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Acting Chief Executive Officer

County of Los Angeles CHIEF EXECUTIVE OFFICE

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"To Enrich Lives Through Effective And Caring Service"

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September 15, 2020

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

FISCAL YEAR 2020-21 MEASURE H AND HOMELESS HOUSING, ASSISTANCE AND PREVENTION (HHAP) FUNDING RECOMMENDATIONS (ALL AFFECTED) (3 VOTES)

SUBJECT

Approve the Fiscal Year (FY) 2020-21 Measure H and HHAP funding recommendations.

IT IS RECOMMENDED THAT THE BOARD:

1. Approve the FY 2020-21 Measure H and HHAP funding recommendations totaling \$465,090,000 for Measure H-eligible Homeless Initiative (HI) strategies as indicated in Attachment I.
2. Approve \$28,737,000 of FY 2019-20 one-time Measure H carryover as indicated in Attachment I.
3. Authorize the Acting Chief Executive Officer, or her delegate, to shift Measure H funding to Strategies A5 (Homeless Prevention Program for Individuals), B4 (Facilitate Utilization of Federal Housing Subsidies), C7 (Increase Employment for Homeless Adults), and/or D6 (Criminal Record Clearing Project), if any cities allocate Federal Emergency Solutions Grant (ESG-CV) funding subsequent to September 1, 2020, to enable such a shift in Measure H funding, without reducing total FY 2020-21 funding for any strategy below the amount specified in Attachment I.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Measure H Funding Recommendations Process

On August 13, 2019, the Board directed the Chief Executive Office (CEO) to implement a process to develop final FY 2020-21 Measure H funding recommendations for the Measure H-funded HI Strategies and to develop tentative FY 2021-22 and FY 2022-23 Measure H Funding

Recommendations. This process included plans for extensive engagement with the public and various homeless services stakeholders across the County from September 2019 through August 2020.

On February 4, 2020, the Board modified the Measure H funding recommendations process by directing the CEO to instead develop and present final recommendations for FY 2020-21 for Board consideration in September 2020, but not develop tentative recommendations for the two additional fiscal years.

Between September 2019 and August 2020, the CEO HI implemented the following public and stakeholder engagement activities:

- Eight Homeless Policy Summits, open to the public, were held from September 26 – November 14, 2019, to gather input from key partners, including system leaders, service providers, people with lived experience, researchers, cities and Councils of Government, faith organizations, philanthropic organizations, and others. Opening and Closing System Summits bookended summits 2 through 7, each of which in turn covered one of the following six topics: Prevention and Diversion, Outreach, Interim Housing, Permanent Housing, Employment, and Partnerships with Cities. Each summit was framed by Measure H performance outcome and expenditure data, interim findings from five strategy-specific HI evaluations, and other data and research. A copy of the final comprehensive Policy Summit Report is available for review at <http://bit.ly/MHPublicEngagement>.
- Public comment was solicited from September 27 – November 30, 2019, across the eight summit topic areas through the HI website. Over 100 written comments were submitted. All public comments are available for review at <http://bit.ly/MHPublicComments>.
- Eight Community Input Sessions (one in each Service Planning Area) were held in collaboration with the Los Angeles Homeless Services Authority (LAHSA) during October and November 2019. A copy of the Community Listening Sessions Report is available for review at <http://bit.ly/MHCommunityListening>.
- Eight Strategy Lead Discussions were held from early December 2019 through July 2020 to consider relevant data, policy summit discussions, community input, and emerging revenue forecasts and service needs considering the evolving impact of the COVID-19 pandemic.
- A public webinar was held on July 2, 2020, after the June 26, 2020, public release of the draft FY 2020-21 Measure H Funding Recommendations.
- Written public comment was solicited through the HI website from June 26 - July 15, 2020. Over 3,000 written comments were submitted. All public comments are available for review at <http://bit.ly/MHPublicCommentResponses>.
- A virtual public hearing was held on July 8, 2020. A transcript of the hearing is available at <http://bit.ly/MHPublicHearing>, and an audio recording of the hearing is available at <http://bit.ly/MHPublicHearingAudio>.

Planned programmatic changes based on the Policy Summits and five strategy-specific Measure H evaluations are set forth in Attachment II.

Impact of COVID-19 on People Experiencing Homelessness and Measure H Funding

The CEO estimates FY 2020-21 Measure H revenue of \$67 million below projections prior to the onset of the COVID-19 pandemic and resulting economic slow-down.

In early March 2020, both the State and Federal governments declared states of emergency and, by mid-March, the Governor allocated, by Executive Order, \$150 million in statewide COVID-19 Emergency Homeless Funding and launched Project Roomkey (PRK) to lease-up thousands of motel and hotel rooms to serve as non-congregate shelters to temporarily house COVID-vulnerable homeless individuals and families. Los Angeles County received \$10.6 million of this emergency State funding for immediate use as local match to draw down up to 75 percent Federal Emergency Management Agency (FEMA) reimbursement in response to the state of emergency. The City of Los Angeles, LAHSA, the City of Long Beach, and three other Continuums of Care in Los Angeles County (Long Beach, Pasadena, and Glendale) also received shares of this State COVID-19 Emergency Homeless Funding.

At the end of March 2020, the Federal government approved the Coronavirus Aid, Relief, and Economic Security (CARES) Act, a \$2.2 trillion economic stimulus package which, among its many elements, included the following emergency allocations to State and local governments that could be leveraged as part of local homeless COVID-19 mitigation actions: 1) Coronavirus Relief Fund (CRF); 2) Emergency Solutions Grants (ESG-CV); and 3) Community Development Block Grant (CDBG-CV). The ESG-CV and CDBG-CV funding are supplemental allocations beyond the standard annual ESG and CDBG grants allocated through the annual Federal appropriations process. In addition to the County, several cities within the County, including Los Angeles, Long Beach, Pomona, Pasadena, Glendale, and El Monte, also received direct Federal ESG-CV and CDBG-CV allocations.

On May 12, 2020, in response to the growing pandemic, the Board directed LAHSA to develop a Homeless COVID-19 Recovery Plan, and also directed the CEO to develop a Funding Plan to support the Recovery Plan. LAHSA's Recovery Plan was submitted to the Board on June 23, 2020, and the CEO's Funding Plan was submitted to the Board on July 2, 2020. The CEO's Funding Plan identified four funding streams to support the Recovery Plan: \$111 million from the County's CRF allocation for use through December 2020; \$80 million in County ESG-CV funding for use through mid-2022; \$65 million in Measure H funding for Strategy B3-Rapid Re-Housing through FY 2022-23, and \$52 million in potential Federal Medicaid funding.

Additional funding to support the cost of the Homeless COVID-19 Recovery Plan may come from the City of Los Angeles and LAHSA, but that is pending decisions from their respective governing bodies. In addition, a portion of the permanent supportive housing and prevention and diversion costs included in LAHSA's Recovery Plan will be funded with existing resources in the Countywide homeless services delivery system, including some Measure H funding.

FY 2020-21 Funding Recommendations for Measure H Eligible Strategies

Against the backdrop of the County's efforts to mitigate the impacts of the pandemic on people experiencing homelessness, renewed County and societal focus to address systemic racism, and within our dynamic, uncertain funding environment, the FY 2020-21 recommended allocations for each Measure H-funded strategy are set forth in Attachment I, including the following components:

- Total Measure H funding for FY 2020-21 is \$410.2 million, comprised of \$381.5 million FY 2020-21 Measure H revenue and \$28.7 million in FY 2019-20 one-time Measure H carryover.
- County HHAP funding of \$54.9 million was originally allocated by the State in FY 2019-20. On March 4, 2020, the Board approved utilizing this funding in FY 2020-21 and FY 2021-22; however, the recommendations in Attachment I include utilizing all of this funding in FY 2020-21, in order to

mitigate the impact of the drop in Measure H revenue in FY 2020-21.

Recommendation 1 requests Board approval of the combined total \$465.1 million, comprised of the amounts described in the above bullets for each Measure H-eligible HI strategy, as indicated in Attachment I.

Recommendation 2 requests Board approval of the \$28.7 million in one-time Measure H carryover, as described in Attachment I.

In addition, consistent with prior Board action, \$20.8 million in County ESG-CV funding is being allocated to mitigate the impact of the reduction in Measure H funding in the unincorporated areas and the 82 cities for which the County is receiving ESG-CV funding. The CEO has worked with the six (6) cities which receive their own ESG-CV funding (Los Angeles, Long Beach, El Monte, Glendale, Pasadena, and Pomona) with the goal of similarly mitigating the impact of the reduction in Measure H funding in those cities. The results of the work with those six (6) cities is reflected in Attachment I.

Further, some of the cities which receive ESG-CV funding are still considering the potential allocation of ESG-CV funding, so that Measure H funding could be shifted to sustain one or more of the following strategies in those cities through June 30, 2021: A5 Homeless Prevention for Individuals; B4 Facilitate Utilization of Federal Housing Subsidies; C7 Increase Employment for Homeless Adults; and/or D6 Criminal Record Clearing Project. Recommendation 3 asks the Board to delegate authority to the CEO to shift Measure H funding to sustain one or more of these four strategies based on city allocations of ESG-CV funding, provided that there is no resulting reduction in total FY 2020-21 funding for any strategy.

Consistent with, and in support of the Board's action on July 21, 2020 (Item No. 3) Establishing an Antiracist Los Angeles County Policy Agenda, CEO-HI will continue working with LAHSA, Measure H-funded County departments, and other stakeholders to implement the recommendations developed by the Ad Hoc Committee on Black People Experiencing Homelessness, and to otherwise ensure that Measure H-funded strategies are implemented in a manner which combats the systemic racism that causes black people in Los Angeles County to be four times as likely to experience homelessness as County residents overall.

Implementation of Strategic Plan Goals

The recommended actions are in compliance with County Strategic Plan, Goal 1, Make Investments That Transform Lives; and Goal 2, Foster Vibrant and Resilient Communities.

FISCAL IMPACT/FINANCING

There is no net County cost impact from these recommendations.

County Budget Process

Upon Board approval of the funding recommendations, the CEO will incorporate the approved Measure H and HHAP allocations into the FY 2020-21 Supplemental Changes budget request scheduled for the Board's consideration on September 29, 2020. These budget changes will provide appropriation authority for the various departments to continue implementing the Measure H strategies.

Measure H Revenue

The California Board of Equalization began collecting the Measure H quarter-cent sales tax from businesses and consumers on October 1, 2017.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

On December 6, 2016, the Board approved an Ordinance to place Measure H on the March 7, 2017, Countywide ballot, which proposed a quarter-cent sales tax for a period of 10 years to fight homelessness. Additionally, the Ordinance emphasized accountability by requiring the following:

Independent Audit

An independent auditor to annually report on the amount of revenue collected and expended, and the status of the projects and services funded. Under the guidance of the Auditor-Controller, the independent auditor has completed the FY 2017-18 and FY 2018-19 audits in compliance with the ordinance requirement. The FY 2019-20 audit is scheduled for release at the end of December 2020.

Citizens' Oversight Advisory Board

The Citizens' Oversight Advisory Board (COAB) is comprised of five members, with one member nominated by each Supervisorial District and appointed by the Board. The COAB's role is to ensure public accountability for Measure H funds. All COAB meeting minutes and charts on Measure H expenditures are available at <http://homeless.lacounty.gov/oversight>.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the funding recommendations for Measure H strategies will affirm the County's commitment to combat and prevent homelessness in Los Angeles County by investing in proven strategies and seeking new and innovative solutions to the many issues that contribute to homelessness.

Respectfully submitted,



FESIA A. DAVENPORT

Acting Chief Executive Officer

FAD:JMN:TJM:PA

JR:EBI:TTD:BT:tv

Enclosures

- c: Executive Office, Board of Supervisors
- County Counsel
- Sheriff
- Alternate Public Defender
- Animal Care and Control
- Arts and Culture
- Beaches and Harbors
- Child Support Services
- Children and Family Services
- Los Angeles County Development Authority
- Consumer and Business Affairs
- Fire
- Health Services
- Mental Health
- Military and Veterans Affairs
- Parks and Recreation
- Probation
- Public Defender
- Public Health
- Public Social Services
- Public Works
- Regional Planning
- Superior Court
- Workforce Development, Aging and Community Services
- Los Angeles Homeless Services Authority

FY 2020-21 MEASURE H and HHAP FUNDING RECOMMENDATIONS

STRATEGY	FY 2019-20 MEASURE H ALLOCATION (APPROVED MAY 2019)	FY 2020-21 MEASURE H FUNDING RECOMMENDATION	OTHER FUNDING SOURCES TO SUPPLEMENT MEASURE H	EXPLANATION FOR VARIANCE FROM FY 2019-20
A1 - LAHSA Homeless Prevention Program for Families	\$11,500,000	\$8,991,000	COUNTY ESG-CV: \$2,509,000	Reduction in Measure H will be supplemented by County ESG-CV.
A1 - DCFS Homeless Prevention Program for Families	\$0	\$500,000	N/A	In FY 2019-20, the CEO was allocated a total of \$3,000,000 to support the utilization of mainstream County systems to prevent homelessness among families; this funding was not utilized in FY 2019-20. On May 21, 2020, the CEO submitted the Mainstream Systems Homelessness Prevention Action Plan to the Board of Supervisors, which included one recommendation involving families to utilize \$500,000 for the Prevention and Aftercare Program for a pilot to assist families who are referred to DCFS, do not have an open DCFS case, and have unstable housing.
A5 - LAHSA Homeless Prevention Program for Individuals	\$11,500,000	\$3,833,000 (July – October) \$250,000 (November – June for Pasadena and Pomona)	COUNTY ESG-CV: \$2,509,000 (November – June)	Strategy will be funded for the first four months of the FY with Measure H. For November 2020 – June 2021, the County will allocate CARES Act ESG funding to sustain this strategy at the FY 2019-20 funding level in the unincorporated areas and 82 cities for which the County receives ESG funding. The County is collaborating with the 6 cities that receive their own ESG funding (Los Angeles, Long Beach, Pomona, El Monte, Pasadena, and Glendale) to sustain this strategy countywide through June 2021. Pasadena and Pomona have committed funding to free-up Measure H funding to sustain this strategy and Long Beach will sustain this strategy with \$360,000 of its own ESG funding. Decisions from El Monte, Glendale, and Los Angeles are pending.

FY 2020-21 MEASURE H and HHAP FUNDING RECOMMENDATIONS

STRATEGY	FY 2019-20 MEASURE H ALLOCATION (APPROVED MAY 2019)	FY 2020-21 MEASURE H FUNDING RECOMMENDATION	OTHER FUNDING SOURCES TO SUPPLEMENT MEASURE H	EXPLANATION FOR VARIANCE FROM FY 2019-20
<p>A5 – DHS/DCFS Homeless Prevention Program for Individuals</p>	<p>-</p>	<p>\$1,500,000 (DHS) \$300,000 (DCFS)</p>	<p>N/A</p>	<p>In FY 2019-20, the CEO was allocated a total of \$3,000,000 to support the utilization of mainstream County systems to prevent homelessness among families and individuals; this funding was not utilized in FY 2019-20. On May 21, 2020, the CEO submitted the Mainstream Systems Homelessness Prevention Action Plan to the Board of Supervisors, which included two recommendations involving individuals for which funding is required:</p> <p>(1) a new Homelessness Prevention Unit in DHS focused on County single adult clients at the greatest risk of becoming homeless as identified by the California Policy Lab using predictive analytics (\$1.5 million needed for October 2020 – June 2021); and</p> <p>(2) \$300,000 for transition age youth who need additional services to take advantage of the Supervised Independent Living Program (SILP).</p>
<p>B1 - DPSS Provide Subsidized Housing to Homeless Disabled Individuals Pursuing SSI</p>	<p>\$5,138,000</p>	<p>\$0</p>	<p>ONE-TIME DPSS FUNDING: \$5,138,000</p>	<p>Reduction to Measure H funding to be backfilled with one-time funding available to DPSS.</p>
<p>B3 – LAHSA Expand Rapid Rehousing</p>	<p>\$78,200,000</p>	<p>\$74,794,000</p>	<p>COUNTY ESG-CV: \$15,906,000</p>	<p>In September 2019, the Board of Supervisors approved a one-time \$30 million increase in rapid rehousing for families, which can also be used for interim housing for families as part of Strategy B3. This recommended funding level reflects maintaining half of that one-time increase in FY 2020-21, while other changes are implemented in the Coordinated Entry System for Families.</p> <p>The County has allocated ESG-CV for this strategy to avoid curtailments in various other strategies.</p>

FY 2020-21 MEASURE H and HHAP FUNDING RECOMMENDATIONS

STRATEGY	FY 2019-20 MEASURE H ALLOCATION (APPROVED MAY 2019)	FY 2020-21 MEASURE H FUNDING RECOMMENDATION	OTHER FUNDING SOURCES TO SUPPLEMENT MEASURE H	EXPLANATION FOR VARIANCE FROM FY 2019-20
B3 - DHS Expand Rapid Rehousing	\$ 7,205,000	\$150,000	N/A	Elimination of almost all DHS funding reflects sunseting of DHS' Rapid Rehousing program and transfer of remaining clients to LAHSA.
B4 - LACDA Facilitate Utilization of Federal Housing Subsidies	\$14,189,000	\$4,365,000 Countywide (July – October) \$3,557,000 in Measure H for County ESG Service Area, Long Beach, Pasadena, and Pomona (November – June)	CITIES ESG-CV	Reduction in full-year cost due to shift of certain costs to the Veterans Administration for VASH vouchers, partially offset by an increase in the overall cost per subsidy. To sustain this strategy from November 2020 – June 2021, the County has allocated ESG-CV funding for Strategy B3, which frees up Measure H funding for this strategy. Long Beach, Pasadena, and Pomona have taken similar actions. Decisions from El Monte, Glendale, and Los Angeles are pending.
B6 – DCFS Family Reunification Housing Subsidies	\$1,468,000	\$0	\$1.468,000 from the DCFS Provisional Financing Uses Budget	Reduction to Measure H funding to be backfilled with one-time funding available to DCFS.
B7 – DHS Interim/Bridge Housing for those Exiting Institutions	\$ 21,878,000	\$21,878,000	N/A	No change
B7 – DMH Interim/Bridge Housing for those Exiting Institutions	\$72,000	\$72,000	N/A	No change

FY 2020-21 MEASURE H and HHAP FUNDING RECOMMENDATIONS

STRATEGY	FY 2019-20 MEASURE H ALLOCATION (APPROVED MAY 2019)	FY 2020-21 MEASURE H FUNDING RECOMMENDATION	OTHER FUNDING SOURCES TO SUPPLEMENT MEASURE H	EXPLANATION FOR VARIANCE FROM FY 2019-20
B7 – DPH Interim/Bridge Housing for those Exiting Institutions	\$6,683,000	\$9,415,000	N/A	Increase in bed rate results in increase in cost to maintain current beds.
B7 – LAHSA Interim/Bridge Housing for those Exiting Institutions	\$4,627,000	\$4,627,000	N/A	No change
C4/5/6 - DHS/DPSS Countywide Supplemental Security/Social Security Disability Income and Veterans Benefits Advocacy	\$11,051,000	DHS: \$3,951,000 DPSS: \$4,600,000	N/A	Reduced funding due to increased efficiency from centralization of certain functions, with no reduction in services.
C4/5/6 – DMH Countywide Supplemental Security/Social Security Disability Income and Veterans Benefits Advocacy	\$1,101,000	\$1,101,000	N/A	No change

FY 2020-21 MEASURE H and HHAP FUNDING RECOMMENDATIONS

STRATEGY	FY 2019-20 MEASURE H ALLOCATION (APPROVED MAY 2019)	FY 2020-21 MEASURE H FUNDING RECOMMENDATION	OTHER FUNDING SOURCES TO SUPPLEMENT MEASURE H	EXPLANATION FOR VARIANCE FROM FY 2019-20
<p>C7 – WDACS/CEO Increase Employment for Homeless Adults</p>	<p>\$14,300,000</p>	<p>LA: RISE \$3,767,000 Countywide (July-October) \$3,078,000 in Measure H for County ESG Service Area. Long Beach, Pasadena, and Pomona (November – June)</p>		<p>To sustain this strategy from November 2020 – June 2021, the County has allocated ESG-CV funding for Strategy B3, which frees up Measure H funding for this strategy. Long Beach, Pasadena, and Pomona have taken similar actions. Decisions from El Monte, Glendale, and Los Angeles are pending.</p>
<p>D2 – DHS Jail In-Reach</p>	<p>\$1,870,000</p>	<p>\$1,870,000</p>	<p>N/A</p>	<p>No Change</p>
<p>D2 – LASD Jail In-Reach</p>	<p>\$465,000</p>	<p>\$465,000</p>	<p>N/A</p>	<p>No Change</p>
<p>D6 – PD Criminal Record Clearing Project</p>	<p>\$2,941,000</p>	<p>\$980,000 Countywide (July – October) \$792,000 In Measure H for County ESG Service Area, Long Beach, Pasadena, and Pomona (November – June)</p>		<p>To sustain this strategy from November 2020 – June 2021, the County has allocated ESG-CV funding for Strategy B3, which frees up Measure H funding for this strategy. Long Beach, Pasadena, and Pomona have taken similar actions. Decisions from El Monte, Glendale, and Los Angeles are pending.</p>

FY 2020-21 MEASURE H and HHAP FUNDING RECOMMENDATIONS

STRATEGY	FY 2019-20 MEASURE H ALLOCATION (APPROVED MAY 2019)	FY 2020-21 MEASURE H FUNDING RECOMMENDATION	OTHER FUNDING SOURCES TO SUPPLEMENT MEASURE H	EXPLANATION FOR VARIANCE FROM FY 2019-20
D7 Provide Services and Rental Subsidies for Permanent Supportive Housing	DHS: \$69,946,000 DMH: \$5,814,000 DPH: \$1,564,000	DHS: \$48,536,000 DMH: \$9,613,000 DPH: \$1,564,000	COUNTY HHAP (DHS): \$43,384,000	Reduction in Measure H allocation from FY 2019-20 to be backfilled by County Homeless Housing Assistance and Prevention funding. Increase in total strategy allocation necessary for services for 1,994 clients in permanent supportive housing which will open in FY 2020-21 and annualized, full-year costs for 2,620 clients in permanent supportive housing which opened in FY 2019-20.
E6 – DHS Countywide Outreach System	\$16,931,000	\$26,473,000	N/A	Increase to sustain current outreach workers, except for reduction of public space generalist teams from 20 to 8 (one per SPA). Increase from May 2019 allocation for FY 2019-20 due to: (1) continuation of increased ongoing funding approved in September 2019 as part of the FY 2019-20 Supplemental County Budget; and (2) replacement of one-time Homeless Prevention Initiative funding, which has been exhausted. Increase also represents \$390k shift from LAHSA E6 for 5 Skid Row Case Managers.
E6 – DPH Countywide Outreach System	\$0	\$ 756,000	N/A	Funding for four public health nurses added in September 2019 as part of the FY 2019-20 Supplemental County Budget to assist outreach teams in addressing public health issues at large encampments.
E6 – LAHSA Countywide Outreach System	\$12,001,000	\$11,611,000	N/A	This funding recommendation does not include funding for Safe Storage. Initial funding for Safe Storage was added in September 2019 as part of the FY 2019-20 Supplemental Changes budget; however, no Safe Storage sites have been established as of now. Decrease represents \$390k shift to DHS E6 for 5 Skid Row Case Managers.
E7 – CEO Strengthen the Coordinated Entry System	\$6,700,000	\$500,000	N/A	Funding was already allocated in FY 2019-20 to support implementation of city homelessness plans through FY 2020-21. Because the FY 2019-20 funding spans two fiscal years, no additional funding needs to be allocated for this purpose in FY 2020-21. Remaining \$500,000 is to support Council of Governments (COGs) regional coordination services.

FY 2020-21 MEASURE H and HHAP FUNDING RECOMMENDATIONS

STRATEGY	FY 2019-20 MEASURE H ALLOCATION (APPROVED MAY 2019)	FY 2020-21 MEASURE H FUNDING RECOMMENDATION	OTHER FUNDING SOURCES TO SUPPLEMENT MEASURE H	EXPLANATION FOR VARIANCE FROM FY 2019-20
E7 – LAHSA Strengthen the Coordinated Entry System	\$34,693,000	\$14,024,000	LAHSA HHAP/HEAP: \$11,488,000 WDACS: \$54,000	See Appendix A for funding by program component.
E8 – DHS Enhance the Emergency Shelter System	\$20,450,000	\$23,158,000	COUNTY HHAP: \$2,115,000	Increase is due to operating costs for new interim housing where the County is funding the capital cost and is committed to fund the operating cost.
E8 -DMH Enhance the Emergency Shelter System	\$72,000	\$72,000	N/A	No change
E8 – DPH Enhance the Emergency Shelter System	\$668,000	\$668,000	N/A	No change
E8 – LAHSA Enhance the Emergency Shelter System	\$71,632,000	\$71,632,000	N/A	No change
E14 – LAHSA Enhanced Services for Transition Age Youth	\$19,900,000	\$14,499,000	COUNTY HHAP: \$9,401,000	See Appendix B for funding by program component.

FY 2020-21 MEASURE H and HHAP FUNDING RECOMMENDATIONS

STRATEGY	FY 2019-20 MEASURE H ALLOCATION (APPROVED MAY 2019)	FY 2020-21 MEASURE H FUNDING RECOMMENDATION	OTHER FUNDING SOURCES TO SUPPLEMENT MEASURE H	EXPLANATION FOR VARIANCE FROM FY 2019-20
F7 – CEO Preserve and Promote the Development of Affordable Housing for Homeless Families and Individuals	\$3,300,000	\$0	N/A	The FY 2019-20 funding for this strategy was one-time funding for the Housing Innovation Challenge.
CENTRAL MEASURE H ADMINISTRATION	\$2,071,000	\$3,511,000	N/A	FY 2019-20 funding was increased in September 2019 as part of the County's Supplemental Budget to support 5 new positions and contract-related costs. The FY 2020-21 funding recommendation maintains these positions, includes \$70,000 in funding for an Office of Emergency Management position formerly funded under Strategy E6, and reflects a \$200,000 reduction in funding for contract costs.
TOTALS	FY 2019-20 MEASURE H ALLOCATION (APPROVED MAY 2019) \$460,000,000	FY 2020-21 MEASURE H FUNDING RECOMMENDATIONS \$381,453,000	FUNDING FROM OTHER SOURCES TO SUPPLEMENT MEASURE H \$93,808,000	

FY 2020-21 MEASURE H and HHAP FUNDING RECOMMENDATIONS

FY 2019-20 One-time Measure H Carryover Requested for Board Approval			
Strategy - Department Program Component	FY 2019-20 Allocation for Strategy Program Component	FY 2019-20 Unavoidable Carryover into FY 2020-21	Explanation for Carryover
A1/A5 – DCBA Eviction Defense	\$2,000,000	\$50,000	Implementation of eviction defense program.
C7 – CEO Employment Innovation Contract	\$1,200,000	\$800,000	Employment innovation contract with United Way.
C7 – WDACS HireUp Program	\$2,500,000	\$1,275,000	July 7, 2020 Board motion directed funding to be carried over for Hire Up program.
E7 – CEO Cities Homelessness Planning Grants	\$15,700,000	\$2,067,000	Contracts with cities implementing homelessness plans and COGs for city homelessness activities.
E7 – LAHSA Ad hoc Committee on Black People	\$1,000,000	\$1,000,000	Implementation of Recommendations from Ad hoc Committee on Black People Experiencing Homelessness.
E8 – DHS Interim Housing Capital	\$15,349,000	\$11,500,000	Interim Housing Capital Projects.
LAHSA CoC Contracts	\$5,273,000	\$3,963,000	Contracts with Long Beach, Glendale and Pasadena CoCs for certain HI strategies.
LAHSA FY 2019-20 Claims	N/A	\$8,082,000	The amount reflects claims submitted to the County CEO's office by LAHSA after the Auditor-Controller's deadline for payment in FY 2019-20.
TOTAL FY 2019-20 CARRYOVER REQUESTED		\$28,737,000	

FY 2020-21 MEASURE H and HHAP FUNDING RECOMMENDATIONS

Homeless and Housing Assistance Program Funding Recommendations Request for Board Approval to Supplement Measure H Funded Programs in FY 2020-21*		
Strategy - Department	Previous Board-Approved FY 2020-21 HHAP Allocations	Revised FY 2020-21 HHAP Allocation Recommendations
D7 – DHS	\$18,800,000	\$43,384,000
E8 – DHS	\$900,000	\$2,115,000
E14 – LAHSA	\$4,000,000	\$9,401,000
TOTAL	\$23,700,000	\$54,900,000

*The March 4, 2020 Board letter allocated FY 2019-20 State HHAP funding for the three strategies in this table. The CEO recommends utilizing the \$31,200,000 in HHAP funding previously approved for use in FY 2021-22 for FY 2020-21 to partially offset the decline in FY 2020-21 Measure H revenue.

FY 2020-21 MEASURE H and HHAP FUNDING RECOMMENDATIONS

APPENDIX A

HOMELESS INITIATIVE STRATEGY E7: Strengthen the Coordinated Entry System

STRATEGY PROGRAM COMPONENT	FY 2019-20 MEASURE H ALLOCATION	FY 2020-21 MEASURE H RECOMMENDATION	FUNDING FROM OTHER SOURCES TO SUPPLEMENT MEASURE H	EXPLANATION FOR VARIANCE FROM FY 2019-20
Regional Coordination	\$8,613,000	\$6,513,000	\$247,000 (CoC HHAP)	\$2,100,000 Measure H reduction, partially offset by \$247,000 in CoC HHAP funding.
LAHSA Regional Coordinator	\$92,000	\$92,000	-	No change
Housing Navigation	\$11,786,000	\$0	\$8,982,000 (CoC HEAP/HHAP)	Reflects no program reduction from last year's program component amount after the supplemental budget adjustment in FY 2019-20.
Housing Navigation CoCs	\$454,000	\$454,000	-	No change
Domestic Violence Coordinators	\$937,000	\$841,000	-	\$96,000 reduction can be absorbed without impacting agencies who provide domestic violence coordinators, due to additional, non-Measure H funding for domestic violence coordination received by LAHSA.
Gerontologist	\$109,000	\$55,000	\$54,000 (WDACS)	WDACS will provide funding for a portion of the cost of this position.
Housing Locators	\$3,060,000	\$3,060,000	-	No change
Training	\$1,249,000	\$1,149,000	\$93,000 (CoC HHAP)	Measure H reduction is offset by CoC HHAP funding.
Technical Assistance	\$2,301,000	\$0	\$2,002,000 (CoC HHAP)	Measure H reduction is offset by CoC HHAP funding.
Legal	\$3,060,000	\$1,560,000	-	\$1,500,000 program reduction
Representative Payee	\$1,468,000	\$300,000	\$164,000 (CoC HEAP)	Reduction in client cost/month results in maintenance of current services, despite reduction in funding.

FY 2020-21 MEASURE H and HHAP FUNDING RECOMMENDATIONS

STRATEGY PROGRAM COMPONENT	FY 2019-20 MEASURE H ALLOCATION	FY 2020-21 MEASURE H RECOMMENDATION	FUNDING FROM OTHER SOURCES TO SUPPLEMENT MEASURE H	EXPLANATION FOR VARIANCE FROM FY 2019-20
Technology Investment	\$564,000	\$0	-	LAHSA has chosen to eliminate technology investment that supports HMIS data reporting to the County CIO.
Ad Hoc Committee on Black People Experiencing Homelessness	\$1,000,000	Funding reflected in above Measure H Carryover Chart		LAHSA will receive carryover funding for this program component. This was a one-time allocation from FY 2019-20.
TOTALS	\$34,693,000	\$14,024,000	\$11,542,000	

FY 2020-21 MEASURE H and HHAP FUNDING RECOMMENDATIONS

APPENDIX B

HOMELESS INITIATIVE STRATEGY E14: Enhanced Services for Transition Age Youth

STRATEGY PROGRAM COMPONENT	FY 2019-20 MEASURE H ALLOCATION	FY 2020-21 MEASURE H RECOMMENDATION	FUNDING FROM OTHER SOURCES TO SUPPLEMENT MEASURE H
Youth Family Reconnection	\$1,890,000	\$0	\$1,890,000 (County HHAP)
Peer Navigators	\$700,000	\$0	\$700,000 (County HHAP)
Educational Coordinators	\$800,000	\$0	\$800,000 (County HHAP)
Transitional Housing Beds	\$15,592,000	\$14,447,000	\$1,145,000 (County HHAP)
Transitional Housing - Host Home Slots	\$866,000	\$0	\$866,000 (County HHAP)
Youth System	\$4,000,000	\$0	\$4,000,000 (County HHAP)
Youth Collaboration	\$52,000	\$52,000	None
TOTAL	*\$23,900,000	\$14,499,000	\$9,401,000 (County HHAP)

*Reflects adjusted strategy amount in the Supplemental Budget adopted in September 2019.

Homeless Initiative Strategy Lead Responses to Input from Policy Summits and Strategy Evaluations

As a part of the process to develop funding recommendations for Measure H for Fiscal Year 2020-21, the Chief Executive Office – Homeless Initiative (CEO-HI) engaged key stakeholders through multiple avenues, including through eight Policy Summits, which were held from September 26 – November 14, 2019. These Summits aimed to gather input from key partners, including system leaders, service providers, people with lived experience, researchers, cities and Councils of Government, faith organizations, philanthropic organizations, and others. They were open to the public. Opening and Closing System Summits bookended summits 2 through 7, which covered the following six topics, respectively: Prevention and Diversion, Outreach, Interim Housing, Permanent Housing, Employment, and Partnerships with Cities. Each summit was framed by Measure H performance outcome and expenditure data, interim findings from five strategy-specific HI evaluations, and other data and research. Notes and takeaways from these summits can be found at <https://bit.ly/2YPLv7c>.

In addition, during the process of developing the FY 2020-21 Measure H Funding Recommendations, the findings from five evaluations conducted by independent researchers were released. These five evaluations focused on seven key Measure H-funded strategies: Strategies A1 and A5 – Homeless Prevention for Families and Single Adults, Strategies B7 and E8 – Interim Housing for those Exiting Institutions/Emergency Shelter, Strategy B3 – Rapid Re-Housing, Strategy E6 – Outreach, and Strategy D7 – Permanent Supportive Housing. The five evaluations can be found at <https://homeless.lacounty.gov/evaluations/>.

Departments and Agencies with lead responsibilities for Homeless Initiative (HI) Strategies carefully reviewed all input from the Summits and evaluations. While some aspects of this input shaped the final Measure H funding recommendations for FY 2020-21, others are reflected in programmatic or policy changes and/or in ongoing advocacy efforts. The following pages provide HI Strategy Leads' responses regarding input affecting program design, policy, and advocacy.

In many cases, Strategy Leads concurred with recommendations made by stakeholders or evaluators but noted that implementation of these recommendations was not feasible in the current context of scarce resources, in which difficult decisions regarding priorities must be made. The comments summarized in the following pages are primarily those where some action or planned action is described; instances where Strategy Leads have expressed their concurrence with recommendations, without highlighting any actions have not been included here. However, notes/summaries from all summits, as well as the five strategy evaluations are available at the links above and provide complete accounts of the wide range of informative and thoughtful input received through this process.

HI Strategy Lead Responses to Strategy Evaluations

In May 2019, the Chief Executive Office executed five contracts with competitively-procured independent researchers to conduct evaluations of key Homeless Initiative (HI) strategies. The researchers produced five reports evaluating seven strategies (A1/A5 – Homeless Prevention; E6 – Outreach; B7 and E8 – Emergency/Interim Housing (IH); B3 – Rapid Re-Housing; and D7 – Permanent Supportive Housing (PSH). The reports identify best practices, evaluate areas where process enhancements may be necessary, and provide HI stakeholders and the Board with information to inform optimal allocations of Measure H resources. The five evaluations can be found on the HI website at <https://homeless.lacounty.gov/evaluations/>.

To ensure findings and recommendations from the HI strategy evaluations were thoroughly considered within the homeless services system, the HI asked lead County department and agencies (Leads) for the evaluated strategies to provide responses to the evaluations. To formulate their responses, leads engaged contracted service providers that are involved in the evaluated strategies to gather feedback. After engaging contracted providers, Leads were asked to share key takeaways and planned actions to address those key takeaways, as well as any implications for their funding requests. The chart below summarizes strategy Leads' descriptions of how they are or will be implementing aspects of the evaluators' recommendations.

Homeless Initiative Strategy (Lead)	Summary of Actions to Address Key Takeaways from Evaluations
<p>A1 & A5: Homelessness Prevention for Families and Single Adults</p> <p>(Los Angeles Homeless Services Authority (LAHSA))</p>	<ul style="list-style-type: none"> • Education and support for service providers on the implementation of Problem-Solving: LAHSA has developed a Problem-Solving web series which lives on the Configio platform with an open enrollment for all frontline service providers and staff from key partner systems. In addition, approximately 23 new Problem-Solving Specialist positions have been added to the prevention contracts for FY 2020-21. • Communication between homeless service providers and legal service providers: Legal service referrals are now permitted 30-days prior to a household's housing crisis. The goal is to allow for more time for in-depth case conferencing and Problem-Solving prior to a prevention enrollment. Co-location is not a requirement, but strongly encouraged whenever possible. In some Service Planning Areas (SPAs) the case manager is co-located at the legal services agency and in some SPAs the legal services provider is co-located at the homeless services agency.

	<ul style="list-style-type: none"> • Administrative data: To clearly distinguish between Prevention and Problem-Solving clients, LAHSA developed a Problem-Solving Tracking Tool on HMIS which was released in October 2019. Problem-Solving intervention enrollments are separate from Prevention and allow for data collection of separate interventions/programs. • Prevention Targeting Tool: LAHSA is working with the California Policy Lab to improve the Homeless Prevention Targeting Tool.
<p>B3: Rapid Re-Housing (LAHSA)</p>	<ul style="list-style-type: none"> • Lower caseload ratios: To better serve program participants, LAHSA is working with RRH providers (Rapid Re-Housing Implementation Team, which is a group of providers who have volunteered to be a part of this “team”) and will potentially be testing lower caseload ratios. • Increasing Permanent Housing (PH) options for clients: The Lease Up Program and RRH providers are continuing to work with landlords and property management companies. They continue to build relationships with landlords and property management companies with the goal of expanding permanent housing opportunities. LAHSA is also looking at other PH options for RRH program participants. • Shared housing: Lease Up and RRH providers continue to look at identifying more shared housing opportunities countywide. • Expanding community and faith-based involvement: RRH providers have reached out and continue to develop relationships with community and faith-based organizations in the areas they serve.
<p>B7/E8: Interim/Bridge Housing for those Exiting Institutions and Enhancing the Emergency Shelter System (LAHSA/DHS/DMH/DPH)</p>	<ul style="list-style-type: none"> • Accessibility of shelter sites (physical): IH sites are monitored and assessed using the same standards and a central Quality Assurance Tool in order to ensure that sites are as accessible as possible. Where a participant has needs beyond what a site can provide, LAHSA’s Facility Standards require each site to have accommodation plans, ensuring that anyone eligible for services is directed to the appropriate site for the appropriate services. • Accessibility of shelter sites (emotional): Participants can tour potential shelter placements prior to entry to address concerns. Trauma-Informed Care trainings, including trainings on working with domestic violence and sex trafficking victims, are available on the Configio website and through additional trainings offered by Housing for Health (HFH) consultants. There are

specialty beds for women and older adults scattered throughout LA County that offer enhanced opportunities for those populations.

- **Extensions for shelter stays:** Providers are encouraged to provide extensions on participant stays as part of their Housing & Services Plan. The extension length was set uniformly at 90-days to standardize the documentation for providers and cut down on the frequency of requesting more time.
- **Problem Solving:** System-wide, LAHSA and the Department of Health Services (DHS) are enhancing the front-end support of participants; this case management strategy uses a strengths-based approach to support participants in identifying alternatives to entering homeless services – family, friends, other social supports. This practice aims to reserve CES services only for those most in need.
- **Quicker access to less restrictive services:** Safe Landing triage centers are currently in development and should help expedite bringing people experiencing homelessness (PEH) into system services. This model of care will offer quick low barrier access to triage and IH services with mental health and substance use recovery supports provided on-site and through referrals and linkages. Hospitals, first responders, law enforcement agencies, and local communities will be able to refer PEH into the Safe Landing center without having to complete a referral process in advance. Participants will be triaged and - if available - provided IH services, or - if a bed is not available - assisted with accessing IH resources at another facility.
- **Quicker access to shelter programs:** Strategy Leads are seeking additional staff to support shelter placement and manage the Universal Referral System. The additional staff (also known as matchers) would support the review of individual referral applications, and site occupancy data collection and accuracy .
- **Efficient throughput to Permanent Housing:** Housing Central Command, a collaborative, high-intensity workgroup seeking to establish and implement the homeless system vision, has developed and begun testing a technology-backed coordination system to identify PSH-eligible persons and match them to PSH.

	<ul style="list-style-type: none"> • Challenges staff face in serving high acuity individuals: Because of the challenges of serving high acuity individuals, there is high staff turnover that negatively affects the continuity of care. To address this challenge, LAHSA has developed training specifically for IH staff. Additional funding to hire staff with experience/higher education would also assist in staff retention. • Revisions to CES Packet: Department of Public Health – Substance Abuse Prevention and Control (DPH-SAPC) will coordinate with LAHSA to identify possible revisions to the CES Survey Packet to allow for higher scoring of acuity for individuals with substance use disorders (SUD). Increasing CES acuity scores for individuals with SUD may increase exit opportunities to permanent housing. • Recovery Bridge Housing bed rate: DPH-SAPC will coordinate with the CEO Homeless Initiative to increase the Recovery Bridge Housing (RBH) bed rate from \$42.35 to \$50.00, to allow for additional services and more experienced and/or licensed staff to manage after hours crises.
<p>D7: Permanent Supportive Housing (DHS/DMH)</p>	<ul style="list-style-type: none"> • Service Coordination: Gaps in service coordination are being addressed through further integration and alignment of the D7 partners. For example, each month DHS and DMH staff meet to ensure new project-based sites have Intensive Case Management (ICMS) and Housing Full-Service Partnership services. If DMH funding is in the building, then both departments participate on lease up calls to ensure the services are coordinated prior to the building being filled with new clients. Upon lease up, DPH-SAPC Client Engagement and Navigation Services are brought into the building and all D7 partners work together to coordinate all three service types onsite. • Reducing Barriers to Housing: D7 partners work closely with Public Housing Authorities (PHAs) to ensure there is a unified strategy to engage with landlords to help with move-in assistance for clients, damage mitigation to ensure landlords will have funds if a unit is damaged, and landlord incentives, if funding is available. • Data Quality and Integration: Data sharing agreements continue to be pursued through each agency's legal advisors. Currently, the PHAs are unable to share client level data with D7 partners, but they do work closely with each other to integrate and share as much of their data as possible to ensure continuity of care for housing and services. DHS' CHAMP data system has recently been updated to track receipt of services that can be queried for usable

	<p>reports. These reports will have valuable data to ensure the right level of services is being delivered to participants enrolled in ICMS.</p>
<p>E6: Coordinated Outreach System (LAHSA/DHS/DMH)</p>	<ul style="list-style-type: none"> • Data sharing: <ul style="list-style-type: none"> ○ The Strategy E6 Leadership team acknowledges that client data sharing practices continue to be a challenge that impacts both system-wide efficiency and client continuity of care. The COVID-19 pandemic afforded a unique opportunity to implement tools and practices that directly address these barriers. LAHSA and Akido Labs, in partnership with DHS, developed a Smartphone Application (app) to help outreach teams triage COVID-19 symptoms and support people on the streets during the coronavirus pandemic. Named HOTSpot, the app was launched on April 20, 2020, among all outreach workers. This first-of-its-kind app allows outreach teams to do wellness checks, identify COVID-19 symptomatic and vulnerable PEH, and triage them to the most appropriate resource (e.g., 911, isolation/quarantine sites, Project Roomkey). It has become a vital tool in identifying and tracking where asymptomatic and COVID symptomatic individuals may be residing. This information allows Multi-Disciplinary Teams (MDTs) and LAHSA Homeless Engagement Teams (HETs) to provide the appropriate level of support to PEH across the County. Since its launch date, over 16,000 surveys have been completed by outreach team members throughout LA County. DMH is in the process of finalizing an agreement by which their outreach teams will also be utilizing this tool. ○ LAHSA instituted its first HMIS-based referral system for an interim housing (IH) resource via its successful launch of Project Roomkey. This process has streamlined the ability for outreach teams and others to refer clients and know their status. This process will soon be adapted for A Bridge Home IH outreach client referrals. ○ The AB 210 Countywide Homeless Information Portal (CHIP) provides MDT members with the ability to search and view homeless client information containing any pertinent service history and status information from multiple source systems. In July 2020, the system moved into a “hard launch” and is in the process of on-boarding agencies that have requested access to this system.

- **Educating stakeholders:** LAHSA and DHS are continuing to educate community stakeholders about the purpose and function of homeless outreach, including providing more nuanced information to LA-HOP requestors, spreading the word around the role of outreach, and conveying information about the opportunities and limitations of outreach. Outreach leadership has been proactively meeting with elected offices to raise awareness on the outreach system, including LA-HOP, and how it fits within the larger homeless system.
- **Data quality:**
 - LAHSA and DHS are working to implement HMIS data and documentation quality measures across E6 providers to identify ongoing training needs, build staff data capacity, and ensure consistently high-quality data. To do so, both agencies have increased directives related to documentation expectations and increased training opportunities across teams. LAHSA continues to provide enhancements to HMIS and increased training opportunities to all outreach teams to ensure the integration and consistency of their use. Examples include the addition to HMIS of COVID-related services; location; and services to freeway/highway- adjacent people experiencing homelessness. Training on each of these have been provided via a weekly outreach webinar, commencing March 2020. Attendance averages 200 participants weekly, with the recording sent out via LA-HOP to over 500 outreach team members throughout LA County.
 - DHS-administered outreach teams are required to include a GIRP (Goal; Intervention; Response; Plan) note for every service provided, as well as to indicate the location and duration of each service. The DHS street-based program managers provide extensive monthly performance data reports to each program, reviewing critical data elements and providing feedback regarding programmatic strengths and areas of improvement needed. During annual contract monitoring, client HMIS charts are reviewed to ensure adherence to contract expectations.
 - LAHSA's Access and Engagement unit has implemented additional structure to ensure that all HETs are accurately entering locations and client-based data including services rendered with each engagement. In collaboration with HET members and management staff, data coordinators generate weekly data quality reports with deadlines to correct any issues or omitted data. The data coordinators then provide monthly data summary

	<p>reports to the HET managers in each SPA which includes summaries of contacts, services, referrals, assessments and successful housing placements, ensuring that every data element was entered correctly. These weekly and monthly reports provide insight to maintain accurate and consistent data entry, while helping establish progress towards quarterly contract outcomes and metrics.</p> <ul style="list-style-type: none">• Training:<ul style="list-style-type: none">○ The DHS Training Standards Workgroup is integrating an evaluation tool into its training program. Participants have historically completed daily evaluations of the Collaborative Training and Orientation Week. Following the December 2019 Training Week, a plan to send out a 3-month follow up survey to participants was discussed. However, this action was derailed with the onset of the pandemic.○ It may be helpful to consider development of a set of outreach “core competencies” specific to each outreach role and responsibility and develop evidence-based associated trainings and standards.
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Homeless Initiative Strategy Lead Responses to Input from Policy Summits

Recommendation/Comment	Response (Agency providing response in parentheses)
Opening System Summit	
Coordinated Entry System (CES) Assessment tool (VI-SPDAT) does not adequately capture levels of vulnerability.	Agree. This tool does not accurately capture vulnerability for TAY and child welfare families experiencing homelessness. (DCFS) Agree. The VI-SPADT does not capture SUD as priority. (DPH-SAPC) Research project is evaluating the VI-SPDAT and other assessment tools are being considered. (DMH)
Affordable housing supply and tenant protections (including enforcement) should be expanded.	There is a pipeline of PSH with thousands of units that should come on line over the next 3 years. (DMH)
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.	A new Homeless Prevention Unit has been proposed to use predictive analytics to help prevent homelessness amongst vulnerable populations. (DMH)
Much greater access and coordination needs to occur with DCFS. There is a significant gap, particularly in serving AB12 youth.	DCFS is working with LAHSA to mitigate all gaps as it relates to AB12 youth and families. (DCFS)
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.	On July 1, 2017, Substance Abuse Prevention and Control (SAPC) implemented the Drug Medi-Cal (DMC) waiver through the launch of the System Transformation to Advance Recovery and Treatment, Los Angeles County's substance use disorder Organized Delivery System (START-ODS). START-ODS increased access to substance use disorder (SUD) treatment services for youth and adults enrolled in or eligible for Medi-Cal, My Health LA and/or participating in select County-funded programs. START-ODS also required medical necessity to justify services as reasonable, necessary, and/or appropriate, and based on evidence-based clinical standards of care as determined by the American Society of Addiction Medicine (ASAM) treatment criteria for services. Homeless and unstably housed individuals who no longer meet medical necessity for residential treatment may be able to enroll in Recovery Bridge Housing if they are concurrently enrolled in Outpatient Treatment, Intensive Outpatient Treatment, Opioid Treatment Program or Outpatient Withdrawal Management. SAPC is committed to working with its partners to improve coordination with homeless providers and individuals interesting in accessing residential treatment and will continue to work on improving the process of transitioning individuals from residential treatment to Recovery Bridge Housing. (DPH-SAPC)

Recommendation/Comment	Response (Agency providing response in parentheses)
Prevention Summit	
Need to ensure that SAPC Client Engagement and Navigation Services employees are appropriately trained and involved in prevention/problem-solving.	SAPC will encourage SUD case managers to receive training on prevention/problem-solving and to be involved in the Countywide Problem-Solving Integration. SUD case managers can use the Case Management benefit to provide problem-solving when assisting homeless clients. (DPH-SAPC)
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.	Over the course of the next fiscal year, LAHSA will be considering opportunities to centralize prevention and to make it more known to people who need the resource. (LAHSA)
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.	Problem-Solving Specialists will be able to submit referrals to legal services for households with 30-day notices to vacate. (LAHSA)
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.	All households seeking Prevention services will be engaged with a Problem-Solving conversation to see if there is a quick resolve to their housing crisis. All eligible households with no Problem-Solving outcome will be enrolled in Prevention. (LAHSA)
Increase system flexibility—how can we systematically incorporate problem-solving intervention at the beginning and every step of the way thereafter?	The LAHSA Problem-Solving unit offers a web-based training and technical assistance to providers. LAHSA has trained over 800 service staff from diverse facets of the homeless services system and has the expectation that more staff will be trained to implement problem-solving in their unique roles. (LAHSA)
Create a universal assessment tool that can be used by agencies outside the LAHSA system/by those not funded by LAHSA.	LAHSA: While not necessarily an assessment tool, the Problem-Solving unit is developing a tool for those not funded by LAHSA or with access to HMIS to submit a request for Problem-Solving Assistance Funds to support in quickly resolving the household's crisis. (LAHSA)

Recommendation/Comment	Response (Agency providing response in parentheses)
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.	LAHSA is working with legal services to schedule more learning communities, feedback sessions, and similar opportunities to help increase the efficiency in legal services referrals, as well as to help establish meaningful relationships between the providers and the legal services agencies in each region. (LAHSA)
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 .	LAHSA will be monitoring underspend more closely this fiscal year, to ensure that providers are properly staffed and are adequately using the resources throughout the year. (LAHSA)
Focus on client autonomy and capabilities—do not focus on what clients can't do, but on what they can do for themselves.	The Problem-Solving Unit is attempting to create a culture shift that utilizes a strength exploration approach through motivational interviewing and affirmative statements by providing training, technical assistance and office hours. (LAHSA)
Leverage the skills and cultural competencies of community-based organizations to connect with people experiencing homelessness.	The Problem-Solving Unit is actively engaging non-traditional partners to support in working with households to quickly resolve their housing crisis prior to the entry-point of the Coordinated Entry System. (LAHSA)
Outreach Summit	
Increase problem-solving (especially prevention and diversion).	Will incorporate into existing program operations and service delivery- the DHS MDTs had initial training on this intervention on 1/16/2020. (DHS-Housing for Health (HfH)) Agreed. LAHSA has prioritized outreach workers to access problem-solving training and resources attached to this program. (LAHSA)
People who are somewhere between stable and needing to be hospitalized fall into a gap that has few resources.	Agreed. We will be piloting an "office hours for vulnerable clients" in SPA 4 where the outreach worker can present their complex cases to Mental Health, Physical Health, and Substance Use Disorder (SUD) clinicians for advice and support. (LAHSA)

Recommendation/Comment	Response (Agency providing response in parentheses)
<p>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. Suggestion to address this: Outreach Workers should receive some training or be equipped with brochures with some information that they can give to the public.</p>	<p>Housing for Health will incorporate this into existing program operations, training, and service delivery for the DHS MDTs. (DHS-HfH)</p>
<p>Improve coordination between outreach, housing navigation, and other stages of the process. Increasingly OWs are following clients all the way through the process.</p>	<p>Steps toward this recommendation are being explored through the Countywide Outreach System leadership. (DHS-HfH)</p>
<p>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.</p>	<p>HfH will explore this as an option with the Coordinated Outreach System leadership team. (DHS-HfH)</p>
<p>Create a master layer of maps that shows outreach efforts clearly for public consumption.</p>	<p>Being able to show all efforts (including outreach) by geography is important but challenging. We are working with our HMIS vendor to better do this. (LAHSA)</p>
<p>Consider how to reach people struggling with addiction, including: a.) Having a safe space for them to use, b.) Having a bed for them immediately when they are ready to go into detox.</p>	<p>Assembly Bill 362 (AB 362), introduced in the 2019-2020 regular session, would have allowed for individuals who use drugs to consume pre-obtained drugs in a hygienic space supervised by health care professionals. The bill did not pass. Federal action against local governments, participants and staff remains a significant challenge. Similar proposals in Philadelphia and Maryland have been met with federal resistance, with the Department of Justice suing to stop a nonprofit from opening a supervised injection site in Philadelphia. A recent federal court ruling that safe injection sites do not violate federal law could pave the way for Los Angeles to support future iterations of this bill, as directed by the Los Angeles County Board of Supervisors. (DPH-SAPC)</p>

Recommendation/Comment	Response (Agency providing response in parentheses)
Provide assistance for low-level drug offenders so they do not end up in jail/prison; engage with diversion efforts for drugs, sex work.	CENS counselors are co-located in various courthouses throughout the County to receive referrals from the Los Angeles City Attorney's Office and the Los Angeles County Public Defender's Office for individuals charged with drug possession under PC 1000. CENS counselors screen and refer PC 1000 offenders to SUD treatment instead of custody, along with dismissal of their PC 1000 charges. (DPH-SAPC)
Every Outreach Workers 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.	SAPC has been in discussions with several local hospitals regarding the Voluntary Inpatient Detoxification (VID) benefit within fee-for-service (FFS) Medi-Cal. Given that this is outside of SAPC's system of care, we recommend that health plans be engaged to in turn engage hospitals across LAC on the VID benefit. Meanwhile, SAPC will continue to explore opportunities to expand withdrawal management capacity within its specialty SUD treatment system of care. (DPH-SAPC)
Increase sobering facilities (need more beyond the one in Skid Row).	SAPC is in the process of implementing several sobering center facilities called Recovery and Respite Centers at the integrated care facilities that DMH, SAPC, DHS, and Probation are partnering on. These Recovery and Respite Centers will be located at the MLK Behavioral Health Center and the LAC+USC Restorative Care Village, with the ongoing exploration of other sites across the County. (DPH-SAPC)

Recommendation/Comment	Response (Agency providing response in parentheses)
<p>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.</p>	<p>Homeless Health Care Los Angeles (HHCLA) operates a syringe exchange program at the Center for Harm Reduction (CHR) in Skid Row and provides a Client Engagement and Navigation Services (CENS) counselor at the site to engage and refer injection drug users to SUD treatment. The CHR also provides naloxone kits and training on how to administer naloxone. SAPC can coordinate the training of outreach workers to administer naloxone. Assembly Bill 362 (AB 362), introduced in the 2019 -2020 regular session, would have allowed for individuals who use drugs to consume pre-obtained drugs in a hygienic space supervised by health care professionals. The bill did not pass. Federal action against local governments, participants and staff remains a significant challenge. Similar proposals in Philadelphia and Maryland have been met with federal resistance, with the Department of Justice suing to stop a nonprofit from opening a supervised injection site in Philadelphia. A recent federal judge ruling that safe injection sites do not violate federal law may pave the way for Los Angeles to support future iterations of this bill, as directed by the Los Angeles County Board of Supervisors. (DPH-SAPC)</p>
Interim Housing Summit	
<p>Consider asking mega churches if they will shelter people at night.</p>	<p>This is a consideration for the Winter Shelter Program; biggest barrier is participants having to leave during the day. (LAHSA)</p>
<p>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.</p>	<p>LAHSA and DHS are looking at ways to address this. (LAHSA)</p>
<p>Need to prioritize IH placement for those attached to a permanent housing (PH) resource.</p>	<p>DHS is working collaboratively with LAHSA and other county partners to implement a pilot project where priority for IH is for clients who have already been linked to a PH resource. (DHS - HfH) To ensure there are no unintended ramifications, there are larger systems improvements that will need to be examined to ensure through-put. (LAHSA)</p>
<p>Service providers need to be trained in assessing the lethality of a DV situation, and then be able to provide wrap-around services.</p>	<p>Training will be incorporated into existing program operations. Wrap-around services may require additional funding to implement. (DHS - HfH) Agreed, though improving pathways to and from the parallel DV system will also ensure participants receive the most appropriate services. (LAHSA)</p>

Recommendation/Comment	Response (Agency providing response in parentheses)
Concern about high percentage of turnover for staff, whose caseloads are way too big.	Agree and corrective action already implemented. (DHS-HfH) Agree that turnover of staff is high but unable to determine cause(s) of this, e.g. job responsibilities, wages, caseload size etc. (DMH) Strongly agree. LAHSA has recommendations for caseload size and will need to work with sites to ensure those caseload caps are met. (LAHSA)
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.	Recovery Bridge Housing (RBH) is available to individuals who want abstinence-focused, peer-supported housing and are concurrently enrolled in Outpatient Treatment, Intensive Outpatient Treatment, Opioid Treatment Program or Outpatient Withdrawal Management. (DPH-SAPC)
We need to better utilize open beds at sober living houses.	SAPC will continue to work with its RBH provider network to optimize the process of identifying and placing interested and eligible patients into empty RBH beds across the County. (DPH-SAPC)
Unsafe conditions in interim housing, especially for youth and transgender women; many young people first come into contact with drugs at shelters.	CENS may be co-located at homeless shelters and other interim housing sites to provide youth with education on SUDs and the SUD treatment system. (DPH-SAPC)
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.	Recovery Bridge Housing (RBH) is available to individuals who want abstinence-focused, peer-supported housing and are concurrently enrolled in Outpatient Treatment, Intensive Outpatient Treatment, Opioid Treatment Program or Outpatient Withdrawal Management. (DPH-SAPC)
Permanent Housing Summit	
Need to provide insurance and security deposits for ADU owners; resources are also needed to make ADUs accessible for older adults.	Is a best practice, but requires additional funding to implement. (DHS-HfH) ADU owners may participate in the Homeless Incentive program and receive landlord incentives. Additional funding needed for ADU accessibility modifications. (LACDA)
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.)	Site or project-based units could benefit from damage mitigation funds similar to what is offered under the HIP program. (LACDA)

Recommendation/Comment	Response (Agency providing response in parentheses)
Housing authorities need to be seen as critical partners and be incentivized to participate in efforts to combat homelessness.	LACDA agrees that PHAs who dedicate resources could benefit from additional support as these efforts are not cost-neutral. (LACDA)
In terms of (using) spare bedrooms (to house people): try the model with seniors first (less “threatening” in the mind of the public) and go from there.	Good idea. We can look for opportunities to implement. (DMH)
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.	Agreed and will incorporate into existing program operations and service delivery. (DHS-HfH)
We need information about how many landlords have available and affordable units; currently no data on this.	Agreed and will incorporate into existing program operations and service delivery. (DHS-HfH)
Need to be able to transfer terms of vouchers (so people can bring their kids and grandkids into the house).	LACDA has established policy regarding additions to assisted households. (LACDA) Agreed and is allowable by housing authorities. DMH has assisted clients in apartments with getting larger apartments when the number of family members expanded. (DMH)
There is need for robust housing navigation in order to have higher move-in rates. We need to improve training for housing navigators.	Agreed and will incorporate into existing program operations and service delivery. (DHS-HfH)
Cut back on service providers’ time spent doing administrative work so they can engage more in direct services.	Agreed and will incorporate into existing program operations and service delivery. (DHS-HfH)
Need more senior housing that is safe.	DMH has invested in units for Older Adults and there are many more in the housing pipeline. (DMH)
Closing System Summit	
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.	We are exploring PACE funding for a PSH project under No Place Like Home. (DMH)

Recommendation/Comment	Response (Agency providing response in parentheses)
<p>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.</p>	<p>Federal funding does not reimburse for IH beds. DMH receives very little Measure H funding and instead DMH's funding for homeless programs such as homeless outreach, interim housing, permanent supportive housing and Full Service Partnership programs are all funded by DMH funding sources such as MHSA and are leveraged. Also, the mental health service programs such as Homeless FSP and Housing FSP leverage MediCal. (DMH)</p>
<p>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?</p>	<p>Using licensed residential care facilities, such as Board & Care facilities, as a form of bridge/interim housing is currently not feasible due to regulatory requirements, including Title 22. Residents of licensed residential facilities have individual leases, tenant rights, etc. and would be considered to be in permanent housing; however, Board and Care can appropriate as permanent housing for people experiencing homelessness. Residents would not be eligible for most homeless housing assistance. (DHS-HfH)</p>
<p>We need to ask ourselves what we are doing in the acute phase to get people out of such toxic conditions. In terms of behavioral health: need to have outlets to stabilize people in the acute phase who are going through relapse, a psychotic episode, etc. that are distinct from people receiving ongoing care. Is there a place where people could go for this acute phase, become stabilized, and then move on to a place less acute?</p>	<p>DMH has programs that assist those going through an acute mental health episode such as acute hospitalizations, urgent care and crisis stabilization beds. We agree that we need more and have submitted a proposal to the Board of Supervisors to increase these types of beds. (DMH)</p>
<p>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.</p>	<p>DHS and DMH are working very closely with various County and State Departments and other stakeholders. (DHS-HfH/DMH)</p>
<p>Current assessment and service delivery approach looks at needs only; also need to look at the person's functioning level.</p>	<p>DMH and DHS have been testing a new assessment tool that includes functional impairments that could be used alongside the CES Survey. (DMH)</p>