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March 2, 2020

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To: Supervisor Kathryn Barger, Chair
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           Supervisor Sheila Kuehl
           Supervisor Janice Hahn

From: Sachi A. Hamai
           Chief Executive Officer

PUBLIC ENGAGEMENT EFFORTS FOR MEASURE H FUNDING RECOMMENDATIONS PROCESS

On August 13, 2019 (Agenda Item No. 37), the Board directed the CEO to implement a process to develop funding recommendations for Measure H-funded Homeless Initiative (HI) Strategies, including a robust public engagement strategy to gather input from policy experts, key stakeholders, and members of the public. The first phase of this process, which took place between September and November 2019, included three elements: eight policy summits, an online input form, and eight community input sessions. Additional public engagement will take place following the release of the draft FY 2020-21 Measure H funding recommendations in June of this year. The purpose of this memorandum is to share the results of this initial public engagement process with the Board.

The CEO-HI convened a series of eight policy summits focusing on the following key themes: opening and closing sessions that addressed the homeless services system as a whole, prevention and diversion, outreach, interim housing, permanent housing, employment, and partnerships with cities. The Policy Summit Report (Attachment 1) includes all materials from the policy summits, including each summit's agenda, key data, presentations of interim findings from strategy evaluations, list of attendees, key points, notes, and public comments.

An online form on the HI website was open to the public to provide input on the range of topics being considered during the Policy Summits. A compilation of the comments submitted through this mechanism can be found at the following link: https://homeless.lacounty.gov/wp-content/uploads/2019/12/Public Comments_NoNames2.pdf.

Finally, in partnership with the Los Angeles Homeless Services Authority (LAHSA), the HI held eight community input sessions across the County—one in each of the County's eight Service Planning Areas (SPAs). Each session enabled members of the public to provide input on how Measure H funds and State Homeless Housing, Assistance and Prevention (HHAP) funding should be used to prevent and combat homelessness. The Community Input Session Report (Attachment 2) is a compilation of recommendations from the input session participants and synthesizes trends within and across SPAs.

This extensive community input will be utilized by the CEO-HI and County departments/agencies with lead responsibility for Measure H-funded Homeless Initiative strategies in the development of Measure H funding recommendations for FY 2020-21. All three reports can also be found on the HI website at homeless.lacounty.gov/funding/.

If you have any questions, please contact Phil Ansell, Homeless Initiative Director, at (213) 974-1752 or pansell@ceo.lacounty.gov.

SAH:FAD:TJM:PA
JR:EBI:MGP:tv

Attachments

c: Executive Office, Board of Supervisors
County Counsel
Sheriff
Children and Family Services
Health Services
Los Angeles County Development Authority
Mental Health
Public Defender
Public Health
Public Social Services
Workforce Development, Aging and Community Services
Los Angeles Homeless Services Authority

Measure H Funding Recommendations Process

LOS ANGELES COUNTY HOMELESS INITIATIVE
SEPTEMBER-NOVEMBER 2019 POLICY SUMMITS

TABLE OF CONTENTS

Introduction

From September 26, 2019 to November 21, 2019, the Los Angeles County Homeless Initiative (HI) convened a series of eight policy summits to gather input from subject matter experts and key community stakeholders in its collaborative efforts to prevent and combat homelessness. Policy summits were centered around key themes: an Opening System Discussion, Prevention and Diversion, Outreach, Interim Housing, Permanent Housing, Employment, Partnerships with Cities, and a final Closing System Discussion.

All eight summits were open to the public for both in-person observation and comment as well as audio livestream, and were held at the United Way of Greater Los Angeles, 1150 S. Olive Street, Los Angeles, CA 90015.

The following report compiles all materials from the policy summits, including each summit's agenda, key data, relevant topic background, attendees, key points, notes, and public comments. All materials can also be found on the Homeless Initiative website, homeless.lacounty.gov/funding/. Should you have any questions about the policy summits or the funding recommendations process, please contact homelessinitiative@lacounty.gov.

Measure H Funding Recommendations Process

Homeless Initiative Policy Summit #1
Opening System Discussion

Thursday, September 26, 2019

<u>Summit Report</u>

Homeless Initiative Policy Summit #1:
Opening System Discussion

Thursday September 26, 2019
9am-12pm
United Way of Greater Los Angeles
Penthouse, 1150 S. Olive Street, Los Angeles CA 90015

Agenda

1. Welcome and Introductions (5 min)

2. Context for Funding Decisions – Available funds and funds needed to maintain status quo (10 min)

3. Data Overview (10 min)

4. Discussion Questions (2 hrs)

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

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

    iii. What are the most significant barriers to system access and to people moving through the system to secure permanent housing?

    iv. Are there systems changes that would allow us to amplify effective strategies for permanently housing people experiencing homelessness and overcome barriers to permanent housing?

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

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

5. Public Comment (20 min)

6. Overview of Rest of Funding Recommendations Process (10 min)

Measure H Revenue Planning Process
Key Data: Opening System Discussion

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

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

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

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

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

Measure H Revenue Planning Process
Key Data: Opening System Discussion

Assessment Data*

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

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

Opening System Policy Summit Participants

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

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

Measure H Funding Recommendations Process

Homeless Initiative Policy Summit #1

Opening System Discussion

Thursday, September 26, 2019

Key Points:

1. **System should be equipped to provide services that are individualized based on needs.** There is a need to refine the homeless delivery system to respond according to a person's needs and different levels of acuity. Currently, the system is struggling to provide services to very high acuity clients with complex medical needs. Older adults, Transition Age Youth (TAY), domestic violence survivors, Black people experiencing homelessness, and several other populations have unique needs that must be carefully considered.

2. **Refine program and administrative policies.** Administrative processes and program policies should be reviewed to eliminate burdensome and unnecessary requirements that take away time from direct client services.

3. **Allow greater flexibility in funding and system flow**. The homeless services system should strive to balance the need for accountability with the flexibility needed to ensure we have a person-centric system. As a local funding source, Measure H opens the door for more flexibility; it is important to fully capitalize on this flexibility.

4. **Enhance efforts to empower individuals experiencing homelessness to achieve self-sufficiency and thrive.** Ensure efforts to help don't encourage dependency.

Opening System Summit Notes
(Discussion questions in bold)

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

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

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

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

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

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

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

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

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

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

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

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

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

Public Comment

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

Measure H Funding Recommendations Process

Homeless Initiative Policy Summit #2
Prevention & Diversion

Thursday, October 3, 2019

<u>Summit Report</u>

Homeless Initiative Policy Summit #2:
Prevention & Diversion

Thursday October 3, 2019
9am-12pm
United Way of Greater Los Angeles
4th Floor Conference Room, 1150 S. Olive Street, Los Angeles CA 90015

Agenda

1. Welcome and Introductions (5 min)

2. Context for Funding Decisions – Available funds and funds needed to maintain status quo (5 min)

3. Data Overview (5 min)

4. Strategy Evaluation – Interim Results Presentation (25 min)

5. Discussion Questions (1hr 50 min)

   a. How can we improve and expedite referrals for Prevention Services (case management, cash assistance, legal services) without utilizing prevention funds for people who are likely to remain housed without receiving Prevention Services?

   b. While we refine the predictive analytics tools for homelessness prevention, what approaches can we take to improve outreach and targeting for prevention recipients?

   c. What cultural and practical changes are necessary within the homeless services system in order to ensure that "diversion/problem-solving" is integrated into all facets of service delivery?

   d. How can we incentivize and reward the participation of front line workers at mainstream County departments in prevention/problem-solving work?

   e. How can we improve coordination between homeless service providers and legal services providers that are doing prevention work?

6. Public Comment (25 min)

7. Overview of Rest of Funding Recommendations Process (5 min)

HI Strategies: A1 - Homeless Prevention Program for Families and A5 - Homeless Prevention Program for Adults

Summary Data

Strategy	A1 - LAHSA		A5 - LAHSA	
Year	FY 17/18	FY 18/19	FY 17/18	FY 18/19
Total Funding (all sources)	$ 3,000,000	$ 6,065,918	$ 5,500,000	$ 10,539,753
Measure H Funding	$ 3,000,000	$ 6,065,918	$ 5,500,000	$ 10,539,753
Measure H Funding as a % of Total Funding	100%	100%	100%	100%
Total Measure H Unspent	$ 906,976	$ 974,549	$ 3,989,459	$ 2,304,832
Number of families (A1)/ persons (A5) newly enrolled	720	670	241	1,133
Number of families (A1)/ persons (A5) served	935	1,028	241	1,298
Number of families (A1)/ persons (A5) retaining permanent housing or transitioning directly into other permanent housing	348	689	72	813
Average cost per families (A1)/ persons (A5) served	$ 2,239	$ 4,953	$ 6,268	$ 6,344
Average cost per families (A1)/ persons (A5) retaining permanent housing	$ 6,014	$ 7,390	$ 20,980	$ 10,129

A1 and A5 - Prevention Strategy Data			A1 – FY 17/18	A1 – FY 18/19	A5 – FY 17/18	A5 – FY 18/19
For those newly enrolled in prevention program, average score on prevention targeting tool*			20.08	24.79	27.05	26.6
Average number of days from entry into the prevention program to exit			124.66	173.09	N/A	89.79
Number of A1 participant families/A5 participant persons that retain their housing or transition directly into other permanent housing upon exit from the prevention program			348	689	72	813
Number of A1 participant families/A5 participant persons that exit the program to any destination			477	775	81	872
Percentage of A1 participant families/A5 participant persons that retain their housing or transition directly into other permanent housing upon exit from the prevention program			73%	89%	89%	93%
Number of A1 participant families/A5 participant persons receiving…	Legal services		87 (only Q4, program start date 3/2018)	391	111 (only Q4, program start 3/2018)	371
	Mediation services		3	4	2	5
	Financial Assistance	All	379	578	158	983
		Average amount per household	$ 3,543	$ 3,392	$ 2,076	$ 2,111
		Average duration of subsidy per household	100.63	102.41	25.9	103.9
	Other services		69	157	78	321
Number of A1 participant families/ A5 participant persons that retained permanent housing after exiting from the prevention program and did not enter any homeless services programs (tracked in HMIS)	Within 6 months		N/A	583	N/A	510
	Within 12 months		345	405	71	75
Number of A1 participant families and persons that retained permanent housing after exiting from the prevention program and were eligible to meet… (*denominator for below metric*)	…the 6-month retention milestone		N/A	629	N/A	572
	…the 12-month retention metric		N/A	428	N/A	81
Percentage of A1 participant families/ A5 persons that retained permanent housing after exiting from the prevention program and did not enter any homeless services programs (tracked in HMIS)	Within 6 months		N/A	93%	N/A	89%
	Within 12 months		99%	95%	99%	93%

*The maximum score on the prevention targeting tool is 92. The highest recorded score out of all clients in the system that have been assessed with the tool is 39.

Preventing Homelessness in Los Angeles

October 3, 2019

Research & Evaluation – Preventing Homelessness

- Evaluation of Measure H Strategies A1/A5 (LAHSA only; does not include DPSS)

- Predicting risk of homelessness in Los Angeles among single adults receiving mainstream County services

First, what do we mean by Prevention?

- *Universal prevention* addresses social conditions that produce homelessness

- *Targeted prevention* addresses people at special risk. It needs to be:
  - Effective – it should help people to find and maintain stable housing
  - Efficient – it should allocate assistance to people most likely to benefit
  - At a community level, it should reduce inflow to homelessness, not just reallocate it to people pushed down on waiting lists

- *To reduce inflows, prevention must be targeted.*

Prevention in other cities – reason to be hopeful
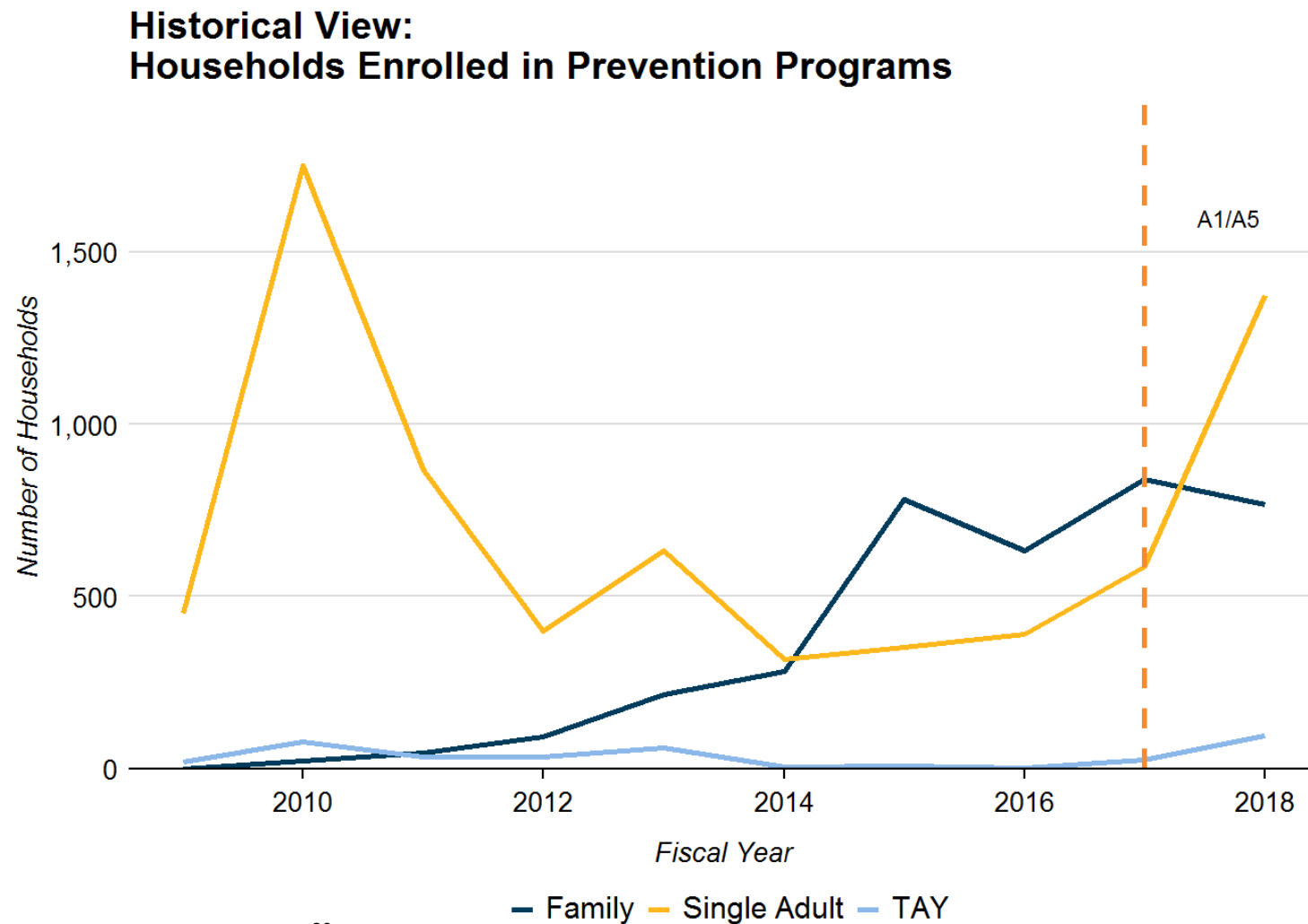
- Chicago
  - Based at a call center
  - One-time cash assistance reduced the likelihood of entering shelter after 6 months by 76%, when comparing those who contacted the call center when funding was available to those who called when funding was unavailable
  - The effect persisted for one year after contacting the call center

- New York
  - Based in community centers
  - In the Homebase prevention program, families assigned to treatment spent on average 22.6 fewer nights in shelter within 27 months following intake, compared to families who were assigned to the control group
  - Treatment group families were 49% less likely to apply to shelter

- Targeting (i.e., knowing who is at risk) is the biggest challenge for New York and Chicago

Key Research Questions For Evaluation of A1/A5

- Who is receiving prevention and what are they getting?

- What are the most common pathways into and out of prevention enrollment, including returns to homelessness?

- How is the Prevention Targeting Tool being used and how could it be improved?

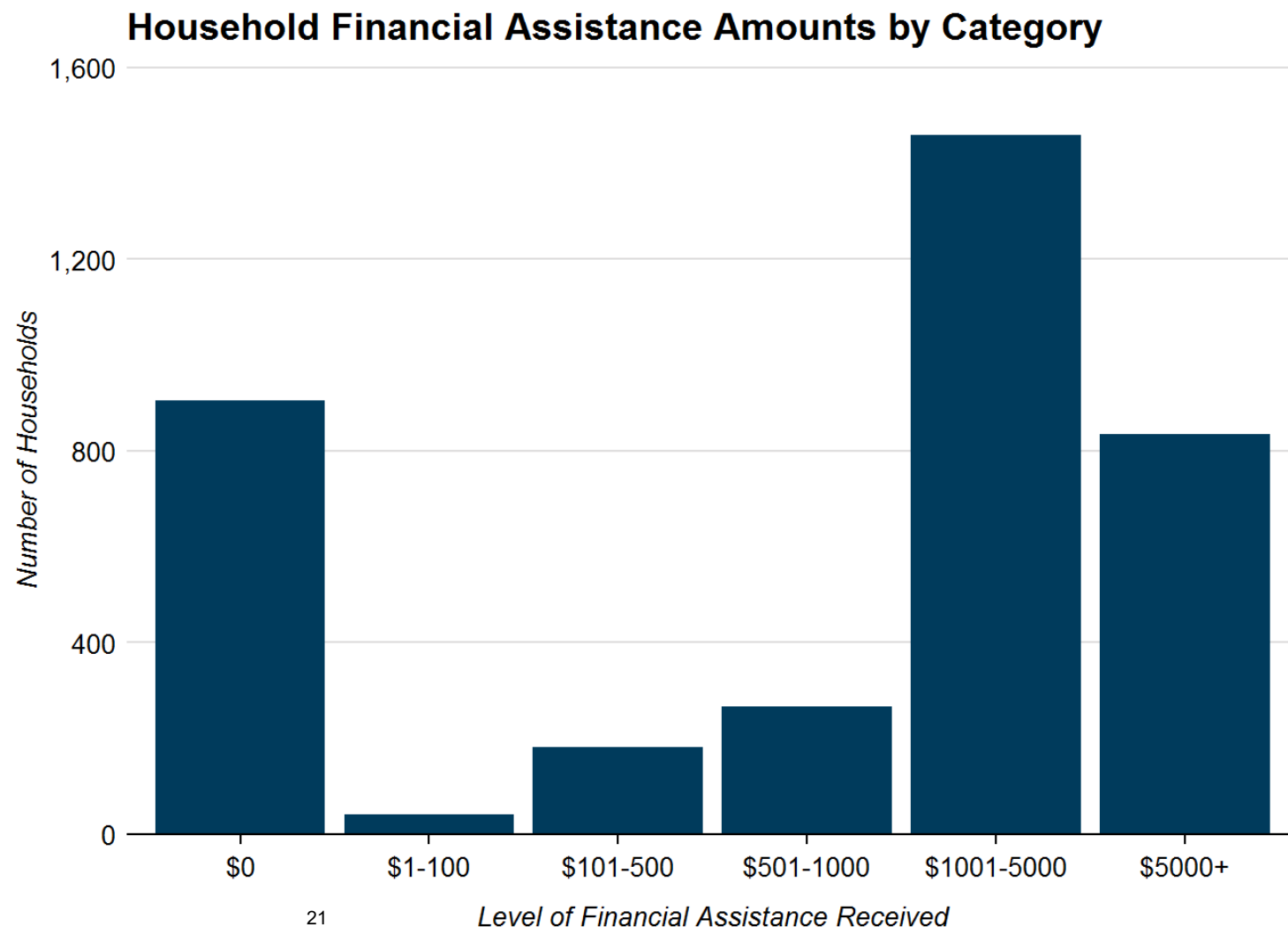- [Are Strategies A1/A5 preventing homelessness?]

Prevention Enrollment from FY2010-FY2018

- Since Measure H, nearly 3,700 households were enrolled

- Under A5 we see enrollments for single adults almost return to levels not seen since FY 2010

- A1 increased enrollments for families

Historical View:
Households Enrolled in Prevention Programs

A1/A5

Number of Households

Fiscal Year

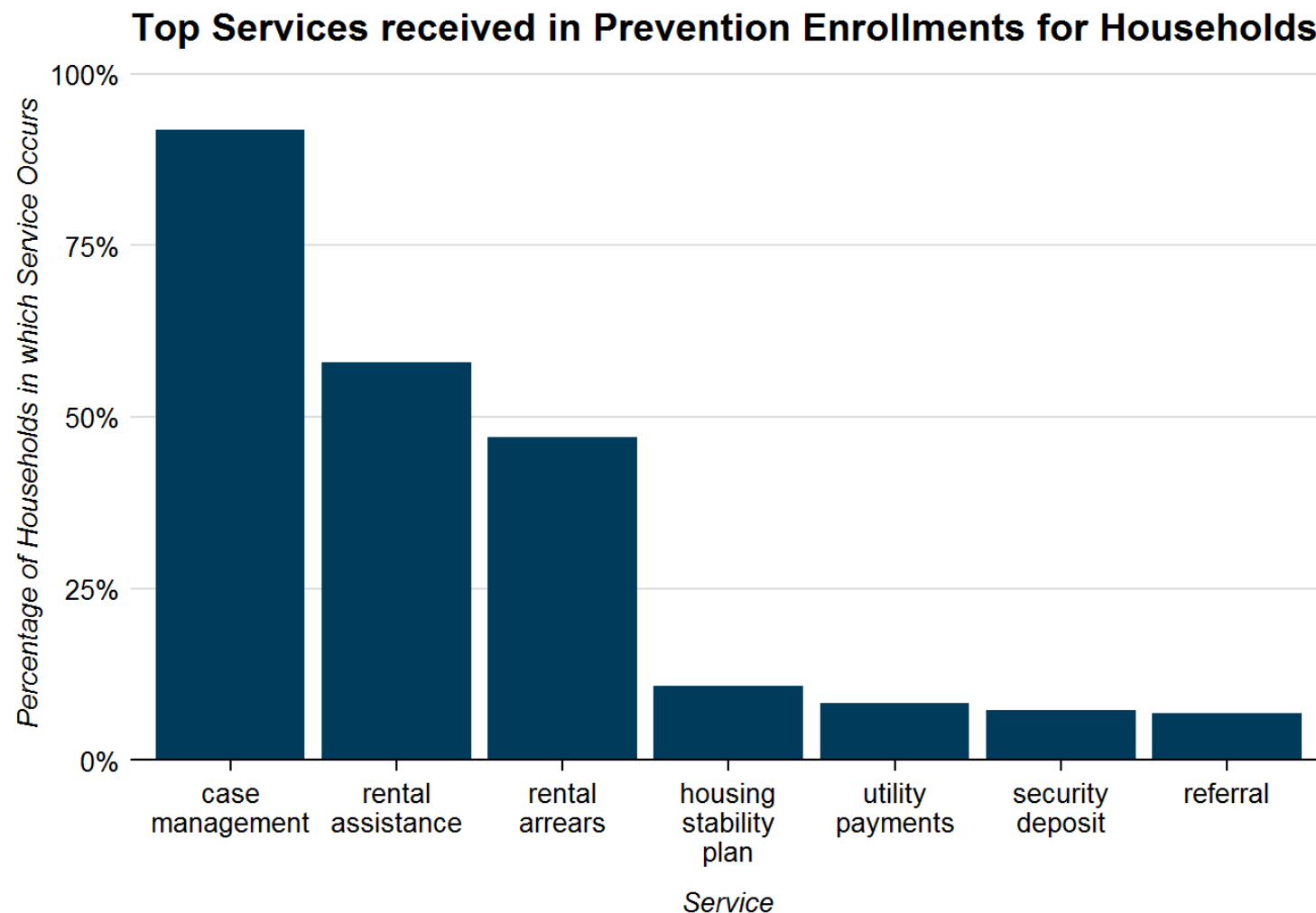— Family   — Single Adult   — TAY

20

Levels of Financial Assistance Receipt

- A quarter (25%) of households receive no financial assistance during their prevention enrollment; these could be "Problem Solving" clients

- Most households (40%) receive between $1,001 and $5,000 dollars

- Nearly a quarter (23%) of households receive more than $5,000

Household Financial Assistance Amounts by Category

Y-axis: Number of Households (0, 400, 800, 1,200, 1,600)

X-axis: Level of Financial Assistance Received ($0, $1-100, $101-500, $501-1000, $1001-5000, $5000+)

# Top Services Received during Prevention Enrollments

- 3520 households (95%) had some service record

- Unsurprisingly, case management is the most prevalent service households receive

- Rental assistance and rental arrears are also common

Top Services received in Prevention Enrollments for Households

Percentage of Households in which Service Occurs

Service	
case management	~92%
rental assistance	~58%
rental arrears	~47%
housing stability plan	~11%
utility payments	~8%
security deposit	~7%
referral	~7%

Note: Only households who receive services are included.

Prevention Clients – Prior County Service Utilization

- 61% of all prevention households accessed CalFresh in the 5 years before enrollment

- 57% of Family households accessed CalWorks

- By household type, we see TAY more represented among CalFresh and DMH

- Single Adults have relatively more criminal justice contact

Household Service Utilization by Agency/Service and Household Type
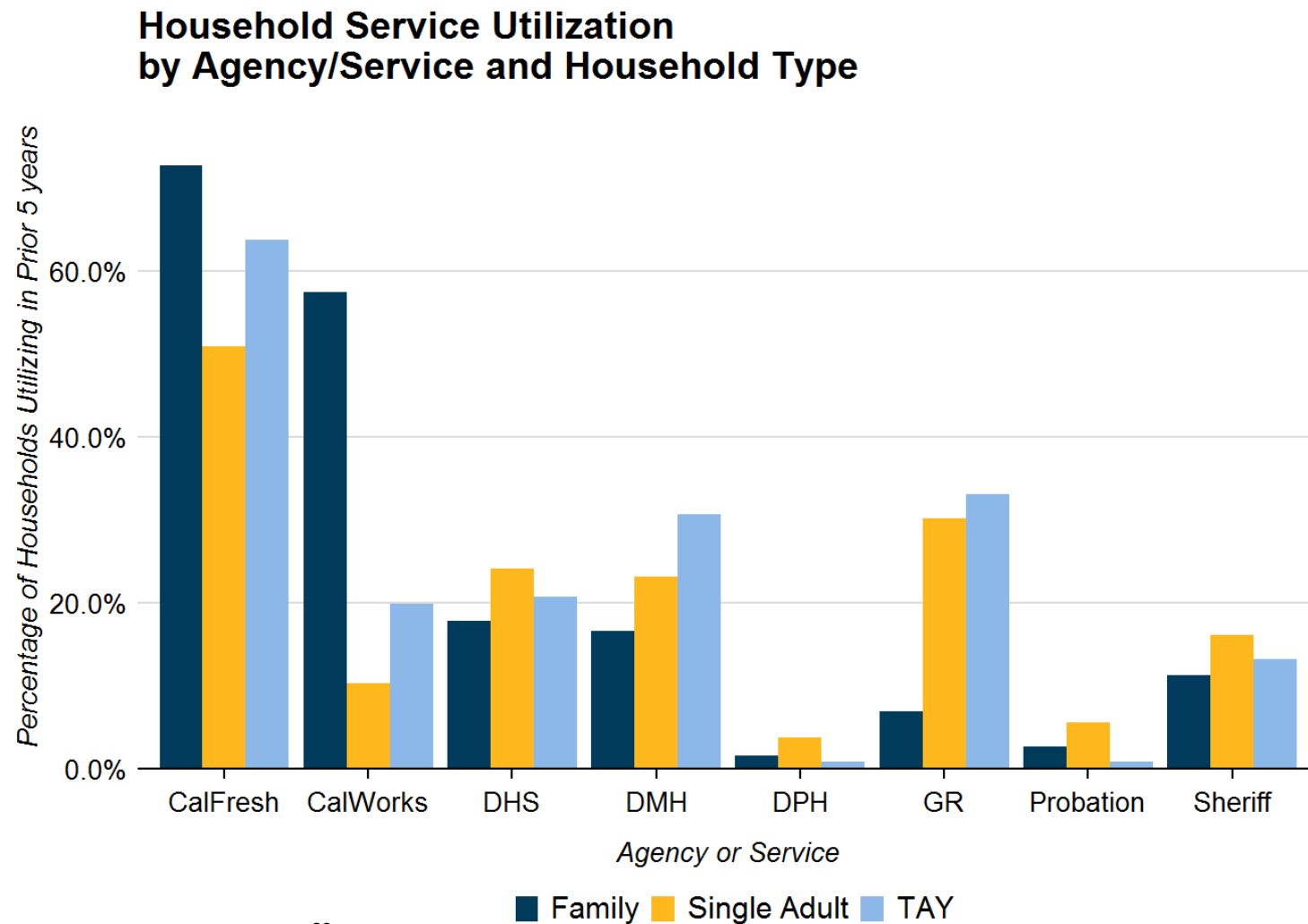
Prior Homelessness by Household Type and Service Category

- **37% of all heads of household were homeless in the 5 years prior to their enrollment.**

- Clients across household types and enrollment categories experience extremely high rates of prior homelessness, though generally financially assisted clients have higher rates of homelessness in the past 5 years

Household HMIS Homelessness in Prior 5 Years

Household Type	Pct. HMIS	Pct. SSO	Pct. Housing	Pct. Other
Case Management Only				
Family	21%	10%	17%	6%
Single Adult	34%	18%	20%	15%
TAY	39%	26%	26%	19%
Financially Assisted				
Family	32%	10%	26%	9%
Single Adult	46%	25%	33%	24%
TAY	51%	38%	33%	32%

a Note: Households can belong to multiple categories.

Living Situation at Enrollment

- **67% of Prevention clients are doubled up at the time of enrollment**, mostly with family (63%)

- 25% of clients are living in a rental with some form of subsidy (mostly categorized in HMIS as "other ongoing subsidy")

- A small proportion of clients (less than 5% total) seem to be enrolling directly from homeless, transitional, or permanent housing situations

Household Living Situations at Enrollment

Living Situation	Number	Pct.	Cumulative Pct.
w/Family	2307	62.6%	62.6%
Rental (subsidy)	929	25.2%	87.8%
w/Friends	163	4.4%	92.2%
PH	79	2.1%	94.3%
Shelter/Homeless	75	2.0%	96.4%
Hotel	45	1.2%	97.6%
Home (subsidy)	32	0.9%	98.5%
Institution	22	0.6%	99.1%
TH	19	0.5%	99.6%
Not Collected	10	0.3%	99.8%
N/A	6	0.2%	100.0%

Living Situation at Exit (FY 2017-2018)

- 62% of Prevention households report being in an unsubsidized rental when they exit

- The second most common destination is a subsidized rental (16%)

- A small proportion of clients (3%) seem to be exiting to homeless, transitional, or permanent housing destinations

Household Destinations at Exit

Destination	Number	Pct.	Cumulative Pct.
Rental	903	62.2%	62.2%
Rental (subsidy)	232	16.0%	78.2%
Not Collected	94	6.5%	84.7%
N/A	81	5.6%	90.3%
w/Family	55	3.8%	94.1%
Shelter/Homeless	28	1.9%	96.0%
Other	18	1.2%	97.2%
PH	12	0.8%	98.1%
w/Friends	12	0.8%	98.9%
Home	5	0.3%	99.2%
TH	5	0.3%	99.6%
Hotel	4	0.3%	99.9%
Home (subsidy)	2	0.1%	100.0%

Pathways for Households Receiving Financial Assistance

- Clients who receive financial assistance largely (63%) move from living with family to rentals

- The pathway from subsidized rental to subsidized rental is also common (14%)

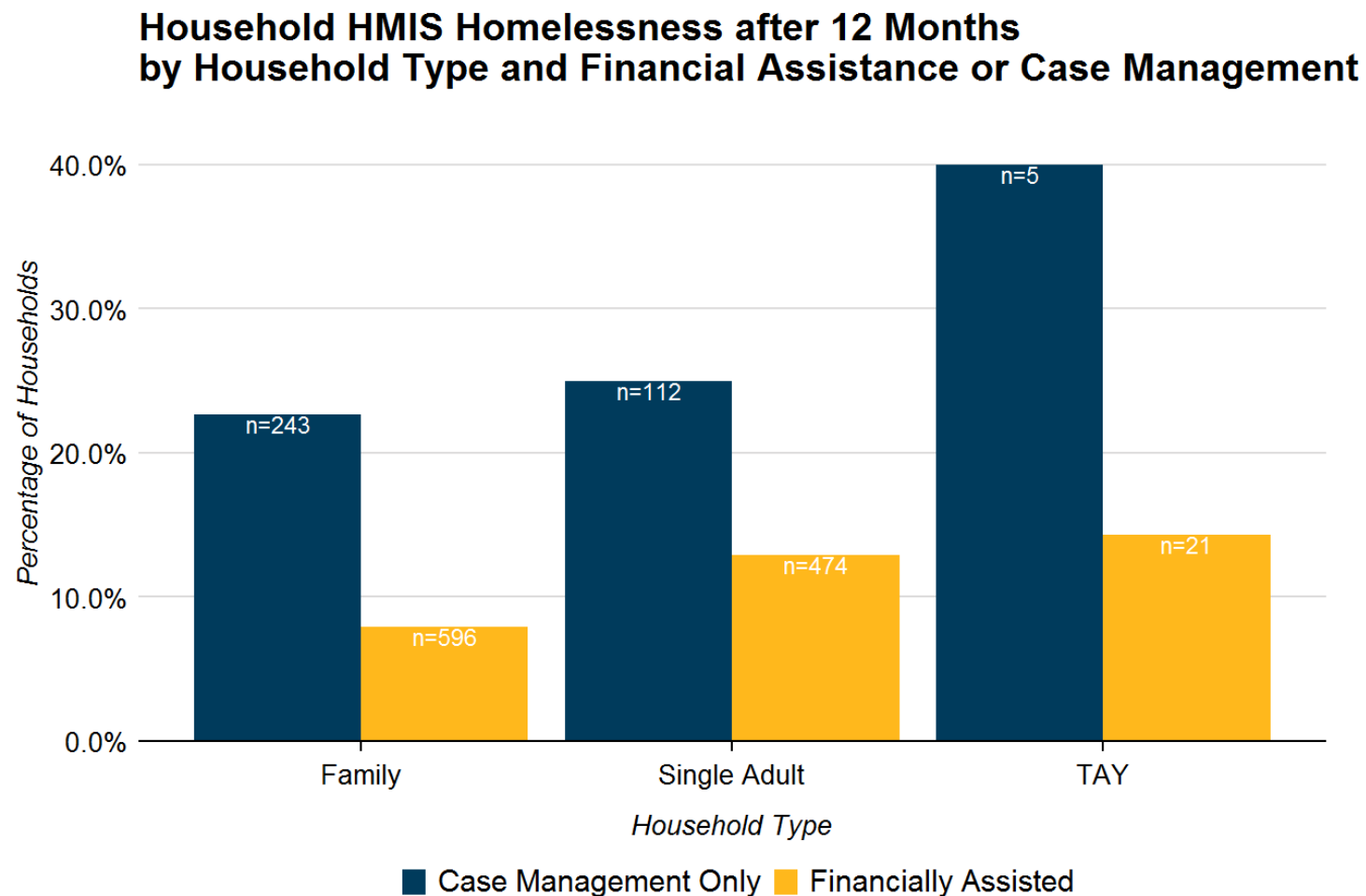- These 5 pathways account for 87% of households

Financially Assisted Households: Top 5 Most Common Entry/Exit Living Siutations

Prior Living Situation	Destination	Number	Pct.	Cumulative Pct.	Pct. HMIS Homeless (12 Months)
w/Family	Rental	684	63%	63%	8%
Rental (subsidy)	Rental (subsidy)	151	14%	77%	13%
Rental (subsidy)	Rental	48	4%	81%	4%
w/Family	Rental (subsidy)	36	3%	84%	8%
w/Family	N/A	34	3%	87%	12%

[a] Note: Missingness (N/A) for destination is 4% for subset of data used to generate table.

Returns to Homelessness

- **Within 12 months of exiting Prevention, 13.5% of heads of households return to homelessness**

- For each household type, rates of 12-month HMIS homelessness are far less for financially assisted households

- Case management only households have 12-month HMIS rates of 23% or greater regardless of Household Type

CALIFORNIA POLICY LAB

Household HMIS Homelessness after 12 Months by Household Type and Financial Assistance or Case Management

Percentage of Households (y-axis: 0.0%, 10.0%, 20.0%, 30.0%, 40.0%)

Family: Case Management Only n=243, Financially Assisted n=596
Single Adult: Case Management Only n=112, Financially Assisted n=474
TAY: Case Management Only n=5, Financially Assisted n=21

Household Type

■ Case Management Only   ■ Financially Assisted

Note: This grouping results in small cell sizes for some sub-groups, so number of obs. is shown at the top of columns.

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Prevention Targeting Tool – Roadmap for Improvement

PTT	Question	Impact on Risk
Family	**Imminent Loss of Current Housing:** Failed to respond to the Unlawful Detainer notice within **5 days** of the court hearing (OR leaseholder mandated participant leave within **24 hours**)	4x more likely
	Housing Status: Doubled up and told by lease holder to vacate unit	2x more likely
Individual	**Imminent Loss of Current Housing**: Served an Unlawful Detainer requiring court response (OR leaseholder mandated participant leave within **48 hours**)	4x more likely
	Imminent Loss of Current Housing: Received a 3-day pay or quit notice with less than 1 month rent owed (OR leaseholder mandated participant leave within **1 week**)	4x more likely

- The CES could likely improve the accuracy of the PTT by reweighting the questions, incorporating information from other CES screening tools, and validating the tool.

Potential Roles of Mainstream Agencies:
Can we predict new homelessness spells?

Risk List	What % of the risk list were actually homeless?	How much more likely to experience NHS/FTH are the individuals on the risk list, compared with the average?
New Homeless Spell		
Top 3,000	45.9%	27x more likely
Top 1% (N=19,600)	35.1%	21x more likely
First-Time Homelessness		
Top 3,000	33.5%	48x more likely
Top 1% (N=19,600)	23.6%	34x more likely

Prevention and Diversion Summit Participants*

Participant	Organization
Abigail Marquez	Los Angeles Housing and Community Investment Department
Al Palacio	Los Angeles Homeless Services Authority Lived Experience Advisory Board
Alison Korte	Los Angeles Homeless Services Authority
Alex Devin	Los Angeles Homeless Services Authority
Alynn Gausvik	LA Family Housing
Brian Blackwell	California Policy Lab
Carissa Bowen	PATH
Dana Pratt	Department of Consumer and Business Affairs
Daniella Urbina	Office of Diversion and Reentry
Deon Arline	Department of Public Social Services
Elena Fiallo	Department of Health Services
Elizabeth Ben-Ishai	LA County Homeless Initiative
Gail Winston	Department of Children and Family Services
Greg Spiegel	Inner City Law Center
Janey Rountree	California Policy Lab
Javier Beltran	Legal Aid Foundation of Los Angeles
Kelvin Driscoll	Department of Public Social Services
Larae Cantley	Los Angeles Homeless Services Authority Lived Experience Advisory Board
Leanne Knighton	Los Angeles County Office of Education
Lena Silver	Neighborhood Legal Services
Marco Perez	City of LA, Department of Aging
Maria Funk	Department of Mental Health
Max Stevens	Chief Information Office
Meg Barclay	City of LA Homeless Coordinator
Michael Scoggins	Department of Children and Family Services
Myk'l Williams	Los Angeles County Development Authority
Phil Ansell	LA County Homeless Initiative
Randall Pineda	Probation Department
Rowena Magana	LA County Homeless Initiative
Ruth Schwartz	Shelter Partnership
Sarah Mahin	Department of Health Services
Travis Crown	Homeless Youth Forum of Los Angeles
Veronica Lewis	HOPICS
Juan Carlos Martinez	Workforce Development, Aging, and Community Services
Glenda Pinney	Department of Public Health - Substance Abuse Prevention and Control

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

Measure H Funding Recommendations Process

Homeless Initiative Policy Summit #2
Prevention & Diversion

Thursday, October 3, 2019

Key Points:

1. **Increase points of access for prevention services.** There is a need to open up more access points to prevention funds and services, rather than just providing access through the Prevention/Rapid Re-Housing lead agencies.

2. **Expand/refine outreach and communications efforts.** A clearer communications/outreach strategy regarding prevention programs is needed to ensure that people in need know where and how to access funds and services.

3. **Improve process and timeline for referrals to legal services.** The referral process for clients needing legal services should be re-examined because oftentimes legal assistance cannot be requested until too late in the eviction process, or once the referral is made, clients struggle to actually get connected to the legal services provider. Earlier legal services intervention is needed.

4. **Consider implications of prevention program focusing on/targeting highest-risk individuals.** Locating the prevention program within the homeless services system means that our prevention programs are targeting the highest risk/most vulnerable individuals, many of whom are already connected to the homeless services system. This was a policy choice made at the outset of the prevention program, which could be re-assessed if desired.

5. **Consider multiple prevention tracks for different populations/levels of need.** Consider whether there should be two or more buckets of prevention funding, with some targeting higher risk individuals and some targeting individuals not connected to the Coordinated Entry System (CES)/people at-risk of first-time homelessness.

6. **Incorporate problem solving into all components of service delivery**. Allow people experiencing homelessness the opportunity to tap into their resiliency, rather than turning to high-resource interventions too quickly. Due to lack of housing, success should not be defined as finding a housing resource for every individual.

Prevention and Diversion Policy Summit Notes
(Discussion questions in bold)

How can we improve and expedite referrals for Prevention Services (case management, cash assistance, legal services) without utilizing prevention funds for people who are likely to remain housed without receiving Prevention Services?

Increase access points
- Increase localized services for people with disabilities or older adults who cannot drive.
- Increase number of access points to services in each Service Planning Area (SPA) - not just with one lead agency, since SPAs are so large.

Improve outreach/education
- Increase education and outreach; many people do not even know that prevention services exist.
- For some (especially first-time homeless or vehicular homeless), the stigma of homelessness prevents them from seeking assistance at homeless service agencies.
- Disseminate information about prevention services to agencies working with vulnerable populations (churches, charities, etc.) or at locations where people in financial crises may be found (pay-day loan outlets, food banks, etc.).
- Educate landlords and property managers about what services are available to tenants.
- Concern about data collection: Only shows people successfully connected to services—What about people who are not connected to services or able to access services?
- Avoid pouring resources into outreach to people already in County systems because the agencies working with them should be conveying appropriate information to them. It's more important that those who are not connected to mainstream systems or the homeless services system be targeted for outreach.
- Consider establishing a phone line that people could call if they need to access prevention services, so they can be properly triaged (similar to LA-HOP). However, a similar call center in Chicago ends up getting mostly phone calls from people who are not actually at risk of becoming homeless,
- Refer to Ad Hoc Committee on Black People Experiencing Homelessness recommendations regarding targeting.

Improve legal services connections
- Strengthen relationships between prevention services agencies and legal service providers – most of the referrals to legal service providers hinge on established relationships, which are not consistent within each SPA.

- Currently, the protocol for referrals to legal services results in clients not being able to access legal services until they are too close to eviction for those services to be truly effective. Need to rethink.

While we refine the predictive analytics tools for homelessness prevention, what approaches can we take to improve outreach and targeting for prevention recipients?

Re-assess prevention program focus on highly vulnerable individuals already connected to the system
- Current system is structured in a way that means targeted participants are generally "higher-risk" individuals. This is a function of having the prevention program embedded in the homeless services system.
- Targeting prevention services means being able to predict which people won't be able to survive short-term financial shocks.
- There are individuals who are high-risk, but are not connected to CES
- Consider whether having two tiers of prevention services is an option – one for higher risk individuals/one for people at risk of first-time homeless/not connected to mainstream County systems or the homeless services system.
- Need to differentiate between people who experience one-time, serious financial burden (but are less vulnerable) vs. people who are accessing many services (and very vulnerable). The needs of people in those two groups may be different.

Challenges of allocating and expending funding for prevention efforts
- While there is a need for more funding for prevention, resources for people who are already experiencing homelessness are already inadequate. We shouldn't be moving funds away from homeless services programs to fund prevention when there are people knocking on agencies' doors asking for help – funds need to come from elsewhere.
- Difficult to predict who will become homeless; most people who experience a crisis that could push them into homelessness will self-resolve.
- 80% of people who become homeless are known to County systems.
- Despite high need for prevention, there was still underspending of A1 and A5 allocations. LAHSA attributes underspending to staffing vacancies and providers being conservative in expending funds at the beginning of the year.
- Many providers report feeling that they are running out of prevention funds, even when they may not be. Need to ensure providers have accurate sense of available funding so they can appropriately target.

Consideration of groups with unique needs and vulnerabilities
- Concern for 24-year-olds who are aging out of TAY services and entering adult services where resources may be scarcer – could fund vocational programs for young adults to prepare them for future challenges.
- Transwomen, transwomen of color, and LGBTQ communities are especially vulnerable populations that are at risk of homelessness.

- Veterans, who may have exceeded the funding they are able to access through the VA, have difficulty accessing mainstream CES.

What cultural and practical changes are necessary within the homeless services system in order to ensure that "diversion/problem-solving" is integrated into all facets of service delivery?

- Look at prevention as the intervention and diversion as an outcome.
- Focus on client autonomy and capabilities—do not focus on what clients can't do, but on what they can do for themselves.
- Have clients ask not "How much can I get out of the system?" but instead "How can I be accompanied on the journey of self-empowerment?".
- Increase system flexibility—How can we systematically incorporate problem-solving intervention at the beginning and every step of the way thereafter?
- Redefine success—we should not measure success based on how many services we can connect someone to or how many clients were connected to a housing resource, but on how much we can rely on someone's strengths and resiliency.
- Fundamentally invest in people with lived experience to lead trainings and be a critical part of the homeless services system.
- Providers should have the ability to switch back to problem solving at any point in the provision of services, especially if there are inadequate resources available.
- Problem solving is a teachable skill – need to take the time to train folks.

How can we incentivize and reward the participation of front line workers at mainstream County departments in prevention/problem-solving work?
- Improve training for frontline staff so they can better identify who needs prevention services.
  Case workers in jails/prisons could screen people and determine who should be connected to prevention services and then connect them to a case manager. For example, the Community Transition Unit at the jails should be involved.
- Need to ensure that SAPC Client Engagement and Navigation Services employees are appropriately trained and involved in prevention/problem solving.
- Homeless Initiative could provide a certificate of recognition to staff for achievement in problem-solving.
- DMH has thousands of caseworkers who are starting to receive training on problem solving, which is a major systems change.
- DMH is considering flagging at-risk individuals in their data system so they can intervene appropriately.

Public Comments
- Have awareness of and respect for Black people's ability to do things for themselves (budgeting, etc.) rather than implying that they are unable to do so.
- Improve referrals to legal services. If considering a phone line, look at the successes and failures of 211 to inform a phone line would be operationalized. Keep track of those who are not enrolled in prevention (because they don't qualify) to determine outcomes.

- Create a universal assessment tool that can be used by agencies outside the LAHSA system/by those not funded by LAHSA.
- Leverage the skills and cultural competencies of community-based organizations to connect with people experiencing homelessness.
- Require inclusion of the prevention services flyer in 3-day notices and unlawful detainers.
- We have leeway to think outside the box with new state money. Important to have people who "look like us" - hire more Black and Latinx staff at access centers, so those most impacted by homelessness feel like they can work with someone who understands them. Be aware of frontline staff burnout (especially in South Central).
- Take advantage of financial services that could help address financial shocks.

Measure H Funding Recommendations Process

Homeless Initiative Policy Summit #3
Outreach

Tuesday, October 8, 2019

<u>Summit Report</u>

Homeless Initiative Policy Summit #3:
Outreach

Tuesday, October 8, 2019
9am-12pm
United Way of Greater Los Angeles
4th Floor Conference Room, 1150 S. Olive Street, Los Angeles CA 90015

Agenda

1. Welcome and Introductions (5 min)

2. Context for Funding Decisions – Available funds and funds needed to maintain status quo (5 min)

3. Data Overview (5 min)

4. Strategy Evaluation – Interim Results Presentation (25 min)

5. Discussion Questions (1hr 50 min)

    a. What have been the most noticeable impacts of the major increase in outreach funding and teams? What unintended consequences have resulted from this increase?

    b. Given the limited numbers of both interim and permanent housing slots for people experiencing homelessness, with what tools can we equip outreach workers to ensure that they are able to provide clients with meaningful resources and connections?

    c. How can the system find an appropriate balance between reactive outreach – which is responsive to the needs and concerns of various constituents and stakeholders – and proactive outreach – which expands the reach of outreach teams and may enable them to connect with harder to serve clients?

    d. How can relationships with cities be bolstered so that they are aware of outreach efforts in their respective city? What is the best way to communicate with cities to make them aware that proactive outreach is going to be conducted in their area?

    e. Are there ways in which the current outreach system could be improved?

    f. Are there ways to incorporate non-traditional access points like faith communities, community colleges, barber shops, etc. to expand the service network for outreach services?

6. Public Comment (25 min)

7. Overview of Rest of Funding Recommendations Process (5 min)

Measure H Revenue Planning Process
Outreach Policy Summit

E6 - Expand Countywide Outreach System

Key Data Points

Strategy	E6 - LAHSA (HET teams)			E6 - LAHSA (CES)			E6 - DHS (MDTs)		
Year	FY 17/18	FY 18/19	FY19/20	FY 17/18	FY 18/19	FY19/20	FY 17/18	FY 18/19	FY19/20
Total Funding (all sources for all outreach via agency)*	$ 7,457,313	$ 11,647,859	$ 15,544,895	$ 4,366,427	$ 2,452,674	$ 2,607,002	$ 17,048,605	$ 28,108,746	$ 34,448,897
Measure H Funding*	$ 2,997,451	$ 4,496,265	$ 6,977,951	$ 1,609,593	$ 1,532,983	$ 1,549,343	$ 11,993,000	$ 21,759,000	$ 23,136,000
Measure H Funding as a % of Total Funding*	40.19%	38.60%	44.89%	36.86%	62.50%	59.43%	70.35%	77.41%	67.16%
Total Measure H Unspent*	$ 372,349	$ 736,595	N/A	$ 799,305	$ 701,765	N/A	$ 7,632,119	$ 28,000	N/A
Number of persons newly engaged*	2,138	4,071	N/A	2,506	2,163	N/A	4,442	5,919	N/A
Number of persons engaged*	2,221	4,558	N/A	2,982	3,558	8,737	4,503	8,737	N/A
Number of persons placed in interim housing*	696	589	N/A	215	407	N/A	302	700	N/A
Number of persons placed in permanent housing*	156	158	N/A	110	144	N/A	122	561	N/A
Average cost per person engaged*	$ 1,350	$ 986	N/A	$ 540	$ 431	N/A	$ 2,663	$ 2,490	N/A

* Measure H fiscal data for LAHSA is not representative of the full allocation amounts for FY17-18 and FY18-19. The LAHSA Measure H fiscal data only represents the H funding dedicated to HET and CES programming.
**Metrics are for outcomes/outputs funded via Measure H.

STRATEGY DATA (All data is specific to H-funded outreach)

	HET	HET	CES	CES	MDT	MDT	All Teams De-Duplicated	All Teams De-Duplicated
	FY 17/18	FY 18/19	FY 17/18	FY 18/19	FY 17/18	FY 18/19	FY 17/18	FY 18/19
Number of unduplicated individuals initiated contact	7,133	6,555	3,785	4,314	8,139	13,833	17,929	22,834
Number of individuals newly engaged during reporting period	2,138	4,071	2,506	2,163	4,442	5,919	8,658	11,278
Number of unduplicated individuals engaged	2,221	4,558	2,982	3,558	4,503	8,737	9,257	15,468
Number of individuals assessed	2,293	2,644	2,412	2,174	2,942	4,274	6,979	7,822
Number of unduplicated individuals who enter interim housing	696	589	215	407	302	700	1,164	1,528
Number of unduplicated individuals who are linked to a permanent housing resource	105	219	256	311	188	576	533	1,036
Number of unduplicated individuals who are placed in permanent housing	156	158	110	144	122	561	375	776

*Numerator for this metric includes clients served by outreach teams funded by Measure H (beginning in 7/2017) and those served by teams funded with one-time funds from multiple sources (in FY 2016-2017).

Demographic Service Data for Select Homeless Initiative Strategies: FY 2018-19 (July 2018 to June 2019)
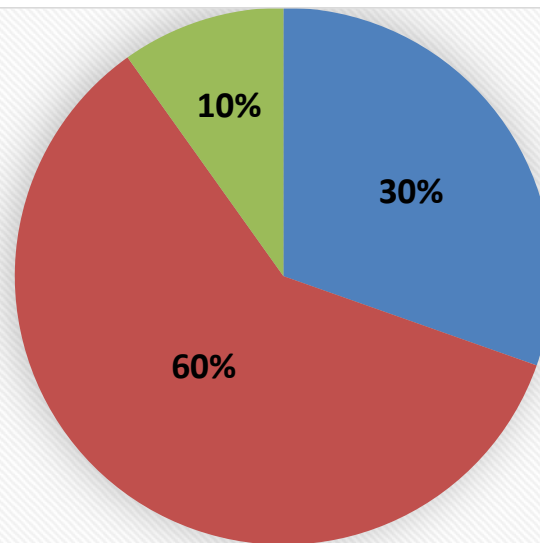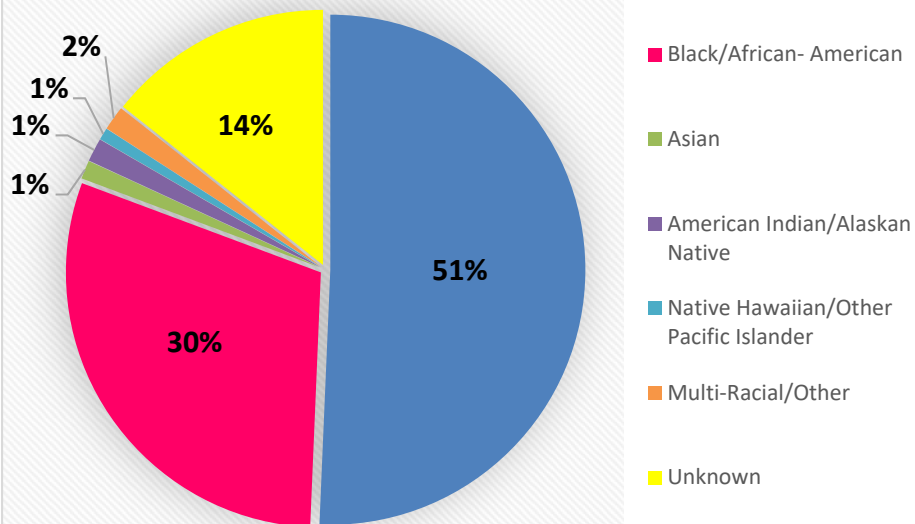
Strategy E6: Countywide Outreach System

By Age
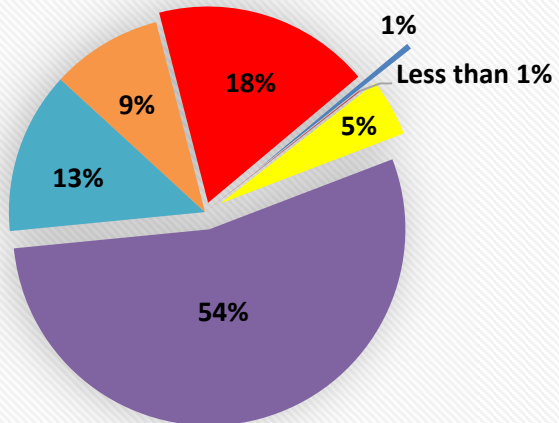
- Under 18 (unaccompanied)
- Under 18 (in a family)
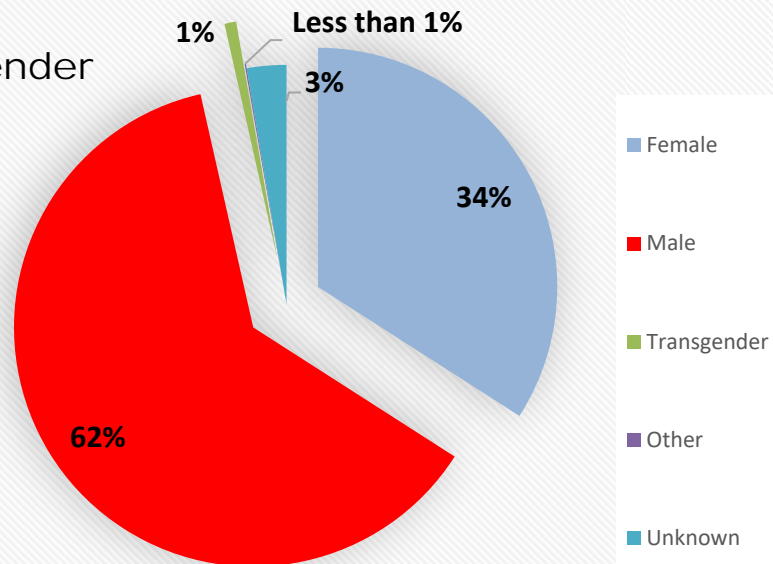- 18-24
- 25-54
- 55-61
- 62 & older
- Unknown

1%
Less than 1%
18%
5%
9%
13%
54%

By Ethnicity

- Hispanic/Latino
- Not Hispanic/Latino
- Unknown

30%
60%
10%

By Race

- White
- Black/African- American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- Multi-Racial/Other
- Unknown

51%
30%
14%
2%
1%
1%
1%

By Gender

- Female
- Male
- Transgender
- Other
- Unknown

1%
Less than 1%
3%
34%
62%

PERSON CENTERED, EFFICIENT, EFFECTIVE, & COLLABORATIVE:

Los Angeles County Homeless Initiative Strategy E6: Coordinated Outreach System

Highlights from the Evaluation

Presented by RDA | October 2019

System Reach

34,000

**Individuals reached system-wide in 2019
3x more than pre-Measure H**

Outreach Workers and Coordinators provide **coordinated pro-active** and **organized reactive** street-based services:

- Food, water, supplies
- Human connections and relationships
- Frontline crisis response
- Support to connect with services and housing resources

Outreach Workers and Coordinators provide **coordinated pro-active** and **organized reactive** street-based services:

- Food, water, supplies
- Human connections and relationships
- Frontline crisis response
- Support to connect with services and housing resources

Strategy E6: Outreach System bridges the County's broader system of care to people living on the streets

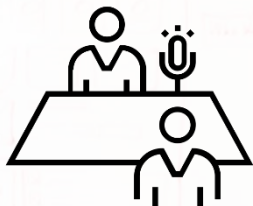Exemplary network of programs functioning as one coordinated system

Expanding and replicating the E6 Leadership's collaborative implementation approach could improve on-the-ground impacts
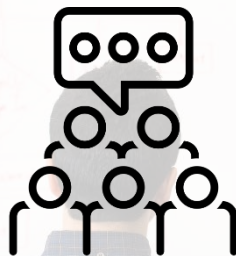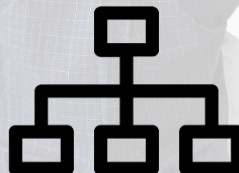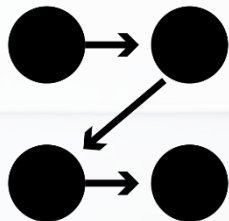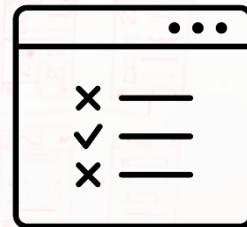
Our Evaluation

Our Evaluation

10 6 2

Robust system with capacity for proportional, coordinated crisis response

Efficient use of resources, strategic partnerships, and data systems

Robust system with capacity for proportional, coordinated crisis response

Efficient use of resources, strategic partnerships, and data systems

And a very human story

PERSON-CENTERED COMMUNITY CONNECTIONS

+
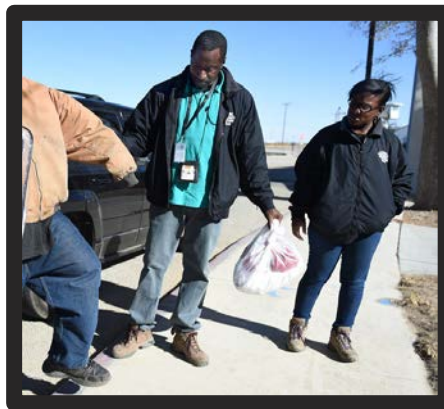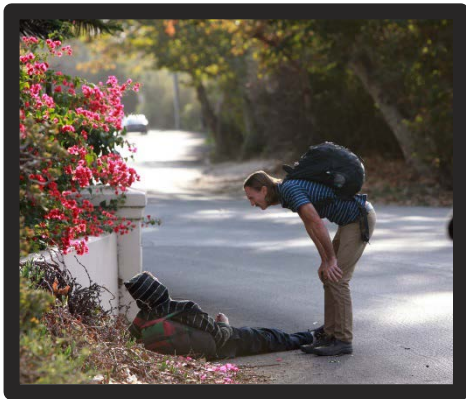
EFFECTIVE PRACTICES & DATA COLLECTION

+

GRIT & "WHATEVER IT TAKES"

RDA

E6 Successes

- 80% leadership hold clear purpose & impact
- 80% staff value data & collective impact

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- High degree of partnership
- "Mutual aid, reciprocity, cooperation, & community"

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- LA-HOP successfully implemented to track & respond to requests
- Tool for two-way communication with public & stakeholders

RDA

E6 Successes

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- 80% staff value data & collective impact

- High degree of partnership
- "Mutual aid, reciprocity, cooperation, & community"

- LA-HOP successfully implemented to track & respond to requests
- Tool for two-way communication with public & stakeholders

- Increased data collection leads to improved service referrals & linkages

RDA

E6 Opportunities

- Education to address misperception that outreach alone can resolve an encampment or an individual's homelessness
- Solutions for specific needs of seniors and other sub-populations
- Central resource directory for current shelter/housing opportunities
- Expansion of coordinated model "upstream" to improve system-wide practices among all County agencies

Analyzing outreach data; looking into the success of service referrals and linkages

Refining our findings; observing similarities and differences among SPAs

Drafting the Final Report

THE RDA EVALUATION TEAM

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Outreach Summit Participants*

Participant	Agency
Anthony Ruffin	Department of Mental Health
Blanca Vega	Department of Children and Family Services
Chris Ko	United Way of Greater Los Angeles
Cinder Eller	City of Inglewood
Colleen Murphy	Los Angeles Homeless Services Authority
Elyssa Rosen	LA Family Housing
Elizabeth Ben-Ishai	Homeless Initiative
Libby Boyce	Department of Health Services
Gabby Gomez	Department of Public Social Services
Gilbert Saldate	Gateway Council of Governments
Gloria Johnson	Los Angeles Homeless Services Authority Lived Experience Advisory Board
Kimberly Barnette	Los Angeles Homeless Services Authority
Kit Bagnell	Department of Public Works
Kristen White	Resource Development Associates
Laurie Ramey	Mental Health America of Los Angeles
Sgt. Bill Kitchen	Los Angeles Sheriff's Department Homeless Outreach Services Team
Maria Funk	Department of Mental Health
Maria T. Zavala	Department of Public Social Services
Mayra Garcia	City of Norwalk
Meg Barclay	City of LA Homeless Coordinator
Nathaniel VerGow	Los Angeles Homeless Services Authority
Nicolas Pisca	Workforce Development, Aging, and Community Services Department
Phil Ansell	Homeless Initiative
Reba Stevens	Los Angeles Homeless Services Authority Lived Experience Advisory Board
Sarah Garmisa-Calinsky	Resource Development Associates
Sherri Diaz	LA County Library
Sieglinde Von Deffner	Department of Health Services
Tescia Uribe	People Assisting the Homeless
Travis Crown	Homeless Youth Forum of Los Angeles
Zachary Coil	The People Concern

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

Measure H Funding Recommendations Process

Homeless Initiative Policy Summit #3

Outreach

Tuesday, October 8, 2019

Key Points:

1. **A collaborative and far-reaching Countywide Outreach System has successfully been created.** Strategy E6 has created a highly collaborative system that has vastly expanded the reach of street outreach and greatly enhanced the capacity of outreach teams.

2. **Enhance resources for outreach workers to serve the most vulnerable clients.** There is a need for resources to help outreach workers serve the sickest and most vulnerable clients, including clients with special needs. This includes clients who are medically unstable, have serious mental illness, are experiencing addiction, and clients with intellectual or developmental disabilities. Outreach workers can stabilize these clients but struggle to keep them stable because there is nowhere to send them.

3. **Provide support and tools to mediate the unrealistic expectations often placed on Outreach Workers.** The expectations placed upon outreach teams are often unrealistic; they are called upon to provide every resource and meet every need, including playing a "public relations" role when they interact with members of the public who express frustration. Additional tools and resources, as well as greater involvement from other systems, are needed to help outreach workers navigate the many demands they face.

4. **Build and enhance communication channels between outreach system and cities.** Routine and effective communications with city officials and staff are critical to ensuring cities are informed and are in a position to collaborate with outreach teams.

Outreach Policy Summit Notes
(Discussion questions/themes in bold)

Following a presentation by the strategy evaluation team on its interim findings for the E6 strategy evaluation, participants offered their input:

- Public perception is that those receiving outreach aren't actually getting housed, and that outreach is therefore not effective. However, permanent housing isn't directly within the scope of outreach workers' (OWs') job and they cannot control the supply of affordable/subsidized housing.
- OWs are essentially first responders and ought to be seen and treated as such.
- Landlords need to be given more incentives, such as a tax break, for accepting clients with rental subsidies. They could also be given funds to help improve their housing.
- Evaluators should ask people experiencing homelessness what it has been like for them to be on the other side of outreach.
- Important to consider cultural competency of providers. Evaluators noted that they are looking at the demography of the providers vs. the participants they serve.
- LEAB should be part of collecting data from people currently experiencing homelessness who have contact with OWs.

What have been the most noticeable impacts of the major increase in outreach funding and teams? What unintended consequences have resulted from this increase?

Increase in scale and scope
- An obvious impact is that there simply is much more outreach, whereas previously there were about 50 people covering the entire County. We also now have the Los Angeles Homeless Outreach Portal (LA-HOP).
- Clinical supports are now embedded in outreach teams.
- Many non-Measure H outreach and crisis intervention teams (such as those funded by DMH) are not represented in the room but are part of the system. Many of these teams are more specialized. E6 teams are connected to them through relationships and can call them for rapid assistance.
- Some E6 teams do have special training. (Some are trained to help put clients on psychiatric hold if need be.)
- MET and PMRT teams have been very helpful in doing mental health evaluations in the field.

Collaborative system
- Coordination and collaboration for outreach across the County exceeds the original expectations and hopes. There is no longer an attitude of "this person is mine, that person is yours."

Unrealistic expectations for outreach system
- There is a perception that OWs can do everything. OWs are being treated as though they are first responders, even though they are not trained to work in fires, major safety hazards, etc.

- o Increasingly there is a view of OWs as being capable of doing everything, which is problematic.
- o Many different entities want their own outreach teams, but resources are still limited.
- Different pace of outreach vs. the rest of the system: Outreach runs with urgency, but the rest of the system works much more slowly. This impacts system flow.
- Misunderstanding about what LA-HOP really does; it is designed to make long-term connections, not to solve crises immediately.
- Outreach teams must interact not only with people experiencing homelessness, but also with the general public; they are now expected to be public relations specialists, without such training. Members of the public approach them frequently and often direct their concerns with the system/homelessness at these front-line workers.
  - o Suggestions – OWs to receive some training or be equipped with brochures with some information that they can give to the public.

Given the limited numbers of both interim and permanent housing slots for people experiencing homelessness, with what tools can we equip OWs to ensure that they are able to provide clients with meaningful resources and connections?

Connections to ancillary services
- Increase connections to wellness, community integration, and behavioral health resources.
- Transportation is an issue: OWs are spending a lot of time in transport. Is there a way to centralize transportation for people experiencing homelessness?
  - o Bus tokens have been suspended, and the use of TAP cards is much more expensive.
- Need more places to take showers and get clean clothes before going to different offices, like DPSS.
- Create more options for people with pets (including basic veterinary care).

Coordination with housing and other system components
- Improve coordination between outreach, housing navigation, and other stages of the process. Increasingly OWs are following clients all the way through the process.
- OWs themselves really are our best tool, but there are not enough backdoor resources available after outreach.
- Improve connection to employment resources for lower acuity clients who won't qualify for housing resources so they must increase their income in order to exit homelessness.
- Make hand-offs in the system smoother.
- OWs need to lay out expectations for clients and be honest with them about where they will need to go, what they will need to do, etc. so clients can make informed choices. Encourage truth-telling: Outreach teams need to be upfront with clients about housing shortage, etc.
- Encourage County departments and other resources in the community to provide info to outreach teams or directly offer their resources, rather than expecting OWs to be experts on all resources.

Training

- Some OWs are being trained to administer Naloxone/Narcan to combat opioid overdose. Philadelphia has won the right to legally operate a supervised injection site; LA should explore.
- Increase problem-solving (especially prevention and diversion); Outreach should be trained not just in providing homeless services, but in connecting people experiencing homelessness back to somewhere they came from if/when possible.
- Outreach teams need to be trained/permitted to use Next Step tool (rather than sending clients to case managers at an agency) because they are the ones who have built rapport with the clients.

Resources for most acute clients/clients with special needs
- Interim housing is insufficient for some high acuity clients, particularly those with serious mental health issues, who may struggle to follow rules/meet expectations at these sites.
- OWs can help to stabilize mentally ill clients, ensure they get on their medication, but there is no place to put them. They ultimately often go back to the street and off their medications. We need beds for the most acute individuals.
- Some OWs struggle to connect clients to mental health services.
    - DMH's Homeless Full Service Partnership (FSP) is a specialized team that only accepts referrals from street outreach teams.
- People who are somewhere between stable and needing to be hospitalized fall into a gap that has few resources.
- Consider a "4th level" of morbidity (persons with intellectual/cognitive disabilities) in both outreach approaches and housing options. We need to do outreach to regional centers to ensure coordination and referrals.
- Consider how to reach people struggling with addiction, including:
    - Creating a safe space for them to use
    - Having a bed for them immediately when they are ready to go into detox.
- Public health concerns: for both OWs and those they are serving.

Empower clients and build their capacity
- Focus on empowering the clients and asking them what they can do for themselves.
- Acknowledge what outreach is doing well; that human connection does make a difference for people on the street.
- Enhance capacity building (clients may be able to return to prior living situations with some assistance and support).
- Create position of a "hand-holder": Someone who can come out on weekends, evenings, and not be too stuck in professional boundaries; this would help keep clients from feeling abandoned by their OWs.
- Is there a better way that outreach could better connect these clients to DPSS (for GR, CalWORKs, CalFresh, Medi-Cal,)? (Response – this is one of the first things that outreach teams do.)

Staffing challenges and suggestions
- Suggestion that there be a monthly meeting of outreach teams (so OWs can share experiences and communicate what they need).

- Outreach worker retention is a challenge, particularly for HET. They are well-trained, so they are constantly being promoted to higher positions. Difficult to fill vacancies.
- Better to utilize people with lived experience, who actually know how to navigate the system.

How can relationships with cities be bolstered so that they are aware of outreach efforts in their respective city? What is the best way to communicate with cities to make them aware that proactive outreach is going to be conducted in their area?

Promoting city engagement
- Some cities are taking pro-active steps. In City of Norwalk, there is an active homelessness taskforce.
- Cities should be more involved in the homeless count and homeless coalitions, etc.
- The County should continuously engage cities.
- Increase flex funding for cities.

Sharing information with city staff and officials
- Elected officials don't always know what's happening with outreach teams/how coordinated they really are. Need to do a better job sharing information about who to call, key contacts, etc.
- Outreach teams/coordinators sitting down for one-on-ones with elected officials/cities helps diffuse the sense that "nothing is going on." Useful for Outreach coordinators to identify champions in each city.
- Is it possible to take a systematic approach to outreach presentations to cities, perhaps using COG meetings?
   - Some cities are less engaged with COGs, so individual city meetings may be needed.
- Challenge of service providers not being able to provide information about clients to law enforcement teams.
- Cities often get frustrated with high users of police departments, ambulances, etc. Useful to meet with law enforcement/public safety staff.
- Create a master layer of maps that shows outreach efforts clearly for public consumption.
- Important to explain to cities what provokes additional outreach in their jurisdictions. For example, the opening of additional shelter beds in a city could lead to more outreach.
- Encourage more transparency. City officials should have access to data re: number of:
   - People in their city served by outreach
   - Empty beds
   - People looking for landlords
   - People looking for shelters
   - LA-HOP requests
- Break down stats by city, showing number of people currently at risk of homelessness in each city; once people actually become homeless, cities tend to wash their hands of them.
- LAHSA recently released data with outcomes by city for the first time; this will be available on a quarterly basis.

- Cities are now creating their own outreach teams, so coordination and collaboration are needed.

Concerns regarding encampment clean ups
- Cities are receiving notices from Department of Public Health (DPH) indicating that they have an encampment in their jurisdiction that is a health hazard and must be cleaned up. More conversation and context around these notices is needed.
- Cities say they have to pay for clean ups even when they occur on Metro or Union Pacific properties.

Economic security of OWs
- Concern that OWs are close to becoming homeless themselves; need to pay them a living wage.

The following three questions were discussed together:
How can the system find an appropriate balance between reactive outreach – which is responsive to the needs and concerns of various constituents and stakeholders – and proactive outreach – which expands the reach of outreach teams and may enable them to connect with harder to serve clients?

Are there ways in which the current outreach system could be improved?

Are there ways to incorporate non-traditional access points like faith communities, community colleges, barber shops, etc. to expand the service network for outreach services?

Specialized outreach to serve clients with special needs/specific populations
- Need funding for Transition Age Youth (TAY)-specific outreach. Adult providers are not going to encampments where the youth are, so they may not get served. No TAY providers at table today.
- Community colleges should have access points (many have resources for scholarships, free textbooks, etc.).
    - By next month, LAHSA will have established peer navigators on all community college campuses.
- Need to accommodate people experiencing homelessness who are critically ill and may need hospice care, so they do not die on the street.
    - OWs need more support when working with these clients.
- Provide assistance for low-level drug offenders so they do not end up in jail/prison – engage with diversion efforts for drugs, sex work.
- Every OW who finds a client ready for detox should be able to get them a bed, but this is not currently the case.
    - Consider a pilot program within hospitals so clients can go through detox there until there are more beds. We have funding from Medi-Cal, but no beds.
    - Need to treat people with addiction the same way as others who are suffering from a disease.
- Increase sobering facilities (need more beyond the one in Skid Row).

Inflow and those who are being newly engaged
- Data observation: It appears that most people being engaged are new to outreach ("newly engaged" in the data). What is happening to people who have been engaged previously?
  - Could be because E6 teams have not been around very long and they are reaching areas that were previously not receiving outreach.
- Concern about general inflow: 25% of people currently experiencing homelessness have been on the street for less than a year.

Other coordination, engagement, and process improvement opportunities
- Bridge gap between volunteer OWs and professional OWs.
- Better utilize Homeless Count as an opportunity to educate cities and intentionally engage them.
  - Some jurisdictions allow for volunteers to conduct surveys as a part of the Homeless Count; could look at this option in LA County.
- Increase funding for cities to assist people before they become homeless.
- Need OWs on weekends and through the night.
- Improve technology used in data collection and sharing. Clarity/HMIS are outdated; as a result, services may be underreported. A more user-friendly app would make data collection easier and more effective.

Public Comment

- The Social dynamics in black faith communities are unique. Need to better involve faith communities and understand the unique approach to engaging them. Could some funding be allocated to churches? How can we better utilize their space?
- OWs have clients ready to come inside, but no beds. Need to conduct CES assessments in the field; otherwise, if clients must go to offices to do this, they may get lost in the system or "drop out." Would it be possible for one person to stay with clients throughout their entire time moving through system?
- Biggest obstacle has been trying to compile a list of resources in SPAs 5 and 8.
- Even people housed in Skid Row (especially women) are overlooked and discarded. Need for OWs in evenings, need outreach to parks and libraries. Typically, in Skid Row or other areas, one person "runs the block"; OWs should know this to make effective connections.
- Need for comprehensive outreach for black, female, disabled persons experiencing homelessness (whose only reason for being homeless is their age and declining health). Individuals in this position may get lost in the system because they are not using substances, escaping domestic violence, etc., but are still very vulnerable.
- Concern that there are no extra points on the CES assessment (VI-SPDAT) for being HIV positive.
- Need to find a way to separate White from Latinx in the race data.
- Work with grocery stores to give away food that they are about to throw away.
- Be aware of top-heaviness and too much administration. Need to pay OWs better.

Measure H Funding Recommendations Process

Homeless Initiative Policy Summit #4
Interim Housing

Tuesday, October 15, 2019

<u>Summit Report</u>

Homeless Initiative Policy Summit #4:
Interim Housing

Tuesday, October 15, 2019, 9am-12pm
United Way of Greater Los Angeles
4th Floor Conference Room, 1150 S. Olive Street, Los Angeles CA 90015

Agenda

1. Welcome and Introductions (5 min)

2. Context for Funding Decisions (5 min)

3. Data Overview (5 min)

4. Strategy Evaluation – Interim Results Presentation (25 min)

5. Discussion Questions (1hr 50 min)

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

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

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

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

   e. As the system considers the use of congregate shelters for families, what considerations should we take into account? How can congregate shelters most effectively serve families, including by ensuring that they move quickly into permanent housing?

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

6. Public Comment (25 min)

7. Overview of Rest of Funding Recommendations Process (5 min)

Measure H Revenue Planning Process
Key Data: Interim Housing

HI Strategies: B7 (Interim/Bridge Housing for those Exiting Institutions) and E8 (Enhance the Emergency Shelter System)

Key Data Points – All Strategies

Strategy	B7-LAHSA		B7-DHS		B7-DPH-SAPC		E8-LAHSA		E8-DHS	
	FY 17/18	FY 18/19	FY 17/18	FY 18/19	FY 17/18	FY 18/19	FY 17/18	FY 18/19	FY 17/18	FY 18/19
Total Funding for interim housing (all sources)	$ 1,646,000	$ 5,690,000	$ 32,764,554	$ 84,373,435	$ 3,176,771	$ 5,919,067	$ 77,117,578	$ 94,639,148	$ 4,953,000	$ 17,990,000
Measure H Funding	$ 1,646,000	$ 5,086,000	$ 9,561,000	$ 16,715,000	$ 1,602,665	$ 4,403,000	$ 45,677,934	$ 60,787,116	$ 4,953,000	$ 17,990,000
Measure H Funding as a % of Total Funding	100%	89%	29%	20%	50%	74%	58%	59%	100%	100%
Total Measure H Unspent	$ 1,485,000	$ 753,000	$ 221	$ 12,000	$ 7,000	$ -	$ 8,028,661	$ 1,977,431	$ 90,868	$ -
Number of persons newly enrolled*	504	540	1,394	774	779	1,331	12,401	13,917	689	830
Number of persons served*	533	691	1,646	1,063	841	1,634	14,586	18,015	952	1163
Number of persons exiting to permanent housing*	70	120	375	221	N/A	N/A	2,489	3,693	263	246

Metrics are for interim housing that is fully or partially funded by Measure H.

Measure H fiscal data for LAHSA is not representative of the full allocation amounts for FY17-18 and FY18-19. The LAHSA Measure H fiscal data only represents the H funding dedicated to programs.

STRATEGY DATA

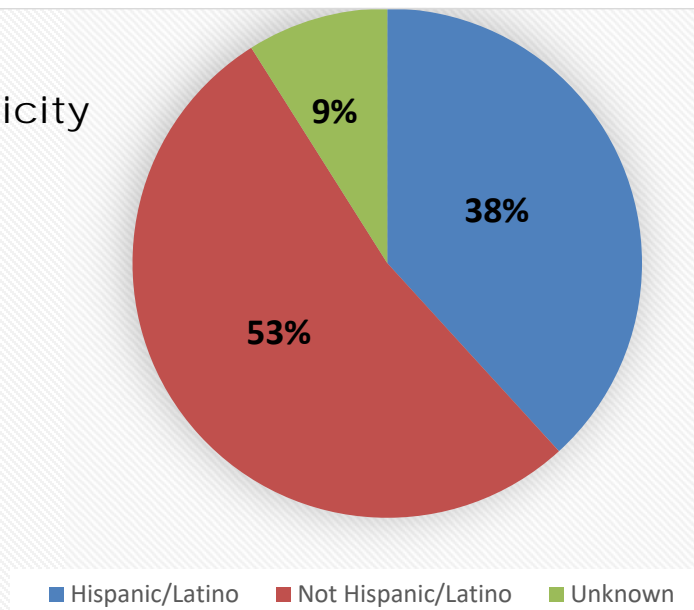|		B7- LAHSA		B7- DHS		B7 – SAPC		E8 – LAHSA		E8 - DHS	
		FY 17/18	FY 18/19	FY 17/18	FY 18/19	FY 17/18	FY 18/19	FY 17/18	FY 18/19	FY 17/18	FY 18/19
Average length of stay for participants still enrolled at end of FY (in days)	All	100	114	99	155	43	65	110	58	176	172
	Individuals	106	112	99	155	43	65	97	71	176	172
	Families	0	0					209	49		
	Youth	43	81					78	44		
Average length of stay for exited participants (in days)	All	74	97	89	141	52	69	82	55	133	151
	Individuals	76	99	89	141	52	69	68	63	133	151
	Families	0	0					113	48		
	Youth	57	69					42	43		
Number of persons who exit to a permanent housing destination	All	70	120	375	221	N/A	N/A	2,489	3,693	263	246
	Individuals	60	109	375	221	N/A	N/A	916	1,097	263	246
	Families	0	0					1,468	2,310		
	Youth	10	11					105	290		
Percentage of individuals who exit to permanent housing	All	19%	22%	38%	38%	N/A	N/A	22%	30%	50%	36%
	Individuals	18%	22%	38%	38%	N/A	N/A	14%	18%	50%	36%
	Families	N/A	N/A					37%	50%		
	Youth	23%	30%					19%	20%		
Number of individuals who exit to non-PH destinations	All	301	420	624	366	N/A	N/A	8,657	8,438	268	445
	Individuals	268	394	624	366	N/A	N/A	5,767	5,008	268	445
	Families	0	0					2,501	2,305		
	Youth	33	26					455	1,160		
Percentage of individuals who exit non-PH destinations	All	81%	78%	62%	62%	N/A	N/A	78%	70%	50%	64%
	Individuals	82%	78%	62%	62%	N/A	N/A	86%	82%	50%	64%
	Families	N/A	N/A					63%	50%		
	Youth	77%	70%					81%	80%		
Number of individuals who exit to homelessness	All	146	151	447	248	107	160	2,566	3,116	157	342
	Individuals	131	128	447	248	107	160	1,665	1,924	157	342
	Families	0	1					775	817		
	Youth	15	22					131	379		
Percentage of individuals who exit to homelessness	All	39%	28%	45%	42%	21%	22%	23%	26%	30%	49%
	Individuals	40%	25%	45%	42%	21%	22%	25%	32%	30%	49%
	Families	N/A	N/A					20%	18%		
	Youth	35%	59%					23%	26%		

Demographic Service Data for Select Homeless Initiative Strategies: FY 2018-19 (July 2018 to June 2019)

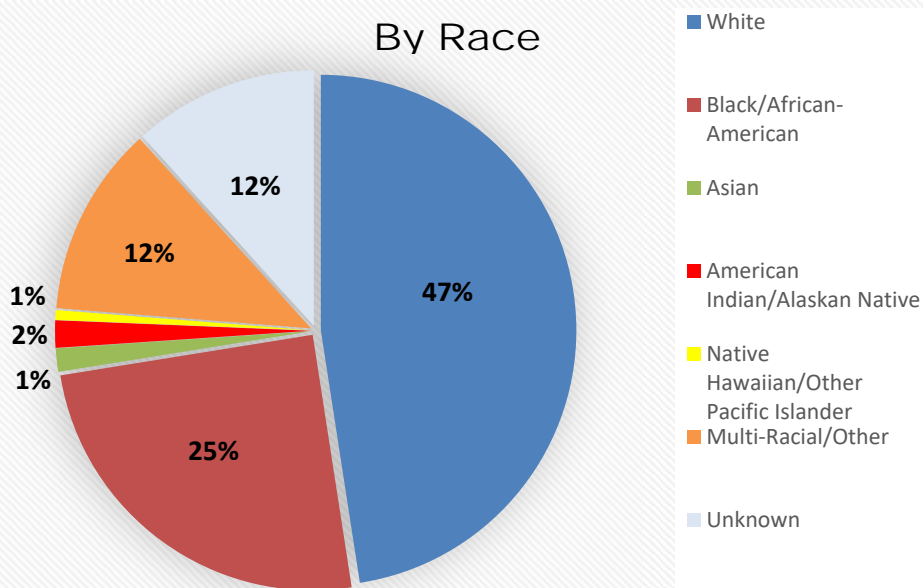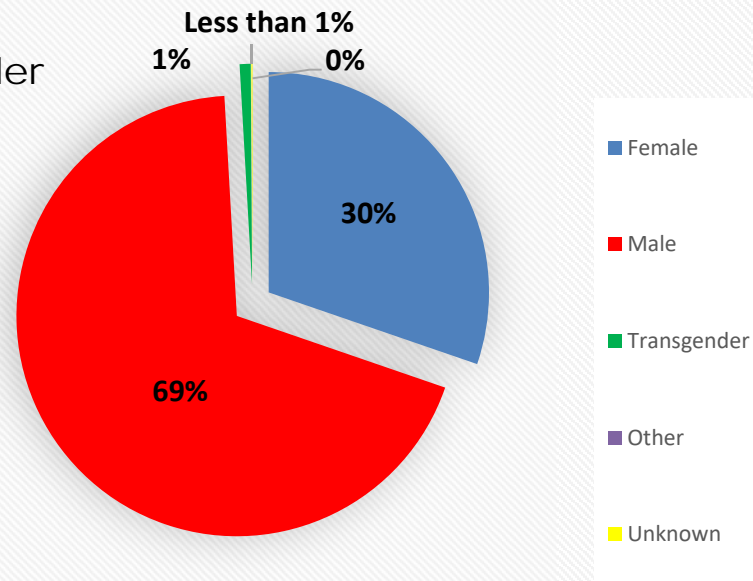## Strategy B7: Interim Housing for Those Exiting Institutions

By Age
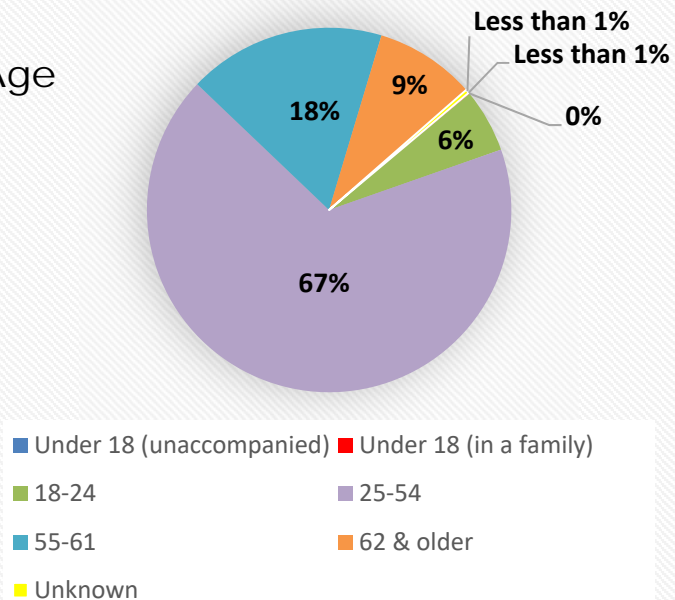
- Under 18 (unaccompanied)
- Under 18 (in a family)
- 18-24
- 25-54
- 55-61
- 62 & older
- Unknown

67%, 18%, 9%, 6%, Less than 1%, Less than 1%, 0%

By Ethnicity

- Hispanic/Latino
- Not Hispanic/Latino
- Unknown

38%, 53%, 9%

By Race

- White
- Black/African-American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- Multi-Racial/Other
- Unknown

47%, 25%, 12%, 12%, 2%, 1%, 1%

By Gender

- Female
- Male
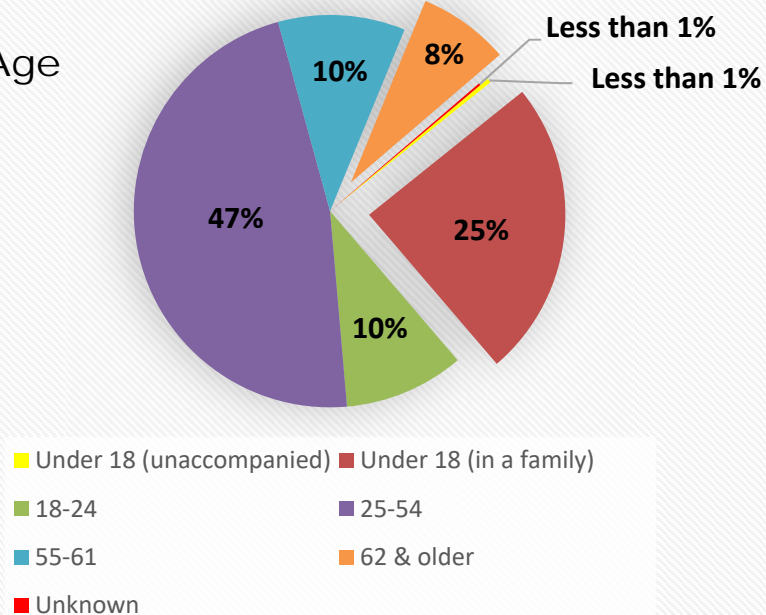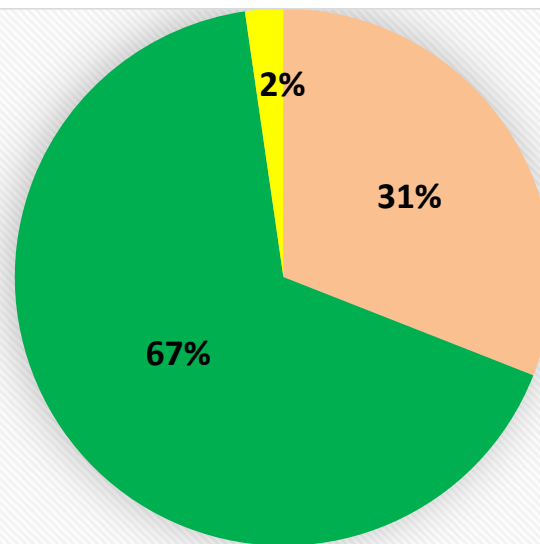- Transgender
- Other
- Unknown

30%, 69%, 1%, Less than 1%, 0%

Demographic Service Data for Select Homeless Initiative Strategies: FY 2018-19 (July 2018 to June 2019)
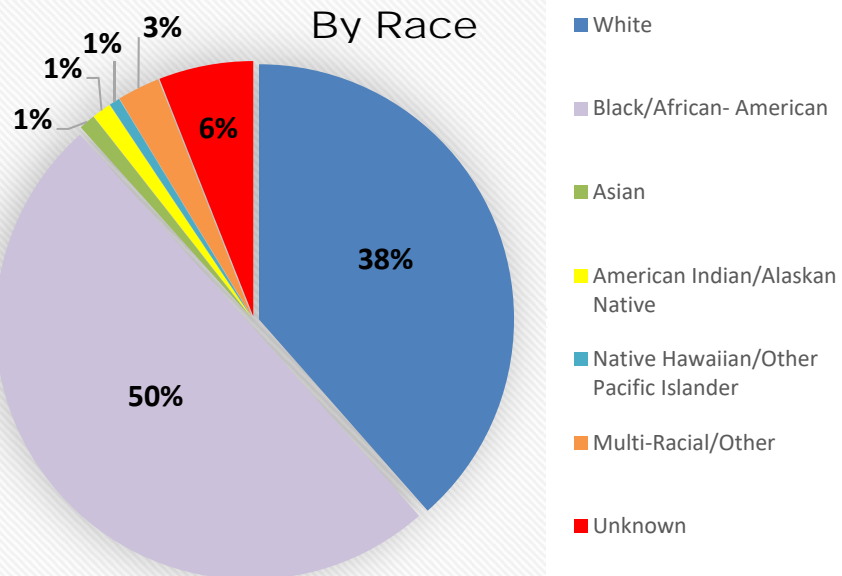
Strategy E8: Emergency Shelter

By Age

- 47%
- 10%
- 8%
- Less than 1%
- Less than 1%
- 25%
- 10%

Legend:
- Under 18 (unaccompanied)
- Under 18 (in a family)
- 18-24
- 25-54
- 55-61
- 62 & older
- Unknown

By Ethnicity

- 2%
- 31%
- 67%

Legend:
- Hispanic/Latino
- Not Hispanic/Latino
- Unknown

By Race

- 1%
- 1%
- 1%
- 3%
- 6%
- 38%
- 50%

Legend:
- White
- Black/African- American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- Multi-Racial/Other
- Unknown

By Gender

- 1%
- Less than 1%
- Less than 1%
- 45%
- 54%

Legend:
- Female
- Male
- Transgender
- Other
- Unknown
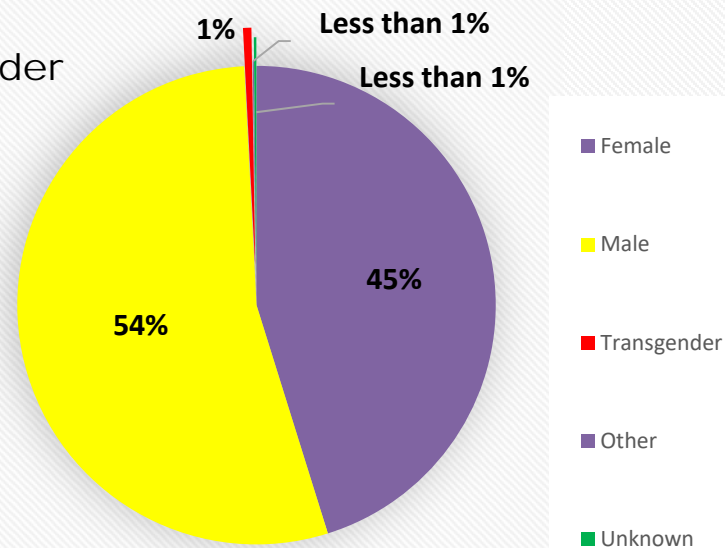
HMA COMMUNITY STRATEGIES

L.A. COUNTY INTERIM HOUSING AND EMERGENCY SHELTER SERVICES EVALUATION
POLICY SUMMIT PRESENTATION

October 15, 2019

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EVALUATION OBJECTIVES

O1
Establish what the available data and performance evaluation results suggest are the strategy's best practices.

O2
How persons on the ground define effectiveness. Are their characterizations consistent with what the data show?

O3
Describe how specific funding sources affect the administration of a strategy and the capacity of strategy leads to deploy available resources effectively.

O4
How does the administration of non-H-funded services and benefits differ from the administration of those funded with H dollars?

HMA COMMUNITY STRATEGIES

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RESEARCH QUESTIONS

+ **RQ1:** How do the DHS, DPH/SAPC and LAHSA B7 services differ in practice?

+ **RQ2:** What difference do bed rates make to operations?

+ **RQ3:** How does the provision of interim and emergency services differ by subpopulation and what are the challenges encountered in serving different groups?

+ **RQ4:** What is the quality of collaboration with DMH, DCFS, LASD and Probation?

+ **RQ5:** What is the process and challenges experienced by hospitals in securing housing through B7 for inpatients/clients as required by SB-1152 Hospital Patient Discharge Process?

+ **RQ6:** What is the potential for interim/emergency shelters to implement recovery-oriented principles into their environment and service delivery?

+ **RQ7:** What are the most difficult barriers to making transitions from interim housing and emergency shelter to permanent housing?

+ **RQ8:** What difference do bed rates make to interim housing and emergency shelter outcomes?

+ **RQ9:** To what extent do those discharged from institutions to interim housing and needing physical health, mental health or substance abuse services receive referrals and services?

+ **RQ10:** What are the differences among subpopulations in return to homelessness, permanent housing, and length of stay in interim housing?

HMA COMMUNITY STRATEGIES

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QUALITATIVE DATA COLLECTION AND ANALYSIS

KEY INFORMANT INTERVIEWS

+ DHS + H4H Program Implementation Manager	+ H4H Director of Interim Housing + H4H Director of Access, Referrals, and Engagement
+ CEO + HI Principal Analysts	+ CEO Senior Analyst + CEO Principal Analyst
+ LAHSA + Interim Housing Placement Coordinator	+ Crisis Housing Coordinators + Manager of System Components
+ DMH: Mental Health Clinical Program Head	

+ Shelter Staff (program directors, clinical & interim housing leads)
  + First To Serve (SPA 7)- crisis and bridge
  + Weingart (SPA 4)- crisis and bridge
  + Illumination Foundation (SPA 3)- recuperative care
	+ LA Family Housing (SPA 2)- crisis and bridge
	+ PATH Hollywood (SPA 4)- interim/ bridge
	+ Path W Washington (SPA 6)-interim/ bridge

+ Hospitals
  + LAC USC Senior Clinical Social Worker
  + Harbor UCLA Clinical Social Worker Supervisor
	+ DHS Director of Patient and Social Support Services

+ Others
  + Brilliant Corners
  + NHF (recuperative care)
	+ *ODR (upcoming)*
	+ *SAPC (upcoming)*

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▌ THEMES FROM QUALITATIVE DATA

+ **Differences in services among DHS, LAHSA, DPH/SAPC**

    + DHS providing recuperative care/stabilization housing
        + Higher acuity population
        + Flexible use of Measure H funds
        + Provide more intensive case management, additional services
    + LAHSA generally serving lower-acuity patients
        + Some issues with needing to re-assign individuals based on re-assessment of acuity levels
        + Some enhanced bridge housing with licensed clinical case managers.
+ **Bed rates**
    + Higher bed rates would allow for enhanced services, staffing
    + All providers stated that while bed rates have increased, they are still not sufficient considering acuity of clients, and requested bed rates between $80 and $100 per night
    + Higher bed rates necessary for: increased staffing (most mentioned), expanded services (workforce development, enhanced case management, health/ mental health services), facility costs, security, and food
    + Increased bed rates could improve shelter operations particularly during non-traditional hours— currently a lack of licensed staff on site after hours to manage crises

HMA Community Strategies

▌ THEMES FROM QUALITATIVE DATA CONT.

+ **Challenges in serving subpopulations**

    + Medical recuperative- recuperative care providers stated that because clients are such high acuity, they can be "hardest to house," may need longer LOS to stabilize

    + TAY-providers serving TAY mentioned a need for more services (e.g. family/ parenting support, financial literacy) tailored to this age group

    + SUD- providers discussed needing more time to build rapport and engage clients in order to get them housing ready

    + Operational Challenges:
        + Multiple funding sources, some with different restrictions. However, providers report providing services as needed by carefully planning funding allocations
        + Some issues with initial acuity assessment resulting in in appropriate placement. However, this is generally addressed fairly quickly with staff ability to identify appropriate housing.

HMA Community Strategies

THEMES FROM QUALITATIVE DATA CONT.

+ **Collaboration – County Departments, Providers**

  + All DHS, LAHSA, DMH department staff identified the regular, ongoing, and highly collaborative interaction resulting from Measure H initiative as one of the key strengths of the program.
    + Regular meetings at leadership level
    + Opportunity to regularly discusses individual cases and problem-solve
    + Implementation of shelter standards mentioned by majority of informants as key indicator of effective collaboration
    + Development of consistent intake forms for DHS/DMH

  + All shelters mentioned strong communication channels with DHS and LAHSA with opportunity to discuss individual cases and problem-solve at case level.

  + Providers and department staff identified training provided by DHS and LAHSA as effective for service provision to various subpopulations.

HMA COMMUNITY STRATEGIES

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THEMES FROM QUALITATIVE DATA CONT.

+ **Collaboration – Hospitals/DHS**

  + Strong referral pathways from public hospitals to Housing for Health/Recuperative Care/Stabilization Housing
    + One hospital has dedicated team of homelessness staff focused on working with this population for assessment and referral. Team partially funded by hospital operational budget.
    + Another hospital reported no dedicated team, but all staff have experience with and are comfortable with working with homeless population and unique needs.
    + DHS-funded staff on site at hospitals. Hospital staff have access to DHS CHAMP system and there is protocol for initiating referral process in CHAMP system by hospital staff
    + Staff report reduction in ED visits, inappropriate length of stays

  + Opportunity to strengthen referral networks with private hospitals

HMA COMMUNITY STRATEGIES

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THEMES FROM QUALITATIVE DATA CONT.

+ **Challenges transitioning to permanent housing**

    + Top barrier identified was lack of permanent housing capacity—bottleneck leads to slow bed turnover in interim housing
    + Difficult to achieve care continuity in scattered site permanent housing—challenges with CES matching based on availability and eligibility rather than client needs
    + Clients in interim housing not necessarily next in line for permanent housing resources—a strategy is needed for those in beds to be prioritized for permanent housing in order to improve throughput
    + Transition to permanent housing must include supportive services such as workforce readiness training, financial literacy, budgeting, "life skills"
    + Clients with mental health, SUD needs in particular face anxiety over transition, lack of social support
    + Many shelter staff cited inaccurate VI-SPDAT scoring as a barrier for CES match, although also indicated this is generally addressed as soon as identified.

HMA COMMUNITY STRATEGIES

THEMES FROM QUALITATIVE DATA CONT.

+ **Potential to implement recovery-oriented principles**

    + Shelters already using a Housing First model – focused on harm reduction.
    + Since Measure H, have started focusing more on trauma-informed care.
    + Some shelters have recuperative/stabilization and emergency shelter beds – staff trained to provide more intensive case management
    + LAHSA initiating Learning Communities to share best practices – can improve program functioning, provide opportunity for enhanced training
    + Recognition that shelter providers are willingly taking on challenge of providing more beds – shelter providers motivated to work collaboratively with LAHSA to address the issue and work with more complex cases.

HMA COMMUNITY STRATEGIES

THEMES FROM QUALITATIVE DATA CONT.

+ **Program challenges**
    + Working with multiple funding sources is a challenge administratively.
    + Shelter staff stated that some clients come in without an ICMS worker, but need access to services
    + Clients with chronic conditions face an additional layer of challenges when transitioning to permanent housing
    + High rates of staff turnover creates issues with care continuity for clients, progress towards housing readiness
    + Lack of public awareness of length of process creates frustration for clients when waiting for placement
    + Top issue identified with DHS was working to find placements for clients in need of a higher level of care—however, interviewees acknowledged this is mainly due to a dearth of skilled care settings that will accept H4H clients due to young age, BH issues, and lack of funding

+ **Challenges with data systems**
    + HMIS and CHAMP do not communicate; data from other departments (e.g., DMH, SAPC) not easily accessible
    + Inputting data into multiple systems is a burden for providers, increases error

HMA Community Strategies

THEMES FROM QUALITATIVE DATA CONT.

+ **Program Successes**

    + Significant increase in all interim beds as a result of Measure H
    + Increased outreach and accessibility to shelters
    + Low-barrier shelters
        + 24-hours
        + Allow pets
        + Storage for belongings
    + Cross-department collaboration to address the homelessness issue is highly successful
    + Establishment of shelter standards was a key milestone
    + Ability to hire more clinical staff, train more staff in working with challenging populations
    + Department staff able to closely collaborate with and provide TA to shelter providers
    + Expansion of services to ensure those moving from interim housing have needed supports
    + Fewer serious client complaints

HMA Community Strategies

THEMES FROM QUALITATIVE DATA CONT.

+ **Suggestions/ recommendations (from interviewees)**

    + Top recommendation- increase permanent housing stock

    + Reevaluate LOS regulations—some clients may need more time, services and supports to transition to and stay in permanent housing successfully; however, must be balanced to not exacerbate bottleneck

    + A need for interdisciplinary care teams (like E6) throughout continuum

    + Ongoing training for providers through learning communities, possibly attendance at other professional meetings

HMA COMMUNITY STRATEGIES

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QUANTITATIVE ANALYSIS

+ **Quantitative analysis will focus on the following research questions:**

    + To what extent do those discharged from institutions to interim housing and needing physical health, mental health or substance abuse services receive referrals and services?

    + What are the differences among subpopulations in return to homelessness, permanent housing, and length of stay in interim housing?

+ **Data Sources**

    + HMIS

    + CHAMP

HMA COMMUNITY STRATEGIES

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QUANTITATIVE ANALYSIS

+ **Subpopulations**
    + Gender, Race/Ethnicity
    + Veteran status
    + Individual v. Family
    + Disability status
        + Mental health and substance use key focus area
    + CES score
+ **Measures Of Client Experience**
    + Time in interim housing
    + Number interim housing stays
    + Exit status – positive v. negative exit
    + Aggregate data on mental health and substance use services

HMA COMMUNITY STRATEGIES

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QUANTITATIVE ANALYSIS

+ **Sample:**
    + HMIS
        + Adults enrolled in either emergency or transitional housing (Project Type = 1 or 2), with entry date from January 1, 2016 through present.
        + Exclude those in winter shelters only
        + Exclude those who are not identified as Head of Household
        + **Total number unique individuals for analysis = 37,334**
        + Total sample for analysis may decrease depending on missing data
    + CHAMP
        + Include all individuals
        + Currently de-duplicating file to determine total number unique individuals

HMA COMMUNITY STRATEGIES

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▌QUANTITATIVE ANALYSIS

+ **Analysis Plan:**
    + Compare differences in client experience measures by subgroups
        + Bivariate and multivariate models with group comparisons, and controlling for additional demographic/risk factors
    + Compare number of individuals receiving mental health and substance use disorder services identified from aggregated tables from DMH, SAPC, with total number of those identified in HMIS data as having MH/SA disability

HMA COMMUNITY STRATEGIES

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NEXT STEPS & QUESTIONS

HMA COMMUNITY STRATEGIES

Interim Housing Summit Participants*

Participant	Agency
Alexis Boothby	Union Station Homeless Services
Andrea Marchetti	Jovenes Inc
Ashlee Oh	Homeless Initiative
Charles Robbins	Health Management Consulting
Debra Gatlin	Los Angeles Homeless Services Authority Lived Experience Advisory Board
Deon Arline	Department of Public Social Services
Elizabeth Ben-Ishai	Homeless Initiative
Erika Hartman	Downtown Women's Center
Gail Winston	Department of Children and Family Services
Graceline Shin	Department of Public Health
Jeff Proctor	Los Angeles Homeless Services Authority
Juataun Mark	Department of Health Services
Kara Riehman	Health Management Consulting
Katina Holliday	Serenity Recuperative Care
Kris Freed	LAFH
Lezlie Murch	Exodus Recovery (SUD)
Libby Boyce	Department of Health Services
Lise Ruiz	Department of Mental Health
Maria Barahona	Haven Hills
Max Stevens	CEO Research
Meg Barclay	City of Los Angeles
Michael Castillo	Homeless Initiative
Natalia Torregrosa	United Way of Greater LA
Pamela Crenshaw	Los Angeles Homeless Services Authority Lived Experience Advisory Board
Patima Komolamit	Center for the Pacific Asian Family
Peter Espinoza	Department of Health Services, Office of Diversion and Reentry
Phil Ansell	Homeless Initiative
Simon Costello	LA LGBT Center
Steve Lytle	Bell Shelter – The Salvation Army
Tara Reed	Abt Associates
Tescia Uribe	PATH
TuLynn Smylie	The People Concern
Will Lehman	Los Angeles Homeless Services Authority

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

Measure H Funding Recommendation Process

Homeless Initiative Policy Summit #4
Interim Housing

Tuesday, October 15, 2019

Key Points:

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

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

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

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

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

Interim Housing Policy Summit Notes
(Discussion questions in bold)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Public Comments

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

Measure H Funding Recommendations Process

Homeless Initiative Policy Summit #5
Permanent Housing

Thursday, October 24, 2019

<u>Summit Report</u>

Homeless Initiative Policy Summit #5:
Permanent Housing

Thursday, October 24, 2019, 9am-12pm
United Way of Greater Los Angeles
Penthouse, 1150 S. Olive Street, Los Angeles CA 90015

Agenda

1. Welcome and Introductions (5 min)

2. Context for Funding Decisions (5 min)

3. Data Overview (5 min)

4. Strategy Evaluation – Interim Results Presentation (30 min)

5. Discussion Questions (1hr 45 min)

   a. In the context of our current shortage of affordable housing, which is unlikely to be substantially remedied in the immediate future, how can we increase permanent housing placements?

   b. How should shared housing fit into our efforts? How do spare bedrooms factor into creative solutions to find housing for people who may not need intensive services?

   c. Are there opportunities to enhance our current efforts around landlord engagement? What barriers need to be removed to increase the number of landlords willing to rent to people experiencing homelessness? How do we get the word out to willing landlords who may not know about the opportunities through Measure H?

   d. Are there opportunities to increase the number of federal, state, and/or local project-based and/or tenant-based subsidies for PSH dedicated by public housing authorities and/or from other sources?

   e. What are the most important differences in outcomes and experiences for rapid re-housing clients from different populations? How can we tailor rapid re-housing programs to the needs of participants from different populations?

   f. How can we implement "moving on" strategies to free up permanent supportive housing capacity?

6. Public Comment (25 min)

7. Overview of Rest of Funding Recommendations Process (5 min)

Measure H Revenue Planning Process
Key Data: Permanent Housing

HI Strategies: B3 (Rapid Re-Housing), B4 (Facilitate Utilization of Federal Housing Subsidies), D7 (Permanent Supportive Housing), B1 (Provide Subsidized Housing to Homeless Disabled Individuals Pursuing SSI), and B6 (Family Re-Unification Housing Subsidy)

Key Data Points – All Strategies

Strategy	B3-LAHSA		B3-DHS		B4		D7	
Year	FY 17/18	FY 18/19	FY 17/18	FY 18/19	FY 17/18	FY 18/19	FY 17/18	FY 18/19
Total Funding (all sources)	$ 55,030,646	$ 72,860,598	$ 34,871,000	$ 23,688,000	$ 6,278,340	$ 11,627,000	$ 70,910,446	$ 95,050,565
Measure H Funding	$ 41,678,049	$ 58,237,679	$ 15,004,000	$ 15,304,000	$ 6,278,340	$ 11,627,000	$ 21,432,000	$ 45,999,000
Measure H Funding as a % of Total Funding	76%	80%	43%	65%	100%	100%	30%	48%
Total Measure H Unspent	$ 15,315,012	$ 8,735,444	$ 4,585,592	$ -	$ 3,737,399	$ -	$ 211	$ -
Number of persons newly enrolled*	11,668	10,408	1,007	339	629	2,120	2,842	4,765
Number of persons served*	17,787	19,909	1,932	1,448	629	2,120	2,842	7,255
Number of persons placed in permanent housing*	4,332	4,581	605	484	629	2,120	1,340	2,152
Average cost per person served*	N/A	N/A	N/A	N/A	$ 4,040	$ 5,484	N/A	N/A
Average cost per person permanently housed*	N/A	N/A	N/A	N/A	$ 4,040	$ 5,484	N/A	N/A

Data is for Measure H-funded permanent housing.

Measure H Revenue Planning Process
Key Data: Permanent Housing

Strategy	B1-DPSS		B6-DCFS	
Year	FY 17/18	FY 18/19	FY 17/18	FY 18/19
Total Funding (all sources)	$ 6,190,000	$ 5,743,000	$ 2,116,000	$ 4,000,000
Measure H Funding	$ 4,494,000	$ 5,614,000	116,000**	2,000,000**
Measure H Funding as a % of Total Funding	73%	98%	5.5%	50%
Total Measure H Unspent	$2,459,026	$ 2,450,360	$ 28,100	$ -
Number of persons newly enrolled	2,415	295	401	682
Number of persons served*	1,476	1,031	759	1,354
Number of persons placed in permanent housing*	1,264	253	269	290
Average cost per person served*	$4,820***	$5,001***	$ 116	$ 1,477
Average cost per person permanently housed*	$4,827***	$5,700***	$327	$6,897

*Data is for Measure H-funded permanent housing.

**For FY 17-18, Measure H funding was received for only DCFS staffing. However, clients were assisted with FY16-17 rolled over HPI and DCFS B6 funding. The total expenditure amount of $87,900 was only for DCFS staffing cost. For FY 18-19, the total expenditure amount $2,000,000 includes Measure H contracted services of $1,979,894 and DCFS staffing cost of $20,106.

*** Average annual cost amounts are based on participants receiveing a subsidy for a 12/month period.

Measure H Revenue Planning Process
Key Data: Permanent Housing

STRATEGY DATA

B3			FY 17/18		FY 18/19	
			LAHSA	DHS	LAHSA	DHS
Number of Individuals who move to housing	**Total**		1,975	605	2,764	484
	With a subsidy	All	1,460	605	2,038	484
		Acuity Score 0-7	976	N/A	1,247	N/A
		Acuity Score 8-17	433	N/A	713	N/A
	Without a subsidy	All	691	-	748	-
		Acuity Score 0-7	382	-	372	-
		Acuity Score 8-17	256	-	321	-
Average amount of subsidy for those that move in with a subsidy			$ 4,080	$ 2,325	$ 5,882	$ 6,089
Average length of subsidy for those that move in with a subsidy (for those who have exited the program) (in days)			121	393	165	438
Of persons who secured housing with a rapid re-housing subsidy, number who remained in permanent housing upon exiting the RRH program			1,396	154	1,237	176
Of persons who secured housing with a rapid re-housing subsidy, number that exited the program to any destination			1,537	335	1,338	289
Of persons who secured housing with a rapid re-housing subsidy, percentage that remained in permanent housing upon exiting the RRH program			91%	46%	92%	61%
Number of persons that increased income by any amount			525	191	705	198
Percentage of persons who retained permanent housing for 6 months (after exiting the program)			97%	N/A	88%	N/A
Percentage of persons who retained permanent housing for 12 months (after exiting the program)			96%	N/A	89%	N/A

Measure H Revenue Planning Process
Key Data: Permanent Housing

B4		FY 17/18	FY 18/19
Number of formerly homeless individuals and families that were housed using hold incentive payments		629	2120
Incentives provided to landlords	Amount	$ 1,285,217	$ 4,207,543
	Number	874	2534
	Average amount	$ 1,471	$ 1,660
Number of units currently being held (as of end of FY)		43	79
Expired unit holds (holds that expired before lease up with vouchered tenant could occur)	Number	196	412
	%of all holds	22%	16%
Damage mitigation claims paid	Amount	$ 16,509	$ 18,763
	Number	11	12
Security deposits paid	Amount	$ 780,476	$ 5,298,068
	Number	361	2,083
Utility deposits/connection fees paid	Amount	$ 7,928	$ 97,583
	Number	56	757
Rental application and credit check fees paid	Amount	$ 1,955	$ 25,174
	Number	46	512
Other move-in assistance paid	Amount	$ 129,051	$ 688,029
	Number	203	840

Measure H Revenue Planning Process
Key Data: Permanent Housing

D7		FY 17/18	FY 18/19
Number of individuals that were active in the program		2,842	7,255
Number of newly enrolled D7 participants receiving federal rental subsidies		1,524	2,267
Number of newly enrolled D7 participants receiving local rental subsidies		1,081	1,573
Number of D7 participants placed in housing during the reporting period	All	1,340	2,152
	Number who were previously receiving RRH subsidy	64	86
Average time from ICMS assignment to Move in	All	134	168
	Scattered Site PSH	158	193
	Project-Based PSH	104	83
Percentage of D7 participants who retained housing after 12 months		N/A	90%
Returns to homelessness within 12 months		N/A	134

Measure H Revenue Planning Process
Key Data: Permanent Housing

B1	FY 17/18	FY 18/19
Number of eligible participants referred for a B1 subsidy	3640 [1]	351 [3]
Number of eligible participants enrolled for a B1 subsidy	2415 [1]	295 [2]
Number of eligible participants who were approved and secured housing with a B1 subsidy	1476	253
Percentage of B1 enrolled participants who secured housing with B1 subsidy	61%	86%
Number of B1 participants approved for SSI	120	117
Amount of B1 funding recovered through IAR*	$76,900	$476,224

[1] The B1 subsidy referral process and enrollment was suspended in March 2018, enrollment resumed in February 2019.

[2] This data includes period of 03/19 - 06/19 for the fiscal year of 2018-2019

Measure H Revenue Planning Process
Key Data: Permanent Housing

B6	FY 17/18	FY 18/19
Number of families placed in housing	73	89
Total exits from program	N/A	58
Number of families who have retained housing after 12 months	N/A	20
Percentage of families who have retained housing after 12 months	N/A	100%
Number of families with increased income from all potential sources at program exit	16	15
Percentage of families with increased income from all potential sources at program exit	41%	26%
Number of families who successfully transitioned to unsubsidized or permanent supportive housing	34	58
Percentage of families who successfully transition to unsubsidized or permanent supportive housing	90	100%

Demographic Service Data for Select Homeless Initiative Strategies: FY 2018-19 (July 2018 to June 2019) *
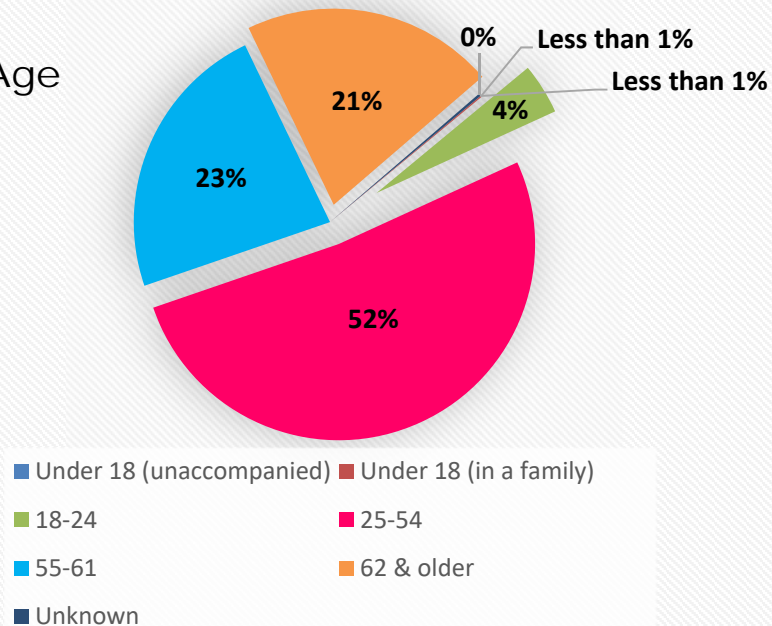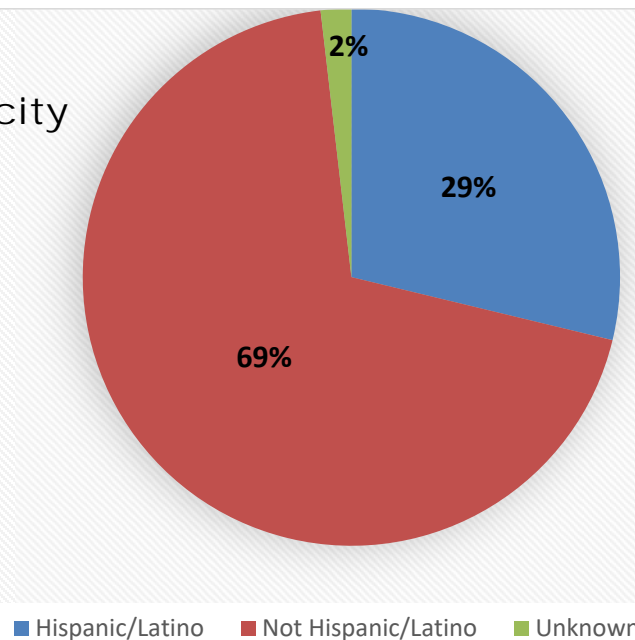
Strategy B3: Rapid Re-Housing

By Age

- Under 18 (unaccompanied)
- Under 18 (in a family)
- 18-24
- 25-54
- 55-61
- 62 & older
- Unknown

Less than 1%
Less than 1%
3%
4%
39%
11%
43%

By Ethnicity

3%
41%
56%

- Hispanic/Latino
- Not Hispanic/Latino
- Unknown

By Race

1%
1%
1%
3%
7%
39%
48%

- White
- Black/African- American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- Multi-Racial/Other
- Unknown

By Gender

Less than 1%
0%
Less than 1%
44%
56%

- Female
- Male
- Transgender
- Other
- Unknown

*Data in this attachment show the number of participants served in each program, broken down by age, ethnicity, race, and gender.

Demographic Service Data for Select Homeless Initiative Strategies: FY 2018-19 (July 2018 to June 2019)
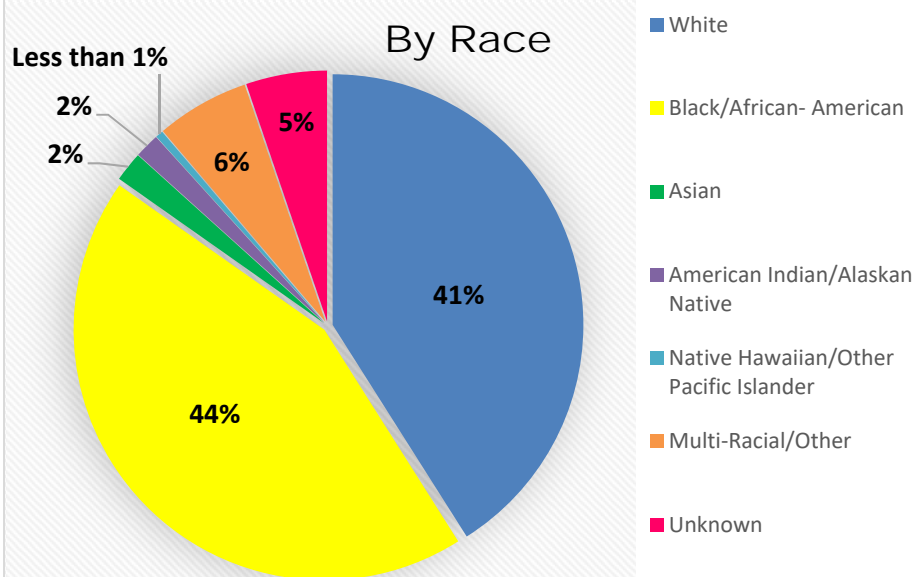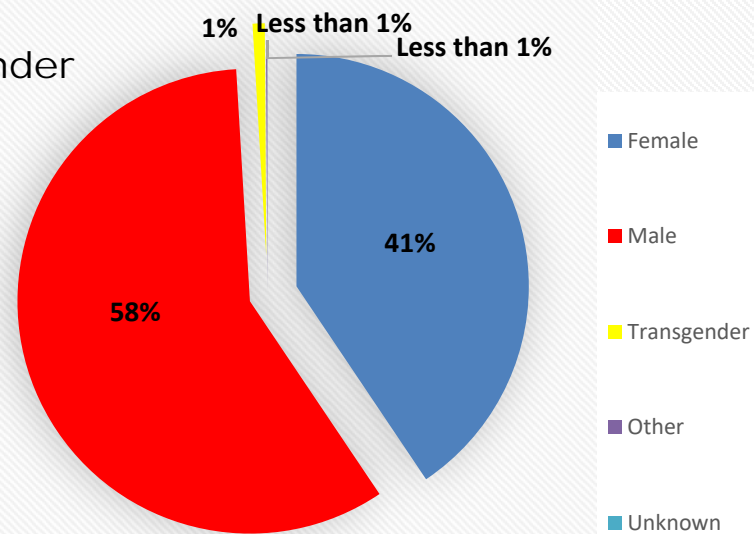
## Strategy D7: Permanent Supportive Housing

By Age

- Under 18 (unaccompanied)
- Under 18 (in a family)
- 18-24
- 25-54
- 55-61
- 62 & older
- Unknown

52%
23%
21%
4%
0%
Less than 1%
Less than 1%

By Ethnicity

- Hispanic/Latino
- Not Hispanic/Latino
- Unknown

69%
29%
2%

By Race

- White
- Black/African- American
- Asian
- American Indian/Alaskan Native
- Native Hawaiian/Other Pacific Islander
- Multi-Racial/Other
- Unknown

44%
41%
6%
5%
2%
2%
Less than 1%

By Gender

- Female
- Male
- Transgender
- Other
- Unknown

58%
41%
1%
Less than 1%
Less than 1%

Westat's Evaluation of Strategies B3 and D7:
Overview and Preliminary Findings

Homeless Initiative Policy Summit #5: Permanent Housing
October 24, 2019
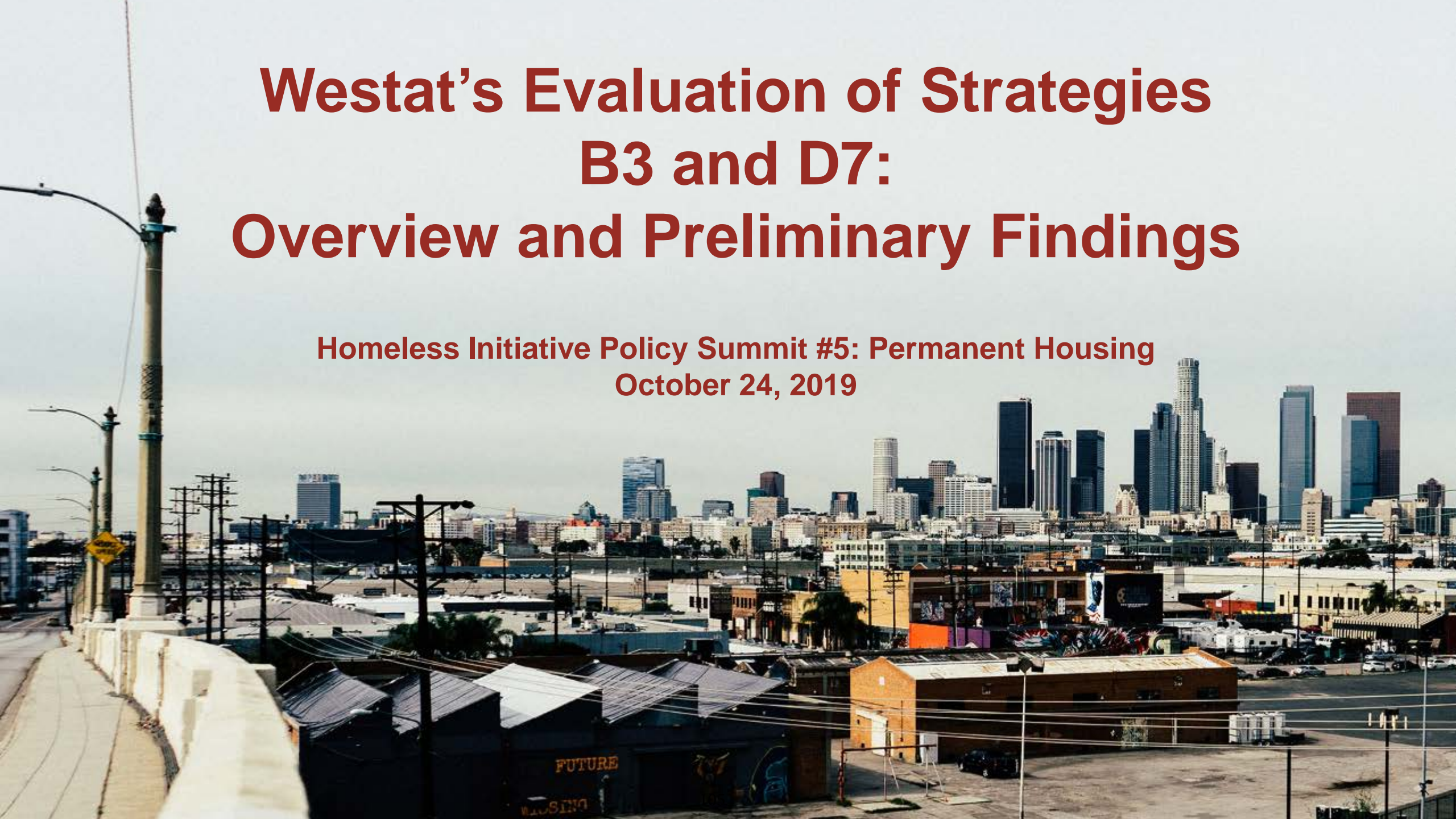
Presentation Overview

- Strategy B3 evaluation

  - Overview of Strategy B3

  - Evaluation Methods

  - Qualitative Findings

- Strategy D7 evaluation

  - Overview of Strategy D7

  - Evaluation Methods

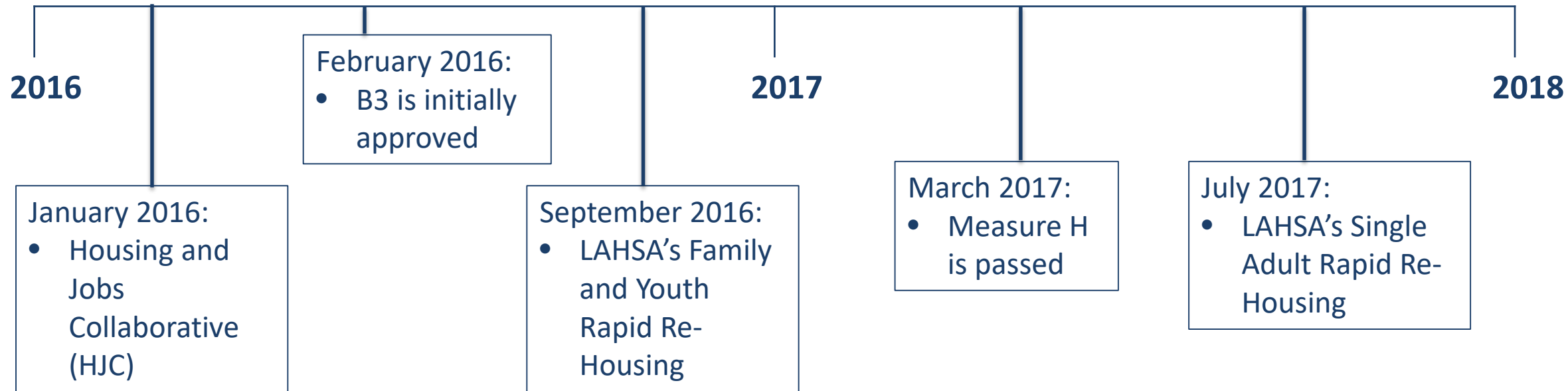 - Qualitative Findings

- Summary

- Next steps

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Strategy B3 Evaluation:
Overview, Methods, and Preliminary Findings

Homeless Initiative Policy Summit #5: Permanent Housing
October 24, 2019

DEBRA J. ROG, PI

KATHARINE GALE, CO-PI

CLARA WAGNER, PROJECT DIRECTOR

Overview of Strategy B3

Goal: To expand availability of rapid re-housing

2016

2017

2018

February 2016:
- B3 is initially approved

January 2016:
- Housing and Jobs Collaborative (HJC)

September 2016:
- LAHSA's Family and Youth Rapid Re-Housing

March 2017:
- Measure H is passed

July 2017:
- LAHSA's Single Adult Rapid Re-Housing

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Evaluation Purpose and Questions

- How has Strategy B3 affected the operation and outcomes of Rapid Re-housing (RRH) in Los Angeles County?

- Have there been changes in:
    - Funding and training?
    - Services and supports (financial assistance, case management)?
    - Housing identification and navigation?
    - Identification and enrollment of clients?
    - Population served? (Forthcoming)
    - Client outcomes? (Forthcoming)

- Are there variations by population, provider, or SPA?

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Evaluation Methods

Document Review	Interviews and Focus Groups	Administrative Data Analysis (currently underway)

• HI strategic planning documents and quarterly reports
• HI performance evaluations
• Budgets
• Dashboards and publicly available documents from LAHSA
	• 15 interviews with key administrators (CEO, LAHSA, DHS, Brilliant Corners, DCFS, HACLA, LACDA, PATH)
	• 13 interviews with agency providers
	• 4 focus groups with front line staff (4-7)
	• 5 focus groups with rapid re-housing recipients (2-9)
		• All households served by RRH since July 1, 2016
		• Data sources:
		  • CHAMP
		  • HMIS

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Overall Findings for Strategy B3

- Stakeholders generally describe B3 as offering more resources and more flexibility

- Strategy and guidance around implementation has evolved over time

- Variability in implementation across providers with regard to:
  - Duration and nature of case management
  - How housing is identified and maintained
  - Process of client identification and enrollment

- Challenges persist around engaging landlords, navigating LA County's tight housing market, and insufficient resources to meet the need

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Funding and Training

- B3 funding is perceived as more flexible than other sources. Can cover staffing, rental assistance, furniture, household supplies, etc.

- Not much guidance/training around implementation initially, but increased over time (SRS, minimum practice standards, one-on-one technical assistance)

- Current trainings and guidance from LAHSA include:
  - Boot Camps for direct line staff
  - Peer-to-peer learning communities to share ideas, resources
  - Topics: available local resources, information about leases/evictions/progressive engagement

- Providers would like more training on
  - How to help clients with income progression
  - Critical time intervention

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Financial Assistance

- More assistance available, for longer durations, and with greater flexibility under B3

- Not yet a systems approach – nature of assistance client receives depends on where and when RRH is accessed
  - Most providers report assistance is determined on a "case by case" basis
  - At the same time, some providers:
    - view as a set 2-year program or one with rigid steps
    - apply standard formula or algorithms, in lieu of, or coupled with, progressive engagement
  - In practice, assistance may be driven by provider budget cycles, with availability reduced at the end of the year

- Providers report the amount provided is insufficient to meet families' needs

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Case Management

- Nature and amount of case management varies by provider
  - Most provide connection to services (internal and external)
  - Some provide budgeting and housing plans, neighborhood orientation
  - Home visits rarely provided

- There is consensus around minimum contact acceptable amount (1 meeting per month)

- Caseloads differ across populations (1:40 for families, and 1:20 for youth) and depend on available agency resources

- Case managers (and other staff) experience high turnover and burnout

Housing Identification and Navigation

- Providers struggle to find housing with limited availability of affordable units

- There is variation across provider, population, and SPA in
  - Housing location processes and resources
  - Expectations for clients' role in housing search

- Challenges include
  - Finding willing landlords
  - Managing landlords' expectations regarding incentives
  - Competition for landlords across programs
  - Managing clients' expectations

- Resources include
  - PATH "LeaseUp" program
  - Shared housing (especially for youth)

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Identification and Enrollment of Clients

- System-wide requirements around eligibility exist, but prioritization and matching not yet in place

- Role of CES in RRH differs by population and by SPA
  - Regional variation in processes of identification and referral
  - Process of family identification and referral poses unique challenges
  - Greater coordination in youth system

- Challenges include
  - Over-enrollment and/or high caseloads & insufficient resources to serve all who are eligible
  - Lack of transparency around enrollment criteria across providers
  - Perception RRH is serving higher acuity clients
  - Prospect of prioritization of RRH to those with higher needs is meeting resistance

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Strategy D7 Evaluation:
Overview, Methods, and Preliminary Findings

Homeless Initiative Policy Summit #5: Permanent Housing
October 24, 2019

DEBRA J. ROG, PI

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Overview of Strategy D7

- To provide services and subsidies for permanent supportive housing
  - Integrated care model
    - Intensive case management services
    - On-site and field-based specialty mental health and substance use disorder services
  - Access to local rental subsidies when federal subsidies are insufficient

- Implementation date: July 1, 2017

- Collaborating Agencies: Los Angeles County Department of Health Services (DHS), Department of Mental Health (DMH), and Department of Public Health Substance Abuse Prevention and Control (DPH-SAPC)

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Evaluation Purpose and Questions

How has Strategy D7 affected the operation, outcomes, and inventory of Permanent Supportive Housing (PSH) in Los Angeles County?

Have there been changes in the:

- Funding and inventory of housing?
- Intensity and role of case management?
- Coordination of services?
- Training, guidance, and collaboration?
- Client identification, matching, and placement in housing?
- Retention in housing?
- Population served? (Forthcoming)
- Client outcomes? (Forthcoming)

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Evaluation Methods

Document Review	Interviews and Focus Groups	Administrative Data Analysis (currently underway)

• HI strategic planning documents and quarterly reports
• HI performance evaluations
• Budgets
• Dashboards and documents from LAHSA, DHS, DMH, DPH
	• 11 interviews with key administrators (CEO, DHS, LAHSA, DPH-SAPC, DMH, HACLA, LACDA/HACOLA, Brilliant Corners)
	• 15 interviews with agency providers (12 completed)
	• 3 Focus Groups with program directors (2-7 participants)
	• 3 Focus Groups with front-line staff (3-6 participants)
		• All households served by PSH since July 1, 2017
		• Data sources:
		  • CHAMP
		  • HMIS

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Overall Findings for Strategy D7

- Stakeholders are generally positive about D7. They note that D7 provides:
  - More flexibility and resources
  - More quality training and support
  - More holistic, comprehensive services

- However, challenges persist including:
  - Meeting the complex needs of high acuity clients
  - Navigating new service coordination efforts
  - Frequent staff turnover
  - Recent reductions in resources
  - LA County's tight housing market and vast geography

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Funding and Housing Inventory

- D7 has led to more flexible funding for services

- Providers appreciate dedicated funding for services, particularly to serve clients in pre-existing units and to facilitate client retention

- Dedicated services funding has facilitated development of new housing inventory

- Challenges
  - Funding, which increased under D7, has recently tightened
  - Despite improvements, funding and housing stock insufficient
  - Scattered site housing presents unique challenges

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Intensity and Role of Case Management

- D7 has led to smaller case loads, based on acuity (1:20 for high, 1:40 for low)

- Frequency of case management depends on client need (ranging from 1 contact per month to multiple home visits per week)

- Case managers
  - Connect at coordinated entry, facilitating move-in
  - Help with housing navigation and stabilization
  - Act as liaisons between client and property managers/landlords
  - Support housing authority applications and recertification process

- Case management is reportedly
  - Hands-on, individualized, and intensive
  - Tailored to acuity, client needs/choice, recency of housing placement

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Coordination of Services

- Case managers play key role in connecting clients to needed services
    - Health, mental health, substance use
    - Employment/vocation services (especially for youth)
    - School-based services and child care (for families)

- Through D7, reported increases in health, mental health, and substance abuse service access and coordination (CENS, FSP) at project-based sites
    - Access to on-site mental health care
    - Client referral for substance abuse screening and treatment
    - Team-based coordination of services
    - Case manager supports attendance at offsite medical appointments, home nursing visits

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Challenges to Service Delivery and Coordination

- Caseloads remain high and/or time intensive in some cases (turnover, fluctuating client needs)

- Staff burnout and turnover is significant
  - Varies across providers, caused by a variety of factors
  - Results in large caseloads; gaps in service coordination; lack of sustained knowledge

- Challenges to service delivery under D7 include
  - Scattered site housing across vast geographic distances
  - Initial role confusion and potential duplication of services
  - Differing philosophies across DHS, DMH, DPH/SAPC, providers
  - Clients can be hard to engage; hard to project need for services
  - Lack of communication across providers
  - Delays in mental health intakes & insufficient substance abuse resources
  - Barriers to medical care access

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Training, Guidance and Collaboration

- More training and guidance available through DHS under D7

- Positive assessments of Case Management Institute, monthly trainings, and "coaching model"

- Areas for improvement: need for more focus on best practices (i.e., housing first, harm reduction), training not always applicable to perceived role

- D7 has necessitated and resulted in increased collaboration across agencies (DMH, DPH, DHS), PSH providers, and staff

- Collaboration has helped systems work together to identify and address problems and barriers (e.g., delays in filling units, challenges in navigating applications through the housing authorities)

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Client Identification, Matching, and Housing Placement

- Clients identified primarily through CES, but also through DHS

- Providers report employing a housing first model, minimal exclusionary criteria

- Exclusionary criteria include screenings by the housing authorities, landlords, and requirements of specific buildings funding sources

- D7 has helped streamline the process of placing matched clients in housing
  - Families are the hardest to place

- Challenges: successful targeting of high acuity clients, serving undocumented clients, delays in filling units

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Retention

- Retention in housing generally perceived to be high; some perceive an increase under D7, others say it's still too early to measure or was already high

- D7 provides resources that reportedly allow for
  - Extended case management support, including help with annual recertification, facilitating retention
  - More availability on-site to coordinate with property managers

- Retention still challenged by substance use, some clients' need for a higher level of care, the housing market, and staff turnover

- Loss of housing due to eviction, however, appears to be rare
  - Primary reason cited was violation of lease agreement
  - Efforts by providers to coordinate with property managers to preempt eviction by catching problems or relinquishing housing

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Strategies B3 and D7 Evaluations: Summary and Next Steps

Homeless Initiative Policy Summit #5: Permanent Housing
October 24, 2019

Summary for B3 and D7

- Strategies B3 and D7 have resulted in more resources that offer greater flexibility

- B3 has provided more resources for rapid re-housing throughout the county, with financial assistance tailored to people's needs and context

- D7 has strengthened case management and service coordination for high acuity individuals with complex needs

- Challenges
  - For B3, primary challenges are around standardizing RRH implementation and engaging landlords
  - For D7, primary challenges are around barriers to service access and coordination
  - Staff burnout and turnover and the housing market are challenges for both strategies

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Next Steps

	Document Review	Interviews and Focus Groups	Administrative Data Analysis
B3 (RRH)	Ongoing	Interviews with ~2 private landlords and ~3 CES leads	Examining client-level characteristics, service receipt, and outcomes (time to housing, length of stay in housing, exits to permanent housing)
D7 (PSH)	Ongoing	Interviews with 3 remaining PSH program directors and 2-3 property managers	Examining client-level characteristics, service receipt, and outcomes (time to housing, length of stay in housing, exits to permanent housing)

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Permanent Housing Summit Participants*

Participant	Agency
Alejandro Martinez	Corporation for Responsible Community Development
Amber Roth	Homeless Health Care Los Angeles
Ashlee Oh	Homeless Initiative
Ben Henwood	University of Southern California
Bill Huang	City of Pasadena Housing Department
Brian D'Andrea	Century Housing Corp
Carlos Vannatter	Housing Authority of the City of Los Angeles
Celina Alvarez	Housing Works
Chancela Al-Mansour	Housing Rights Center
Cheri Todoroff	Department of Health Services
Chiquita Poole	Los Angeles Homeless Services Authority Lived Experience Advisory Board
Chris Ko	United Way of Greater Los Angeles
Connie Chung Joe	Korean American Family Services
Dan Parziale	Los Angeles Family Housing
Danielle Wildkress	Brilliant Corners
Darlene Harris	Department of Children and Family Services
David Howden	Corporation for Supportive Housing
Debra Rog	Westat
Dora Gallo	A Community of Friends
Edwin Gipson	Los Angeles Housing and Community Investment Department
Elizabeth Ben-Ishai	Homeless Initiative
Gary Painter	University of Southern California/Homeless Policy Research Institute
Glenda Pinney	Department of Public Health
Jack Lahey	Skid Row Housing Trust
Janeth Ventura	PATH
Jeff Proctor	Los Angeles Homeless Services Authority
Kelvin Driscoll	Department of Public Social Services
Kris Freed	Los Angeles Family Housing
Kris Nameth	Los Angeles LGBT Center
LaCheryl Porter	St. Joseph Center
Leepi Shimkhada	Department of Health Services
Luther Evans	Department of Public Social Services
Lynn Katano	Los Angeles County Development Authority
Maia Eaglin	St. Joseph Center
Marc Tousignant	Enterprise Community Partners, Inc.
Maria Funk	Department of Mental Health
Marina Genchev	Los Angeles Homeless Services Authority
Max Stevens	Chief Information Office
Meg Barclay	City of Los Angeles Homelessness Coordinator
Myk'l Williams	Los Angeles County Development Authority
Phil Ansell	Homeless Initiative

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

Participant	Agency
Reba Stevens	Los Angeles Homeless Services Authority Lived Experience Advisory Board
Reina Turner	Department of Mental Health
Sarah Tower	Union Station Homeless Services
Shade Johnson	HOPICS
Theresa Jones	The People Concern
Tim Soule	Meta Housing
Tonny St. James	Homeless Youth Forum of Los Angeles

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

Measure H Funding Recommendations Process

Homeless Initiative Policy Summit #5

Permanent Housing

Thursday, October 24, 2019

Key Points:

1. **Effective and comprehensive services are critical to boosting permanent housing placements and retention.** Too-high provider caseloads have a significant impact on placement and retention. Participants need effective case management and housing navigation services to become and stay housed.

2. **Shared housing is an important strategy that must be implemented with attention to client choice and existing evidence/data.** Shared housing can be highly effective if implemented well, but it may not be an ideal approach for all clients. Programmatic decisions regarding whether shared housing should be considered temporary or permanent, appropriate use of subsidies, and unique case management needs for shared housing occupants should be informed by experience in the field so far and forthcoming data.

3. **To increase placements, build on and add to existing, successful landlord engagement strategies.** Public Housing Authorities (PHAs) and service providers have effective landlord engagement techniques that should be disseminated as best practices. Additional strategies and close collaboration to ensure equity across landlord incentive programs can help to bring more landlords on board in a cost-effective manner.

4. **Well-supported options for clients that are ready to move on from Permanent Supportive Housing (PSH) can help to open up spots for new placements.** If implemented in a thoughtful and intentional manner, clients who are ready can move on from PSH, thereby freeing up slots for other clients. However, adequate case-management, housing navigation, employment services, and the option to move back if needed may be necessary to successfully implement this strategy.

Permanent Housing Policy Summit Notes
(Discussion questions in bold)

After a presentation by the evaluators for Strategies B3 (Rapid Re-Housing) and D7 (Permanent Supportive Housing), participants made the following comments:

- Data analysis in evaluation should include domestic violence statistics.
- Issue of "language justice" must be addressed in the evaluation. Women who are survivors of domestic violence and do not speak English face unique barriers. Researchers should interview people who speak languages other than English.
- Important to ask clients how they experience the effects of high levels of staff burnout/turnover.
- In addition to the client interviews that were included for B3 evaluation, researchers should add client interviews in D7 evaluation.
- Landlords are key bottlenecks in the rapid re-housing program; researchers should interview them to understand context. (Researchers plan to do so.)
- Need to clarify the breakout of D7 funding between services and rental subsidies.
- Evaluation should provide information on the experiences of specific vulnerable populations (seniors, disabled, etc.).

In the context of our current shortage of affordable housing, which is unlikely to be substantially remedied in the immediate future, how can we increase permanent housing placements?

Lower caseloads, enhanced services, and staff training/technical assistance
- To increase permanent housing placements, need to have lower caseload ratios for case managers, which will help to prevent burnout, reduce turnover, and enable providers to assist clients with additional services.
- Caseloads should differ for case managers depending on whether they are serving clients in scattered site or project-based housing. Project-based caseloads can be higher because less travel is involved.
- Retention takes a lot of case manager effort, which affects ability of staff to move more people into permanent housing (PH).
    - Challenge with RRH: teams are housing people faster, but retention is decreasing.
    - Retention is critical to housing affordability, since rent typically goes up with each move.
- We need to find a balance between resource allocation to services vs. rental subsidies.
- We need to ask: Which programs are doing well? When do programs work?
- There is need for robust housing navigation in order to have higher move-in rates. We need to improve training for housing navigators.
- Dollar amount and length of RRH subsidies are increasing because there is no PSH to match people with.
    - RRH has been successful as a temporary housing model while people wait for PSH.
- We should have equity in housing navigation staffing and landlord incentives, regardless of source of housing voucher.
- Cut back on service providers' time spent doing administrative work so they can engage more in direct services.

- Need to help truly stabilize people (especially in RRH); lower acuity participants should ideally be connected to Shared Housing.
- Need for more staff training in order to decrease turnover rate.
- Front-line staff may not understand how the housing market works or issues related to gentrification/housing discrimination.
- Use wrap-around services and occupational therapy for families to help them move through the system.

Affordable housing preservation, funding, and turnover
- Look into preserving naturally occurring affordable housing (NOAH) and converting existing affordable housing into PSH; project-based subsidies are critical.
- Older affordable housing projects often have units occupied by families whose children are no longer living with them (have grown up and moved out). Need to create incentives for parents to move on or to utilize empty bedrooms in their units for PSH/other housing.
- To increase housing placements, need to have more operating subsidies available and continue to rely on health department's funding (Measure H can't do it all).

Build on and improve relationships with landlords
- Cost of rent and willingness of landlords to rent to clients remains an issue; criminal background checks and credit score checks often disqualify participants from getting the unit. Even those landlords using Lease Up site can be discriminatory.
- To make things move more quickly, have housing navigation teams post-housing match; give landlords a bonus for holding a unit for a month or two for someone with a voucher.
- For private property owners who can't afford to update their units, have a program to pay for unit updates.
- Need to increase voucher amounts.
- Focus more on landlord engagement and try to build a community with landlords; create a taskforce for landlords and rental assistance agencies (so that we are not only looking at this from a homeless service system perspective).
- Clients need assistance in "presenting well" through the housing search process (so that they do not have to go to viewings "looking homeless"). Should be prepared to interact with landlords in the same way that people are prepared for job interviews.

Working with Housing Authorities and addressing issues related to vouchers/subsidies
- Housing authorities need to be seen as critical partners and be incentivized to participate in efforts to combat homelessness.
- Need to fill vacancies quickly, since unit values decline as they remain vacant. Sometimes turnover process takes a long time due to slow processing.
    o HACLA is working on reducing the time to turnover by doing inspection, interview, and background checks simultaneously.
- We should use targeted subsidy amounts for RRH, not standardized amounts.
- There seems to be an increasing appetite among landlords to engage in the Housing Choice Voucher (HCV) program; Housing Authorities should look at landlords and buildings where there are existing concentrations of HCVs and seek to expand those relationships, perhaps by trying to incentivize those landlords to increase the concentration of HCVs in their buildings, and perhaps even by turning existing HCV allocations into project-based units.

- In project-based sites, we need flexibility in occupancy standards. Some housing authorities are making changes in their administrative plans to allow for alternative occupancy standards.

Issues facing higher acuity clients
- Quality of life and sense of community are essential in PSH.
  - We have people who are aging in PSH and require increased levels of care. However, they don't deserve to be warehoused in institutions.
- We are prioritizing high acuity clients, so 1:20 ratio may not be appropriate.
  - Consider trying a ratio of 1:6 or 1:7 for high acuity clients.

Innovative solutions
- Providers need technical assistance regarding master leasing.
- Consider expanding shared housing using RRH subsidies.
- Homeowners can now have one full Accessory Dwelling Unit and one junior ADU; ADU website for LA City and County is coming.

How should shared housing fit into our efforts? How do spare bedrooms factor into creative solutions to find housing for people who may not need intensive services?

Key partners and opportunities for shared housing
- Government and non-profits cannot address homelessness crisis alone – we need the community to acknowledge its responsibility (including by accommodating and offering shared housing).
- In order to use spare bedrooms to house people experiencing homelessness, we need to involve and engage the community; we need to build a story so people are less afraid of people experiencing homelessness, can ascribe humanity to them.
- Getting faith-based organizations in on this is essential; in terms of spare bedrooms: try the model with seniors first (less "threatening" in the mind of the public) and go from there.
- While Section 8 has always had a shared housing component, it is not well used. Landlords want more money – e.g. they want 3 times the 1-bedroom apartment payment standard for a shared unit with 3 tenants.
- Consider whether SRO/efficiency rates can be used for shared housing.
- Need to provide insurance and security deposits for ADU owners; resources are also needed to make ADUs accessible for older adults.
- Airbnb has already shown that people are willing to take people into their homes. If we need to convince people to let others stay in their homes, we can demonstrate that people have already shown openness to this concept.
- Consider doing RRH in single-family homes for lower acuity clients; would be beneficial because after their time in RRH they would be able to afford their own room. This may also have a lower neighborhood impact/no neighborhood opposition. Owners can also build ADUs onsite. This is a faster, cheaper, and more liquid solution.
- Expand Host Homes for youth.

Client choice and needs

- We need to be careful regarding how we assess acuity and make sure that people get the right package of services. This impacts people's ability to be accepted in a shared housing situation and lowers fear.
- We need to keep people at the core of our discussion about shared housing, rather than just looking at it as a faster and easier approach to housing.
- Need more support for youth in shared housing.
- People in shared housing who are also struggling with mental health issues need to know that they can exit their shared housing at any time without consequence; fear of feeling "trapped" or "stuck" may be a major reason clients are not open to shared housing
- Need to emphasize choice for people experiencing homelessness.
- Shared housing seems to work well for veterans, youth, and low acuity clients.
- Need to increase choice around roommates. A roommate matching app is in the works.
- Differentiate between shared housing for clients who are not going to be eligible for a rental subsidy and shared housing for those who do have a rental subsidy.

Challenges of shared housing, including regulatory issues and personal/community challenges
- Using shared housing as a "bridge" and maintaining clients' homeless status while in shared unit will increase likelihood of client being open to shared housing – there is an opportunity to move on if homeless status is maintained.
- People move in to shared housing and then quickly want their own place; need to be more careful about who we place in shared housing because not everyone wants it.
- Shared housing often leads to less case management, plus the additional challenges of roommate dynamics, which the case manager must now address. Consider creating case managers tailored specifically to shared housing.
- A shared housing unit with more than 2 bedrooms may not work.
- Community spaces can be problematic due to variety of living styles; client mental health is also a challenge in shared spaces
- Shared housing could be used as a "race to the bottom" as far as living standards are concerned. Need to choose shared housing for financial and social reasons, rather than frame as "putting people in shared housing."

Funding and programmatic decisions related to shared housing
- Could we also call shared housing "transitional housing" in order to get increased federal funding?
- Need to incentivize people to choose shared housing. Since they may not be paying rent, they may not feel the financial benefit of shared housing. For those that are paying rent, perhaps only require them to pay 15% of their income toward rent rather than 30%.
- People fear that shared housing will pull funding away from other housing resources. We need to keep building the supply.
- LAHSA is starting to collect shared housing data; this will give us a lot more information. We should wait until this data is released before making any program decisions.
- Consider shared housing as a respite option for people who are permanently housed but may need a break
- Consider shared housing as interim housing or prevention tool. Shelter is a form of shared housing.
- City of LA has issued two reports on shared housing.

How can we implement "moving on" strategies to free up permanent supportive housing capacity?

Supports, training, and tools to initiate moving on strategies
- Need options for housing search assistance/navigation for people moving from project-based to scattered site units; we also need to create an incentive for this.
- Introducing the concept of "moving on" must be very intentional – if it is raised from the outset of PSH placement, it will undermine the "permanent" nature of the program. Need for targeted training and policy work; case managers need to know that the primary goal is not to move clients on from PSH.
- Employment services are often seen as a form of diversion; they can also be a tool to assist people in PSH with moving on.
- Create an "alumni support group" for people moving on from PSH.
- The Department of Health Services and the Corporation for Supportive Housing are exploring approaches to moving on from PSH. There is a needs assessment tool for the "moving on" program and trainings are occurring soon.
- There must be support for those who have moved on but may need help later. There should be a way to move back if needed.
- We need to be able to account for how "moving on" impacts retention rates so that it doesn't negatively affect performance outcomes.
- Clients need to get past "needing the system"; create "Homeless Anonymous" where formerly homeless can share, support, and understand each other.
- Providers need to be able to assess "moving on" success.

Are there opportunities to increase the number of federal, state, and/or local project-based and/or tenant-based subsidies for PSH dedicated by public housing authorities and/or from other sources?

- There is a 30% cap on funding to project-based PSH. Most PHAs are not near the cap.
- We should establish vacancy insurance.
- Board & Care should be a permanent housing option.
- Advocate to lift caps on project-based vouchers.
- There are many housing authorities beyond LACDA, HACLA, and Pasadena; have housing authorities that are at the forefront on homeless housing educate other housing authorities.
- It's important to understand that increases in allocations of vouchers are not cost neutral – the per unit cost goes up if income of clients is lower.
- Increase prioritization and support for clients already in units.
- Need continued engagement and support for housing authorities' tenant-based and project-based programs.
- Consider possibility of state-wide operating subsidy.
- Look at Domestic Violence Housing First model (used in Washington state)
  - Client choice is primary.
  - End goal should be self-sufficiency.

Are there opportunities to enhance our current efforts around landlord engagement? What barriers need to be removed to increase the number of landlords willing to rent to people experiencing homelessness? How do we get the word out to willing landlords who may not know about the opportunities through Measure H?

- Very difficult to engage landlords; need to do more to advocate against voucher discrimination; need to educate clients about their rights.
- Young people have specific needs; look for landlords who want to work with young people.
- An unintentional consequence of landlord engagement programs is that we are driving up lower end of the rental market.
- We now have considerable experience with landlord engagement – need to disseminate best practices.
- For scattered-site housing: need to consider damage caused for property managers and the expense of covering this; consider using Measure H funding to cover property damage costs. (PHAs have damage mitigation funds.)
- Should damage mitigation funding be implemented more broadly across the system?
- Bring landlords to the table.
- We need information about how many landlords have available and affordable units; currently no data on this.
- Housing acquisition specialists are helping us "speak the language of the landlords."
- Need transportation assistance for housing search.

Public Comment

- Create more opportunities for people already in PSH to work in agencies and government positions.
    - Need more senior housing that is safe.
    - Hold landlords accountable with trouble-shooting.
    - Need to be able to transfer terms of vouchers (so people can bring their kids and grandkids into the house).
- Need improved screening: many people have a wrong acuity designation; be realistic about client expectations; employment and housing should be intertwined with focus on self-sufficiency; do not enable clients.
- Focus on empowering Black people; acknowledge history of red-lining. To HACLA: Clients, especially Black people, should be able to actually purchase their own homes; Habitat for Humanity should be at the table.
- Define PSH further (CoC bonus or shelter + care?); need onsite support.
    - Consider insulating sheds at Costco as temporary housing (could build community kitchens and showers) while people wait for PSH.
    - Why can't affordable housing be applied to single-family homes?
    - Need to focus on empowerment.
    - Housing navigators need to be meeting landlords face-to-face.
- We need public housing built on public land (eliminates profit incentive); people can simply pay whatever percentage of their rent that they can; right now, the money is going to private developers.

- Need to have Planning Department and California HCD at the table; discuss land trusts; need to discuss rental market increases; shift money used for homeless encampment sweeps to actually upgrading encampments.
  - Concern that people are blaming us in the system for increasing homelessness when we can barely keep a roof over our own heads.
- Obstacle to shared housing: trying to use current buildings for the program when they simply don't work.
  - Consider instead using "millennial apartments" or podshares with bunkbeds, and creating housing specifically for this model; model could be used to meet high acuity needs since it alleviates social isolation.
- Shared Housing is the way of the future—we just need to market it differently; it helps reintegrate people into society and creates a sense of family/community. There are willing landlords.
  - Need to have people with real estate backgrounds at the table.
- Faith-based organizations and churches can get involved in shared housing; we need a "whole person" approach.
  - Also consider utilizing faith-based organizations' wellness programs for frontline staff in order to prevent burnout; pay more attention to how high case manager turnover rates impact clients.
- Case managers need smaller caseloads in order to provide more support. In terms of "moving on" strategies: be more mindful of how this impacts people's eligibility for other benefits; need to set aside resources for TAY when RFPs come out.

Measure H Funding Recommendations Process

Homeless Initiative Policy Summit #6

Employment

Wednesday, October 30, 2019

<u>Summit Report</u>

Homeless Initiative Policy Summit #6:
Employment

Wednesday, October 30, 2019, 9am-12pm
United Way of Greater Los Angeles
4th Floor Conference Room, 1150 S. Olive Street, Los Angeles CA 90015

Agenda

1. Welcome and Introductions (5 min)

2. Context for Funding Decisions (10 min)

3. Data Overview (5 min)

4. Discussion Questions (2hrs)

    a. What are the biggest barriers people experiencing homelessness face in obtaining employment? Where are there as yet untapped (or insufficiently tapped) opportunities to remove these barriers?

    b. How can we most effectively help adults experiencing homelessness who will not receive a rental subsidy to secure employment?

    c. How should we increase efforts to help rapid re-housing participants to secure and retain employment?

    d. In seeking to connect people experiencing homelessness to employment, how should we balance the immediate need for a job with a long-term need for a job that pays a living wage? In other words, where should job quality fit into our efforts to connect people experiencing homelessness to employment? How should we address the reality that people experiencing homelessness are often finding jobs that will not pay enough to enable them to independently pay the rent in non-shared housing?

    e. In LA County, three systems serve homeless job seekers: public workforce, social services, and homeless services. What are the strengths of each system and how can we capitalize on them? For people experiencing homelessness who are seeking employment, where in our systems (or outside) would increased funding be most impactful?

    f. Are we maximizing opportunities to partner with private industries to provide secure, well-paying job for people experiencing homelessness?

5. Public Comment (30 min)

6. Overview of Rest of Funding Recommendations Process (10 min)

Measure H Revenue Planning Process
Key Data: Employment

HI Strategies: C2/C7- Increase Employment for Homeless Adults

Key Data Points

Strategy	C2/C7			
Year	FY 17/18 WDACS	FY 18/19 WDACS	FY19/20 WDACS	FY 19/20 CEO
Total Funding (all sources)	$ 7,000,000	$ 7,150,000	$ 12,230,000	N/A
Measure H Funding	$ 5,000,000	$ 5,150,000	$ 11,300,000	$ 3,000,000
Measure H Funding as a % of Total Funding	71%	72%	92%	N/A
Total Measure H Unspent	$ 1,709,180	-	N/A	N/A
Number of participants newly enrolled	800	1,265	N/A	N/A
Number of participants served	800	1,265	N/A	N/A
Number of homeless participants placed in unsubsidized employment	206	636	N/A	N/A
Average cost per participant served	$ 6,554	$ 6,075	N/A	N/A
Average cost per participant placed in unsubsidized employment	$ 18,143	$ 11,570	N/A	N/A

Measure H Revenue Planning Process
Key Data: Employment

Strategy Data C2/C7 - Increase Employment for Homeless Adults	C2/C7 FY 17/18	C2/C7 FY 18/19
Number of participants engaged in Transitional Subsidized Employment	800	1,265
Number of participants who have completed 300 hours of Transitional Subsidized Employment	396	424
Number of participants who received vocational training*	14	22
Number of participants who entered interim housing	6	8
Number of participants who moved into permanent housing**	10	34
Number of participants who exited the program	435	820
Number of participants who secured unsubsidized employment upon exiting the program	206	636
Of those who exited in the data period, percentage that secured unsubsidized employment	47.4%	77.6%
Number of homeless participants served by WDACS and EWDD funded AJCCs/worksource centers	696	837

Strategy Data B3 - Rapid Re-Housing	FY 17/18	FY 18/19
Number of persons who obtained employment while in the RRH program	441	628
Number of persons who increased their income by $100 or more per month.	917	1,348
Number of persons who were employed at exit from the RRH program	1,421	1,903

Employment Summit Participants*

Participant	Agency
Adine Forman	Hospitality Training Academy
Caroline Torosis	Workforce Development, Aging and Community Services
Charisse Mercado	Los Angeles Homeless Services Authority
Cherylynn Hoff	Workforce Development, Aging and Community Services
Chris Ko	United Way of Greater Los Angeles
Chris Warland	Heartland Alliance
Cristina Nieto	HOPICS
Dara Papel	Corporation for Supportive Housing
Elena Fiallo	Department of Health Services
Elizabeth Ben-Ishai	Homeless Initiative
Erika Hartman	Downtown Women's Center
Evelyn Garcia	United Way of Greater Los Angeles
Greg Erickson	REDF
Kecia Coker	Department of Mental Health
Keris Myrick	Department of Mental Health
Kris Freed	Los Angeles Family Housing
Luther Evans	Department of Public Social Services
Marc Davidson	JVS
Maria Ayala	Department of Public Social Services
Melissa Young	Heartland Alliance
Michael Graff-Weisner	Chrysalis
Nathan Hess	California Policy Lab, University of California at Los Angeles
Pamela Crenshaw	Los Angeles Homeless Services Authority Live Experience Advisory Board
Phil Ansell	Homeless Initiative
PJ Stigers	U.S. Veteran's Administration
Reba Stevens	Los Angeles Homeless Services Authority Live Experience Advisory Board
Sarah Glenn-Leistikow	Center for Employment Opportunities
Simon Lopez	Goodwill
Will Lehman	Los Angeles Homeless Services Authority

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

Measure H Funding Recommendations Process

Homeless Initiative Policy Summit #6
Employment

Wednesday, October 30, 2019

Key Points:

1. **To address the persistent barriers to employment that many homeless job seekers face, more investment in employment services and supports and a greater emphasis on the centrality of employment to homeless services is needed.** Homeless job seekers face a wide range of barriers to employment, ranging from being homeless in and of itself, to institutional racism and stigma, to legal, health/mental health, and logistical challenges. While some homeless service providers have adopted successful models to assist participants with securing employment, there is wide variation across the system. In addition, the public workforce and public benefits systems must intensify their commitment and capacity to serve homeless jobseekers.

2. **We should build on innovative employment models that are already working in LA County and elsewhere, while also tapping into underutilized resources that could be supporting homeless jobseekers' pursuit of employment.** Models such as Individual Placement and Support (IPS), Social Enterprise, and Alternative Staffing are already in use or beginning to be in use in LA County, but could be expanded and replicated to serve more participants. At the same time, we may not be maximizing opportunities available through Community Colleges, Adult Schools, Regional Occupational Centers and Programs (ROC/Ps), apprenticeships, partnerships with unions, and others.

3. **Inadequate job quality can be a significant barrier to successful job placement and retention. While most participants want to work, the jobs they are most often directed toward may not enable them to sustain market rate rents in LA County.** Job quality concerns can be addressed through advocacy at the systems level; through investments in wage subsidies; and at the individual level, by targeting placement in higher wage jobs, connecting participants to high road employment programs, and building skills that open doors to sustainable career pathways.

4. **Employer engagement and support is crucial to accessing greater opportunities for homeless jobseekers.** We can pursue a range of approaches to building relationships with employers, including by drawing on the homeless services system's experience with landlord engagement (for example, by setting up a hotline for employers, to enable rapid responses to concerns that may arise when they hire our participants), utilizing a workforce with sales experience and skills to engage employers, and providing appropriate training and ongoing supports to employers to help them foster workplaces that are responsive to participants' needs and challenges. Further, understanding employers' business needs and striving to train and market homeless job seekers in a way that is responsive to these needs is essential.

Employment Policy Summit Notes
(Discussion Questions in bold)

What are the biggest barriers people experiencing homelessness face in obtaining employment? Where are there as yet untapped (or insufficiently tapped) opportunities to remove these barriers?

Discrimination and legal barriers
- Homelessness is a barrier in itself. Being a person of color, member of LGBTQ community, etc. are additional barriers.
- Criminal records and need for record expungement are both major barriers; agencies need to be better equipped to direct clients in this process; employers need to be more willing to hire people with records.
- Retention services are needed, including providing stipends and incentives for retaining employment.
- We need to examine data that shows who did and did not obtain employment after accessing employment services. We need to look at this data with an equity lens and see who is and who is not successfully connecting to jobs.
- There is still a lot of stigma around hiring people who have experienced homelessness; we need to reach out to employers directly and provide financial incentives for them to hire.
- Laws severely limit what jobs people with criminal records can access. This is discriminatory and needs to be changed.
- We can't look at general employment rates and think they apply to the population we are serving. Even in the midst of record low unemployment, the population we serve is still struggling significantly.
- How do we ensure that public workforce systems are equitable, especially for those who have historically been left behind?

Logistical challenges
- Women experiencing homelessness often stay up all night for safety reasons and then struggle to job hunt during the day due to lack of sleep.
- Transportation is a major barrier (even agencies that can provide some transportation for clients cannot provide enough money). Discussions about creating something between a bus pass and bus tokens is currently underway with Metro.
- Childcare is a major challenge for families. Often workplaces, childcare facilities, and places participants are staying are far away from each other; a parent may need to leave early for work before a childcare facility opens, and may not be able to pick up his or her child until well after the facility closes.
- Transportation provided through the CalWORKS GAIN program is insufficient. Clients sometimes end up becoming ineligible for it.
- Individuals on probation/parole face additional challenges while looking for work.
- Burdensome fines and fees are also a barrier.
- Not having IDs or a Driver's License is a barrier.
- Suspended licenses are a major barrier; sometimes the only issue here is that the person simply can't pay the DMV to reissue the license. We should explore opportunities to have fees waived, similar to the way birth certificate fees can be waived.
- Owing child support back pay can be a barrier to employment.

Appearance-related barriers
- Need more workforce development funding for clothing, soft skills training, coaching on how to "present well," storage for belongings while people job hunt (The Bin currently has a waitlist), childcare, and transportation.
- Dental care is essential; there continues to be a stigma around hiring someone who doesn't have teeth. (Dental care can be funded through Medi-Cal.)
- Medi-Cal's dental care protocol is to "pull not preserve," so people end up getting teeth pulled rather than getting the root canal they really need; eventually the person ends up needing dentures. This is a policy that Medi-Cal needs to reexamine.

Mental health, trauma, well-being, and self-confidence challenges
- People who have experienced homelessness need help in building their self-esteem and self-confidence. Some aspects of this include:
  - At bridge/interim housing sites, before even looking at jobs, residents should learn how to get up at the same time every day, clean up after themselves, check in with how they are doing mentally, emotionally, etc. (More structure in the day leads to greater self-awareness about how one is doing.)
  - Mental health care is essential (before, during, and after job placement).
  - Essential to connect people to jobs that they want to do.
  - Need to ask ourselves what job readiness really looks like.
- We need to look at how trauma impacts employment attainment and workplace behavior.
  - Behaviors that we observe and label "lack of motivation," for example, are normal responses to trauma.
  - Need to help employers understand how trauma is impacting their employees.
- Social isolation is a barrier to employment. Peer support groups are needed.
- People with severe mental illness are lacking support and access to IPS services and benefits.
- Everyone working in the homeless service sector needs to be trained in trauma-informed care.
- Facilitated peer support groups are needed so that people can talk through their mental health challenges, job seeking process, etc.

Job skills, career pathways, and retention supports
- Need to create pathways to jobs beyond the entry level.
- Skills gap is a major barrier; there is not enough engagement with employers to know what skills are truly needed for various positions. Clients need to receive specialized training for the specific role they will occupy.
- Men of color suffer most from skills gap issues; many lack work experience as a result of their experiences of discrimination.
- Concern about certain jobs we might connect clients to becoming obsolete due to technology.

System barriers in the workforce development system
- Public workforce system overall continues to work with the easiest people to serve and the easiest jobs to locate.
  - Federal performance measures drive focus on easiest to serve.

- o Employment centers need more support in gaining capacity to serve higher barrier individuals.
- o Funding for employment centers has declined.

Other barriers
- More homeless agencies need to be willing to hire youth and people with lived experience.
- Housing programs need to set more realistic expectations—some transitional housing programs/rapid re-housing (RRH) programs aren't truly "Housing First"; some require youth to be employed before they can obtain housing.
  - o LAHSA states that this wouldn't be the case for programs they fund.
- Real and perceived benefits cliffs are a barrier. This can result from lack of communication/education to front line staff and from front line staff to clients about the transition from living on benefits to living off earned income, leading to fears about getting off benefits; need to educate employment services providers so they can let clients know what that transition will look like.
- It is challenging for providers to meet the needs of high acuity clients or those who have been justice-involved, when searching for employment.
- People who are employed should receive housing prioritization (perhaps through RRH).

Untapped opportunities
- Untapped resource: trade unions. For example, the Carpenters Union has a "My Brother's Keeper" program. Many clients who have been referred to this program have been hired.
- Unemployment is at a record low, which is an opportunity, but pathways to finding jobs are completely broken and present a barrier.
  - o More subsidies may be needed to offset costs; federal and state programs that offer subsidies are difficult and competitive for employers to use.
- Need to think about the person here, not just the system
  - o Consider the human factors: majority of the people we are serving do not have a GED, may struggle with reading and writing, may struggle with substance use, have inconsistent work history.
  - o Need to focus first on basic skills—reading, writing, and getting sober.
- Would be helpful to have a coach who could help clients show up to job training and help them problem-solve on a daily basis; this role can be filled by someone with lived experience. People with lived experience often love this type of role and see it as a form of giving back.
- Job retention and wage growth post-employment is crucial.

How can we most effectively help adults experiencing homelessness who will not receive a rental subsidy to secure employment?

Employment should be a key part of problem-solving work
- Problem solving practices hold promise for lower/mid acuity clients – employment should be at the center of problem solving. Need to integrate connections to workforce development in these conversations.
- We need "employment-specific" problem-solving.
- As a part of Employment and Homelessness Taskforce recommendations implementation, there will be flexible funds administered via problem solving staff. This will initially be implemented in some regions and may be expanded in the future, based on experience.

- Transparency regarding access to resources is necessary for people to make decisions about employment; it's important to tell people they won't get a housing subsidy if they won't get it.
- We are over-subsidizing housing for people who want to/can work
  - To address this, subsidize employment (rather than housing).
  - Can we have publicly-sourced jobs for these low acuity clients?

Cultivate high road employment opportunities
- Need "higher road" opportunities that get people systematically connected to jobs with benefits, etc.
- We should have a coordinated waitlist/prioritization system for high road employment opportunities.
- For Hospitality Training Academy, partnership with Goodwill (and HealthRIGHT 360) has been essential; they are doing a great job.

Innovations and specific sectors hold promise
- ASOs (Alternative Staffing Organizations) are a good opportunity for lower acuity clients; county is currently funding two ASOs; they can provide temporary employment to bridge the gap until clients can obtain permanent employment.
- Need place-based strategies. For example, the Refresh Spot (RS) in Skid Row:
  - All staff (100) providing services at RS are homeless and live in immediate area.
  - This addresses issues with ability to get to work and access services.
  - Now there is an opportunity to build on that with businesses/contracts in the surrounding area.

Job quality/compensation is an important factor for long-term success and client autonomy/choice
- Need to look for employers who could eventually pay a wage that would allow clients to live in market-rate housing.
- People don't want to work for minimum wage; work needs to be meaningful and provide a living wage.
- Pay clients who go to training.
- Federal law does not allow for federal funds to be used for stipends in job training (opportunity for change here).

Create supportive workplaces for people exiting homelessness/experiencing trauma
- Employers need to make mental health care more accessible.
- Encourage flexibility among employers: if employees are late, for example, help them understand the way trauma impacts people so they will be more gracious towards their employees.
- Need to support employers. A lot of people want to employ our clients but are fearful about retention.

Require service providers, government contractors, and/or government agencies to hire people with lived experience of homelessness
- Explore possibility of having contracts that require hiring people with lived experience.

- Recognize that having a degree does not necessarily mean you have common sense; consider removing degree requirements for some jobs in homeless services system.
- There aren't any carved out employment incentives for the county to hire people with lived experience.
- Need to have a policy in place requiring that 51% of people employed in the homeless service system should be people with lived experience.

Provide appropriate supports for employers that hire people experiencing homelessness.
- We need "employment whisperers" who can build connections with employers and be called if employers have concerns/ if something goes wrong; hold employers accountable and encourage them to hang on to employees.
- Create an Employer Hotline (similar to Brilliant Corners' Landlord Hotline, which has been very successful). Hotline would provide rapid resolution to employers' concerns and promote job retention.

Provide necessary supports/barrier removal for homeless job seekers
- Childcare is essential for families, but is hard to access and is too expensive.
- Need flexible cash assistance to help people with transportation, childcare, etc.
- Make jobs geographically accessible where clients are already accessing services.
- An intermediary is needed in geographic "clusters" (for Employment and Homelessness Taskforce implementation) to provide "glue" in the pilot program (so the program can continue past the one-year commitment).
    - Two coordinators have been hired to do this work, one for each of the two pilot clusters.
- Would be helpful to have a liaison to help people who are completing job programs but are still experiencing homelessness.
- WorkSource centers need to provide more intensive services—sometimes they are only helping clients with résumés.
- California Policy Lab is working on new research on the relationship between homelessness and employment; it will evaluate which subgroups could most benefit from employment services and job training.

How should we increase efforts to help rapid re-housing (RRH) participants to secure and retain employment?

Utilize innovative models that been successful in LA and elsewhere
- Consider using IPS (Individual Placement and Support) model, which attaches employment specialist to a client. This model has been very successful at the VA. Employment specialists should be embedded in treatment teams.
- Utilize "ABC model"- Get any job, get a better job, then get a career.
- Pilot underway at A Bridge Home sites, placing social enterprises on site, in partnership with REDF. Social enterprises can help housing providers and employment providers integrate; they also can provide training for frontline staff.
- Need to work with employers to create "career ladders/lattices" so that entry level jobs can lead to higher positions.
    - Metro has been successful in this; Metro's contracts require them to hire from the pool they train.

- We have a lot of programs that are working. How can we highlight those best practices and invest more funding in what we are already doing? We don't need to reinvent the wheel.

Provide RRH programs with adequate funding and staffing
- Many RRH programs do not have employment specialists but need them.
- It's a challenge that RRH is geared towards higher acuity clients; RRH has insufficient funding to provide field-based job development.
- We need more employment-related funding. A percentage of RRH money should go towards job certifications, uniforms, etc.
- Need more money going towards low acuity clients so they don't become high acuity.
  - Hard to identify who among low acuity group will resolve and exit into housing and who will become high acuity.

Improve, modify, or enhance RRH service delivery and workforce development system service delivery to meet the needs of homeless job seekers
- Need to change the way we deliver services and the hours we offer them. It is very difficult for clients who are employed to access services since the services are only available during normal business hours; case managers need to be meeting clients in the field wherever they are.
- Need employment/workforce sector to take responsibility; it is not just the responsibility of the homeless services sector to address employment for homeless job seekers.
- Employment programs need to be targeted towards women who have experienced trauma. In some cases, serving this population is more effective with an internal employment specialist, rather than referring out to an external agency.
- Stabilization services can be used to help people retain their jobs; we need to talk to clients about the level of accountability expected from them in starting their jobs.
- Need to acknowledge that RRH is not for everyone; some people might need more skill development than a fixed term housing subsidy will allow. Consider extending the subsidy in this case.
- All RRH models need to include employment services, and these employment services should be intertwined with the program from the beginning.
- Challenge of varying speeds: in RRH, housing is addressed urgently, but employment can take time.
- Need to define the true purpose of RRH and stick to its original purpose; shouldn't some RRH funding go towards prevention? Wasn't that in the original RRH plan?
- We need greater clarity about what various programs do; people need to know that employment is a key part of the homeless service system.
- There is a lot of variation across agencies and what they are able to provide; one model may not work for all agencies in this large county.
- Stipend in RRH for additional training would be helpful.
- Need better coordination between employment services and housing case managers.
- Employment and prevention services need to be connected. People in need of prevention are often under-employed or have been recently laid off.

Appropriately engage employers to "sell" them on hiring people experiencing homelessness and help them create environments where people experiencing homelessness will thrive
- Instead of getting people ready for jobs, we need to get jobs ready for people.
- Need more on-the-job training earlier on (perhaps through subsidies).
  - We could taper off housing subsidy after the first year, then begin an employment subsidy.
- Employer engagement is "salesy" – we need staff who can operate like salespeople to work on employer engagement. May not be the job of a social worker.

Address unique personal and institutional challenges that homeless jobseekers face
- Legal advocacy is needed (especially regarding background checks); People who have served their time have served their time; let's move on from that.
- Need to acknowledge that it is a challenge for clients to get turned down from jobs; often more discouraging for them than for someone not experiencing homelessness.
- Geographic challenge: People may be living, working, and accessing services in different SPAs.
- There is a difference between "ready" vs. "competitive" in job readiness.
- People who are homeless are competing with people who are not homeless for jobs, which is a major challenge.
- Need to help clients truly specialize in their passions.

Clients need access to career pathways that lead to living wages
- A lot of clients are already working, but simply can't pay market rent.
  - Need to work towards aligning market rents and wages. Otherwise, we will continue to have people returning to homelessness when their subsidies expire.
- It is very difficult to search for a better job while maintaining a minimum wage job.
- How do we move people up in a job?

In seeking to connect people experiencing homelessness to employment, how should we balance the immediate need for a job with a long-term need for a job that pays a living wage? In other words, where should job quality fit into our efforts to connect people experiencing homelessness to employment? How should we address the reality that people experiencing homelessness are often finding jobs that will not pay enough to enable them to independently pay the rent in non-shared housing?

and

Are we maximizing opportunities to partner with private industries to provide secure, well-paying job for people experiencing homelessness?

- Right now, we don't use dollars to train/coach people who are already employed but seeking better employment.
- People need general coaching on balancing their job, job training, childcare, etc.
- AJCC's have resources for trainings, but who is accessing training? Primarily those with lower barriers.
- Need to invest in apprenticeships.

- Adult Schools, Regional Occupational Centers and Programs (ROC/P), and Community Colleges are all resources that could be more effectively tapped. However, may be difficult to navigate these programs.
- A navigation specialist is needed to assist people throughout the employment process.
- We need to "shoot for gold," not for low-paying jobs where people will get stuck and be treated as "less-than."
- GEDs are crucial.
- We need to leverage the right services for the right people at the right time (and better utilize social enterprises).
- For County jobs, background checks and drug tests should not be required; major barrier for the people we serve.
- Homeless services organizations need to live their missions – pay staff a living wage.
- Construction industry is an area where housing crisis and job crisis could intersect to our clients' advantage.
- Using employment subsidies is important for creating a narrative that will be well-received by the public: shows public that our clients can and do work, but housing is simply too expensive.
- While tracking wages and aspiring to higher wages is important, setting wage targets for providers who place clients into jobs will incentivize "creaming."
- We need to speak to the needs of private employers – what are their business needs and how can we meet them? AJCCs need to have better awareness of opportunities in the job market.
- Need to advocate to change quality of the jobs available to our clients.
- Job quality/participant choice should come first; at the beginning of intakes, we need to ask clients what their goals are.
- Public Workforce system does nothing but stamp and sign for people so they can get GR; they need to be doing more.
- Transitional employment is very successful in leading to better, higher-paying jobs.

Public Comment

- Need to change our perspective. If the goal is self-sufficiency, considering client goals is essential. Need to consider success in employment services by race; there are additional challenges for Black people. 50% of Black people in LA are either underemployed or unemployed. There needs to be frontline staff training in working with Black population.
- Need pilot program in the next 1-2 years for TAY and RRH clients to be able to access education. People need to know that tuition can be free. Transportation and clothing could be made available through this pilot, too.
- Need to invest in the people skills that lead to success—value, dignity, team-playing, etc. Clients need help in turning their challenges into opportunities; we need to truly tap into the potential of our clients.
- Domestic violence and trauma are major barriers because they remove people's voice; need to "clothe" people from the inside out. Empowerment classes are essential.
- Black, middle-aged women are disproportionately experiencing poverty. Black people with lived experience need to be hired by providers. There is a disconnect between what's happening in the system vs. on the ground.
- Need to prioritize people who are employed/underemployed in RRH.

- Need to increase CalJOBS access.
- Veterans are often not getting paid enough; need to arrange service provision around times they aren't working.
- This is a great conversation; need to discuss funding streams, which are difficult to access. Can we use Measure H funding specifically for employment services?
- Incorporate mandatory training for frontline workers so they do not re-traumatize people.
- To everyone here, you're doing a great job; need more collective effort of homeless service providers creating employment services. Again, it is important to "get jobs ready for people," rather than "get people ready for jobs."

Measure H Funding Recommendations Process

Homeless Initiative Policy Summit #7
Partnerships with Cities

Thursday, November 7, 2019

<u>Summit Report</u>

Homeless Initiative Policy Summit #7:
Partnerships with Cities

Thursday November 7th, 2019, 9am-12pm
United Way of Greater Los Angeles
4th Floor Conference Room, 1150 S. Olive Street, Los Angeles CA 90015

Agenda

1. Welcome and Introductions (10 min)

2. Context for Funding Decisions (10 min)

3. Discussion Questions (2hrs)

   a. What are current successful and/or promising city efforts in preventing and combatting homelessness?

   b. What supports do cities need to scale up their efforts in the arenas where they are uniquely situated to prevent and combat homelessness?

   c. What opportunities exist for cities and the County to optimize encounters between law enforcement/fire/paramedics and individuals and families experiencing homelessness to connect them to housing and services?

   d. What barriers hinder development of affordable and supportive housing in cities throughout the County? How can we streamline and incentivize the process of permanent housing development?

   e. How can the County, cities, and community organizations collaborate to address community opposition to the development of affordable housing and supportive housing?

   f. What collective legislative advocacy should cities and the County pursue at the state and/or federal level to maximize our ability to address homelessness and remove barriers to doing so?

4. Public Comment (30 min)

5. Overview of Rest of Funding Recommendations Process (10 min)

Partnerships with Cities Summit Participants*

Participant	Agency
Al Palacio	Los Angeles Homeless Services Authority Lived Experience Advisory Board
Alisa Orduna	City of Santa Monica
Anne Miskey	Union Station Homeless Services
Ashlee Oh	Homeless Initiative
Benita DeFrank	City of Pomona
Cheri Todoroff	Department of Health Services
Christina Cruz	Workforce Development, Aging, and Community Services
Clementina Verjan	Los Angeles Homeless Services Authority
David Howden	Corporation for Supportive Housing
Elizabeth Ben-Ishai	Homeless Initiative
Gilbert Saldate	Gateway Cities Council of Governments
Glenda Pinney	Department of Public Health
Gloria Johnson	Los Angeles Homeless Services Authority Lived Experience Advisory Board
Grace Farwell	South Bay Cities Council of Governments
Irene Muro	Whittier First Day Coalition
Jerrid McKenna	City of Santa Clarita
Joel Roberts	PATH
Jose Delgado	Los Angeles Homeless Services Authority
Julia Stewart	Gateway Cities Council of Governments
Justine Esack	Public Defender
Kelvin Driscoll	Department of Public Social Services
Luther Evans	Department of Public Social Services
Maria Funk	Department of Mental Health
Marisa Crater	San Gabriel Valley Council of Governments
Maureen Richey	Lesar Development Consultants
Meg Barclay	City of Los Angeles Homeless Coordinator
Megan McClaire	Department of Public Health
Meredith Berkson	Los Angeles Homeless Services Authority
Nancy Wilcox	South Bay Homeless Coalition
Phil Ansell	Homeless Initiative
Reva Feldman	City of Malibu
Rowena Magana	Homeless Initiative
Ryan Izell	Department of Health Services, Office of Diversion and Reentry
Sage Johnson	Homeless Youth Forum of Los Angeles
Shannon Delong	City of Downey
Terry Dipple	Las Virgenes Malibu Council of Governments
Toi Chisom	City of Lancaster
Viet Hoang	City of Torrance
William Kitchin	Los Angeles County Sheriff's Department

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

Measure H Funding Recommendation Process

Homeless Initiative Policy Summit #7
Partnerships with Cities
Thursday, November 7, 2019

Key Points:

1. **Cities have the capacity to contribute critical resources to combat and prevent homelessness, but they need to be adequately supported – both financially and otherwise – in order to do so.** From their jurisdiction over land use issues to their capacity to utilize city-owned properties as sites on which to develop permanent and interim housing to their unique relationships with constituents and local institutions, the role of cities in the movement to combat and prevent homelessness should not be underestimated. But cities need financial support to maximize their capacity to contribute. In addition, they need guidance, technical assistance, and training to support their efforts.

2. **Cities need clear and consistent information from the County, the Los Angeles Homeless Services Authority, and community-based homeless services providers regarding efforts to address homelessness. While steps in the right direction have been taken in this regard, there is room to strengthen the lines of communication.** The recent release of city-level homeless services data is a helpful step forward in sharing information. Further expanding and institutionalizing lines of communication between cities, COGs, and County agencies can help to ensure effective partnerships.

3. **Cities have already been engaged in many creative and effective efforts to combat and prevent homelessness. We should ensure that these efforts are recognized and best practices derived from them are shared throughout the County and beyond.** Both as a result of recently- developed City homelessness plans and through other efforts, many cities across the County have been stepping up to do their part. Unique models of delivering services and partnering across departments within cities can help to inform strategies employed throughout the County.

4. **Like all actors in the homelessness policy arena, cities experience the challenges of limited resources and feel the impact of such limitations in their interactions with constituents and other stakeholders.** In particular, many cities feel that their law enforcement staff would be able to work more effectively and less punitively with people experiencing homelessness if they had access to interim housing, permanent housing, and substance use disorder treatment. In the face of the scarcity of such resources, some cities have funded interim housing beds specifically devoted to the clients with whom their law enforcement staff interact.

5. **There is broad recognition that to truly move the dial on homelessness, we will need more comprehensive and far-reaching intervention from higher levels of government, including the state and federal governments.** From state-level policies regarding land use and housing development to mental healthcare funding to ensuring ongoing funding for rental subsidies, the scale of the homelessness crisis in Los Angeles County requires ongoing action from other government entities.

Partnerships with Cities Policy Summit Notes
(Discussion questions/themes in bold)

What are current successful and/or promising city efforts in preventing and combatting homelessness?

Regional approach is helpful and should continue to be bolstered. Councils of Government have been effective coordinators.

- We need more of a regional approach (SPA or Sub-SPA level) because addressing issues just at a city level can push issues across jurisdictional lines without necessarily addressing them. For example, some cities have implemented overnight RV bans, which affects neighboring cities that don't have such bans.
- Board of Supervisors has allocated funding to COGs to help facilitate regional approaches.
- In the San Gabriel Valley (SGV), COG represents 30+ cities; has been helpful in coordination efforts, since the cities share the same service providers.
- In Gateway, the leadership of the COG has been helpful. PATH divided region into "quads," to facilitate collaboration and service delivery.
- After the Homeless Prevention Initiative (in about 2006), cities outside of downtown felt that they weren't getting sufficient funding. This helped motivate a regional approach as the County agreed and created regional programs. (HPRP, VASH, and county funds also helped).
- County should continue to support COGs and cities, which need administrative money and other sources of funding.
    - $500,000 to COGs is ongoing.
    - $9M one time supporting implementation of cities' homelessness implementation plans. Utilization timeline likely to be extended from Feb. 2021 to June 2021.
    - $6M Innovation funding to the COGs. Utilization until June 2021.

City planning process/planning grants have been helpful.

- Cities having the opportunity to develop homelessness plans has been helpful. Cities have been getting connected to resources and learning more about services. Resource fairs that include service providers have been helpful and meaningful – they can help debunk many myths about homelessness. For example, the City of Carson just did one; the mayor attended, and it was very helpful.
- Planning grants have allowed cities to reflect on their resources.
    - Land use and zoning changes have been streamlined.
    - Cities have been more willing to use their own property for building PSH. Some have supported motel conversions.
    - This is a regional issue; seeing cities band together and form trust funds has been helpful.
- Cities initially felt resentful about perceived lack of fair share of Measure H; felt like there wasn't room for them to be part of it. But recent city-level data was helpful—it showed what's being done, how many people have been housed, and what partnerships already exist.
- Planning grants helped cities feel more in control and more included in Measure H efforts, leading to a large shift in attitude and focus among cities regarding their views of Measure H.

Promising actions by specific cities

- City of Torrance has a Homeless Services Commission. The Commission values data from agencies; helps show where money is going; it is objective and deliberates based off of data; engages the public and agencies monthly.
- Torrance also does lots of internal staff training, which is important because they are the ones who interact with and educate the public.
  - The County is currently working on an effort to educate county employees; this could be a model for educating cities.
- Pomona has built a 250-bed shelter and access center; 25 cities in California have come to visit Hope for Home, which has inspired other cities to make similar efforts.
  - Hope for Home hosts County services monthly.
  - Hope for Home also reserves beds for a cohort of three cities (Pomona, Claremont, La Verne) through the Homeless Initiative's funding.

Recommendations on service delivery and/or specific services/programs
- 10% of people experiencing homelessness are in unincorporated areas. What's happening with them?
- Law enforcement and public safety are getting more involved at city level, particularly with LAHSA, MET, and HOST teams.
- Law Enforcement-Assisted Diversion (LEAD) has been a helpful program—it helps people get case management and housing instead of going to jail—but needs to be expanded.
- Need stronger ICMS workers who can work with clients from start to finish.
- Need more collaborative efforts between law enforcement and SPA leads.
- Need more field-based mental health services. Meeting clients at McDonalds, etc. helps remove the stigma around receiving mental health treatment that is often reinforced in more formal, clinical settings.
- Cities need to employ people with lived experience to do outreach; this offers hope to people experiencing homelessness.

Role of city resources and land in addressing homelessness
- Cities should continue to repurpose their resources i.e. using their law enforcement, sanitation services, and property, etc. in order to address homelessness.
- Examples: City of LA used its own land for interim housing; has also repurposed other municipal services through its Unified Homelessness Response Center (includes Sanitation, LAPD, City Depts, Aging, Disability, etc.).
- There has been a shift in how L.A.'s Department of Sanitation interacts with homeless clients. Now treating them like customers, just like people who are housed. Law enforcement is no longer needed to mitigate these interactions; have been called only 1% of the time.
- Cities can help create/preserve affordable housing through policy changes, including zoning changes, inclusionary zoning, a moratorium on no-cause evictions, etc.

Other comments
- We're seeing waves of city involvement; many cities wait and see what other cities do to get involved, and then choose to get involved themselves after that. Still, all 88 cities need homelessness plans.
- Education is key; staff and elected officials are more educated, but the public remains very uneducated – members of public often coming to meetings and make statements that aren't true/reiterating homelessness myths.

- Cities have not given themselves enough credit for what they have been doing. Resource fairs and connect days have been very helpful; a lot of cities have volunteered to be "Opt in" cities for the Point-in-Time Homeless Count.

What supports do cities need to scale up their efforts in the arenas where they are uniquely situated to prevent and combat homelessness?

Funding information and flexibility/streamlined contracting process
- Funding guidelines need to be expanded to accommodate pilot programs. For example, Redondo Beach borrowed from its Public Employees' Retirement System (PERS) because there was no service funding to initiate the record-clearing project. Not addressing certain segment of population that is falling through cracks (resistant population).
- Flexibility is needed in contracts; cites' contract experience has been very discouraging. Boilerplate templates are not working; takes a very, very long time.
- Need a guide for cities to track resources available to cities. Cities have different understandings of funding flow; cities need a better understanding of how funding works so they are not randomly applying for grants and getting frustrated along the way.
- Malibu needs assistance in effectively spending funds; spent $30,000 in printed documents about homelessness; this money could have gone towards helping someone find housing.

Education, training, data and communications
- LAHSA is working to communicate better with cities, as there is currently lots of misinformation; LAHSA wants to launch either quarterly or monthly phone calls for cities to provide updates/education.
- SPA-level data would be helpful, including info detailing numbers on motel conversions, subpopulations, etc.
    - Inclusion of SPA-level data in forthcoming Gaps analysis will be useful.
- Training is needed for city staff; Sheriff staff training has been good, but needs to be tailored to what the staff are experiencing on the ground.
- City officials also need communications training to facilitate interacting with people who are misinformed about the issue of homelessness.
- Need to create an App to consolidate available services (similar to the way that veterans can text to get services from 211).
    - There is an upcoming County technology innovation challenge, which will include a category for the design of a coordinated homeless portal.
- Frontline staff members are not the only ones who should have information; CEOs and administration need to know what is happening on the ground, too.
- A major barrier for cities is knowing who to contact, so quarterly meetings with LAHSA are needed.

Specific services/staffing
- Challenge for Malibu and other cities within Malibu's COG: Lack of services available in this area.
    - Need better partnerships with entities that have resources.

- o Need fewer restrictions on voucher use. Clients in City of Malibu have subsidy vouchers but nowhere to use them. ADUs that are not permitted by the city are not eligible for voucher use. There is general lack of knowledge about voucher use.
  - o Malibu/Los Virgenes area also needs additional outreach workers; currently takes 48-72 hours for outreach workers to respond to calls.
- If cities offer office space for outreach workers in their cities, this helps to build relationships with them and learn more about what is going on/what cities can do to help.
- LA-HOP is not meant to provide an immediate response, but working in closer proximity to outreach teams can facilitate faster responses.
- Santa Monica invested into an Affordable Housing Trust Fund to keep low-income seniors in Section 8 units, but residents were then penalized by CalFresh because housing was considered income.
- In terms of staff capacity: Licensed social workers are helpful; having public health nurses on paramedic teams would also be helpful (but not all cities can do this, because of the costs).
- Board approved 4 Public Health Nurses ongoing; they will accompany outreach teams to larger encampments where there are PH risks.
- Need to better utilize people in training: students in social work, nurses getting their BSN, etc. who need hours—utilize them in order to serve our clients.
- Concern about death rates among people struggling with addiction on the street; need to create more beds in hospitals for these people.
  - o Cities need more detox beds; need for engagement with community hospitals about increasing number of detox beds.
- Substance Abuse Prevention and Control: Recognizes the need to connect with hospitals and provide 24/7 services.
- Need more spaces for services; transportation is a big issue for people trying to access services.
- Need housing locators to find rooms and ADUs, to help combat Section 8 discrimination, and to form relationships with property owners.
- Challenge: Finding a balance between investing in immediate needs (such as the expensive interim housing that is needed now), and investing in needs for tomorrow.

Unique roles of cities and relationships between cities
- SGV cities are uniquely situated; they have the ability to leverage relationships with property managers. If owners are apprehensive about the Countywide master leasing program, having direct access to local City departments will increase owners' buy in and willingness to rent to people experiencing homelessness.
- Cities can learn from best practices of other cities, e.g. Affordable Housing ordinances.
- Across the County, there are inconsistencies in city policies regarding how street homelessness is addressed; for example, when surrounding cities ban RVs, they end up in the City of LA.
- Need to work with people living in garages that are not considered ADUs and get these spaces up to code.
  - o A countywide ADU website is coming, developed by the County and LA City.

What opportunities exist for cities and the County to optimize encounters between law enforcement/fire/paramedics and individuals and families experiencing homelessness to connect them to housing and services?

Fruitful collaborations with law enforcement/first responders and opportunities to share information

- LAHSA Outreach Teams have been working with the fire department in high fire areas to identify encampments and reach out to people living in them before fire season.
    - No fires this season have been related to people experiencing homelessness, which is significant.
- Pasadena has built good relationships with its police.
    - Still, officers are feeling like they don't have the resources to address homelessness. They are stating, "I want to take the individual experiencing homelessness somewhere [he or she can access services], but if I can't, I'll have to arrest them."
- Need for access centers and safe storage to which frontline staff can easily refer their clients.
    - Board of Supervisors approved a motion directing County to establish 5 storage facilities (one in each Supervisorial District)
    - City sites could be ideal for safe storage (with County funding).
    - County will model storage sites on City of LA model and contract with Chrysalis to administer.
- Need more communication with law enforcement. Explore options for sharing with law enforcement as authorized under AB 210. This is constrained by HIPAA, but there may be opportunities for limited data sharing in phase 2 of AB 210 implementation, which involves the launch of an automated system.
- LAHSA has policy concerns about sharing HMIS data with law enforcement.
- Law enforcement is partnering with outreach teams as frontline workers.
    - In Redondo Beach, pilot program includes law enforcement, prosecutors, drug courts. It is a creative way to divert people from courts. Has been implemented for 4 months. Pilot is working, but there is no funding for law enforcement.
    - Program is also looking into linking those on 5150 holds to a bed and getting back on their meds.
- Sharing client health information with law enforcement is prohibited. DPSS and LAHSA information could legally be shared with law enforcement to support access to services and housing, but should it be?

Efforts to find alternatives to arrests

- It has been helpful to educate the public about when *not* to call police (and to use LA-HOP in most cases instead). It is not illegal to walk down the street "looking homeless."
    - Would be useful to have wallet cards with info for community members re: who to contact and when.
- Law Enforcement Assisted Diversion (LEAD) should be expanded; LEAD connects people living on the street who have engaged with police or committed low-level crimes to ICMS. Re-entry teams have been helpful, but they need better integration with cities. Youth Diversion and Development Program has been helping youth stay out of juvenile detention centers.
- Important that law enforcement communicate the positive effects of homeless services to those on the street and to the public.

In order to be successful, law enforcement needs access to beds and services

- San Gabriel Valley still has no place specifically for people struggling with substance use and no after-hours access to services, which forces police to get involved in a lot of situations with people on the street.
- The reality is that as long as services are not offered on weekends/evenings, law enforcement and paramedics will be the ones doing much of this work.
- Police departments should be able to drop people off at beds. Pomona's Officers Assisting the Homeless Program has dedicated a lieutenant, a sergeant, and 4 police officers all trained in responding to homeless-related concerns.
- In the city of Pomona, an access center (now open 6 days a week) has been set up to divert paramedic calls; 8 beds at Hope for Home are dedicated to clients brought in by police officers only. So far, this is a good pilot that could be used elsewhere.
- Need to have beds set aside; the Homeless Initiative could have set-aside beds for cities.
- Need substance abuse and mental health facilities; problematic that some urgent care and sobering centers are limited to 24 hours of care, as more hours may be needed.

Recommendations for further collaboration: colocation, case conferencing, diversion
- Law enforcement should be at case conferencing with LAHSA.
- Need to have an outreach worker and/or case manager housed at the Sheriff's Department office so they can respond to non-criminal issues that arise. COGs may explore using innovation funding to support such a placement of outreach workers.
- Need to applaud efforts to educate law enforcement—it is so necessary to connect people to beds instead of making arrests, especially because arrests are a major barrier to housing, employment, etc. down the line.

What collective legislative advocacy should cities and the County pursue at the state and/or federal level to maximize our ability to address homelessness and remove barriers to doing so?

- Getting phones for clients without an address is a major challenge. This could be addressed at the federal level.
- AB 1971: County needs to revisit and expand the definition of "gravely disabled."
- If the state invests in interim housing, there needs to be a long-term solution; otherwise, the investment is a waste of money.
- CEQA poses challenges.
- City of Whittier is sitting on $1.4 million in HOME Funds, which cannot currently be used for transitional housing because it doesn't create discrete units. Need more flexibility at federal level with HOME.
- On state level, there is a state law that allows for conversion of single-family units into triplexes, e.g. two ADUs on the property. If we don't get credit for this under the Regional Housing Needs Assessment (RHNA), will experience a lot of pushback.
- The state of California should declare a state of emergency in order to bypass local and zoning challenges currently stagnating efforts. People have a right to do more than exist. Three people per day are dying on the streets.
- Need to pass bill to allow paramedics to take people experiencing homelessness to alternative care facilities.

- Need mental health care to be more flexible like the Full Service Partnership program. We are hearing a lot from managed care providers about the challenge in not being able to center services around what people need, but rather what they can be reimbursed for.
- Rent control is a huge issue.
- Life skill programs are needed for people exiting foster care and prison; will help preserve relationships with landlords.
- Need senior housing, TAY housing, childcare centers, and after-school programs.
- Opportunities to reduce restrictions in employment laws to allow for more social enterprises, such as relaxing meet and confer laws.
- Need more federal and state assistance for rental subsidies for supportive housing to ensure investments are sustainable over time.
- Need commitment from state to preserve existing housing and Board and Care. Existing covenants for affordable housing are expiring.
- Administrative rates for funding that is coming down at state level needs to be higher; should not dip into service costs.

What barriers hinder development of affordable and supportive housing in cities throughout the County? How can we streamline and incentivize the process of permanent housing development? How can the County, cities, and community organizations collaborate to address community opposition to the development of affordable housing and supportive housing?

Education about and enforcement of housing-related laws
- AB 1482 – Pomona has passed urgency ordinance to prevent evictions before rent stabilization goes into effect on January 1.
- With implementation of AB 1482, need to work with landlords and empower tenants. Housing Authorities are working with Housing Rights Center to provide tenant and landlord education.
- Challenging to understand fair housing laws.

Cities want to be able to prioritize their own residents for services/housing they provide/invest in
- Cities are interested in building affordable housing, but want their residents to be prioritized.
- Cities often want local resources to be reserved for local residents. Don't want others coming from elsewhere to utilize housing they establish. Cities need to have local preference.

Need for public education/education of city officials, PR campaigns, partnerships and efforts to change perceptions
- Lack of education for city officials is a major barrier; "NIMBY-ism" is also a major barrier; materials are needed for residents and businesses in order to change perception of homelessness.
- Lack of understanding about homelessness in general; campaign is needed to show what it really is.
- The incentive for creating more PSH should be having less people on the street.
- Cost of building housing and "NIMBYs" are the major barriers.
- City managers may want to build housing, but as soon as it comes up in city council, the momentum for building stops.

- Need frequent PSH tours so that people can see that they are okay to have in a neighborhood and are not unsafe or "scary."
- Need to activate people in support of PSH ("YIMBYs"), rather than trying to drown out the "NIMBYs."
  - United Way's "Everyone In" campaign is working to do this.
- Cities should engage service providers as partners with mutual end goals in mind.
- Need layers of community engagement (community to directly engage with elected officials). Good results with IH and permanent housing.
- Need education for city officials. Just because someone is staying at a park, library, etc. does not mean that they are service-resistant or that service providers are not doing their jobs (rather, there simply aren't enough beds).
- Need collaboration with faith communities; need for faith communities to be at the table.

Need to work with, accommodate, and incentivize developers/builders and change rules that are barriers to building
- Additional barrier: Some developers and builders do not understand what PSH is; need to educate them and bring them on board.
- Cities can incentivize developers to build PSH by waiving permitting fees, providing "concierge service" to ease process for developers.
- Issue with permit fees being waived: Some smaller cities rely on that money, so a pool of money should be formed to compensate cities when these fees are waived.
- Not just city permitting fees, but water and sanitation fees that raise the cost of development.
- Cities in the San Gabriel Valley have tried to use motels as PSH, but their proximity to freeways has been a major barrier.

Changes to staffing and service delivery needed
- Need to employ people with lived experience in every step of the process (not just in services, but also in housing development, etc.).
- Need for onsite support for housing locations.
- Need for 24-hour access centers, with access to showers, mail, medication storage, needle exchange programs, etc.
- Need accountability for landlords – ensure that units are livable.

Public Comment

1. Rainbow Services, which serves domestic violence survivors, appreciates this conversation; still, there is concern that domestic violence survivors were not mentioned today; they are a frequently overlooked population; need to collaborate with community agencies to address this issue.
   - Rainbow Services can refer people to Harbor Interfaith (since DV agencies cannot enter data into HMIS); unfortunately, this type of collaboration has only occurred in SPAs 6 and 8.
2. California Contract Cities Association did survey of cities in LA County. 69/88 cities responded to survey; 17 of those cities, which all had homelessness plans approved by the county, made the following recommendations:

- Cities should be prioritized in receiving Priority 1 housing funds to house people in their city; cities are hesitant to build housing for people experiencing homelessness because when they do, the county ends up taking those beds; constituents do not want to see "homelessness migration" into their cities, but instead want to focus on housing people experiencing homelessness within their own city.
- Need to give maximum flexibility for cities in working with homeless service providers; service providers are overwhelmed; cities can help.

3. There is need for more flexibility and innovation; however, the main issue is that cities are the ones who know what their population needs, the County does not; cities know what is politically possible in their area; the County does not and cannot. Land use and community buy-in are local issues; also, Measure H is generated primarily at the city level. The County's broad, one-size-fits-all approach is not working; therefore, the County's primary role should instead be to support the work of cities.

4. Cities refusing to build PSH are free riders—forcing cities that are building PSH to accommodate them; need to track number of people getting evicted from cities that refuse to build PSH so that those cities can take proper responsibility for their residents; also need to track number of section 8 voucher holders being turned down in a given city, forcing them to relocate to another.
Measure H and Measure M money should be tied to land use and tenant protection ordinances.
Police departments and fire departments are receiving too large a percentage of city funding; need to also support libraries, which often end up supporting people experiencing homelessness.
How do we get city departments to go to case management conferences? Their performance metrics and money are not tied to this.
We should in no circumstances consider "rounding up" and deporting people experiencing homelessness.

5. Need support groups in every city; need to heal impacts of homelessness; need to reduce stigma of homelessness, scale up on our efforts in preventing, diverting, and combating homelessness, increase advocacy voice, and highlight needs of DV population. Need more support for case managers and peer employment opportunities.

6. Need to shift paradigm; the story of someone with lived experience is part of the solution, not the problem.

7. Need to focus on funding programs that are already working. How are we representing all 88 cities in the county? How do we ensure communication between cities and the county?
- Maybe LEAB should be dispersed not in SPAs, but in cities.
- Need to change the narrative around homelessness.
- Need sober living facilities, as it is hard for people wanting to get sober to get into sober facilities, and hard for sober people to stay sober in the current system.

8. How do we apply principles of equity for Black people experiencing homelessness? We need more Black people at the table; Black people have certain needs and challenges, and other Black people can help address them.
- Transitional housing with extended services is needed for Black people.

9. All community clinics in all SPAs need access to the AB 210 Info Portal; all service providers need access to HMIS; 80% of someone's health is determined by social determinants of health, and only 20% is attributable to the person's clinical care; community clinics are

increasingly using the (Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences) PRAPARE tool to screen clients for social determinants of health; the county and other entities should use the Prepare tool, too. Consider replicating the San Diego 211 model in LA.

10. City of Burbank has special Homeless programs.
    - Development of supportive housing is costly at $500,000-$600,000 per unit, which mostly covers soft costs.
    - Could the county provide support in paying developer fees?
    - We need to provide incentives for churches if we want to use their space.
    - Consider using rental subsidies for high users of healthcare system.

Measure H Funding Recommendations Process

Homeless Initiative Policy Summit #8
Closing System Discussion

Thursday, November 21, 2019

<u>Summit Report</u>

Homeless Initiative Policy Summit #8:
Closing System Discussion

Thursday November 21st, 2019, 1pm-4pm
United Way of Greater Los Angeles
Penthouse, 1150 S. Olive Street, Los Angeles CA 90015

Agenda

1. **Welcome and Introductions (5 min)**

2. **Context for Funding Decisions (10 min)**

3. **Overview of Key Themes from Summits #1-7 (10 min)**

   See attached "Key Themes" document.

4. **Discussion of Key Themes from Summits #1-7 (2 hours)**

   See attached "Key Themes" document.

5. **Public Comment (30 min)**

6. **Overview of Rest of Funding Recommendations Process (5 min)**

Key Themes from Policy Summits #1-7

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Closing System Discussion Summit Participants*

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

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

Measure H Funding Recommendation Process

Homeless Initiative Policy Summit #8

Closing System Discussion

November 21, 2019

Key Points:

1. **To meet the needs of high acuity clients, we need to tap into and advocate for funding sources beyond Measure H**. Addressing the crisis in Board and Care facilities, which threatens to further curtail the supply of an important resource for those at risk of homelessness, will require advocacy to increase SSI rates and address other challenges. To provide higher-level care to clients in Permanent Supportive Housing (PSH), we will need to tap into CalAIM and advocate for the ability to fully utilize these funds to serve our most vulnerable clients.

2. **There are opportunities to more efficiently and fully utilize available resources both within and outside of the homeless services system in order to better serve our clients. We need to carefully assess our existing programs and maximize utilization of our resources.** Examples of programs that could be more effectively leveraged to meet client needs include Recovery Bridge Housing (RBH), In Home Supportive Services (IHSS), Regional Centers, and others.

3. **To better meet client needs and ease some of the stress on our taxed homeless services system, we need to invest in educating County Department staff and build bridges across systems of care.** In a context where so many community members are at risk of homelessness, County and other systems that serve people living in poverty need to be prepared to fully utilize their own resources before referring to the homeless services system. Further, more effective communication with systems including Community Clinics and the Domestic Violence System could help to streamline referrals and ensure that administrative barriers to client service are minimized.

4. **Greater transparency and information sharing with clients is essential to setting realistic expectations. At the same time, our assessment tools and practices need to be reviewed in order to ensure only needed information is requested from clients.** These practices can facilitate client choice and build needed trust.

5. **Providers feel an urgent need to reform procurement processes and reduce burdensome reporting requirements.** In the face of our current homelessness crisis, providers find themselves spending too much time on administrative work when they most urgently need to devote themselves to serving clients. The Los Angeles Homeless Services Authority (LAHSA) contracting process is particularly challenging for providers (and is currently being assessed by the LAHSA team).

Closing System Discussion Notes
(Discussion questions in bold)

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

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

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

Develop housing programs with higher levels of care and re-invest in Board and Care facilities
- We need a PSH+ model. We need to coordinate with DPH nurses to support PSH+. Board &

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Increase LAHSA's data capacity.

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

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

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

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

Public Comment

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

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

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

Public Input: Homelessness Funding Allocation – 2020

On any given night, approximately 58,936 people are experiencing homelessness in Los Angeles County, according to the 2019 Greater Los Angeles Homeless Count. Thanks to unprecedented increases in funding from local and state sources, the Los Angeles County Homeless Services System has undergone rapid expansion to help bring our homeless neighbors into housing. To effectively deploy these resources, Los Angeles County public agencies, non-profits, philanthropic partners, community members, and people with lived experience of homelessness are coming together to coordinate efforts and tap into a wide range of expertise.

The following report summarizes community feedback on LA County's homelessness programs and funding, which was collected during a series of public input sessions held in November 2019.[1] These sessions were conducted by two entities:

- The Los Angeles Homeless Services Authority (LAHSA), a joint-powers authority of the City of Los Angeles and County of Los Angeles, which coordinates federal, state, and local funding to address homelessness in the Los Angeles Continuum of Care (LA CoC), and administers the provision of over $300 million in annual funding to address homelessness;
- The Los Angeles County Homeless Initiative (HI), which oversees the expenditure of Measure H funds, an estimated $355 million generated annually from a special County sales tax designated for programs that combat and prevent homelessness, along with coordinating all County efforts to address homelessness. The HI is housed within the Chief Executive Office (CEO) of the County of Los Angeles.

LAHSA and the HI sought input on how best to utilize funding from two sources in order to bolster efforts to address homelessness over the next several years. Participants in the input sessions provided input on Measure H funding allocations, as well as on the allocation of funds from a new one-time source of state funding, the Homeless Housing Assistance and Prevention Program (HHAP). Both of these funding streams are discussed below.

Over 550 people attended the in-person input sessions, with another 100 contributing input through an online form. This input, along with separate input from LAHSA's lived experience advisory groups, has been or will soon be shared with LAHSA's leadership team, HI leadership, the LAHSA Commission, County Lead Agencies administering Measure H-funded programs, and the Los Angeles County Board of Supervisors to inform the creation of proposed funding allocation recommendations for both Measure H funding and HHAP funding. These recommendations are intended to reflect community and expert input on the most strategic uses of funding to prevent and combat homelessness while creating coordinated, seamless systems of care across the many agencies that work every day to house vulnerable people.

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[1] For a full list of input sessions, locations, and dates, please see Appendix A.

In addition to the comments gathered at the public input sessions, LAHSA and HI will draw on feedback provided though other mechanisms, including eight policy summits convened by the HI in the fall of 2019.

About HHAP and Measure H

Public input centered around two flexible sources of funding to address homelessness that, taken together, will comprise the majority of homelessness program funding in Los Angeles County over the next several years. These sources include HHAP and Measure H. They are detailed below.

HHAP

The HHAP program was created as part of the 2019-20 budget bill approved by the State Legislature in June 2019 and subsequently signed by Governor Gavin Newsom. The program was allocated $650 million from the state, which will be distributed to local jurisdictions in the following way:

- $275 million to the 13 cities with populations in excess of 300,000;
- $190 million to the 44 continuums of care within California;
- $175 million to the 58 counties within California.

Funding allocations are based on 2019 Point-in-Time Count estimates. As such, the Los Angeles Continuum of Care is expected to receive $66 million in funding, while Los Angeles County is expected to receive $65 million. Uses of funding are flexible and include supportive housing, interim housing, rental assistance, homelessness prevention, and other uses. Grantees are required to spend at least 8% of their funding on services for transition aged youth (TAY).

Jurisdictions have approximately five years to spend the funding, and grantees must have obligated 50% of their award by May 31, 2023. Jurisdictions are required to submit applications for funding to the state by February 15, 2020, with the state required to make award determinations by April 1, 2020.

Measure H

Measure H is a ¼ cent sales tax that was approved by Los Angeles County voters in March 2017 to fund homeless services. The sales tax generates approximately $355 million annually, which is collected by the state and remitted to Los Angeles County.

Measure H provides funding for 21 strategies to combat homelessness. These 21 strategies are components of a comprehensive 51 strategy plan that was developed over the course of multiple input sessions hosted by Los Angeles County, which brought together key stakeholders over the course of 2015 and 2016. The Los Angeles County Board of Supervisors approved the action plan on February 9, 2016.

After the passage of Measure H, the County HI began a stakeholder engagement process to develop recommendations for Measure H funding to implement the approved strategies. On June 13, 2017, the Board of Supervisors approved the recommended funding allocations for each of the Measure H-eligible HI strategies. Measure H-funded strategies began implementation in July 2017.

LAHSA and HI hosted eight listening sessions, with one held in each of the County's eight Service Planning Areas (SPAs). Please see Appendix A for a full list of dates, and locations of each listening session. The structure of each listening session was as follows: LAHSA and HI staff opened with a short presentation on the homeless service delivery system and the sources of state and local funding being discussed.

Attendees were then asked to circulate between six input stations, which were based on the following components of the homeless services system:

- Homelessness Prevention and Problem Solving
- Outreach and Access to the System
- Services
- Interim Housing
- Permanent Housing
- Other Considerations

Within each of these stations, participants were asked to consider three guiding questions:

- What strategies are working well in the system and should be augmented?
- What gaps exist within the system and need to be filled, both in terms of services that need to be increased and populations that are inadequately served?
- What service delivery or program design changes should be considered?

Participants spent an hour giving input at stations and having discussions with LAHSA and HI program staff and other attendees. They recorded their input on post-its which were then placed on chart paper at each station. Facilitators at each station then shared the input themes they heard at their respective stations with the larger group. Participants were then asked to identify which themes at each station they felt were the most important.

The following sections summarize the key themes that participants lifted up within each of the six categories of input station. Included also are responses from LAHSA and/or the HI, highlighting recent efforts and ongoing initiatives that are aligned with the issues that participants raised with these comments. LAHSA and HI will be carefully considering these comments in assembling HHAP proposed expenditure plans, and the HI will consider these comments in making recommendations for Measure H expenditures.

Homeless Prevention and Problem Solving

Tenant Protections and Greater Inventory of Affordable Housing: Regarding system improvement to more effectively prevent homelessness, many participants raised macroeconomic factors that drive people into homelessness. Participants discussed the need for stronger rent control and tenant protections to prevent large spikes in rent or large numbers of evictions (*SPAs 3, 5, 6, 7)*. Additionally, many participants brought forward the need for more affordable housing production and preservation as key tools to prevent vulnerable people from falling in to homelessness (*SPAs 1, 6, 7, 8*).

LAHSA/HI Aligned Efforts and Initiatives: At present, Measure H funds legal services for individuals and families facing imminent homelessness as a result of eviction through Measure H Strategies A1/A5. While LAHSA and HI are not the primary stakeholders driving policy to protect tenants from large rent increases or evictions, both bodies have engaged in advocacy to support stronger tenant protections and increased production of affordable housing. Both entities worked to support AB 1482, a recently-enacted state law that caps rent increases and restricts landlords from issuing arbitrary evictions, and are working with partners to support implementation of this important new law. In addition, both entities will be supporting efforts to strengthen the legal framework for protecting tenants, including exploring creation and implementation of City and County eviction defense programs and additional state support for these programs. Finally, both entities are committed to supporting efforts to increase the availability of affordable housing.

More information can be found at the conclusion of this section in the paragraph titled "County Comprehensive Homeless Prevention Action Plan."

Increased Overall Level of Prevention Resources, Including Rental Assistance: Throughout public input sessions, participants expressed the need to scale up prevention programs (*SPAs 1, 2, 4, 5, 6, 7, 8*). Special emphasis was placed on the need for rental assistance funding as a prevention tool (*SPAs 4, 5, 6*), as well as flexible funding (*SPAs 2, 3, 4, 5, 7, 8*). Finally, multiple partners emphasized the need for outreach and education, both on what prevention services are available and to educate community members on existing tenant rights (*SPAs 3, 4, 6, 7, 8*).

LAHSA/HI Aligned Efforts and Initiatives: LAHSA and HI view homelessness prevention as a critical systemwide priority that must be scaled up among all partners, including key mainstream public agencies that interface with vulnerable clients who are at risk of falling into homelessness. In addition, LAHSA is scaling up "Problem Solving" programs in response to ongoing feedback about the need for rapid resolution and prevention programs. These Problem Solving programs are predicated on the idea that for many people, homelessness can be avoided or rapidly resolved with flexible interventions including mediation, empowerment, and financial assistance. As such, the Problem Solving program is delivering robust training on mediation and problem solving to system partners to build their capacity to support clients facing a housing crisis and assist them to find solutions to their housing crisis. In addition, as part of the Problem Solving program, LAHSA is in the process of rolling out flexible funding to pay for a variety of expenses that can prevent or rapidly resolve homelessness (rental arrears, security deposit on a new apartment, car repairs, grocery cards). In addition, efforts via the County's Mainstream Systems Homelessness Prevention Workgroup seek to address some of the above concerns (See description below).

Need for Financial Empowerment and Other Skills Training for At-Risk Populations: Several participants raised the need for financial empowerment training for people that are at risk of homelessness, noting that such training could assist with stabilizing these households in the future (*SPAs 2, 4, 6, 7*). In addition, participants noted the need for links to existing job training programs to assist vulnerable people to, when applicable, re-enter the workforce and increase income *(SPAs 2, 3, 5, 7).*

LAHSA/HI Aligned Efforts and Initiatives: Both LAHSA and HI are at work to strengthen links between the mainstream workforce programs operated by the County Workforce Development, Aging, and Community Services (WDACS) agency, the Department of Public Social Services, and the homelessness services system.

The County has formed an Employment and Homelessness Taskforce, which includes HI, LAHSA, WDACS, the Department of Public Social Services (DPSS), and the United Way of Greater Los Angeles. The Taskforce is working with agency partners to implement strategies to improve training for staff so they are equipped to connect clients to employment, streamline assessment to identify employment resources that best fit a client's needs, and engage businesses to offer employment opportunities to people that have experiencing homelessness, among other efforts. The Taskforce has identified two geographic "clusters" within which Taskforce recommendations will be piloted; one cluster is located in South LA and another is located in the San Gabriel Valley.

Additionally, WDACS administers funding for several programs that target people experiencing homelessness, including LA:RISE, HIRE UP, and the Alternative Staff Organizations (ASOs). More information on LA:RISE and HIRE UP is below in the "Services" section.

Housing Retention Efforts for Formerly Homeless: Participants raised the need for prevention efforts to include assistance for those who are housed by the homeless services system to retain their housing and prevent them from falling back in to homelessness (*SPA 7*).

LAHSA/HI Aligned Efforts and Initiatives: Within supportive housing units with services funded by Measure H, the Department of Health Services (DHS) provides wraparound Intensive Case Management Services (ICMS) that include retention services to ensure that those in supportive housing stay housed. Additionally, as a complement to the Rapid Re-Housing program and the case management services provided, LAHSA has launched the shallow subsidy program. This program provides a longer-term supplemental rental subsidy to some vulnerable households at risk of falling out of their housing after their Rapid Re-Housing subsidy expires.

Key Populations—Transition Aged Youth: One population that was highlighted as needing additional prevention services was transition-aged youth (TAY). Input sessions highlighted both those TAY exiting the foster care system and other systems of care (*SPA 5*), as well as TAY that are students and at-risk of homelessness (*SPA 7*).

LAHSA/HI Aligned Efforts and Initiatives: The homeless system is extending prevention and problem-solving training to key youth partners, such as the Department of Children and Family Services, to address the need to prevent TAY from exiting systems of care without stable housing. In addition, LAHSA and HI are in discussions with higher education partners about how to best utilize new peer navigators located at community colleges to better connect at-risk students with prevention resources. Los Angeles County has allocated an additional $4 million for TAY homelessness strategies through the County's Supplemental changes budget process for the 2019-2020 budget. Finally, HHAP allocations will include at least 8% of funding for TAY in accordance with HHAP regulations.

Prevention Partnerships with Cities: At one session, many participants highlighted the key role that city staff can play in preventing homelessness (*SPA 3*). Key city departments as well as particular locations within cities offer opportunities for city staff to interface with vulnerable households; these locations and city staff can be better positioned to assist clients with their housing crises if more training and resources were made available.

LAHSA/HI Aligned Efforts and Initiatives: LAHSA will be making problem solving trainings available to staff from all cities throughout Los Angeles County to better position these staff to prevent homelessness. In addition, HI has made Measure H funding available for cities to develop their own

homelessness plans and implement strategies within these plans. Several of these plans include a prevention component.

Other Homelessness Prevention Themes:

- More flexibility with rental assistance programs
- Greater efficiencies needed in deploying vouchers to prevent homelessness
- Viewing prevention efforts across multiple systems of care
- Increasing access and eligibility for prevention services

County Mainstream Systems Homeless Prevention Action Plan: In addition to the efforts described above, the County has developed a Mainstream Systems Homeless Prevention Action Plan, created in response to a Board of Supervisors directive. The Workgroup which developed the Action Plan is comprised of County policymakers and expert stakeholders. The Workgroup has assessed existing prevention programs within mainstream County departments and developed recommendations to enhance coordination across these programs, utilize predictive analytics methods to better target prevention resources, enhance current homeless prevention programs, and modify policies that may contribute to the flow of people into homelessness.

Access and Engagement

Mental Health Specialist-Led Outreach: Many participants emphasized the need for outreach teams to incorporate mental health services and include specialists trained in mental health interventions into more outreach teams (*SPAs 2, 3, 4, 5*). These participants cited lack of adequate training among generalist teams to work with clients with acute mental health needs, along with the improved outreach outcomes for people with mental health needs that arise when they work with a trained specialist, rather than generalists.

LAHSA/HI Aligned Efforts and Initiatives: Measure H-funded multidisciplinary teams (MDTs) have been deployed across the County. These teams include mental health professionals. In early December 2019, LAHSA led an orientation training for over 100 new MDT staff. These efforts continue to accelerate.

Peer-Led Outreach: When discussing outreach, many participants noted the effectiveness of these efforts being led or incorporating peers with lived experience of homelessness (*SPAs 4, 6*). These participants noted that peers with lived experience are better equipped to build trust with people experiencing homelessness.

LAHSA/HI Aligned Efforts and Initiatives: At present, nearly half of LAHSA outreach staff have lived experience of homelessness and each of the MDTs funded by Measure H include a staff member with lived experience of homelessness. In addition, HI and LAHSA are continuing to invest in bringing more people with lived experience of homelessness into the system as employees—for example, peer navigators are currently being onboarded by CES Lead Agencies to be co-located at LA County's Community Colleges to assist homeless and at-risk students.

Mobile Access Points: At several SPAs, participants noted the need for innovations such as mobile access points (*SPAs 3, 8*). These access points could rotate between different "hot spots" within a particular jurisdiction where people experiencing homelessness tend to be concentrated, such as parks,

underpasses, or other encampment sites. These mobile access points can provide services while also conducting assessments and enrolling people experiencing homelessness into the CES.

LAHSA/HI Aligned Efforts and Initiatives: LAHSA will release an RFP, funded through the State of California Homeless Emergency Aid Program (HEAP), to create new access points in early 2020, pending LAHSA Commission approval. In this RFP, mobile access points are expected to be an eligible activity.

City/Neighborhood Council-Led Outreach: Multiple participants expressed the need for outreach to be conducted in partnership with cities and for cities to be able to access funding to train and deploy their own outreach staff and services (*SPA 3*). In addition, some participants noted Neighborhood Councils as another potential partner for outreach work (*SPA 6*).

LAHSA/HI Aligned Efforts and Initiatives: LAHSA and the County will encourage cities to apply for funding for access points when the RFP is released in 2020. In addition, partnerships between outreach leads and cities and opportunities for co-location continue to be essential components of the comprehensive outreach strategy across the County.

Other Access and Engagement Themes:

- More family-targeted outreach
- More resources in specific regions of the county (West San Fernando Valley, for example)
- One-stop shops for services and access to the system

Services

Need for More Hygiene Services: The need for more hygiene infrastructure was one of the most frequently raised themes at the input sessions (*SPAs 2, 3, 4, 5, 6*). Participants noted the need for more bathrooms, showers and mobile showers, laundry services, trash receptacles and regular trash pick up, among other services. Participants noted that, while increased permanent housing and interim housing are critical goals, so too must be a public health response to homelessness while thousands of clients continue to wait for placement in interim and permanent housing. Session participants also noted that such a response would dually benefit both housed and unhoused Angelenos.

LAHSA/HI Aligned Efforts and Initiatives: LAHSA and HI support a public health response to homelessness that brings key hygiene services to the streets. LAHSA's Policy Guidance for Local Responses to Unsheltered Homelessness advises local jurisdictions to respond to unsheltered homelessness with resources to improve the hygiene and health of all residents, including bathrooms, showers, garbage disposal, safe needle and hazardous waste disposal, and safe storage, among other responses. LAHSA and HI will continue to encourage cities to use local resources to invest in these services and infrastructure for the benefit of all residents. In addition, LAHSA released an RFP in 2019 for mobile shower providers; the results of the RFP are pending. The HI has partnered with non-profit shower providers to support their efforts to expand access to hygiene services.

Increase Employment Services: In several SPAs, participants noted the need for more employment services to help connect people experiencing homelessness to job training and job placement (*SPAs 4, 5*). These participants also noted that employment services need to be trauma-informed to better serve people that are experiencing or have recently exited homelessness.

LAHSA/HI Aligned Efforts and Initiatives: Several Measure H strategies provide employment services for people experiencing homelessness. Strategy C2/C7: Increase Employment for Homeless Adults, which is administered by WDACS, provides funding for a number of employment programs targeting people experiencing or exiting homelessness. In addition, for the past year, the HI has been convening an Employment and Homelessness Taskforce, which has issued a set of recommendations to increase employment among people experiencing homelessness. The recommendations are being piloted in two regions, as described above. Included among the recommendations are improved access to training for both homeless services and workforce development system staff to enable them to better meet the needs of homeless job seekers. Trainings on trauma-informed care are among the planned offerings.

Substance Use Disorder Services Need to Be Made More Widely Available: A wide array of comments in the input sessions discussed both the availability and quality of substance use services (*SPAs 2, 3, 4, 5, 6, 7*). Participants mentioned both that these services are limited, but also the need for harm-reduction approaches, including use of medication assisted treatment (MAT) and safe consumption sites.

Population Specific Services: Several populations were identified by session participants as needing additional services that are tailored to their needs. These populations include TAY (*SPAs 1, 8*), seniors (*SPAs 2, 7*), survivors of domestic violence (DV) (*SPAs 2, 3, 4, 7, 8*) and single mothers (*SPA 2*).

LAHSA/HI Aligned Efforts and Initiatives: LAHSA and the County will both be required to expend at least 8% of HHAP funding on homeless youth. Enhanced services for TAY will become available through TAY Access Centers that are currently being procured by LAHSA. In addition, LAHSA has utilized state funding to increase the number of slots for youth in the Rapid Re-Housing program. Problem-solving specialists are being allocated to the highest utilization TAY shelters, while new campus peer navigators will assist TAY in the higher education system. Measure H-funded Strategy E14 supports a range of services for TAY.

For seniors, Los Angeles County's Adult Protective Services (APS) and LAHSA have launched the HomeSafe program, which provides targeted homeless prevention services to seniors that have an open case with APS. In a separate effort, County-funded outreach teams are providing weekly outreach to meal and nutrition sites in order to engage seniors experiencing or at risk of homelessness.

The County and LAHSA are also working together to strengthen services for survivors of domestic violence. DV Regional Coordinators have been hired in each SPA and are providing training to CES lead agencies on Safety Planning as well as referral pathways for people experiencing or fleeing DV. Over 260 provider staff have received this training to date. LAHSA is also continuing to operate a DV Rapid Re-Housing pilot as part of County Strategy B3, which provides targeted housing subsidies and supportive services to victims of DV.

Other Services Themes:

- Transportation services with warm handoffs
- Better linkages to health services
- More availability of credit repair, legal services
- Need for smaller caseloads among case managers
- Accountability for quality of services

Insufficient Shelter Resources of All Types: Participants in all SPAs articulated concerns about a shortage of interim housing beds for the 75% of homeless Angelenos that are unsheltered. Multiple types of interim housing were brought up by session participants: bridge housing beds, crisis housing beds (including Winter Shelter beds), as well as alternatives to interim housing such as Safe Parking programs.

LAHSA/HI Aligned Efforts and Initiatives: Over the past year, Measure H funds have supported a significant increase in funding and availability of interim housing beds through strategies E8 and B7. In addition, the County has assembled an Interim Housing Capital Funding Pool, which includes an additional $50 million to increase the overall number of beds throughout the County. Further, LAHSA and Los Angeles County are collaborating with the City of Los Angeles to open and operate hundreds of new beds through the City of Los Angeles' "A Bridge Home" program.

Both LAHSA and Los Angeles County continue to advocate to the state for more resources to further increase interim housing, as current funding is insufficient to both significantly increase interim housing stock while also investing in permanent housing solutions.

Need for Interim Housing that Allows for Storage, Pets: Participants in input sessions also commented on program design and restrictions in existing interim housing. Multiple participants brought up restrictive shelter programs with barriers such as not allowing pets or having sufficient storage to be an acceptable option for unsheltered individuals (*SPAs 3, 4, 5, 7, 8*).

LAHSA/HI Aligned Efforts and Initiatives: Best practices for interim housing, as described in LAHSA's Interim Housing Practice Standards, recommend that interim housing operators accept pets, create opportunities for participants to store belongings, and adhere to other low-barriers practices. LAHSA continues to provide technical assistance to interim housing providers to ensure widespread implementation of best practices.

Shared Housing as a Form of Interim Housing: Participants noted that shared housing, in which multiple people share a single housing unit, can be used as a bridge between unsheltered homelessness and permanent housing. Participants highlighted shared housing as an intervention that can be used across generations (*SPA 3*), including for seniors (*SPA 6*), with encouragement to pilot on a smaller scale (*SPA 1*).

LAHSA/HI Aligned Efforts and Initiatives: At present, shared housing is used extensively within the Rapid Re-Housing program, with approximately 25% of housing placements through Rapid Re-Housing occurring in shared housing settings.

Increase Mental Health Services in Interim Housing: Participants in several SPAs emphasized the need to support people in interim housing with mental health services (*SPAs 3, 4, 5, 6*) and in some cases, create interim housing specially tailored for people with mental illness.

LAHSA/HI Aligned Efforts and Initiatives: DMH and DHS have now expanded trainings for interim housing service providers—these trainings include capacity-building on providing mental health services in interim housing settings. In addition, in September, DHS launched an interim housing program for older adults with complex health needs, including mental health needs.

Other Interim Housing Themes:

- Need for more motel vouchers
- Allow for longer stays in interim housing
- More transportation services at interim housing to assist clients with getting to appointments
- More outreach to property owners to use sites as interim housing

Permanent Housing

Increase Availability of Affordable Housing: Numerous participants raised the overwhelming need for more affordable housing throughout Los Angeles County (*SPAs 1, 3, 6, 7, 8*). Participants noted that affordable units set aside for low-income households serve a dual purpose, both as a key resource to stabilize vulnerable households to prevent homelessness, and as units that are well suited for people experiencing homelessness to move in to.

LAHSA/HI Aligned Efforts and Initiatives: While LAHSA and HI do not have authority over either land use policy to expedite the availability of affordable housing nor significant capital funding to make new investments in affordable housing, both entities are strongly supportive of efforts to increase the availability of affordable housing. At the state level, new funding for affordable housing is becoming available to local jurisdictions through SB 2 and the passage of Propositions 1 and 2. More advocacy is needed to continue to move State policy and funding towards increasing affordable housing. Additionally, at the local level, the County of Los Angeles has invested in an Affordable Housing Programs Budget since it was established in 2015; investments in this budget will reach $100 million annually beginning in FY 2020-21. Both entities are supportive of policy changes to expedite and incentivize creation of affordable housing as well.

Centralized Housing Location Website: While participants noted that the overall availability of affordable housing is a persistent barrier in the system, so too is the availability of information about what affordable housing exists (*SPAs 4, 5, 8*). Participants also noted the need for information on available market rate housing in which subsidies and vouchers can be utilized to support clients exiting homelessness. Information on when and where housing units are available, both market-rate and subsidized, is neither centralized nor consistent. This creates significant difficulties for people seeking to access these resources and barriers for those most in need of housing. Participants noted that there should be a central repository of affordable housing information that can be accessed by clients, provider agencies, and landlords.

LAHSA/HI Aligned Efforts and Initiatives: Within the homeless services system, People Assisting the Homeless (PATH) has created a housing location website funded by LAHSA that is available for people in the Rapid Re-Housing program, where landlords can make their vacant units available to housing providers and case managers seeking housing for their clients.

Shared Housing: Participants noted that shared housing is a low-cost intervention that can assist people to move in to housing faster. Additionally, participants noted that this intervention may be especially appropriate for TAY (*SPAs 1, 2, 4, 6*).

LAHSA/HI Aligned Efforts and Initiatives: At present, shared housing is becoming a larger part of the response to homelessness. In LAHSA-funded Rapid Re-Housing, shared housing accounts for about 25% of all housing placements. Both LAHSA and HI are also seeking additional flexibility from both the state

and federal government to use shared housing more broadly. Finally, LAHSA and HI worked with LeSar Development Consultants on a new shared housing toolkit, which will help share best practices for how to use shared housing effectively.

More Tenant-Based Rental Assistance: Many participants have noted the need for much more tenant-based rental assistance. Participants suggested that the homeless system would benefit from increases in Rapid Re-Housing resources (*SPAs 2, 6*), shallow subsidies that are available to Rapid Re-Housing participants or other voucher holders upon exiting the programs (*SPA 1*), Section 8 Housing Choice Vouchers (*SPAs 2, 5, 6, 7, 8*), HUD-VASH vouchers for veterans (*SPAs 2, 8*) and any other resources that can pay rental assistance.

LAHSA/HI Aligned Efforts and Initiatives: Both LAHSA and HI continue to engage in ongoing advocacy to the federal government to increase Section 8 Housing Choice Voucher resources, as well as to the state government to increase flexible funding to local jurisdictions that can be used for rental assistance. Additionally, Los Angeles County approved over $85 million in funding for Measure H Strategy B3: Rapid Re-Housing as part of the FY 2019-2020 budget. The Rapid Re-Housing program enrolled 10,747 participants over the FY 2018-2019 program year, with 5,065 placements in permanent housing.

Finally, Measure H is also funding subsidies and services for clients in Permanent Supportive Housing (PSH) through Strategy D7. For the FY 2019-20 budget, Measure H is providing $77 million in funding for rental subsidies and services for PSH clients. Additionally, LAHSA continues to fund rental subsidies for PSH clients through the federally-funded Continuum of Care (CoC) program.

Other Permanent Housing Themes:

- More rehabilitation of older buildings for use
- More robust incentives for landlords and homeowners to participate
- Policy changes to extend expiration of vouchers
- More training for clients prior to PSH placement
- Models that allow for payment of rent to family/friends

Other Considerations

Educate Public on How to Get Involved: One of the most salient themes in the input sessions was better overall communication with the public, with several goals in mind. One goal that was raised was the need to better convey to the public how to get involved in local efforts to address homelessness (*SPA 5*). Additionally, many people raised the importance of having people with lived experience front and center in conversations and campaigns to educate the public about homelessness, as part of broader efforts to humanize people experiencing homelessness with the rest of the public (*SPAs 3, 4, 5*). Finally, participants also raised the need to better involve faith-based institutions, which are seeking to align their resources with efforts to combat homelessness.

LAHSA/HI Aligned Efforts and Initiatives: LAHSA and HI have both partnered with United Way's Everyone In campaign, which is building a movement around Los Angeles County to connect neighbors and advocates with opportunities to move forward housing solutions to homelessness. LAHSA and HI encourage community members to join the Everyone In campaign, both to find opportunities to address

homelessness in their communities and to learn more about the issues from people with lived experience of homelessness.

Increase Administrative Support for Growing Agencies: Several participants described the challenges that growing service provider agencies face as they seek to scale up their operations (*SPAs 4, 5, 8*). Participants noted that these agencies need additional administrative support from LAHSA and HI to support their growth and ensure they can meet the needs of the homeless services system.

LAHSA/HI Aligned Efforts and Initiatives: LAHSA continues to make technical assistance available to agencies through its capacity building team and the Centralized Training Academy.

Improved RFP Process: Several session participants, both from homeless service providers and representatives of cities within the county, noted experiencing difficulties with the RFP process (*SPA 8*). For example, one applicant pointed to an example of an RFP being released, with requirements to attend a mandatory bidders' conference only several days later and noted that this was particularly onerous.

LAHSA/HI Aligned Efforts and Initiatives: LAHSA will be further examining its RFP process in early 2020 to seek improvements both in process and in scoring methodology. A Request for Information will be released in early 2020, and sessions will be held throughout the county to better understand the barriers that providers face.

Additional Considerations and Themes:

- Expansion of jail in-reach
- Greater accountability of providers to the public
- More TAY-specific interventions
- More funding for cities
- Need for regional/SPA-based homelessness plans rather than city plans

Next Steps

Both LAHSA and HI will be weighing input from these sessions while finalizing respective HHAP applications, which are due to the state by February 15, 2020. Both the County Homeless Initiative and LAHSA will take their respective proposed HHAP applications to the Board of Supervisors and the LAHSA Commission, respectively, for approval in late January. Following approval in late January, both entities will submit HHAP applications for funding to the state, which is expected to respond with award determinations by April 1, 2020.

The HI will present recommended Measure H funding allocations to the Board of Supervisors later in 2020.

LAHSA and HI are grateful to the hundreds of people that attended input sessions or commented online for their thoughtful, helpful feedback on many aspects of the homeless services system.

Appendix A: List of Public Input Sessions

Service Planning Area	Location	Date and Time
SPA 1: Antelope Valley	Antelope Valley Partners for Health, 44226 10th Street, Lancaster, 93534	Tuesday, November 19, 2:30-4:30 PM
SPA 2: San Fernando Valley	Zev Yaroslavsky Family Support Center, 7555 Van Nuys Blvd, Van Nuys, 91406	Wednesday, November 13, 3:00-5:00 PM
SPA 3: San Gabriel Valley	Emanate, 1115 S. Sunset Avenue, West Covina, 91790	Wednesday, November 13, 9:00-11:00 AM
SPA 4: Metro Los Angeles	New Genesis Apartments, 456 S. Main Street, Los Angeles, 90013	Thursday, November 14, 12:00-2:00 PM
SPA 5: West Los Angeles	St. Monica's Roman Catholic Church, 725 California Avenue, Santa Monica, 90403	Tuesday, November 12, 9:30-11:30 AM
SPA 6: South Los Angeles	Watts Labor Community Action Committee (WLCAC), Phoenix Hall, 10950 S. Central Avenue, Los Angeles, 90059	Friday, November 8, 9:00-11:00 AM
SPA 7: East Los Angeles County	Barbara Riley Senior Center, 7810 Quill Drive, Downey, 90242	Thursday, November 14, 2:00-4:00 PM
SPA 8: South Bay	Hawthorne Memorial Medical Center, 3901 W. El Segundo Blvd, Hawthorne, 90250	Wednesday, November 13, 9:30-11:30 AM