Los Angeles County Chief Executive Office—Research & Evaluation Services

Homeless Initiative Strategy E6: Countywide Outreach System

Implementation Evaluation

Prepared by:
RESOURCE DEVELOPMENT ASSOCIATES, December 2019

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Implementation Evaluation

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RESOURCE DEVELOPMENT ASSOCIATES (RDA) developed this report under contract with the LA County Chief Executive Office.

About RDA

RESOURCE DEVELOPMENT ASSOCIATES (RDA) is a consulting firm based in Oakland, California, that serves government and nonprofit organizations throughout California as well as other states. Our mission is to strengthen public and nonprofit efforts to promote social and economic justice for vulnerable populations. RDA supports its clients through an integrated approach to planning, grant writing, organizational development, and evaluation.

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Executive Summary

Context & Purpose for This Evaluation

In response to the humanitarian crisis of homelessness in Los Angeles County, in 2015 the Board of Supervisors (BOS) established the Los Angeles County Homeless Initiative (HI) within the Chief Executive Office (CEO). During the subsequent year, a collaborative planning process involving community and government partners resulted in a set of 47 Board-approved strategies reaching across sectors to provide a continuum of upstream (preventative), downstream (curative), and systems-level services and programs for persons experiencing or at risk of experiencing homelessness. In 2017, county voters approved a quarter-cent sales tax increase through Measure H, providing funding to expand implementation of these strategies through the HI.

Several of the approved strategies aim to create a more coordinated system of care, including Strategy E6: Countywide Outreach System. The intent of Strategy E6 is to create a coordinated and integrated network of street-based homeless outreach teams to identify, engage, and connect unsheltered individuals to interim and/or permanent housing and supportive services. The Los Angeles Homeless Services Authority (LAHSA) and other County agencies and departments began Strategy E6 implementation during the 2017/2018 fiscal year (FY 17/18).

HOMELESSNESS IN LA COUNTY

Homelessness in Los Angeles County reached crisis levels during the past decade. Between 2009 and 2019, the number of people living without shelter increased 54% from 28,644 to 44,214 people.

Although performance data show the County has housed more people experiencing homelessness than ever before, people are falling into homelessness at rates faster than the County can serve or house them.

PROCESS EVALUATION

A process evaluation studies the implementation for a program, network, or system. It answers *who*, *what*, *when*, and *where* questions. It also answers the question *how do inputs, activities, and outputs work together?*

The CEO's Research and Evaluation Services unit contracted with Resource Development Associates (RDA) to evaluate Strategy E6 implementation. The purpose of this process and implementation evaluation is to measure and describe the extent to which LA County has 1) implemented E6 activities as intended and 2) achieved E6 objectives. The Los Angeles Homeless Services Agency (LAHSA), the Department of Health Services (DHS), and the Department of Mental Health (DMH) formed the core E6 leadership team to collaboratively design and implement a regional system for outreach with the following key objectives:

1) Develop a robust and centralized data infrastructure to dispatch and track outreach activities and support cross-team collaboration

2) Expand outreach coordination within each Service Planning Area (SPA) and across the whole County through new Outreach Coordinator positions

3) Implement multidisciplinary outreach teams (MDT) to better meet the public service needs of unsheltered individuals

4) Expand community-based outreach personnel Countywide as well as entry points into the homeless system of care

5) Reach the hardest-to-serve individuals and those who frequently experience the highest levels of need

6) Assess and connect individuals to services that support their wellness, independence, and access to housing

Evaluation Methodology

RDA's rigorous evaluation design applies a mix of quantitative and qualitative methods grounded in community values, subject-matter expertise, and decades of public sector research experience. This evaluation's research framework incorporates three layers of analysis—systems-level, program-level, and individual-level—and outlines sets of questions within each of these frames. The evaluation team utilized the following mixed-methods data collection approaches and sources:

QUALITATIVE METHODS

1. Structured interviews with nine Strategy leadership and program managers

2. Structured focus groups with 95 outreach staff representing all County service areas and all types of outreach teams

3. Review of quarterly reports, LA County Point-in-Time (PIT) Counts, and other programmatic documents

4. Research of homeless outreach best and evidence-based practices

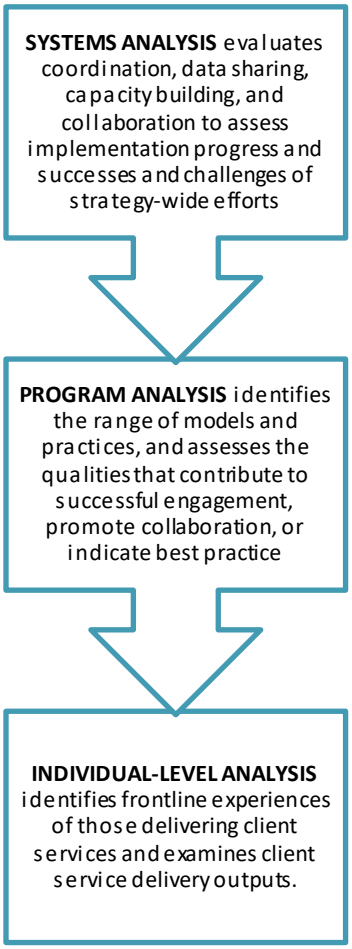
QUANTITATIVE METHODS

1. Data cleaning and descriptive analysis of 5M+ individual records from the homeless management information system (HMIS)

2. Analysis of aggregated outreach request data from the County's Homeless Outreach Portal (LA-HOP) outreach request data

3. Survey of leadership (n=68) measuring perceptions of system collaboration

4. Survey of frontline staff (n=200) evaluating overall strategy implementation, data utilization, and E6 culture



What is Homeless Outreach?

Homeless outreach is the face-to-face interaction with people who are experiencing homelessness in the streets, under freeways and bridges, in temporary motels or shelters, at meal and service sites, in libraries and public spaces, and wherever else a person may be located.[1] Effective homeless outreach involves a multi-pronged approach to service delivery, including a) providing direct services on-location, as opposed to inside the walls of an office or clinic; b) establishing and maintaining supportive relationships and connections with clients who may be disconnected or alienated from mainstream services, including homeless-specific services; c) addressing clients' real or perceived problems through access to needed treatment or supportive services; and d) educating clients about the resources, services, and supports available to them.[2] This framework for engaging with persons experiencing homelessness is well studied and a documented best practice. Outreach is an important component within the County's plan to help

[1] San Diego County, *Homeless Outreach Worker (HOW) Best Practices*, February 2018. Accessed from: https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/TRL%20Section%202/HOW_BestPractices.pdf
[2] Canadian Observatory on Homelessness, *Outreach,* 2019. Accessed from: https://www.homelesshub.ca/solutions/emergency-response/outreach

people prevent or end their experiences with homelessness, but it is only one of 51 strategies aimed at combating this crisis. Homeless outreach workers cannot end or resolve peoples' experience with homelessness; they cannot coerce people into services; they cannot move or force people to move away from publicly accessible spaces; and they cannot open shelter beds, build affordable housing, or facilitate pathways indoors when housing is unavailable.

OUTREACH PRIOR TO E6

Veteran staff and leadership characterized homeless outreach before E6 as disorganized, inefficient, and under-resourced. Documents suggest the County funded 10 teams with only 20 individual staff, although many individual cities and County agencies provided their own outreach services.

Before E6, requests for services frequently overlapped and resources deployed inefficiently. There was no means to coordinate by geography or by quantified need. Additionally, the County lacked the ability to understand the capacity, quantity, or availability of various outreach resources.

Key Evaluation Findings

The RDA evaluation team systematically processed, categorized, and interpreted primary qualitative and quantitative data as well as secondary administrative data and documents to triangulate the key findings below. Results fall into four overarching themes: 1) System Coordination & Collaboration, 2) Outreach Practices, Training, & Staff Culture, 3) Data Sharing & Technology, and 4) Client Service Delivery.

System Coordination & Collaboration

Finding 1. A high-functioning and collaborative leadership partnership between LAHSA, DHS, and DMH adopted a *systems change* approach to implementing new structures, processes, and dynamics in order to coordinate and direct the 200 teams delivering Strategy E6 homeless outreach services across the County.

Before E6, the structure and deployment of outreach across Los Angeles County represented the dynamics of an *unorganized system,* absent of a strategy to guide clear interactions between actors or parts, and lacking pathways for individuals to move forward or through it.[3] In contrasting *organized systems*, leaders plan and coordinate the activities of multiple teams or parts. Complex systems are adaptive; actors learn and co-evolve as they interact with one another and respond to changes in their environment.[4] *Systems change* interventions seek to transform complex behavioral patterns among actors and parts by changing the underlying system dynamics, structures, and conditions.[5] Given the scale of the unsheltered population, and the 10% increase from 2017 to 2019, and the complex dynamics between agencies, organizations, actors, and parts, Strategy E6 needed to adopt a *systems change* approach to develop a functional, organized, multi-sector network with capacity for a proportional and effective crisis response.[6]

A collaborative partnership between the LAHSA, DHS, and DMH lead the ongoing implementation of Strategy E6. Together with the HI, each of these three County departments lends its own expertise to

[3] Olson, E., and G. Eoyand. "Facilitating Organization Change: Lessons from Complexity Science." *Jossey-Bass/Pfeiffer*, 2001.
[4] Hargreaves, M. "Evaluating System Change." *Mathematica Policy Research, Inc.*, 2010.
[5] Eoyang, G. "Human Systems Dynamics: Complexity-based Approach to a Complex Evaluation." *Systems Concepts in Evaluation, American Evaluation Association,* 2007.
[6] 2017 unsheltered total of 40,082; 2019 unsheltered total of 44,214 (Los Angeles County Point-In-Time Count, LAHSA)

provide thought leadership, develop strategy, oversee and direct services, and provide continuous quality improvement to the network of providers and outreach staff. The leadership team attends monthly and quarterly collaboration meetings to identify and resolve on-the-ground issues in real time, monitor resource allocation, and identify opportunities for improvement. This leadership team also consolidated reporting for funders and community stakeholders. Each E6 agency oversees specific outreach teams:

AGENCY	TEAM	STAFF	DESCRIPTION
LAHSA	Homeless Engagement Teams (HET) & Coordinated Entry Teams (CES)	189.0 FTE	Generalist teams make initial contact with new clients and maintain regular engagement with ongoing clients through proactive outreach. Some teams operate with special populations (e.g., youth or veterans).
	Homeless Outreach and Proactive Engagement (HOPE)	15.0 FTE	Teams overseen by both LAHSA and the City of LA, consist of generalist outreach staff, Los Angeles Police Department (LAPD) staff, and LA Sanitation & Environment (LASAN) staff to serve clients impacted before and during encampment resolutions.
	Homeless Outreach Services Teams (HOST)	16.0 FTE	Generalist outreach staff collaborate with cities' law enforcement agencies to approach outreach using best practices.
DHS – Housing for Health	Multidisciplinary Teams (MDT) & Public Spaces Teams	330.0 FTE[7]	Five specialists representing physical health, mental health, substance use, case management, and peer support comprise the MDTs. Public Spaces teams maintain a visible and accessible presence in the County's public spaces, such as parks, plazas, or other gathering places.
DMH	Homeless Outreach and Mobile Engagement (HOME) Teams	125.5 FTE	Specialist teams provide psychiatric support, outreach, and intensive case management to persons experiencing homelessness with serious mental illness (SMI). Supports generalist teams as needed.

Finding 2. The new regional coordination structure developed by E6 leadership forms the central backbone of E6, with SPA coordinators rapidly liaising outreach requests and effectively deploying teams. This structure efficiently matches available resources to the observed needs of outreach clients.

Outreach coordinators in each SPA are responsible for providing tailored coordination for outreach services. A team of 19 full-time coordinators review, assess, and assign requests to specific teams at the SPA and sub-regional levels. This ensures resources deploy to the locations that are most needed. The data system automatically records the lifecycle of each request, including coordinators' assignments to specific teams, teams' actions to address each request, and the results of their actions.

Finding 3. Implementing the E6 network of over 200 outreach teams to connect persons experiencing unsheltered homelessness with the Coordinated Entry System and field-based services made every location in LA County a possible entry point into the homeless service system.

[7] 44 MDTs receive funding through Measure H, and 16 do not. 20 Public Spaces teams receive Measure H funding.

Prior to Strategy E6, there was no centralized way to collect or report the number of outreach staff or teams. E6 implementation enabled a centralized pathway for reporting and tracking outreach teams and staff. In addition to the outreach teams funded through blended and other sources, Measure H funds added new (or provided funding for continuing) generalist, multidisciplinary, and specialist outreach teams to the E6 network. There are now 200 teams under this strategy, of which more than half receive Measure H funding.

Strategy E6 plays a pivot role in the Coordinated Entry System (CES), which is a standardized process by which individuals and families experiencing or at-risk of homelessness can rapidly access, be assessed and prioritized for, and connect with appropriate housing resources and services. Within each of the eight SPAs, generalist, specialist, and multidisciplinary staff work in parallel to assess clients for service and housing needs, including administering the CES assessment tool. By ensuring the vast network of Countywide outreach teams are able to administer this tool, and by deploying these teams throughout all SPAs and regions, Strategy E6 made every location a possible entry point into the homeless service system.

Finding 4. The investment in collaborative planning strengthened outreach partnerships that enable the outreach system to flex to meet the service and care coordination needs of people experiencing unsheltered homelessness across LA County.

LA County did not have formal, centralized homeless outreach teams containing staff from multiple disciplines prior to Measure H and Strategy E6 implementation, but MDTs now provide a range of health services, intensive case management, peer support, and housing navigation on-location to clients out on the street. These teams provide a unique approach to addressing the cross-cutting needs of people experiencing homelessness while they are living unsheltered on the streets.

Finding 5. Measure H funds facilitate Strategy E6 coordination, enabling outreach teams across LA County—including teams that do not receive Measure H funds—to effectively coordinate as one organized system delivering street-based client services.

Measure H funded 19 Coordinator positions system-wide, which facilitated a new layer of coordination that is central to the outreach system's effective functioning. These positions monitor outreach requests and deploy the appropriate resources to resolve these requests. As a result, most frontline staff shared that an individual team's funding source does not impact the overall coordination, facilitation, and delivery of most client services. Some LAHSA teams receive Measure H funds and some do not; some DHS teams receive Measure H funds and some do not; no DMH teams receive Measure H funds; yet, the outreach teams coordinate as one singular, centralized system.

Finding 6. Collaboration pathways between homeless-serving agencies, law enforcement, and sanitation departments need to continue to be developed, refined, and strengthened. Without strong communication protocols with the E6 network, responses to safety and sanitation concerns at encampments can negatively impact client progress toward stability and housing.

The number of encampments is increasing with the number of people experiencing unsheltered homelessness across the County. Responding to encampment health and safety issues falls under the purview of a number of public services, including law enforcement and sanitation workers, who have become increasingly visible actors within the homeless outreach system. During events responding to these health and safety concerns, close collaboration between outreach, police, and sanitation workers is crucial to providing trauma-informed services to the people living in the affected areas. However, despite certain outreach teams being Measure-H funded collaborations between homeless-serving agencies and law enforcement with existing communication protocols, outreach teams across all SPAs report that the communication they receive from law enforcement can be inconsistent and lack a trauma-informed approach.

Similarly, E6 staff across the County shared that there are established communication protocols between sanitation agencies and outreach stakeholders, and that sanitation workers are supposed to provide advance notification of upcoming encampment clean-ups. However, outreach teams shared that sanitation agencies do not consistently follow the established protocols, which can result in teams being unable to support clients during encampment response events.

Data Sharing & Technology

Finding 7. LA-HOP is an innovative technology solution that enables efficient outreach request tracking; facilitates dynamic, street-based outreach response; and promotes improved E6 system coordination.

LAHSA directed efforts to develop an easy-to-use web-based tool for requesting homeless outreach services. In July 2018, LAHSA launched LA-HOP to facilitate the consolidation and coordination of homeless outreach requests. Since launching, LA-HOP has received over 10,000 unique requests. For the first time, County leadership can access this volume of data to drive homeless policy and decision making, whereas before, information about street-based homelessness was static, available only once per year, and frequently delayed by months. This new technological solution allows Strategy E6 to mobilize and coordinate outreach resources in proportion to emerging regional needs, and more effectively align the E6 outreach system with best practices. Not only does LA-HOP make Countywide outreach more accountable to people experiencing street-based homelessness, it increases accountability for all community stakeholders concerned about this crisis.

Finding 8. Strategy E6 improved system-wide data quality in HMIS by expanding access to this common tool, implementing data entry standards, and requiring frontline workers to document client services. However, the County does not have a process to monitor data quality or gain insight into further coaching or training needs to improve system-wide data capacity.

LA County uses a centralized HMIS to track contacts, services, and housing details and referrals for people experiencing homelessness. Prior to E6, many outreach teams used HMIS to document outreach services and activities, although some teams did not track data or services systematically. Other teams did not have access to the County's HMIS or were not required to use it. Strategy E6 implementation expanded access to this one documentation system across all outreach teams under all County departments. Despite expanded HMIS access, improved standards, and increased training, some E6 stakeholders reported that data capacity building is inconsistent across the E6 network and that there are discrepancies in data and documentation quality. Both frontline staff and E6 leadership shared that protocols—or adherence to protocols—for quality or timely entry of case notes varies by department, provider, team, or individual.

The evaluation team learned that Strategy E6 does not have system-wide measures for data quality assurance to ensure agencies, providers, teams, and staff follow consistent standards and protocols for documenting outreach services and activities. Without measures to monitor data quality, Strategy leadership cannot gain insight into HMIS coaching or further training needs to improve efficient documentation, data fluency, and quality client services.

Finding 9. E6 staff and leadership report that outreach data sharing practices for client care coordination adhere to privacy protection laws, but E6 leadership has not assessed the need for infrastructure improvements such as security controls for client data confidentiality and maximizing efficient referral tracking across disciplines.

All E6 staff receive training in client data privacy laws and report following these guidelines for sharing data while also finding ways to access information necessary for care coordination among teams. A core function of homeless outreach is to connect clients with needed services and resources, and systematic documentation and data monitoring practices are important to delivering efficient and high-quality services. However, conversations with frontline staff indicated that HMIS does not maximize efficiency for reliably tracking external service referrals and linkages. This makes it more difficult for E6 staff to coordinate and manage client care among teams. Many staff noted that although they experience frustration with HMIS limitations, they find other ways to coordinate care through case conferences, emails, phone calls, and team meetings. More than one E6 staff member suggested they use informal—or unauthorized—methods to access the information they need to do their job. A "doing whatever it takes" culture combined with imperfect data sharing platforms creates risk for client confidentiality.

Outreach Practices, Training, and Staff Culture

Finding 10. Countywide, Strategy E6 outreach workers employ both proactive (routine, scheduled) and reactive (response-oriented) strategies to engage as many people experiencing homelessness with services as possible. A benefit of this approach is prevention and early intervention of issues before they can escalate to other taxing and avoidable impacts on public systems.

Strategy leadership allocated E6 funding among SPAs according to the level of unsheltered need in order to distribute outreach resources across the County's many hot spots, geographies, and regions. Across all SPAs, Strategy E6 employs a two-pronged approach to conducting street-based outreach that includes the following proactive and reactive strategies:

PROACTIVE OUTREACH PROCESS

1. Staff visit clients on a planned, recurring schedule
2. Staff support clients in transition to ongoing engagement activities (such as developing personal wellness or housing goals and assessing needs)
3. Staff conduct clients' assessments, including the Coordinated Entry assessment, and provide services and referrals as needed
4. When possible, staff connect clients to interim housing or placement programs
5. Staff document activities in HMIS

REACTIVE OUTREACH PROCESS

1. Community member requests services in LA-HOP
2. System routes request to correct SPA
3. Coordinator assigns request to appropriate team
4. Team initiates at least two attempts to provide outreach services to clients
5. Staff provide services as during proactive outreach
6. Staff document activities in HMIS and close the LA-HOP request

These complementary approaches enable the E6 outreach network to connect and engage as many people experiencing homelessness with services as possible, while creating a direct pathway for members of the general public to request outreach on behalf of their unhoused neighbors.

Finding 11. System-wide trainings and learning collaboratives onboard new staff, support a client-centered culture, and help align outreach practices to best and evidence-based approaches.

Outreach workers from every department or agency under E6 participate in systematic, comprehensive, and required training on several evidence-based, self-care, and best outreach practices during a five-day orientation series that leadership offer twice a year to onboard new hires. Staff also attend monthly learning collaboratives as well as learning sessions on special topics. These training opportunities enable outreach workers to employ a range of approaches and practices to engaging clients. Many people who are living on the streets have experienced trauma, so they naturally approach new relationships with a good deal of caution. In addition, many people experiencing homelessness carry institutional trauma and mistrust of government systems, so a necessary first step in establishing a productive outreach relationship is to build trust with the client and understand the principles of trauma-informed services.

RDA reviewed the extant literature on best practices for homeless outreach, and various sections within this evaluation report illustrate that Strategy E6 has implemented outreach services that align with most best practices recognized by experts from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), United States Interagency Council on Homelessness (USICH), and the US Department of Housing and Urban Development (HUD). This report describes many best and evidence-based practices implemented by Strategy E6: [8]

Outreach Practice	Described in Evaluation Section:	
Coordinated Entry	Finding 3	System Coordination & Collaboration
Collaboration with Non-Traditional Partners	Finding 6	
Hot Spotting	Finding 7	Data Sharing & Technology
Data Sharing	Finding 8	
A Systematic, Documented Approach	Finding 8	
High Quality Data	Finding 8	
Housing First	Finding 11	Outreach Practices, Training, & Staff Culture
Diverse Approaches	Finding 11	
Person-Centered Services	Finding 11	
Motivational Interviewing	Finding 11	
Harm Reduction	Finding 12	
Warm Handoffs	Finding 15	Client Service Delivery

Finding 12. The absence of system-wide quality measures to ensure all providers and teams implement best practices is a barrier to consistent quality across the system. This gap emerges despite the system's approach to training in best and evidence-based practices. As a result, some E6 agencies, providers, and individual staff do not buy-in to implementing all best outreach practice models.

Some Strategy leadership voiced concerns that not all teams are implementing the principles of established outreach best practices, noting a range of organizational cultures among contracted providers, varying levels of professional experiences, and different personal experiences that inform their approaches to service delivery. A provider may attend an E6 training and translate practices back to their own organization or team in a way that fits their culture or service model, particularly with harm reduction approaches to working with homeless and at-risk populations, and there is no systemic accountability structure E6 leadership can leverage to encourage fidelity to best practices. As a result, individual staff members have different levels of buy-in; for example, staff noted inconsistent use of a harm reduction model across the E6 system. Despite extensive trainings on best practices, Strategy E6 has no system-wide quality measure to ensure training, retention, and consistent implementation of these practices. Assessing implementation quality is critical to understanding training opportunities and adherence to established system-wide approaches to providing client services.

[8] USICH, *Practices that Work: The Role of Outreach and Engagement in Ending Homelessness: Lessons Learned from SAMHSA's Expert Panel*. From https://www.usich.gov/resources/uploads/asset_library/Outreach_and_Engagement_Fact_Sheet_SAMHSA_USICH.pdf

Finding 13. Established best practices for continuous care during client transitions are not well coordinated with Strategy E6, causing system gaps. During transitions between the community, institutions, and care providers, system gaps lead to negative consequences and outcomes for persons experiencing homelessness.

There are established best practices for care coordination and case management for persons experiencing homelessness that are not well coordinated with Strategy E6, creating system gaps that can lead to negative outcomes during vulnerable client transitions between providers or levels of care. While short-term outreach often does not include case management, the housing shortage means that E6 clients are engaged in outreach services for months at a time, during which staff perform ad hoc case management, evidenced by the 9,000 case management activities E6 staff logged between FY 17/18 and FY 18/19. E6 stakeholders reported that institutions struggle to communicate the enrollment, intake, or discharge status of E6 clients to outreach staff via HMIS, which contributes to care coordination gaps. For example, when a person experiencing homelessness is booked into and then released from jail without an opportunity to connect or re-connect with E6 staff or services, that person may be more likely to experience a recidivating event. Other examples include challenges connecting with a new care teams, avoidable or repeat hospitalizations, and challenges adhering to rules or retaining permanent housing.

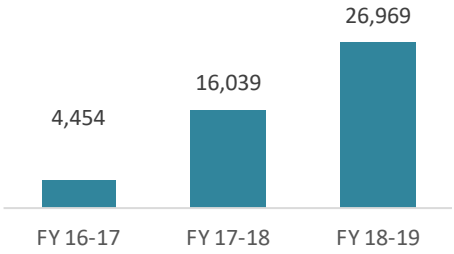
Finding 14. Regional differences in outreach travel times do not inform staff productivity targets. As a result, staff report a mismatch between their workloads and the tasks required to perform their job responsibilities and serve clients within normal working hours.

Staff from all SPAs reported that productivity targets set for outreach staff do not accommodate travel times for normal business activities, including the time it takes to find hard-to-reach clients and travel times to provide client services or provide rides between appointments, or the travel time to attend required administrative meetings. Staff who work in more remote areas of the County expressed greater frustration with meeting their productivity target expectations. Staff report that they document many outreach tasks and activities, but not travel time, which is often a large portion of their workday. Because staff travel times are not reported systematically, data are unavailable to inform productivity targets or shed light on regional travel differences among SPAs.

Client Service Delivery

Finding 15. Frontline outreach staff are serving more people experiencing homelessness than ever before, forming real human connections to help individuals achieve greater safety and stability, overcome personal barriers, and successfully navigate complex public systems.

Unique Individuals Served, Contacted, or Referred by Measure H-funded E6 teams



RDA received administrative data for E6 services funded through Measure H, including most generalist and multidisciplinary teams at LAHSA and DHS, but none of the teams under DMH or those funded through other sources. As a result, values represent only a portion of service outputs from across the outreach network. However, the trends is unmistakable. Outreach staff in LA County are contacting more people experiencing unsheltered housing crises than ever before, more people are engaging with public systems of care to receive the services they need, and more people are connecting to housing resources and supports. The number of clients served by Measure H-funded outreach steadily increased as implementation ramped up. In FY 16-17, prior to Measure H, outreach teams had some type of contact or provided some type of service to fewer than 5,000 individuals across Los Angeles County. In FY 18/19, year two of Measure H implementation, Measure H-funded teams connected with six times that many people (n=26,969).

E6 teams provide direct support services and resources, connections to external services and resources, and support to obtain important documentation and identification. Staff meet with clients to develop individual service and support plans, provide them with transportation to and from important appointments, and frequently accompany them to ensure they connect with their care teams and external providers. E6 teams provide case management and care coordination services, which is especially important for persons with complex physical health, mental health, and/or substance use needs. If they cannot address clients' needs in the field, staff refer them to other providers or County agency and provide "warm handoffs" for referred services. Warm handoffs are a best practice and central to homeless outreach, improving client service linkages, increasing trust in new providers, and improving outcomes.

Staff expressed deeply personal commitments to use individualized approaches to "meet clients where they are at" and help them walk the path towards better outcomes, including securing housing. A core strength of Strategy E6 is the deliberate effort to staff teams with individuals with lived experiences and backgrounds that match the County's unsheltered populations. Nearly half of all outreach staff claim some personal lived experience with homelessness, and across the board, E6 staff closely reflect the County's homeless population in terms of race and ethnicity.

EXAMPLES OF E6 SERVICES

- Face-to-face or phone contact
- Goal planning
- Provision of food & water
- Hygienic & basic supplies
- Emergency response
- Administration of first aid
- Motel/hotel vouchers
- Appointment scheduling assistance or accompaniment
- Transportation to or from appointments or vouchers
- CES assessment
- On-location counseling
- Family reunification
- Assistance with IDs, documents
- Assistance enrolling in public benefits
- Referrals to external services such as substance abuse or mental health treatment

Recommendations

RDA offers the following system-wide, program and practice, and client service delivery recommendations to improve efficiency and impact. Recommendations flow from the evaluation team's triangulation of primary qualitative, primary survey, and secondary qualitative data, as well as research on evidence-based and best practices in homeless outreach service delivery.

A. Align access to "flexible funds" for clients by establishing policies for all outreach teams that improve equitable access to resources across the outreach system (Finding 5).

Unequal access to resources that support client health and safety, such as flexible funds that cover expenses like administrative fees or hotel stays, causes imbalances among teams. Staff noted that staff and contracted providers under LAHSA or DHS follow looser requirements than DMH staff.

B. Continue to establish, refine, and strengthen collaboration protocols between homeless-serving, law enforcement, and sanitation agencies to support client service continuity as well as trauma-informed responses to public safety concerns (Finding 6).

Strengthening and reinforcing collaboration protocols (e.g. MOUs) with law enforcement, as well as continuing to offer training to law enforcement and sanitation agencies, can provide role clarity for each actor within this system, define trauma-informed escalation pathways for crisis situations involving clients, and enhance understanding about the purpose and function of outreach. Strong collaboration protocols between these partner agencies can prevent avoidable trauma and support ongoing engagement in homeless outreach services.

C. Continue to educate community stakeholders about the purpose and function of homeless outreach, including providing more nuanced information to LA-HOP requestors (Finding 7).

SPA Outreach Coordinators and E6 leadership noted that targeted promotion and education campaigns about LA-HOP and the system of outreach could address misperceptions about the role and function of outreach and help the community learn about the outreach system.

D. Implement HMIS data and documentation quality measures across E6 providers to identify ongoing training needs, build staff data capacity, and ensure consistently high-quality data (Finding 8).

Because stakeholders report inconsistent quality with HMIS data entry, Strategy leadership should consider implementing continuous quality improvement efforts and standard data quality assurance processes to ensure all providers are following consistent standards and protocols for using HMIS.

E. Assess client data sharing infrastructures, including tools for documenting service referrals and linkages, to gain insights about opportunities to improve system-wide efficiency (Finding 9).

An assessment of referral tracking tools would help determine which outreach data tools meet standards for efficiency, expediency, and client confidentiality. One suggestion is to explore the feasibility of

implementing a community health record across public services to automate provider notifications and referral tracking.

F. Support coordinated E6 practice trainings with coaching for E6 outreach staff and implement a fidelity or quality measure to ensure continuous improvement for delivering evidence-based and best practices (Finding 12).

Changing behaviors and beliefs is slow, steady work. Similarly, training without continuous monitoring and improvement efforts results in declining quality. The centralized, structured E6 orientations, learning collaboratives, and trainings reinforce best and evidence-based practices across the vast network of providers, but it is equally important to implement fidelity measures in order to ensure consistent service delivery that results in the expected client outcomes.

G. Fold CTI models and institutional in-reach (or pre-release planning) partnerships into Strategy E6 to support care coordination. This will help ensure that vulnerable individuals exiting institutions have warm hand-offs to coordinated entry services and that individuals moving into permanent housing have the support they need to stay housed (Finding 13).

Hospitals admit and discharge homeless patients every day, but there is currently no way for hospital staff to notify the homeless outreach service system that a vulnerable individual is heading back onto the streets. When law enforcement arrests and books into jail someone experiencing homelessness, that individual will still be homeless when they are released. Expanding HMIS access to hospitals, law enforcement agencies, and other institutional partners would support care coordination among these entities. Effective interagency crossover care makes possible best practices such as CTI, an empirically-supported intensive case management model developed specifically to prevent recurring experiences with unsheltered homelessness.

H. Track outreach travel time and ensure staff targets account for job-required travel (Finding 14).

E6 does not ask staff to track travel time for essential job functions, like the provision of client services. Enabling staff to provide travel time information and ensuring staff targets account for job-required travel will improve transparency between frontline staff and Strategy leadership and address concerns about unfair productivity targets, especially among staff who work in less dense areas of the County that require more time spent driving.

Considerations for the Next Phase of E6 Implementation

Because implementation of Strategy E6 is still in a formative stage, efforts to date have emphasized establishing effective collaborative partnerships, defining communication pathways and protocols, and promoting best practices across the Countywide system of homeless outreach. In the next phase of implementation, Strategy E6 leadership should continue to institutionalize and refine systems-level structures that support service quality, assure alignment between theories and practices, and sustain long-term influence and impact. This includes considering formal tools and structures to support Strategy E6 governance, including a charter, a unified mission statement, and/or a theory of action.

Strategy E6 is a systems change initiative that targets a deeply entrenched problem. To create and influence sustainable change at the systems and policy levels, E6 will need to ensure alignment across stakeholders, disciplines, viewpoints, and approaches to doing the work of homeless outreach. While Strategy leadership demonstrate strong internal partnerships that enable effective system-wide collaboration, Strategy E6 does not have an explicit theory of action or governance agreement to support a cohesive vision or sharpen planning and implementation efforts. These tools increase shared understanding of the problem that needs to be solved; the intended impact or outcome; the forces for change; external influences and risks; and the evidence basis for practices that lead to impact. Shared governance tools sustain system-wide culture and reinforce the practices that result in beneficial client outcomes. In the next phase of implementation, it will be important to codify the means to establish and hold partners accountable to a common goal and ensure the considerable investment in Strategy E6 stays on course.

Evaluation Report

Introduction

Background

In response to the humanitarian crisis of homelessness in Los Angeles County, in 2015 the Board of Supervisors (BOS) established the Los Angeles County Homeless Initiative (HI) within the Chief Executive Office (CEO). During the subsequent year, a collaborative planning process involving community and government partners resulted in a set of 47 Board-approved strategies reaching across sectors to provide a continuum of upstream (preventative), downstream (curative), and systems-level services and programs for persons experiencing or at risk of experiencing homelessness. In 2017, County voters approved Measure H, a $^{1}/_{4}$ percent sales tax increase, to implement these strategies through the HI.[9]

Several of the approved strategies aim to create a more coordinated system of care, including Strategy E6: Countywide Outreach System. With oversight from the HI, the Los Angeles Homeless Services Authority (LAHSA) and other County agencies and departments set out to implement integrated networks of multidisciplinary, street-based homeless outreach teams to identify, engage, and connect unsheltered individuals to interim and/or permanent housing and supportive services. The CEO's Research and Evaluation Services unit contracted with Resource Development Associates (RDA) to conduct an evaluation of the implementation of Strategy E6.

Strategy E6 is one of the strategies within *E: Create a Coordinated System.* The strategies that comprise this domain are intended to "maximize the efficacy of current programs and expenditures" by creating a "coordinated system which brings together homeless and mainstream services." Within this framework, the HI plan intended *Strategy E6: Countywide Outreach System* to develop and deploy a "network of multidisciplinary, integrated, street-based teams to identify, engage and connect, or re-connect, homeless individuals to interim and/or permanent housing and support services." Because Strategy E6 has "the greatest impact within the short- and medium-term," the HI selected it for the first wave of strategy implementation and evaluation.

Process and Implementation Evaluation Goals

This process evaluation, or implementation evaluation, is a formative study that seeks to measure whether Los Angeles County has implemented Strategy E6 activities as intended and measure the outputs and immediate results of implementation. This type of evaluation answers *who*, *what*, *when*, and *where* questions, such as:

[9] Measure H also added four more strategies to the original 47 for a total of 51.

- Who receives services from Strategy E6?
- What has occurred during implementation of Strategy E6?
- When and where did these activities occur?
- What are the barriers/facilitators to implementation of program activities?

RDA's research aims to discover the extent to which Strategy E6 implementation achieved the County's goals, described in Figure 1 on the following page.

Figure 1: Goals for the Implementation of Strategy E6

Develop a robust and centralized data infrastructure to dispatch and track outreach activities and support cross-team collaboration	Expand outreach coordination within each Service Planning Area (SPA) and across the whole County through new Outreach Coordinator positions	Implement multidisciplinary outreach teams (MDT) to better meet the public service needs of unsheltered individuals
Expand community-based outreach personnel Countywide as well as entry points into the homeless system of care	Reach the hardest-to-serve individuals and those who frequently experience the highest levels of need	Assess and connect individuals to services that support their wellness, independence, and access to housing

Structure of this Report

This report first describes the overall research approach, methods used for data collection and analysis, and an overview of Strategy E6 within the County's Homeless Initiative. The following section describes the evaluation results and findings. The report concludes with a summary of recommendations that the County may consider to improve the E6 system. Additional appendices provide more detailed information about key documents, plans, data, and figures that support the research conducted within this evaluation.

Figure 2: Structure of this Report

Methodology	✓ Describes how the team carried out the evaluation research ✓ Lists all sources of data, analytic approaches, and limitations
Homeless Initiative & Strategy E6	✓ Explains the role of E6 in the County's continuum of services ✓ Documents how and when Strategy E6 was implemented
Evaluation Results	✓ Presents key evaluation findings based on the analysis of data ✓ Provides evidence and explains the significance of findings
Recommendations	✓ Presents areas suggested areas for system improvement ✓ Describes steps to implement some recommendations

Evaluation Methodology

This process evaluation seeks to understand whether the implementation of Strategy E6 has achieved the intended goals, to uncover E6 system successes and challenges, and identify strengths and barriers.

Research Framework

RDA's rigorous evaluation design applies a mix of quantitative and qualitative methods grounded in community values, subject-matter expertise, and decades of public sector research experience. This evaluation's research framework incorporates three layers of analysis—systems-level, program-level, and individual-level—and outlines sets of questions within each of these frames. Taken holistically, this formative evaluation will provide the County with actionable knowledge for future policy decision making regarding Strategy E6. Appendix B details the full list of research questions and accompanying modes of data collection.

Figure 3: Evaluation Research Framework & Key Questions

SYSTEMS ANALYSIS: Evaluates coordination, data sharing, capacity building, and collaboration to provide useful data about implementation progress, successes, and challenges of strategy-wide efforts. Findings support Strategy-wide improvements to optimize the efficacy and efficiency.

To what extent are outreach partners effectively coordinating?	What are barriers and facilitators of effective coordination?	What specific structural changes or resources would further optimize the system?	To what extent do data sharing practices increase overall effectiveness?

PROGRAM ANALYSIS: Identifies the range of models and practices and assesses the qualities contributing to successful engagement, promote collaboration, or indicate best practice. Findings focus on referrals, service coordination, and direct client services to inform program improvement.

What practices and models of outreach are being implemented?	How do perceptions of effectiveness and existing practices align?	What additional resources or tools do staff need to fulfill their job responsibilities?	How do staff assess, record, and monitor clients' service needs?

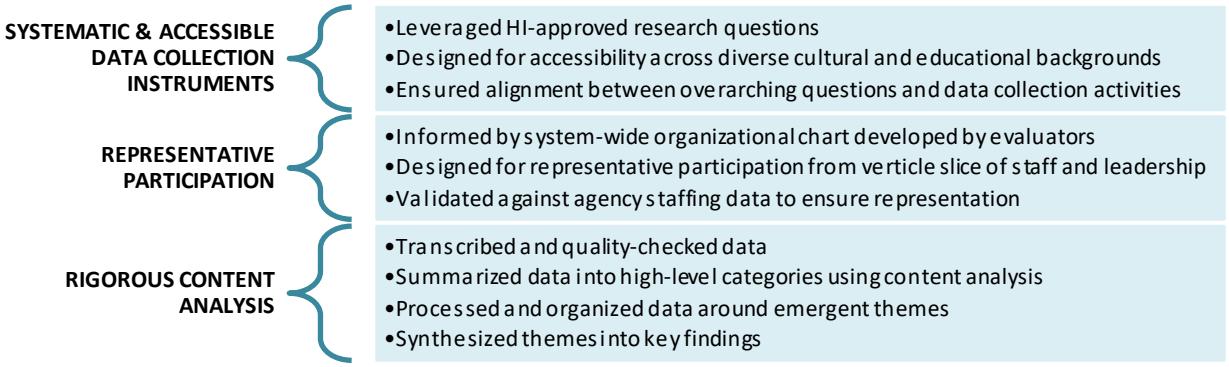
INDIVIDUAL-LEVEL ANALYSIS: Identifies frontline experiences of those delivering client services and examines client service delivery outputs. Findings facilitate connections between systemic and programmatic factors and individual experiences with outreach.

Who has accessed or engaged in outreach services?	Do clients experience greater access to services and resources as a result of engaging with outreach teams?	What practical changes will ensure Strategy E6 services reach the intended population?

Qualitative Methods

RDA evaluators engaged in primary data collection with a diverse group of Strategy E6 stakeholders to obtain qualitative insights about their experiences with the implementation of the E6 outreach network and also conducted a document review of pertinent E6 reports, publications, and internal documents. The evaluation team triangulated these qualitative data with quantitative and administrative data to assess E6 implementation and provide recommendations. The section below describes the specific qualitative data sources, collection methods, and analytic approaches utilized.

Figure 4: Qualitative Research Approach



RDA's research included the following qualitative data collection methods and sources:

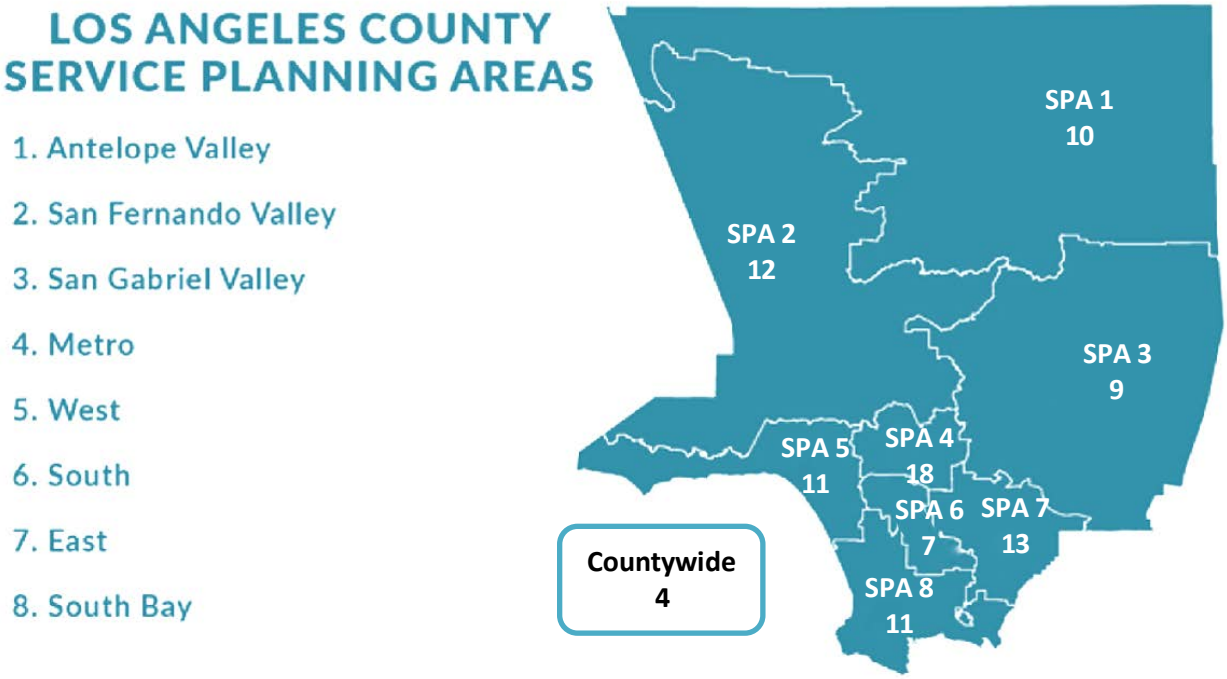
- **Key Informant Interviews.** The evaluation team conducted nine phone interviews with E6 leadership, program managers, and analysts from LAHSA, Department of Mental Health (DMH), Los Angeles County Executive Office's Homeless Initiative (HI), and Department of Health Services (DHS) to assess stakeholder experiences with E6 program design, program launch, and ongoing implementation. Conversations focused on lessons learned, facilitators of success, and barriers to implementation.
- **Focus Groups.** The evaluation team conducted seven focus groups with a total of 95 E6 staff members representing outreach teams across all SPAs. These focus groups included one session with SPA coordinators and six with frontline outreach staff. Participants responded to structured questions designed specifically for this evaluation, including questions about system-wide implementation, team dynamics, outreach practices, perceptions of client outcomes, and data utilization and management practices. With support from the E6 leadership team, the evaluators recruited focus group participants and aligned data collection activities with scheduled E6 staff trainings to ensure representative participation across a diverse pool of positions, teams, SPAs, and organizations. [10]

[10] At the time of writing, the evaluation team had planned, but not yet conducted, a final focus group with only outreach staff who also have lived experiences with homelessness. During the condensed timeframe for this evaluation, RDA faced challenges conducting primary research with persons currently experiencing homelessness and scheduled this additional data collection activity to vet, confirm, and further nuance the findings presented in this draft report.

- **Document Review.** The evaluation team reviewed quarterly reports, LA County Point-In-Time Counts (PIT), E6 presentation materials, and other programmatic documents including staffing lists and descriptions of service activities.
- **Best Practice Research.** The evaluation team researched best practices within the field of homeless outreach and service provision among vulnerable populations experiencing homelessness, and also studied evidence-based practices from relevant research literature.

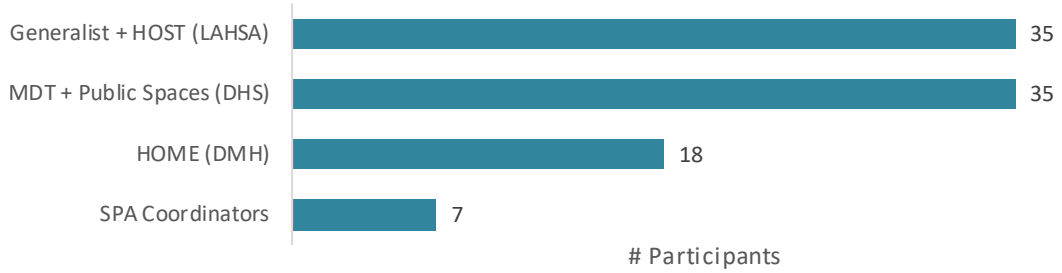
A wide range of positions, teams, community-based organizations (CBOs), and agencies attended these data collection activities. The figure below lays out the County's eight SPAs, and lists the number of E6 outreach staff that participated in focus groups for this evaluation.

Figure 5: Staff Focus Group Participation, by SPA (n=95)



The following chart illustrates staff participation in this evaluation's data collection.

Figure 6: Focus Group Participants, by Team Type (n=95)



Quantitative Methods

In addition to primary data collection, the evaluation team analyzed relevant administrative (quantitative) data to triangulate and nuance findings that emerged from qualitative research activities. This evaluation focused on key administrative data elements from the County's Homeless Management Information System (HMIS) and Homeless Outreach Portal (LA-HOP), as well as internal E6 programmatic data descriptions. In addition, RDA developed and administered two primary survey instruments: one for Strategy leadership and one for frontline staff. This section describes the specific quantitative data sources and analytic approaches.

Figure 7: Secondary Administrative & Quantitative Data Elements

HMIS	LA-HOP	E6 Data Definitions
• Client Demography • Services, Referrals, & Linkages • System Exits	• Number of Outreach Requests • Days until Request Close	• E6 Service Definitions • E6 Programs

RDA obtained de-identified HMIS data from the HI, then cleaned, analyzed, and aggregated data elements to describe E6 service outputs over time as well as the number and characteristics of E6 clients served. The evaluation team leveraged the following methods to analyze and synthesize findings:

- **Data Preparation and Quality Assurance.** The evaluation team cleaned and merged data across multiple tables, then scoped these data to include only E6 services using LAHSA's E6 service definitions and program list. The team manually corrected most data entry errors (e.g. spelling inconsistencies, incorrect time or date entries) and dropped outlying instances and duplicates.
- **Descriptive Statistics.** The evaluation team used descriptive analytic techniques to summarize client demographic characteristics, types of services received, service characteristics, and preliminary housing outcomes.
- **Inferential Statistics.** The evaluation team used a difference-in-means analysis to analyze any extant relationship between the provision of all E6 services, taken together, and system exits.[11] This statistical test compares the means of multiple independent groups to determine whether or not they are statistically significant. For this evaluation, the team constructed the test to determine whether any meaningful difference exists between a) the average E6 service engagement rates for clients who exited into housing, and b) the average E6 service engagement rates for clients who did not exit into housing.

In addition to secondary administrative data, RDA developed two survey instruments to collect primary quantitative data from both Strategy E6 leadership and frontline outreach staff. The evaluation team analyzed aggregated survey data and data specific to each SPA, then folded themes into relevant findings.

[11] One-way ANOVA tests the presence of a statistically significant difference between means of multiple unrelated groups.

Figure 8: Primary Survey Data

Leadership Collaboration Survey (n=68)	Outreach Staff Survey (n=200)
• Instrument leveraged multiple validated collaboration survey instruments to measure levels of collaboration across E6 leadership and agencies • Respondents included E6 Strategy leads, MDT leads, SPA outreach coordinators, LAHSA and DMH program managers, and other managers	• Instrument collected perspectives of frontline staff to evaluate overall strategy implementation, data utilization and management, and E6 team culture • Respondents included frontline outreach staff from all representative E6 agencies, team types, and SPAs

Limitations

The following limitations impacted data analysis and findings developed for this report.

- **Limited Timeframe of Secondary Data.** Secondary data sources span different time periods. Wherever possible, the evaluation team leveraged the most recent data available. Frequently within formative implementation studies like this, no comparable baseline dataset yet exists inform comparisons or conclusions.
- **Limited Client Demographic Variables.** To conduct this study, RDA requested data containing a diverse set of client demographic descriptors to analyze service provision and receipt. However, the individual-level dataset received contained gender data only and no other variables. This limited RDA's ability to analyze and report service outputs in relationship with demographic characteristics such as race, ethnicity, age, sexual orientation, chronicity, etc. Instead, RDA leveraged publicly available demographic reports on Measure H-funded E6 clients.
- **Service Output Data for Only Measure H-funded E6 Teams.** The service and referral data provided to RDA only included services provided by Measure H-funded E6 teams, and not the full range of homeless outreach teams in Los Angeles County. As a result, this study's quantitative analyses excludes work done by non-Measure H funded teams, including DMH outreach.
- **Varied Data Quality.** The evaluation team observed discrepancies within HMIS data, including varied usage of service nomenclature and descriptions. Although RDA corrected obvious errors and excluded outliers and duplicates from the analysis, qualitative data collected during this evaluation demonstrate that HMIS data quality and consistency are common challenges that limit the accuracy of service and administrative outputs.
- **Small Sample Sizes.** Participants represented a portion of the County's E6 staff. Because small sample sizes can yield unreliable or misrepresentative insights, wherever possible RDA combined secondary and primary data sources to develop more meaningful and accurate results.
- **Reliability of Self-reported Data.** Participants self-reported most primary data collected for this evaluation in surveys, focus groups, and interviews. Time lapses and recall discrepancies can lead to under- or over-reporting, and there is always a possibility that participants present themselves falsely or misrepresent their beliefs. To address this, evaluation findings present only themes that emerged across data collection rather than from just one or two reports.

Measuring Impact and Outcomes in the Future

A process evaluation studies the implementation for a program, network, or system. It answers *who*, *what*, *when*, and *where* questions. It also answers the question *how do inputs, activities, and outputs work together?* In short, process evaluation answers the question *how does the Strategy work?* while outcome evaluation, or impact evaluation, answers the question *does the Strategy work?* A full exploration of Strategy E6 outcomes, such as moving into stable housing and long-term housing retention, is outside the scope of this formative study. However, RDA conducted preliminary statistical testing to determine the feasibility of future efforts to study relationships between E6 outreach service engagement (dosage) and exits to stable housing (outcomes). RDA conducted a one-way ANOVA to determine if service engagement rates are significantly different between E6 clients in two distinct groups: E6 clients that ultimately moved into stable housing (n=1,651) and E6 clients that remained homeless (n=3,531). Using HMIS service data, the team developed a 'service dosage' dependent variable for E6 clients who received two or more E6 services spanning at least one month.

The test examined whether the average (mean) service dosages for these two groups demonstrate a statistically significant difference. Preliminary results of this test reflect that future efforts to study E6 services, for example impact or outcome evaluation, could provide meaningful insights into any relationships between E6 services and beneficial client outcomes like moving into stable housing. To do so effectively, future impact studies should examine different types of services that E6 clients receive (for example, differentiating between services intended to support successful move-ins and services that address immediate safety or emergency needs in the field) and also account for clients' vulnerability scores and/or prioritization in coordinated entry. Because the shortage of shelter and affordable units functions as a bottleneck to attaining housing across the County, future research that examines the impacts of Strategy E6 should account for the different prioritizations for housing that span the population of persons experiencing unsheltered homelessness in Los Angeles County.

Overview of the Homeless Initiative and Strategy E6

Over the past decade, the number of people experiencing homelessness in Los Angeles County reached crisis levels, particularly for people living without shelter. Between 2009 and 2019, the number of persons experiencing unsheltered homelessness on a single night anywhere in the County increased 54% from 28,644 to 44,214 persons. This is a statewide crisis that acutely affects California's largest metropolitan region. In 2018, California was home to nearly half of all people experiencing unsheltered homelessness in the United States (89,543 persons across the country), and nearly half of the state total (44%) were living somewhere without shelter in LA County (39,396 persons).[12,13] *In 2019, the County's unsheltered population rose another 12% meaning more people across the County's many geographies—including urban, suburban, and desert regions—are living without access to indoor shelter and are, instead, living in tents, cars, RVs, or other places not meant for habitation. Although data show the County is successfully housing more people than ever before, people are falling into homelessness at rates faster than the County can serve and house them. This context underscores the importance of recent planning and implementation efforts to address the crisis.*

Homeless Initiative: Approved Strategies to Combat Homelessness

In August 2015, the Los Angeles County Board of Supervisors (BOS) commissioned the Homeless Initiative (HI) to develop a plan to combat the Countywide crisis. That year, the HI conducted 18 policy summits on nine topics, bringing together 25 County departments, 30 of the County's 87 cities, other public agencies, and over 100 community-based partners, organizations, and stakeholders. These summits resulted in a strategic plan to address the growing crisis of people experiencing homelessness. In February 2016, the BOS approved 47 coordinated strategies to develop and implement the systems and partnerships needed to carry out this response. [14] In March 2017, Los Angeles County voters approved Measure H, a quarter percent sales tax increase to fund the implementation of these approved strategies, with oversight from the HI. The funding supports the County's efforts to address and prevent homelessness in the following domains: A) Prevent Homelessness, B) Subsidize Housing, C) Increase Income, D) Provide Case Management Services, E) Create a Coordinated System, and F) Increase Affordable & Homeless Housing.

Strategy E6 is one of the strategies within *E: Create a Coordinated System.* The strategies that comprise this domain are intended to "maximize the efficacy of current programs and expenditures" by creating a "coordinated system which brings together homeless and mainstream services." Within this framework, the HI plan intended *Strategy E6: Countywide Outreach System* to develop and deploy a "network of multidisciplinary, integrated, street-based teams to identify, engage and connect, or re-connect, homeless individuals to interim and/or permanent housing and support services." Because Strategy E6 has "the greatest impact within the short- and medium-term," the HI selected it for the first wave of strategy implementation and evaluation.

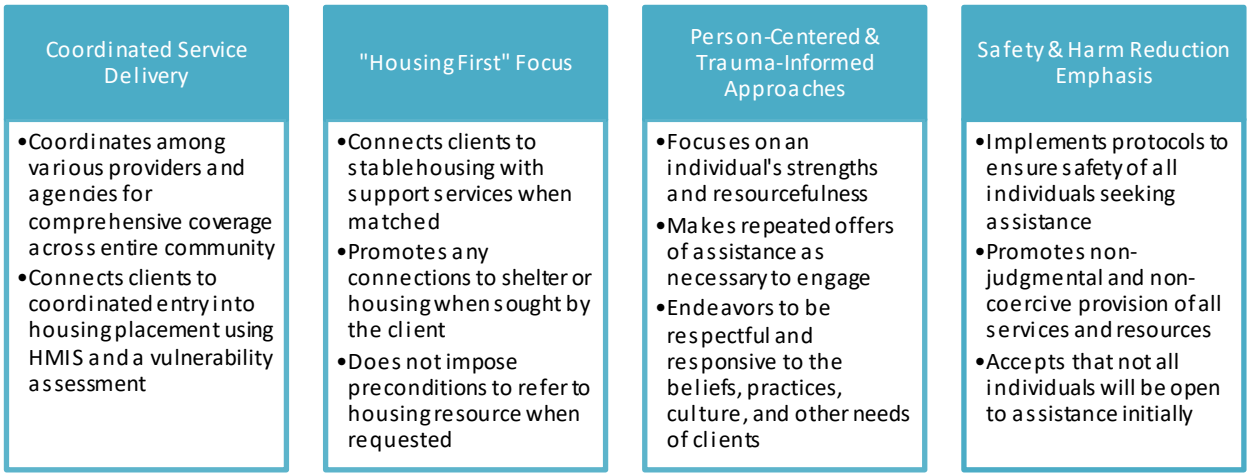
[12] HUD Office of Community Planning and Development, The 2018 Annual Homeless Assessment Report (AHAR) to Congress Part 1: Point-in-Time Estimates of Homelessness, Dec 2018. https://files.hudexchange.info/resources/documents/2018-AHAR-Part-1.pdf
[13] LAHSA Greater Los Angeles Homeless Count: 2009, 2018, and 2019 Results. Accessed from: https://www.lahsa.org/
[14] The first set of recommended strategies totaled 47, and the Measure H ordinance added four more for a total of 51.

What is Homeless Outreach?

Homeless outreach in LA County "aims to locate, identify, and build relationships with people experiencing homelessness who are unsheltered and/or street-based to engage them for the purpose of providing immediate support, linkages to services, and connections with housing navigation resources aimed at ending homelessness." It is the face-to-face interaction with people who are experiencing homelessness in the streets, under freeways and bridges, in libraries and public spaces, and wherever else a person may be located.[15] Effective homeless outreach involves a multi-pronged approach to service delivery, including a) providing direct services on-location, as opposed to inside the walls of an office or clinic; b) establishing and maintaining supportive relationships and connections with clients who may be disconnected or alienated from mainstream services, including homeless-specific services; c) addressing clients' real or perceived problems through access to needed treatment or supportive services; and d) educating clients about the resources, services, and supports available to them.[16]

This framework for engaging with persons experiencing homelessness is well studied. The United States Interagency Council on Homelessness (USICH) partnered with several other federal agencies to identify and publish the following best practices for homeless outreach and engagement initiatives (Figure 9).[17]

Figure 9: USICH Core Elements of Effective Street Outreach



Homeless outreach is the central topic examined within this report, but it is important to note that outreach is only one component within a continuum of strategies and initiatives that, when implemented together, aim to combat this humanitarian crisis. In and of itself, outreach alone can neither resolve nor end unsheltered homelessness in Los Angeles County.

[15] San Diego County, *Homeless Outreach Worker (HOW) Best Practices*, February 2018. Accessed from: https://www.sandiegocounty.gov/content/dam/sdc/hhsa/programs/bhs/TRL/TRL%20Section%202/HOW_BestPractices.pdf
[16] Canadian Observatory on Homelessness, *Outreach,* 2019. Accessed from: https://www.homelesshub.ca/solutions/emergency-response/outreach
[17] USICH, *Core Elements of Effective Street Outreach to People Experiencing Homelessness,* June 2019: https://www.usich.gov/resources/uploads/asset_library/Core-Components-of-Outreach-2019.pdf

SPOTLIGHT: THE PURPOSE AND FUNCTION OF HOMELESS OUTREACH

The purpose of homeless outreach is to provide face-to-face services at the locations where people are experiencing homelessness; its function is to establish supportive human relationships that foster ongoing service engagement, provide or facilitate access to needed services and resources, and, whenever possible, support clients in moving into stable housing. This framework for engaging with persons experiencing homelessness is a documented best practice for engaging vulnerable, unhoused, and difficult-to-reach individuals who need services and supports.

RDA's conversations with Los Angeles County stakeholders and decision-makers demonstrate that community members frequently misunderstand the purpose and function of homeless outreach. Outreach is a very important component within the County's plan to help people prevent or end their experiences with homelessness, but it is only one of 51 strategies aimed at combating this crisis. The plan includes eight strategies to subsidize housing and make it more affordable, six strategies to increase incomes for persons experiencing or at risk of homelessness, and six strategies to increase the inventory of affordable and homeless-specific housing. For Strategy E6, the housing shortage creates a bottleneck restricting how many people successfully find a pathway off the streets.

As much as outreach workers try to make a difference in the lives of people experiencing homelessness on the streets, under freeways and bridges, in temporary motels and shelters, at meal and service sites, in libraries and public spaces, and in any other unsheltered areas of Los Angeles County, there are things homeless outreach cannot do. For example, outreach cannot coerce people into services; it cannot move or force people to move away from publicly accessible spaces; and it cannot open shelter beds, build affordable housing, or facilitate immediate pathways indoors when there are not accessible housing options.

> *"One of the biggest counterproductive issues we deal with is that general constituents across the County think we have a magic wand. If they report street-based homelessness through the LA-HOP portal, they think the next day that person won't be on the street. Folks are very uneducated on what outreach does or can and cannot do." -E6 Leadership*

The implementation and effectiveness of other HI strategies, such as increasing the supply of housing and rental subsidies, impact what outreach can help homeless clients achieve; but community understanding of the purpose and function of outreach impact their perceptions of E6 effectiveness.

As discussed in later sections of this report, implementing more outreach teams and the online request system increased visibility of the County's response to homelessness. For many public stakeholders, outreach may be the only visible part of the County's broad continuum of initiatives and strategies. It is not surprising, then, that when frustrated residents witness peoples' ongoing suffering on the streets and in their neighborhoods, they might misattribute this to be a failure of outreach, or they might believe there are too many outreach workers who have nothing to do. These misperceptions loom over the impactful efforts of Strategy E6: the trusting relationships outreach workers build with clients, the ongoing client engagement E6 staff maintain, and the connections to necessary services that prevent issues from escalating until they become taxing to public systems.

> *"We need more compassion from elected officials as far as understanding how or what homelessness is really about – the outreach, impact, trust, desire to make things happen, and change." -E6 Staff*

Stakeholders who participated in this study expressed concern that misperceptions about outreach may threaten continued Strategy E6 funding, which is not within the scope of this research to evaluate. However, both frontline staff and leadership identified a need to expand education and share more information about the purpose of homeless outreach. This evaluation aims to provide valuable insight about outreach in Los Angeles County, describe outputs and immediate outcomes of Strategy E6 implementation, and provide recommendations to improve system coordination and outreach practices across the Countywide system.

Outreach Prior to Strategy E6

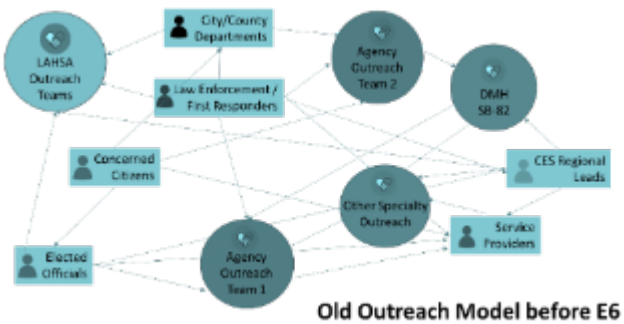
The primary purpose of this evaluation is to understand the relevant outputs and immediate outcomes of Strategy E6 efforts implemented at the systems-, program- and individual client-level. Some of the learnings will emerge as successes and some as challenges that will need to be resolved to fully implement Strategy E6 and to understand its impact. RDA researched the structure and deployment of homeless outreach services before and after implementation to demonstrate the extent to which Measure H funds and Strategy E6 have transformed homeless outreach across the County.

> *It was a convoluted system. Typically, an elected [official's] staff member would send out an email asking for outreach to respond to a constituent complaint. Multiple agencies would send staff since there was no way to see if someone had already responded.*
>
> *-E6 Leadership*

Before the County implemented Strategy E6, veteran staff and leadership generally characterized the system of outreach as disorganized, inefficient, and under-resourced. While precise counts of all homeless outreach teams and staff prior to E6 implementation are impossible, documentation suggests that the County only funded about 10 teams containing about 20 individual staff to conduct homeless outreach. Leadership reported that in addition to these County teams, cities and agencies funded their own outreach teams, but that they worked in silos and lacked infrastructure to communicate or coordinate services. In response to local crises and community-driven complaints, city officials, County department leaders, and elected officials mobilized outreach responses. Requests for outreach services came into multiple departments or teams simultaneously via the same political connections. This led to inefficient and redundant deployment of outreach resources; staff lacked the ability to coordinate so multiple teams would see each other responding to the same request. E6 leadership recalled that incoming requests for outreach would come through various simultaneous means, including emails, 2-1-1 calls, direct phone calls, text messages, etc.

Prior to E6 implementation, there was no means to coordinate outreach resources geographically or in relationship to quantified regional needs. Veteran outreach staff recounted long travel times when responding to outreach requests in another region or SPA, because requests came in and staff deployed without regard to location. The old "system" was inefficient and uncoordinated. Additionally, as mentioned above, the County lacked comprehensive information about the capacity, quantity, or availability of outreach staff across the County's cities and departments. Without a centralized inventory of full-time equivalent staff (FTE), Strategy leadership and veteran outreach staff recalled that outreach resources were spotty and disorganized. For example, the most impacted urban areas of the County, such as Skid Row

Figure 10: Leadership Illustration of Homeless Outreach Prior to Strategy Implementation



Old Outreach Model before E6

and downtown LA, had high concentrations of outreach staff but other hot spots in the County had comparatively little, or none at all.

It was not just the number of staff or teams that were difficult to quantify; staff that oversaw homeless outreach prior to Strategy E6 shared there was not adequate data to quantify how many services outreach staff provided or the number of people they contacted. Departments and teams used different systems to track and monitor their services, or did not use a system at all. The lack of shared tools for centralized data collection and management contributed to service duplication, inconsistent outreach methods and practices, competition for resources, and service gaps across the County.

Strategy E6 Implementation

Strategy E6 is one of the eleven strategies selected for the first phase of HI implementation because of its potential for impact in the short- and medium-term. The process officially commenced in June 2016, and a stakeholder-engaged planning process for Strategy E6 implementation began in October 2016. This process involved leadership from the HI, LAHSA, DHS, and DMH.

> *Before E6, we couldn't answer anything about outreach. We didn't know how many teams there were or how many people were being helped.*
>
> *-E6 Leadership*

The HI plan contained minimal descriptive or prescriptive language to guide implementation, recommending that LAHSA, "in conjunction with relevant County agencies and community-based organizations, develop and implement a plan to leverage current outreach efforts and create a Countywide network of multidisciplinary, integrated street-based teams to identify, engage and connect, or re-connect, homeless individuals to interim and/or permanent housing and supportive services."

The plan listed the collaborating partners and agencies (Table 1), calling for: a) at least one multidisciplinary team per Service Planning Area (SPA); b) specialization in transition-age youth (TAY), veterans, victims of domestic violence, and families; c) a "telephone hotline" to connect teams with service and housing coordinators; d) emulation of a local outreach model with intensive case management services; and, e) awareness of domestic violence protocols.

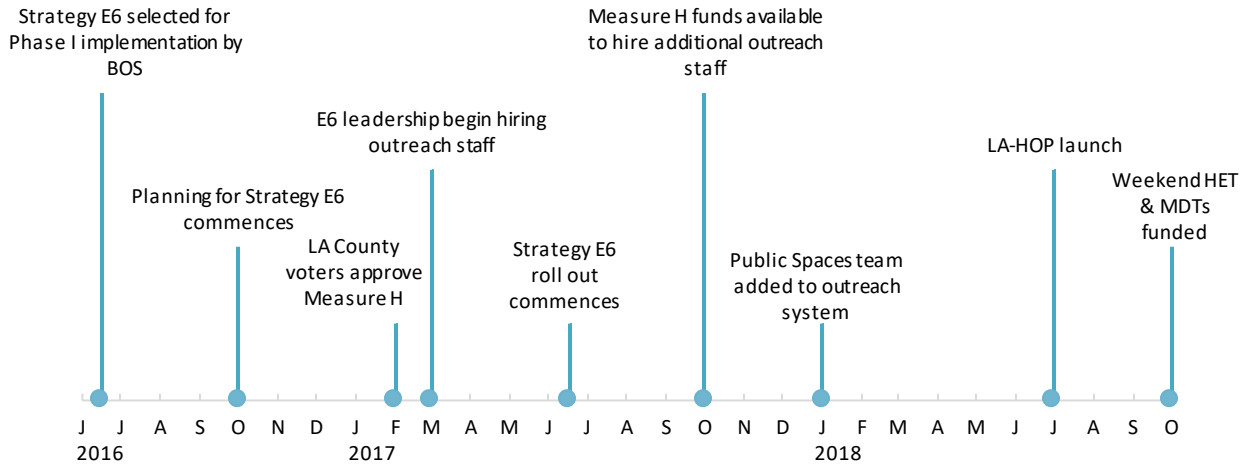
Table 1: Strategy E6 Collaborating Departments and Agencies, as Described in the HI Plan

LAHSA *Lead Agency*	Health Services	Mental Health	Probation	Public Health	Social Services	Sheriff & Fire	City of LA & any of the other 87 cities	United Way

Ultimately, LAHSA, DHS, and DMH formed the core of the E6 leadership team and, working together, leaders from each of these agencies designed a regional system to conduct outreach services. The system they designed incorporated innovative technological tools and a mix of generalist, multidisciplinary, and specialty teams to address the most pressing needs facing people experiencing street-based homelessness. As of September 2019, over 100 outreach teams funded through Measure H and nearly 100 more funded through other (or blended) sources spanned the County's eight SPAs. Among these 200

outreach teams, at least 60 are multidisciplinary (MDTs). Measure H also funded the development and implementation of a public-facing online ticketing portal to coordinate and deploy outreach resources above and beyond the "hotline" described in the initial plan. As described in detail throughout this report, the E6 system in place today exceeds the HI plan's minimal requirements. Over a short period of a few years, Strategy E6 leadership scaled the capacity of the outreach system to cover the County's expansive geography and hot spots of persons experiencing homelessness. The following figure outlines additional implementation milestones for Strategy E6.

Figure 11: Strategy E6 Implementation Timeline



Key Evaluation Findings

The RDA evaluation team systematically processed, categorized, and interpreted primary qualitative and quantitative data as well as secondary administrative program data and documents to triangulate the key findings presented below. This process evaluation identifies system outputs and formative implementation results at the systems-, program-, and individual client-level. Some findings indicate implementation successes and strengths, and others indicate barriers to implementation and opportunities for system improvement. Evaluation results fall into four overarching themes:

1) *System Coordination & Collaboration*
2) *Outreach Practices, Training, & Staff Culture*
3) *Data Sharing & Technology*
4) *Client Service Delivery*

System Coordination & Collaboration

Coordination and collaboration are two of the most critical elements to any social sector systems change initiative, because effective interagency partnerships and relationships ultimately define system-wide dynamics between leadership, formal and informal partners, participating agencies, teams, and individual staff. The following section describes findings relating to system-wide factors.

Finding 1. A high-functioning and collaborative leadership partnership between LAHSA, DHS, and DMH adopted a *systems change* approach to implementing new structures, processes, and dynamics in order to coordinate and direct the 200 teams delivering Strategy E6 homeless outreach services across the County.

Before E6, the structure and deployment of outreach across Los Angeles County represented the dynamics of an *unorganized system,* absent of a strategy to guide clear interactions between actors or parts, and lacking pathways for individuals to move forward or through it.[18] In contrasting *organized systems*, leaders plan and coordinate the activities of multiple teams or parts. Complex systems are adaptive; actors learn and co-evolve as they interact with one another and respond to changes in their environment.[19] *Systems change* interventions seek to change complex behavioral patterns among actors and parts by changing the underlying system dynamics, structures, and conditions.[20] Given the scale of the unsheltered homelessness crisis in Los Angeles County and the 10% increase between 2017 and 2019, and the complex dynamics between agencies, organizations, actors, and parts, Strategy E6 needed to adopt this *systems change* lens in order to develop a functional, organized, multi-sector network with the capacity for a proportional and effective crisis response.[21]

[18] Olson, E., and G. Eoyand. "Facilitating Organization Change: Lessons from Complexity Science." *Jossey-Bass/Pfeiffer*, 2001.
[19] Hargreaves, M. "Evaluating System Change." *Mathematica Policy Research, Inc.*, 2010.
[20] Eoyang, G. "Human Systems Dynamics: Complexity-based Approach to a Complex Evaluation." *Systems Concepts in Evaluation, American Evaluation Association,* 2007.
[21] 2017 unsheltered total of 40,082; 2019 unsheltered total of 44,214 (Los Angeles County Point-In-Time Count, LAHSA)

A collaborative partnership between the LAHSA, DHS, and DMH lead the ongoing implementation of Strategy E6. Together with the HI, each of these three County departments lends its own expertise to provide thought leadership, develop strategy, oversee and direct services, and provide continuous quality improvement to the network of providers and outreach staff. The leadership team attends monthly collaboration meetings to identify and resolve on-the-ground issues in real time, monitor resource allocation, and identify opportunities for improvement. Also, E6 leadership consolidated reporting to funders and community stakeholders. In general, specific departments support specific outreach team types, described below in Table 2.

Table 2: E6 Agencies & Outreach Team Types

AGENCY	TEAM	STAFF	DESCRIPTION
LAHSA	Generalist Homeless Engagement Teams (HET) & Coordinated Entry Teams (CES)	189.0 FTE	Generalist teams make initial contact with new clients and maintain regular engagement with ongoing clients through proactive outreach. Some teams operate with special populations (e.g., youth or veterans).
	Homeless Outreach and Proactive Engagement (HOPE)	15.0 FTE	Teams overseen by both LAHSA and the City of LA, consist of generalist outreach staff, Los Angeles Police Department (LAPD) staff, and LA Sanitation & Environment (LASAN) staff to serve clients impacted before and during encampment resolutions.
	Homeless Outreach Services Teams (HOST)	16.0 FTE	Generalist outreach staff collaborate with LAPD to approach outreach using best practices. HOST Regional teams include generalist outreach staff working in collaboration with other city police departments.
DHS – Housing for Health	Multidisciplinary Teams (MDT) & Public Spaces Teams	330.0 FTE[22]	Five specialists representing physical health, mental health, substance use, case management, and peer support comprise the MDTs. Public Spaces teams maintain a visible and accessible presence in LA County's public spaces, such as parks, plazas, or other gathering places.
DMH	Homeless Outreach and Mobile Engagement (HOME) Teams	125.5 FTE	Specialist teams provide psychiatric support, outreach, and intensive case management to persons experiencing homelessness with serious mental illness (SMI). Supports generalist teams as needed.

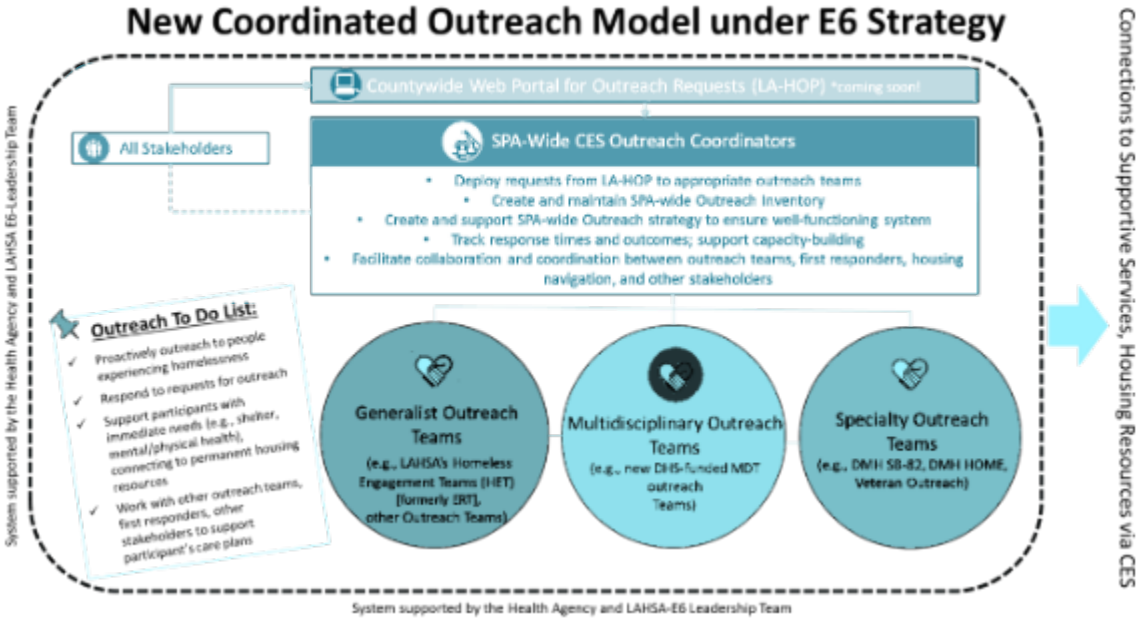
RDA implemented a survey instrument for E6 leadership to measure levels of collaboration among the E6 leadership and other leaders and managers, including MDT leads, SPA outreach coordinators, program managers, and senior leaders from other County departments. These leadership stakeholders demonstrate strong clarity of purpose, with 85% agreeing that E6 leadership are motivated and inspired, and 82% agreeing that E6 invests the right amount of time in implementation and coordination efforts. Even more (90%) agree that their organization benefits from participation in Strategy E6.

Both leadership and frontline staff consistently remarked that the outreach structures impacting people experiencing homelessness in Los Angeles County are now more streamlined across agencies than ever

[22] 44 MDTs receive funding through Measure H, and 16 do not. 20 Public Spaces teams receive Measure H funding.

before, because all agencies now use *one system structure;* a common client data management system is the pillar to consistent processes, documentation protocols, and communication across departments. This structure facilitates coordinated care and service delivery for people experiencing unsheltered homelessness anywhere in the County, regardless of their particular conditions or needs. The new structure is notably different from the uncoordinated silos that existed before E6. The shared ownership between LAHSA, DHS, and DMH results in all E6 agencies using the same interdisciplinary training protocols, onboarding procedures, and external reporting. The network of outreach staff, training protocols, and communication processes reflect strong coordination among these departments. Figure 12 is a slide from a 2018 presentation delivered by Strategy leadership, illustrating their vision for a coordinated outreach system model.

Figure 12: Leadership Illustration of Strategy E6 Coordinated Outreach Model



Strategy E6 partner agencies also now demonstrate *improved system dynamics;* leadership partners institutionalized collaborative decision-making and oversight for the entire E6 system, as well as unified staff training and protocols for service delivery and documentation. The scope of collaboration expands beyond these three departments and includes stakeholder participation by law enforcement, sanitation, various CBOs, hospital systems, universities, cities and their elected officials, parks and recreation, public works, and other actors. This level of coordination and collaboration mirrors the kind of network mobilization that is common during disaster or emergency response. Because patterns of activity at one level within a system influence—and

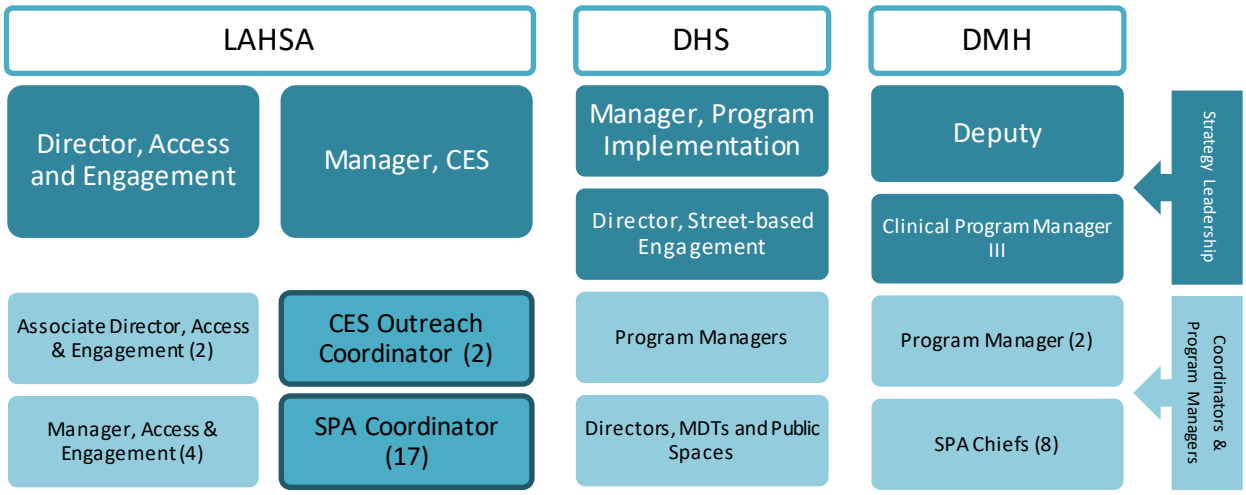
> *E6 created a structure. We now have team leads, MDTs, boots on the ground, and specialty services. It created a structure for each SPA to meet, collaborate, and to provide assistance. Before, we didn't have any of that and no team was obligated to work together.*
>
> *-E6 Outreach Staff*

are influenced by—patterns at other levels, systems change efforts are both scalable and replicable.[23] The Strategy E6 approach to fostering systems change is a model that can be replicated upstream within other parts of the County's homeless service system and policy decision-makers, and it can also be replicated in other regions, systems of care, or public health crises.

Finding 2. The new regional coordination structure developed by E6 leadership forms the central backbone of E6, with SPA coordinators rapidly liaising outreach requests and effectively deploying teams. This structure efficiently matches available resources to the observed needs of outreach clients.

Strategy E6 leadership leveraged Measure H funding to add an important layer to address the sprawling geographic region it is responsible for serving. Los Angeles County's 4,300 square miles are divided into eight Service Planning Areas (SPAs) to allow County departments to better match services to the specific needs of the residents in each of these areas. Outreach coordinators in each SPA are responsible for providing tailored coordination for outreach services within their specific geographic areas. E6 leadership and coordinators divided some larger SPAs into sub-regional quadrants to further refine service delivery to clients.

Figure 13: Strategy E6 Leadership and Coordination Structure



The SPA outreach coordinators, in combination with the new Los Angeles Homeless Outreach Portal (LA-HOP), form an effective system for monitoring and resolving outreach requests on a broad scale. A team of 17 full-time SPA coordinators review, assess, and assign requests to specific teams at the SPA and sub-regional levels. The system automatically records the lifecycle of each request, including coordinators' assignments to specific teams, teams' actions to address each request, and the results of their actions. This record provides valuable data about process and time required to find and initiate client contact, as

[23] Von Bertalanffy, L. "General Systems Theory." *Main Currents in Modern Thought*, vol. 11, 1955, pp. 75-83

well as the outcomes of requests. LAHSA customized dashboards that summarize LA-HOP data for monitoring and quality assurance of outreach coordination. These real-time data enable the allocation of outreach resources when and where they are needed most, at both the coordination and leadership layers. This dual approach to coordination maximizes efficiency as well as entry points into the homeless service system.

Finding 3. Implementing the E6 network of over 200 outreach teams to connect persons experiencing unsheltered homelessness with the Coordinated Entry System and field-based services made every location in LA County a possible entry point into the homeless service system.

Prior to Strategy E6, there was no centralized way to collect or report the number of outreach staff or teams existed. Implementation enabled a centralized pathway for reporting and tracking outreach teams and staff. In addition to the outreach teams funded through blended and other sources, Measure H funds added new (or provided funding for continuing) generalist, multidisciplinary, and specialist outreach teams to the E6 network. There are now 200 teams under this strategy, of which more than half receive Measure H funding. At the time of writing, Strategy E6 has deployed 34 generalist teams, 44 multidisciplinary teams, and 31.5 specialist teams using Measure H funds. [24] All of the 200 teams receive training in outreach best practices to contact and engage people experiencing street-based homelessness, then either address those needs on-location or provide links to other service providers through referrals and follow-up supports that help clients form connections with external providers.

Strategy leadership allocated Measure H funds to teams in each SPA according to the level of need, based on the Point-In-Time unsheltered count. Within each of the eight SPAs, and in some cases across the entire County, generalist, specialist, and multidisciplinary staff work in parallel coordination to assess clients for service and housing needs, including administering the County's standard assessment for Coordinated Entry. For this evaluation, RDA developed a system-wide organizational chart to describe the entire network, including leadership, coordination, program management, and the division of teams funded by Measure H as well as those funded through blended or other sources (see Appendix F).

BEST PRACTICE: Coordinated Entry

The primary goal of coordinated entry is for housing resources and services to be allocated as effectively and fairly as possible, and that the entry process be accessible no matter where or how people first connect with the homeless service system. Most communities lack the resources needed to meet all the needs of all people experiencing homelessness, which can result in severe hardships for individuals and families; coordinated entry systems (CES) help communities prioritize assistance based on vulnerability and severity of need.

Strategy E6 is the front door to coordinated entry in Los Angeles County. All E6 frontline staff receive training to administer the CES assessment tool, so the deployment of outreach teams Countywide dramatically expanded access to the homeless service system.

Strategy E6 is an important part of the County's Coordinated Entry System (CES). CES is a standardized process by which individuals and families experiencing or at-risk of homelessness can rapidly access, be

[24] Generalist teams refer to the HETs and specialty teams include Public Spaces, HOST, and C3 teams.

assessed and prioritized for, and connect with appropriate housing resources and services. The U.S. Department of Housing and Urban Development (HUD) and the State of California have long recognized the necessity of CES for effectively matching the most intensive available resources to the people with the highest needs. Both HUD and State funding require local homeless service systems to establish and operate a local process for coordinated entry, and in Los Angeles County, E6 outreach staff receive training to administer the CES assessment and prioritization tool called the VI-SPDAT. By ensuring the vast network of Countywide outreach teams are able to administer this tool, and by deploying these teams throughout the County's SPAs and regions, Strategy E6 made every location a possible entry point into the homeless service system.

Finding 4. The investment in collaborative planning strengthened outreach partnerships that enable the outreach system to flex to meet the service and care coordination needs of people experiencing unsheltered homelessness across LA County.

The establishment of MDTs is a cornerstone of Strategy E6 implementation. MDTs address a range of client needs including physical health care, social services and case management, mental health, substance use, and housing navigation, overseen by the DHS – Housing for Health unit. These teams provide a unique approach to addressing the cross-cutting needs of people experiencing homelessness while they are living unsheltered on the streets. Contracted CBOs staff the MDTs, with each representing five different disciplines including physical health, mental health, substance use, generalist support, and peer support. Outreach staff frequently spotlighted the specialized expertise provided by these MDT staff members throughout data collection. Staff across SPAs agree that these interdisciplinary MDTs have the expertise needed to provide and link clients to needed services, particularly among staff who provide outreach services in SPAs 1, 3, 5, and 8.

Los Angeles County did not have formal, centralized homeless outreach teams containing staff from multiple disciplines prior to Measure H and Strategy E6 implementation, but MDTs now provide a range of health services, intensive case management, peer support, and housing navigation on-location to clients out on the street. This prevents clients from having to report to an office or clinic for treatment or support, which can be a barrier to service engagement for those who are hardest to serve.

These teams "meet people where they are at," both literally and as far as their health needs take them. MDTs, as well as all E6 outreach staff, keep clients engaged in services by providing person-centered services that support their wellness and safety. Outreach staff who participated in this evaluation reflected that the strong partnerships among the generalist, multidisciplinary, and specialty teams are essential to maintaining ongoing engagement. Both staff and leadership reported that leadership adds more teams to the E6 system, such as the recent additions of the weekend teams and public spaces teams, as outreach

> *This is a good approach. You have folks to address specialties like mental health, substance use, and physical health. Our medical staff is amazing. They make clients feel so at home.*
>
> *-E6 Outreach Staff*

needs emerge throughout the County. These team additions strengthen the overall effectiveness of the Strategy by maintaining capacity for a proportional crisis response and visibility within the community.

Finding 5. Measure H funds facilitate Strategy E6 coordination, enabling outreach teams across Los Angeles County—including teams that do not receive Measure H funds—to effectively coordinate as one organized system delivering street-based client services.

As discussed above, Measure H funds facilitated a new layer of coordination that is central to the outreach system's effective functioning. As a result, most frontline staff shared that an individual team's funding source does not impact the overall coordination, facilitation, and delivery of most client services. Some LAHSA teams receive Measure H funds and some do not; some DHS teams receive Measure H funds and some do not; and no DMH teams receive Measure H funds. Still, the E6 systems coordinates as a singular, centralized system. RDA's conversations with E6 stakeholders demonstrate that Strategy E6 implementation achieved its intentional design to a) effectively coordinate a centralized system for all homeless outreach across the County, b) deploy a coordinated mix of interdisciplinary teams, c) provide teams, specialties, and staff that are proportional to the need within each SPA (vis-a-vis the unsheltered PIT count), and d) standardize use of one central database for outreach service documentation and case management information.

> *E6 coordinates all outreach across the County despite funding mechanisms they are using, and it doesn't impact outreach resources.*
>
> *-E6 Leadership*

On the other hand, some teams within the E6 system have more flexibility to leverage flexible funding resources to serve clients. Frontline workers reflected that contracted community providers and LAHSA-employed HET staff have greater flexibility to use these client resources than DMH HOME team staff, due to different accounting requirements and restrictions. HOME team members reported stricter scrutiny for using flexible funds to do things for a client such as paying for a night in a motel or the fees to obtain their identification. This creates asymmetrical access to resources that are vital to all E6 clients, and can lead clients to prefer engaging only with the teams that have more discretion. These differences negatively impact staff morale, and some staff expressed feeling less able to meet clients' immediate and felt needs than other teams.

Finding 6. Collaboration pathways between homeless-serving agencies, law enforcement, and sanitation departments need to continue be developed, refined, and strengthened. Without strong communication protocols with the E6 network, responses to encampment safety and sanitation concerns can negatively impact client progress toward stability and housing.

The number of encampments is increasing with the number of people experiencing unsheltered homelessness across the County. Encampments are informal dwellings that are frequently unsafe for residents, disconnected from public utilities like power and water, lack adequate sanitation, and can pose threats to the health of both residents and the people nearby. These issues are under the purview of a number of public services, including law enforcement and sanitation agencies. Staff of these agencies have become increasingly visible actors within the homeless outreach system.

BEST PRACTICE: Collaboration with Non-traditional Outreach Partners

The effectiveness of homeless outreach often benefits from collaboration with non-traditional partners such as law enforcement, jails, prisons, hospitals, and other health care providers, to identify and connect individuals to care, address safety and sanitation concerns, and minimize unnecessary criminalization.

Although the implementation of collaborative outreach teams improved partnerships with law enforcement and sanitation, there are opportunities to continue to improve collaboration protocols and develop more consistent trauma-informed approaches to serving this population during essential safety and sanitation efforts.

While the County is working to establish more effective protocols for collaboration, E6 staff report that communication with both law enforcement and sanitation agencies is inconsistent. When E6 teams receive notice in advance of an encampment response, they can provide proactive outreach at the location, communicate directly with the clients about the upcoming actions, store important belongings, IDs, documents, and cellphones, and support these individuals in more effectively preparing for the upcoming action and preventing avoidable trauma. On the other hand, when they do not receive sufficient notice, E6 staff cannot provide proactive outreach prior to an encampment response. As a result, staff report that the affected individuals may not be prepared or understand what is happening. Staff across all SPAs reported that sanitation crews have either confiscated or thrown away clients' personal belongings and important documents, damaging the relationships and trust they have worked so hard to build. The negative impact of this is significant, because it reverses client progress toward safety, stability, and housing.

During encampment response events, close collaboration between outreach, police, and sanitation workers is crucial to providing trauma-informed services to the people living in the affected areas. However, this can be difficult to achieve when each municipality in LA County has difference enforcement and sanitation protocols for encampments. Data collected for this evaluation reflect that E6 staff across all SPAs believe these protocols need to continue to be established and refined.

Following RDA's data collection activities, in October 2019 the City of Los Angeles implemented a new collaboration protocol for encampment response events. Additionally, Measure H funds the outreach workers within the nine HOST teams, which are specialized collaborations between homeless-serving agencies and law enforcement to support coordination during responses to encampment health and safety concerns. Consistently strong and trauma-informed collaboration protocols for encampment responses can reduce crisis situations and enhance understanding about the purpose and function of outreach.

> *We are often dealing with systems that have conflicting information and don't coordinate. [The agency] sometimes sends notifications when they are going to sweep clients, and sometimes they do not. All of our work with clients can get thrown up in the air.*
>
> *-E6 Outreach Staff*

Data Sharing and Technology

Technologies that enable more effective data sharing are systems-level improvements that support effective coordination and communication efforts between actors, stakeholders, and partners. These findings describe the strengths and challenges of Strategy E6 implementation relating to data sharing practices and infrastructure.

Finding 7. LA-HOP is an innovative technology solution that enables efficient outreach request tracking; facilitates dynamic, street-based outreach response; and promotes improved E6 system coordination.

In the early stages of implementation, E6 leadership recognized the need for technological infrastructure to support the efficient deployment of outreach teams and resources in response to community requests. After exploring other options LAHSA directed efforts to develop an easy-to-use web-based tool for requesting homeless outreach services. In July 2018, LAHSA launched the Los Angeles Homeless Outreach Portal (LA-HOP) to facilitate the consolidation and coordination of homeless outreach requests from anywhere in the County. Anyone with internet access via a smartphone or computer can easily use this innovative request portal. LA-HOP also serves as a front door to publicly available information about the County's homeless services, initiatives, and funding, including information about Measure H funds. LA-HOP also contains a staff directory. The portal answers frequently asked questions that address common community concerns, such as '*What do outreach workers do?*' or *'How long does it take to help?'*

Users navigate to the website and fill out a simple form to request outreach services either for themselves or for another individual in need. LA-HOP utilizes an agile ticketing platform (JIRA) to track each request and, based on the address a user inputs, routes the request to the correct SPA in real time. After the user submits their request, they receive automatic status updates about their request. First, a SPA coordinator reviews and assigns it to the appropriate team. Then, the assigned outreach team makes at least two attempts to find, make contact with, and engage that individual in services. The service requestor receives updates at each of these steps in the outreach process.

Since launching, LA-HOP has received over 10,000 outreach service requests. This volume of new data is more than leadership initially anticipated, and enables County decision-makers to drive homeless policy using real information that was never available before. All stakeholder groups that participated in this evaluation, including people from all levels of staff and leadership, identified LA-HOP as a critical success of Strategy E6 implementation that improved service coordination and increases the available information about homelessness on the streets. Before LA-HOP, quantitative information about street-based homelessness was largely static, with most data available only once per year, and delayed for months after the homeless PIT survey on a single night. Unfortunately, homelessness is not a static

> *The coordination piece has impacted our ability to provide information to policy makers about what homelessness really looks like on the streets of LA County… We are able to provide detailed information about most of the larger encampments and the tenor of neighborhoods within the County, offering tremendous value as far as policy setting.*
>
> *-E6 Leadership*

phenomenon. People experiencing homelessness, especially people who are living on the streets or in other places not meant for habitation move around frequently for their own safety, to avoid conflict escalation, to prevent confiscation or theft, or out of fear of law enforcement. Before LA-HOP, a resident of LA County could walk down almost any street to observe this crisis, but the County had no way to pinpoint emerging hot spots or respond adequately to the dynamic and changing needs of people living on the streets.

BEST PRACTICE: Hot-spotting

Hot-spotting is the practice of geographically identifying concentrations of high-need individuals experiencing homelessness, allowing providers to better mobilize and coordinate services.

Prior to E6 outreach teams served critical hot spots like Skid Row, and teams continue to serve these high-need areas. However, data from LA-HOP enables E6 to identify and deploy outreach resources to emerging hot spots in other regions. This system provided the County's first comprehensive data to track changing hot-spots, enabling teams to provide both proactive and reactive services where they are needed.

This technological solution allows Strategy E6 to mobilize and coordinate outreach resources to emerging regional needs, and more effectively align the E6 outreach system with best practice. LA-HOP enabled more effective and expedient provision of outreach services. This makes Countywide outreach more accountable to people experiencing street-based homelessness, but also, LA-HOP increased accountability and responsiveness with all community stakeholders concerned about this crisis. For this evaluation, individual-level data from LA-HOP were unavailable to RDA for analysis, but LAHSA calculated that the average number of days to complete a request can vary between 3-23 days, depending on the number of outreach attempts.[25] While many factors impact the length of time required to close out a request, E6 leadership shared that some community stakeholders expect that submitting a request to LA-HOP will lead to an immediate resolution to a concern they have about someone experiencing homelessness in the community, and that they are misunderstanding one crucial reality about homeless outreach—finding, making initial contact with, and building the trust necessary to engage an individual in services takes time. LA-HOP is a technological innovation that facilitates efficient and expedient service coordination, but neither efficient systems nor homeless outreach itself can resolve an individual's homelessness. Technology cannot change the purpose, function, or process of conducting homeless outreach; however, LA-HOP is facilitating better information about the emerging needs for homeless outreach services, better system coordination, and better information to drive policy-making across the County.

> *I like having LA-HOP. It gives me information about certain parks and areas to address where a larger encampment might be. We get hot spot information through there.*
>
> *-E6 Outreach Staff*

Finding 8. Strategy E6 improved system-wide data quality in HMIS by expanding access to this common tool, implementing data entry standards, and requiring frontline workers to document client services. However, the County does not have a process to monitor data quality or gain insight into further coaching or training needs to improve system-wide data capacity.

[25] LAHSA excluded outliers using a standard deviation of five.

Like many communities in California, LA County uses a centralized homeless information management system (HMIS) product called Clarity, by BitFocus. This HMIS product is a web-based tool for tracking contacts, services, and housing details and referrals for people experiencing homelessness. It meets the technical data standards set forth by HUD for Continuums of Care (CoC), which requires outreach programs that receive CoC funds to document activities in HMIS to standardize service data.

Prior to E6, many outreach teams did not use HMIS to document outreach services and activities. Most teams were not required to use it, such as teams that received private or local funding rather than CoC funding. Without a consistent and shared approach to data management, there was no way to a) monitor ongoing needs for the unsheltered population across the County, b) ensure efficient outreach resource deployment, or c) track outreach services Countywide. Strategy E6 implementation expanded access to this one documentation system across all outreach teams under all County departments. The E6 network-wide adoption of HMIS enabled a systematic, consistent approach to documenting outreach services and activities which aligns with recognized best practices.

BEST PRACTICE: A Systematic, Documented Approach

Employing a systematic and consistent approach to documenting outreach services reduces the chances of overlooking people in need of homeless outreach or duplicating effort.

Strategy E6 expanded HMIS access to all outreach teams, and as a result all E6 outreach staff document their activities and client outcomes in one centralized data management system. A benefit of Strategy E6 implementation is that LA County now has the ability to track, monitor, and report on homeless outreach services in a systematic and accessible way. However, conversations with stakeholders reveal that despite the E6 system's universal access to HMIS, data entry practices are not consistent across all E6 staff. Additionally, HMIS cannot monitor client service referrals and linkages in a reliable way.

BEST PRACTICE: High Quality Data

Having reliable and complete data at the client level allows communities and homeless-service agencies to better monitor their progress and hold themselves accountable to identify and help people experiencing homelessness.

E6 frontline staff input the data that enable system-wide reporting on service delivery. This is necessary for effective monitoring, evaluation, and quality assurance. Strategy implementation dramatically increased the volume of data inputs, but there are not quality assurance measures at the systems-level to ensure all staff and teams adhere to consistent standards.

Veteran staff reported that prior to E6, teams that used HMIS had inconsistent practices for documenting their outreach activities. Since the implementation of E6, leadership developed data management standards and documentation requirements for more outreach services across all E6 teams, providers, and agencies. As described in Finding 11, all E6 staff receive formal training to document their E6 activities in HMIS. They also receive training to understand the connections between thoroughly documenting and reviewing a client's case notes, conducting the County's standard vulnerability and service needs assessment (VI-SPDAT), and the County's CES.[26] The efforts to consolidate data entry for homeless outreach services into one system and leverage system-wide data for CES are achievements of E6 implementation that align with recognized best practices.

[26] The VI-SPDAT (Vulnerability Index - Service Prioritization Decision Assistance Tool) is a survey administered both to individuals and families to determine risk and prioritization when providing assistance to homeless and at-risk of homelessness persons.

However, despite expanded HMIS access, improved standards, and increased training, some E6 stakeholders reported that data capacity building is inconsistent across the E6 network and that there are discrepancies in data and documentation quality. Staff from SPAs 1, 2, 6 and 8 reported feeling well supported to use HMIS to track their activities and client outcomes, but staff from SPAs 4 and 7 reported that they felt less supported. Over one third of E6 staff (37%) do not find HMIS "easy to use" which indicates issues with data quality and front-end functionality. LAHSA reports working with the HMIS vendor to improve and enhance the user experience.

Both frontline staff and E6 leadership shared that HMIS data entry protocols—or adherence to them—varies by department, provider, team, or individual. Inadequate or untimely documentation causes system inefficiencies, such as duplication of effort when an outreach worker provides a service but does not record it, or missed opportunities to provide prevention or early intervention for urgent issues when an outreach worker does not document a client's need. Additionally, an individual staff member's fluency and familiarity with documentation can decrease client success in moving out of homelessness by impacting their access to or prioritization for housing resources.

At the time of writing, Strategy E6 did not have system-wide measures for data quality assurance (QA) to ensure E6 agencies, providers, teams, and staff follow consistent standards and protocols for documenting outreach services and activities. Without measures to monitor data quality, Strategy leadership cannot gain insight into HMIS coaching or further training needs to improve efficient documentation, data fluency, and quality client services.

Finding 9. **E6 staff and leadership report that outreach data sharing practices for client care coordination adhere to privacy protection laws, but E6 leadership has not assessed the need for infrastructure improvements such as security controls for client data confidentiality and maximizing efficient referral tracking across disciplines.**

All outreach staff receive training in client data privacy laws, including HIPAA and 42CFR, and staff report that they follow these guidelines for sharing data while also finding ways to access information necessary for care coordination between teams. A core function of homeless outreach is to connect clients with needed services and resources, and as discussed in Finding 8 above, systematic documentation and data monitoring practices are important to delivering efficient and high-quality services. However, RDA's conversations with frontline staff across all SPAs elevated common themes indicating HMIS does not maximize efficiency for reliably tracking external service referrals and linkages. This makes it more difficult for outreach staff to coordinate and manage client care between teams. Specifically, outreach workers identified the following wish list items to improve care coordination:

- **Messaging.** Staff report that HMIS does not enable messaging between care teams. Staff believe that the ability to send, receive, and track messages with other providers or E6 outreach workers in HMIS would improve timely communication, facilitate faster care coordination, and improve delivery of necessary services.
- **Housing Match Alerts.** Staff report that they do not receive system notifications when a client is matched to a housing resource, although leadership noted that this feature is enabled in HMIS. If a housing resource opportunity is time-limited and requires the client to submit a complete application within a specific number of days, the outreach worker loses valuable time to support the client in gaining access to permanent housing. Additionally, if the worker does not receive timely notification of the housing match, they also lose valuable time to coordinate the warm handoffs that support successful move-ins and housing retention during client transitions into permanent housing.
- **Access for Institutional Partners.**[27] As discussed later within this report, there are not consistent care coordination pathways during client transitions from institutions like hospitals and jails. While privacy concerns or laws may inhibit institutional access to HMIS, E6 staff noted this system-wide gap in communication. When a jail releases a person experiencing homelessness back onto the streets, that person is more likely to fall through the cracks and experience a recidivating event or re-arrest. When a hospital discharges a person experiencing homelessness and that person's care team cannot facilitate a transition back into community services, that person is less likely to connect or reconnect with public systems and is more likely to require further emergency services or hospitalizations. This report discusses this challenge in more detail in Finding 13.

BEST PRACTICE: Data Sharing

Sharing data between generalist and specialists enables multidisciplinary teams to provide more effective wraparound services to individuals experiencing homelessness. Additionally, at the systems level, the ability to merge datasets to identify and track the most vulnerable clients allows systems of care to better meet clients' unique needs.

The Strategy's broad expansion of HMIS has enabled many teams to effectively share client information and provide effective care coordination. While many staff find ways to get access to the client information they need to provide quality client services, not all staff agree that information is easily accessible from other teams. The Strategy's leadership have not conducted a thorough assessment of data sharing infrastructure, which could support stronger data sharing practices.

Effective January 1, 2018, Assembly Bill 210 (AB 210) authorized counties to establish homeless adult and family MDTs to facilitate interdepartmental information sharing to break down silos between collaborating departments; share important information to support care coordination; improve care continuity between homeless, housing, and other supportive service providers; and decrease duplication in service delivery.[28] Before the passing of AB 210, existing State law did not clarify the authority to data share data between

> *I think once you can log into [a central data hub] and see what you need, AB 210 will be much more effective. We really wanted this to be the answer, but this hasn't taken off the way we intended.*
>
> *-E6 Leadership*

[27] Strategies D2, D4, D5, and B7 provide care coordination and discharge services from institutional partners, but there is a need to strengthen collaboration with those strategies.

[28] LA County HI, *Assembly Bill 210: Information Sharing for Homeless Adults and Family Multidisciplinary Teams,* June 2018: https://homeless.lacounty.gov/wp-content/uploads/2018/09/AB-210-Fact-Sheet-6.20.2018.pdf

County departments and homeless service providers for persons experiencing homelessness, resulting in service duplication or fragmentation. Fundamentally, AB 210 authorizes data sharing which would otherwise be prohibited by State law, without impacting compliance with federal privacy laws like 42 CFR and HIPAA. Strategy E6 implementation facilitated the development of DHS MDTs, but leadership did not express clarity on how AB 210 has impacted data sharing in the field for all E6 teams. Robust data sharing infrastructure is essential to efficiently coordinating services between providers in real time, but HMIS does not efficiently track emergency services or service referrals in real time, as described above.

Many E6 staff shared that they find workarounds to these HMIS limitations, consistent with their "doing whatever it takes" culture (Finding 11). At the same time, half of outreach staff (49%) feel they cannot easily obtain client data from other outreach teams. Some E6 teams, such as DHS MDTs, receive training in the DHS data system called CHAMP for tracking housing and benefits referrals to external providers until a warm handoff occurs, but MDT staff noted that documenting across two systems in parallel is not optimal or efficient.[29] Not all E6 teams can access CHAMP, and therefore not all E6 teams can track CHAMP-related referrals and linkages effectively.

E6 teams rely on imperfect data sharing platforms to deliver care coordination as seamlessly as possible, and many staff noted that although they experience frustration with HMIS limitations, they find other ways to coordinate care through case conferences, emails, phone calls, and team meetings. More than one E6 staff member suggested to RDA that they use informal—or unauthorized—methods to access the information they need to do their job, and RDA observed that a "doing whatever it takes" culture combined with imperfect data sharing platforms creates risk for client confidentiality.

AB 210 requires communities to assess data sharing infrastructure to ensure data are complete, accurate, up-to-date, and include reasonable administrative safeguards that ensure confidentiality and data availability to prevent unauthorized or inappropriate sharing. In November 2019, HI leadership shared that the County was soft launching phase two of AB 210 implementation: a system called the County Homeless information Portal (CHIP) that will enable users to query current and past service histories for individuals or families experiencing homelessness. This system is scheduled for full deployment in early 2020.

[29] Health Services Los Angeles County, *Whole Person Care – Los Angeles (WPC-LA),* accessed from: https://bit.ly/2Nm1nrH

Outreach Practices, Training, and Staff Culture

An effective system has strong shared values and practices, promotes a culture of learning and continuous improvement, and encourages stakeholders to develop core competencies, refine their skills, and create opportunities for impactful client services. Training reinforces practices, practices define culture, and culture influences efficacy within a system. The findings in this section describe training models, practices implemented in the E6 network, alignment with best practices in the field, and overall staff culture.

Finding 10. Countywide, Strategy E6 outreach workers employ both proactive (routine, scheduled) and reactive (response-oriented) strategies to engage as many people experiencing homelessness with services as possible. A benefit of this approach is prevention and early intervention of issues before they can escalate to other taxing and avoidable impacts on public systems.

As noted earlier in this report, Strategy leadership allocated E6 funding among SPAs according to the level of unsheltered need in order to distribute outreach resources across the County's many hot spots, geographies, and regions. Across all SPAs, Strategy E6 employs a two-pronged approach to conducting street-based outreach that includes both proactive and reactive strategies. Teams conducting proactive outreach visit clients on a planned, recurring schedule to provide ongoing services and maintain frequent contact. During these visits, outreach staff assess and address client issues as they arise, including health concerns and first aid, documentation or paperwork challenges, etc. Proactive outreach is essential for prevention and early intervention for issues that might otherwise have devastating impacts for clients, such as avoidable hospitalizations or lapses in crucial public benefits such as SSI and Medi-Cal.

Reactive outreach complements the proactive approach by responding to new and emerging needs of people experiencing homelessness. Despite the Strategy's broad reach into the community, there are individuals not yet connected to outreach staff, the homeless services continuum, or other services they may need. During the implementation of Strategy E6, LAHSA identified a need to reach above and beyond the HI plan; instead they developed a web-based outreach request portal called the Los Angeles Homeless Outreach Portal, known simply as LA-HOP. The system is easily accessible to anyone with a smart phone or computer connected to the internet. If a County resident or stakeholder observes an individual with acute or concerning needs, they can request outreach services on behalf of that individual by completing a simple form, regardless of their location in the County. The system routes incoming outreach requests to the correct SPA, and within two to four days, an outreach team will initiate an effort to locate and provide services to that individual.

As a part of this evaluation, RDA developed an outreach process flow map to describe how teams reach out to and engage people experiencing unsheltered homelessness in the community, under both proactive and reactive methods (Appendix E). These complimentary approaches enable the E6 outreach network to connect and engage as many people experiencing homelessness with services as possible, while creating a direct pathway for members of the general public to request outreach on behalf of their unhoused neighbors.

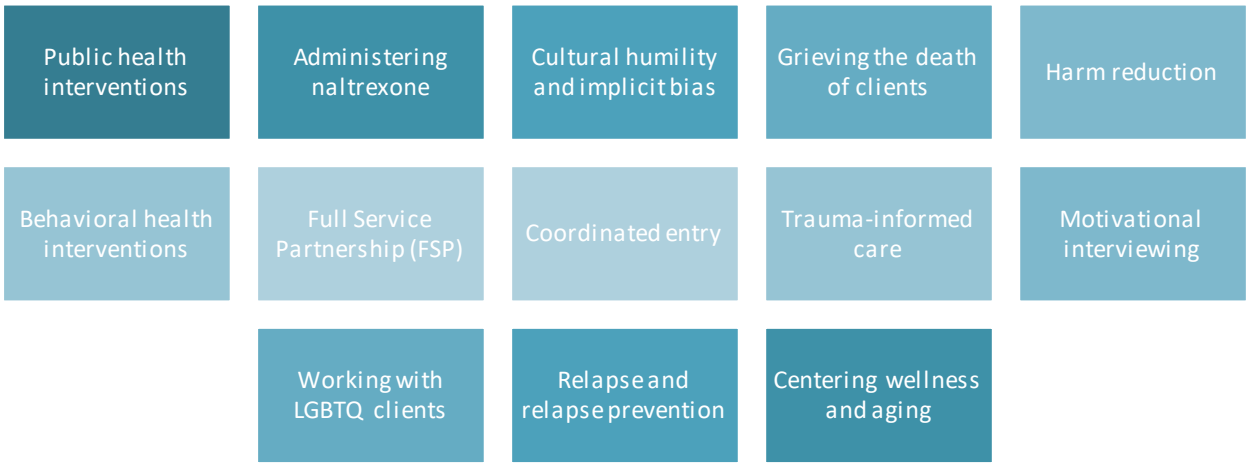
Finding 11. System-wide trainings and learning collaboratives onboard new staff, support a client-centered culture, and help align outreach practices to best and evidence-based approaches.

Outreach workers from every department or agency under E6 participate in systematic, comprehensive, and required training on several evidence-based, self-care, and best outreach practices during a five-day orientation series that leadership offer twice a year to onboard new hires. Each Strategy E6 lead presents topics during these weeklong trainings, as do political leaders and representatives, data analysts and researchers, legal scholars and practitioners, health care administrators, law enforcement officers, housing staff, and people with lived experiences of homelessness.

> *We get trained in different tools and tactics, like harm reduction, and we get appropriate supervision hours toward doing that. The interdisciplinary approach is really effective.*
>
> *-E6 Outreach Staff*

> *Good outreach meets clients where they are at. It doesn't encourage one cookie-cutter template of how to approach the work.*
>
> *-E6 Outreach Staff*

In addition, between October 2018 and June 2019, E6 staff had opportunities to attend 52 different learning collaboratives and other specialized skill-building opportunities above and beyond the onboarding orientation week. Strategy leadership maintains a consolidated and centralized calendar for interdisciplinary trainings to build and refine outreach worker skills across Strategy E6. Staff attend the monthly learning collaboratives as well as frequent sessions on special topics. Appendix G includes a full list of trainings offered between October 2018 and June 2019. Previous offerings have included topics across disciplines, such as:



These training opportunities enable outreach workers to employ a range of approaches and practices to engaging clients. From the very first contact with a client, E6 workers stressed the importance of "meeting people where they are at," both literally and metaphorically. Many people who are living on the streets have experienced trauma, so naturally approach new relationships with a good deal of caution. In addition, many people experiencing homelessness carry institutional trauma and mistrust of government systems, so a necessary first step in establishing a productive outreach relationship is to build trust with

the client and understand the principles of trauma-informed services. Trust building is essential to maintaining engagement with this populations, and outreach workers from all SPAs report pride in their abilities to tailor trauma-informed approaches to each client's unique personalities, needs, and personal motivations.

For this evaluation, RDA reviewed the extant literature on best practices for homeless outreach, and various sections within this report illustrate that Strategy E6 has implemented outreach services that align with most best practices recognized by experts from the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA), USICH, and HUD. This report describes many best and evidence-based practices implemented by Strategy E6, as listed in below. [30]

Table 3: Model & Evidence-based Outreach Practices Implemented by Strategy E6

Outreach Practice	Described in Evaluation Section:	
Coordinated Entry	Finding 3	System Coordination & Collaboration
Collaboration with Non-Traditional Partners	Finding 6	
Hot Spotting	Finding 7	Data Sharing & Technology
Data Sharing	Finding 8	
A Systematic, Documented Approach	Finding 8	
High Quality Data	Finding 8	
Housing First	Finding 11	Outreach Practices, Training, & Staff Culture
Diverse Approaches	Finding 11	
Person-Centered Services	Finding 11	
Motivational Interviewing	Finding 11	
Harm Reduction	Finding 12	
Warm Handoffs	Finding 15	Client Service Delivery

In addition to the best practices described in other findings, Strategy E6 has successfully implemented the following best and evidence-based practices.

BEST PRACTICE: Person-Centered Services

Person-centered services emphasize an individual's strengths and resources, mobilizing support and treatment plans around that individual's own unique preferences and needs. This approach never assumes an individual's needs in order for that individual to drive their own decision-making or problem-solving process.

Across conversations with staff and leadership from all SPAs, RDA repeatedly heard that E6 staff are implementing person-centered approaches to delivering homeless outreach services because they are willing to "meet clients where they are at" to help them achieve their personal goals.

[30] USICH, *Practices that Work: The Role of Outreach and Engagement in Ending Homelessness: Lessons Learned from SAMHSA's Expert Panel,* accessed https://www.usich.gov/resources/uploads/asset_library/Outreach_and_Engagement_Fact_Sheet_SAMHSA_USICH.pdf

BEST PRACTICE: Diverse Approaches

Having diverse, person-centered, and robust outreach in non-traditional settings increases the chances of reaching and building trust with more people experiencing homelessness. Not all people are the same, and there is no one approach to engaging persons experiencing homelessness that will work for everyone. Both E6 leadership and staff reflected that a hallmark of the shared E6 culture is "doing whatever it takes" with grit and determination to help their clients succeed, as well as commitment to the teamwork necessary.

E6 staff demonstrate pride in their abilities to tailor their approaches to the unique needs and motivations of each individual client, increasing their chances of successfully maintaining engagement and providing better services to that individual.

EVIDENCE-BASED PRACTICE: Motivational Interviewing

Motivational interviewing (MI) is a collaborative, evidence-based, person-centered approach to engaging with clients intended to elicit and strengthen internal motivation to change. This approach is useful for interacting with persons experiencing homelessness, as well as any vulnerable population that may be experiencing complex care needs involving substance use, mental illness, or trauma. SAMSHA describes MI to be rooted in an understanding of how difficult it can be to change learned behaviors, which are frequently essential to survival on the streets.

To support this approach to delivering client services, all E6 staff receive training in Motivational Interviewing (MI) to promotes behavioral changes by tapping into clients' own motivations to improve their lives. Strategy E6 requires all new staff to receive this training during orientation. Each E6 client completes an individual services and supports plan focusing on how to leverage their own strengths to achieve their own self-directed goals.

EVIDENCE-BASED PRACTICE: Housing First

According to Sam Tsmbersis, credited with founding the Housing First approach, this model is simple: provide housing first, and then combine that housing with supportive services. The National Alliance to End Homelessness (NAEH) describes this approach as consistent with what most people experiencing homelessness want and seek help to achieve. Housing First is the practice of connecting people with permanent, rather than time-limited, housing as quickly as possible, believing everyone is "housing ready," not making housing a contingency of service compliance, and removing as many restrictions and barriers to housing resources as possible. This principle stems from the evidence demonstrating that housing is an effective intervention for persons experiencing homelessness that leads to improved outcomes in nearly every area, including health, stability, and safety. Because of this, housing homeless and vulnerable individuals frequently process to be cost-effective for public systems.

E6 staff are dedicated to housing their clients as quickly as possible and spend a great deal of time supporting them in this effort. Despite this hard work, the lack of available shelter and housing resources—or lack thereof—frequently limits what outreach workers can do in relation to helping their clients obtain housing.

During the course of data collection for this evaluation, frontline E6 staff also suggested several other practices that are essential to the delivery of effective homeless outreach. Table 3 below lists these emerging best practices as described by the Strategy E6 outreach staff who do this work across Los Angeles County every day.

Table 4: Emerging Best Practices Identified by E6 Outreach Workers

Data & Documentation	• Conduct a CES assessment for every new client once rapport has been established • Use mobile technologies to document in real time, to the greatest extent possible • Complete HMIS documentation within 24 hours
High-Functioning Teams & Partnerships	• Foster authentic and organic collaboration among teams • Value collective impact through partnership • Facilitate regular SPA-specific meetings to strengthen collaboration • Hold team conferences or huddles every morning to coordinate outreach activities • Prioritize team safety and look out for team members in the field • Schedule dedicated time to be out in the field vs. documenting activities
Service & Referral Coordination	• Do 'whatever it takes' and meet clients where they are • Use a structured case conferencing and care coordination protocol • Provide personal, warm handoffs for each referred service • Integrate data from LA-HOP to inform decisions and strategies about daily tasks • Keep clients' documents safe and secure so they are accessible when needed

Training and Turnover

E6 stakeholders at all levels reported that organizations and agencies within the Strategy sustain high levels of staff turnover, although RDA could not obtain administrative data to analyze and quantify these patterns. Because this was a recurring theme in conversations with both E6 staff and leadership, RDA probed to understand the nature of turnover on-the-ground. Staff provided several explanations for the turnover, including the lower pay scale for outreach positions and the secondary trauma frontline workers frequently experience in the field. The intense nature of conducting homeless outreach with vulnerable populations is not the right fit for everyone, and as the system creates and fills new positions, some new hires may choose to move into other careers or fields.

In response, Strategy E6 leadership increased the frequency of staff training to provide onboarding and training support for new hires on an ongoing basis. Data from the E6 staff survey indicate this is successful; three quarters of respondents agree that E6 welcomes new hires and effectively orients them to the outreach system. A unified culture empowers the frontline staff, who need sustainable self-care practices as well as support from leadership in order to continue engaging in this difficult work. Nearly 80% of E6 staff survey respondents agreed that the E6 agencies empower frontline workers by encouraging their participation and input in Strategy decisions that impact the way they do their jobs and deliver client services. As detailed in Appendix G, orientation includes self-care practices for sustaining difficult work.

On the other hand, E6 leadership reflected that turnover is a normal condition of systems change processes. Because many E6 partner agencies underwent structural reorganizations during implementation, many staff moved around to fill the newly created positions, and then their vacated positions needed filling as well. Strategy E6 implementation is still new, and leadership anticipate that the

passing of time will moderate perceptions of staff turnover. Some stakeholders even observed that the frequency and quality of trainings is a double-edged sword; as frontline staff learn new practices and skills, more opportunities become available for them to move into higher positions either within E6 or outside it. Although staff turnover has the potential to interrupt client relationships, the regular and frequent training schedule supports a culture of high quality practices across the E6 system.

Finding 12. The absence of system-wide quality measures to ensure all providers and teams implement best practices is a barrier to consistent quality across the system. This gap emerges despite the system's comprehensive approach to training best and evidence-based practices. As a result, some E6 agencies, providers, and individual staff do not buy-in to implementing all best outreach practice models.

Early in their tenure, new E6 staff attend intensive, week-long trainings on evidence-based and best practices, but some Strategy E6 leadership voiced concerns that not all teams are implementing the principles of established outreach best practices, noting a range of organizational cultures among contracted providers, varying levels of professional experiences, and different personal experiences that inform their approaches to service delivery. A provider may attend an E6 training and translate practices back to their own organization or team in a way that fits their culture or service model, particularly with harm reduction approaches to working with homeless and at-risk populations.

Although E6 leadership report substantial management shadowing to ensure consistent service delivery, Strategy E6 has no system-wide quality measure to ensure training retention and consistent practice of demonstrated approaches to working with people experiencing homelessness in the field. Assessing implementation quality is critical to understanding training opportunities and adherence to established system-wide approaches to providing client services. The following examples demonstrate two challenges in the implementation of outreach best practices within Strategy E6:

- **Harm Reduction.** Personal attitudes or organizational biases against harm reduction strategies for working with clients who are actively using substances can impact that client's access to housing resources through CES. Specifically, if the client perceives that the outreach worker is judging their substance use, they may not feel comfortable disclosing their personal information or health history. If the client does not feel comfortable disclosing details of their history that could indicate higher vulnerability, such as previous hospitalizations, inpatient stays, or detox services, they may not receive an appropriate

BEST PRACTICE: Harm Reduction

Harm reduction is an approach to providing services to vulnerable populations that aims to reduce the risks and harmful effects of substance use and addictive behaviors, practiced through non-judgmental and non-coercive methods, resources, and supports. It emphasizes changes that support their own goals rather than judging their substance use.

E6 outreach staff practice varying levels of fidelity to the harm reduction model. Many staff are proud of their harm reduction practices, including distribution of clean needles and naltrexone, but others expressed skepticism about its effectiveness, especially if their own personal journey to recovery has roots in values that clash with this best practice.

vulnerability score on the VI-SPDAT, and, consequently, not receive adequate prioritization for certain supportive housing resources.

> *We have pushback from LAPD. I know we all want to work together... They are paid from the same tax dollars as us, and they should have that trauma-informed training.*
>
> *-E6 Outreach Staff*

- **Non-traditional Partner Training.** Law enforcement and sanitation workers from the City of LA and other cities across the County may not be formal E6 partners, but they do partner with E6 teams and work the frontlines. E6 staff repeatedly stressed that their experiences with law enforcement officers and sanitation workers do not reflect consistent trauma-informed and harm reduction approaches to interacting with people experiencing homelessness. Outreach staff want to partner more effectively with these agencies, in particular the City of LA, and want those partnerships to be centered around evidence-based practices for working with this population in order to more effectively address the homelessness crisis and help people engage in the services that can help them finding pathways out of homelessness, rather than promoting mistrust and fear.

Finding 13. Established best practices for continuous care during client transitions are not well coordinated with Strategy E6, causing system gaps. During transitions between the community, institutions, and care providers, system gaps lead to negative consequences and outcomes for persons experiencing homelessness.

Although other HI strategies provide care coordination and discharge services from institutional partners, there is a need to strengthen collaboration with those strategies to close system gaps. These gaps can lead to negative outcomes during vulnerable client transitions between providers or levels of service.[31]

Traditional outreach is short-term and does not include case management. However, because the Countywide housing shortage means that E6 clients are engaged in outreach services for months or even years, E6 staff perform ad hoc case management, evidenced by the 9,000 case management activities logged in HMIS between FY 17/18 and FY 18/19. E6 stakeholders reported that institutions struggle to communicate the enrollment, intake, or discharge status of E6 clients to outreach staff. For example, when a person experiencing homelessness is booked into and then released from jail without an opportunity to connect or re-connect with E6 staff or services, that person may be more likely to experience a recidivating event. Other examples include challenges connecting with a new care teams, avoidable or repeat hospitalizations, and challenges adhering to rules or retaining permanent housing. The following may be folded into other HI Strategies but are not well coordinated with Strategy E6.

- **Critical Time Intervention.** E6 staff do not currently receive training on the evidence-based practice Critical-Time Intervention (CTI). CTI is a time-limited service model that mobilizes support for clients during periods of vulnerable transitions, such as when they are exiting an institution or moving into

[31] E6 leadership noted that discharge planning is within the purview of other strategies: Strategy D2 Expand Jail In Reach; Strategy D4 Regional Integrated Re-entry Networks – Homeless Focus; Strategy D5 Support for Homeless Case Managers; and Strategy B7 Interim/Bridge Housing for those Exiting Institutions.

permanent housing. When implemented to fidelity, providers facilitate care continuity during these transitions by accompanying clients to meetings with new providers, following up with clients before, during, and after the transition, and ensuring the client maintains ties to their existing support system while building new supports. Although E6 provides training on important aspects of the CTI model, including warm handoffs, care coordination, and client engagement, outreach staff are not currently receiving training specific to this evidence-based practice.

❖ **Institutional In-Reach.** The Strategy's two-pronged approach to conducting outreach proactively and reactively reaches a broad range of the population experiencing unsheltered homelessness, but there are more opportunities to catch individuals who are exiting institutions like jails and hospitals before they fall into—or back into—homelessness. There is currently a systemic gap at the point a homeless individual is discharged or is released from a prison, jail, hospitalization, inpatient treatment, or other institution. Outreach staff shared that there is currently no mechanism by which institutional staff can notify homeless outreach when an individual is about to be released without an exit destination or known address. There is an opportunity during this transition to provide services and linkages that might prevent relapse or a recidivating event, but without a way to receive a notification, E6 staff cannot do pre- or post-release intervention. This leaves a critical gap in care for individuals who may struggle to connect or re-connect with services on their own.

EVIDENCE-BASED PRACTICE: Critical Time Intervention

Critical Time Intervention (CTI) is a time-limited evidence-based practice that mobilizes case management support for vulnerable individuals during periods of transition. It facilitates community integration and continuity of care by ensuring clients have enduring ties to their support system during these critical periods, The primary focus is housing stability, (e.g. adhering to rules) to prevent homelessness for people experiencing mental illness during transitions between care providers. The model includes intensive case management, resource navigation and linkages, stabilization in housing, celebration and validation, and fostering collaboration among different providers within a client's care team.

Documentation provided to RDA does not reflect that Strategy E6 currently offers training on CTI, and conversations with stakeholders do not demonstrate that this model is being implemented. However, E6 does train and implement some principles of the model. Instead of CTI, staff receive training on strengthening coordination, maintaining ongoing client engagement, and making referrals and linkages through warm handoffs. Individual staff, teams, or agencies may be implementing CTI.

BEST PRACTICE: Institutional 'In-reach'

Institutional 'in-reach' is the delivery of services to people who will be exiting from institutions like prisons, jails, and hospitals. This practice can prevent people from falling through the cracks, recidivating, or experiencing another emergency health crisis.

While this evaluation cannot determine whether or not any form of pre-release planning is happening across LA County's many institutions, there is currently a systemic gap in homeless outreach services at the point an individual exits an institution. This leaves a critical gap in care for individuals who may struggle to re-engage with services on their own and are more likely to recidivate or experience another hospitalization.

Finding 14. Regional differences in outreach travel times do not inform staff productivity targets. As a result, staff report a mismatch between their workloads and the tasks required to perform their job responsibilities and serve clients within normal working hours.

Staff from all SPAs reported that productivity targets set for outreach staff do not accommodate travel times for normal business activities, including the time it takes to find hard-to-reach clients and travel times to provide client services or provide rides between appointments, or the travel time to attend required administrative meetings. Staff who work in more remote areas of the County expressed greater frustration with meeting their productivity target expectations, particularly for staff in SPAs 1, 3, and 7.

> *We try to find a way to make the higher-ups happy with their numbers vs. helping a client. You might be with a client all day. That's the work. If that's what it takes then that's what it takes.*
>
> *-E6 Outreach Staff*

Nearly all outreach staff, including coordinators and those working in more dense and urban areas of LA County, report needing to work extra hours some days to fulfill their daily job responsibilities, such as returning a County vehicle and/or completing client documentation. RDA learned it is common for staff to spend an entire day in the field with a single client because of the time it takes to travel to the client's location and/or transport them to appointments. Several staff noted that required staff trainings can take place long distances from their home office, and that after a full eight-hour day, they still need to return the outreach vehicle before being finished. As a result, many E6 staff report feeling "stretched" trying to fulfill both their client and documentation responsibilities, and that their workloads are unfair and difficult to attain. Staff document their many outreach tasks and activities, but they do not document travel time; this is frequently a large part of their workday. Because staff travel times are not reported systematically, data are unavailable to inform productivity targets or shed light on regional travel differences between SPAs.

> *For our SPA, we have two meetings a week just for staff to attend… I'm looking at 4 hours of travel because of the distance and that's an entire day lost.*
>
> *-E6 Outreach Staff*

Client Service Delivery

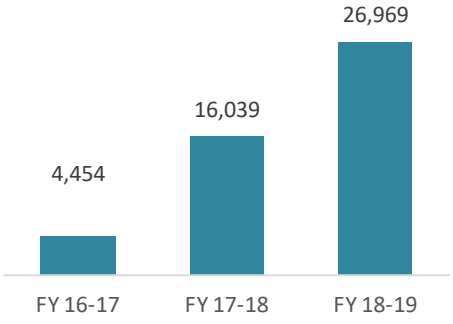
Client service delivery is the cornerstone of homeless outreach. This section describes the delivery of client services and the range of things that outreach workers do for their clients.

Finding 15. Frontline outreach staff are serving more people experiencing homelessness than ever before, forming real human connections to help individuals achieve greater safety and stability, overcome personal barriers, and successfully navigate complex public systems.

For this evaluation, RDA received administrative data from HMIS for only E6 outreach teams funded through Measure H, including most generalist and multidisciplinary teams at LAHSA and DHS, but none of the teams funded through other sources. As a result, the values provided on the following pages represent a portion of service outputs from across the entire E6 network. The trends, though, are unmistakable. Homeless outreach in Los Angeles County is contacting more people experiencing unsheltered housing crises than ever before, more people are engaging with public systems of care to receive the services they need, and more people are connecting to housing resources and supports.

Clients. The evaluation team analyzed Strategy E6 HMIS records for FYs 16/17, 17/18, and 18/19.[32] As Figure 14 illustrates, the number of clients served by Measure H-funded outreach steadily increased during this three-year period as teams established and Strategy implementation ramped up. In the year prior to Strategy E6 implementation, FY 16/17, homeless outreach teams documented contacts and services with fewer than 5,000 humans across Los Angeles County; and last year in FY 18/19, Measure H-funded teams connected with six times that many people (n=26,969). RDA analyzed publicly-available demographic information on E6 clients from the HI's quarterly reports, and compared these data with demographic information from the 2019 PIT count for the LA County Continuum of Care (LAC CoC).[33, 34]

Figure 14: Unique Individuals Served, Contacted, or Referred (Measure H-funded teams only)



The following Figure 15 and Figure 16 demonstrate that last year, Strategy E6 teams served clients with genders and ages that reflect the County's overall unsheltered population.

[32] The evaluation team received data from FY 15/16 also, but data entered during this year was, for the most part, insubstantial. Because one-time County HI funds started in 16/17 and Strategy E6 implementation funding from Measure H began in FY 17/18, it would not make sense to contrast data after implementation with earlier values. This evaluation considers data from FY 16/17 to be the baseline prior to Measure H and Strategy E6 implementation.

[33] RDA compared quarterly report information on E6 services in FY 18/19 to the published 2019 PIT data for the Los Angeles County Continuum of Care, which does not include Pasadena, Glendale, or Long Beach.

[34] Individual-level indicators such as race, ethnicity, age, and other sub-population identifiers were unavailable for analysis within the HMIS data received for this study. However,

Figure 16: Gender - E6 Clients (FY 18/19) and LA CoC's Unsheltered PIT Count (2019)

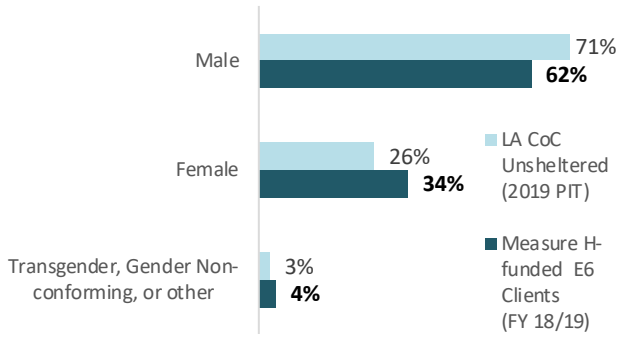
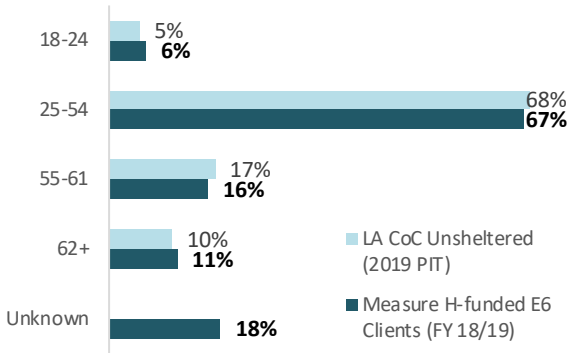
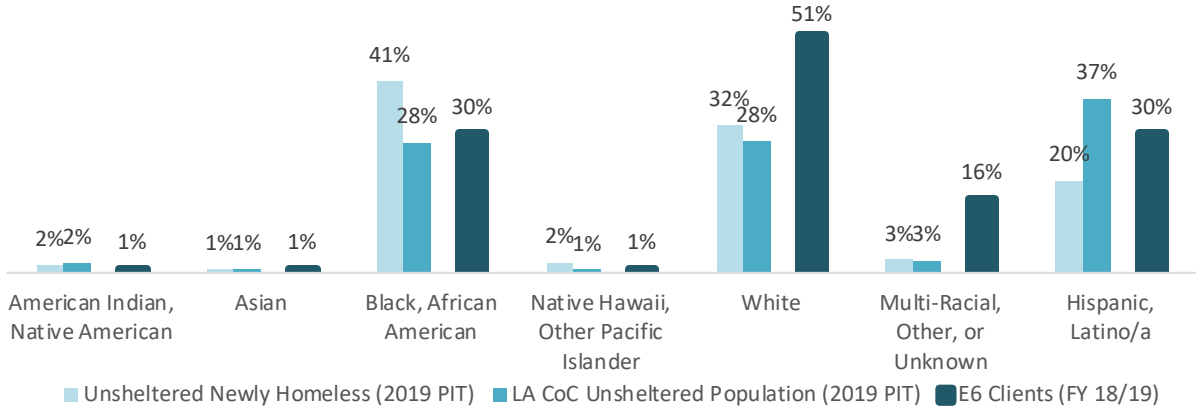


Figure 16: Age - E6 Clients (FY 18/19) and LA CoC's Unsheltered PIT Count (2019)



However, the data within Figure 17 suggest a need to more closely examine emerging needs for homeless outreach services among people experiencing homelessness for the first time. In particular, the PIT data demonstrate that black residents of LA County may be falling into homelessness faster than before, which also suggest a need to target E6 services among this subpopulation moving forward. In addition, the administrative service data from HMIS suggest that more E6 clients identify as white than the rest of the unsheltered population—*but*—more E6 clients also identify as multi-racial or are categorized as "unknown" or "other" than the rest of the County's unsheltered population. These differences indicate that it could prove useful to conduct further analysis of individual demographic factors among E6 clients.

Figure 17: Race/Ethnicity – E6 Clients (FY 18/19), Newly Homeless (2019 PIT), & LA County's Unsheltered PIT Count (2019 LAC CoC)

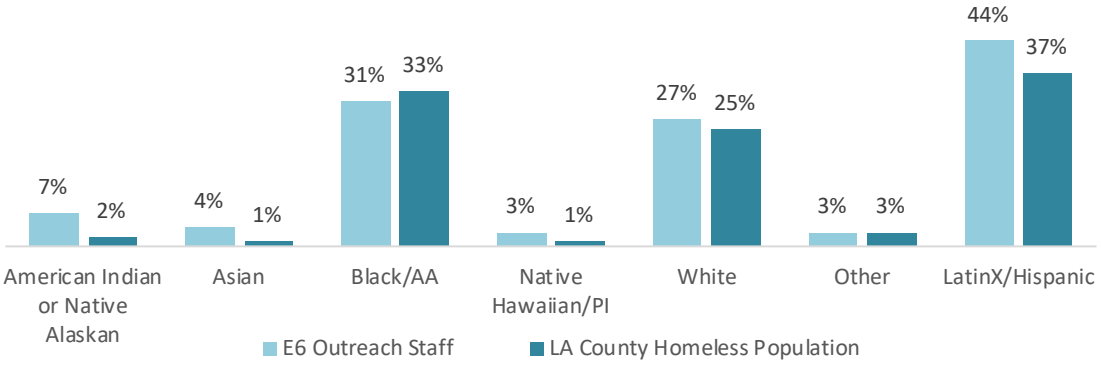


Service Providers. A core strength of Strategy E6 is the deliberate effort to staff teams with individuals with lived experiences and backgrounds that match the County's unsheltered populations. Nearly half of all outreach staff claim some personal lived experience with homelessness, and across the board, E6 staff closely reflect the County's homeless population in terms of race and ethnicity.[35,36] This effort to ensure the staff network has cultural fluency that resonates with clients' own experiences supports the effective

[35] Staff demographic data from a 2018 survey conducted by LAHSA
[36] Data from the 2019 Los Angeles County Homeless County Demographic Survey.

development of trusting relationships that ultimately support people in achieving their own safety, wellness, stability, and housing goals. Figure 18 shows how closely the E6 outreach network reflects the unsheltered population in terms of race and ethnicity.

Figure 18: Race & Ethnicity of E6 Outreach Staff & LA County Homeless Population



Because of the way LAHSA collects and reports mental health and substance abuse data on homeless clients, it is difficult to compare the self-reported experiences of E6 staff with the unsheltered population, but the data reflect that staff have backgrounds that help them connect with their clients: 40% of staff self-report personal experience with mental health issues and 38% with a history of substance abuse.[37]

Services & Referrals. Outreach workers do not simply "make contact" with highly vulnerable individuals on the streets, they provide a wide range of direct support services, connections to resources and external services, emergency food and water, hygiene supplies and first aid, assistance getting identification, and public benefits. They meet with their clients to develop an individual service and support plans; they provide them with transportation to and from important appointments; and they frequently accompany them to ensure they connect with their care teams and external providers (Figure 19).

Figure 19: Examples of Outreach Services, Resources, and Items Provided to E6 Clients

"Human" Contact	Food & Water	Hygiene & Basic Supplies	Emergency Response & First Aid
Motel/Hotel Vouchers	Transportation	Appointments	CES Assessment
Counseling	Family Reunification	Assistance with IDs & Public Benefits	Referrals to External Services

[37] LAHSA reports a 25% rate of diagnosed SMI among the County's homeless population, and a 15% rate of diagnosed substance use disorder. These definitions are narrower than those used in the staff survey.

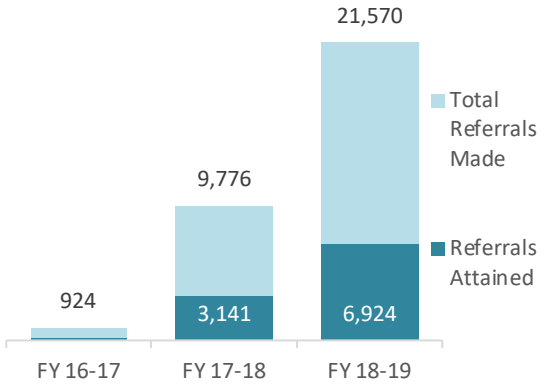
E6 teams provide case management and care coordination services, which is especially important for persons with complex physical health, mental health, and/or substance use needs. Outreach workers serve as the front door to CES and the County's housing resources, but for most clients they also serve as the front door to a wide range of other County services and programs, including physical health services, behavioral and substance abuse services, housing, and public benefits assistance. When the team cannot meet a client's service needs directly in the field, they make referrals to an external provider or County agency. E6 outreach staff provide "warm handoffs" for referred services, frequently driving and also accompanying clients to important appointments to help create a bridge, increasing the chances the client will form a trusting relationship with the new provider. Warm handoffs are a best practice and a core part of homeless outreach, improving client service linkages, increasing trust in new providers, and benefitting individual outcomes.

BEST PRACTICE: Warm Handoffs

Warm handoffs increases the trust people have in the transfer of their care to new providers or in new settings. Warm handoffs occur when an individual moves into permanent housing and still receives repeated visits with their outreach worker, or when the outreach worker accompanies them to an appointment with a healthcare professional.

E6 outreach staff receive training to provide warm handoffs to ensure clients link up with the services they need and to foster trust in the new provider or setting. The rates of service linkages demonstrate that many E6 workers are engaging in this best practice to support their clients' relationships with other community-based and County providers.

Figure 20: External Service Referrals Made & Attained (Measure H-funded teams only)



Over the last two years, Measure H-funded outreach teams made 30,000 service referrals for clients based on assessed needs. The data show that E6 clients ultimately linked up to those referred services one third of the time, but as described earlier in this report, many staff express concerns with the quality of data that track referrals in HMIS. As a result, the overall rates of service linkages may be under-reported. Staff expressed deeply personal commitments to build the trust needed to help clients walk the path towards better outcomes, including securing housing. Living unsheltered can cause physical and social isolation, and lead clients to despair, so frontline outreach workers use customized, diverse approaches to "meet clients where they are at" and maintain trust to help them move forward with their individual goals. A large majority of staff (90% of survey respondents) believe they are personally benefitting their clients, and 90% also agree their entire outreach team is impacting their clients' lives.

The journey to securing housing can be long and arduous because there are many prerequisite tasks to even get onto the community queue. First, a client needs to complete a CES assessment and disclose personal information about their level of need and vulnerabilities, which does not always happen upon first contact. Outreach staff sometimes need to make several subsequent visits in order to build the trust necessary to complete the CES VI-SPDAT assessment. Then, if they don't have current identification, the outreach worker will help them get an ID, which frequently requires them to get a copy of the client's

birth certificate. Working with state agencies to process and obtain identification and documents is not usually very fast. During this window, teams provide ongoing client outreach to maintain engagement so clients can reach their goals.

Many clients understand there is a shortage of housing resources and that they may have to wait long periods for a housing match, but E6 staff shared that they feel deeply appreciated by their clients for maintaining engagement and providing ongoing support during this period. Many clients have not connected with services in a long time, and some clients have never navigated public systems before. In both cases, the process can be both daunting and complex, and E6 outreach staff help them through the process of coordinating with various County, state, and federal agencies to obtain identification, enroll in public benefits, access resources, and connect with service providers to help them successfully achieve better health, safety, and long-term stability including housing retention.

Service Details. Because of the limitations outlined in the methodology section of this report, RDA did not have Strategy-wide data from which to draw conclusions about the quality, degree, or responsiveness of Strategy-wide service output data. That said, the figures in Appendix H show very clearly that over the first three years of Strategy E6 implementation, Measure H-funded outreach teams dramatically increased every type of contact, service, and referral provided to clients. These figures combine services and referrals in a few broad categories:

1. *Housing Referrals & Linkage Rates:* referrals and links to 2-1-1, access centers, DHS Housing for Health, housing navigation, and bridge, crisis, permanent, transitional, and rapid re-housing.
2. *Housing Services in the Field:* vouchers for short-term hotel stays, housing search and placement services (replaced by external referrals), and housing stability planning.
3. *Direct Support Services & Supplies in the Field:* emergency supplies such as food, water, and hygiene kits, transportation vouchers or actual rides to and from appointments, information about services, and any "contact" which could include any type of human-to-human interaction between people experiencing unsheltered homelessness and E6 staff.
4. *Case Management Services:* case management meetings, care coordination services such as accompanying clients to appointments or scheduling assistance, and assistance obtaining identification and documents and enrolling in public benefits.
5. *Health & Behavioral Health Services & Referrals:* emergency health services or first aid in the field, referrals to physical health providers, and field services or referrals to mental health services and substance use services or treatment.

Resources External to Strategy E6

Throughout this evaluation project, stakeholders shared their perspectives on a broad range of factors that are external to the E6 outreach system but related to other public safety net services systems impacting people experiencing unsheltered homelessness. E6 is the deliberate focus of this report's key findings, in alignment with the purpose of the evaluation. However, the intensity and frequency of feedback received about other systems indicated the need to incorporate a section of considerations for non-outreach related data. Inherently, homeless outreach interconnects with all other components of an effective continuum of safety net and housing services. This section highlights those areas that arose as significant concerns impacting effective outreach services for E6 clients.

Housing

Stakeholders underscored the impact of Countywide shortages for all types of affordable housing and shelter resources. This lack prevents people from successfully exiting from homelessness, creating a bottleneck in the outreach system where staff must continue to engage clients who cannot see a clear or expedient path indoors. This shortage of housing resources creates several interrelated challenges that impact the perceived effectiveness of outreach, namely because it prevents E6 clients from being able to achieve the intended housing outcomes. E6 stakeholders identified four distinct needs for housing:

1. **Shelter Beds & Temporary Housing (Interim Housing).** Staff underscored the impact of interim housing shortages in some areas of the County. Specifically, there may be a challenge siting or allocating shelter resources in the places that most need them even if there are enough beds across the entire region. Although leadership noted the County is working with providers to open many more interim housing sites in the City of LA, E6 staff from across the County frequently shared that when beds become available, they are not located in the areas that clients need them. Geographic accessibility to outreach staff is a key strength of the E6 system, but the available shelter beds and temporary housing resources from other parts of the homeless services continuum do not match the geographic accessibility of outreach staff. When a shelter bed becomes available, staff reported that the bed is frequently in another community that is far away from where their client currently lives and outside their comfort zone. This challenge with the homeless service continuum is not directly related to Strategy E6, but it does limit what outreach staff can do to help their clients move off the streets. Additionally, staff reported that their clients frequently cite concerns with shelter safety and habitability, accessibility for persons with disabilities, and pet policies. These restrictions on traditional shelters are barriers that prevent some clients from moving indoors to temporary environments.

> *This whole program started with no housing resources. We don't have housing or shelters. These programs are great, we can hire more people, but we don't have beds.*

2. **Population-specific Housing Options.** Outreach staff shared that there are insufficient housing resources for culturally-specific groups or subpopulations of people experiencing homelessness. For example, seniors, TAY, people with substance use disorders, people recovering from physical illness, people with disabilities, undocumented immigrants, and registered sex-offenders all have specific housing needs and there are unique best practices defined for each of these groups. Many of the existing shelters and other housing opportunities have policies that create unwelcoming environments for one or more of these groups, or even ban one or more groups explicitly. The lack of culturally-specific housing options for these subpopulations does not align with the County's Housing First policy.

[We need] more doors for youth to walk into. Youth really fall through the cracks and it's hard to tell which TAY are homeless. Also individuals with physical illness. I found two people dead in the street and in the park. They need to be prioritized.

3. **Resources for Clients with Moderate Vulnerability or CES Scores.** In CES, clients experiencing homelessness are assessed for their vulnerability. All E6 outreach staff play a role in conducting the CES assessment or they connect clients to someone who can, but many staff expressed frustration that this system creates a barrier to accessing affordable housing resources. Although it is possible some frontline staff don't understand the nuance of the County's CES, the prioritization based on vulnerability is widely regarded as a challenge for their clients, with the potential to increase or prolong housing insecurity and instability, and, in the worst of cases, lead to housing crises. Some staff shared instances of witnessing County residents become homeless because they did not meet eligibility criteria for certain prevention or housing resources until the met the threshold for "literally homeless." Among many staff, there is a sense that a CES which prioritizes only the most vulnerable is illogical because everyone who is homeless is in need.

The whole system, the approach of trying to house the most vulnerable, is not working Countywide. Prioritizing undermines people's perceptions of who should get what. CES is a barrier… If you score between 8 and 11, there's nothing.

4. **All Types of Affordable Housing.** It almost goes without saying that the lack of affordable housing is the number one barrier to resolving homelessness. This reverberates across the continuum of homeless services and impacts E6 staff serving clients actively awaiting a housing match. As clients engage with outreach staff and identify case plan goals, outreach staff shared that their clients frequently grow frustrated as they learn there may not be a clear pathway indoors. Even though outreach staff are contacting more people experiencing unsheltered homelessness every year, the lack of system exits create a bottleneck in the pathway out of

When someone does want shelter, you might not have the capacity to help them. What we deal with is the moral injury of it all.

homelessness. When housing resources are scarce, outreach teams must find other ways to incentivize clients to stay service-engaged and help them understand that ongoing engagement may be their best hope for security, safety, and, hopefully housing.

Mental Health Services

DMH is a key member of Strategy E6 leadership; while they do not receive Measure H funding, DMH outreach teams are fully integrated into the E6 structure. All teams collaborate closely with DMH outreach, which provides a large array of community-based mental and behavioral health services to people experiencing homelessness across LA County.

Outreach workers need access to more mental health resources, such as licensed clinicians and Full Service Partnership (FSP) wraparound services for clients experiencing acute mental health issues. The stress of homelessness can lead to or exacerbate mental health challenges, and E6 outreach staff across all SPAs frequently encounter individuals experiencing mental health issues on the streets. Although E6 staff receive training in effective practices for engaging these individuals and bringing in support from MDTs or DMH teams when necessary, they also reported that engaging these individuals is a frequent challenge. Additionally, E6 staff also reported difficulty accessing trained mental health providers when they need them, such as licensed clinicians with competency serving homeless individuals in the field. They also noted that because the County's FSP slots are filled to capacity, they either need additional licensed clinicians and FSP slots or more alternatives for wraparound services for clients experiencing acute mental health challenges or SMI.

[The] biggest barriers for clients who have SMI is that they won't engage with you. You will barely be able to identify their name. For DMH, our best line of defense is FSP programs. They [DMH] don't have the capacity to do what clients need [because] they are understaffed and overworked.

Recommendations

RDA offers the following system-wide, program and practice, and client service delivery recommendations to improve efficiency and impact. Recommendations flow from the evaluation team's triangulated analyses of primary qualitative, primary survey, and secondary qualitative data, as well as research on evidence-based and best practices in homeless outreach service delivery.

A. Align access to "flexible funds" for clients by establishing policies for all outreach teams that improve equitable access to resources across the outreach system (Finding 5).

As discussed in Finding 5, unequal access to client resources that support health and safety, such as the varying rules that govern staff use of flexible funds for things like fees to obtain documentation or overnight stays in a hotel, causes imbalance between teams. This issue arose for DMH and HET teams, who are County employees, and staff noted that the providers who work for community-based organizations that contract under LAHSA or DHS have looser requirements or enforce requirements in a more relaxed way.

Because unequal access to resources that are vital to clients limits how effectively staff feel they can meet clients' needs, it can lower morale and lead to disengagement. Strategy leadership should consider aligning restrictions for these funds or more broadly communicate the reasons behind the differences.

B. Continue to establish, refine, and strengthen collaboration protocols between homeless-serving, law enforcement, and sanitation agencies to support client service continuity as well as trauma-informed responses to public safety concerns (Finding 6).

The formal and informal communication protocols between homeless outreach teams and non-traditional outreach partners are still emerging in Los Angeles County as these disparate agencies learn how to more effectively collaborate. Strengthening and reinforcing collaboration protocols (e.g. MOUs) among the formal E6 partnerships with law enforcement, as well as continuing to offer training to law enforcement and sanitation agencies across the County, can provide role clarity for each actor within this system, define trauma-informed escalation pathways for crisis situations involving E6 clients, and enhance understand about the purpose and function of outreach.

Strong collaboration protocols provide role clarity for actors, define trauma-informed escalation pathways for crisis situations involving E6 clients, and enhance understanding about the purpose and function of outreach. Outreach staff want to partner more effectively with these agencies, and want those partnerships centered on evidence-based practices for working with this population. Delineating steps that each actor should take, and when they should take them, will support clients' continued engagement in E6 services to help them find pathways out of homelessness, rather than promoting mistrust and fear.

C. Continue to educate community stakeholders about the purpose and function of homeless outreach, including providing more nuanced information to LA-HOP requestors (Finding 7).

SPA Outreach Coordinators and E6 leadership noted that targeted promotion and education campaigns about LA-HOP and the system of outreach could address misperceptions about the role and function of outreach and help the community learn about the outreach system. One example of a public-facing messaging strategy is to provide more information about the process and time it takes to find and contact people experiencing homelessness, as well as the nature and purpose of outreach. Although the system provides answers to these questions, community members may not read the documentation or emails. Arming community stakeholders with better information about the outreach process can help address widespread misperceptions about outreach.

D. Implement HMIS data and documentation quality measures across E6 providers to identify ongoing training needs, build staff data capacity, and ensure consistently high-quality data (Finding 8).

Training without ongoing quality improvement efforts and coaching leads to declining quality over time. Because stakeholders report inconsistent quality within HMIS data entry, and because a third of E6 staff do not find HMIS easy to use, Strategy leadership should continue working with the vendor to improve the user experience, but also should consider implementing continuous quality improvement efforts and standard data quality assurance (QA) processes to ensure all E6 providers are following consistent standards and protocols for using HMIS. QA processes, when combined with ongoing coaching, reinforce best practices, support consistently high-quality client services, and reduce duplication of effort.

E. Assess client data sharing infrastructures, including tools for documenting service referrals and linkages, to gain insights about opportunities to improve system-wide efficiency (Finding 9).

A focused examination of Countywide referral tracking tools would help Strategy leadership assess the degree to which current outreach data tools meet standards for efficiency, expediency, and client confidentiality. Although many E6 staff report they find "ways" to access the information they need from other teams, many also suggested improvements to HMIS to increase ease-of-use and system-wide capacity for care coordination. Because staff do not receive notifications when clients connect with referred services, they have no way to know for certain if or when that happens. Therefore, linkage data from HMIS are unreliable. Although the County's CHIP pilot (AB 210 portal) may address these concerns, the County should monitor and assess its features, or, explore the feasibility of implementing a community health record across public service disciplines to automate provider notifications and referral tracking.

F. Support coordinated E6 practice trainings with coaching for E6 outreach staff and implement a fidelity or quality measure to ensure continuous improvement for delivering evidence-based and best practices (Finding 12).

Changing behaviors and beliefs is slow, steady work. Similarly, training without continuous monitoring and improvement efforts results in declining quality. The centralized, structured E6 orientations, learning

collaboratives, and trainings reinforce best and evidence-based practices across the vast network of providers, as do the management shadowing and coaching efforts, but it is equally important to implement fidelity measures in order to ensure consistent service delivery that results in the expected client outcomes.

G. Fold CTI models and institutional in-reach (or pre-release planning) partnerships into Strategy E6 to support care coordination. This will help ensure that vulnerable individuals exiting institutions have warm hand-offs to coordinated entry services and that individuals moving into permanent housing have the support they need to stay housed (Finding 13).

Hospitals admit and discharge homeless patients every day, but there is currently no way for hospital staff to notify the homeless outreach service system that a vulnerable individual is heading back onto the streets. In addition, when law enforcement arrests and books into jail someone experiencing homelessness, that individual will still be homeless once released. These are system gaps that disproportionately affect the most vulnerable individuals; individuals who are also the most likely to require and over-utilize emergency services. RDA suggests that Strategy leadership explore partnerships with other County agencies that are already providing pre-release assessment and planning services (e.g. Whole Person Care), agencies that have the ability to partner with the homeless service system to conduct in-reach or pre-release planning (e.g. Probation), and local health systems to find ways to provide early intervention for vulnerable homeless clients exiting from other institutions. CTI is an empirically-supported intensive case management model developed specifically to prevent recurring experiences with unsheltered homelessness in people who have experienced chronic homelessness, mental illness, or substance use challenges. This is a time-limited model that emphasizes mobilizing and strengthening client support during critical transitions between levels of care.

H. Track outreach travel time and ensure staff targets account for job-required travel (Finding 14).

Driving around Los Angeles County takes a lot of time. As mentioned on page 37, E6 does not ask staff to track travel time for essential job functions like the provision of client services or returning a County vehicle after a required meeting. Without the systematic data collection on travel, productivity targets cannot effectively account for the realities of travel in LA County, or regional differences between SPAs. Enabling staff to provide travel time information and ensuring staff targets account for job-required travel will improve transparency between frontline staff and Strategy leadership and address concerns about unfair productivity targets, especially among staff who work in less dense areas of the County that require more time spent driving.

Consideration for the Next Phase of E6 Implementation

Because implementation of Strategy E6 is still in a formative stage, efforts to date have emphasized establishing effective collaborative partnerships, defining communication pathways and protocols, and promoting best practices across the Countywide system of homeless outreach. In the next phase of implementation, Strategy E6 leadership should continue to institutionalize and refine systems-level structures that support service quality, assure alignment between theories of change and outreach

practices, and sustain long-term influence and impact. The Annie E. Casey foundation suggests several core competencies for systems-change initiatives to influence social change and drive impact; Strategy E6 leadership have already established or developed most of these core competencies. In the next phase of implementation, leadership should consider establishing formal tools and structures to support Strategy E6 governance, including a charter, a unified mission statement, and/or a theory of action.

Strategy E6 is a systems change initiative that targets a deeply entrenched problem. To create and influence sustainable change at the systems and policy levels, E6 will need to ensure alignment across stakeholders, disciplines, viewpoints, and approaches to doing the work of homeless outreach. While Strategy leadership demonstrate strong internal partnerships that enable effective system-wide collaboration, Strategy E6 does not have a theory of action or governance agreement to support a cohesive vision or sharpen planning and implementation efforts. These tools increase shared understanding of the problem that needs to be solved; the intended impact or outcome; the forces for change; external influences and risks; and the evidence basis for practices that lead to impact. [38] Shared governance tools sustain system-wide culture and reinforce the practices that result in beneficial client outcomes. In the next phase of implementation, it will be important to codify the means to establish and hold partners accountable to a common goal, and ensure considerable investments stay on course.

[38] Connell, J. and Kubisch, A. *Applying a Theory of Change Approach to the Evauation of Comprehensive Community Initiatibes"* Accessed from: http://www.dmeforpeace.org/sites/default/files/080713%20Applying+Theory+of+Change+Approach.pdf

Appendices

Appendix A E6 Staff Positions & Funding Sources

Table 5: E6 Agencies, Staff Positions, & Funding

Agency	Position	Staff	Measure H Funding
CEO-HI	Staff Analyst, E6	0.25 FTE	None
LAHSA	Director, Access & Engagement	1.0 FTE	Full
	Associate Director, Access & Engagement	2.0 FTE	Full
	Manager, Access & Engagement	2.0 FTE	Full
	HOPE Manager, City of LA	1.0 FTE	Partial
	Manager, Measure H & City of LA	1.0 FTE	Partial
	Manager, CES Access	1.0 FTE	Full
	CES Outreach Coordinator	2.0 FTE	Full
	SPA Outreach Coordinators	17.0 FTE	Full
	Generalist Teams: SPAs 5, 6, & 8	46.0 FTE	Full
	Generalist Teams: SPAs 1, 3, & 7	54.0 FTE	Full
	Generalist Teams: SPAs 2 & 4	89.0 FTE	Full
	HOST & HOST Regional Teams	16.0 FTE	Full
	HOPE Teams	15.0 FTE	Partial
DHS – Housing for Health	Manager, Program Implementation	1.0 FTE	Full
	Director, Street-Based Engagement	1.0 FTE	Full
	Program Manager: SPAs 1 & 2	1.0 FTE	Full
	Program Manager: SPA 3	1.0 FTE	Full
	Program Manager: SPA 4	1.0 FTE	Full
	Program Manager: SPAs 5 & 6	1.0 FTE	Full
	Program Manager: SPAs 7 & 8	1.0 FTE	Full
	Multidisciplinary Teams (MDTs)[39]	44 Teams	Full
		16 Teams	None
	Public Spaces Teams	20 Teams	Full
DMH	Countywide Deputy	1.0 FTE	None
	Program Manager IV	2.0 FTE	None
	SPA Chief	8.0 FTE	None
	HOME Teams	125.5 FTE	None

[39] At the time of publication, DHS reported that between the 80 MDTs and Public Spaces teams, there are approximately 300 FTEs

Appendix B Evaluation Research Questions and Data Sources

Table 6: Evaluation Research Questions and Primary & Secondary Data Sources

		Key Question *** Questions were adapted for specific methods, e.g. Focus Groups with Frontline Staff*	Interviews (Key Informants)	Focus Groups: Prog. Mgrs	Focus Groups: Staff	Survey	Document Analysis	PIT	HMIS	LA-HOP
How do *systems-level factors* impact the effective coordination of outreach services?										
CURRENT	I.	How is the network of outreach resources deployed, structured, and funded?	X	X			X			
	II.	What key considerations impact the structure, dispatch, or deployment of outreach resources? (e.g. geography, request volume, expertise required; funding sources)	X	X			X			
ASSESSMENT	I.	To what extent is E6 being implemented as planned?	X	X	X		X			
	II.	To what extent do the structure, data sharing practices, and collaboration processes increase overall effectiveness of the strategy?	X	X	X	X	X			
	III.	To what extent are outreach partners effectively coordinating within SPAs and across the County?	X	X	X	X	X			
	IV.	What are the barriers and facilitators of effective coordination?	X	X	X	X	X			
	V.	How do different funding sources and respective restrictions affect outreach coordination?	X	X						
	VI.	How does the relationship between system demand (unsheltered population needs and resident requests for service) and system capacity (including the capacity of CEO-HI leads for E6) impact efficiency and optimization?	X	X	X		X	X	X	X
+/Δ	I.	What specific structural changes or resources would further optimize the system?	X	X	X					
How do *program-level factors* impact the effective coordination of outreach services?										
CURRENT	I.	What practices and models are outreach partners implementing?	X	X	X		X			
	II.	How do Measure H-funded practices differ from practices funded through other means?	X	X	X		X			
	III.	What do direct service staff understand to be their job responsibilities?			X					
	IV.	How do staff assess, record, and monitor clients' service needs?		X	X				X	
	V.	How do staff refer clients to supportive services, such as public benefits, housing navigation, etc. and track referrals?		X	X		X		X	
ASSESSMENT	I.	What is the alignment between perceptions of effectiveness and existing practices?	X	X	X		X			
	II.	How do direct service staff and County staff define effectiveness within this strategy?	X	X	X					
	III.	What do direct service staff and County staff understand to be best or promising practices in coordinating outreach?	X	X	X					
	IV.	To what extent do outreach partners successfully collaborate with each other and partners to address clients' needs?	X	X	X	X				
	V.	What are the barriers to, and facilitators of, interagency collaboration?	X	X	X	X	X			
	VI.	What are the impacts of multidisciplinary vs. generalist teams? (MDT/AB 210)	X	X	X		X		X	
+/Δ	I.	What additional resources or tools do staff need to fulfill their job responsibilities?		X	X					
	II.	If expanded across the system, what best or promising practices would improve system-wide outreach service delivery and coordination?	X	X	X					

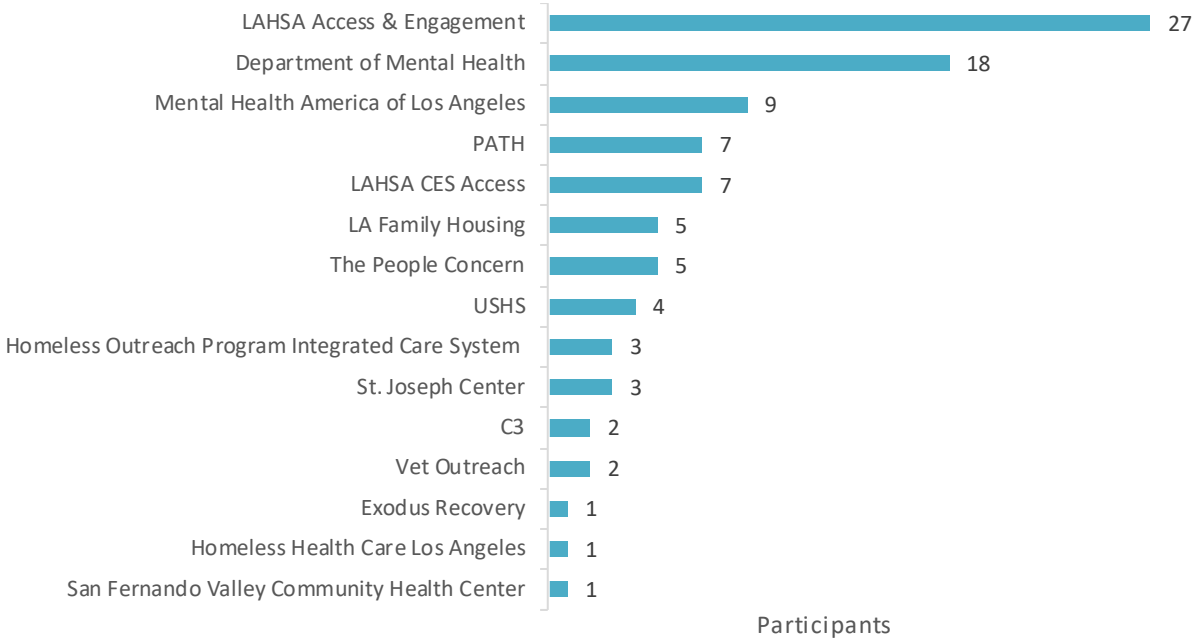
		Key Question ** Questions were adapted for specific methods, e.g. Focus Groups with Frontline Staff	Interviews (Key Informants)	Focus Groups: Prog. Mgrs	Focus Groups: Staff	Survey	Document Analysis	PIT	HMIS	LA-HOP
How do *individual client services and/or experiences* align to Strategy E6 objectives?										
CURRENT	I.	Who has accessed or engaged outreach services?					X	X	X	
	II.	What outcomes do clients expect or hope to achieve as a result of engaging in outreach?			X					
	III.	Are these outcomes being tracked and achieved?			X		X		X	
ASSESSMENT	I.	Under this strategy, to what extent do clients who engage in services reflect population trends among the unsheltered population?						X	X	X
	II.	How do barriers to achieving positive outcomes (e.g. access to healthcare or interim housing, etc.) impact clients' experiences?			X					
	III.	Do clients experience greater access to services and resources as a result of engaging with outreach teams?			X				X	
+/Δ	I.	What improvements, practice adjustments or further resources do clients need in order to achieve the success they expect to achieve as a result of engaging in outreach?			X					
	II.	What practical changes will ensure Strategy E6 services reach the intended populations?			X					

Appendix C Focus Group Participation

Table 7: E6 Positions & Teams That Participated in RDA Focus Groups (n=95)

Positions	Teams
• Addiction Specialist II • Case Manager • Community Health Worker • Data Quality Specialist • Housing Navigator • Intermediate Typist Clerk • Marriage & Family Therapist • Mental Health Specialist • Mental Health Clinician • Outreach Specialist • Peer Case Manager • Personal Service Contractor • Program Manager • Psychiatric Social Worker I & II • Registered Nurse • SPA Coordinator • Substance Use Specialist • Supervisor • Team Lead • Veteran Outreach Coordinator	• Generalist • HOME • HOST • Housing Navigation • MDT • DMH HST • Supportive Services for Veteran Families • Public Spaces • C3

Figure 21: Focus Group Participation by Agency (n=95)



Appendix D Strategy E6 Outreach Service & Referral Definitions

Table 8: HMIS Definitions for Services Provided by E6 Outreach Staff

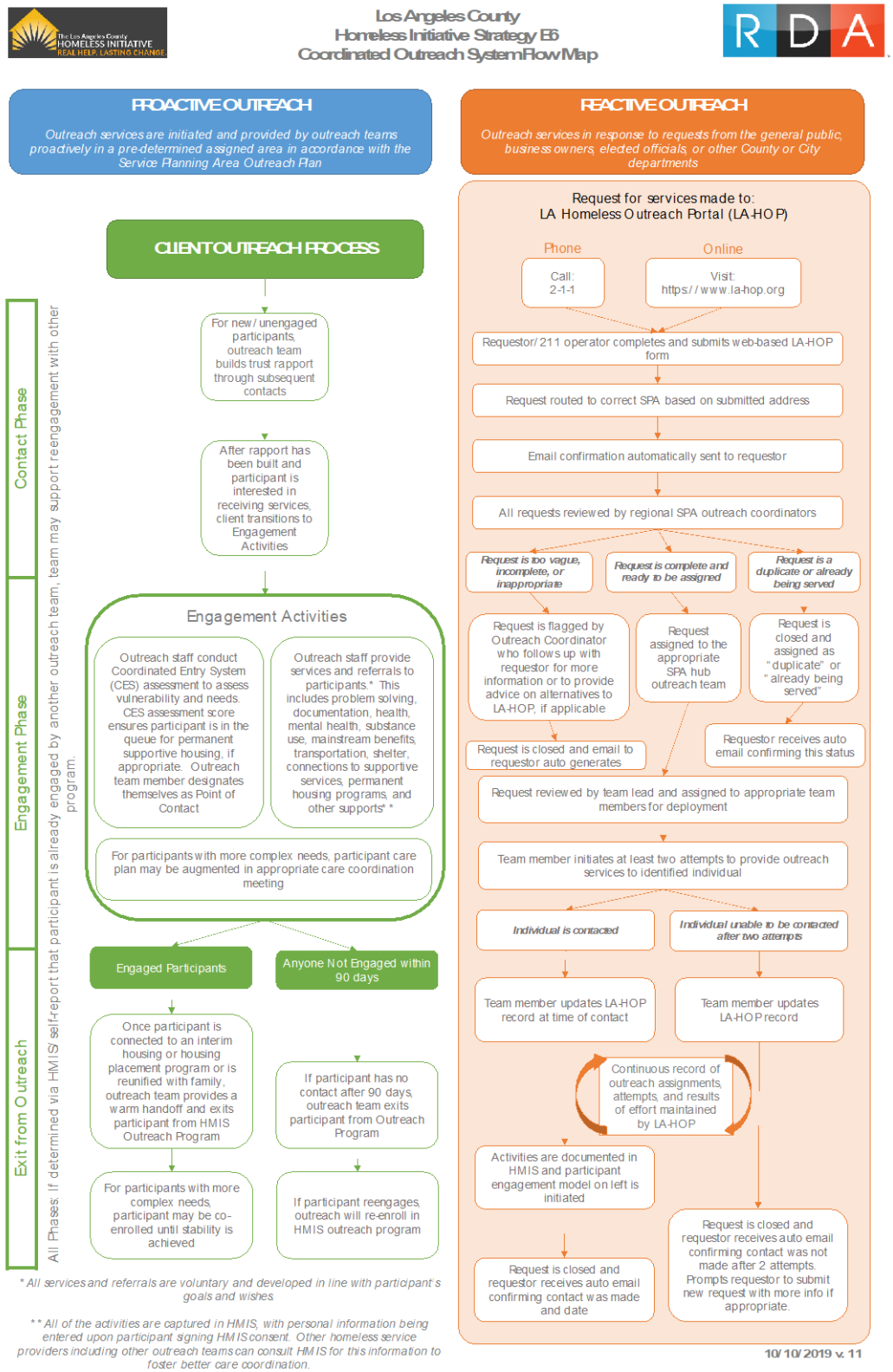
Contact	Provide any interaction with a street-based homeless individual. • *Contacts range from a brief conversation about needs to a service referral* • *Every interaction/service/referral provided must be logged as a contact in addition to the service and/or referral logged.*
Food & Drink	Provide food or drink and/or assist in obtaining food or drink (e.g., meal cards)
Basic & Hygiene Items	Provide basic hygiene items (e.g., toothpaste, shampoo, socks) and/or assist in obtaining necessary items (e.g., 99 cent store card, clothing vouchers, etc.)
Motel/Hotel Vouchers	Provide individual with a motel/hotel voucher
Appointments	Schedule and/or assist to schedule an appointment for services (e.g. Medi-Cal appointments, case management appointments) • *This may include accompanying an individual to an appointment*
Mental Health	Conduct a psychosocial assessment, risk assessment, mental status exam and/or clinical intervention(s)
Physical Health	Conduct a physical evaluation/assessment and/or health intervention(s)
Substance Use Counseling	Conduct a substance use assessment and/or substance use intervention(s)
Document Assistance	Assist in obtaining vital, other documentation (e.g., birth certificate, ID, social security card, income verification)
Transportation	Provide client transportation and/or assist client in obtaining transportation (e.g. bus tokens, rideshare)
Family Reunification	Assist in reconnecting an individual with family members through phone contact and/or face to face contact in an effort to resolve their homelessness
Benefits Assistance	Assist with establishing or increasing benefits (e.g., General Relief, Social Security Income, CAPI, CalFresh, Medi-Cal) • *Activities include assisting with the application process, (e.g., accompaniment to appointments, completion of required documents and follow up appointments, benefits advocacy)*
Emergency Response	Contact 911 or other emergency responder(s) to assist a street-based homeless individual with a health and/or mental health emergency

Table 9: HMIS Definitions for Referrals to External Services

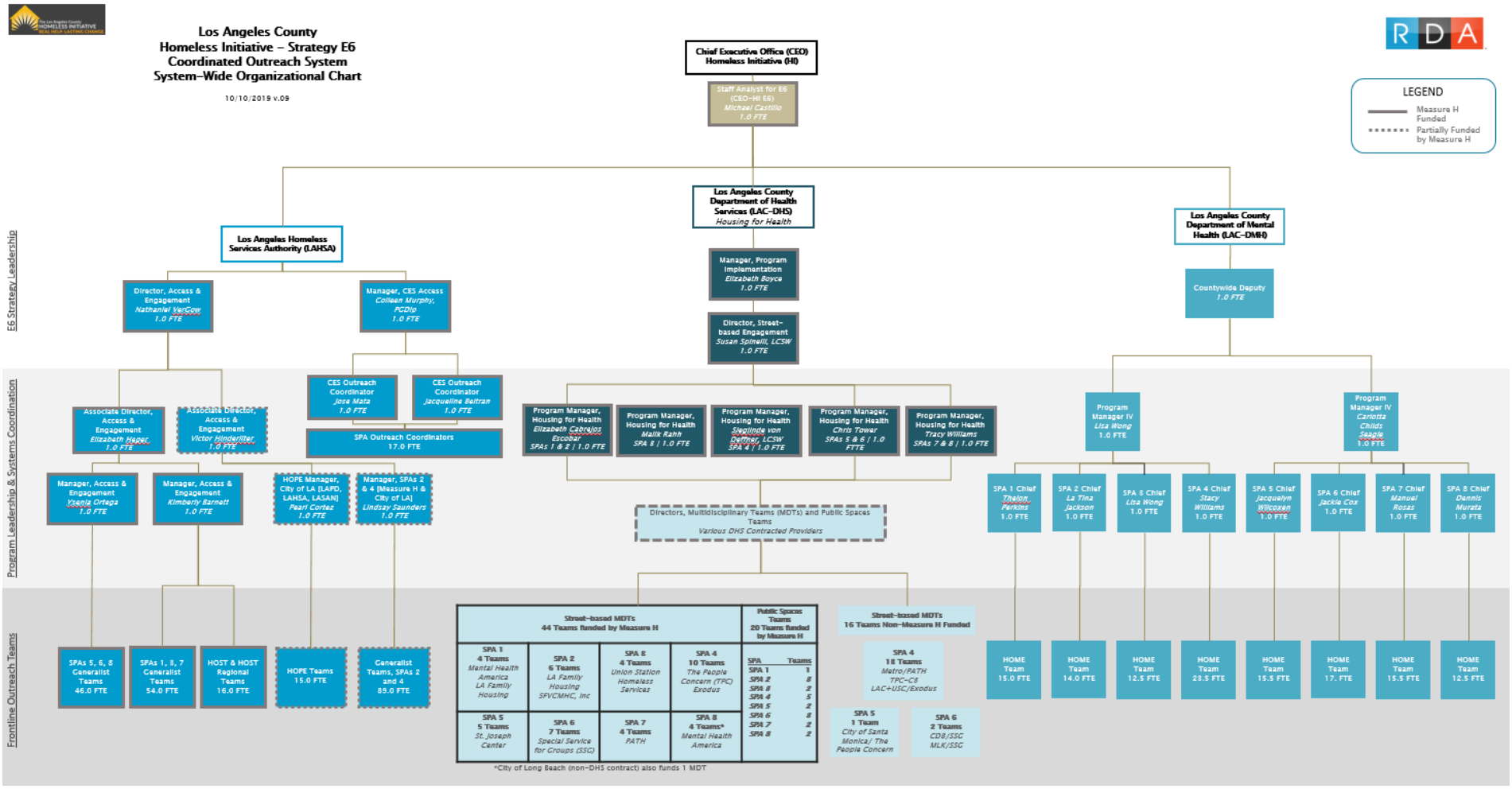
Access Center	Referral to a Homeless Access Center
Crisis Housing	Referral to short term, 24-hour emergency shelter • *Beds are provided on a first-come, first-serve basis, based upon availability*
Bridge Housing	Temporary/interim housing that facilitates access to permanent housing • *Beds are prioritized for individuals with high acuity in CES who are either matched or unmatched or for persons exiting institutions*
Recuperative Care	Referral to temporary housing that provides health oversight and a location to work with individuals to get permanent housing
Motel/Hotel Vouchers	Referral for the provision of a motel/hotel voucher
Residential Care Facility	Referral to short or long-term residential care facility • *e.g. independent living program, board and care facility, skilled nursing facility*
Residential Substance Use Treatment	Referral to a residential substance use treatment program • *e.g., detox program, in-patient substance use treatment program*
Employment Services	Referral for employment-based skill building, pre-employment work experience and/or job placement programs
Education Services	Referral for academic instruction and/or education-based training

Legal Services	Referral for legal services • *e.g., homeless court, legal aid, expungement programs*
Substance Use Services	Referral for outpatient substance use services • *e.g., substance use counseling, Medication Assisted Treatment including Methadone, Suboxone, needle exchange, 12-Step meetings*
Mental Health Services	Referral to mental health services that provide treatment for people experiencing mental health and/or co-occurring disorders • *e.g., Department of Mental Health*
Primary Care	Referral for physical health care with a primary health care clinic
Specialty Care	Referral for specialized physical health care and/or treatment • *e.g., dental services, vision care, specialized Medi-Cal care, HIV services*
Benefits	Referral for the purposes of benefit establishment • *e.g., General Relief, CalFresh, Medi-Cal, VA*
CBEST	Referral to the Countywide Benefits Establishment Team (CBEST) for benefit establishment
Permanent Housing	Referral to a program that provides permanent housing • *e.g., Housing for Health Intensive Case Management Services (ICMS), Rapid Rehousing, Veteran Affairs Supportive Housing (VASH), and Housing Opportunities for Persons with AIDS (HOPWA). Project-Based Supportive Housing program*

Appendix E Strategy E6 Outreach Process Flow Map



Appendix F Strategy E6 System-Wide Organizational Chart



Appendix G E6 Staff Training Detail

Table 10: E6 Staff Trainings October 2018 – June 2019

Date	Training Type/Course Name
OCTOBER	
18-Oct	Street-based Engagement (E6) Learning Collaborative. HEART: Protecting People and Their Pets
DECEMBER	
10-14-Dec	**LAHSA & The Health Agency Street-based Engagemt. Collaborative Training & Orientation Week**
JANUARY	
17-Jan	Street-based Engagement (E6) Learning Collaborative -Public Health for Outreach Teams
FEBRUARY	
21-Feb	Street-based Engagement (E6) Learning Collaborative -An Introduction to Vivitrol
MARCH	
5-Mar	Stages of Change: Helping People Change Behavior
6-Mar	Housing First: An Evidence-Based Approach for Ending Homelessness
7-Mar	Foundations of Motivational Interviewing 1
12-Mar	Introduction to Case Management
13-Mar	Foundations of Motivational Interviewing 1
14-Mar	Practical Counseling Skills
19-Mar	Hoarding Part I: Buried in Treasures
20-Mar	Hoarding Part II: Buried in Treasures
21-Mar	Working with the Chronically Homeless
21-Mar	Street-based Engagement Learning Collaborative 1) Universal Homeless Verification 2) AB 210
22-Mar	Moving On: Supporting Clients through Transition
26-Mar	Stages of Change: Helping People Change Behavior
27-Mar	Art of Person-Centered Documentation
28-Mar	Understanding Special Needs
APRIL	
9-Apr	Decompensation and Relapse: A Proactive Lens
10-Apr	Non-Coercive Approaches to Conflict Management
11-Apr	Foundations of Motivational Interviewing 2
18-Apr	Street-based Engagement (E6) Learning Collaborative. Grieving on the Streets: Compassion and Community for Outreach Workers Coping with the Death of Clients
23-Apr	Introduction to Case Management
24-Apr	Practical Counseling Skills
25-Apr	Trauma and Its Aftermath 1
30-Apr	Working with the Chronically Homeless
MAY	
1-May	Foundations of Motivational Interviewing 2
2-May	Trauma and Its Aftermath 1
7-May	Art of Person-Centered Documentation
8-May	LGBTQ: Becoming an Ally to the Community
9-May	Overview of Major Psychiatric Disorders & Medication: DSM 5
14-May	Hoarding Part I: Understanding Compulsive Hoarding
15-May	Housing-Based Case Management
16-May	Understanding Mental Health Recovery

16-May	Street-based Engagement (E6) Learning Collaborative 1) DMH Adult FSP Overview 2) Domestic Violence on the Streets: Overview and Resources
21-May	Understanding Special Needs
22-May	Trauma and Its Aftermath 2
23-May	Managing Impact of Job Related Stress for Staff
28-May	Motivational Interviewing for Supervisors
29-May	Trauma informed-Care Part 2 (Modified on 5.2.19)
30-May	Housing-Based Case Management
JUNE	
4-Jun	Decompensation and Relapse: A Proactive Lens
5-Jun	Foundations of Motivational Interviewing 1
6-Jun	Meeting the Challenge of Working with People who have Borderline Personality Disorder
10-14-Jun	**LAHSA & The Health Agency Street-based Engagemt. Collaborative Training & Orientation Week**
18-Jun	Trauma and Its Aftermath 1
19-Jun	Foundations of Motivational Interviewing 2
20-Jun	Non-Coercive Approaches to Conflict Management
25-Jun	Motivational Interviewing for Supervisors
26-Jun	Housing First: An Evidence-Based Approach for Ending Homelessness
27-Jun	Suicide Assessment and Prevention
28-Jun	Wellness and Aging in Supportive Housing

Appendix H Client Service Outputs

Figure 22: Housing Referrals and Linkages (Measure H-funded teams only)

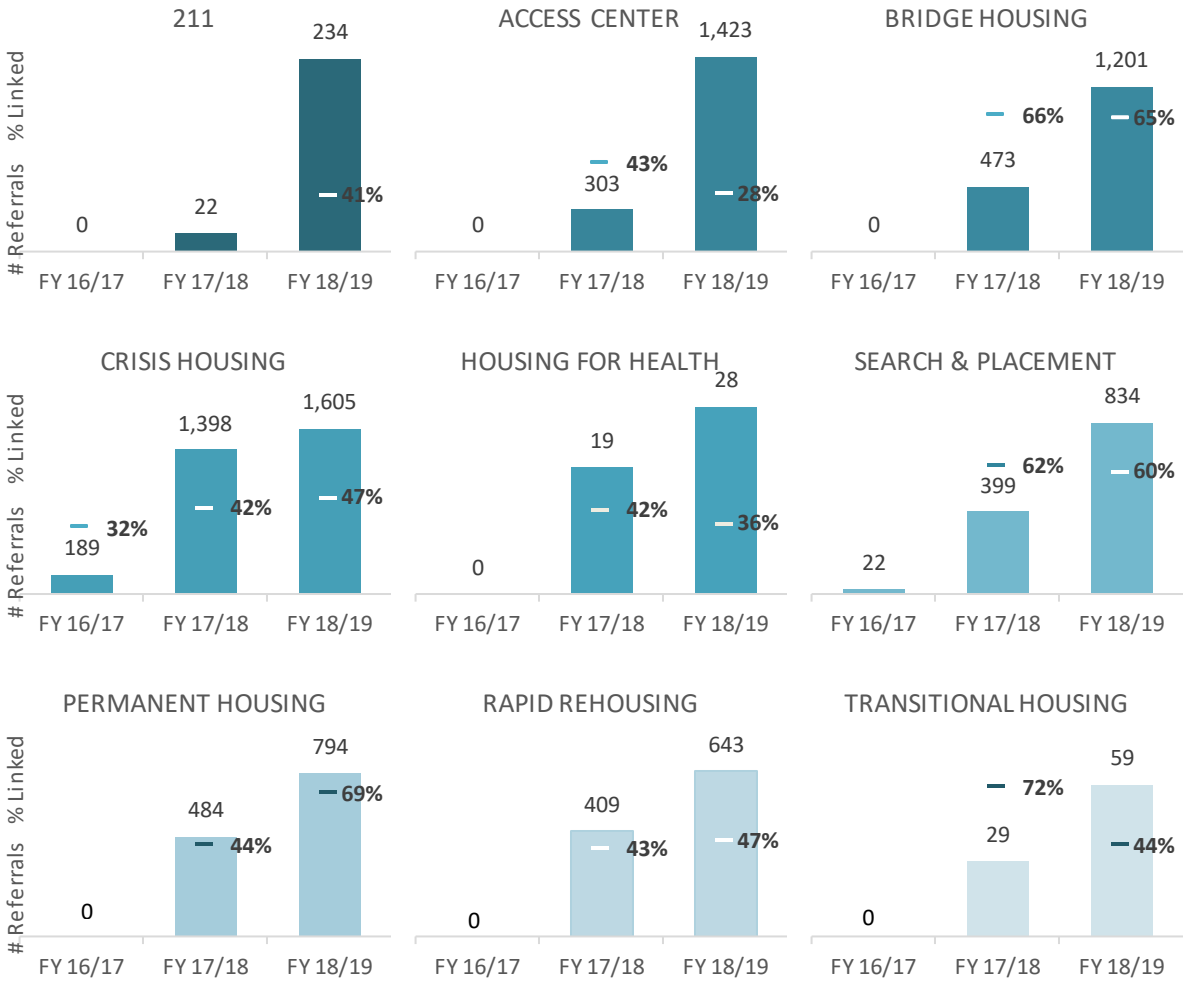


Figure 23: Housing Services in the Field (Measure H-funded teams only)

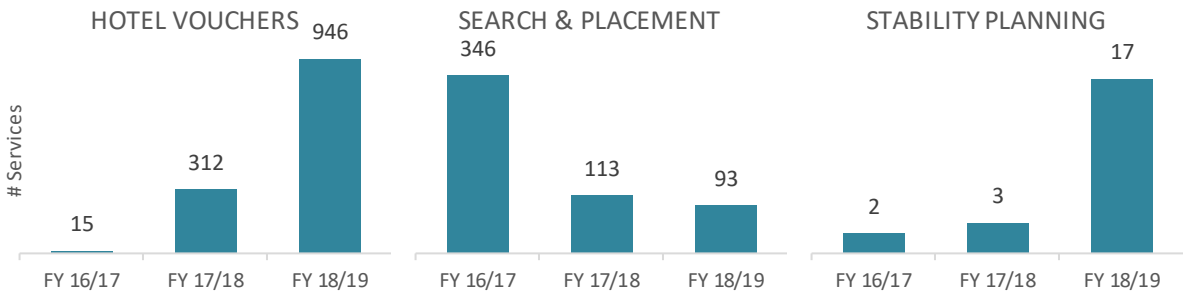


Figure 24: Direct Support Services and Supplies (Measure H-funded teams only)

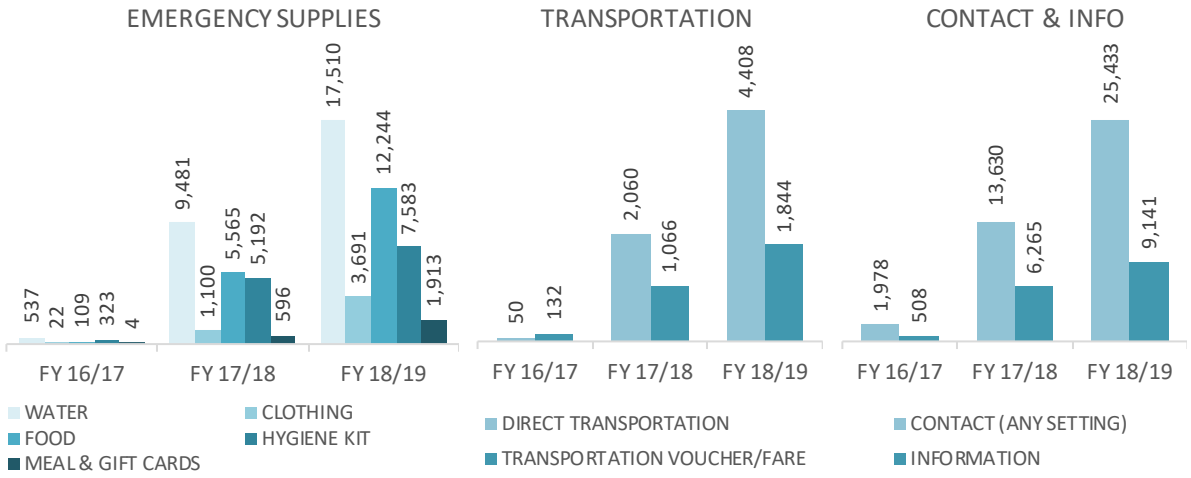


Figure 25: Case Management Services (Measure H-funded teams only)

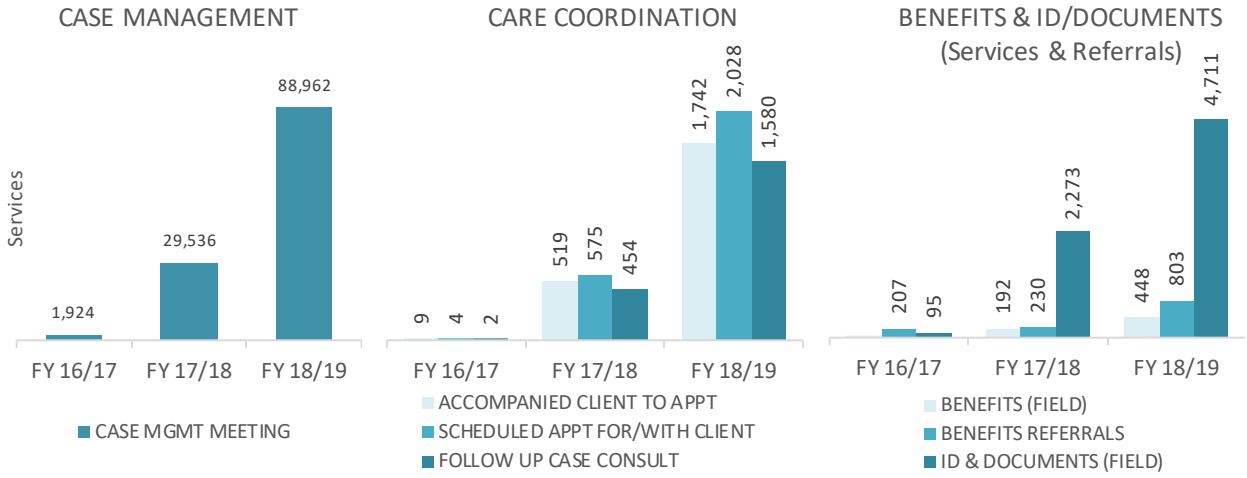


Figure 26: Health and Behavioral Health Services and Referrals (Measure H-funded teams only)