiction issues and present a public health and safety concern for EVERYONE. Public health and safety was once a nonpartisan issue; however, it has become politicized in recent years. Theft, violence, and exposure to communicable diseases is a major concern for everyone of every political stripe.</p>	
<p>I truly feel that wasting money on large scale, ridiculously expensive, projects sends a terrible message to the general population that is surely seen as croneyism. Having a plan that shows forward movement is critical. Moving homeless people throughout the county (and away from high priced communities) reduces the size of encampments but in the end solves nothing. Less talk and more action.</p>	
<p>Money should be spent on putting homeless into mental health and addiction programs. Please refer to the documentary (YouTube) "Seattle is Dying" for reference at the end to an effective program in Rhode Island. The homeless and mentally ill need to be treated and rehabilitated, rather than allowed to live in horrible conditions, force our businesses to fight with awful conditions, be a bane to our tourists, a challenge for our law enforcement, and a blight on our streets. People should not live in such conditions, and those who live here in homes should not have to deal with this horrible scar on our city.</p>	
<p>We cannot build our way out of this; only the real estate developers benefit from that. Laws, like indecent exposure, overnight camping, blocking sidewalks, selling and possession of drugs, littering, prostitution, etc. need to be enforced, or most of the public will not support their tax dollars going to programs that do not require people to get off the streets.</p>	
<p>I also think it would be worthy to create a round table of people that are immersed in helping to come up with better solutions. People like: Erin E. Thompson of Inner City Law, Mark Supper of YES, Youth Emerging Stronger, Jessica Monge Coria of The Corporation for Supportive Housing and I'm sure there are so many more here in L.A. that are doing amazing work to help and could be even stronger if they all joined forces and came up with solutions with the help of the city.</p>	
<p>Homelessness can be solved with very little more the just being humane, and not greedy. Greed is how this started. My children will never be able to own their own homes. To get almost any job you need a degree. That causes school loans, employers do not pay enough for an educated person to live and pay back these loans. Technology is wiping out the need for many jobs, and isn't creating enough jobs to sustain the majority.</p> <p>If we do not do anything, the economy will crash. The more homeless, the less that are buying goods. It doesn't take a college educated person to figure that out.</p> <p>Changes need to be made.</p>	

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Other**

<p>a.Public awareness is critical! Topics needed include: (1) Debunking myths; (2) Explaining there is no quick fix (takes months or years); (3) Measure H's \$355 Million is a fraction of what's needed, that it's extremely labor intensive.</p> <p>b.Please consider taking a County-macro look at all of major programs available in LA County that touch homelessness services and housing, to coordinate how they provide services: Whole Person Care (upcoming Medi-Cal 2020 Waiver); Medi-Cal Managed Care; MHSA and LACDMH; VA-related programs; community prevention programs funded through AB 109; DPSS, DCFS, and all the other county departments, etc.</p> <p>c.Folding in the faith community is critical. However, LAHSA's faith initiative is not "faith-centric" in its language or ways in which this community can help. Applying for public funding is often the main LAHSA message but nearly all congregations do not have the capacity to ever get RFSQ-qualified. Even those that do, the RFPs are so competitive that even major service providers are not able to get funding so the realistic chance that a church is going to get an award is, to me, extremely remote. Very few congregations have unused buildings or extra land to use, but do have so much more to offer in terms of already having established, trusting relationships with those in poverty or homeless - we need to develop programs around this and other strengths they currently have.</p> <p>d.Please consider making homeless services "Client-Centered" rather than "Program-Centered." The promise of this shift with the new HMIS Clarity platform has not materialized IMHO. Continuing to view the service and housing pipeline in the older Program-Centered manner is not good for participants who have to work with many case workers rather than one or two primary ones.</p>	SPA 8
<p>I think every respectable human being should adopt a homeless person.</p>	SPA 3
<p>This County has got to determine a balance between property investors (which should mean long term) and people who need homes. Anyone who purchases property and flips it in less than 2 years or for X amount of increased value should have to put \$ in the same fund that Developers should.</p>	SPA 6
<p>The city and county have made this problem far worse than when it started by indulging the bum lifestyle. These people are not deserving of anyone's pity or "compassion". They are drug-addled criminals making things worse for all the law-abiding families and residents who work hard and pay taxes. The city and county should be ashamed at all the public money wasted on these criminals.</p>	SPA 5
<p>Spend the money on the french style bathrooms. If we had self-cleaning bathrooms throughout the city, we would have contributed a lot to the city. Then fund large mental health centers throughout the city with staff and beds and safety patrols. Watch life get better in this city.</p>	
<p>The County needs to focus more strategic time and energy on serving subpopulations to ever truly prevent homelessness and the serious consequences resulting from this vulnerability. The first area that needs this focus is domestic violence and child maltreatment. The annual homeless count shows that individuals fleeing violence represent a large part of those currently homeless, and much of the time the violence is the reason many are homeless in the first place. And the fear of becoming homeless sometimes keeps individuals in abusive situations.</p> <p>Those fleeing any form domestic violence and human trafficking are usually considered homeless, and SU hopes LAHSA will ensure that training, services, and resources are provided for all victims in need of support. This includes men, women and children, and our LGBTQ community.</p>	SPA 2

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Other**

<p>We do not need to build luxury condos at a cost of \$500k to \$700k to house the homeless even if Measure H or Proposition HHH funds are used for only one-third of that cost. If these costs include operation costs, then this needs to be made clear to the public by publishing independently-audited accounting. This questions sidestepped by the County at the November 6 Town Hall.</p> <p>Contractors should be hired, not to build the necessary shelters and rehab centers, but to train and manage rehabilitated homeless people to build them.</p> <p>The County should use property acquired through property-tax defaults and/or buy bank-foreclosed property in low-market areas such as Eagle Rock, East Los Angeles or Rancho Cucamonga, etc. where a typical residential property lot is \$200K rather than \$2 Million, or acquire land in undeveloped areas in Soledad Canyon or Antelope Valley, etc., to build homeless-housing units with homeless labor working under the supervision of a contractor hired by the County to train and manage homeless workers to build the housing units.</p> <p>Permanent Housing units could be approximately 250 Sq Feet in size which is sufficient to contain a bed, lounge chair, TV, table, efficiency kitchen and bath. These can be built for \$50K each rather than the \$555,000 that developers are currently ripping us off to build Prop HHH "Supportive Housing". Family units could be 400 sq. feet. LA City should stop hiring "For-Profit developers" to build Prop HHH homeless housing and instead use our tax money to contract the County to provide the housing.</p> <p><b>FUNDING</b>          What happened to Proposition 63 money?2 What happened to Proposition HHH money to build 10,000 housing units?          It is obvious that we need far better fiduciary oversight and accountability!</p> <p>1 <a href="https://www.forbes.com/sites/michaelshellenberger/2019/09/09/why-california-must-declare-a-state-of-emergency-on-homelessness-or-get-a-governor-who-will/#292dca9f64f5">https://www.forbes.com/sites/michaelshellenberger/2019/09/09/why-california-must-declare-a-state-of-emergency-on-homelessness-or-get-a-governor-who-will/#292dca9f64f5</a>          2 <a href="https://www.forbes.com/sites/michaelshellenberger/2019/09/12/why-california-keeps-making-homelessness-worse/#b2ea9505a619">https://www.forbes.com/sites/michaelshellenberger/2019/09/12/why-california-keeps-making-homelessness-worse/#b2ea9505a619</a></p>	
<p>I was planning to attend the discussion in Van Nuys today but didn't because they wouldn't allow my cuticle scissors in my purse into the building. In the future, it would be helpful if you let people know the level of security and checking required to attend a meeting.</p>	
<p>Mobile and permanent hygiene facilities are a must for laundry, showering and toilet use</p>	SPA 6
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<p>Knock on doors and count folks on the verge of homelessness as well and help get everyone out of poverty by giving out raises on gr food sta.ps ssi and Disability across the board citywide and countywide and offer more discounts so folks don't have to worry do they pay a bill or rent or buy food or medicine and or e.t.c</p>	SPA 6

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**

**Other**

<p>For those homeless who can take care of themselves and express no interest in receiving help from the city, charities, or anyone else, provide them a warning and an option for relocation to a dedicated tent park. If they still refuse, do not allow them to remain near homes, schools, or other public areas. We want to treat homeless with dignity, but when they refuse to take assistance because they prefer the life they have, the only option is forced relocation.</p> <p>Additionally, we should have money to set aside locations away from otherwise nice areas so that those who prefer to live in this way can do so without creating a danger, threat, or nuisance. For anyone else who is homeless not by choice, or because they aren't capable of caring for themselves, or because they are afraid, or because they are addicted to drugs or alcohol and aren't able to act on their wishes; those people should be offered all the help we can.</p>	
<p>In an effort to simply remove homeless individuals from the street, CAST believes that the County does a disservice to the diverse populations represented in the homeless population and that more strategic time and energy must be focused on serving these subpopulations to ever truly prevent homelessness and the serious consequences resulting from this vulnerability. The first area that needs this focus is domestic violence and human trafficking which has been absent from this discussion despite numbers in the annual homeless count showing that these individuals fleeing violence represent a large part of those currently homeless, are the reason many are homeless in the first place, or stay in abusive relationships. Cast also cautions the county to focus on all forms of human trafficking as CAST has discussed the needs of all trafficking survivors repeatedly. However, these recommendations were not reflected and past comments recorded focused on sex trafficking or Commercial Sexual Exploitation of Children (CSEC).</p> <p>CAST is concerned that discussion in the county has often focused on sex trafficking and commercial sexual exploitation (CSEC) when human trafficking includes both sex and labor trafficking. Those fleeing any form of human trafficking, both sex or labor, are considered homeless by definition and CAST hopes LAHSA will ensure that training, services, and resources are provided for all victims of human trafficking in need of support. This includes men, women and children.</p>	
<p>I have tried to make suggestions since 2017 on how funds should be utilized. The VA on Woodley and Plummer has preexisting rooms, and plenty of empty land to put trailers on. In 2017 I wrote to the Mayor, to then Senator Harris, and to the Builder and Philanthropist Eli Broad about such a plan, so one ever even answered me. I am curious, what has been happening with all the funds for serving homeless? Almost two years, I went to a meeting in Sun Valley where there was a beautiful Building housing the homeless, the city had a short presentation of what their plans were, converting motels to living units, and building other things. What happened to all those plans that were on display? We raised 3 great kids in our home, they used to be able to each take a dollar and walk to the local store alone and buy treats. Due to the increase in homeless in the area, and the conditions I previously mentioned, no one walks around Wyandotte or lets their kids walk anywhere in the area any more.</p>	SPA 2
<p>I have tried to make suggestions since 2017 on how funds should be utilized. The VA on Woodley and Plummer has preexisting rooms, and plenty of empty land to put trailers on. In 2017 I wrote to the Mayor, to then Senator Harris, and to the Builder and Philanthropist Eli Broad about such a plan, so one ever even answered me. I am curious, what has been happening with all the funds for serving homeless? Almost two years, I went to a meeting in Sun Valley where there was a beautiful Building housing the homeless, the city had a short presentation of what their plans were, converting motels to living units, and building other things. What happened to all those plans that were on display? We raised 3 great kids in our home, they used to be able to each take a dollar and walk to the local store alone and buy treats. Due to the increase in homeless in the area, and the conditions I previously mentioned, no one walks around Wyandotte or let their kids walk anywhere in the area any more.</p>	SPA 2



**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Other**

<p>We have a lot of redundancy among programs when it comes to outreach. One program should be in charge of outreach and emergency shelter. Then one program that does case management for permanent housing and support once housed. I think we have so many agencies doing outreach because it's the easiest of these sections and allows the agency to show number of contacts. However, I don't believe that it is helpful to have so much duplication in services.</p>	SPA 7
<p>I am so disappointed in what is an abysmal failure. The county has failed both those who are homeless and those who are not. Yes, homelessness is a national crisis and embarrassment, but Los Angeles is among the worst. We need to expand outreach and other action. The state must revise laws once again to enable us to take care of those living on the streets with mental health issues, create safe environments for those in need, that will ultimately lead to productive lives. It must add strength back to the laws that enable people to survive on the street by committing minor crimes without serious or meaningful consequences. If they weren't addicts when they became homeless, they're likely to become addicts to number themselves to the streets. Drug dealers prey on weak people who are miserable because they live in the streets, and even those dealing drugs in low quantities are released from jail in a matter of weeks, not months or years.</p> <p>The home security industry is burgeoning, partly due to lack of sound laws and limited enforcement.</p>	
<p>There is a hole in the bottom of our boat and we are too focused on the water in the boat. Preventing homelessness is the only way to truly "solve" homelessness.</p>	SPA 4
<p>Stablization of funding to CES Leads for consistency in services provision. Making funding competitive in this area seems like it will set back much of what has been accomplished over the past three years.</p>	SPA 1
<p>The submitted comments reflect the discussion of safety net health leaders at the L.A. Homeless Health Summit on October 25, 2019. At the summit, participants discussed their unique challenges and best practices on delivering care to people experiencing homelessness.</p> <p>Safety net health leaders, which include community health centers, hospitals, county health departments, and Medi-Cal health plans, recommend investments in integrated data sharing/care coordination platforms. Health leaders would like to collaborate with the county to identify the most effective ways to share and exchange key data points between health care and homeless services providers (e.g., shared access to records, health information exchanges, and other methods). We also support the integration of Medi-Cal health plans and health care providers into HMIS and AB 210 data systems. Health leaders also agree that there should be an integration of LA County, Glendale, Pasadena, and Long Beach's HMIS into one portal.</p> <p>In response to the recent report on rising homeless mortality rates, safety net health leaders are open to collaborating with DPH and other county partners on strategies to better address the health and safety of people experiencing homelessness.</p>	SPA 6

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**

**Other**

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<p>This is a crisis. Treat it like one. Quit squandering money on overpriced units that house only the tiniest fraction of our homeless population. Scale efforts up to meet the realities of 60,000 unhoused people, tens of thousands of whom are living on our streets in unsafe and unsanitary conditions that are becoming ever more dangerous to every resident of LA, whether unhoused or housed.</p>	
<p>The partnership with cities whose council representatives actually represent the constituents is obligatory, yet, we have those in these roles that do just the opposite. Currently we have District representatives that do not acknowledge the requests of it's taxpayer base to protect the citizens, thee surrounding streets where an encampment is abutting a residential neighborhood.. The mismanagement of money funneled into homeless "projects" per district is astounding in that no oversight is employed while dozens of new non-profits continue to pop into existence.</p> <p>No new taxes should be levied for the homeless issue as the trust in management of our taxed dollars has been broken. Use the money already available and to come, efficiently. Where was the intelligence in directing the use in the billions already gone while no reasonable housing goals were achieved?</p> <p>And most importantly laws must be abided by everyone. The vagrancy, nuisance and public urination and defecation violations must be dealt with to maintain health of the city! Illegal drug laws must be enforced because as it stands the law-abiding populace is losing trust and patience with the administration of Los Angeles. Many neighborhoods (and the numbers are increasing) are growing tired of having to face harassment from violent drug users, stepping around and having to clean up the filth caused by people in encampments. Many are tired of the chronic stress of living next to unregulated groups of homeless squalor where that population is free to behave as they want without repercussions of law.</p>	SPA 5
<p>FILM AND TELEVISION</p>	SPA 4
<p>More funding for survivors of Domestic violence both single and families. Not everyone feels safe in a shelter or interim housing. Some families just want permanent housing so they can regain structure and move on with life. Having to stay in a shelter or interim housing is still making a person a victim not a survivor.</p>	SPA 4

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Other**

As trusted members of the communities they serve, community clinics offer wrap-around services in-house and many are providing health care and supportive services to patients experiencing homelessness, but are not considered homeless service providers in the traditional sense. As a result, community clinics are often left out of the decision-making bodies and are seldom considered when funding opportunities are made available. Community clinics serve as advocates of vulnerable populations, including homeless populations, and should be at the table when decisions are made that will impact the patients that they serve.

Additionally, community clinics would like to continue collaborate with the county to identify the most effective ways to share and exchange key data points between health care and homeless services providers (shared access to records, health information exchanges, and other methods). We also support the integration of Medi-Cal health plans and health care providers into HMIS and AB 210 data systems.

In response to DPH's recent report and the Board of Supervisors' response on rising homeless mortality, community clinics would like to collaborate with DPH and other county partners on strategies to better address the health and safety of people experiencing homelessness.

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**

**Other**

<p>experiencing homelessness. The results of the 2019 Greater Los Angeles Homeless Count, showed a 12% increase in homelessness from last year and a 77% increase for people living with HIV/AIDS. It is important to note that HIV/AIDS is an infectious disease without a cure and is a critical public health issue within the homeless population. The Commission is concerned that the proposed funding recommendations do not prioritize homeless PLWHA in the distribution of housing services, which is an integral part of reducing the transmission of HIV in Los Angeles County.</p> <p>Housing instability increases the risk of acquiring and/or transmitting HIV. By prioritizing housing for PLWHA, we are protecting those at high-risk of acquiring HIV, keeping PLWHA in medical care, and over time increasing the impact on preventing the transmission of the disease.</p> <p>From the recently released Federal Initiative, Ending the HIV Epidemic: A Plan for America, our Los Angeles County HIV/AIDS Strategy, as well as states, and local jurisdictions planning for an HIV/AIDS free generation, the time is now to end HIV. We cannot end HIV without our housing partners. Evidence-based research confirms that PLWHA who are stably housed adhere to treatment and maintain an undetectable viral load and do not transmit HIV to others.</p> <p>It is imperative that the proposed FY 2020-21 Measure H funding address the following barriers and subsequent solutions identified by the HIV community and its providers:</p> <p>1.Vulnerability Index “ Service Prioritization and Decision Assistance Tool (VI-SPDAT) does not correctly assess or capture the complex medical, economic and social needs of PLWHA as high acuity.</p> <p>Recommendation Direct the Los Angeles Homeless Services Authority (LAHSA) to collaborate with the existing Ryan White-funded HIV services such as the Medical Care Coordination (MCC) Program to fast track linkage and service placement for PLWHA who are homeless or at-risk of becoming homeless. The MCC program identifies high acuity patients based on clinical and psychosocial criteria. Those placed in the program are assigned to a medical care team to address their complex medical needs. It is imperative that PLWHA in MCC are automatically identified and prioritized for housing placement and associated services due to their high acuity levels.</p> <p>2.Preventing homelessness and preservation of stable housing and safe living conditions ensure that PLWHA are linked to and retained in care, remain adherent to their medical treatment, and remain virally suppressed and healthy. Interruptions in treatment and care among PLWHA have adverse effects on their overall physical, mental, and emotional well-being.</p> <p>Recommendation</p>	
<p>The current systems are broken and need workflow improvement</p>	<p>SPA 6</p>
	<p>SPA 4</p>

**Measure H FY 2020-21 Funding Recommendations Process - Public Input Received through Homeless Initiative Website, September - November 2019**  
**Other**

<p>DWC recommends a deeper analysis of women and homelessness in the annual demographic survey by disaggregating by gender data from the demographic surveys conducted alongside the PIT Count and reporting on gender parity of housing placements and housing retention using HMIS data. Additionally, the annual housing gap analysis needs to include information regarding how many shelter and permanent housing beds/units are dedicated by gender. In addition to quantitative data, ensure that the qualitative voice of women with lived experience of homelessness is integrated into decision making via committee positions, focus groups, surveys, and other community-based opportunities. To ensure that our systems are trauma-informed, we recommend that monitoring mechanisms are established to determine that Trauma-Informed Care is actually implemented and that annual trauma-informed care training for service providers and first responders is provided.</p>	<p>SPA 4</p>
<p>I went out on my own without any help from the government. With the help of every predatory lender in the United States I purchase an old house, went to LA Building and safety for permits, completed a garage conversion, installed a solar system and tankless water heater for energy efficiency and have housed 14 individuals. I currently have 7 low income persons sharing the home. I need financial assistance to help sustain the house and build another home. I now consider myself an expert from the ground up. The buildings I see funded by the government, don't match the people on the street. They can't take care of themself and will need supervision. From my experience they need mentoring on how to live with others.</p>	<p>SPA 6</p>
<p>I once had access to a 100 bed Hotel and was turned down because LASA was not taking anymore bidders, how can that be. I have been working in the homeless community for many years doing medical services and helping in any other way that I could giving them warm clothing in Winter and feeding them without any help from the City. With City help I could do much more.</p>	
<p>Phil Ansell needs to listen. HOPICS and LAHSA spend majority of monies on unecessary staff that why funding runs out so quickly in spa 6.</p>	<p>SPA 6</p>
<p>Reuse and Recycle your God given talent with human and business advocate agencies.</p>	<p>SPA 2</p>
<p>As you know, homeless people had a decade of ugly situations. Yes, Housing is critical. At the same time, people must learn to adapt community with hard working job and sustain it by Re-Using their God given talent. Also, there are many human services professional who are use to being on the front line to resolve other critical human need issues that have not been hired because they preference has gone to recent college grads with book knowledge. When they are hired its generally after the decision making positions have been filled, or they pass on those positions because the pay is so low. Theory is good, but practical experience will help dismantle some of the roadblock you keep encountering and bring the innovative ideas needed.</p>	<p>SPA 6</p>