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CHIEF EXECUTIVE OFFICE

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"To Enrich Lives Through Effective And Caring Service"

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February 09, 2016

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:

HOMELESS INITIATIVE RECOMMENDATIONS
(ALL AFFECTED) (3 VOTES)

SUBJECT

Approve a comprehensive set of recommended County strategies and administrative actions to combat homelessness in Los Angeles County.

IT IS RECOMMENDED THAT THE BOARD:

1. Approve the attached recommended strategies to combat homelessness (Attachment 1) and associated funding allocation (Attachment 1, Addendum A); and direct the Chief Executive Officer to report back to the Board on a quarterly basis regarding the implementation status and outcomes of each strategy.

2. Instruct the Chief Executive Officer to commence implementation of the Phase 1 strategies listed in Attachment 1, Addendum B by June 2016, with the implementation timeframes for the remaining strategies to be identified in the first quarterly report in May 2016.

3. Instruct the Chief Executive Officer to convene a Regional Summit to Combat Homelessness, including all 88 cities in the County, to discuss the County's strategies and specific city opportunities to combat homelessness, as identified in the recommended strategies and in Attachment 1, Addendum C.

4. Instruct the Chief Executive Officer to include establishment of an Office of Homelessness in the FY 2016-17 Recommended Budget.

5. Direct the Chief Executive Officer to develop an evaluation plan for the Homeless Initiative and include the plan in the second quarterly report in August 2016.

6. Direct the Chief Executive Officer to develop and submit for approval a proposed research plan on homelessness in Los Angeles County, in collaboration with United Way-Home for Good, and to address in the plan the potential utilization of both philanthropic funding and state/federal revenue received by departments as funding sources for research.

7. Delegate authority to the Chief Executive Officer and County departments, subject to review and approval of County Counsel, to: a) prepare and execute agreements and any subsequent amendments with the Community Development Commission (CDC) or the Los Angeles Homeless Services Authority (LAHSA) required to implement the recommended strategies; b) prepare and execute agreements with other entities, up to $250,000, to implement the recommended strategies; and c) execute, as needed, any non-financial amendments or financial amendments which increase or decrease the total contract amount by not more than 10 percent.

8. Delegate authority to the Chief Executive Officer to adjust the maximum funding amount by no more than 10 percent for any recommended strategy.

9. Instruct the Chief Executive Officer, in collaboration with affected departments, to prioritize housing and related services for homeless single adults for whom the County incurs the highest costs, and identify potential resulting savings to be redeployed to combat homelessness.

10. Direct the Chief Executive Officer, in collaboration with the Board, to explore potential sources of ongoing revenue to continue and/or expand the implementation of the recommended Homeless Initiative strategies once the one-time funding for each strategy in Attachment 1, Addendum A has been exhausted.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION

Homeless Initiative Recommended Strategies to Combat Homelessness

On August 17, 2015, the Board of Supervisors launched the Homeless Initiative to combat the homeless crisis that pervades our communities. The primary initial objective of the Homeless Initiative was to develop a coordinated set of recommended strategies to combat homelessness. To achieve this objective, the Homeless Initiative convened 18 policy summits on nine topics from October 1 to December 3, 2015, which brought together County departments, cities and other public agencies, and a wide range of community partners and stakeholders.

This effort resulted in 47 recommended strategies (Attachment 1) divided into six areas, which are each key to combating homelessness:
- Prevent Homelessness
- Subsidize Housing
- Increase Income
- Provide Case Management and Services
- Create a Coordinated System
- Increase Affordable/Homeless Housing

To implement these strategies, an initial $100 million in new one-time funding is recommended,

including $55.7 million in net County cost previously approved by the Board and $44 million in departmental funding (Attachment 1, Addendum A).

The Homeless Initiative has identified a sub-set of these strategies in Attachment I, Addendum B that will have the most impact in the shortest time, and recommends that implementation of these strategies commence by June 30, 2016. The Homeless Initiative estimates that $42 million will be expended on these strategies by June 30, 2017, which will result in approximately 3,500 persons exiting homelessness and 2,000 persons prevented from becoming homeless. The County will establish additional targets in the future, based on the level of funding available and commitments by cities and community partners.

Integral to the development of the recommended strategies were policy and strategy briefs (available at http://priorities.lacounty.gov/homeless/) prepared for the 18 policy summits mentioned above. The various recommended strategies included in Attachment 1 identify the related strategy brief(s). A wide range of community, city and County experts contributed to the preparation of both the policy and strategy briefs.

Additionally, the recommended strategies reflect input from focus groups of current and recently homeless adults (Attachment 2) convened by LAHSA and public comments from over 200 individuals and organizations on the draft strategies that were released for public comment on January 7, 2016 (available at http://priorities.lacounty.gov/homeless/).

Summary of Recommended Strategies

The recommended strategies summarized below reflect the following key principles:
- Homelessness is an extraordinarily complex problem, which necessitates active, sustained collaboration amongst the County, cities and other public agencies, and a wide array of community partners.
- The web of established collaborative relationships in Los Angeles County provides a very strong foundation for the implementation of these strategies.
- These recommended strategies must strengthen and build upon current County efforts by:
  -Directing more resources to proven strategies;
  -Integrating existing programs and services more effectively;
  -Enabling cities to join the County in combating homelessness; and
  -Identifying opportunities to leverage mainstream criminal justice, health, and social services.

Prevent Homelessness - Combating homelessness requires effective strategies to reduce the number of families and individuals who become homeless, in addition to helping currently homeless families and individuals move into permanent housing. The recommended strategies in this area include:
- Development of a comprehensive homelessness prevention program for families (Strategy A1);
- Establishment of discharge planning guidelines for all County departments which have the potential to discharge individuals into homelessness (primarily the Sheriff's Department, Department of Health Services, Department of Public Health and Department of Children and Family Services) (Strategy A2); and
- Pursuit of multiple actions to better ensure that foster youth are not emancipated into homelessness (Strategy A4).

Subsidize Housing - Almost all homeless families and individuals lack sufficient income to pay rent on an ongoing basis, particularly given the extremely high cost of market-rate housing in Los Angeles County. In this context, subsidizing rent and related housing costs is key to enabling

homeless families and individuals to secure and retain permanent housing and to prevent families and individuals from becoming homeless. The recommended strategies in this area include:
- Expanding Bridge Housing for individuals exiting institutions who need short-term housing before they can secure permanent housing (Strategy B7);
- Providing subsidized housing to homeless disabled individuals pursuing Supplemental Security Income (SSI) and expanding the County's ability to recover the cost of those housing subsidies once the individual is approved for SSI (Strategies B1 and B2);
- Partnering with cities to expand the availability of rapid re-housing, which combines time-limited rental subsidies with the services that families and individuals need to gain the ability to pay their own rent (Strategy B3);
- Using a modest amount of local funds to help homeless families and individuals with a federal housing voucher secure subsidized housing (Strategy B4);
- Expanding bridge housing for individuals exiting institutions who need short-term housing before they can secure permanent housing (Strategy B7); and
- Dedicating a substantial portion of federal housing subsidies which become available through routine turnover to permanent supportive housing for chronically-homeless individuals (Strategy B8).

Increase Income - Most homeless families and individuals have the ability to increase their income to the point where they will be able to pay for their own housing in the future, if they secure the assistance they need. A high percentage of homeless adults can increase their income through employment; qualified disabled homeless individuals can increase their income through federal disability benefits. Rapid re-housing (Strategy B3) includes a heavy focus on employment. Additionally, the recommended strategies in this area include:
- Helping homeless adults secure employment through subsidized employment for parents and County contracting with social enterprises (Strategies C1 and C2); and
- Helping qualified disabled homeless adults secure federal disability benefits through countywide advocacy programs for SSI and veterans benefits (Strategies C4, C5, and C6).

Provide Case Management and Services - Most homeless families and individuals need some level of case management and supportive services to secure and maintain permanent housing, though the specific need varies greatly, depending on the individual circumstances. The availability of appropriate case management and supportive services is critical to enabling homeless families and individuals to take advantage of an available rental subsidy, increase their income, and access/utilize available services and benefits. The recommended strategies in this area include:
- Establishing standards for supportive services and housing retention for recently-housed, formerly-homeless families and individuals (Strategies D1 and D3);
- Addressing the unique needs of homeless individuals involved with the criminal justice system, while in jail and upon release (Strategies D2, D4, and D6); and
- Ensuring that County departments collaborate closely with community-based homeless case managers (Strategy D5).
Create a Coordinated System - Given their complex needs, homeless individuals, families and youth often come into contact with multiple County departments, city agencies and community-based providers. For the most part, services are not well coordinated. This fragmentation is often exacerbated by disparate eligibility requirements, funding streams, and bureaucratic processes. Maximizing the efficacy of current programs and expenditures necessitates a coordinated system, which brings together homeless and mainstream services. The recommended strategies in this area include:
- Coordinating (a) law enforcement agencies and other first responders, (b) public housing authorities, and (c) public funders of supportive housing (Strategies E4, E5, E10, and E13) ;
- Leveraging opportunities associated with the Affordable Care Act to improve health, mental health, and substance use disorder treatment for homeless families/individuals (Strategies E2, E3, and

E16);
- Strengthening the emergency shelter system so that it can be an effective point of access to the broader homeless services system (Strategy E8);
- Strengthening outreach, engagement, and County support for homeless case management (Strategies E6, E7 and E11); and
- Enhancing data and data sharing (Strategy E12).

Increase Affordable/Homeless Housing - The lack of affordable housing overall, and homeless housing in particular, contribute substantially to the current crisis of homelessness. The County and cities throughout the region can increase the availability of both affordable and homeless housing though a combination of land use policy and subsidies for housing development. The recommended strategies in this area include:
- Collaborating with cities to maximize development opportunities for homeless housing (Strategies F1 and F3);
- Exploring opportunities to raise funds for the development of affordable/homeless housing (Strategies F2 and F5); and
- Pursuing innovative opportunities to increase the availability of affordable/homeless housing, such as second dwelling units and housing construction on public land (Strategies F4 and F6).

Role of Cities

All cities in the County were invited to participate in the Homeless Initiative planning process and had the opportunity to review and submit comments on draft versions of the recommended strategies. Adoption of the recommended strategies will create unprecedented opportunities for cities to partner with the County in combating homelessness, particularly by:
- Contributing city funding toward the cost of rapid re-housing for homeless city residents (Strategy B3);
- Dedicating federal housing subsidies to permanent supportive housing for chronically homeless individuals (Strategy B8);
- Ensuring that law enforcement and other first responders effectively engage homeless families and individuals (Strategies E4 and E5); and
- Using land use policy to maximize the availability of homeless and affordable housing (Strategies F1, F2, F4, and F5).

The City of Los Angeles was deeply involved in the County's policy summits and embarked on a parallel track in developing its own set of complementary strategies to combat homelessness. Nearly 30 cities from throughout the County participated in the Homeless Initiative policy summits.

Homelessness is not confined by jurisdictional boundaries. Establishing a strong, on-going partnership with cities in the region is critical to successfully combating homelessness. Therefore, a Regional Summit to Combat Homelessness, including all 88 cities in the County, is recommended to be convened to discuss the County's strategies, specifically those with city opportunities to combat homelessness, as set forth in Attachment 1, Addendum C.

Office of Homelessness, Evaluation Plan, Research Plan and Delegated Authority

To effectively coordinate both the implementation of the recommended strategies to combat homelessness and the County's other, ongoing efforts to combat homelessness, we are recommending that the establishment of an Office of Homelessness be included in the Fiscal Year 2016-17 Recommended Budget. The Recommended Budget will address the responsibilities of the Office of Homelessness and its placement within County government.

An effective, clear evaluation plan is vital to successful implementation of the recommended strategies, because the evaluation plan will identify the metrics and data needed to determine the effectiveness of each strategy.

It is important for the County to continue to work with community partners to research the complex issues that directly and indirectly contribute to homelessness and test the efficacy of new, innovative interventions. Accordingly, we are recommending that the Chief Executive Officer be directed to develop, and submit for approval, a proposed research plan on homelessness in Los Angeles County, in collaboration with United Way-Home for Good, including the potential utilization of both philanthropic funding and state/federal revenue received by departments.

In order to effectively and expeditiously implement and make necessary adjustments to the recommended strategies, it is important that delegated authority be provided to the Chief Executive Officer and County departments, subject to review and approval of County Counsel, to:
- Prepare and execute agreements and any subsequent amendments with the CDC or LAHSA required to implement the recommended strategies;
- Prepare and execute agreements with other entities, up to $250,000, to implement the recommended strategies; and
- Execute, as needed, any non-financial amendments or financial amendments which increase or decrease the total contract amount by not more than 10 percent.

Services Homeless Single Adults Use and their Associated Costs

In a report prepared by the Chief Executive Office's Research and Evaluation Services (RES), it is estimated that close to $1 billion per year is spent through six County departments to provide services to single homeless adults. The report titled, "The Services Homeless Single Adults Use and their Associated Costs" (Attachment 3), finds that in Fiscal Year 2014-15, Los Angeles County's Departments of Health Services, Mental Health, Public Health, and Public Social Services, the Sheriff, and the Probation Department spent an estimated total of $965 million in providing services and benefits to homeless single adults. Furthermore, RES's analysis "suggests that 5% of the homeless single adult population in the County – roughly 1 out of every 20 – consumes 40 cents of every dollar spent on the full population." Focusing County efforts in identifying and assisting this small, high-user population to secure and retain permanent housing could free up resources that could be used to assist additional homeless individuals, families, and youth to exit homelessness.

Additional Revenue to Combat Homelessness

It is vital that the County place emphasis on exploring and securing additional revenue to continue to support the recommended strategies once the initial investment is expended. Therefore, it is recommended that the Chief Executive Officer, in consultation with the Board, explore all possible potential sources of on-going revenue to combat homelessness over the long-term.

Implementation of Strategic Plan Goals

The recommended actions are in compliance with the County Strategic Plan, Goal 1, Operational Effectiveness/Fiscal Sustainability, Goal 2, Community Support and Responsiveness, and Goal 3, Integrated Services Delivery.

FISCAL IMPACT/FINANCING

The recommended funding for the strategies set forth in Attachment 1, Addendum A includes $99.7 million comprised of:
- One-time funding of $51.1 million approved by the Board on September 29, 2015, and funding of $4.6 million from the FY 2016-17 Affordable Housing dollars not identified for capital improvements, for a total of $55.7 million; and
- County department funding comprised of $5 million of one-time CalWORKs Fraud Incentives from the Department of Public Social Services, $21.6 million of one-time AB 109 funding, $15.4 million of one-time SB 678 funding from Probation, and $2 million of one-time funding from the Department of Children and Family Services, for a total of $44 million.

Additionally, ongoing departmental funding is expected to be available for nine strategies, as identified in Attachment 1, Addendum C.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Homelessness in Los Angeles County

LAHSA conducted a homeless count of Los Angeles County (excluding the cities of Glendale, Long Beach, and Pasadena, which conduct their own homeless count) in January, 2015. The total homeless population in Los Angeles County (including Glendale, Long Beach, and Pasadena) was 39,461 in 2013 and 44,359 in 2015, which represents a 12.4 percent increase. According to LAHSA, homeless persons enumerated in 2015 were twice as likely to be unsheltered (28,948 persons) as sheltered (12,226). Among the unsheltered population, the number in tents, makeshift shelters, and vehicles saw a significant increase of 85 percent from 2013 (5,335) to 2015 (9,335).

LAHSA has completed an analysis of the gap between the current amount of subsidized housing and the needed amount of subsidized housing in Los Angeles County, based on the results of the 2015 Homeless Count (Attachment 4).

Board Requests from the Homeless Initiative

On October 13 and December 15, 2015, the Board directed the Chief Executive Officer to prepare various reports relating to homelessness and submit them along with the Homeless Initiative's recommended strategies. The following reports are provided consistent with the Board's directives:
- Funding sources that could be used to establish an ongoing pool of funds, in coordination with the Health Services Master Agreement List for Intensive Case Management Services (ICMS), for supportive services tied to permanent supportive housing projects (Attachment 5);
- Comprehensive report on existing homelessness prevention activities in the County (Attachment 6); and
- Inventory of existing programs in the County that provide services to homeless youth (Attachment 7).

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended set of coordinated strategies to combat homelessness will affirm the County's commitment to reduce the number of homeless families and individuals, maximize the alignment and effectiveness of current and future efforts, and lay the foundation for additional effective investments in the future.

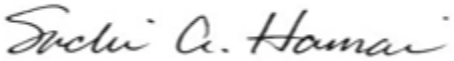
CONCLUSION

In closing, I would like to acknowledge the following County departments/agencies for their invaluable participation and contribution to the development of the recommended strategies:

Alternate Public Defender
Animal Care and Control
Arts Commission
Beaches and Harbors
Child Support Services
Children and Family Services
Community and Senior Services
Community Development Commission/
    Housing Authority of the County of Los Angeles
Consumer and Business Affairs
County Counsel
District Attorney
Fire Department
Health Services
Los Angeles Homeless Services Authority
Mental Health
Military and Veterans Affairs
Parks and Recreation
Probation
Public Defender
Public Health
Public Library
Public Social Services
Public Works
Regional Planning
Registrar-Recorder
Sheriff
Superior Court

This enormous breadth of participation across County government is a testament to the County's commitment to combating homelessness, and the successful implementation of the recommended strategies will depend on the continued participation and support of all of these departments.

Respectfully submitted,



SACHI A. HAMAI

Chief Executive Officer

SAH:JJ:PA:GR:ef

Enclosures

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

ATTACHMENTS

1. Recommended Strategies to Combat Homelessness

2. Los Angeles County Homeless Initiative Focus Group Summary Report

3. The Services Homeless Single Adults Use and their Associated Costs:
   An Examination of Utilization Patterns and Expenditures in Los Angeles County over One Fiscal Year

4. Report on Homeless Housing Gaps in the County of Los Angeles

5. Integrated Case Management Services for Permanent Supportive Housing: Potential Funding Sources

6. Homeless Prevention Programs & Strategies for Individual & Families

7. Inventory of Existing Services for Transition Age Youth

Attachment 1

Recommended Strategies to Combat Homelessness

Los Angeles County
Homeless Initiative

February 2016

Los Angeles County
Chief Executive Office

Recommended County Strategies to Combat Homelessness

E. CREATE A COORDINATED SYSTEM

- **E1** Advocate with Relevant Federal and State Agencies to Streamline Applicable Administrative Processes for SSI and Veterans Benefits
- **E2** Drug Medi-Cal Organized Delivery System for Substance Use Disorder Treatment Services
- **E3** Creating Partnerships for Effective Access and Utilization of ACA Services by Persons Experiencing Homelessness
- **E4** First Responders Training
- **E5** Decriminalization Policy
- **E6** Countywide Outreach System
- **E7** Strengthen the Coordinated Entry System
- **E8** Enhance the Emergency Shelter System
- **E9** Discharge Data Tracking System
- **E10** Regional Coordination of Los Angeles County Housing Authorities
- **E11** County Specialist Support Team
- **E12** Enhanced Data Sharing and Tracking
- **E13** Coordination of Funding for Supportive Housing
- **E14** Enhanced Services for Transition Age Youth
- **E15** Homeless Voter Registration and Access to Vital Records
- **E16** Affordable Care Act Opportunities
- **E17** Regional Homelessness Advisory Council and Implementation Coordination

B. SUBSIDIZE HOUSING

- **B1** Provide Subsidized Housing to Homeless Disabled Individuals Pursuing SSI
- **B2** Expand Interim Assistance Reimbursement to additional County Departments and LAHSA
- **B3** Partner with Cities to Expand Rapid Re-Housing
- **B4** Facilitate Utilization of Federal Housing Subsidies
- **B5** Expand General Relief Housing Subsidies
- **B6** Family Reunification Housing Subsidy
- **B7** Interim/Bridge Housing for those Exiting Institutions
- **B8** Housing Choice Vouchers for Permanent Supportive Housing

A. PREVENT HOMELESSNESS

- **A1** Homeless Prevention Program for Families
- **A2** Discharge Planning Guidelines
- **A3** Housing Authority Family Reunification Program
- **A4** Discharges From Foster Care and Juvenile Probation

D. PROVIDE CASE MANAGEMENT AND SERVICES

- **D1** Model Employment Retention Support Program
- **D2** Expand Jail In Reach
- **D3** Supportive Services Standards for Subsidized Housing
- **D4** Regional Integrated Re-entry Networks - Homeless Focus
- **D5** Support for Homeless Case Managers
- **D6** Criminal Record Clearing Project

C. INCREASE INCOME

- **C1** Enhance the CalWORKs Subsidized Employment Program for Homeless Families
- **C2** Increase Employment for Homeless Adults by Supporting Social Enterprise
- **C3** Expand Targeted Recruitment and Hiring Process to Homeless/Recently Homeless People to Increase Access to County Jobs
- **C4** Establish a Countywide SSI Advocacy Program for People Experiencing Homeless or At Risk of Homelessness
- **C5** Establish a Countywide Veterans Benefits Advocacy Program for Veterans Experiencing Homelessness or At Risk of Homelessness
- **C6** Targeted SSI Advocacy for Inmates

F. INCREASE AFFORDABLE/HOMELESS HOUSING

- **F1** Promote Regional SB 2 Compliance and Implementation
- **F2** Linkage Fee Nexus Study
- **F3** Support Inclusionary Zoning for Affordable Housing Rental Units
- **F4** Development of Second Dwelling Units Pilot Program
- **F5** Incentive Zoning/Value Capture Strategies
- **F6** Using Public Land for Homeless Housing

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INTRODUCTION

On August 17, 2015, the Los Angeles County Board of Supervisors launched the Homeless Initiative to combat the homeless crisis that pervades our communities. The initial objective of the Homeless Initiative has been to develop and present to the Board of Supervisors these recommended County strategies to effectively combat homelessness.

SCOPE OF HOMELESS CRISIS

The homeless crisis in Los Angeles County has been increasing and demands an urgent, coordinated response from the County, cities, and community partners throughout the region. According to the Los Angeles Homeless Services Authority (LAHSA), the total point-in-time homeless population in Los Angeles County was 39,461 in 2013 and 44,359 in 2015, which equals a 12.4 percent increase. The homeless population in tents, makeshift shelters, and vehicles saw an enormous increase of 85 percent from 2013 (5,335) to 2015 (9,335).

DEVELOPMENT AND SUMMARY OF RECOMMENDED COUNTY STRATEGIES

To develop the recommended strategies, the Homeless Initiative conducted 18 policy summits on nine topics from October 1 to December 3, 2015, which brought together 25 County departments, 30 cities and other public agencies, and over 100 community partners and stakeholders. To support the discussions in the policy summits, detailed policy and strategy briefs were developed for each summit, all of which are available at priorities.lacounty.gov/homeless.

These policy summits resulted in 48 recommended strategies divided into six areas which are each key to combating homelessness:

- Prevent Homelessness
- Subsidize Housing
- Increase Income
- Provide Case Management and Services
- Create a Coordinated System
- Increase Affordable/Homeless Housing

The applicable strategy brief(s) are identified in each recommended strategy.

Overall, these recommended strategies reflect the following key principles:

- Homelessness is an extraordinarily complex problem which necessitates active, sustained collaboration amongst the County, cities and other public agencies, and a wide array of community partners.
- The web of established collaborative relationships in Los Angeles County provides a very strong foundation for the implementation of these strategies.
- These recommended strategies must strengthen and build upon current County efforts by:
  - > Directing more resources to proven strategies;
  - > Integrating existing programs and services more effectively;
  - > Enabling cities to join the County in combating homelessness; and
  - > Identifying opportunities to leverage mainstream criminal justice, health, and social services.

PHASE 1 STRATEGIES AND IMPLEMENTATION TIMEFRAMES

Within the set of recommended strategies, the following have been identified as having the greatest impact within the short- and medium-term, with implementation scheduled to commence by June 30, 2016:

Strategy A1 - Homeless Prevention Program for Families

Strategy B1 - Provide Subsidized Housing to Homeless Disabled Individuals Pursuing SSI

Strategy B3 – Partner with Cities to Expand Rapid Re-housing

Strategy B4 – Facilitate Utilization of Federal Housing Subsidies

Strategy B7 – Interim/Bridge Housing for Those Exiting Institutions

Strategy B8 – Housing Choice Vouchers for Permanent Supportive Housing

Strategy C2 – Increase Employment for Homeless Adults by Supporting Social Enterprise

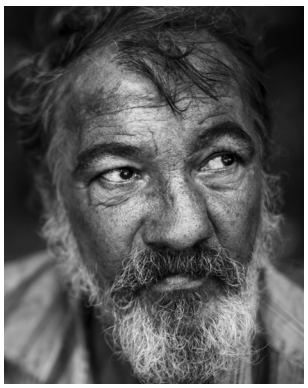
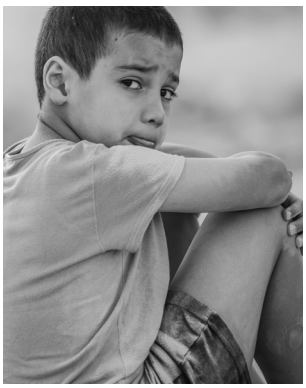
Strategy D2 – Expand Jail In-Reach

Strategies E4/E5 – First Responders Training and Decriminalization Policy

Strategy E6 – Countywide Outreach System

Strategy E8 – Enhance the Emergency Shelter System

The remaining strategies will be divided between Phase 2 (implementation in the second half of 2016) and Phase 3 (implementation in 2017).

ROLE OF CITIES

Implementation of these strategies will create unprecedented opportunities for cities across the County to partner in combating homelessness, particularly by:

- Contributing city funding toward the cost of rapid re-housing for homeless city residents (Strategy B3);
- Dedicating federal housing subsidies to permanent supportive housing for chronically homeless individuals (Strategy B8);
- Ensuring that law enforcement and other first responders effectively engage homeless families and individuals (Strategies E4 and E5); and
- Using land use policy to maximize the availability of homeless and affordable housing (Strategies F1, F2, F4, and F5).

All cities in the County were invited to participate in the Homeless Initiative planning process, and the Homeless Initiative will reach out to cities across the County to join in the implementation of the strategies approved by the Board of Supervisors.

CONCLUSION

Taken as a whole, these recommended strategies are designed to maximize the effectiveness of current efforts to combat homelessness, expand certain key efforts, and implement new actions where appropriate. Though the current level of available funding is far less than the funding needed to eliminate homelessness in Los Angeles County, these strategies are designed to reduce the current number of homeless families and individuals, maximize the alignment and effectiveness of current and future efforts, and lay the foundation for additional effective investments in the future.

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Strategy A
Prevent Homelessness

Combating homelessness requires effective strategies to reduce the number of families and individuals who become homeless, in addition to helping currently homeless families and individuals move into permanent housing. This includes reducing both the number of individuals who are discharged into homelessness from institutions such as jails, hospitals, and foster care, and the number of families and individuals who lose their housing and become homeless.

Los Angeles County
Homeless Initiative

Strategy A1 | PREVENT HOMELESSNESS **PHASE 1**

Related to Strategy Brief 4.1a

Homeless Prevention Program for Families

POPULATION IMPACT

ALL ✓ **FAMILIES** TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Los Angeles Homeless Services Authority and the Department of Public Social Services, in consultation with relevant County departments and key community stakeholders, to develop an integrated, comprehensive homeless prevention program for families which draws on the Homeless Family Solutions System (HFSS) model and builds upon current available County homeless prevention funding sources to address rental/housing subsidies, case management and employment services, and legal services.

LEAD AGENCIES

Los Angeles Homeless Services Authority (LAHSA)
Public Social Services (DPSS)

COLLABORATING DEPARTMENTS/AGENCIES

Children and Family Services
Community and Senior Services
Community Development Commission
Consumer and Business Affairs
County Office of Education
First 5 LA
Health Services
Mental Health
Probation
Public Health

DESCRIPTION

Los Angeles County has an opportunity to build on current programs and services to develop an integrated, comprehensive system to assist families on the verge of homelessness.

DPSS provides homeless prevention assistance to certain CalWORKs families in the form of eviction prevention, temporary rental subsidies and other financial services, but provides limited case management services and no legal services. First 5 LA funds home visitation programs which could play a role in identifying families who are at risk of homelessness. The County and City of Los Angeles fund the HRSS to expedite the delivery of housing and other supportive services to families experiencing homelessness, but has provided very limited homeless prevention services. The Board recently allocated $2 million to HFSS for prevention purposes that could be useful to learn from and build upon.

LAHSA should develop, in collaboration with County agencies and family system partners, a comprehensive strategy to effectively identify, assess, and prevent families from becoming homeless, and to divert families in a housing crisis from homelessness. The strategy should consist of a multi-faceted approach to maximize and leverage existing funding and resources, evaluate and potentially modify policies that govern existing prevention resources to allow greater flexibility, prioritize resources for the most vulnerable populations, and create an outreach and engagement strategy to identify access points for families at risk of homelessness. The major areas critical to developing a homeless prevention system in Los Angeles County involve identifying additional and targeting current resources from multiple systems to focus on homeless prevention.

DESCRIPTION *continued*

Such a strategy would need to:

A. Develop an approach to homelessness prevention across multiple systems, supportive services, and homeless services that address rental/housing assistance, case management and employment services, and legal services.

B. Identify and review potential administrative barriers to better target and allocate homeless prevention interventions and programs.

C. Review and evaluate the creation of a universal assessment to identify families who are at imminent risk of experiencing homelessness.

D. Develop program thresholds for rental assistance that would prioritize families with the greatest potential to stay housed after one-time or short-term assistance.

E. Provide an opt-in mechanism for cities who wish to contribute to the program.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

Families on the verge of homelessness, subject to the eligibility requirements for the available funding streams.

POTENTIAL PERFORMANCE METRICS

- Increase in the number of families receiving homeless prevention services
- Increase in employment and income among potentially homeless families
- Number and percentage of families receiving services through this program who avoid eviction
- Percent of assisted families still in permanent housing at 6, 12, and 24 months following assistance

FUNDING

- $5 Million in One-Time CalWORKs Fraud Incentive Funding
- Ongoing CalWORKs Single Allocation Funding currently used for Emergency Assistance to Prevent Eviction for CalWORKs Welfare-to-Work families
- Ongoing CalWORKs Single Allocation Funding currently used for temporary rental subsidies for CalWORKs Welfare-to-Work families who receive Emergency Assistance to Prevent Eviction

CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Cities could contribute to the program to enhance prevention services for families in their cities.

Strategy A2 | PREVENT HOMELESSNESS

Related to Strategy Briefs 7.1 and 8.1

Discharge Planning Guidelines

POPULATION IMPACT

ALL FAMILIES ✓ TAY ✓ SINGLE ADULT ✓ VETERAN ✓ CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Department of Health Services, in consultation with the Department of Children and Family Services, Department of Mental Health, Department of Public Health, the Sheriff, the Probation Department, the Veterans Administration, the Los Angeles Homeless Services Authority, the Hospital Association of Southern California, and key community agencies to utilize known best practices to develop/enhance Discharge Planning Guidelines, with the goal of preventing individuals from being homeless upon discharge.

LEAD AGENCY

Health Services

COLLABORATING DEPARTMENTS/AGENCIES

Children and Family Services
Community and Senior Services
Domestic Violence Service Providers
Los Angeles Homeless Services Authority
Mental Health
Probation
Public Social Services
Sheriff Department
Veterans Administration
Private Hospitals
Public Health
Cities that operate jails

DESCRIPTION

Relevant County institutions include foster care, DHS hospitals, jails and domestic violence (DV) shelters. Effective discharge planning prevents clients/patients from entering a "revolving door" in and out of homelessness and successfully reintegrates an individual back into his/her community with the goal of preventing the individual from falling into homelessness.

Potential programmatic elements of an effective discharge plan include, but are not limited to: Family Reunification; connection to the Coordinated Entry System; physical health care; substance use treatment; connection to a Federally Qualified Health Center; court-ordered services for perpetrators of domestic violence; and mental health treatment. The actual elements of an individual's plan will depend on the individual's circumstances.

Potential housing elements of an effective discharge plan include, but are not limited to: Recuperative Care; Board and Care; Motel Voucher; Halfway House; bridge housing; and permanent housing.

DHS will convene a workgroup comprised of the departments and agencies identified below to develop the recommended Discharge Planning Guidelines, including both common elements and elements that are specific to a particular department/institution. The workgroup will draw on best practices and established guidelines in use by other agencies.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

Single Adults, TAY, Veterans, Older Adults, and Chronically Homeless Adults

POTENTIAL PERFORMANCE METRICS

- Number of individuals who are homeless upon discharge from an institution
- Number of individuals who would have been homeless upon discharge and are successfully placed into some type of housing upon discharge
- Number of individuals who decline or opt-out of housing
- Reduction in cost and an increase in cost savings by implementing successful discharge plans
- Reduction in readmissions or recidivism rates

FUNDING

No cost to develop guidelines. The cost of implementing the guidelines will need to be addressed separately by each department.

CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Cities that operate jails which release inmates directly into the community could adopt discharge planning guidelines similar to those that will be adopted by LASD.

Strategy A3 | PREVENT HOMELESSNESS

Related to Strategy Brief 8.3b

Housing Authority Family Reunification Program

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Sheriff (LASD) and the Probation Department (Probation) to work with the Housing Authority of the City of Los Angeles (HACLA) and the Office of Diversion and Reentry to develop a plan to increase utilization of HACLA's Family Reunification Program.

Direct the Housing Authority of the County of Los Angeles to evaluate the feasibility of implementing a similar program with its Section 8 vouchers, and report back with its findings.

DESCRIPTION

The goal of the Family Reunification Program is to house formerly incarcerated persons (FIP) released from the criminal justice system within the last 24 months with family members who are current participants of HACLA's Section 8 Housing Choice Voucher Program.

This plan would serve to facilitate the connection of LASD and Probation clients to the program and allow them to make referrals directly from their systems to the three partner non-profit agencies currently working with HACLA. Non-profit organizations assist this population by providing supportive services to the FIP to ensure successful re-integration to the family and community.

LEAD AGENCIES

Housing Authority of the County of Los Angeles
Sheriff Department
Probation Department

COLLABORATING DEPARTMENTS/AGENCIES

Housing Authority of the City of Los Angeles and its non-profit partners
Office of Diversion and Reentry

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

Section 8 families who would like to reunite with a formally incarcerated family member released from the criminal justice system within the last 24 months.

POTENTIAL PERFORMANCE METRICS

- Increase in number of families participating in this program
- A decrease in individuals discharged into homelessness

FUNDING

No funding required.

CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Cities which operate public housing authorities could also implement a Family Reunification Program.

Strategy A4 | PREVENT HOMELESSNESS

Related to Strategy Brief 8.5

Discharges From Foster Care & Juvenile Probation

POPULATION IMPACT

ALL FAMILIES ✓ **TAY** SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Departments of Children and Family Services and Probation, in conjunction with the the LA Homeless Services Authority (LAHSA), to develop a plan to strengthen the County's Foster Care and Juvenile Probation System Discharge Policies. The strengthened policy should include at least the nine items set forth in the Description of this strategy.

LEAD AGENCIES

Children and Family Services
Probation

COLLABORATING DEPARTMENTS/AGENCIES

Community and Senior Services
Community Development Commission
Housing Authority of the County of Los Angeles
Los Angeles County Office of Education
Los Angeles Homeless Services Authority
Mental Health
Public Library
Public Social Services

DESCRIPTION

In addition to the plan strengthening the County's current discharge policies for foster care and juvenile probation clients, it will serve to address gaps identified through the implementation of AB12, CA Fostering Connections to Success Act, particularly as AB 12 outcome data becomes available. One of the key changes made by AB 12 was extending the age that youth can remain in foster care to age 21. Youth are eligible for extended foster care if they are in out-of-home placement in the child welfare or juvenile probation system on their 18th birthday. The intent of extended foster care is to provide additional time that youth can utilize resources in order to increase positive outcomes that support long-term self-sufficiency and prevent homelessness.

Depending on the age of the youth, Probation takes specific steps to connect youth with resources that support long term self-sufficiency and prevent homelessness by using the appropriate housing and services available.

At a minimum, the "strengthened" policy should incorporate the following components:

- Convene transition planning meetings six months before discharge as opposed to the current 90 days before discharge, which does not allow sufficient time to identify and prepare the TAY for housing.
- Offer wrap-around support services to families when youth exit back to a family member's home. Families need support when youth are coming from out-of-home placement.
- Ensure that community college or vocational training, at minimum, is part of the education component of the transition plan.

DESCRIPTION *continued*

- Link youth to supports that promote career pathways, e.g., the YouthSource system or programs funded through the Workforce Innovation and Opportunities Act (WIOA).
- Improve utilization of assessments for determining placement into the Supervised Independent Living Program (SILP) in order to determine if the SILP is an appropriate placement for the TAY and to provide broader access to the SILP. SILP placements can consist of shared housing with a friend or roommate in an apartment or other suitable setting, separate apartment rental, college dorm settings, or single room occupancy hotels.
- Systematically collect data regarding youth exit destinations.
- Increase housing capacity and housing/services options for non-minor dependents, including HUD's Family Unification Program (FUP) for youth at least 18 years old and under 22 years old who left foster care at age 16 or older and lack adequate housing. FUP vouchers can provide a youth up to 18 months of housing assistance, subject to program eligibility criteria established by HUD.
- As needed, ensure access to public benefits.
- Seek to extend data tracking of youth beyond discharge from the foster care or juvenile probation system (as part of the implementation of Strategy E9).

CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Cities that operate WIOA programs could contribute to the implementation of this strategy.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

TAY and non-minor dependents

POTENTIAL PERFORMANCE METRICS

- Number of transition plans completed six months before discharge
- Increased enrollment into community college and vocational training
- Increased number of TAY being connected to YouthSource and WIOA
- Increased use of assessments for the purpose of proper placement
- Increase data entry on youth exit destinations
- Decrease in the number of TAY who leave a family placement without going to appropriate alternative housing
- Decrease in the number of homeless foster and Probation youth
- Increase in the number of former foster and probation youth in subsidized housing or transitional housing

FUNDING

Much of the plan could be accomplished at no additional cost; however, County General Funds and Title IV-E waiver funds could be considered to the extent that additional funding proves necessary.

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Strategy B
Subsidize Housing

Almost all homeless families and individuals lack sufficient income to pay rent on an ongoing basis, particularly given the extremely high cost of market-rate housing in Los Angeles County. In this context, subsidizing rent and related housing costs is key to enabling homeless families and individuals to secure and retain permanent housing and to preventing families and individuals from becoming homeless. Given the scarcity of both federal and local funding for housing subsidies, it is critical that available subsidies be matched effectively to the needs of a particular family or individual.

Los Angeles County
Homeless Initiative

Strategy B1 | SUBSIDIZE HOUSING **PHASE 1**

Related to Strategy Brief 3.2

Provide Subsidized Housing to Homeless Disabled Individuals Pursuing SSI

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Departments of Public Social Services and Health Services to work together to maximize both the number of disabled homeless individuals applying for SSI who are placed in subsidized housing and the recovery of those rental subsidy costs through Interim Assistance Reimbursement for individuals approved for SSI.

LEAD AGENCIES

Health Services
Public Social Services

COLLABORATING DEPARTMENTS/AGENCIES

Los Angeles Homeless Services Authority
Mental Health
Military and Veterans Affairs
Probation

DESCRIPTION

Research has demonstrated that providing housing for homeless disabled individuals greatly increases the likelihood that they will qualify for SSI. For individuals approved for SSI, housing subsidies are recouped through Interim Assistance Reimbursement (IAR), and the recouped funding can be used to provide a housing subsidy for an additional homeless disabled individual pursuing SSI.

Housing could be provided in three ways:

A. Target current housing resources to individuals served through the proposed Countywide SSI Advocacy Program.
B. Expand the number of GR Housing subsidies in the General Relief Housing Subsidy and Case Management Program (HSCMP) - Many of the individuals who will be helped by the proposed Countywide SSI Advocacy Program will be on GR.
C. Expand the populations served through existing homeless housing programs such as the Single Adult Model (SAM) or Housing for Health programs to include as a targeted population disabled homeless individuals applying for SSI.

The goal would be to place individuals pursuing SSI in housing which they could sustain without a subsidy upon approval for SSI. For individuals not approved for SSI, case management staff would assist in developing a transition plan for housing support through other available resources.

CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Cities could implement this strategy in a complementary manner by providing funding to support subsidies for homeless disabled individuals pursuing SSI in their jurisdiction. For individuals approved for SSI, cities could recover the cost of the rental subsidies through Interim Assistance Reimbursement.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

Housing subsidies could be provided to some or all of the individuals who are served by the proposed Countywide SSI Advocacy Program, including older adults. These individuals will likely have severe chronic health and mental health conditions, such that they may be among the most vulnerable and persistently homeless.

POTENTIAL PERFORMANCE METRICS

- Number of disabled individuals pursuing SSI who are placed in housing
- Number of individuals who maintain housing during the SSI application period
- Percent of individuals approved for SSI who retain permanent housing 6, 12, and 24 months after SSI approval
- Number of SSI applications filed
- Number of successful SSI applications at each stage (initial, reconsideration, appeal)
- Amount and percentage of rental subsidy costs recovered through IAR for individuals approved for SSI

FUNDING

- $3.75 million in one-time HPI funding
- $4 million in one-time AB 109 funding
- $1 million in one-time SB 678 funding
- Interim Assistance Reimbursement (IAR) from the Social Security Administration (SSA) for housing subsidies provided to individuals who are subsequently approved for SSI. The amount reimbursed by SSA would be reinvested in housing subsidies for additional homeless disabled individuals pursuing SSI.

Strategy B2 | SUBSIDIZE HOUSING

Related to Strategy Brief 3.4

Expand Interim Assistance Reimbursement (IAR) to additional County Departments and the Los Angeles Homeless Services Authority

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Chief Executive Office to work with the California Department of Social Services to amend the existing Memorandum of Understanding with the California Department of Social Services to expand the ability to collect Interim Assistance Reimbursement (IAR) to additional County Departments and the Los Angeles Homeless Services Authority.

LEAD AGENCY

Chief Executive Office

COLLABORATING DEPARTMENTS/AGENCIES

Children and Family Services
Community and Senior Services
Health Services
Los Angeles Homeless Services Authority
Mental Health
Probation
Public Health
Public Social Services

DESCRIPTION

IAR can be collected on behalf of homeless individuals and families who receive assistance in meeting their basic needs during the months their Supplemental Security Income (SSI) application is pending or during the months SSI is suspended. Agencies that provide basic needs for eligible participants using non-federal dollars are eligible to collect IAR if the individual is subsequently approved for SSI. Basic needs include shelter, interim housing, recuperative care, and rental subsidies.

Los Angeles County already has a Memorandum of Understanding in place with the California Department of Social Services (CDSS) which allows for the collection of IAR by County Departments. The agreement signed by the County of Los Angeles and CDSS may be modified in writing at any time by mutual consent and will not require any further action. The current Board letter and agreement allows for DPSS and DMH to collect IAR. The collection of IAR by additional County Departments and the Los Angeles Homeless Services Authority (LAHSA) will support the provision of assistance to additional homeless families/individuals as IAR collected could be reinvested.

The current monthly SSI grant is $889. For individuals who receive GR while their SSI application is pending, the County already recovers IAR for the $221 monthly GR grant. Additionally, for GR participants receiving a GR rental subsidy, the County recovers $400 per month for that subsidy. Therefore, for individuals receiving GR, with no GR rental subsidy, the monthly maximum additional IAR is $661, while it is $889 for individuals not receiving GR. For GR participants receiving a GR rental subsidy, the additional available IAR is $261 per month.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

The collection of IAR should be expanded to the Departments of Health Services, Public Health, and Children and Family Services, the Probation Department and LAHSA.

POTENTIAL PERFORMANCE METRICS

- The amount of funding recouped through the IAR Program each year, by department

FUNDING

There is no cost to the County to implement this strategy.

CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Cities who fund rental subsidies for disabled homeless individuals pursuing SSI could also recover the cost of the rental subsidies through Interim Assistance Reimbursement.

Strategy B3 | SUBSIDIZE HOUSING **PHASE 1**

Related to Strategy Briefs 7.3 and 9.5

Partner with Cities to Expand Rapid Re-Housing

POPULATION IMPACT

ALL ✓ FAMILIES ✓ TAY ✓ SINGLE ADULT ✓ VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Department of Health Services and the Los Angeles Homeless Services Authority to partner with cities and expand the availability of rapid re-housing, as described per the description.

LEAD AGENCIES

Health Services
Los Angeles Homeless Services Authority

COLLABORATING DEPARTMENTS/AGENCIES

Children and Family Services
Community Development Commission
Community and Senior Services
Community-based organizations and housing providers
Housing Authority of the City of Los Angeles
Housing and Community Investment Department
Mental Health
Probation
Public Health
Public Social Services
Sheriff

DESCRIPTION

The purpose of rapid re-housing is to help homeless families/individuals/youth with low-to-moderate housing barriers to be quickly re-housed and stabilized in permanent housing. Rapid re-housing connects homeless individuals and families, as well as vulnerable sub-populations such as older adults, to permanent housing through the provision of time-limited financial assistance, case management and targeted supportive services, and housing identification/navigation supports:

- Financial assistance includes short-term and medium-term rental assistance and move-in assistance, such as payment for rental application fees, security deposits, and utility deposits. Financial assistance can come in the form of a full subsidy, covering the full rent for a period of time, or a shallow subsidy, covering a portion of the rent with gradual decreases in the subsidy over time.
- Case management and targeted supportive services can include, but are not limited to: money management; life skills; job training; education; assistance securing/retaining employment; child care and early education; benefits advocacy; legal advice; health; mental health; substance use disorder treatment; community integration; and recreation.
- Housing Identification/navigation supports address barriers for individuals and families to return to housing, which includes identifying a range of safe and affordable rental units, as well as recruiting landlords willing to rent to homeless individuals and families. Landlord incentives can include items such as a repair fund and/or recognition at relevant landlord events. Housing navigation staff should assist

DESCRIPTION *continued*

clients in housing search, assistance with completing and submitting rental applications, and understanding the terms of the lease.

Rapid re-housing is the most effective and efficient intervention for more than 50 percent of homeless individuals and families based on available data. The success rate for permanent placement is higher and recidivism rates are lower than other forms of housing interventions. However, it is not the best intervention for those who have been chronically homeless and/or face high barriers that impact housing placement, and is not the most effective intervention for all victims of domestic violence, human trafficking victims, and youth.

Rapid re-housing is generally categorized as a short-term housing resource lasting 6-12 months, but in some cases up to 24 months, if steady, but slow improvements are made by recipients in making the transition to self-sufficiency.

CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Cities could contribute funding for homeless families, single adults, and youth within each city who are likely to succeed through rapid re-housing. Cities that receive Housing and Urban Development Emergency Solutions Grant funds could potentially utilize that funding source, among others.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

Homeless families, single adults and youth who are not chronically homeless and would benefit from a short to intermediate housing intervention and supportive services to regain housing stability.

POTENTIAL PERFORMANCE METRICS

- Number/percent of families/individuals/TAY who can sustain unsubsidized housing upon program exit
- Number/percent of individuals, families, and TAY with permanent housing placement within 90 days
- Number/percent of returns to homelessness within 24 months of placement in permanent housing
- Number/percent with increased income from all potential sources at program exit

FUNDING

- $8 million in one-time HPI funds, in addition to the $10 million for rapid re-housing for single adults approved by the Board of Supervisors on October 13, 2015. Of this $8 million, $5 million is earmarked to serve families through the Homeless Families Solutions System and $2 million is earmarked for TAY.
- $11 million in one-time SB 678 funding.
- $7 million in one-time AB 109 funding.
- Cities who want their homeless residents to access this program will be asked to contribute $500/month per family/individual, which is approximately 50 percent of the actual rent subsidy cost. The County will fund the remainder of the rental subsidy and the full cost of the associated services, up to each city's share of the countywide homeless population based on the most recent homeless count. The average duration of rapid re-housing is 6-12 months per family/individual, so the total city cost would be $3,000-

Partner with Cities to Expand Rapid Re-Housing *continued*

FUNDING *continued*

$6,000 per family/individual who is permanently housed. Cities that choose to partner with the County would have the opportunity to collaborate with the County in identifying the families/individuals/youth who should have the highest priority for a slot in the program.

- Additional funding may be available from certain County departments on a per slot basis for specific populations, including the Department of Public Social Services, Department of Children and Family Services, Department of Health Services, and the Department of Mental Health.

Strategy B4 | SUBSIDIZE HOUSING **PHASE 1**

Related to Strategy Brief 9.3b

Facilitate Utilization of Federal Housing Subsidies

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Housing Authority of the County of Los Angeles (HACoLA) to develop the following temporary, two-year programs to encourage landlord acceptance of subsidized tenants with a Housing and Urban Development voucher issued by HACoLA:

1. Damage Mitigation/Property Compliance Fund;
2. Vacancy payments to hold units; and
3. Security Deposit Assistance.

LEAD AGENCY

Housing Authority of the County of Los Angeles

COLLABORATING DEPARTMENTS/AGENCIES

Health Services
Housing Authority of the City of Los Angeles
Los Angeles Homeless Services Authority
Other Public Housing Authorities

DESCRIPTION

Federal housing subsidies play a critical role in combatting homelessness; however, the current very low vacancy rate in the rental housing market makes it very difficult for families and individuals with a federal subsidy to secure housing. To mitigate this problem, for two years, the County could provide the following incentives for landlords to accept subsidized tenants:

- Damage Mitigation/Property Compliance Fund. This program should be similar to Oregon's Housing Choice Landlord Guarantee Program, which provides financial assistance to landlords to mitigate damage caused by tenants during their occupancy under the HUD Housing Choice Voucher Program, Family Unification Program, and Shelter Plus Care/Continuum. In addition, the program should provide landlords with modest financial assistance to repair and/or modify their property to comply with HUD Quality Housing Standards, if property non-compliance is the only barrier to accepting a subsidized tenant.
- Vacancy payments to hold units. Develop a program to provide landlords vacancy payments to hold a rental unit for 1-2 months once a tenant with a subsidy has been accepted by the landlord, while the landlord is going through the HUD approval process. This program is needed on a temporary basis, due to the current, exceptionally low rental housing vacancy rate in Los Angeles County. The County is already implementing such a program under the Department of Health Service's Housing for Health Program and the Veterans Administration Supportive Housing Program.
- Security Deposit Assistance. Develop a

DESCRIPTION *continued*

program to provide security deposit assistance to homeless individuals and families by either covering the amount of the security deposit or having the County guarantee the deposit. The latter could be modeled after Monterey County's Security Deposit Guarantee Program which allows low-income households to spread out the security deposit over a period of time. The County would sign an agreement with the landlord that guarantees them the full amount of the deposit while allowing the tenant to make monthly payments with no interest. If tenant defaults, the County would be responsible for paying the difference owed to the landlord.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

All homeless populations.

POTENTIAL PERFORMANCE METRICS

- Increased number of landlords willing to accept homeless households with housing subsidies

FUNDING

- $2 million in one-time HPI funds for the three recommended programs, with no more than $750,000 for the Security Deposit Assistance Program.

CONNECTION TO CITIES

✓ **SAME**

COMPLEMENTARY

NO CITY ROLE

Cities which have their own Public Housing Authorities could implement the same or similar programs to facilitate utilization of the housing subsidies which they issue. All cities could fund vacancy payments to facilitate rapid re-housing for their homeless residents.

Strategy B5 | SUBSIDIZE HOUSING

Related to Strategy Brief 9.6

Expand General Relief Housing Subsidies

POPULATION IMPACT

ALL FAMILIES ✓ TAY ✓ SINGLE ADULT ✓ VETERAN ✓ CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Department of Public Social Services to enhance and expand the General Relief Housing Subsidy and Case Management Program (GRHSCMP) by:

- Increasing the maximum rent subsidy from $400 to $475 per month;
- Incorporating a Rapid Re-housing model which includes housing location assistance and housing-related case management; and
- Increasing the number of available subsidies for disabled homeless GR participants pursuing Supplemental Security Insurance (SSI), through the utilization of the additional recommended funding described herein.

LEAD AGENCY

Public Social Services

COLLABORATING DEPARTMENTS/AGENCIES

Community and Senior Services
Health Services
Los Angeles Homeless Services Authority
Mental Health
Public Health

DESCRIPTION

The County could allocate additional funding to expand the General Relief Housing Subsidy and Case Management Project (GRHSCMP). Additionally, the GRHSCMP could be enhanced to align with a Rapid Re-housing model, which includes housing location assistance and housing-related case management, in addition to the housing subsidy. It is also recommended that the subsidy under the enhanced GRHSCMP be increased from the current $400/month to $475 per month.

The County will provide $475, which supplements $100 provided by the GR recipient for a total of $575/month available for housing. Modestly increasing the subsidy amount by $75/month will enhance both the homeless individual's ability to locate housing and the likelihood that the housing located will be permanent housing in which the individual can remain without a subsidy, upon SSI approval or employment.

Currently, approximately 75% of GRHSCMP subsidies are allocated to disabled GR participants pursuing SSI, while the remaining 25% are allocated to employable GR participants. It is recommended that 100% of any increased funding for this program be utilized for disabled GR participants pursuing SSI.

For GRHSCMP participants who secure SSI, the County recovers the full amount of the rental subsidy from the participant's retroactive SSI benefit, though the Interim Assistance Reimbursement process. Implementation of a Countywide SSI Advocacy Program, as recommended in Strategy C6, should increase the number of GRHSCMP participants who qualify for SSI and thereby increase the share of GRHSCMP expenditures which are recovered and available to provide a subsidy to an additional homeless, disabled GR participant pursuing SSI.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

The target population for the program is homeless GR participants, including older adults, who are living on the streets or in shelters, and are either employable or potentially eligible to SSI. The expansion population will be limited to homeless disabled GR participants who are potentially eligible to SSI; however, a small percentage of homeless employable GR participants will continue to be served by the base funding for this program.

POTENTIAL PERFORMANCE METRICS

- Percent of program participants who secure SSI
- Amount and percentage of housing subsidy payments recovered through Interim Assistance Reimbursement following SSI approval
- Percent of employable recipients who exit GR with employment (This metric only applies to employable recipients served through the base funding for this program; however, those employable recipients will be impacted by the recommended changes to the program, including the increase in the rental subsidy from $400 to $475/month.)
- Percent of program participants who retain employment 6,12, and 24 months after exiting this program

FUNDING

- Redirection of whatever portion of the $5.8 million in ongoing annual NCC currently allocated for the General Relief Mandatory Substance Use Disorder Recovery Program (MSUDRP becomes available, as MSUDRP services become billable to Medi-Cal through implementation of the Drug Medi-Cal-Organized Delivery System waiver.
- Interim Assistance Reimbursement of GR rental subsidy payments for individuals who are approved for SSI.

CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Cities could implement this strategy in a complementary manner by providing funding to support subsidies for homeless, disabled GR participants in their jurisdiction. For individuals approved for SSI, cities could recover the cost of the rental subsidies through Interim Assistance Reimbursement.

Strategy B6 | SUBSIDIZE HOUSING

Related to Strategy Brief 9.7

Family Reunification Housing Subsidy

POPULATION IMPACT

ALL ✓ **FAMILIES** TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Department of Children and Family Services and Los Angeles Homeless Services Authority to provide rapid re-housing and case management services to families in the child welfare system where the parent(s)' homelessness is the sole barrier to the return of the child(ren), and the family meets the following criteria:

1. The child(ren) are currently placed in out-of-home care (including relative caregivers);
2. The parent(s) have complied with or are in substantial compliance with all court orders for the return of their children;
3. Homelessness is the sole barrier to the return of the child(ren) to their care; and
4. The family is a good candidate for rapid re-housing, rather than a longer-term housing subsidy.

LEAD AGENCIES

Children and Family Services (DCFS)
Los Angeles Homeless Services Authority (LAHSA)

COLLABORATING DEPARTMENTS/AGENCIES

Community Development Commission
Housing Authority of the City of Los Angeles
Housing Authority of the County of Los Angeles
Probation
Public Social Services

DESCRIPTION

DCFS has oversight of thousands of children in out-of-home care throughout Los Angeles County. Families on CalWORKs whose child(ren) are removed lose eligibility to their CalWORKs cash grant, if there is no minor child remaining the home; therefore, the removal of the child(ren) can itself result in the family becoming homeless. Moreover, since homeless parent(s) without physical custody of a child are not eligible to receive a CalWORKs grant which could be used to pay for housing, children can remain in foster care for extended periods of time. A significant number of children in out-of-home placement could be reunited with their parents, if their parents were able to obtain and sustain suitable housing.

Rapid re-housing is the most effective and efficient intervention for more than 50 percent of homeless individuals and families based on available data. The success rate for permanent placement is higher and recidivism rates are lower than for other forms of housing intervention. However, notwithstanding the value of rapid re-housing, some families who initially appear to be well-suited to rapid re-housing may ultimately need a permanent housing subsidy. Such families should be granted priority access to a permanent, federally-funded housing subsidy. This is consistent with the current approach in the Homeless Families Solutions System administered by the LAHSA.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

Homeless families with DCFS involvement, where the family's homelessness is the sole barrier to the return of the child(ren) from out-of-home placement.

POTENTIAL PERFORMANCE METRICS

- Number of families placed in housing
- Number and percentage of families who have retained housing after 12 months by service planning area
- Number and percent with increased income from all potential sources at program exit
- Number of families with no DCFS jurisdiction at program exit
- Number and percent of families who successfully transition to unsubsidized housing

CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Cities which operate public housing authorities could commit Housing Choice Vouchers for families who participate in this program, but ultimately need an ongoing housing subsidy.

FUNDING

- DCFS funding that would otherwise be used for out-of-home placement, absent reunification, will be used to fund participation in this program by families which include an adult who is eligible to participate in the CalWORKs welfare-to-work program, including subsidized employment. An initial commitment of $2 million from DCFS will enable the program to be implemented. Out-of-home placement cost savings will be tracked, based on an assumption that the child(ren) would have otherwise remained in placement for 12 additional months, and the savings will be reinvested to sustain the program on an ongoing basis. If savings exceed the cost of sustaining the program for families which include a CalWORKs parent who is welfare-to-work eligible, the "surplus savings" could be used for rapid re-housing for other families who meet the eligibility criteria for this program.
- $1 million in one-time HPI funding for families who meet the eligibility criteria for this program, but do not include a parent who is eligible to participate in the CalWORKs welfare-to-work program.
- CalWORKs Single Allocation funding, including family reunification services for families who were receiving CalWORKs at the time that the child(ren) were removed.
- Housing Choice Vouchers, particularly from the Housing Authority of the City of Los Angeles (HACLA) and the Housing Authority of the County of Los Angeles (HACoLA), for families who ultimately need an ongoing housing subsidy at the end of the rapid re-housing program.
- Family Unification Program (FUP) vouchers from HACLA and HACoLA.

Strategy B7 | SUBSIDIZE HOUSING **PHASE 1**

Related to Strategy Brief 8.2

Interim/Bridge Housing for those Exiting Institutions

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Los Angeles Homeless Services Authority, in collaboration with the Department of Health Services (DHS), Department of Mental Health (DMH), Probation Department, Department of Children and Family Services (DCFS), and Sheriff (LASD) to develop and implement a plan to increase the interim/bridge housing stock across the County, including identification of funding that can be used to support the increase.

LEAD AGENCY

Los Angeles Homeless Services Authority

COLLABORATING DEPARTMENTS/AGENCIES

Children and Family Services
Community and Senior Services
Health Services
Mental Health
Probation
Public Health
Sheriff
Cities
LA Care
Health Net
Hospital Association of Southern California

DESCRIPTION

The following housing types should be available for individuals exiting institutions:

- Shelter beds
- Stabilization beds
- Shared recovery housing (can be used for interim or permanent housing)
- Recuperative care beds
- Board and care (can be used for interim or permanent housing)

All of the above housing types are available in most jurisdictions throughout the United States. They are viewed as standards of care for most HUD Continua of Care. Many shelter models are funded by HUD under the McKinney Vento Homeless Assistance Act. Recuperative care is less prevalent; however, in some jurisdictions, health plans and/or hospitals pay for these services privately. Shared Recovery Housing is a SAMHSA evidence-based best practice. None of these programs are billable to regular Medi-Cal, though health plans/providers may be able to use the capitated Medi-Cal funding they receive to pay for bridge housing for their Medi-Cal patients.

There will be a historic opportunity to increase the supply of bridge housing in 2016, when LAHSA will stop funding approximately 2000 transitional housing beds, per direction from the U.S. Department of Housing and Urban Development to shift funding away from transitional housing. LAHSA is currently in discussions with all impacted transitional housing providers regarding potential ways in which their facilities could be re-purposed, which includes the potential utilization of those facilities for bridge housing.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

All homeless populations

POTENTIAL PERFORMANCE METRICS

- Number of individuals being discharged from institutions needing interim/bridge housing
- Number of individuals who are discharged from institutions to interim/bridge housing
- Number of individuals who are discharged from institutions to interim/bridge housing who are connected to physical health, mental health, substance use disorder treatment and sources of income
- Number of individuals who are discharged from institutions to interim/bridge housing who leave interim/bridge housing for permanent housing
- Number of individuals who are discharged from institutions to interim/bridge housing who leave prior to being able to transition to permanent housing

FUNDING

- $3,250,000 in one-time HPI funding
- $4,600,000 in one-time AB 109 funding
- $3,400,000 in one-time SB 678 funding
- Additional funding could potentially come from DHS, DMH, LASD, DCFS, LAHSA, cities, managed care organizations (such as LA Care), and private hospitals.

CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Cities could contribute funding for bridge housing and/or facilitate the siting of bridge housing within their jurisdictions.

Strategy B8 | SUBSIDIZE HOUSING **PHASE 1**

Housing Choice Vouchers for Permanent Supportive Housing

POPULATION IMPACT

ALL FAMILIES TAY SINGLE ADULT VETERAN ✓ **CHRONICALLY HOMELESS ADULT**

RECOMMENDATION

Direct the Housing Authority of the County of Los Angeles (HACoLA) to dedicate Housing Choice Vouchers (HCV) which become available through routine turnover to permanent supportive housing for chronically homeless individuals through the following tiered approach:

- Tier 1: HCV waiting list preference for chronically homeless individuals referred by a Community Based Organization – HACoLA will commit 35% of turnover vouchers for FY 2016-17 to chronically homeless individuals. HACoLA will increase this commitment to 50% for FY 2017-18 and each subsequent fiscal year, subject to acceptable success rates in securing permanent housing for chronically homeless individuals issued a voucher under this preference.
- Tier 2: HCV waiting list preference for homeless already registered on HACoLA's waiting lists – There are currently 1,100 applicants identified as homeless on a waiting list, and the remainder of available turnover units will be dedicated to this population.
- Tier 3: Project-Based Vouchers – Turnover vouchers are dedicated to the annual Project-Based Vouchers Notice of Funding Availability, administered by the Community Development Commission, which offers bonus points for projects that assist the chronically homeless. Mandated coordination using the Coordinated Entry System ensures that chronically homeless individuals will be assisted.

DESCRIPTION

Chronically homeless adults are the homeless population most in need of permanent supportive housing, which combines a permanent housing subsidy with case management, health, mental health, substance use disorder treatment and other services. The primary source of permanent housing subsidies is HCV (commonly known as Section 8), which are provided by the U.S. Department of Housing and Urban Development (HUD).

Though the number of Housing Choice Vouchers (HCV) has not grown in recent years, some vouchers become available each month through routine turnover, as current Housing Choice Voucher holders relinquish their vouchers. For the Housing Authority of the County of Los Angeles (HACoLA), approximately 700-800 Housing Choice Vouchers turnover each year. As part of their efforts to combat homelessness, various other jurisdictions across the country have dedicated 100% of their turnover HCV vouchers to homeless people or to one or more homeless sub-populations.

LEAD AGENCY

Housing Authority of the County of Los Angeles

COLLABORATING DEPARTMENTS/AGENCIES

Community Development Commission
Housing Authority of the City of Los Angeles
Los Angeles Homeless Services Authority
Other Public Housing Authorities

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

Chronically Homeless Adults

POTENTIAL PERFORMANCE METRICS

- Significant reduction in the number of chronically homeless individuals

FUNDING

No local funding would be required for housing subsidies from HUD. The cost of services would be funded through a combination of Medi-Cal dollars, County General Fund, funding from other departments, and philanthropy.

CONNECTION TO CITIES

✓ **SAME**

COMPLEMENTARY

NO CITY ROLE

Cities which have their own Public Housing Authorities could dedicate a substantial percentage of available Housing Choice Vouchers for permanent supportive housing for chronically homeless individuals.

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Strategy C
Increase Income

Most currently homeless families and individuals have the ability to increase their income to the point where they will be able to pay for their own housing in the future, if they secure the assistance they need to increase their income. A high percentage of homeless adults can increase their income through employment; severely disabled homeless individuals can increase their income through federal disability benefits. Enabling a high percentage of homeless adults to pay for their own housing is key to combating homelessness.

Los Angeles County
Homeless Initiative

Strategy C1 | INCREASE INCOME

Related to Strategy Brief 1.1

Enhance the CalWORKs Subsidized Employment Program for Homeless Families

POPULATION IMPACT

ALL ✓ **FAMILIES** TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Department of Public Social Services (DPSS) to enhance the existing DPSS CalWORKs Subsidized Employment Program for homeless CalWORKs Families and those CalWORKs families housed through a Department of Children and Family Services Housing Subsidy.

LEAD AGENCY

Public Social Services

COLLABORATING DEPARTMENTS/AGENCIES

Children and Family Services
Community and Senior Services
Los Angeles Homeless Services Authority
Mental Health

DESCRIPTION

This would be an enhancement of the existing DPSS CalWORKs Subsidized Employment Program that would be targeted to CalWORKs families who are homeless/recently homeless/at risk of homelessness. It is recommended that the program be modeled after the Los Angeles Regional Initiative for Social Enterprise (LA: RISE) implemented by LA City in collaboration with the non-profit Roberts Enterprise Development Fund (REDF). The LA: RISE model takes an integrated wraparound approach to job creation and provides hard-to-serve individuals, specifically those with a history of homelessness and/or incarceration, and disconnected youth, with employment, counseling support and training.

This enhancement could be implemented by DPSS as an enhancement of the existing CalWORKs subsidized employment program with the South Bay Workforce Development Board or through an agreement with the Department of Community and Senior Services (CSS) in partnership with the LA City Workforce Development Board (WDB), which has an existing relationship with REDF. In either scenario, the LA: RISE program design and infrastructure could be leveraged and expanded to provide services countywide. The services will be specifically targeted to meet the needs of homeless families. Examples of services include:

- Subsidized employment/bridge jobs provided in a Social Enterprise supportive employment work environment that includes personal supports, case management and job readiness preparation.
- Recruiting and working with employers willing to hire hard-to-serve individuals with non-traditional backgrounds. This will include recruiting and working with small localized (mom and pop) employers.

DESCRIPTION *continued*

- Coordinated training provided through DPSS Greater Avenues to Independence (GAIN) Program and Workforce Investment Boards and Social Enterprise Employers on developing skills needed to obtain self-sufficiency.

Additional supports would be provided as needed to help homeless families maintain their subsidized employment, progress into unsubsidized employment, and retain their employment. This includes linkages to the existing Homeless Families Solution System (HFSS). Currently, CalWORKs homeless families are served through the mainstream CalWORKs Transitional Subsidized Employment Program; however, under this proposal, homeless families would instead be served through this specialized program design to meet their unique needs.

CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Cities could implement this strategy in a complementary manner to the County. They could do this by participating as employers providing placement opportunities for program participants and by actively engaging their Chambers of Commerce to encourage local business participation as both placement sites and in hiring of program participants for unsubsidized employment.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

Homeless CalWORKs families with an aided parent who is eligible to participate in the CalWORKs welfare-to-work program would be eligible to participate. The definition of "homeless" within the CalWORKs program includes families who lack a permanent fixed residence. This means that the definition includes families that range from literally homeless (e.g., sleeping in car) to those who are "couch surfing." Additionally, victims of domestic violence and CalWORKs families recently housed through a housing subsidy from the Department of Children and Family Services would be served through this specialized Subsidized Employment program.

POTENTIAL PERFORMANCE METRICS

For Homeless CalWORKs Population

- Percentage of participants who are placed into subsidized employment and obtain unsubsidized employment.
- Percentage of participants placed into unsubsidized employment who retain employment for a period of time

For DCFS Population

- Percentage of families who remain stable and without DCFS involvement
- Percentage of participants with increased income over a period of time

FUNDING

The estimated cost per person is approximately $10,500 - $ 11,500 for a six-month assignment. Ongoing CalWORKs Expanded Subsidized Employment funding will be utilized for all homeless/at-risk CalWORKs families who qualify for this specialized program.

Strategy C2 | INCREASE INCOME **PHASE 1**

Related to Strategy Briefs 1.3 and 1.4

Increase Employment for Homeless Adults by Supporting Social Enterprise

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Chief Executive Office to support Social Enterprises/Alternate Staffing Organizations to increase employment opportunities for Homeless Adults as described herein.

LEAD AGENCY

Chief Executive Office

COLLABORATING DEPARTMENTS/AGENCIES

All County Departments which contract for goods and/or services

Community and Senior Services

County Counsel

Internal Services Department

Human Resources

DESCRIPTION

Social Enterprises are mission-driven businesses focused on hiring and assisting people who face the greatest barriers to work. They earn and reinvest their revenue to provide more people with transitional jobs to become job ready with the basic skills necessary to compete and succeed in the mainstream workforce. They help people who are willing and able to work, but have the hardest time getting jobs, including individuals with a history of homelessness and/or incarceration, and youth who are out of school and out of work. Obtaining employment increases income and improves the individual's overall well-being.

Alternate Staffing Organizations (ASOs) operated by Social Enterprises provide temporary workers and act as intermediaries between employers and job seekers, helping employers attract and retain reliable, motivated workers and linking job seekers to competitive employment, opportunities for skills development and pathways to hire by employer customers. Unlike conventional temporary staffing companies, ASOs operated by Social Enterprises have a dual mission to satisfy their customers and promote workplace success for people with obstacles to employment, such as those with unstable housing history, criminal backgrounds, or those participating in recovery programs.

Many services procured by local government could be provided, in whole or in part, by Social Enterprises/ASOs.

DESCRIPTION *continued*

The County could utilize Social Enterprises/ASOs to help homeless/formerly homeless adults to increase their income through increasing employment opportunities by taking the following actions:

1. Enhance the procurement process to provide preferential treatment of Social Enterprises by awarding extra points during the scoring process and by expanding the County's existing Transitional Job Opportunities Preference Program to provide preferential treatment to bidders that commit to subcontract with Social Enterprises;
2. Support the creation of Alternative Staffing Organizations (ASOs) operated by Social Enterprise entities and designate them as the preferred staffing agency for County Departments, contractors and sub-contractors to use for their temporary staffing needs;
3. Provide a Social Enterprise entity operating an ASO with a subsidy of $2 per hour worked to reduce the markup passed on to the customer, thus making the ASO a more attractive option. ASOs are able to be self-sustaining by marking up wage rates. For example, a worker that is paid $10 per hour may be billed to the customer at $17. This "mark-up" covers employment taxes, workers compensation, mandated benefits, and any other margin needed to maintain the business. At the same time, the subsidies could help ASOs fund the critical support services needed to ensure the employees' success;
4. Leverage the Department of Public Social Services (DPSS) transitional subsidized employment program for CalWORKs parents/relative caregivers, by placing some program participants in an ASO for temporary employment as a step toward long-term employment;
5. Develop and distribute a comprehensive inventory of the services currently being provided in Los Angeles County by Social Enterprises and ASOs to County contractors/sub-contractors and County Departments. The enhanced Transitional Job Opportunity Preference Program/ASO Ordinance would encourage every contractor providing services to the County to work with Social Enterprises/ASOs to perform functions consistent with its business needs, as part of its County contract; and
6. Encourage cities to adopt a Social Enterprise Agency Utilization Ordinance and provide a sample ordinance for cities to use, modeled on the County's current Expanded Preference Program.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

All homeless populations, including homeless older adults.

Increase Employment for Homeless Adults by Supporting Social Enterprise *continued*

POTENTIAL PERFORMANCE METRICS

- Increase in the number of employment opportunities available for homeless people, recently homeless, or those at risk of homelessness resulting from increased utilization of social enterprises/ASOs
- Percentage of social enterprise employees who are able to move on to non-supported employment
- Number of workers engaged in ASO assignments
- Reduction in dependence on public benefits due to ASO assignment

FUNDING

- No associated funding is required for enhancing the procurement process.
- DPSS – CalWORKs Single Allocation and Enhanced Subsidized Employment funding already allocated for the CalWORKs Transitional Subsidized Employment Program could be used to support the use of ASOs for Paid Work Experience and On-the–Job training for CalWORKs parents/relative caregivers.
- $2 million in one-time HPI funding to provide a subsidy of $2 per hour worked to ASOs to reduce the markup passed on by ASOs to employers.

CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Cities could adopt a a Social Enterprise Agency Utilization Ordinance modeled on the County's current Expanded Preference Program.

Strategy C3 | INCREASE INCOME

Related to Strategy Brief 1.8

Expand Targeted Recruitment and Hiring Process to Homeless/ Recently Homeless People to Increase Access to County Jobs

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Department of Human Resources to expand outreach and targeted recruitment strategies to include those who are homeless or recently homeless.

LEAD AGENCY

Human Resources

COLLABORATING DEPARTMENTS/AGENCIES

All County Departments

DESCRIPTION

There are three fundamental design features of Civil Service Employment:

1. examination for civil service positions are public, competitive and open to all;
2. they rely upon a testing methodology to establish rank-ordered lists for hiring opportunities; and
3. there are often stringent background standards, including a job nexus assessment of an applicant's criminal record.

Given the requirements of the civil service process, a targeted recruitment and flexible job requirements would acknowledge both the institutional barriers and the individual barriers often experienced by those who are homeless or recently homeless. The targeted outreach, recruitment and flexible job requirements would expand hiring opportunities for entry level positions of those who are homeless or recently homeless. This is an expansion of what the County currently does for GAIN/GROW participants and veterans.

Expand Targeted Recruitment and Hiring Process to Homeless/ Recently Homeless People to Increase Access to County Jobs *continued*

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

Individuals, including older adults, who are homeless or formerly homeless would be eligible to participate in the targeted recruitment and hiring process upon being stabilized and assessed by a County department or designated homeless service provider as employment-ready.

POTENTIAL PERFORMANCE METRICS

- Percent of homeless or recently homeless applicants in targeted recruitments
- Percent of homeless or recently homeless applicants participating in targeted recruitment who secure civil service employment
- Percent of homeless or recently homeless applicants hired through targeted recruitment who successfully pass their initial probationary period

FUNDING

Existing Departmental funding to hire allocated staff

CONNECTION TO CITIES

✓ **SAME**

COMPLEMENTARY

NO CITY ROLE

Cities could implement a similar recruitment and hiring practice for positions within their jurisdiction.

Strategy C4 | INCREASE INCOME

Related to Strategy Brief 3.1

Establish a Countywide SSI Advocacy Program for People Experiencing Homelessness or At Risk of Homelessness

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Department of Health Services to collaborate with the Department of Public Social Services and other relevant County Departments to establish a Countywide Supplemental Security Income Advocacy Program as described herein.

LEAD AGENCY

Health Services

COLLABORATING DEPARTMENTS/AGENCIES

Children and Family Services
Los Angeles Homeless Services Authority
Mental Health
Military and Veterans Affairs
Probation
Public Health
Public Library
Public Social Services
Sheriff

DESCRIPTION

The recommended countywide Supplemental Security Income (SSI) Advocacy Program would provide assistance to eligible homeless individuals and those at risk of homelessness (including all disabled GR participants) in applying for and obtaining SSI or other related benefits Social Security Disability Insurance (SSDI) and Cash Assistance Program for Immigrants. The Program, modeled after DHS' former Benefits Entitlement Services Team (B.E.S.T), should be overseen by the Los Angeles County Department of Health Services because of its successful management of B.E.S.T. and its achievement of high outcomes and experience with large-scale contracting with homeless services agencies across the county. A Request for Proposals is targeted for release by the end of June, 2016, to secure two or more contractors, who could use subcontractors, as needed, to meet the geographic needs of the County.

Referrals to the Countywide SSI Advocacy Program should be received via a warm hand-off from: (1) existing homeless entry points and systems of care, such as Housing for Health, the Coordinated Entry System (CES), Homeless Families Solutions System (HFSS), and the Single Adult Model (SAM); (2) the County Departments of Public Social Services, Mental Health, Public Health, Military and Veterans Affairs, and Children and Family Services, the Probation Department, and the Sheriff's Department; and (3) community-based organizations serving individuals who are homeless or at risk of homelessness.

Establish a Countywide SSI Advocacy Program for People Experiencing Homelessness or At Risk of Homelessness *continued*

DESCRIPTION *continued*

The necessary components of a successful SSI Advocacy Program include:

A. Benefits Specialist Resource Team(s) for each Service Planning Area (SPA) who will be responsible for:

- Receiving referrals from the various above-identified points of entry;
- Full-time co-location at DPSS' 14 General Relief offices;
- Conducting and/or leveraging outreach and engagement activities to identify eligible homeless individuals;
- Providing assessment and screening to ensure candidates meet both non-medical and medical requirements for SSI/SSDI or CAPI;
- Coordinating subsidized housing for those individuals enrolling in the program with existing homeless entry points, housing programs and housing subsidies;
- Coordinating record retrieval services with DMH/DHS/LASD based on client's medical/treatment history;
- Coordinating and leveraging Department of Mental Health, Department of Health Services and managed care systems to secure health care, mental health care and documentation of disability for clients completing a SSI/SSDI claim;
- Developing and filing high quality benefit applications;
- Coordinating and advocating with the Social Security Administration (SSA) and California Department of Social Services Disability Determination Services (DDS) regarding the status of pending benefit applications;
- Coordinating legal consultation for clients who have complex SSI/SSDI applications;
- Providing assistance for those at risk of losing, or requiring re-certification of their SSI benefits;
- Coordinating Interim Assistance Reimbursement (IAR) with relevant County Departments; and
- Coordinating benefits advocacy with the Veteran's Benefits Advocacy Team for eligible veterans.

B. Ongoing training & technical assistance for Homeless Services Agencies, Federally Qualified Health Centers, and County and other public agencies - Training and technical assistance could be from the Benefits Specialist Team or through a subcontract to maximize the reach to community organizations and clinicians. Training and technical assistance builds the capacity of the system to access SSI/SSDI and CAPI benefits at a faster and greater rate countywide and facilitates the movement of Los Angeles County's homeless disabled population onto federal/state benefits and off County general funds. Training and technical assistance should incorporate the following:

- Leverage training resources provided by the National SOAR Team;
- Provide training regarding specific requirements for SSI/SSDI and CAPI applications in the State of California;
- Incorporate the lessons learned from the B.E.S.T. project and other best practices;
- Develop and train homeless service providers and public agencies on the process for assessment and screening to ensure candidates meet both non-medical and medical requirements for SSI/SSDI or CAPI;
- Provide ongoing training and support to physicians and clinicians on identifying potential applicants and completing SSI/SSDI or CAPI documentation;

DESCRIPTION *continued*

- Develop a plan for internal quality assurance reviews to ensure the submission of high quality SSI/SSDI applications;
- Provide coordination with the SOAR program;
- Work with community stakeholders to develop a system of data collection for SSI//SSDI applications in Los Angeles County;
- Aggregate and analyze data regarding benefit applications for Los Angeles County;
- Track and report Los Angeles County SSI/SSDI outcomes to the national SOAR program; and
- Pursue continuous improvement of training and coordination to assure high quality benefits support for homeless residents.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

Disabled homeless individuals, including older adults, and those at risk of homelessness in need of applying for and obtaining SSI, SSDI, or CAPI benefits.

POTENTIAL PERFORMANCE METRICS

- The number/percentage of individuals who initiate SSI/SSDI/CAPI applications
- The number/percentage of applications that are completed and submitted to SSA or DPSS
- The number/percentage of applications approved at each level of the application process
- The time to benefits establishment

FUNDING

$6.8 million in ongoing annual DPSS funding from the General Relief SSI and Medi-Cal Advocacy Program which would be replaced by this recommended program

CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Cities could support the County's efforts by encouraging local community medical facilities to expedite requests for documentation from the Countywide Advocacy Program staff and/or provide funding for housing subsidies for their disabled, homeless city residents who are pursuing SSI. Cities could recover the subsidy amount through Interim Assistance Reimbursement and use the IAR to support a subsidy for another person.

Strategy C5 | INCREASE INCOME

Related to Strategy Brief 3.5

Establish a Countywide Veterans Benefits Advocacy Program for Veterans Experiencing Homelessness or At Risk of Homelessness

POPULATION IMPACT

ALL FAMILIES TAY SINGLE ADULT ✓ **VETERAN** CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Department of Military and Veterans Affairs to contract for one or more Homeless Veterans Benefits Specialist Resource Teams as described herein.

LEAD AGENCY

Military and Veterans Affairs

COLLABORATING DEPARTMENTS/AGENCIES

Community-Based Organizations
Community and Senior Services
Health Services
Los Angeles Homeless Services Authority
Mental Health
Probation
Public Library
Veteran Service Organizations

DESCRIPTION

The Department of Military and Veterans Affairs will contract for one or more Homeless Veterans Benefits Specialist Resource Teams to provide assistance to eligible homeless veterans in applying for and obtaining income and/or health benefits from the Department of Veterans Affairs. The program will be operated in partnership with community-based organizations to: (1) provide wraparound case management, health, and mental health supports to house enrolled veterans; and (2) acquire VA Service-Connected Compensation or VA Non-Service-Connected Pension benefits. The components of the proposed Veterans Advocacy Program include:

A. VA Benefits Specialist Resource Teams serving all Service Planning Area (SPA) of the County, including VA will be responsible for the providing services including, but not limited to the following:

- Conduct and/or leverage outreach and engagement activities to identify eligible homeless veterans;
- Receive referrals from DPSS, DHS, DMH and other County departments of veterans who need assistance with veteran's benefits;
- Provide assessment and screening to determine whether veterans meet requirements for VA Service-Connected and Non-Service-Connected benefits;
- Coordinate with existing homeless entry points and housing programs to arrange subsidized housing or VASH Vouchers for those individuals enrolling in the program;
- Access relevant medical records from medical providers based on the veteran's medical treatment, military service, and VA claims history;

DESCRIPTION *continued*

- Coordinate and leverage Veterans Health Administration, Los Angeles County Department of Military and Veterans Affairs "Navigator" program, Department of Mental Health, Department of Health Services, and managed care systems to assist the veteran to access health care, mental health care, and documentation of disability and, when applicable, its relationship to military service for veterans completing a VA Service-Connected and/or Non-Service-Connected claim(s);
- Develop and file high-quality benefits applications, including new and original, reopened, and increased rating claims;
- Coordinate and advocate with the Veterans Benefits Administration regarding status of pending benefits applications and appeals, as well as scheduling of compensation and pension examinations;
- Coordinate legal assistance to assist veterans who have complex Service-Connected/ Non-Service-Connected claims, including claims that require a character of discharge determination, claims that have been denied and are eligible to enter the appellate phase, and "clear and unmistakable error" claims; and
- Coordinate benefits advocacy with the proposed Countywide SSI Benefits Advocacy team, as needed.

B. Ongoing training and technical assistance for veterans and homeless service agencies, Federally Qualified Health Centers, and County and other public agencies – training and technical assistance will be conducted by a VA Accredited Agent and/or Attorney, and could be from the VA Benefits Specialist Team or through a subcontract to reach government and community organizations and clinicians that serve veterans. Training and technical assistance should incorporate the following:

- Leverage training resources provided by the Supportive Services for Veterans Families program;
- Train homeless service providers and public agencies on the identification of eligible homeless veterans and the various veteran military discharge statuses;
- Train homeless service providers and public agencies on the process for assessment and screening to ensure veterans meet the requirements for VA Service-Connected compensation and Non-Service-Connected pension; and
- Provide ongoing training and support to physicians and clinicians on identifying potential applicants and completing Service-Connected and Non-Service-Connected documentation.

C. Provide quality assurance to ensure the submission of high quality Service-Connected/Non-Service-Connected applications:

- Access and monitor submitted veterans claims in VA database systems;
- Track and report programmatic outcomes; and
- Pursue continuous improvement of training and coordination to assure high quality benefits support for homeless veterans.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

Homeless veterans, including veterans who are older adults, and those veterans at risk of homelessness in need of applying for and obtaining VA benefits or related services.

Establish a Countywide Veterans Benefits Advocacy Program for Veterans Experiencing Homelessness or At Risk of Homelessness

continued

POTENTIAL PERFORMANCE METRICS

- The number of veterans who initiate applications for VA Benefits
- The number of veterans transitioned to the SSI Benefits Specialist Resource Team when expected VA Benefits receipt would be less than the SSI/SSP rate
- The number of VA/SSI/SSP claims that are approved

FUNDING

$1.2 million in Homeless Prevention Initiative funds out of the $5 million approved for implementation of the Homes for Heroes report. Utilization of this funding for this strategy was already identified in the November 19, 2015 memorandum which provided the Board of Supervisors with the Homes for Heroes implementation plan.

CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Cities could support the County's efforts by encouraging local community medical facilities to expedite requests for medical records from the Countywide Veteran's Benefits Advocacy Program staff and/or provide funding to support advocacy efforts for their city's homeless veterans.

Strategy C6 | INCREASE INCOME

Related to Strategy Brief 8.3a

Targeted SSI Advocacy for Inmates

POPULATION IMPACT

ALL FAMILIES TAY ✓ **SINGLE ADULT** ✓ **VETERAN** ✓ **CHRONICALLY HOMELESS ADULT**

RECOMMENDATION

Direct the Sheriff's Department and the Department of Health Services, in collaboration with the Department of Mental Health, to develop an Supplemental Security Income (SSI) Advocacy Program for Inmates.

LEAD AGENCY

Health Services
Sheriff (Care Transition Director)

COLLABORATING DEPARTMENTS/AGENCIES

Mental Health
Social Security Administration

DESCRIPTION

The goal of the program would be to assist disabled, incarcerated individuals in completing and submitting their SSI application prior to discharge or in securing reinstatement of their SSI benefits, if the individual was receiving SSI prior to being incarcerated. This program should be a collaborative with the Countywide SSI Advocacy Program, as described in Recommended Strategy C4.

The following would be components of the program:

Pre-Release

A. Facility gathers list of release-eligible inmates at least three months prior to discharge, six months is preferable.

B. Benefits eligibility specialists are assigned to screen for SSI and SSDI eligibility. Screening encompasses:

- Checking each inmate's social security number, citizenship or eligible immigration status and current benefit status;
- Meeting with inmate to complete a questionnaire to determine whether individual has a severe mental or physical impairment or is aged (age 65) for potential eligibility for SSI. Also review work history and get earnings record to determine potential eligibility for SSDI.

C. Inmates who are potentially eligible for SSI or SSDI will be invited to participate in the advocacy program. Once the inmate decides to participate, he/she will be connected to the countywide SSI advocacy contractor (as described in Strategy C6) who will meet with the inmate in the jail to initiate a SSI/SSDI application and the inmate will sign

Targeted SSI Advocacy for Inmates *continued*

DESCRIPTION *continued*

release of information documents. Medical and mental health records are obtained from private providers, public providers, incarceration facility providers and other identified providers:

- An assessment is made by the contractor to determine if medical evidence is likely to be sufficient to prove disability according to SSA standards.
- If assessment determines that available records may not be sufficient to show disability, refer individual to in-house or County medical and mental health providers for assessments and reports.

D. Once sufficient medical evidence is gathered, forward eligible claims for disability to the Disability Determination Services (DDS) office. The contractor maintains contact with DDS and SSA to check on progress of the application.

E. DDS/SSA makes the initial determination regarding disability while individual is still incarcerated.

F. The contractor collaborates with Jail In Reach staff (as described in Recommended Strategy D2), who will work to locate interim or permanent housing to ensure an appropriate housing placement upon the inmate's discharge. The cost of housing from the release date to the SSI approval date can be recovered from the inmate's initial retroactive SSI benefit, through the Interim Assistance Reimbursement process.

Post-Release

G. If medical eligibility is approved, upon discharge the same contractor will work with the individual to complete the application process. If medical eligibility is denied, the contractor will pursue an appeal.

H. Once a formerly incarcerated individual begins receiving SSI or SSDI, an appropriate agency will assist the individual in transitioning to appropriate permanent housing, if the individual was placed in interim housing upon discharge.

Disabled inmates with a jail stay shorter than three months will be connected to the Countywide SSI Advocacy Program (Strategy C4) upon discharge.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

Homeless individuals scheduled for release from an LA County jail within three to six months who have been assessed to have a severe mental or physical disability (Single adults, older adults, veterans, and chronically homeless).

POTENTIAL PERFORMANCE METRICS

- Number of incarcerated individuals assessed for potential SSI eligibility
- Number of individuals with sufficient medical evidence of disability to warrant an SSI application
- Number of SSI applications made prior to release
- Number of SSI applications medically approved prior to release
- Number of SSI applications medically approved post release
- Number of formerly incarcerated individuals who obtained SSI benefits
- Number of formerly incarcerated individuals who obtained housing paid for with SSI benefits.

FUNDING

$1 million one-time funds from AB 109

CONNECTION TO CITIES

SAME

COMPLEMENTARY

✓ **NO CITY ROLE**

Strategy D
Provide Case Management and Services

Most homeless families and individuals need some level of case management and supportive services to secure and maintain permanent housing, though the specific need varies greatly, depending on the individual circumstances. The availability of appropriate case management and supportive services is key to enabling homeless families and individuals to take advantage of an available rental subsidy, increase their income, and access/utilize available public services and benefits.

Los Angeles County Homeless Initiative

Strategy D1 | PROVIDE CASE MANAGEMENT AND SERVICES

Related to Strategy Brief 1.6

Model Employment Retention Support Program

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Department of Public Social Services and Community and Senior Services to identify the key components of a Model Employment Retention Support Program and work with relevant Departments to incorporate identified services into existing programs, as feasible.

LEAD AGENCIES

Community and Senior Services
Public Social Services

COLLABORATING DEPARTMENTS/AGENCIES

Military and Veterans Affairs
Mental Health
Probation
Workforce Development Boards

DESCRIPTION

A model employment retention support program for newly-employed homeless/formerly homeless individuals could be incorporated into existing employment programs and homeless case management programs. Program elements of a model Employment Retention Support Program should include:

- Ongoing communication with newly-employed individuals to provide support and identify potential problems.
- Soft skills- Enhancing the newly-employed individual's ability to successfully manage relationships with co-workers and supervisors. Retention services must include connection to soft-skill development such as trainings and community supports.
- Résumé building to encourage and support promotion, including the exploration of volunteer work to supplement employment.
- Effective communication and coordination with case managers and housing specialists, including constant assessment of new referrals and/ or connections needed to support the newly-employed individual.
- Creating incentives to expand work-study opportunities to build skill sets.
- Communication and Life Skills – Modeling by case management staff of effective communication in a professional environment and appropriate dress code.
- A review of the Employer's company policies and Employee Handbook.
- Coordinated referrals to Self-Help Support groups – provide free community support and develop soft skills necessary to maintain employment.
- Online training in self-help and empowerment.

DESCRIPTION *continued*

- Possible adoption of the Offender Workforce Development Specialist model, including specialized training for case managers to assist individuals involved with the justice system.
- Mentorship opportunities within employment and housing programs that link and empower people seeking employment with those successfully maintaining employment.
- Financial literacy/budgeting – training and support to transition people to be self-sustaining through employment.

In addition to providing support to the newly-employed individual, to foster support at the employer level, coordination and communication with employers post-placement should include employer liaisons, available to the employer to identify issues/barriers as they arise in the course of employment, and identify service providers available to provide the needed support to the employee to address the issues identified by the employer.

As part of implementation of this strategy, County Departments will identify existing programs serving homeless families and individuals into which employment retention services could be incorporated.

CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Cities which operate Workforce Development Boards could focus on employment retention services for recently-employed, formerly-homeless individuals. In addition, cities could proactively recruit volunteers/mentors to be employer liaisons or coaches for recently-employed persons.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

Individuals, including older adults, and families who have been recently housed and connected to employment will be eligible for ongoing employment retention support and referrals, as needed and available.

POTENTIAL PERFORMANCE METRICS

- Individuals who receive employment retention services
- Employment retention
- Percent of newly-employed individuals who experience income increase
- Percent of newly-employed individuals who secure promotions

FUNDING

To the extent that employment retention services can be incorporated into existing case management services, funding is not necessary to support this strategy. However, to the extent that recently-employed, formerly homeless individuals do not have access to case management services, there would be a cost associated with expanding one or more existing programs. As part of the implementation planning for this strategy, the capacity of current programs to incorporate employment retention services for the target population will be assessed.

Strategy D2 | PROVIDE CASE MANAGEMENT AND SERVICES **PHASE 1** *Related to Strategy Brief 8.3c*

Expansion of Jail In Reach

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Sheriff's Department and Health Services to work with their non-profit partner agencies and collaborating County departments to expand Jail in Reach to make it available to all homeless people incarcerated in a Los Angeles County jail, subject to available funding.

LEAD AGENCY

Health Services
Sheriff

COLLABORATING DEPARTMENTS/AGENCIES

Alternate Public Defender
Community and Senior Services
Housing Authority of the City of Los Angeles
Housing Authority of the County of Los Angeles
Mental Health
Probation
Public Defender
Public Health
Public Social Services
County SSI Advocacy Contractors
Community-based Providers

DESCRIPTION

This program expansion for homeless inmates should include the following elements:

- Offer all homeless inmates jail in reach services from the beginning of incarceration.
- Provide case management to homeless inmates tailored to their individual need(s) and connect inmates to services such as mental health and substance use disorder treatment on an as-needed basis.
- Coordination of all services provided to homeless inmates so that physical health, behavioral health, housing, education, employment, mentorship, and other needs are integrated into one case plan monitored by one assigned case manager, with the goal of ensuring strong service integration.
- Recruit and fund community-based service providers from across the County so that services continue seamlessly post-release with the same case management team, including connection to housing specialists and access to bridge housing until a permanent housing plan can be implemented, employment support, benefits support, transportation, and other ongoing supportive services such as mental health treatment to help homeless inmates reintegrate successfully back into the community with adequate supportive services.

In addition, consideration should be given to the inclusion in the program of self-help support groups in jail, e.g., Alcoholics and Narcotics Anonymous that are run by jail inmates. Such support groups are an integral element of the Community Model in Corrections, an evidence-based practice.

DESCRIPTION *continued*

The Department of Health Services' Housing for Health intensive case management program provides a model for the style of case management that will be required for many individuals.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

All homeless inmates in County jail including those being held prior to trial.

POTENTIAL PERFORMANCE METRICS

- Reduction in recidivism
- Reduction in homelessness
- Increased employment
- Improved healthcare outcomes
- Number of homeless inmates who receive Jail In Reach services

FUNDING

- $2,000,000 in one-time HPI funding
- $3,000,000 in one-time AB 109 funding

CONNECTION TO CITIES

SAME

COMPLEMENTARY

✓ **NO CITY ROLE**

Strategy D3 | PROVIDE CASE MANAGEMENT AND SERVICES

Related to Strategy Brief 9.3a

Supportive Services Standards for Subsidized Housing

POPULATION IMPACT

ALL FAMILIES ✓ TAY ✓ SINGLE ADULT ✓ VETERAN ✓ CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Instruct the Los Angeles Homeless Services Authority, in collaboration with the Departments of Mental Health, Public Health, Health Services, and Public Social Services, the Probation Department, and the Community Development Commission to draft and adopt a definition of supportive services and establish a set of standards for high-quality supportive services for persons in subsidized housing who have recently experienced homeless.

LEAD AGENCY

Los Angeles Homeless Services Authority

COLLABORATING DEPARTMENTS/AGENCIES

Community Development Commission

Health Services

Housing + Community Investement Department, City of Los Angeles

Housing Authority of the City of Los Angeles

Housing Authority of the County of Los Angeles

Mental Health

Probation

Public Health

Public Social Services

DESCRIPTION

Supportive services are critical to effectively transitioning formerly homeless persons from being on the streets to becoming a thriving tenant and member of the community. Supportive services in subsidized housing involve the development of a trusting, genuine partnership and relationship between the service provider and the formerly homeless tenant. This connection brings value and enhances participation in the supportive services, furthering the tenant's journey of recovery and housing stability. To most effectively achieve this goal, the County needs a consistent definition of supportive services that adhere to high quality standards, and are consistent with government funding requirements.

The definition of supportive services should consider existing established standards, such as those from Shelter Partnership's 2009 study commissioned by the Community Development Commission, Home for Good's Standards of Excellence, Veteran Affairs' Supportive Services for Veteran Families/Veteran Affairs Supportive Housing guidelines for homeless veterans, and Housing Opportunities for Persons with AIDS guidelines. The definition should include, but not be limited to the following activities:

- Connection to financial benefits (such as General Relief, Supplemental Security Income [SSI], CalFresh, etc.).
- Connection to health coverage, which is generally Medi-Cal.
- Linkages to and direct connection/ collaboration with treatment-related services (such as mental health, physical health, and substance use disorder treatment).
- Linkages to job development and training programs, school, peer advocacy opportunities, advocacy groups, self-help support groups, and volunteer opportunities, as needed and wanted by the tenant.

DESCRIPTION *continued*

- Money management and linkage to payee services.
- Transportation and linkage to transportation services.
- Peer support services. (Utilizing people with lived experience in outreach, engagement, and supportive services is an evidence-based best practice.)
- Community-building activities, i.e., pro-active efforts to assist tenants in engaging/participating in the community and neighborhood.
- Connection to specialized services provided to individuals who are: victims of Domestic Violence; Lesbian, Gay, Bi, or Transgender; transition age youth; or elderly.

Additionally, the standards for high-quality supportive services should specify that supportive services should be:

1. tenant-centered;
2. accessible;
3. coordinated; and
4. integrated.

CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Cities which operate a public housing authority could adopt the County's definition of supportive services for formerly homeless adults and the County's standards for high-quality supportive services.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

Recently homeless adults in subsidized housing

POTENTIAL PERFORMANCE METRICS

- Number of agencies providing supportive services which adopt the County's definition and high-quality standards

FUNDING

No funding required

Strategy D4 | PROVIDE CASE MANAGEMENT AND SERVICES

Regional Integrated Re-entry Networks- Homeless Focus

POPULATION IMPACT

ALL FAMILIES ✓ TAY ✓ SINGLE ADULT ✓ VETERAN ✓ CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Office of Diversion and Reentry (OD&R), in collaboration with the Care Transitions Unit of the new Integrated Jail Health Services division, and the Sheriff to incorporate a focus on homeless individuals into the multi-disciplinary, clinically-focused Regional Integrated Re-entry Networks which are already being developed.

LEAD AGENCY

Department of Health Services
Sheriff

COLLABORATING DEPARTMENTS/AGENCIES

Mental Health
Community and Senior Services
Public Social Services
Public Health
LA Care (and other local health plans)
Los Angeles Homeless Services Authority
Probation

DESCRIPTION

The attributes of a Re-entry Network include:

- Consist of high quality mental health, physical health and substance use disorder providers with an interest and expertise in serving the re-entry population;
- Be geographically convenient, patient-friendly, and culturally competent;
- Include seamless sharing of patient records between jail medical and behavioral health services and network providers; and
- Provide either integrated services or robust links to mental health, substance use disorder, housing, case management and other social services in the community.

The early planning for a Re-entry Network system has involved treatment providers, County departments and health plans. Future efforts will include a broad array of other service providers and community groups with a keen interest in the stability of justice-involved populations.

It is recommended that this planning include a focus on homeless populations, so that the Re-entry Networks incorporate at least the following three elements:

a. High quality homeless service providers with expertise in engagement, housing placement and maintaining housing stability;
b. Integration of the role of probation officers and others who may be in charge of community supervision of individuals using reentry network services; and

DESCRIPTION *continued*

c. Development of the technical and cultural expertise to work with homeless justice-involved populations and support other providers in their regions who might benefit from assistance in managing homeless justice-involved individuals. This support may involve navigating services that support homeless justice-involved individuals, connections to job training or employment, connections to housing resources or move-in assistance, and/or the provision of homeless/housing case management.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

Homeless, justice-involved adults.

POTENTIAL PERFORMANCE METRICS

- Number of homeless justice-involved individuals who secure permanent housing
- Number of homeless justice-involved individuals who are linked to clinical services/care
- Number of homeless justice-involved individuals who retain permanent housing

FUNDING

- $800,000 in one-time HPI funding
- $2,000,000 in one-time AB 109 funding
- Medi-Cal for those services which are covered

CONNECTION TO CITIES

SAME

COMPLEMENTARY

✓ **NO CITY ROLE**

Strategy D5 | PROVIDE CASE MANAGEMENT AND SERVICES

No Related Strategy Brief

Support for Homeless Case Managers

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Chief Executive Officer and the Los Angeles Homeless Services Authority to work with each department identified below as a collaborating department to develop and implement a plan for each department to support community-based homeless case managers, which reflects the extent and nature of each department's interaction with homeless families/individuals.

LEAD AGENCY

Chief Executive Office
Los Angeles Homeless Services Authority

COLLABORATING DEPARTMENTS/AGENCIES

Alternate Public Defender
Animal Care and Control
Beaches and Harbors
Child Support Services Department
Community and Senior Services
Community Development Commission
Children and Family Services
Consumer and Business Affairs
District Attorney
Fire Department
Health Services
Mental Health
Military and Veterans Affairs
Parks
Public Health
Public Social Services
Probation Department
Public Defender
Public Library
Public Works
Sheriff's Department

DESCRIPTION

Homeless case managers, who generally work for community-based organizations and often participate in the single adult Coordinated Entry System (CES) or Homeless Families Solutions System, play a key role in combating homelessness, by engaging homeless families and individuals, connecting them to housing, assisting them to navigate and access various public services, and providing ongoing support.

County departments can play a key role in supporting homeless case managers by:

1. helping homeless families/individuals connect to a homeless case manager;
2. responding effectively to homeless case managers assisting homeless families/individuals to access and navigate County services; and
3. participating, where appropriate, in CES regional case conferencing and coordinated outreach meetings.

The specific role of each County department will vary depending on the extent and nature of the Department's contact with homeless families/individuals.

To assist families/individuals connect to a homeless case manager, individual County departments could:

- Provide space for homeless case managers to collocate at their facilities and conduct in-reach with homeless families/individuals who go to the Department for services. (This would only be applicable to departments which serve a very high volume of homeless families/individuals.)
- Implement a standardized protocol to contact a homeless case manager (who could be a domestic violence service provider) to come to

DESCRIPTION *continued*

the department's facility to engage a homeless family/individual who wishes to see a homeless case manager.

- Transport a homeless family/individual to a location where they could meet with a homeless case manager. (Few departments will have this capacity.)
- Provide a referral to a local homeless case manager to the homeless family/individual.

To respond effectively to homeless case managers assisting homeless families/individuals to access and navigate County services, individual County departments could:

- Establish a protocol for interacting with homeless case managers.
- Designate one or more homeless case manager liaisons at each location that provides services to a significant number of homeless families/individuals, plus a departmental liaison. (For some departments, a departmental liaison may suffice, if the frequency of contact with homeless families/individuals is low.)
- Facilitate relationships between local homeless case managers and the staff at various facilities.
- Participate, where appropriate, in CES regional case conferencing and coordinated outreach meetings.

CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Cities could direct their departments which interact with homeless families/individuals to develop a plan to support homeless case managers.

The implementation plans which departments will develop under this strategy will complement the contribution of certain departments to the Countywide Outreach System (Strategy E6), Coordinated Entry System (Strategy E7), and County Specialist Support Team (Strategy E11).

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

All homeless populations, including victims of domestic violence and the older adult population.

POTENTIAL PERFORMANCE METRICS

More effective services for homeless families and individuals

FUNDING

None

Strategy D6 | PROVIDE CASE MANAGEMENT AND SERVICES

Related to Strategy Brief 8.6

Criminal Record Clearing Project

POPULATION IMPACT

ALL FAMILIES TAY ✓ **SINGLE ADULT** ✓ **VETERAN** ✓ **CHRONICALLY HOMELESS ADULT**

RECOMMENDATION

Direct the Public Defender (PD), in collaboration with the Office of the Alternate Public Defender (APD), Probation Department (Probation), Department of Public Social Services (DPSS), and Sheriff's Department to develop a Criminal Record Clearing Project (CRCP), as described herein.

LEAD AGENCY

Public Defender

COLLABORATING DEPARTMENTS/AGENCIES

Alternate Public Defender
Community-Based Organizations which work with the criminal justice re-entry population
Community and Senior Services
District Attorney
Public Social Services
Probation
Non-profit legal service providers

DESCRIPTION

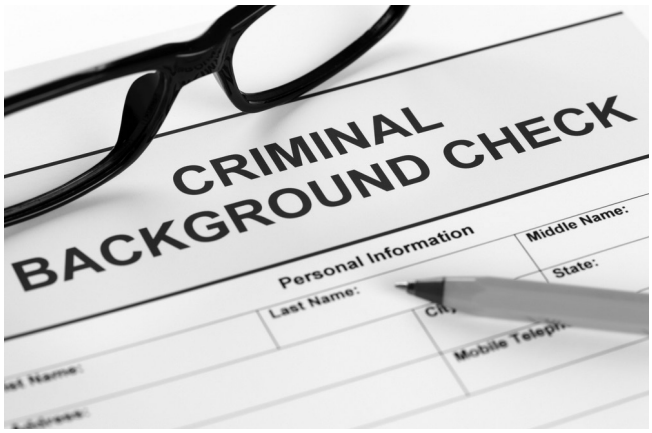
There are various barriers that homeless individuals face on a daily basis and one of hardest barriers to overcome is having a criminal record, which makes it especially difficult to obtain employment and housing, both of which are key to achieving self-sufficiency. In order to reduce this barrier, it is recommended that the PD, in collaboration with the APD, Probation, DPSS; and Sheriff:

- Develop and implement a CRCP, which could include utilization of a contract provider to coordinate the project;
- Ensure that CRCP is leveraged and coordinated with discharge planning protocols (Strategy A2), Jail in Reach (Strategy D2), regional integrated re-entry networks (Strategy D4), and bridge housing for those exiting institutions (Strategy B7) , as well as with DPSS employment programs;
- Develop a comprehensive training curriculum for participating agencies;
- Ensure clients are connected to County Alternative Courts, if eligible; and
- Create a CRCP team consisting of the aforementioned agencies and community-based partners that would be responsible for oversight and administration of the CRCP.

Through strategic partnerships and collaborative efforts, the project will aim to identify homeless and formerly homeless job-seekers who have criminal records and connect them to a legal advocate who will assist them with record clearing and other legal barriers to achieve stable housing and employment. This project

DESCRIPTION *continued*

could be implemented as a two-year pilot, after which it could be evaluated and a determination could be made as to whether to extend the project based on the results and availability of funding.



POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

Homeless individuals who have recently completed their parole or probation supervision; homeless Individuals with criminal records who are currently enrolled in DPSS' GAIN or GROW program; homeless individuals with criminal records who are seeking employment or housing; and homeless individuals being discharged from jail, hospitals or the foster care system with criminal records.

POTENTIAL PERFORMANCE METRICS

- Number of staff from CRCP agencies who complete the criminal record clearing training
- Number of individuals served through this program who complete and file a Prop 47 application or petition for criminal record dismissal (expungement)
- Number of individuals served through this program who demonstrate an increase in income within 6-12 months after a dismissal
- Number of individuals served through this program who maintain or secure housing within 6-12 months after a dismissal

FUNDING

- $200,000 in one-time HPI funding

CONNECTION TO CITIES

SAME

COMPLEMENTARY

✓ **NO CITY ROLE**

Strategy E
Create a Coordinated System

Given their complex needs, homeless individuals, families and youth often touch multiple County departments, city agencies and community-based providers. For the most part, services are not well coordinated; this fragmentation is often compounded by disparate eligibility requirements, funding streams, and bureaucratic processes. Maximizing the efficacy of current programs and expenditures necessitates a coordinated system which brings together homeless and mainstream services. The extension of Medi-Cal to single adults through the Affordable Care Act, the County's commitment to criminal justice diversion, and the focus on collaboration between the County, cities, and community partners combine to create an historic opportunity to forge a coordinated system.

Los Angeles County
Homeless Initiative

Strategy E1 | CREATE A COORDINATED SYSTEM

Related to Strategy Brief 3.3

Advocate with Relevant Federal and State Agencies to Streamline Applicable Administrative Processes for SSI and Veterans Benefits

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Chief Executive Office to advocate with relevant Federal and State agencies to streamline applicable administrative processes, in order to enhance access to SSI and Veterans benefits for applicants who are homeless or at risk of homelessness.

LEAD AGENCY

Chief Executive Office

COLLABORATING DEPARTMENTS/AGENCIES

Los Angeles Homeless Services Authority
Health Services
Mental Health
Military and Veterans Affairs
Public Social Services
United Way/Home for Good
Community-Based Organizations

DESCRIPTION

There is a significant opportunity to enhance access to SSI and Veterans benefits for applicants who are homeless or at risk of homelessness, through advocacy with the Social Security Administration, California Department of Social Services, Veterans Administration, Veterans Healthcare Administration, California Department of Corrections and Rehabilitation and any other relevant agencies to streamline applicable administrative processes. Such streamlined processes have been implemented in the past and could now be reinstated and enhanced. Specific opportunities include, but are not limited to:

1. Designating specialized local offices to handle SSI applications from County SSI Advocates;
2. Exempting cases of homeless clients applying for SSI from being transferred throughout the country; and
3. Collaboration with community- based organizations providing services to Veterans/ SSI applicants.

Advocacy is needed with the following Agencies:

- Social Security Administration- Administers Supplemental Security Income;
- California Department of Social Services Disability Determination Services – Reviews medical records as part of the SSI application process;
- Veterans Administration- Oversees the provision of veterans benefits;

DESCRIPTION *continued*

- Veterans Healthcare Administration – Oversees the provision of Veterans Healthcare services; and
- California Department of Corrections and Rehabilitation - Oversees State prison operations.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

All homeless populations

POTENTIAL PERFORMANCE METRICS

- Processing time for SSI and Veterans Benefits
- Approval rate for SSI and Veterans Benefits

FUNDING

There is no cost to the County to implement this strategy.

CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Cities could support the County's effort through the League of Cities and/or Independent Cities Association. Individual cities could also support this effort.

Strategy E2 | CREATE A COORDINATED SYSTEM

Related to Strategy Brief 5.3

Drug Medi-Cal Organized Delivery System for Substance Use Disorder Treatment Services

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

- Direct the Department of Public Health's (DPH's) Substance Abuse Prevention and Control (SAPC) network to provide the full continuum of Drug Medi-Cal Organized Delivery System (DMC-ODS) waiver services in a culturally competent manner to people experiencing homelessness.
- Direct DPH/SAPC to leverage new flexibility through the DMC-ODS waiver to increase access to substance use disorder (SUD) services by providing field-based services in the community for people experiencing homelessness.

LEAD AGENCY

Public Health

COLLABORATING DEPARTMENTS/AGENCIES

Community-based providers
Children and Family Services
Health Services
Housing Authority of the City of Los Angeles
Housing Authority of the County of Los Angeles
Mental Health
Public Social Services
Los Angeles Homeless Services Authority
Medi-Cal Managed Care Organizations
Probation
Sheriff

DESCRIPTION

The approval of the California Department of Health Care Services (DHCS) DMC-ODS Waiver by the Federal Centers for Medicaid and Medicare Services (CMS) allows counties to voluntarily opt in to expand reimbursable services under the DMC program. This opportunity includes a fuller continuum of care and appropriate support services, standardizes level of care placements based on the American Society of Addiction Medicine (ASAM) criteria and medical necessity, ensures effective and appropriate care through quality assurance and utilization management efforts, more fully integrates physical and mental health services with the SUD service system, and transforms the overall treatment of SUD from an acute care model to a chronic care model.

The DMC levels of care (LOC) will include withdrawal management (formerly detoxification services), short-term sobering centers, residential treatment, and medication-assisted treatment, in addition to already available outpatient, intensive outpatient, and narcotic treatment programs. Additional services will also include a 24-hour toll-free access line to place individuals in the appropriate LOC, case management, recovery support, and coordination with physical and mental health. Placement at a particular LOC and service duration will be based on medical necessity, except for residential services for which the maximum service duration for adults is 90 days with a one-time 30-day extension if medically necessary, and a limit of two non-continuous 90-day episodes annually (standards vary for perinatal beneficiaries and adolescents). Criminal justice populations may be eligible for an extension of up to three months past the 90-day episode, for a total treatment length of six months if medically necessary.

DESCRIPTION *continued*

SAPC is targeting a launch date toward the end of 2016 for the new waiver services, but this timeline is dependent on County, State and Federal approvals. With the aim of expanding network adequacy, SAPC is currently reaching out to providers to encourage them to become DMC-certified. SAPC intends to provide training and technical assistance to providers seeking State DMC certification, including current DMH providers who wish to also be certified for DMC. Network adequacy is also dependent on the ability of DHCS to certify new providers and LOC, particularly residential treatment facilities.

CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Cities could facilitate the siting of residential SUD treatment facilities within their boundaries.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

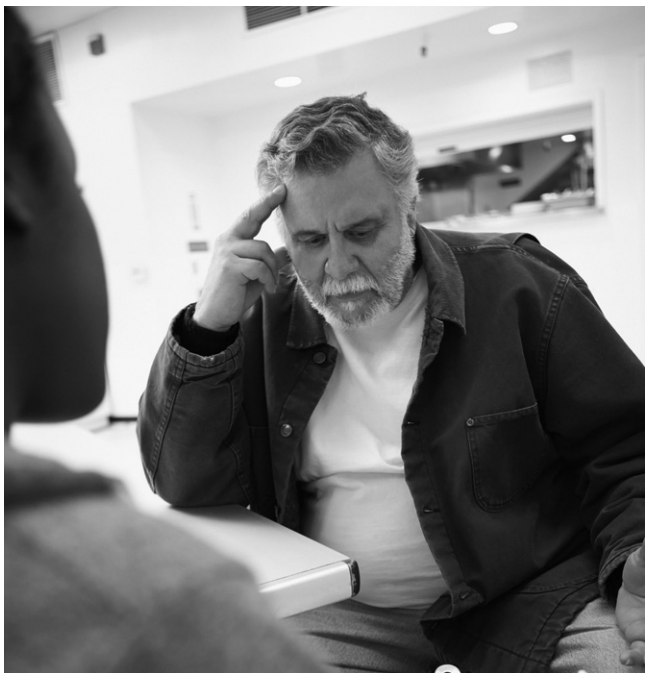
All Medi-Cal beneficiaries who qualify for SUD services.

POTENTIAL PERFORMANCE METRICS

- Number of homeless individuals who are screened and identified as needing SUD treatment services
- Number of homeless individuals admitted to SUD treatment
- Number/ percent of homeless individuals who remained in treatment for at least 30 days
- Number/percent of homeless individuals in treatment who transitioned down to the next appropriate level of care (e.g., withdrawal to residential, residential to outpatient, and outpatient to recovery services)

FUNDING

DMC-ODS will fund SUD services.



Strategy E3 | CREATE A COORDINATED SYSTEM

Related to Strategy Brief 5.4

Creating Partnerships for Effective Access and Utilization of ACA Services by Persons Experiencing Homelessness

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Health Agency to report back to the Board with recommendations to develop partnerships between health plans, health care providers, and homeless service providers to:

1. Identify and share information;
2. Emphasize case management for health care services;
3. Promote health literacy education; and
4. Connect the homeless to health care and services.

LEAD AGENCY

Health Services

COLLABORATING DEPARTMENTS/AGENCIES

Community-based providers
Children and Family Services
FEMA Emergency Food and Shelter Program
Public Health
Public Library
Mental Health
Public Social Services
Housing Authority of the City of Los Angeles
Housing Authority of the County of Los Angeles
Los Angeles Homeless Services Authority
Medi-Cal Managed Care Organizations
Probation
Sheriff
Skilled Nursing Facilities

DESCRIPTION

1. Identify and Share Information

Establish practices to enable homeless service providers to share information on homeless clients to determine enrollment status, assigned health plan and health care provider, to the extent permitted by law. Frequently, individuals experiencing homelessness who receive services from homeless service providers are asked questions about their insurance type and health plan provider. Many are uncertain of their enrollment status. Technology and consents allowing health plans to cross-reference enrollees with clients in the Homeless Management Information System (HMIS) and automatically update the client's health plan information in HMIS would be beneficial. On the health plan provider side, a report could then be generated for the health plans informing them of the homeless service program in which the client is enrolled and/or the most updated client contact information.

2. Case Management for Health Care Services

The needs of many persons experiencing homelessness are complex and, for those with the greatest vulnerabilities, pro-active health care treatment can either be difficult to access or be a lower priority for the person, thereby leading to high costs in public and private systems. In essence, ensuring that persons with complex health needs, who are experiencing homelessness, are linked to supportive field-based case management will increase the likelihood that they will proactively access needed health care services (i.e, health, mental health, and substance use disorder services). For example, housing and homeless service providers are well-positioned to deliver the types of services recommended for inclusion in the Health Homes model, including housing navigation; care coordination; transportation; health education; etc., though these services could be provided beyond health homes if Medi-Cal funding were available.

DESCRIPTION *continued*

3. Health Literacy Education
Create a health literacy education program for homeless clients by funding community-based organizations with experience in health consumer education to create and execute the education program. This program would focus on educating homeless clients and those working with homeless clients on both enrollment and renewing health coverage (Medi-Cal), and how to navigate the health care system and access care, in particular within managed care organizations.

4. Connect Homeless People to Health Care and Services
Utilize the adult Coordinated Entry System (CES) and the Homeless Families Solutions System (HFSS) to connect homeless people to the Medi-Cal application process, health care providers, health plans, and housing resources. CES and HFSS assessment tools gather self-reported information about persons experiencing homelessness, including: insurance and health plan enrollment; physical health; mental health; substance use; and resulting impacts on housing stability. There is potential to gather more targeted information via these assessments (or brief supplemental assessments) that could assist housing providers, in conjunction with the health plans, to confirm eligibility for health care services.

CONNECTION TO CITIES

SAME

COMPLEMENTARY

✓ **NO CITY ROLE**

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

Homeless Medi-Cal beneficiaries

POTENTIAL PERFORMANCE METRICS

- Percentage of homeless clients attending education programs who are still enrolled in Medi-Cal the following year
- Percentage of people attending education programs connected to primary care physicians (PCPs)
- Health outcomes of homeless clients participating in education programs
- Percentage of eligible persons enrolled in HMIS with a health care provider identified

FUNDING

Current Medi-Cal revenue, for some of the activities listed above in the description section.

Strategy E4 | CREATE A COORDINATED SYSTEM **PHASE 1**

Related to Strategy Brief 6.2

First Responders Training

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Sheriff's Department to develop:

1. a training program and implementation plan for law enforcement, fire departments and paramedics throughout Los Angeles County, including but not limited to the LA County Sheriff's Department (LASD) and the Los Angeles Police Department (LAPD); and
2. a Countywide protocol to address encampments and unsheltered homelessness.

LEAD AGENCY

Sheriff

COLLABORATING DEPARTMENTS/AGENCIES

Fire
Community and Senior Services
Health Services
Los Angeles Homeless Services Authority
LAPD
Mental Health
Probation
Public Health
Any first responder agencies Countywide that choose to be a part of this strategy

DESCRIPTION

The proposed training program would educate law enforcement, fire departments, and paramedics, i.e., first responders, about the complex and diverse needs of the unsheltered homeless population and how to connect homeless individuals to appropriate services, so as to better prepare first responders when interacting with people experiencing unsheltered homelessness. The proposed training would emphasize awareness of, and strategies for dealing with, situations that arise among unsheltered homeless individuals due to an array of issues, such as, mental illness; alcohol and/or substance abuse/addiction (training in overdose Narcan protection/prevention is one component for addressing substance abuse); co-occurring substance abuse and mental illness; and/or physical health ailments. LASD and other police agencies interested in participating in the training will develop the training and protocol based on local and national best practices.

The proposed Countywide encampment/unsheltered homeless protocol would ensure that LA County, and police forces across the County, are responding to the crises of encampments and unsheltered homelessness in a manner that both improves efficiencies across jurisdictional boundaries and achieves more effective outcomes and collaboration among police agencies and homeless service providers.

DESCRIPTION *continued*

At a minimum, the protocol must:

- provide first responders with real time information on service providers in the immediate area where they are engaging people on the streets and encampments with the desirable end result being a warm transfer to a homeless service provider who can continue the engagement process, build rapport, and assist the homeless individual to move into housing.
- address the needs of victims of domestic violence (DV) so that first responders are prepared when they engage couples/DV victims on the street and in encampments.
- address the role of Adult Protective Services (APS) in addressing the needs of endangered seniors and dependent adults.
- address best practices for serving the LGBT population.
- incorporate the concepts of Trauma-Informed Care, as applicable to first responders.

CONNECTION TO CITIES

✓ **SAME**

COMPLEMENTARY

NO CITY ROLE

The strategy will be applicable to all first responder agencies countywide.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

Law enforcement, fire departments, and paramedics, i.e., first responders. Street homeless and homeless persons in encampments will benefit from the training because they will be engaged with greater sensitivity and understanding of their needs; however, the focus for this strategy is first responders. (The implementation of this strategy will complement the County's Homeless Encampment Protocol.)

POTENTIAL PERFORMANCE METRICS

- Number of first responders trained
- Number of jurisdictions which adopt the countywide protocol

FUNDING

There would be three tiers of costs:

1. development of the training/protocol;
2. the cost for trainers to deliver the training; and
3. payment of wages for those who attend the training. The training could be added to current training curricula of first responder agencies, which might reduce the associated cost. For the Sheriff's Department, this might include incorporating this training into the Crisis Intervention Training (CIT) recommended by the Mental Health Diversion Task Force, particularly given the high incidence of mental illness among homeless individuals living on the street and in encampments.

Each agency will absorb the cost of sending its first responders to the training or seek any needed funding through the applicable annual budget process. The cost for each trainee will include the cost of curriculum development and the cost of the trainers.

Strategy E5 | CREATE A COORDINATED SYSTEM **PHASE 1**

Related to Strategy Brief 6.3

Decriminalization Policy

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the LA County Sheriff's Department (LASD), in collaboration with the District Attorney (DA), Public Defender (PD), Assistant Public Defender (APD), and Los Angeles Homeless Services Authority (LAHSA) to develop a decriminalization policy for use by the County and cities throughout the County.

LEAD AGENCY

Sheriff

COLLABORATING DEPARTMENTS/AGENCIES

Alternate Public Defender
District Attorney
Probation
Public Defender
Los Angeles Homeless Services Authority
Law enforcement agencies from cities that choose to adopt a similar policy
Mental Health

DESCRIPTION

The criminalization of homelessness has long been seen in some communities as a strategy to address some of the more visible aspects of homelessness; however, over the past few years, there has been an increased understanding that criminalization harms individuals and communities and in fact can make it more difficult to address homelessness. With new efforts by the Federal Government to encourage communities to roll back these measures, there is an increased need for the County to build on current Sheriff's Department policy and practice and take a leading role in promoting the decriminalization of homelessness throughout Los Angeles County. The decriminalization policy should:

1. Include a protocol that complements the County's Homeless Encampment Protocol (the Encampment Protocol also includes best practices that can be applied to street homelessness), to ensure that the County does not disproportionately enforce existing County ordinances against homeless families and individuals;
2. Include a process to ensure greater collaboration between judicial agencies and local alternative courts, e.g., County Homeless Court, DMH's Co-Occurring disorders Court, etc., to enable homeless individuals to address citation fines before they become a warrant and already-incurred warrants and fines, which are often a barrier to services and housing; and,
3. Support statewide efforts to stop criminalizing homelessness.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

All homeless populations, particularly homeless individuals living on the street and in encampments

POTENTIAL PERFORMANCE METRICS

This recommendation does not apply to a specific programs or services; therefore, the success will be measured by a reduction across the County in policies and practices which criminalize homelessness.

FUNDING

N/A. There is no direct cost associated with this strategy.

CONNECTION TO CITIES

✓ **SAME**

COMPLEMENTARY

NO CITY ROLE

The strategy could be implemented by each city in the County.

Strategy E6 | CREATE A COORDINATED SYSTEM **PHASE 1**

Related to Strategy Brief 6.4

Countywide Outreach System

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Los Angeles Homeless Services Authority, in conjunction with relevant County agencies and community based organizations, to develop and implement a plan to leverage current outreach efforts and create a countywide network of multidisciplinary, integrated street-based teams to identify, engage and connect, or re-connect, homeless individuals to interim and/or permanent housing and supportive services.

LEAD AGENCY

Los Angeles Homeless Services Authority (LAHSA)

COLLABORATING DEPARTMENTS/AGENCIES

Fire
Health Services
Mental Health
Probation
Public Health
Public Social Services
Sheriff
City of LA and any of the other 87 cities that would like to collaborate in this effort
United Way

DESCRIPTION

There would be at least one team in each Service Planning Area (SPA) of the County and each team should include the following staff: case manager(s), health outreach worker, mental health outreach worker, substance abuse provider, and LA Homeless Services Authority Emergency Response Team personnel. As needed, the teams would include outreach personnel from agencies that specialize in engaging TAY, Veterans, victims of domestic violence (DV) and Families.

The strategy requires a telephone hotline to connect to the street-based team(s) in each SPA with staff trained and well-versed in the services and housing opportunities in their respective SPA/region of the County.

For this strategy to be successful, it is imperative that all street teams operate with the same understanding of what it means to conduct outreach and what it means to engage homeless on the streets or in encampments. Department of Health Services' County+City+Community (C3) project, including a connection to Intensive Case Management Services (ICMS), is an appropriate model to emulate. Additionally, the outreach teams need to be aware of DV protocols and have a relationship with DV service providers. The definitions are as follows:

Outreach

Outreach is the critical first step toward locating and identifying a homeless person who is not otherwise contacting a government agency or service provider who can connect him/her to available services and housing resources. Outreach is a means of educating the community about available services, in this case for homeless individuals and families. Outreach is

DESCRIPTION *continued*

also a process for building a personal connection that may play a role in helping a person improve his or her housing, health status, or social support network.

Engagement

Engagement, when conducted properly, is a process that establishes a trusting relationship that can lead to a homeless person's participation in services and housing. The process begins after the initial street outreach contact or, for example, when a homeless person presents at an agency such as DPSS, a CES provider agency, or an HFSS Family Support Center. The engagement process can take weeks to months. There is no standard timeline for successful engagement and an outreach worker/team should never be discouraged by initial rejections of their offers to assist a homeless individual. If an agency's policies and resources do not allow for this time and consistent/persistent effort, the worker will more often than not fail at building the necessary relationship and the homeless person will likely not trust the next outreach worker/team who tries to engage them and offer housing and services.

CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Cities could take an active role in the outreach/engagement effort and/or provide additional funding/resources to bolster the efforts in their community. Certain cities have provided funding, in the past, for homeless outreach and engagement. Sometimes this has been done through enhanced Business Improvement District (BID) teams that have been trained to engage and connect clients to homeless housing and services.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

Any individual, older adult, victim of domestic violence, youth, or family experiencing homelessness that is encountered during outreach and engagement activities. Families identified will be directed to the HFSS.

POTENTIAL PERFORMANCE METRICS

- Number of contacts-duplicated and unduplicated
- Number of people connected to health, mental health, substance abuse treatment, sources of income
- Number of people connected to interim housing
- Number of people permanently housed
- Number/percentage of people permanently housed who retain housing for 6, 12, and 24 months
- Number/percentage of people permanently housed who return to homelessness after 6, 12, and 24 months

FUNDING

$3,000,000 in one-time HPI funding

Strategy E7 | CREATE A COORDINATED SYSTEM

Related to Strategy Briefs 6.1 and 7.1

Strengthen the Coordinated Entry System

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Los Angeles Homeless Services Authority (LAHSA), in collaboration with the departments/agencies listed below, to assess the adult Coordinated Entry System (CES), the Homeless Families Solutions System (HFSS), and the "under construction" coordinated system for transition age youth, develop a recommended plan to strengthen these three related systems, and submit the plan for consideration.

LEAD AGENCY

Los Angeles Homeless Services Authority (LAHSA)

COLLABORATING DEPARTMENTS/AGENCIES

Community-based homeless service and housing providers
Community Development Commission
Children and Family Services
Fire
Health Services
Mental Health
Probation
Public Health
Public Social Services
Sheriff
Housing Authority of the City of Los Angeles
Housing Authority of the County of Los Angeles
United Way – Home for Good

DESCRIPTION

The move toward CES culminated with the implementation of the Federal "Opening Doors" Strategic Plan to prevent and end homelessness, the HEARTH Act, and the requirement that Continuums of Care (CoC) create a coordinated or centralized assessment and housing placement system. This system must be used to prioritize access to housing and services based on service need in order for a CoC to be eligible for federal homeless assistance funding. Coordinated entry is the process through which people experiencing homelessness or at-risk of homelessness can easily access crisis services through multiple, coordinated entry points, have their needs assessed and prioritized consistently, and, based upon those needs, be connected with appropriate housing interventions and supportive services. For special sub-populations, such as victims fleeing domestic violence or human trafficking, or those who are HIV-positive, CES must ensure that data-tracking and matching protocols do not conflict with confidentiality provisions to maintain individual safety and overall well-being.

The County and City of Los Angeles have come a long way in coordinating the delivery of homeless services and housing. Over the last several years, there has been greater service integration and cooperation among County departments, city agencies and community organizations. For example, in early 2013 CES for single adults rolled out in Skid Row and is now operational in all SPAs and coordinates housing and supportive services not only with the County and City of Los Angeles, but with networks of over 100 local housing providers as well. CES could be strengthened through more standardization and an enhanced administrative/technology infrastructure for the coordinated entry systems for single adults and families, as well as the youth system which is currently in pilot. In fiscal year 2014-15, 9,720 individuals were assessed for homeless services and roughly 1,738 were housed.

DESCRIPTION *continued*

The plan to strengthen CES and HFSS should include, but should not be limited to, the following three elements:

1. Strengthen the network of housing locators in each service planning area (SPA) to enhance communication, capitalize on best practices and housing/real-estate expertise in securing units, increase efficiency, and minimize duplication of landlord contacts.
2. Develop and implement a common core curriculum training for outreach workers, case managers and other staff participating in CES, inclusive of the various applicable protocols and processes, as well as how others, such as local law enforcement, should be directed to access CES.
3. Implement the following database improvements to the CES module within the Homeless Management Information System (HMIS): A) Assess the CES/HMIS platform to enhance functionality for local users, including the development of a system design workflow; B) Review and evaluate new user training for CES/HMIS, including the time to receive HMIS log-ins and identify process improvements to remedy deficiencies; and C) Identify data software that can support a CES/HMIS report feature by service planning area (SPA) and site specific reports, as well as a proposed budget for implementing this reporting feature.

CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Cities could contribute funding to CES to support the connection of homeless populations within city boundaries to stable housing and supportive services.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

All homeless populations and sub-populations

POTENTIAL PERFORMANCE METRICS

- Number of permanent housing placements
- Length of time from VI-SPDAT screening to housing
- Number of persons engaged and assessed (in relation to the Point-in-Time Homeless Count)
- Number of matches completed resulting in housing
- Number/percentage of people permanently housed who retain housing for 6, 12, and 24 months
- Number/percentage of people permanently housed who return to homelessness after 6, 12, and 24 months
- Percent of permanent housing resources matched to homeless clients through CES
- Number of persons successfully diverted from the homeless services system

FUNDING

- $2 million of one-time Homeless Prevention Initiative funding.
- Emergency Solutions Grant (ESG) funding is a potential funding source from the County and those cities which receive ESG funding.

Strategy E8 | CREATE A COORDINATED SYSTEM **PHASE 1**

Related to Strategy Brief 7.2

Enhance the Emergency Shelter System

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Los Angeles Homeless Services Authority (LAHSA) to enhance the emergency shelter system, as described herein.

LEAD AGENCY

Los Angeles Homeless Services Authority (LAHSA)

COLLABORATING DEPARTMENTS/AGENCIES

Animal Care and Control
Children and Family Services
Community Development Commission
Community and Senior Services
Health Services
Housing Authority of the City of Los Angeles
Housing Authority of the County of Los Angeles
Mental Health
Probation
Public Health
Public Social Services
Sheriff

DESCRIPTION

The emergency shelter system should be enhanced to be an effective point-of-access to and component of an integrated homeless services system. An adequate crisis housing system ensures that individuals, families, and youth have a safe place to stay in the short-term, with access to resources and services that will help them exit homelessness quickly – optimally within 30 days

The emergency shelter system should be enhanced as follows:

1. Keep shelters open 24-hours a day/7 days a week. This would enable the shelter system to serve as a staging ground to triage/assess clients for housing, health, mental health, substance use disorder, and social service needs, particularly for outreach and engagement teams.
2. Transform emergency shelters and transitional housing into interim/bridge housing from which homeless families/individuals/youth could transition to the best suited form of permanent housing, such as rapid re-housing or permanent supportive housing. Housing location search assistance should be provided at each shelter by community-based housing locators, since such assistance is key to ensuring that the shelter system operates as effectively as possible with enough "throughputs" to move people out of the shelter system, thereby creating shelter capacity for additional homeless families/individuals/youth, including individuals and families fleeing domestic violence.
3. Establish "low threshold" common criteria for shelter eligibility across the county so that homeless families/individuals/youth can easily enter and remain in shelter without restrictive

DESCRIPTION *continued*

requirements that either preempt entry into the shelter system or force people to leave before they can transition to permanent housing.

4. Fully utilize the shelter bed assignment system in LAHSA's Homeless Management Information System so that any provider seeking a shelter bed could readily identify any available beds.
5. When possible, ensure that there is storage for belongings.
6. There needs to be confidentiality for those fleeing domestic violence and others who require it.
7. If shelters cannot accommodate pets for homeless individuals and families seeking shelter, have Animal Care and Control make alternative arrangements for pets.

There should also be a "diversion" component that helps at-risk households avoid entering shelter if alternatives can be identified and implemented, e.g. remaining in their current housing and/or placement into stable housing elsewhere, which might include living with family/and or friends.

CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Cities could contribute funding for bridge/interim housing to address homelessness within city boundaries. The other potential role for cities is to modify emergency shelter conditional use permits that do not currently permit 24-hour a day/7-day a week operations.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

All homeless populations

POTENTIAL PERFORMANCE METRICS

- Number and percentage of individuals, families, and youth who exit to permanent housing from emergency shelter (broken out by type of housing obtained, population, and Service Planning Area (SPA)
- Number of days from housing referral for a family/individual in a shelter to housing placement (broken out by type of housing obtained, population, and SPA)
- Number and percentage of individuals, families, and youth place into permanent housing from a shelter who have retained housing after 12 months (by SPA)
- Number and percentage of disengagements from the shelter system without permanent housing or an acceptable alternative
- Returns to shelter within 6 and 12 months

FUNDING

- $1.5million in one-time HPI funds.
- Los Angeles City will need to make a corresponding commitment to keep shelters open 24/7.

Strategy E9 | CREATE A COORDINATED SYSTEM

Related to Strategy Brief 8.4

Discharge Data Tracking System

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Los Angeles Homeless Services Authority (LAHSA), in collaboration with DHS, LASD, DPH, DMH, and DCFS, to develop a consistent, systemic approach to tracking and identifying people in an institution or residential setting who were homeless upon entry or who are at risk of being homeless upon discharge.

LEAD AGENCY

Los Angeles Homeless Services Authority (LAHSA)

COLLABORATING DEPARTMENTS/AGENCIES

Children and Family Services
Health Services
Mental Health
Probation
Public Health
Sheriff
Private Hospitals
Cities that operate jails

DESCRIPTION

As part of an overall effort to improve and enhance effective discharge planning processes to reduce and prevent homelessness within LA County, a consistent approach to tracking and identifying homeless persons and those at risk of being homeless upon discharge is critical. There is currently no consistent method of identifying and tracking current and potentially homeless persons in jails, hospitals, the foster care system, or other public systems which may discharge individuals into homelessness. To the extent permitted by law, such identification is key to the implementation of effective and appropriate discharge planning.

The main components of the system would include:

- Adopt common data elements with definitions to be incorporated into data and reporting structures within County departments involved in discharge planning.
- An update of LAHSA's Homeless Management Information System data collection fields to track and report on homeless clients who were discharged from institutions.
- Utilize the County Enterprise Linkages Project to capture data and produce reports that can be used to measure progress in reducing homelessness and regularly inform discharge planning processes.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

Currently or potentially homeless persons, including the older adult population, who are in an institution or receive residential services from LASD, DMH, DHS, DPH, DCFS, private hospitals, and city jails.

POTENTIAL PERFORMANCE METRICS

- The rate of participation of agencies in utilizing the system and capturing data
- The quality of data produced
- Increase in homeless prevention activities before people are discharged

FUNDING

Each agency will absorb its own costs.

CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Cities that operate jails could utilize the same approach to data tracking

Strategy E10 | CREATE A COORDINATED SYSTEM

Related to Strategy Brief 9.4

Regional Coordination of Los Angeles County Housing Authorities

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Housing Authority of the County of Los Angeles, in collaboration with the Housing Authority of the City of Los Angeles, to convene an ongoing, quarterly Homeless Issues Roundtable of all public housing authorities in Los Angeles County, for the purpose of identifying common issues related to combating homelessness and developing more integrated housing policies to assist homeless families and individuals. As appropriate, invite the the Departments of Community and Senior Services, Health Services and Mental Health, and community providers with subject matter expertise in housing to participate in the Roundtable.

LEAD AGENCY

Housing Authority of the County of Los Angeles

COLLABORATING DEPARTMENTS/AGENCIES

Chief Executive Office
City Housing Authorities
Housing Authority of the City of Los Angeles
Los Angeles Homeless Services Authority

DESCRIPTION

The Housing Authorities of Los Angeles County (HACoLA) and City (HACLA) have responded to local, state, and federal efforts to end homelessness by engaging in various collaborative activities that have proven to be beneficial to families and individuals in need across the County, such as:

- Partnership with the Los Angeles Homeless Services Authority (LAHSA) and the United Way of Greater Los Angeles to develop and utilize coordinated access systems that match homeless clients with housing resources and supportive services that meet their specific needs.
- Interagency agreements for several housing programs that allow families to locate units in either jurisdiction by eliminating the cumbersome "portability" process.
- Creation of a universal housing assistance application that eliminates the duplicative effort of completing several different applications when applying for multiple housing programs across both Housing Authorities.
- Alignment of policy, where possible, to facilitate a uniform eligibility determination standard across both Housing Authorities.

This history of collaboration between HACoLA and HACLA provides a foundation to institutionalize ongoing collaboration across all public housing authorities in the County with the goal of maximizing the positive impact on homeless families and individuals.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

Homeless populations with subsidized housing needs.

POTENTIAL PERFORMANCE METRICS

- Number of policies harmonized/integrated between agencies
- Number of forms standardized/harmonized between agencies

FUNDING

NA – This strategy does not require any funding to be implemented.

CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Cities which operate their own public housing authorities can ensure that their housing authorities participate in the Homeless Issues Roundtable.

Strategy E11 | CREATE A COORDINATED SYSTEM

County Specialist Support Team

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Chief Executive Officer, in collaboration with the departments listed below, to establish a countywide team of specialists to consult with community-based homeless case managers throughout the County.

LEAD AGENCY

Chief Executive Office

COLLABORATING DEPARTMENTS/AGENCIES

Children and Family Services
Health Services
Los Angeles Homeless Services Authority
Mental Health
Public Health
Public Social Services
Probation Department

DESCRIPTION

Homeless families and individuals often have difficulty navigating County service systems and accessing the services which they need, even when assisted by a community-based homeless case manager. To address this problem and support a countywide system of community-based homeless case managers, a countywide team of specialists is needed throughout the County. The team would consist of an appropriate representative from the Department of Children and Family Services, Department of Health Services, Department of Mental Health, Department of Public Health, Department of Public Social Services, and Probation). One of the participating departments would designate a manager to lead the team.

The team would consult with community-based homeless case managers throughout the County via phone, e-mail, and live chat, and perform the following functions, as needed:

1. intervene within their own departments on behalf of specific homeless families and individuals;
2. consult among themselves; and
3. identify systemic barriers that would then be addressed at a department-wide or countywide level.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

Homeless families and individuals, including victims of domestic violence and the older adult population.

POTENTIAL PERFORMANCE METRICS

- Number of contacts with the team and team member
- Number and type of positive outcomes overall and by team member
- Number of systemic barriers identified
- Number of systemic barriers resolved

FUNDING

Each department would absorb the cost of its team member, with the possible exception of the department providing the manager to lead the team.

CONNECTION TO CITIES

SAME

COMPLEMENTARY

✓ **NO CITY ROLE**

Strategy E12 | CREATE A COORDINATED SYSTEM

Enhanced Data Sharing and Tracking

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Chief Executive Office and the Los Angeles Homeless Services Authority (LAHSA) to develop and implement a plan to enhance data sharing and tracking, as described herein.

LEAD AGENCY

Chief Executive Office
Housing Authority of the County of Los Angeles

COLLABORATING DEPARTMENTS/AGENCIES

Children and Family Services
Community Development Commission
Community and Senior Services
Health Services
Hospital Association of Southern California
Housing Authority of the City of Los Angeles
Housing Authority of the County of Los Angeles
Los Angeles County Office of Education
Mental Health
Probation
Public Health
Public Housing Authorities
Public Social Services
Sheriff
United Way

DESCRIPTION

Data sharing and the development of homeless performance targets are central to the development and effective functioning of a coordinated system to combat homelessness.

The following actions are recommended:

1. Implement common categories for tracking homelessness across key County departments that touch or serve a large proportion of homeless residents, that differentiates between:
   - Those who are literally homeless using the U.S. Department of Housing and Urban Development's (HUD's) definition;
   - Those who are at imminent risk of homelessness using HUD's definition; and
   - Those who are homeless under the individual department's definition, but do not fall within the HUD definition.
2. Identify the costs for implementing homeless data collection on a monthly basis in the Departments of Public Social Services, Children and Family Services, Health Services, Mental Health, Public Health, Probation, Sheriff and the Community Development Commission. If there are no data elements to "flag" homelessness in departmental data systems, develop and implement a plan to add and utilize such departmental data markers.

DESCRIPTION *continued*

3. Develop a plan to make LAHSA a full partner in the Enterprise Linkages Project (ELP) data warehouse, which will include the uploading of Homeless Management Information System records to the ELP data warehouse on the same basis as the County departments participating in ELP, and access for LAHSA to County department data in ELP, to the extent permitted by law.
4. Work with County Counsel to explore the use of passive consent, to the extent permitted by law (including Health Insurance Portability and Accountability Act (HIPAA)), for ELP participating departments working with vulnerable homeless populations. This consent only relates to use of ELP data at an individual level, not at an aggregate level, as no consent is required for the use of deidentified ELP data for program planning and evaluation.
5. Develop Countywide targets to reduce chronic, veteran, family, single adult and TAY homelessness.

CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Cities with Public Housing Authorities could adopt the common method of data tracking described in number 1 above.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

All homeless populations

POTENTIAL PERFORMANCE METRICS

To be determined

FUNDING

$1 million in one-time HPI funding

Strategy E13 | CREATE A COORDINATED SYSTEM

Related to Strategy Brief 9.2

Coordination of Funding for Supportive Housing

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Instruct the Director of the Community Development Commission/Housing Authority of the County of Los Angeles and the Los Angeles Homeless Services Authority, in consultation with the Department of Mental Health, the Housing Authority of the City of Los Angeles and the Los Angeles City Housing and Community Investment Department, to:

- Align priorities and processes in order to maximize capital, operating, and service funding for supportive housing.
- Develop a coordinated funding application and award process to dramatically reduce the time required to assemble project financing, with the goal of:
  - > Attracting cities to participate in a one-stop shop for all local capital and funding commitments.
  - > Allowing funders to be more strategic in the allocation of funds, while maximizing the leveraging of State and Federal funds available to the region.
  - > Creating a more streamlined and predictable system for developers, allowing them to maximize their production by creating more certainty about the availability of funds.
  - > Expanding to include other private and public funders through the Home for Good Funders Collaborative to maximize and leverage additional resources, including funds for services and other activities designed to operate and strengthen supportive housing.

DESCRIPTION

Supportive housing is an innovative and proven solution that combines affordable housing with services that help people who face the most complex challenges to live with stability, autonomy and dignity. Supportive housing has been shown to have positive effects on housing stability, employment, mental and physical health, and school attendance. In addition, supportive housing is cost-effective as cost studies across the country demonstrate that supportive housing results in tenants' decreased use of homeless shelters, hospitals, emergency rooms, jails and prisons and therefore is often less costly than continued homelessness. Furthermore, supportive housing benefits communities by improving the safety of neighborhoods, beautifying city blocks with new or rehabilitated properties, and increasing or stabilizing property values over time.

Given the importance of supportive housing, there are multiple public agencies in Los Angeles County that regularly provide funding for the capital costs associated with the development of supportive housing. Enhanced coordination among these public agencies would increase the efficiency of the current funding system and thereby streamline the development of supportive housing.

LEAD AGENCIES

Community Developmet Commission
Los Angeles Homeless Services Authority

COLLABORATING DEPARTMENTS/AGENCIES

Health Services
Housing Authority of the County of Los Angeles
Housing Authority of the City of Los Angeles
Los Angeles City Housing and Community Investment Department
Mental Health

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

All homeless populations, but primarily chronically homeless individuals

POTENTIAL PERFORMANCE METRICS

Increase in the number of supportive housing units

FUNDING

Not applicable

CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Cities which provide funding for the development of supportive housing could participate in the recommended ongoing working group.

Strategy E14 | CREATE A COORDINATED SYSTEM

Enhanced Services for Transition Age Youth

POPULATION IMPACT

ALL FAMILIES ✓ **TAY** SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Chief Executive Office (CEO) to work with the Los Angeles Homeless Services Authority to provide additional funding to support the expansion of the Youth Coordinated Entry System (CES) and programs providing housing navigation, access/drop-in centers, shelter, after care/case management and transitional housing for youth. Funding will be allocated based on geographic burden and need, as determined by the 2015 Homeless Count results for the Los Angeles, Glendale, Pasadena and Long Beach Continuums of Care.

Direct the Los Angeles Homeless Services Authority to work with the CEO, key county departments, the Los Angeles County Office of Education and a Community-Based Organization (CBO) serving mainstream youth to design a Youth Housing Stability Assessment pilot where one or more county departments, one or more school districts, and a CBO serving mainstream youth will administer a quick prescreening tool to determine if a youth should be referred to the Youth CES.

Direct the CEO and the Los Angeles Homeless Services Authority to work with the Los Angeles Coalition to End Youth Homelessness (LACEYH) to increase and maximize collaboration between County agencies and community-based organizations serving homeless youth.

DESCRIPTION

As directed by the Board on December 15, 2015, County Departments and Community-Based Organizations specializing in providing services to homeless youth (up to age 24) collaborated to: (1) discuss TAY homeless service needs; (2) identify gaps in available homeless services; and (3) discuss opportunities for enhanced coordination that would strengthen the homeless service delivery system for youth. Together, the group identified LAHSA's Housing Inventory for TAY (Homeless Initiative Board Letter Attachment 7) and the Directory of Services for Homeless Youth (https://www.ourchildrenla.org/community-center/directory/) developed by Our Children Los Angeles (including its online app), as the most extensive, current inventories of available TAY homeless services. With respect to the $5 million earmarked by the Board on December 15, 2015, strengthening the TAY homeless services system and enhancing the shelter system for youth, after care and transitional housing were identified as key service enhancements.

As homeless TAY are identified, a coordinated homeless service system is vital. Strengthening and providing additional access/drop-in centers where housing navigation options could be provided and expanding the current Youth CES by including TAY specific scoring and eligibility criteria is key to support the increased number of homeless youth in the County and ensuring access to homeless services.

One or more county departments, one or more school districts, and a CBO serving mainstream youth could pilot the practice of proactively assessing the housing status of TAY to identify those who are potentially homeless/at-risk of homelessness. The pilot will assess the impact of this routine assessment on the mainstream system's ability to link homeless TAY, or those at risk of homelessness to homeless/homeless prevention

DESCRIPTION *continued*

services and enhance opportunities for coordination. By assessing the housing status of TAY served within the mainstream system, homeless/at-risk TAY may be identified sooner and diverted from homelessness or the duration of the TAY's homelessness may be reduced.

Lastly, strengthening the ongoing collaboration between County departments and community-based organizations serving homeless youth is intended to result in:

1. the development of strategies to better coordinate services, resources and funding for TAY experiencing homelessness and housing instability;
2. identification of additional system gaps and solutions to fill those gaps; and
3. bringing to scale solutions and best practices that meet the housing and service needs of TAY experiencing homelessness and housing instability.

LEAD AGENCIES

Chief Executive Office
Los Angeles Homeless Services Authority

COLLABORATING DEPARTMENTS/AGENCIES

Children and Family Services
Community -Based Organizations
Community Development Commission
Health Services
Mental Health
Office of Education
Probation
Public Health
Public Social Services

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

Transition Age Youth

POTENTIAL PERFORMANCE METRICS

- The number of TAY who are housed
- The number of TAY who maintain housing
- The number of TAY who become self-sufficient
- The number of TAY who are prevented from becoming homeless

FUNDING

- $2 million one-time Homeless Prevention Initiative Funding to support expanded shelter, transitional housing and after care/case management services
- $1 million one-time Homeless Prevention Initiative Funding to support housing navigation, access/drop-in centers and enhancement of the Youth CES
- $2 million one-time Homeless Prevention Initiative Funding earmarked under Strategy B3, Rapid Re-housing
- All of this funding will be administered by LAHSA.

CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Cities could contribute additional funding to support the key homeless services identified and proactively assess the housing status of TAY who receive services from city departments.

Strategy E15 | CREATE A COORDINATED SYSTEM

Homeless Voter Registration and Access to Vital Records

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Registrar-Recorder to collaborate with the Los Angeles Homeless Services Authority (LAHSA) and other County departments and homeless/housing service providers to enhance training and outreach efforts to homeless service providers and County agencies that serve homeless individuals, families and TAY by providing assistance in helping homeless citizens register to vote and access vital records, as described herein.

LEAD AGENCY

Registrar Recorder

COLLABORATING DEPARTMENTS/AGENCIES

Beaches and Harbors
Children and Family Services
Community and Senior Services
Health Services
Homeless Service Providers
Mental Health
Military and Veterans Affairs
Parks and Recreation
Public Health
Public Library
Public Social Services
Housing Authority of the City of Los Angeles
Housing Authority of the County of Los Angeles
Los Angeles Homeless Services Authority
Probation
Sheriff
United Way

DESCRIPTION

The Registrar Recorder has been enhancing voter registration opportunities for homeless populations and organizations that serve the homeless throughout Los Angeles County as a result of:

1. A desire to lay the foundation for reaching out to communities who may have a greater chance of not being registered through the new Motor Voter law, which automatically registers to vote all eligible voters when they obtain or renew their driver's license at the Department of Motor Vehicles (DMV).
2. Being contacted by homeless services agencies requesting voter registration information, and realizing this was an area where additional outreach was needed.

The Registrar Recorder offers a variety of outreach support which includes training, voter registration cards, tracking of voter registration, and educational materials in various languages (with an emphasis on best practices and rules specific for registering homeless populations), in addition to information on how to access vital records (birth, death and marriage certificates).

Next steps for enhancing educational information and conducting more targeted outreach and engagement on voter registration and access to vital records include:

1. Finalize a single-page document that educates individuals and organizations on voting rights.
2. Connect with LAHSA and other collaborating agencies to discuss enhancements to training on voter registration and how to access needed vital records.
3. Place voter poling facilities, when possible, within a reasonable proximity of homeless shelters and services.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

All homeless populations

POTENTIAL PERFORMANCE METRICS

- Number of trainings conducted per quarter
- Number of homeless individuals/families/TAY registered to vote per quarter
- Number of homeless individuals/families/TAY provided with vital records per quarter

FUNDING

Costs will be absorbed by the Registrar-Recorder

CONNECTION TO CITIES

SAME

COMPLEMENTARY

✓ **NO CITY ROLE**

Strategy E16 | CREATE A COORDINATED SYSTEM

Related to Strategy Briefs 5.1, 5.2, and 5.5

Affordable Care Act Opportunities

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Health Agency to maximize the contribution of the Affordable Care Act to combating homelessness, by aggressively pursuing the nine goals related to homelessness in the Health Agency's Strategic Priorities, with emphasis on: (1) maximizing revenue through the Whole Person Care (WPC) pilots and Health Homes; and (2) providing integrated physical health, mental health and substance use disorder services to address the unique needs of the homeless population within the larger health care system.

LEAD AGENCY

Health Agency

COLLABORATING DEPARTMENTS/AGENCIES

Children and Family Services
Community-Based Providers
Health Services
Hospital Association of Southern California
Housing Authority of the City of Los Angeles
Housing Authority of the County of Los Angeles
Los Angeles Homeless Services Authority
Medi-Cal Managed Care Organizations
Mental Health
Private Hospitals
Probation
Public Health
Public Social Services
Sheriff

DESCRIPTION

The extension of full-scope Medi-Cal eligibility to almost all homeless individuals under the Affordable Care Act (ACA) creates a range of critical new opportunities to combat homelessness, including:

- Federal and state revenue to pay for physical health, mental health, and substance use disorder services;
- Potential additional funding under WPC, which is included in the State's new 1115 Medicaid waiver, effective January 1, 2016;
- Potential additional funding under the Health Homes Benefit (Section 2703 of the ACA) which the State proposes to implement in Los Angeles County on January 1, 2018 for eligible beneficiaries with serious mental illness and for all others six months later.

On September 29, 2015, the newly-formed County Health Agency identified homelessness as one of its top priority areas and released nine goals related to homelessness. These goals focus on strengthening the partnerships between the Agency, health plans, County departments, and homeless service providers, in addition to addressing the unique needs of homeless clients within the broader health care delivery system. As such, pursuit of these goals, in conjunction with the other recommended Homeless Initiative strategies, is the best way to maximize the contribution of the Affordable Care Act to combating homelessness.

The Health Agency's goals regarding homelessness are:

Goal 1
Evaluate and reconfigure, as needed, housing and homeless services within the Agency and Departments to facilitate improved outcomes for homeless clients, including but not limited to the reduction/elimination of eligibility barriers and greater sharing

DESCRIPTION *continued*

of Departmental resources, to ensure that resources are available to homeless clients regardless of where they present.

Goal 2
Develop an accurate way to identify homeless clients, and those at risk of homelessness, currently served across the three Departments (e.g., development of a real-time unduplicated database, flag within shared client record) for the purpose of identifying priority clients who are determined to be likely to benefit from services from multiple Departments to regain health and residential stability.

Goal 3
Develop and implement shared standards and practices for ensuring a full range of housing, health, and prevention services are able to be delivered to clients based on client-specific needs.

Goal 4
Improve and expand upon multidisciplinary street engagement teams capable of effectively engaging homeless people living outdoors throughout the County with the express goal of securing interim and permanent housing.

Goal 5

Develop and open a range of "bridge" residential services that provide low-barrier, welcoming programs (e.g., sobering centers; day centers with showers, meals, and health services; recuperative care; detox centers; stabilization housing; congregate supervised living; and other effective bridges to permanent housing) for homeless individuals with complex health conditions in high density neighborhoods (e.g., Skid Row, Hollywood, Venice) and in unincorporated areas of LA County.

Goal 6
Maintain a real-time inventory of available residential slots, funded and usable by all three Departments, that facilitate immediate placement of homeless clients into available interim and permanent residential options appropriately matched to various need indicators (e.g., Medi-cal necessity, accessibility, level of on-site services, neighborhood, age).

Goal 7
Obtain Medi-Cal coverage, when possible, and successfully link individuals, where clinically appropriate, to comprehensive, integrated health services that are delivered in a way that is tailored for the unique needs of homeless individuals.

Goal 8
Develop screening questions for those conditions that lead to homelessness that could be incorporated into the practices of all three Departments along with methods and plans to link individuals to needed supports and services as part of the delivery of health care, mental health and public health services.

Goal 9
Engage in policy development and technical assistance activities to enhance the availability of high-quality, affordable, stable housing stock within LA County.

The Health Agency goals strive to capitalize on the opportunities presented by the ACA by:

1. having no wrong entry points or 'doors' to care;
2. integrating an array of physical health, mental health, and substance use disorder (SUD) services;
3. remaining sensitive to the unique realities and lived experiences of homeless patients by maintaining a level of 'homeless cultural competence'; and
4. effectively challenging public entities and community-based organizations to work together in unprecedented ways to maximize services to those who lack stable housing/ shelter including new strategies, systems, and platforms to aggressively enroll and retain chronically homeless individuals on Medi-Cal.

Affordable Care Act Opportunities *continued*

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

Homeless families and individuals enrolled in Medi-Cal

POTENTIAL PERFORMANCE METRICS

To be determined

FUNDING

Medi-Cal

CONNECTION TO CITIES

SAME

COMPLEMENTARY

✓ **NO CITY ROLE**

Strategy E17 | CREATE A COORDINATED SYSTEM

Regional Homelessness Advisory Council and Implementation Coordination

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

- Direct LAHSA to convene a public-private *Regional Homelessness Advisory Council* to ensure broad-based collective strategic leadership.
- Direct LAHSA to establish an intergovernmental *Homeless Strategy Implementation Group* jointly with County public administrative leaders, Los Angeles City public administrative leaders and LAHSA to coordinate the ongoing implementation of the approved homeless strategies.

LEAD AGENCY

Los Angeles Homeless Services Authority

COLLABORATING DEPARTMENTS/AGENCIES

Chief Executive Office
Children and Family Services
Community Development Commission
Health Services
Mental Health
Probation
Public Health
Public Social Services
Sheriff
Housing Authority of the City of Los Angeles
Housing Authority of the County of Los Angeles
LA City Housing & Community Investment Dept.
Various LA City public administrative agencies
Office of Education
United Way of Greater Los Angeles
LA County Continuum of Care leadership
Philanthropy representatives
Business Leadership
Community-based organizations

DESCRIPTION

Regional Strategic Alignment

The purpose of a *Regional Homelessness Advisory Council* is to provide an enduring forum for broad-based, collaborative and strategic leadership on homelessness in Los Angeles County in alignment with Home For Good. The Advisory Council would facilitate wide understanding and acceptance of national and local best practices, and communicate goals, barriers and progress to community stakeholders.

Objectives for a Los Angeles Regional Homelessness Advisory Council include:

1. Provide strategic leadership to all homeless system stakeholders, including consumers, providers of housing and services, public funders, private philanthropy, and public officials.
2. Support implementation of best practices and evidence-based approaches to homeless programming and services.
3. Promote alignment of funding across all sectors (e.g. public mainstream, private non-governmental, and homeless-specific) and the leveraging of resources in the most effective way possible.
4. Coordinate programmatic approaches across all homeless system providers and mainstream systems.
5. Support a regional strategic response to identify and resolve the primary factors contributing to housing instability and homelessness.
6. Identify and articulate artificial barriers across geographic and political spheres, in order to eliminate them.

DESCRIPTION *continued*

7. Influence mainstream systems to ensure access and accountability to homeless consumers.
8. Track progress and evaluate results.

Intergovernmental Implementation Support
The purpose of a joint LA County-City *Homeless Strategy Implementation Group* is to provide ongoing leadership support and oversight of the implementation of aligned homeless system strategies. A formally convened body will ensure an ongoing forum for high-level coordination across jurisdictions between public administrative agencies charged with implementation of aligned homelessness strategies, including but not limited to, tracking metrics, removing barriers, resolving conflicts, promoting shared responsibility, and maximizing the effective utilization of resources by the respective agencies.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

All homeless populations, including the older adult population.

POTENTIAL PERFORMANCE METRICS

- Homeless population decrease/increase
- Length of time individuals/families remain homeless
- Housing placement and retention for all homeless sub-populations
- Recidivism (return to homelessness)
- New entrants to all system points – outreach, shelter, transitional housing, rapid re-housing, permanent subsidized housing and permanent supportive housing by referral source

FUNDING

No funding required. Existing administrative funding for departments and LAHSA will cover the cost of the needed staff time.

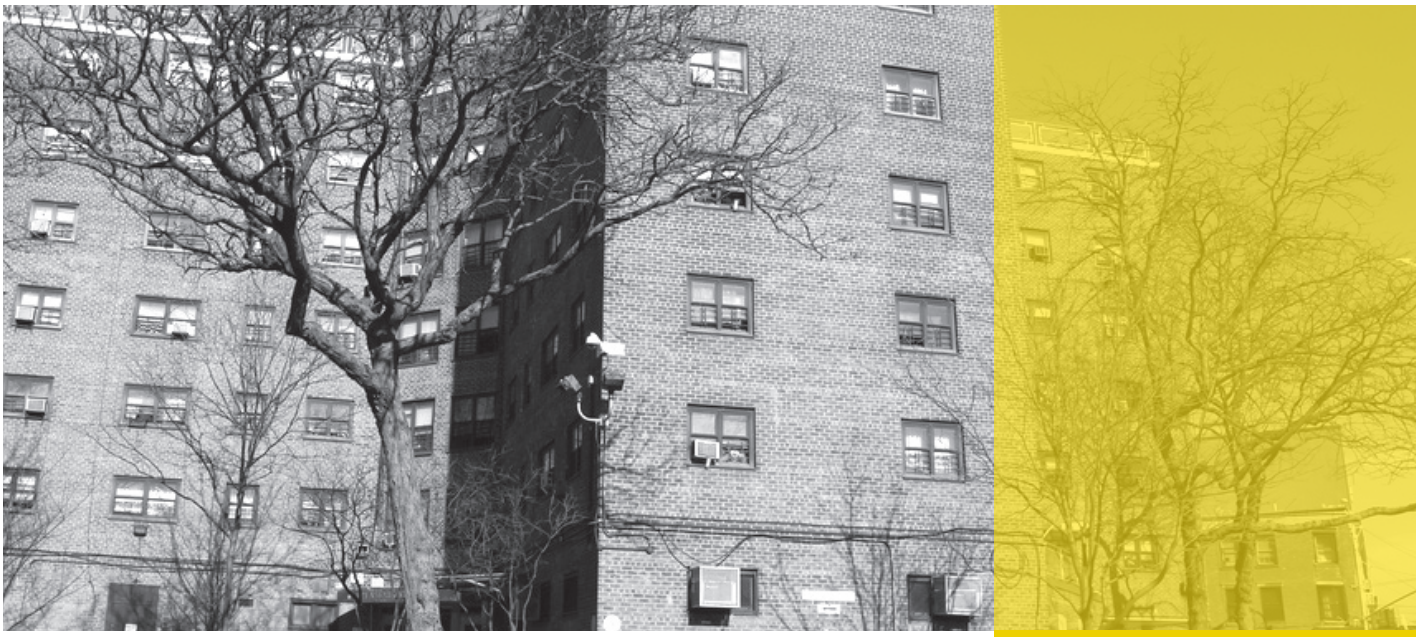
CONNECTION TO CITIES

SAME

✓ **COMPLEMENTARY**

NO CITY ROLE

Strategy F
Increase Affordable/ Homeless Housing



The lack of affordable housing overall and homeless housing in particular contributes substantially to the current crisis of homelessness. The County and cities throughout the region can increase the availability of both affordable and homeless housing though a combination of land use policy and subsidies for housing development.

Los Angeles County
Homeless Initiative

Strategy F1 | INCREASE AFFORDABLE/HOMELESS HOUSING

Related to Strategy Brief 2.1

Promote Regional SB 2 Compliance and Implementation

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Department of Regional Planning to secure consultant assistance to develop a Countywide SB 2 strategy, which encompasses the following:

1. drafting an SB 2 model ordinance and set of best practices for distribution to jurisdictions throughout Los Angeles County; and
2. consulting with jurisdictions to promote compliance and/or implementation of SB 2.

These actions should occur in partnership with the State Department of Housing and Community Development and cities.

LEAD AGENCY

Regional Planning

COLLABORATING DEPARTMENTS/AGENCIES

None

DESCRIPTION

SB 2 (Cedillo) is enacted state legislation that requires each city and County (for the unincorporated areas) to:

1. identify at least one zone where emergency shelters are permitted as a matter of right; and
2. treat transitional and supportive housing as a residential use of property, subject only to restrictions that apply to other residential dwellings of the same type in the same zone.

SB 2 was crafted with the objective not only of ensuring that emergency shelters, transitional housing, and supportive housing are permitted in each jurisdiction, but also to ensure a realistic potential for development, when there is a willing, private developer with adequate funding.

While the County is in full compliance with SB 2 in the unincorporated areas, a number of cities in the County are not in compliance with SB 2.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

All homeless populations are impacted.

POTENTIAL PERFORMANCE METRICS

- Number of cities that adopt ordinances that comply with SB 2
- Number of emergency shelter, transitional housing, and supportive housing projects permited by right as a result of zoning code changes made by participating jurisdictions

FUNDING

$75,000 in one-time Homeless Prevention Initiative funds to secure consultant to assist with development and implementation plan to encourage countywide compliance with SB 2.

CONNECTION TO CITIES

✓ **SAME**

COMPLEMENTARY

NO CITY ROLE

County is in compliance with SB 2. All local jurisdictions are required to be in compliance with SB 2.

Strategy F2 | INCREASE AFFORDABLE/HOMELESS HOUSING

Related to Strategy Brief 2.2

Linkage Fee Nexus Study

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Department of Regional Planning to conduct a nexus study for the development of an Affordable Housing Benefit program ordinance, as referenced in the December 8, 2015 Board motion on equitable development tools.

LEAD AGENCY

Regional Planning

COLLABORATING DEPARTMENTS/AGENCIES

None

DESCRIPTION

An Affordable Housing Benefit Fee program (alternatively referred to as a housing impact fee or linkage fee program) in the unincorporated areas of the County would charge a fee on all new development to support the production of affordable/homeless housing and preservation of existing affordable/homeless housing. The fee would contribute to County affordable housing programs, including bridge housing, rapid re-re-housing, and permanent supportive housing.

A nexus study is necessary for the County to adopt a linkage fee for affordable housing. The purpose of the nexus study would be to accomplish the following:

a. Document the nexus between new development and the need for more affordable housing;
b. Quantify the maximum fees that can legally be charged for commercial and residential development; and
c. Make recommendations about the appropriate fee levels with a goal to not adversely impacting potential new development.

The study should be conducted consistent with the goal of flexibility and adaptability to local economic conditions through some of the following key considerations:

- Assess appropriate fee rates for specific industry types;
- Explore potential exemptions for industries that would otherwise bear an unfair burden from the fee program;
- Set thresholds so that fee amounts vary by project size; and
- Explore applying fees in high-growth zones, expanding residential areas or near transit.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

All homeless populations

POTENTIAL PERFORMANCE METRICS

- Amount of fees received
- Number of affordable housing units constructed

FUNDING

$450,000 in one-time Homeless Prevention Initiative funds to secure consultant to conduct a nexus study for a linkage fee for all new development.

CONNECTION TO CITIES

✓ **SAME**

COMPLEMENTARY

NO CITY ROLE

Each city which does not already have a Linkage Fee could conduct a nexus study and then implement a Linkage Fee, subject to the results of the nexus study.

Strategy F3 | INCREASE AFFORDABLE/HOMELESS HOUSING

Related to Strategy Brief 2.3

Support Inclusionary Zoning for Affordable Housing Rental Units

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Instruct the Chief Executive Officer and the Sacramento advocates to support amendment or clarification of the Costa-Hawkins Rental Housing Act to allow for an inclusionary housing requirement for new rental housing.

LEAD AGENCY

Chief Executive Office

COLLABORATING DEPARTMENTS/AGENCIES

None

DESCRIPTION

Inclusionary housing, also known as inclusionary zoning or mixed-income housing, is a policy tool that requires or encourages private housing developers to include a certain percentage of income-restricted units within new market rate residential developments. The Costa-Hawkins Act, enacted in 1995, provides owners in rent control communities the right to establish initial rental rates when there is a change in occupancy of a dwelling unit and exempts housing constructed after 1995 from local rent controls. California courts have interpreted the Costa-Hawkins Act to mean that inclusionary zoning is prohibited for all newly-constructed rental units. Specifically, in Palmer/Sixth Street Properties v. City of Los Angeles (175 Cal. App. 4th. 1396 (2009), the Court of Appeals (Second District)) held that the Costa-Hawkins Act preempted local inclusionary housing ordinances for new rental units.

Los Angeles County (LAC) could support amending or clarifying the interpretation of the Costa-Hawkins Rental Housing Act (Costa-Hawkins Act) to allow an inclusionary housing requirement for new rental housing. Such authority would apply to the County for the unincorporated areas and to each of the 88 cities in the County within its own boundaries. Support for such a proposal would be consistent with the County's State Legislative Agenda, section 5.1 Housing and Community Development, which reads: "Support proposals that provide incentives to local governments and/or developers to increase and protect affordable housing and flexibility for counties to promote a diversity of affordable housing types through local policies."

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

All homeless populations

POTENTIAL PERFORMANCE METRICS

- Number of cities adopting inclusionary zoning ordinances
- Number and type of affordable housing units created as a result of inclusionary zoning ordinances adopted by the County and cities

FUNDING

No funding required

CONNECTION TO CITIES

✓ **SAME**

COMPLEMENTARY

NO CITY ROLE

Cities could also advocate for an amendment or clarification of the Costa-Hawkins Rental Housing Act to allow for an inclusionary housing requirement for new rental housing.

Strategy F4 | INCREASE AFFORDABLE/HOMELESS HOUSING

Related to Strategy Brief 2.4

Development of Second Dwelling Units Pilot Program

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Direct the Department of Regional Planning to work with the the Community Development Commission, Chief Executive Office, and Department of Public Works to develop and recommend for Board approval a Second Dwelling Unit Pilot Program that:

1. expedites the review and approval processes to facilitate the development of second units on single-family lots in the unincorporated areas of the County;
2. provides technical assistance to homeowners, such as pre-approved architectual plans that would not require extensive engineering approvals; and
3. provides County incentives to assist homeowners in constructing new or preserving existing, unpermitted second units in exchange for providing long-term affordability covenants or requiring recipients to accept Section 8 vouchers, such as:
    a. waiving or reducing permit fees and/or utility/sewer hookup charges;
    b. working with Community Development Financial Institutions or banks to provide easy-to-access low-interest loans;) and/or
    c. providing grants that could use a mix of conventional home improvement loans, loan guarantees and CDBG or other funds.

DESCRIPTION

In 2003, the California Legislature passed AB 1866, which explicitly encouraged the development of second units on single-family lots. It precluded cities from requiring discretionary actions in approving such projects, and established relatively simple guidelines for approval. Some cities have adopted local ordinances and some have taken additional actions to help homeowners build second units. For example, the City of Santa Cruz made second units a centerpiece of its affordable housing strategy by providing pre-reviewed architectural plans, waiving fees for permitting and processing, and providing a free manual with instructions about the development and permitting process. The City also helped arrange financing with a local credit union to qualify homeowners for a period of time. This example shows how the locality removed barriers, and actively encouraged residents to pursue this type of development.

The County of Los Angeles has adopted an ordinance specifically regulating second units. The opportunity exists to develop processes to further facilitate the development of new second units and the preservation of existing,unpermitted second units. Similar opportunities exist in cities throughout the County. Construction cost of second dwelling units on single-family lots can be substantially less than creating a new unit of supportive housing because there would be no land costs involved. Per the Community Development Commission, the cost of building a new unit exceeds $300,000 compared to the cost of developing a second dwelling unit that can range from $25,000 to $150,000, depending on the size of the unit.

LEAD AGENCY

Regional Planning
Community Development Commission

COLLABORATING DEPARTMENTS/AGENCIES

Chief Executive Office
Public Works

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

All homeless populations

POTENTIAL PERFORMANCE METRICS

- Number of second dwelling units approved under new program
- Number of households with a housing subsidy housed in a second dwelling unit under new program

FUNDING

$550,000 in one-time HPI funds for pilot project ($500,000 pilot project to fund grants and/or loans and/or loan guarantees and $50,000 for administration)

CONNECTION TO CITIES

✓ **SAME**

COMPLEMENTARY

NO CITY ROLE

Each city could develop a program to promote the development of second dwelling units, which could be specifically tied to subsidized and/or homeless housing.

Strategy F5 | INCREASE AFFORDABLE/HOMELESS HOUSING

Related to Strategy Brief 2.5

Incentive Zoning/Value Capture Strategies

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Instruct the Department of Regional Planning (DRP) to secure a consultant to assess the feasibility of implementing various Incentive Zoning/Value Capture strategies, including those outlined in DRP's Equity Development Tools report provided to the Board on June 24, 2015, and in conjunction with the Board's December 15, 2015 motion on equitable development tools. The consultant, with the direction of DRP, would be tasked with:

- coordinating with jurisdictions and stakeholders in the County to develop an inventory of best practices on incentive zoning/value capture strategies;
- Assessing the market conditions of the various unincorporated areas to determine where and which Inventive Zoning/Value Capture strategies would be most practical and effective; and
- Identifying potential uses of the generated funds.

LEAD AGENCY

Regional Planning

COLLABORATING DEPARTMENTS/AGENCIES

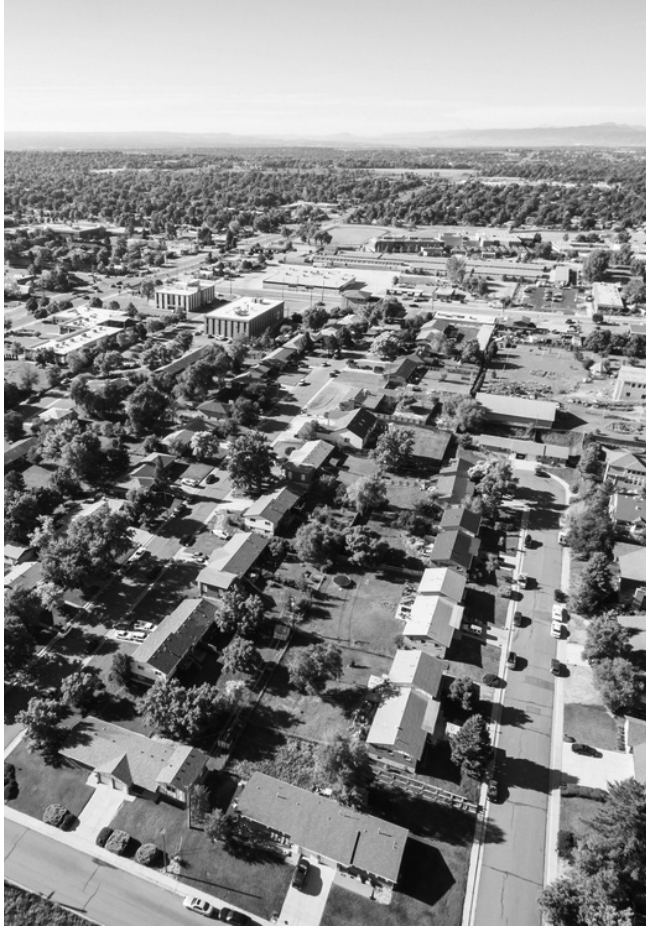
Community Development Commission

DESCRIPTION

Incentive Zoning (IZ)/Value Capture (VC) is the concept that investments such as new transportation infrastructure and planning actions such as a zone change or density bonus can increase land values, generating increased profit opportunities for private landowners. Value capture strategies seek to redirect some of the increases in land values for public good. Value capture strategies include:

1. Public Benefits Zoning;
2. Incentive Zoning/Density Bonus;
3. Housing Overlay Zoning;
4. Tax Increment Financing;
5. Community Benefits Agreements;
6. Special Assessment Districts;
7. Development Agreements;
8. Infrastructure Financing Districts; and
9. Business Improvement Districts.

Incentive Zoning/Value Capture strategies could generate funding to support the preservation of existing affordable/homeless housing and/or construction of new affordable/homeless housing units. Such funding could be used for a range of specific uses, from preserving existing Single Room Occupancy (residential) hotels to construction of permanent supportive housing and workforce housing.



POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

All homeless populations

POTENTIAL PERFORMANCE METRICS

Number of housing units preserved/developed with funding generated through implementation of Incentive Zoning/Value Capture Strategies

FUNDING

$50,000 from one-time HPI funds to secure a consultant to assess the feasibility of implementing Incentive Zoning/Value Capture strategies in the unincorporated areas.

CONNECTION TO CITIES

✓ **SAME**

COMPLEMENTARY

NO CITY ROLE

Each city could systematically review opportunities to utilize Incentive Zoning/Value Capture strategies to preserve and/or develop affordable/homeless housing.

Strategy F6 | INCREASE AFFORDABLE/HOMELESS HOUSING

Related to Strategy Brief 2.6

Using Public Land for Homeless Housing

POPULATION IMPACT

✓ **ALL** FAMILIES TAY SINGLE ADULT VETERAN CHRONICALLY HOMELESS ADULT

RECOMMENDATION

Instruct the Chief Executive Office's Real Estate Division and the Community Development Commission to work in collaboration with the departments of Internal Services, Fire, Health Services, Libraries, Parks and Recreation, Public Works, Regional Planning, and Sheriff, to assess the feasibility of making County-owned property available for the development of housing for homeless families/individuals, and develop a public land development strategy/program that shall include:

1. a comprehensive list of available County land suitable for housing, including identification of the top five most suitable properties ;
2. governing structure options, such as an agency authorized to own, hold, prepare, and dispose of public land for affordable housing;
3. identification of funds that can be used for pre-development of properties;
4. partnership opportunities with non-profit developers, if appropriate; and
5. policies to:
   a. identify and protect publicly owned sites that are good for affordable housing;
   b. define affordability levels on public land, e.g., homeless, very-low income, low-income, etc.;
   c. engage communities in the development process;
   d. link publicly owned land to other housing subsidies; and
   e. reduce the cost of development through public investment in public land set aside for housing.

DESCRIPTION

In Los Angeles County, there are opportunities for using public land for affordable housing on many different types of sites, including vacant publicly owned land, under-utilized sites, parcels where existing public facilities are no longer needed, and as part of the development of new public facilities such as community centers, libraries, fire stations, and police stations. Discounted public land can provide a valuable subsidy to the development of affordable housing, as well as facilitate the development of affordable housing in transit-accessible, amenity-rich locations. The joint development of public facilities and housing properties can lead to infrastructure cost savings, better design, and more accessible public services.

Opportunities that support using public land for homeless housing include:

- AB 2135, which provides affordable housing projects the right of first refusal to obtain surplus land held by local governments, gives project developers more time to negotiate the purchase of the surplus land, and allows the land to be sold for less than fair market value as a developer incentive; and
- Establishing a Joint Powers Authority to acquire, hold, and dispose of public land for housing.

Various examples of discounted public land are available throughout the country. Examples of Public Land being used for Affordable Housing in Los Angeles County include:

- Affordable Housing on Metro Joint Development Sites;
- Affordable Housing on Los Angeles Unified School District property;

DESCRIPTION *continued*

- Homeless Housing on surplus Department of Motor Vehicle site in Hollywood;
- Affordable Housing on land purchased by former redevelopment agencies; and
- Housing for Homeless Veterans on U.S. Department of Veteran Affairs Property in Westwood.

LEAD AGENCY

Chief Executive Office
Community Development Commission

COLLABORATING DEPARTMENTS/AGENCIES

Fire
Health Services
Library
Internal Services Department
Parks and Recreation
Regional Planning
Sheriff

CONNECTION TO CITIES

✓ **SAME**

COMPLEMENTARY

NO CITY ROLE

Each city could pursue development of homeless housing on city-owned property.

POPULATION(S) TARGETED & OTHER CATEGORIZATIONS

All homeless populations

POTENTIAL PERFORMANCE METRICS

Number of housing units developed for homeless people on County and other publicly-owned properties

FUNDING

No cost to conduct the feasibility assessment and develop the strategy/program.

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Addenda

Los Angeles County
Homeless Initiative

Summary of Recommended Funding

Focus Area/Recommended Strategy		RECOMMENDED FUNDING	
		HPI-NCC*	Department Funding
A. PREVENT HOMELESSNESS			
A1	Homeless Prevention Program for Families	0	$5 million one-time CalWORKs Fraud Incentives (DPSS)
A2	Discharge Planning Guidelines	0	0
A3	Housing Authority Family Reunification Program	0	0
A4	Discharges From Foster Care and Juvenile Probation	0	0
B. SUBSIDIZE HOUSING			
B1	Provide Subsidized Housing to Homeless Disabled Individuals Pursuing SSI	$3,725,000	$1 million one-time SB 678 funding (Probation) $4 million one-time AB 109 funding
B2	Expand Interim Assistance Reimbursement (IAR) to additional County Departments and Los Angeles Homeless Services Authority	0	0
B3	Partner with Cities to Expand Rapid Re-Housing	$8,000,000**	$11 million one-time SB 678 funding (Probation) $7 million one-time AB 109 funding
B4	Facilitate Utilization of Federal Housing Subsidies	$2,000,000	0
B5	Expand General Relief Housing Subsidies	0	Interim Assistance Reimbursement of Rental Subsidies and redirected NCC savings resulting from ACA impact on MSUDRP (DPSS)
B6	Family Reunification Housing Subsidy	$1,000,000	$2 million in one-time funding plus Reinvestment of Out-of-Home Placement savings (DCFS)
B7	Interim/Bridge Housing for those Exiting Institutions	$3,250,000	$3.4 million one-time SB 678 funding (Probation) $4.6 million one-time AB 109 funding
B8	Housing Choice Vouchers for Permanent Supportive Housing	0	0
C. INCREASE INCOME			
C1	Enhance the CalWORKs Subsidized Employment Program for Homeless Families	0	CalWORKs Subsidized Employment (DPSS)
C2	Increase Employment for Homeless Adults by Supporting Social Enterprises	$2,000,000	0
C3	Expand Targeted Recruitment and Hiring Process to Homeless/Recently Homeless People to Increase Access to County Jobs	0	0
C4	Establish a Countywide SSI Advocacy Program for People Experiencing Homelessness or At Risk of Homelessness	0	Current SSIMAP Funding (DPSS)***
C5	Establish a Countywide Veterans Benefits Advocacy Program for Veterans Experiencing Homelessness or At Risk of Homelessness.	$1,200,000 (from Homes for Heroes funding)	0
C6	Targeted SSI Advocacy for Inmates	0	$1 million one-time AB 109 funding
D. PROVIDE CASE MANAGEMENT AND SERVICES			
D1	Model Employment Retention Support Program.	0	0
D2	Expand Jail in Reach	$2,000,000	$3 million one-time AB 109 funding
D3	Supportive Services Standards for Subsidized Housing	0	0
D4	Regional Integrated Re-entry Networks – Homeless Focus	$800,000	$2 million one-time AB 109 funding
D5	Support for Homeless Case Managers	0	0
D6	Criminal Record Clearing Project	$200,000	0

Summary of Recommended Funding

Focus Area/Recommended Strategy		RECOMMENDED FUNDING	
		HPI-NCC*	Department Funding
E. CREATE A COORDINATED SYSTEM			
E1	Advocate with Relevant Federal and State Agencies to Streamline Applicable Administrative Processes for SSI and Veterans Benefits	0	0
E2	Drug Medi-Cal Organized Delivery System (DMC-ODS) for Substance Use Disorder Treatment Services	0	Drug Medi-Cal-Outpatient Drug Services (DPH)
E3	Create Partnerships for Effective Access and Utilization of ACA Services by Persons Experiencing Homelessness	0	0
E4	First Responders Training	0	0
E5	Decriminalization Policy	0	0
E6	Countywide Outreach System	$3,000,000	TBD
E7	Strengthen the Coordinated Entry System (CES)	$2,000,000	0
E8	Enhance the Emergency Shelter System	$1,500,000	0
E9	Discharge Data Tracking System	0	TBD
E10	Regional Coordination of Los Angeles County Housing Authorities	0	0
E11	County Specialist Support Team	0	0
E12	Enhanced Data Sharing and Tracking	$1,000,000	0
E13	Coordination of Funding for Supportive Housing	0	0
E14	Enhanced Services for Transition Age Youth (TAY)	$3,000.000	TBD
E15	Homeless Voter Registration and Access to Vital Records	0	0
E16	Affordable Care Act Opportunities	0	Medi-Cal (DHS/DMH/DPH)
E17	Regional Homelessness Advisory Council and Implementation Coordination	0	0
F. INCREASE AFFORDABLE / HOMELESS HOUSING			
F1	Promote Regional SB 2 Compliance	$75,000	0
F2	Linkage Fee Nexus Study	$450,000	0
F3	Support Inclusionary Zoning for Affordable Rental Units	0	0
F4	Development of Second Dwelling Units Pilot Program	$550,000	0
F5	Incentive Zoning/Value Capture Strategies	$50,000	0
F6	Use of Public Land for Homeless Housing	0	0
NEW FY 2015-16 FUNDING ALREADY ALLOCATED BY BOARD OF SUPERVISORS			
Rapid Re-housing for Single Adults		$10,000,000	0
Rapid Re-housing for Families		$3,000,000	0
Homeless Prevention for Families		$2,000,000	0
Homes for Heroes- Combating Veteran Homelessness		$3,800,000	0
Veterans' Housing Subsidies – Move-In Assistance		$1,100,000	0

TOTAL NEW FUNDING	*$55,700,000 one-time funding	****$44,000,000 one-time funding plus additional Departmental funding
FY 2015-16 Homeless Prevention Initiative Base Funding	$50,000,000	0
GRAND TOTAL	**$149,700,000**	

Strategies with red shading are identified as Phase 1 strategies, targeted for implementation by June 30, 2016.

* $55.7 million is comprised of: (1) $51.1 million approved by the Board on September 29, 2015; and (2) $4.6 million of FY 2016-17 Affordable Housing dollars that are not dedicated for capital expenditures.
** For Strategy B3 – Rapid Re-housing, $2 million is earmarked to serve Transition Age Youth and $5 million is earmarked for families.
*** $6.8 million in ongoing annual DPSS SSIMAP funding has been identified for this strategy.
**** $44 million is comprised of: (1) $5 million of one-time CalWORKs Fraud Incentives from DPSS; (2) $21.6 million of one-time AB 109 funding; (3) $15.4 million of one-time SB 678 funding from Probation; and (4) $2 million of one-time funding from DCFS.

Phase 1 Strategies

A. PREVENT HOMELESSNESS

A1 Homeless Prevention Program for Families

B. SUBSIDIZE HOUSING

B1 Provide Subsidized Housing to Homeless Disabled Individuals Pursing SSI

B3 Partner with Cities to Expand Rapid Re-Housing

B4 Facilitate Utilization of Federal Housing Subsidies

B7 Interim/Bridge Housing for those Exiting Institutions

B8 Housing Choice Vouchers for Permanent Supportive Housing

C. INCREASE INCOME

C2 Increase Employment for Homeless Adults by Supporting Social Enterprise

D. PROVIDE CASE MANAGEMENT AND SERVICES

D2 Expand Jail In Reach

E. CREATE A COORDINATED SYSTEM

E4 First Responders Training

E5 Decriminalization Policy

E6 Countywide Outreach System

E8 Enhance the Emergency Shelter System

Opportunities for Cities to Combat Homelessness

Focus Area/Recommended Strategy		Key City Opportunities
A. PREVENT HOMELESSNESS		
A1	Homeless Prevention Program for Families	X
A2	Discharge Planning Guidelines	
A3	Housing Authority Family Reunification Program	
A4	Discharges From Foster Care and Juvenile Probation	
B. SUBSIDIZE HOUSING		
B1	Provide Subsidized Housing to Homeless Disabled Individuals Pursuing SSI	X
B2	Expand Interim Assistance Reimbursement (IAR) to additional County Departments and Los Angeles Homeless Services Authority	
B3	Partner with Cities to Expand Rapid Re-Housing	X
B4	Facilitate Utilization of Federal Housing Subsidies	
B5	Expand General Relief Housing Subsidies	
B6	Family Reunification Housing Subsidy	
B7	Interim/Bridge Housing for those Exiting Institutions	
B8	Housing Choice Vouchers for Permanent Supportive Housing	X
C. INCREASE INCOME		
C1	Enhance the CalWORKs Subsidized Employment Program for Homeless Families	
C2	Increase Employment for Homeless Adults by Supporting Social Enterprises	X
C3	Expand Targeted Recruitment and Hiring Process to Homeless/Recently Homeless People to Increase Access to County Jobs	
C4	Establish a Countywide SSI Advocacy Program for People Experiencing Homelessness or At Risk of Homelessness	
C5	Establish a Countywide Veterans Benefits Advocacy Program for Veterans Experiencing Homelessness or At Risk of Homelessness.	
D. PROVIDE CASE MANAGEMENT AND SERVICES		
D1	Model Employment Retention Support Program.	
D3	Supportive Services Standards for Subsidized Housing	
D5	Support for Homeless Case Managers	
E. CREATE A COORDINATED SYSTEM		
E1	Advocate with Relevant Federal and State Agencies to Streamline Applicable Administrative Processes for SSI and Veterans Benefits	
E2	Drug Medi-Cal Organized Delivery System (DMC-ODS) for Substance Use Disorder Treatment Services	
E4	First Responders Training	X
E5	Decriminalization Policy	X
E6	Countywide Outreach System	
E7	Strengthen the Coordinated Entry System (CES)	
E8	Enhance the Emergency Shelter System	X
E9	Discharge Data Tracking System	
E10	Regional Coordination of Los Angeles County Housing Authorities	X
E12	Enhanced Data Sharing and Tracking	
E13	Coordination of Funding for Supportive Housing	
E14	Enhanced Services for Transition Age Youth (TAY)	
E17	Regional Homelessness Advisory Council and Implementation Coordination	
F.	**INCREASE AFFORDABLE / HOMELESS HOUSING**	
F1	Promote Regional SB 2 Compliance	X
F2	Linkage Fee Nexus Study	X
F3	Support Inclusionary Zoning for Affordable Rental Units	
F4	Development of Second Dwelling Units Pilot Program	X
F5	Incentive Zoning/Value Capture Strategies	X
F6	Use of Public Land for Homeless Housing	

Strategies with red shading are identified as Phase 1 strategies, targeted for implementation by June 30, 2016.

Homeless Initiative Policy Summits – Participating Organizations

COUNTY OF LOS ANGELES

Arts Commission
Chief Executive Office
Community Development Commission
County Counsel
Department of Child Support Services
Department of Human Resources
Department of Animal Care and Control
Department of Beaches and Harbors
Department of Children and Family Services
Department of Community and Senior Services
Department of Consumer and Business Affairs
Department of Health Services
Department of Mental Health
Department of Military and Veterans Affairs
Department of Parks and Recreation
Department of Public Health
Department of Public Social Services
Department of Regional Planning
District Attorney
Fire Department
Housing Authority of the County of Los Angeles
Office of the Alternate Public Defender
Office of the Public Defender
Probation Department
Public Library
Sheriff's Department

CITIES

City of Alhambra
City of Arcadia
City of Baldwin Park
City of Bell Gardens
City of Bellflower
City of Beverly Hills
City of Carson
City of Cerritos
City of Covina
City of Diamond Bar
City of El Segundo
City of Glendale
City of Glendora
City of Hawaiian Gardens
City of Hawthorne
City of Hermosa Beach
City of Inglewood
City of Lawndale
City of Long Beach
City of Los Angeles
City of Lynwood
City of Norwalk
City of Palmdale
City of Pasadena
City of Pomona
City of San Gabriel
City of Santa Clarita
City of Santa Fe Springs
City of Santa Monica
City of West Hollywood
City of Whittier

OTHER GOVERNMENT AGENCIES

U.S Department of Veterans Affairs
U.S. Department of Health and Human Services
First 5 Los Angeles
L.A. Care Health Plan
Los Angeles Homeless Services Authority
Los Angeles Unified School District
San Gabriel Valley Council of Governments
South Bay Council of Governments

NON-GOVERNMENTAL AGENCIES

211 Los Angeles County
A Community of Friends
A New Way of Life
Alliance for Children's Rights
Alliance for Housing and Healing
Amity Foundation
APT Associates
Ascencia
Brilliant Corners
California Apartment Association
California Community Foundation
Californians for Safety and Justice
Catholic Charities of Los Angeles
Center for Living and Learning
Center for the Pacific Asian Family
Central City Association
Century
Children Now
Chrysalis
City View
City Watch LA
Coalition for Responsible Community Development
Conrad N. Hilton foundation
Corporation for Supportive Housing
Door of Hope
Downtown Women's Center

Homeless Initiative Policy Summits – Participating Organizations

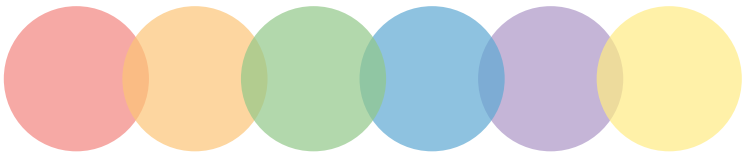
NON-GOVERNMENTAL AGENCIES cont.

East San Gabriel Valley Coalition for the Homeless
Enterprise Community Partners
First Place for Youth
First Presbyterian Hollywood Church
Goldfarb Lipman, LLP
Good Seed
Habitat for Humanity
Health Net
Help Me Help You
Hilton Foundation
Hollywood Media District, Business Improvement District
Hollywood Presbyterian Church
Hollywood Property Owners Alliance
Homeless Health Care Los Angeles
Homeless Outreach Program Integrated Care System
Hospital Association of Southern California
Housing Works
Imagine LA
Inner City Industry
Inner City Law Center
Integrated Recovery Network
John Wesley Community Health Institute
LA Family Housing
LA Youth Network
Lamp Community
Legal Aid Foundation of Los Angeles
Little Tokyo Service Center
Los Angeles Centers for Alcohol and Drug Abuse
Los Angeles Family Housing
Los Angeles Regional Reentry Partnership
Los Angeles Youth Network
Mental Health Advocacy Services
Mental Health America of Los Angeles
My Friend's Place
National Health Foundation
Neighborhood Legal Services of Los Angeles County
New Economics for Women
Northeast Valley Health Corporation
Ocean Park Community Center
People Assisting the Homeless
Poverty Matters
Prototypes
Proyecto Pastoral
Public Counsel
Rainbow Services
Rapid Results Institute
REDF
Safe Place for Youth
Saint Joseph Center
Salvation Army
San Fernando Valley Community Mental Health Center, Inc.
San Fernando Valley Rescue Mission
Sanctuary of Hope
SCANP
SCHARP
SEIU
SHARE!
Shelter Partnership
Skid Row Housing Trust
South Park Business Improvement District
Southeast Asian Community Alliance
Southern California Grantmakers
Southwestern Law School
SRO Housing Corporation
St. Anne's
St. Joseph Center
State Parole Division
Step Up
The Midnight Mission
The Salvation Army
Tong Consulting
Union Rescue Mission
Union Station Homeless Services
Unite Way of Greater Los Angeles
United Friends of the Children
United Homeless Healthcare Partners
United Way of Greater Los Angeles/Home for Good
University of Calgary
University of California, Irvine
University of California, Los Angeles
University of Southern California
Upward Bound House
Urban Partners
Valley Oasis
Volunteers of America Los Angeles
Watts Healthcare Corporation
Watts Labor Community Action Committee
WCAY, Inc.
Weingart Foundation
Westside Coalition
Women Organizing Resources, Knowledge and Services
YWCA Santa Monica-Westside

Los Angeles County
Chief Executive Office

Los Angeles County Homeless Initiative

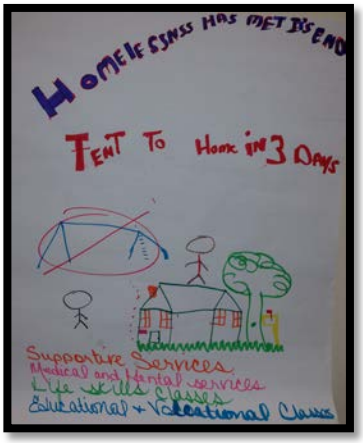
priorities.lacounty.gov/homeless



Los Angeles County Homeless Initiative

Focus Group Summary Report

December 2015



Submitted by the Policy & Planning Department of the Los Angeles Homeless Services Authority
Artwork created by focus group participants

Los Angeles HOMELESS SERVICES AUTHORITY
Working Together to End Homelessness in Los Angeles

Los Angeles County Homeless Initiative
Focus Group Summary Report
December 2015

I. Executive Summary

On behalf of the Chief Executive Office (CEO) of Los Angeles County and to advance the efforts of the Los Angeles County Homeless Initiative, the Los Angeles Homeless Services Authority (LAHSA) convened a series of focus groups with current and/or formerly homeless individuals. Convening people with lived homeless experience on a regular basis is essential to learn how public policies impact the homeless services delivery system. It is also important to understand how services are designed and delivered in order to improve the responsiveness, effectiveness, and accessibility of the system. These focus groups were designed using a facilitative and neutral process to obtain feedback from selected participants with lived homeless experience. While the majority of the analysis that generated the results presented in this report was conducted after the focus groups had convened, mechanisms were put in place (e.g. participant evaluation surveys) to gauge participants' assessment of the facilitative process throughout the series, as well as to improve their overall focus group experience.

The facilitative process focused on two primary areas: 1) Experiences with the homeless services delivery system, and 2) Improvements to the system. The first round of meetings targeted *prevention*, *access to resources*, and *discharges from institutions* as discussion topics. The second round of discussions focused on generating *solutions* to many of the issues raised during the first round. Based on both rounds of discussions, participants identified the following topics as key areas of concern:

- Support
- Information/Education/Awareness
- Mental Health Counseling
- Education and Training of Professionals
- Financial Assistance
- Comprehensive and Integrated Services
- Life Skills Coaching/Training
- Housing Based on Need
- Medical/Health/Mental Health Care
- Social Security Disability Insurance/General Relief/Other Public Benefits
- Legal Services
- Lack of Coordination and/or Exit Strategy
- Housing First
- Consumer Input and Oversight
- Integration of Services
- Improved Hiring and Training of Professionals and Staff

After careful analysis of the key findings that emerged during the discussion sessions, the following key themes were identified:

- Stigma and Isolation
- Awareness and Outreach

- Fragmentation of the System
- Access to Comprehensive Services and Resources

Finally, focus group participants made the following recommendations for the CEO to consider as it seeks to improve the homeless delivery system across Los Angeles County:

1. Increase stock of affordable housing.
2. Consider converting empty luxury condos and vacant lots to affordable housing.
3. Examine other systems of care that frequently engage with people experiencing homelessness (e.g. the healthcare system) and consider using existing facilities (e.g. hospitals) as intervention/access points for connecting people to the homeless services delivery system.
4. Include peer support (i.e. formerly homeless individuals) in all outreach activities.
5. Increase awareness about homeless risk factors and where to seek referral by launching an advertising campaign on public transportation and at public facilities.
6. Improve access to services and simplify service delivery by decreasing wait times and collocating referrals and services in one location.
7. Consider subsidizing transportation for people experiencing homelessness.
8. Implement programs that emphasize life skills.
9. Improve training of staff and professionals who engage with individuals experiencing homelessness to improve customer service.
10. Hire peers (i.e. formerly homeless individuals) to provide services.
11. Consider offering innovative opportunities to earn income in order to increase the economic stability of people experiencing homelessness.
12. Improve the discharge process from hospitals, jails, prisons, and other institutions by increasing coordination and integration among agencies and providers.
13. Implement comprehensive exit planning before a person is discharged from an institution.
14. Change policies around discharging individuals in the middle of the night.
15. Implement compassionate policies for people exhibiting at-risk behavior.
16. Implement Housing First policies.
17. Continue to seek input from people who are currently homeless or have experienced homelessness.
18. Include current and formerly homeless individuals in fiscal oversight of the homeless services delivery system.

Acknowledgements

The Los Angeles Homeless Services Authority (LAHSA) would like to thank the focus group participants for their time and dedication to this project, as well as the following community partners for their participation in nominating clients to be part of the focus groups: Skid Row Housing Trust, L.A. Family Housing, New Directions, Housing Works, SRO Housing, Home For Good, Veterans Administration, L.A. Coalition to End Youth Homelessness, L.A. County Department of Mental Health, Volunteers of America, Corporation for Supportive Housing, St. Joseph's Center, Los Angeles Mission, A Community of Friends, Peace Please, Jovenes Inc., Downtown Women's Center, L.A. County Department of Children and Family Services, East San Gabriel Valley Coalition for the Homeless. LAHSA also thanks the Los Angeles County Chief Executive Office, Phil Ansell, and Leticia Colchado for their leadership and guidance in the County Homeless Initiative process.

II. Background and Purpose

As part of the Los Angeles County's Homeless Initiative, the Los Angeles County Chief Executive Office (CEO) recognized the need to engage current and formerly homeless individuals in the planning process to address homelessness. The CEO collaborated with the Los Angeles Homeless Services Authority (LAHSA) to coordinate two focus group sessions with consumers of the homeless delivery system for the purpose of:

- Identifying current and potential policy and program barriers to stable housing;
- Identifying supportive services and resources that may not be available; and
- Generating ideas and recommendations based on the experiences of formerly or currently homeless people.

III. Methodology

Recruitment

LAHSA community partners and stakeholders were sent a letter requesting the nomination of current and/or formerly homeless individuals as potential focus group participants (See Appendix I). Community partners and stakeholders included: LAHSA Commissioners, homeless housing and supportive services providers, Home For Good, the Veterans Administration, Corporation for Supportive Housing, Coordinated Entry System providers, Family Solutions Centers, the Los Angeles Coalition to End Youth Homelessness, and the Los Angeles County Department of Mental Health. Based on the nominations received, LAHSA selected a total of 26 participants to invite. Efforts were made to ensure equal representation in each focus group (approximately 13 individuals) by Service Planning Areas (SPAs), with SPAs 1 through 3 as Group A, and SPAs 4 through 8 as Group B.

Participants were provided with subsidized transportation, refreshments, and lunch, and a $50 gift card at the end of the second round of focus group meetings.

Focus Group Process

LAHSA's Policy and Planning Department facilitated four 3.5-hour focus groups with participants from each of

the 8 SPAs. SPAs 4-8 were convened on November 2, 2015 and November 16, 2015, and SPAs 1-3 were convened on November 13, 2015 and November 30, 2015 (See Appendix II for schedule).

The first round (Round 1) of the focus groups focused on providing participants with background information on the LA County Homeless Initiative planning process. Participants were provided with binders containing copies of all policy and strategy briefs available on the Initiative's website to date at the time of the meeting. The discussion topics addressed during Round 1 were: 1) prevention, 2) accessing resources, and 3) discharge from institutions.

The second round (Round 2) of the focus groups focused on engaging participants in small group exercises that encouraged participants to brainstorm and identify solutions to some of the issues in the homeless delivery system that were raised during the first round. Participants were put into small groups with each group reporting results to the full focus group.

Analysis

At each focus group, facilitators and recorders captured participants' feedback through use of poster boards, index cards, and questionnaire and/or survey data that were then recorded electronically. Key findings and themes were then identified.

IV. Results: Focus Group Demographic Questionnaire

A voluntary confidential demographic questionnaire was administered during the first round of focus groups (See Appendix III). The questionnaire was designed to include mostly open format questions so as to encourage true and insightful responses. There was an 85% participation rate (22 out of 26 questionnaires were returned).

The results were as follows:

Age

Table 1. Focus Group Age Demographics

Age Range	Percentage of Respondents (n = 22)	Number of Respondents
18-24	9%	2
25-49	23%	5
50 and older	68%	15

Gender

- 59% of respondents (13 individuals) identified as Male
- 41% of respondents (9 individuals) identified as Female

Race/Ethnicity

- 41% of respondents (9 individuals) identified as African American/Black
- 45% of respondents (10 individuals) identified as Caucasian/White
- 5% of respondents (1 individual) identified as Mixed Race
- 9% of respondents (2 individuals) identified as Other
- No participants indicated they were of Hispanic or Latino descent

Subpopulation (participants were allowed to select more than one subpopulation)

Table 2. Focus Group Subpopulation Demographics

Subpopulation	Percentage of Respondents (n = 22)	Number of Respondents
Single	91%	20
Long Term (Chronic)	23%	5
Domestic Violence Victim	14%	3
Youth	9%	2
Veteran	9%	2
Family	9%	2

Question #1: Thinking back on your experiences, how many times in your life have you experienced homelessness?

- 68% of respondents (15 individuals) experienced homelessness 1-4 times
- 32% of respondents (7 individuals) experienced homelessness more than five times

Question #2: How many times in your life have you had unstable housing or been on the verge of homelessness?

- 50% of respondents (11 individuals) experienced unstable housing 1-3 times
- 45% of respondents (10 individuals) experienced unstable housing more than three (3) times

Question #3: What is the longest amount of time you've experienced homelessness? What is the shortest amount of time?

- 91% of respondents (20 individuals) experienced a homeless episode that lasted at least one (1) year
- 55% of respondents (7 individuals) experienced a homeless episode that lasted at least three (3) years
- The shortest episodes experienced ranged from six (6) days to seven (7) months

Question #4: How has the experience of homelessness affected the way you think about yourself?

- 55% of respondents (12 individuals) reported that the experience of homelessness affected them negatively in how they thought about themselves
- 23% of respondents (5 individuals) reported that the experience of homelessness affected them positively in how they thought about themselves

- 9% of respondents (2 individuals) reported that the experience of homelessness had a neutral effect on how they thought about themselves

Question #5: How knowledgeable do you feel about housing and service resources?

- 5% of respondents (1 individual) reported having very little knowledge about housing and service resources
- 55% of respondents (12 individuals) reported having fair knowledge
- 27% of respondents (6 individuals) reported being very knowledgeable
- 14% of respondents (3 individuals) reported being extremely knowledgeable

Question #6: What have you heard, if anything at all, about the County's planning process to address homelessness?

- 23% of respondents (5 individuals) reported hearing about $100 million dollars and/or increased funding for homelessness
- 5% of respondents (1 individual) reported hearing about the County planning process
- 18% of respondents (4 individuals) reported hearing nothing at all

V. Results: Focus Group Evaluation Survey

In order to measure the overall effectiveness of the focus groups, participants were provided with a Focus Group Evaluation Survey at the end of each meeting (See Appendix IV). There were 11 questions utilizing the following scale:

- 1 = Strongly Agree
- 2 = Disagree
- 3 = Neutral
- 4 = Agree
- 5 = Strongly Agree

Responses were aggregated based on which round of the focus group the survey was administered, and results were averaged between the two groups. See the following table:

Table 3: Focus Group Participant Evaluation Survey Results

Question	Round 1 (% out of 100) (n=23)	Round 2 (% out of 100) (n=22)
1) Focus group information provided before your arrival was sufficient	76.5	91
2) The focus group was conducted in a professional manner	91	93.5
3) The facilitator(s) was effective	88	94.5
4) The focus group was interesting	89.5	92.5

5) The focus group was informative	91	95.5
6) There was sufficient time for the discussion	77.5	86
7) The focus group location was convenient	87	83.5
8) My participation in the focus group was worthwhile	88	94.5
9) I feel like my opinion mattered to the facilitator(s)	90	90.5
10) My understanding of L.A. County's planning process to address homelessness has increased	87	86
11) L.A. County should ask for feedback from individuals who have experienced or are currently experiencing homeless on a regular basis	94	94.5

Questions 1 and 3 saw the largest change in response, gaining 14.5 and 8.5 percentage points respectively. For Question 1, after Round 1 of focus groups, LAHSA made iterative and significant efforts to improve the amount of information participants received before Round 2, which may have contributed to the point increase.

For Question 3, the increase in points may be attributed to the way the focus groups were structured. Round 1 focused on three lengthy topics (prevention, accessing resources, and discharge from institutions), while Round 2 focused on a single topic (solutions). This may explain why participants reported they thought there was more time for discussion in the second round than in the first.

The highest marks were seen in Question 5, with approximately 96 percentage points given in Round 2, illustrating that participants felt the focus group was informative. Overall, participants felt strongly that the facilitators were effective, their participation in the focus group was worthwhile, and that the County should continue to seek feedback from individuals who have experienced, or are currently experiencing homelessness.

Question 7 saw the largest decrease in points between Round 1 and Round 2. Several participants from Group B voiced that the meeting location was not convenient for them, even though transportation was subsidized. This may be attributed to the very large geographic area that SPAs 1-3 cover, which includes the San Fernando Valley, the San Gabriel Valley, Santa Clarita, Palmdale, and Lancaster areas.

Participants were also given the opportunity to provide additional comments on the survey. Some of their responses include the following quotes:

- *"I am so glad to be able to sit in this summit which turned out to be very informative and enlightening. The focus/summit gave me more insight into the issue of homelessness, and also the wonderful collaboration and teams and resources that are available."*

- *"Thank you for the time to allow our voices to be heard in your focus group concerning homelessness. Wonderful fact finding experience."*

- *"I feel that my voice on homelessness has been heard and valued at this group and look forward to participate in giving more input to help end homelessness."*

- *"I would like to keep this group going."*

VI. Results: Focus Group Discussion Key Findings

Round 1 of the focus groups covered the topics of prevention, access to resources, and discharge from institutions. Round 2 engaged participants in discussing solutions to many of the issues that were raised during Round 1. Participant responses were recorded and analyzed for frequency and intensity, and the following key findings were identified.

<u>Prevention</u>

Participants were asked two questions on the topic of prevention resulting in the following key findings:

1) What would have prevented you from becoming homeless?
   a) Support
      - Support system from family members
      - Support from peers
      - Someone to trust
      - Mentors for youth
      - Willingness of the individual to reach out for support
      - Reintegration with family
   b) Information/Education/Awareness
      - Awareness about the risk signs/factors of homelessness
      - Drug classes/rehab counseling
      - Domestic Violence classes
      - Employment services and training
      - Educational assistance
      - Public Service Announcements/advertisements about who to call when at risk or first homeless (e.g. a specific phone number like 1-800-HOMELESS)
      - Awareness that there are many faces of homelessness (e.g. people from disasters, jail, job loss, etc.)
   c) Mental Health Counseling
      - Counselor/mentor for people taking care of sick loved ones
      - Counseling for grief of losing loved ones

- Mental health counseling for abuse victims/survivors
- Mental health interventions for Veterans
- Counseling/support for dealing with the stigma of becoming homeless, and the pride of not wanting to ask for help when you need it

d) Education and Training of Professionals
- Better trained case managers who will "dig deeper" and ask clients about risk of being homeless instead of putting the responsibility on clients
- Case managers who are better qualified and/or more knowledgeable about existing resources
- Case managers who are compassionate
- Holding abusive shelter staff accountable

2) What do people need to keep their housing?

a) Financial Assistance
- Stable income
- Rent control or subsidized housing
- Financial support based on need

b) Comprehensive and Integrated Services
- One location to access services (e.g. hygiene, medical, furniture, drug relapse prevention, support group, peer support)
- Culturally-competent case management

c) Life Skills Coaching/Training
- Financial literacy/budgeting
- Employment/vocational training
- How to clean housing unit so as to pass inspection
- Someone to whom to be accountable

d) Housing Based on Need
- "Meeting people where they are at"
- Structured housing/rules (e.g. sober living enforced)
- Choice of housing

<u>Accessing Resources</u>

Participants were asked to discuss their experiences in accessing the following resources: medical/health/mental health services, Social Security Disability Insurance (SSDI), General Relief, other public benefits, and legal services. Their key findings follow:

1) Medical/Health/Mental Health Care
- Wait times to access health services are too long
- Once benefit obtained, services were mostly satisfactory
- Compassionate workers at nonprofit health providers; not always the case at hospitals

- Linkages to other services were helpful, including linkages to housing

2) Social Security Disability Insurance/General Relief/Other Public Benefits
   - Wait times to access income supports are too long
   - Overwhelming lack of knowledge (of consumer) pertaining to how one should navigate applying for benefits (i.e. "too many hoops to jump through")
   - Application/eligibility process is expedited when healthcare professional such as a doctor or therapist can help with paperwork
   - Lack of a home mailing address increases the chances of missing critical appointments, which jeopardizes eligibility

3) Legal Services
   - Long waitlist to access legal services
   - "Homeless Court" experience reported as very positive and effective in eliminating legal troubles

Discharge from Institutions

Participants were asked to discuss their experience of being discharged from institutions such as hospitals, jails, prisons, probation, foster care, or the armed services. Following are the key findings:

1) Lack of Coordination and/or Exit Strategy
   - Oftentimes experience "dumping" when discharged from hospitals or jails; released in the middle of the night with nowhere to go
   - Limited options when discharged from a hospital or jail; no access to telephones or personal belongings
   - Lack of an aftercare plan or pre-release assessment from hospitals and jails
   - Impersonal treatment from staff
   - Shaming experienced by law enforcement
   - Lack of coordination/integration from one institution to another
   - For youth aging out of the child welfare system, extended or expanded foster care services exist but youth and staff working with youth need to be aware of them

Solutions

Participants were asked to discuss their ideas for solutions to the issues raised during Round 1 of the focus groups. Participants were put into small groups and presented with a prompt and then given time to brainstorm and present their ideas to the full focus group. Their responses and key findings follow:

In response to the prompt: Imagine you are playing a role in solving homelessness and you have all the resources at your disposal. If you had an opportunity to write the featured cover story of a magazine on homelessness, what would your magazine cover look like?

1) Housing First
   - Meet people where they are by first supplying a permanent place to call home (i.e. "Give a key to a home and do the assessment after")
   - Fast track process into housing so people don't miss appointments
   - "Tent to home in three days"
   - Convert empty luxury condos into affordable housing
   - "Once you get your housing everything else is a piece of cake"

2) Consumer Input and Oversight
   - Feedback mechanism for homeless and formerly homeless people to advocate for consumers and improve system(s)
   - More consumer oversight of funding

3) Integration of Services
   - Coordinate organizations and integrate funding mechanisms
   - Centralized or collocation for access to services and resources (e.g. shelter, case management, transportation, medical, mental health, food, legal, life skills)

4) Improved Hiring and Training of Professionals and Staff
   - Hire peers as staff (formerly homeless individuals)
   - Train staff to be culturally sensitive, polite, respectful, and compassionate
   - Hire staff who are experienced with and knowledgeable about homelessness
   - Empower staff to be able to make swift decisions

VII. Discussion: Key Themes

<u>Stigma and Isolation</u>

A common theme expressed by participants was that of isolation and stigma. Participants shared about the overwhelming sense of loneliness they felt immediately prior to and during their episodes of homelessness. Due to various circumstances, participants were disconnected from support systems like family, friends, peers, and mental health counselors. The lack of having someone to trust and be accountable to was seen as a significant contribution to their homeless episodes.

Participants also shared about the stigma and discrimination they experienced during their episodes of homelessness. Their experiences often left them feeling overlooked or invisible in society on the one hand, while unsafe and targets for discrimination on the other, especially when it came to law enforcement and accessing basic necessities.

This theme was highlighted by one participant when he said:
"The one superpower you get when you become homeless is invisibility; people look right past you."

Awareness and Outreach

Another common theme identified was that of the need for awareness and outreach, especially prior to and immediately during an episode of homelessness. When discussing the topic of prevention, some participants shared that there were many "red flags" or signs that they were at risk, but that they didn't know who to talk to or where to go to find help for issues related to abuse, drug addiction, and job loss. For other participants, the reality of becoming homeless never occurred to them until it was too late, and that if they had been made aware of the risk factors, they or their families would have known to look for help. Participants also suggested more outreach and awareness around how to access resources when someone is at risk of or newly experiencing homelessness. Many participants shared that the most beneficial outreach they received was often conducted by peers – those individuals who were formerly homeless and employed in the homeless delivery system. Several participants also suggested that advertisements on buses and trains for a phone number to call for help be available.

Fragmentation of the System

Participants voiced concerns about the general lack of integration among service systems, especially when individuals are discharged from hospitals, jails, prisons, or the child welfare system. This lack of integration was seen as contributing to recidivism rates, relapse episodes, and frequent hospital stays. The fragmentation also left participants with information that was often segmented according to the system supplying the information, leaving individuals to figure out on their own how to integrate what they know across systems.

Participants also raised the issue of case management, and how many felt that the case management staff they encountered during their homeless episodes lacked sufficient knowledge about resources, empathy, or cultural competency to work with homeless individuals. Again, participants stressed the importance of having peers (formerly homeless individuals) as part of the service delivery system.

Access to Comprehensive Services and Resources

Participants were quick to note the need to quickly obtain housing first and foremost. The overwhelming opinion of the focus groups was to provide housing to individuals immediately so they can use that housing as a platform to address other issues in their lives. Without housing, participants said it was difficult to make and keep appointments for accessing services.

The lack of convenience when accessing services and resources was another area of concern. Participants shared that the fragmented service availability was a major barrier to accessing services. In particular, the lack of transportation between service providers and long wait times were identified as primary frustrations.

Participants were also very vocal about needing expanded resources beyond basic housing and financial support. Almost all participants voiced the need for the development of life skills, both for prevention and when exiting homelessness. Some of the categories identified for developing these life skills include financial management (i.e. budgeting), coaching for how to obtain employment and/or pursue educational goals, and coaching for how to maintain one's housing.

Overall, participants reported having a positive experience when accessing mainstream and homeless resources, but by and large the length of time it took to receive benefits was too long. For example, one participant shared about a person needing psychiatric medication who had to wait two months before being seen by a doctor, which they identified as a major risk to the person's well-being.

VIII. Recommendations

Based on the focus group discussions, questionnaire and survey responses, and key findings and themes, the following is a list of participant recommendations for Los Angeles County to consider:

Housing

1. Increase stock of affordable housing.
2. Consider converting empty luxury condos and vacant lots to affordable housing.

Outreach and Information

3. Examine other systems of care that frequently engage with people experiencing homelessness (e.g. the healthcare system) and consider using existing facilities (e.g. hospitals) as intervention/access points for connecting people to the homeless services delivery system.
4. Include peer support (i.e. formerly homeless individuals) in all outreach activities.
5. Increase awareness about homeless risk factors and where to seek referral by launching an advertising campaign on public transportation and at public facilities.

Service Design and Delivery

6. Improve access to services and simplify service delivery by decreasing wait times and collocating referrals and services in one location.
7. Consider subsidizing transportation for people experiencing homelessness.
8. Implement programs that emphasize life skills.
9. Improve training of staff and professionals who engage with individuals experiencing homelessness to improve customer service and satisfaction.
10. Hire peers (i.e. formerly homeless individuals) to provide services.
11. Consider offering innovative opportunities to earn income in order to increase the economic stability of people experiencing homelessness.

Policies and Protocols

12. Improve the discharge process from hospitals, jails, prisons, and other institutions by increasing coordination and integration among agencies and providers.
13. Implement comprehensive exit planning before a person is discharged from an institution.
14. Change policies around discharging individuals in the middle of the night.
15. Implement compassionate policies for people exhibiting at-risk behavior.
16. Implement Housing First policies.

Consumer Input and Oversight

17. Continue to seek input from people who are currently homeless or have experienced homelessness.
18. Include current and formerly homeless individuals in fiscal oversight of the homeless services delivery system.

VI. Next Steps

LAHSA will gather all participants from these focus groups between January 7 and 13, 2016 to review the draft recommendations the County of Los Angeles CEO's office will be releasing for public comment. The recommendations will be reviewed and discussed, with a plan to share the response of participants to the County during the public comment period.

Appendix I:
Focus Group Recruitment Letter

Dear Community Partner and Stakeholder,

As many of you are aware, the County of Los Angeles Chief Executive Office (CEO) under the leadership of Phil Ansell has been tasked with developing a coordinated set of strategies to combat homelessness throughout Los Angeles County. LAHSA has been participating in this process and is assisting with convening current and former homeless individuals to participate in a series of focus group sessions. You have been identified as a key stakeholder in addressing homelessness and are invited to participate in the recruitment of formerly homeless and homeless individuals in Los Angeles County. We need your assistance in nominating potential participants in focus groups we are holding with current and formerly homeless people.

This approach creates a mechanism for those who have experienced homelessness, receiving shelter or housing services, as well as accessing County and City resources to engage and have a participatory role in developing homeless strategies from their perspective. These sessions will be organized and allow participants to provide feedback, discuss issues and share recommendations generated at the stakeholder policy summits in October and November.

LAHSA will select a total of 24 participants to participate who will be divided into two focus groups (12 participants each) with the first sessions scheduled for the week of October 26, 2015. We are seeking a diverse group of participants who represent Veterans, Chronically Homeless, Families, and Youth to participate. We also would like participants who have experience accessing various systems and services. The second set of sessions will be held during the second week of December. In these focus groups, participants will provide feedback, discuss issues and share recommendations to inform the County's homeless strategy.

These sessions would result in the following:

- Identify current and potential policy and program barriers to stable housing;
- Identify what other supportive services and resources are or not available; and
- Generate ideas and recommendations based on experience of current and formerly homeless individuals.

We are seeking nominations from you and your organization for potential participants. For these focus groups, we will be subsidizing their transportation costs, providing lunch and working on another incentive for their participation. Please provide me with potential participants by Friday, November 6, 2015. For questions, please call Ronald Williams at (213) 689-4091. You can also email nominations to Ronald Williams at rwilliams@lahsa.org. The following information will be needed for each nominee:

- Name:
- Population Category:
- Phone Number:
- Email:
- Address

Appendix II:
Los Angeles County Homeless Initiative Summit Focus Group Schedule

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Focus Group A (SPAs 4-8): 811 Wilshire Blvd., 6th Floor, Los Angeles, CA 90017

- Monday, November 2, 2015 from 10:00 AM to 1:30 PM
- Monday, November 16, 2015 from 11:00 AM to 1:30 PM

Focus Group B (SPAs 1-3): 615 N. Fair Oaks Avenue, Suite 203, Pasadena, CA 91103

- Friday, November 13, 2015 from 9:00 AM to 12:30 PM
- Monday, November 30, 2015 from 9:00 AM to 12:30 PM

Appendix III:
Participant Questionnaire

Note: This is an anonymous questionnaire; answers will only be reported as aggregate data

1. Thinking back on your experiences, how many times in your life have you experienced homelessness?

2. How many times in your life have you had unstable housing or been on the verge of homelessness?

3. What is the longest amount of time you've experienced homelessness? What is the shortest amount of time?

4. How has the experience of homelessness affected the way you think about yourself?

5. How knowledgeable do you feel about housing and service resources? (Mark 'X' where appropriate)

No Knowledge	Very Little Knowledge	Fair Knowledge	Very Knowledgeable	Extremely Knowledgeable

6. What have you heard, if anything at all, about the County's planning process to address homelessness? If you have not heard anything, please write "Nothing."

Please provide the following information:

Your Age: _____

Your Gender: _____

Your Race and/or Ethnicity: _____

Your Experience of Homelessness As… (Circle All The Apply):

Single	In A Family	Domestic Violence Victim	Youth	Veteran	Long-Term

Appendix IV:
Participant Evaluation Survey

Using the following scale, please circle your best response:

	Focus Group Evaluation Survey	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
1.	Focus group information provided before your arrival was sufficient.	1	2	3	4	5
2.	The focus group was conducted in a professional manner.	1	2	3	4	5
3.	The facilitator(s) was effective.	1	2	3	4	5
4.	The focus group was interesting.	1	2	3	4	5
5.	The focus group was informative.	1	2	3	4	5
6.	There was sufficient time for the discussion.	1	2	3	4	5
7.	The focus group location was convenient.	1	2	3	4	5
8.	My participation in the focus group was worthwhile.	1	2	3	4	5
9.	I feel like my opinion mattered to the facilitator(s).	1	2	3	4	5
10.	My understanding of L.A. County's planning process to address homelessness has increased.	1	2	3	4	5
11.	L.A. County should ask for feedback from individuals who have experienced or are currently experiencing homeless on a regular basis.	1	2	3	4	5

Additional comments:

The Services Homeless Single Adults Use and their Associated Costs

An Examination of Utilization Patterns and Expenditures in Los Angeles County over One Fiscal Year

Chief Executive Office
Service Integration Branch
Research and Evaluation Services Unit

Written at the Request of the Chief Executive Office's *Ad Hoc* Homeless Initiative

Fei Wu, Ph.D.
Max Stevens, Ph.D.

January 2016

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The Services Homeless Single Adults Use and their Associated Costs: Executive Summary

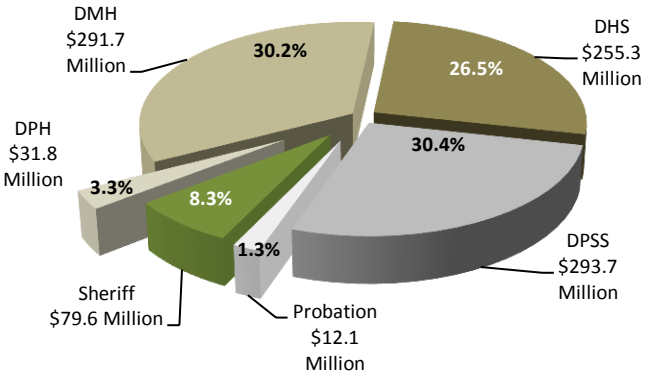
Background

This executive summary provides a synopsis of a report the Chief Executive Office's Research and Evaluation Services unit (CEO/RES) has prepared on the costs associated with services homeless single adults used through six County agencies in Fiscal Year (FY) 2014-15. The analysis informing RES's cost estimates was conducted at the direction of the CEO's *ad hoc* Homeless Initiative, which is tasked with developing a coordinated set of recommended County strategies to combat homelessness. RES's report is based on a study population of almost 150,000 single adults who experienced homelessness for varying periods of time during the 12-month observation period. The findings offer an overview of the fiscal significance of homelessness for the County in general, as well as from the point of view of the individual County agencies most intensively involved with the provision of services to homeless men and women. In doing so, the analyses establish a basis in empirical data for the recommended strategies the Homeless Initiative will deliver to the Board of Supervisors.

Overall Utilization and its Costs

The development of a strategic approach to homelessness for Los Angeles County reflects the Board's recognition of the problem's urgency both as a growing humanitarian crisis and as an ongoing strain on limited public resources. With respect to the latter, RES's report is consistent with a mounting body of research showing the stark fiscal implications homelessness presents for public administrators and the agencies and programs they manage. The report examines Los Angeles County's departments of Health Services (DHS), Mental Health (DMH), Public Health (DPH), Public Social Services (DPSS), the Sheriff, and Probation, six agencies that in FY 2014-15 spent an estimated combined total of $965 million in providing services, benefits and care to the population of homeless single adults that forms the basis for RES's analyses (Figure 1).

Figure1. Expenditures on Homeless Single Adults, by County Agency, FY 2014-15*

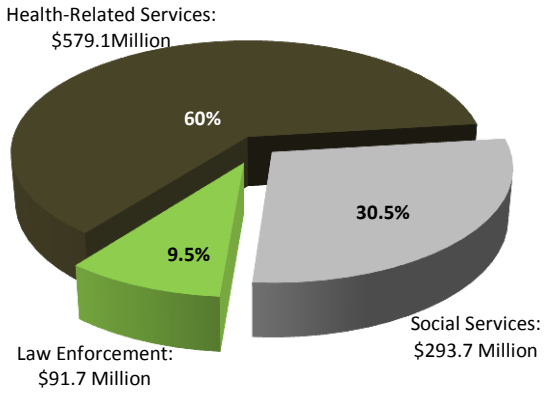


*Estimated Gross Total Expenditure: $965 Million

Utilization and Spending by General Service Area

As shown in Figure 2, three-fifths of the County's estimated spending on the study population in FY 2014-15 paid for health-related services provided through the County's three health agencies ($579.1 Million). DMH accounted for more than half of this health expenditure ($291.7 Million), and DMH and DHS combined accounted

Figure 2. Expenditures on Homeless Single Adults by General Service Area, FY 2014-15*



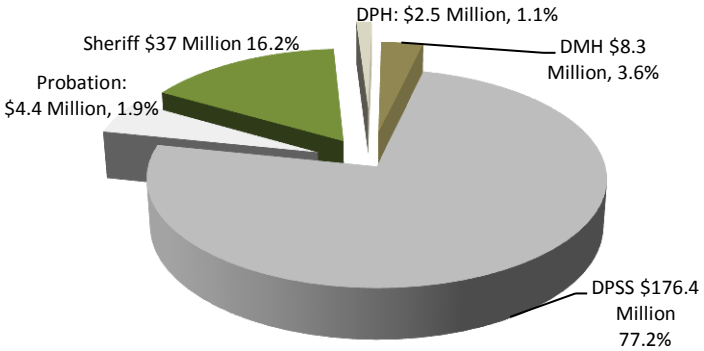
*Estimated Gross Total Expenditure: $965 Million

for all but roughly 5%. DPSS incurred the largest costs of any of the six agencies ($293.7 million) in providing cash benefits and homeless services through the General Relief (GR) Program, as well as Food Stamps benefits through the Calfresh program. Law enforcement spending on Sheriff's Department arrests and jail days, along with rehabilitative services provided through Probation, accounted for 9.5% of the total combined expenditure.

Figure 3. Net County Cost+ Expenditures on Homeless Single Adults, by Agency, FY 2014-15*

+Estimated Combined NCC: $228.6 Million*

*The Percentages given are of this Combined Total NCC



Net County Costs

Given the expansion of Medi-Cal at the State level on January 1 of 2014, there may be some temptation to take comfort in the relative prominence of health-related expenditures observed in these costs and the presumed revenue this might suggest. However, while it is true that health expenditures comprise 60% of the costs shown in Figure 2, RES's report estimates that roughly one-third of the spending across five of the six agencies examined – $228.6 million out of $710 million – was Net County Cost (NCC), which refers to spending that is not based on revenue and therefore represents charges to the County's General Fund.[1] Largely due to payment of GR benefits, which are entirely NCC, DPSS incurred the most NCC among the agencies considered ($176.4 million). The $37 million in NCC attached to Sheriff's Department arrests and jail stays comprises 16.2% of the total, and when these dollars are combined with Probation's NCC for the fiscal year ($4.4 million), law enforcement accounts for close to 18% of the total NCC. The two health agencies included in the calculations – DMH and DPH – account for the remaining $10.8 million, 5% of the total NCC for the fiscal year.

Study Population

These cost estimates are based on a study population comprised of 148,815 single adults who each experienced at least one spell of homelessness between July 2014 and June 2015 (Table 1). The study group was assembled in a collaborative effort involving three County agencies – DHS, DPSS and Probation – each of which, upon request, provided files of single-adult clients who were flagged for being homeless in a service record during FY 2014-15.

Table 1. Homeless Single Adult Master File Data Sources

Agency	Data Source	Clients to Study Group+
DPSS	LEADER / GR	114,037
LAHSA	HMIS	34,640
DHS	EDR/ORCHID	47,431
Probation	Probation Systems	2,795

+ These are counts of *unique clients by agency*

*The homeless DHS, Probation and DCFS clients added to the master file were encrypted and transferred using ELP protocols but were obtained through special requests because the homeless data flags in the administrative records kept by these agencies are not captured in ELP.

[1]DHS's FY 2014-15 costs and NCC are not included in this calculation for reasons described in section 2.2.1 of the full-length report.

The Los Angeles Homeless Services Authority also contributed a file of single adults with at least one record in the Homeless Management Information System (HMIS) of homeless services utilization during the 12-month observation period (Table 1). Clients in the files from the four agencies were assimilated into a composite file and then unduplicated, a process yielding the master study population of 148,815 single adults.

Data on Service Utilization and Service Costs

The estimates presented in RES's report consider three different types of services and costs:

Direct Services and Benefits are those that can be directly attributed to individual utilizers of services such as costs associated with inpatient and outpatient health services, booking and jail day costs, and benefit payments to GR recipients. Records of the direct services costs included in the analyses are available to RES through the Enterprise Linkages Project (ELP) data warehouse and other data sources across the six County agencies considered in the analyses. Table 2 shows RES's direct service cost estimates for services provided to the study population in FY 2014-15, by agency.

Table 2. Study Population Share of Direct Services Costs

Agency	Clients	Services	Costs	
			NCC	Total
DMH	39,073	1,044,874	$6,161,044	$252,245,388
*DHS	47,431	113,189	+	$246,647,125
DPH	6,939	10,276	$0	$22,120,417
DPSS	114,037	688,766	$176,443,752	$241,060,006
Sheriff	14,754	19,433	$32,824,849	$74,133,443
*Probation	2,795	21,726	$4,409,780	$12,098,348
Total	**148,815**	**1,898,264**	**$219,839,425**	**$848,304,728**

+Section 2.2.1 provides an explanation for why DHS's NCC is excluded from this report.

+These expenditures include administrative costs.

Non-Individualized Program Costs are expenditures attached to programs for which utilization of services at an individual level is either not recorded, not reliable, or was not available at the time this report was being prepared. Examples include the costs attributed to providing patients with supportive housing through DHS's Housing for Health Program and the cost of services provided through the Sheriff's Community Transition Unit (CTU). For these types of A total expenditure amount for FY 2014-15 was obtained and, to the extent possible, counts of the numbers of clients and numbers of *homeless* clients using services through these programs during the fiscal year were used to produce an estimate of the portion of the program costs attributable to homeless single adults. Table 3 shows the non-individualized expenditures added to RES's cost estimates, by agency.

Table 3. Additional Homeless Program Costs

Agency	Total	NCC	
		$	%
DHS	$8,616,167	+	+
DMH	$18,495,731	$1,135,000	6.1
DPH	$8,363,528	$2,514,024	30.0
DPSS	$21,771,000	$8,186,000	37.6
Sheriff	$ 2,562,841	$720,967	28.1
Total	**$59,809,267**	**$12,555,991**	**21.0**

+Section 2.2.1 of the full report provides an explanation for why DHS's NCC is excluded from this report.

Administration: The third type of cost included in RES's estimates is administrative costs. All County agencies have stand-alone administrative appropriations in their annual budgets. These types of expenditures are an often overlooked but nevertheless critical component of the overall costs County agencies incur in providing services to their clients. The methods used to include these costs in RES's estimates varied depending on the type of information that was readily available.[2] Table 4 shows the administrative costs added to RES cost estimates, by agency.

Table 4. Study Group Administrative Cost Estimates

Agency	Total	NCC $	NCC %
DHS	$50,797,395	+	+
DMH	$20,961,592	$962,137	4.6
DPH	$1,659,031	$0	0
DPSS	$30,884,710	$16,040,466	51.9
Sheriff	$2,914,459	$2,701,703	92.7
*Probation	$1,863,146	$1,620,937	
Total	**$109,080,333**	**$21,325,243**	**19.6**

+Section 2.2.1 of the full report provides an explanation for why DHS's NCC is excluded from this report.

*The estimated administrative costs for Probation, as well as the NCC attached to these costs replicate the proportions shown in the County's Recommended FY 2014-15 Budget, where administrative costs are 15.4% of the department's gross appropriation for the year and are 87% NCC.

Figure 4. Distribution of Study Population Costs by Cost Type, FY 2014-15[5]

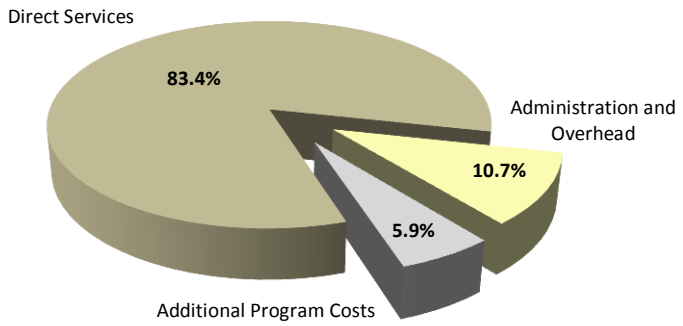


Table 5 summarizes the full cost estimates presented in the report. The six agencies examined spent an estimated combined total of $964.5 million in providing services to the study population in FY 2014-15. The average cost per person over 12 months was $6,481. DPSS spent the most in terms of Net County Cost ($176.4 million), almost five times more than the Sheriff (roughly $37 million). This is largely driven by GR, which is almost entirely NCC, as well as the high proportion of study population subjects who are GR recipients.

[2]For DHS and Probation, administrative costs are included in other service costs that are part of our estimates and, as a result of this, no additional calculation or extrapolation is needed. In the case of DPSS, FY 2014-15 administrative costs for GR and Calfresh were made available and RES performed some extrapolations to estimate the portion of these costs attributable to adults in the study population who utilized these benefits. For DMH, DPH and the Sheriff, administrative costs were not available to RES directly, which necessitated extrapolations based on information provided in the County's FY 2014-15 Recommended Budget.

Table 5. Costs for Services Provided to Homeless Single Adults in Los Angeles County, FY 2014-15						
		%	Estimated Expenditures			
	*Client N=	Study Population+	Direct Services**	TOTAL	NCC	Average Per Person
DHS	47,431	31.8	$246,647,125	$255,263,292	+++	$5,381
DMH	39,073	26.3	$252,245,388	$291,702,711	$8,258,181	$7,466
DPH	6,939	4.7	$22,120,417	$32,142,976	$2,514,024	$4,632
DPSS	114,037	76.6	$241,060,006	$293,715,716	$176,443,752	$2,576
Sheriff	14,754	9.9	$74,133,443	$79,610,743	$36,968,486	$5,397
Probation	2,795	1.8	$12,098,348	$12,098,348	$4,409,780	$4,328
OVERALL TOTAL	**148,815**	**100**	**$848,304,728**	**$964,533,787**	**$228,612,438**	**$6,481**
Most Costly 5%	7,441	5.0	$370,288,623	$381,181,654	$12,671,254	$51,227
Most Costly 10%	14,882	10.0	$476,865,568	$499,132,698	$27,474,588	$33,539
Most Costly 20%	29,763	20.0	$591,976,118	$635,675,239	$55,499,664	$21,358
HMIS Chronic Homeless	7,675	5.2	$54,747,979	$60,467,810	$5,134,767	$7,879

*These are Unique Totals

+These percentages are based on the full study population, *n*=148,815

++In this context, the *Direct Services* category is intended to exclude both administrative expenditures and costs associated with programs that are recorded at an aggregate level in terms of utilization of the services they provide.

++++Section 2.2.1 of the full-length report provides an explanation for why DHS's NCC is excluded from this report.

Key Findings

The *Significance of Mental Health and Substance Abuse Services*

The spread separating DMH from DHS and the Sheriff with respect to cost *per capita* is close to 40%. This is particularly remarkable given that close to one quarter of DHS's inpatient and outpatient costs with respect to the study population were expenditures on psychiatric emergencies and hospitalizations (roughly $58 million of $246.6 million). The sum of DHS's estimated psychiatric-related costs and DMH's total costs - roughly $350 million over 12 months - suggests that 60% of the County's health spending on homeless single adults and more than one-third of the County's overall spending on this population – are funds that pay for mental health treatment (Figure 5). When the study population's DPH/SAPC costs ($23.8 million) are added to the mental health/psychiatric total, the resulting implication is that close to 65% of the County's health spending on homeless single adults and two fifths of the County's overall spending on this population funds services for mental health and/or substance abuse treatment (Figures 5 and 6).

Figure 5. Combined Mental Health and Substance Abuse Costs+ in Relation to Health Costs Overall* for Services Provided to the Study Population, FY 2014-15

*Estimated Total Health Expenditure: $579.1 Million

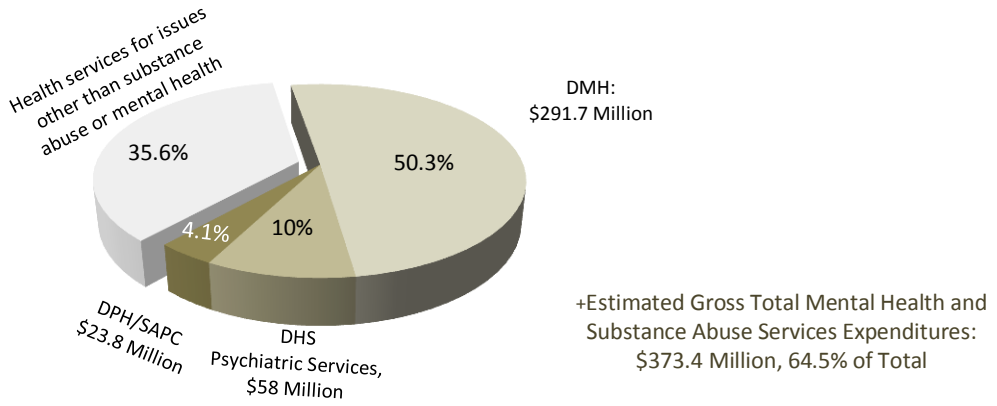
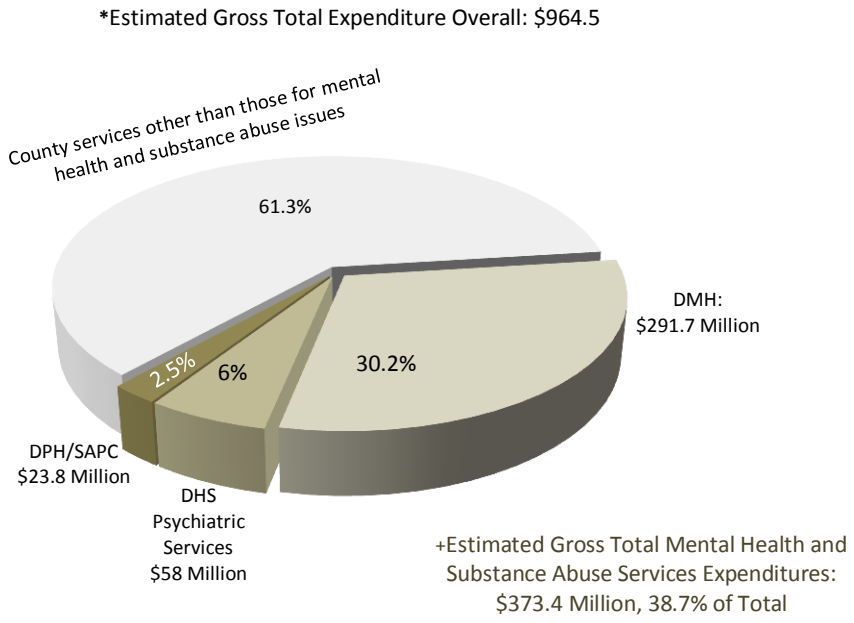


Figure 6. Estimated County Mental Health and Substance Abuse Expenditures+ in Relation to Overall Costs, FY 2014-15*



Inpatient and Emergency Services

From the point of view of general service areas, mental health treatment is the biggest single component of the County's costs with respect to homeless adults. Within the domain of mental health services, inpatient and emergency treatments are the primary factors driving spending. While only 13% of the DMH patients in RES's study population required acute inpatient and/or residential services (*n*=5,291 adults), these patients accounted for roughly one-fifth of the DMH inpatient and outpatient costs for the study population over the observation period, at an average cost per patient ($9,316) roughly 25% higher than the average for all the DMH patients in the study population. Psychiatric hospitalizations accounted for roughly 30% of DHS's inpatient costs and psychiatric emergencies accounted for close to 38% of the department's emergency costs.

Inmates and Probationers

RES's analysis of County law enforcement data suggests one in ten adults in the study population were arrested by the Sheriff's Department in FY 2014-15 (*n*=14,754 arrestees). The Department spent an average of $5,396 on these arrestees in over 12 months and close to $80 million overall ($37 million NCC, 46.5% NCC). These expenditures paid for booking, jail days, medical services provided through the jail ward, and transitional services provided through the department's Community Transitions Unit. Approximately seven in ten of the study population arrests involved time in custody that lasted no more than one month, but more than one in ten led to jail stays that lasted more than three months, and these lengthier stays accounted for more than half the jail costs for the study population ($38.4 Million out of $74.1 million). The costs of arrests and jail stays accounted for almost all of the law enforcement costs associated with the study population, as less than 2% of the study group received services through Probation during FY 2014-15.

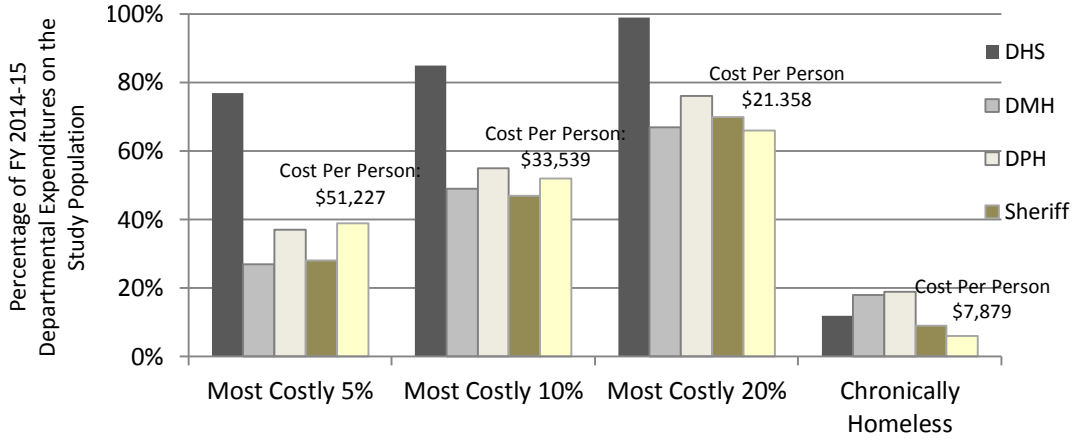
DPSS, the Primary Source of Basic Survival for the County's Homeless Adults

DPSS incurred the largest overall costs among the agencies RES examined ($293.7 Million). Almost four of every five adults in the study population was a DPSS client in FY 2014-15. As the provider of both a monthly cash stipend through the GR program and the distributor of Federal Food Stamp benefits through the Calfresh program, DPSS is the main source of basic subsistence for the homeless single adults in the County and a critical system of last resort. More than 7 out of 10 adults who received GR benefits during FY 2014-15 experienced a spell of homelessness at some point over the 12-months period. Two–thirds of these recipients experienced a disability that prevented them from participating in the GR program's job- readiness activities for at least part of the time they received benefits, and more than 40% were coded by the department as unemployable during all the months in which they received benefits.

High-Volume Service Users, the Most Significant Driver of the Costs Associated with Homelessness

The concentration of spending on a small minority of high-volume service users is both the most striking aspect of RES's results and one that is consistent with the current state of knowledge on the costs associated with homelessness. This pattern, as shown in Figure 7, is one observed from the standpoint of the County as a whole, as well as that of individual County agencies. While the average cost per person for the full study group across the six County agencies was $6,481 for the 12-month observation period, the average among the most expensive 5% (*n*=7,441 adults) was eight times higher ($51,227). The adults in this 5% subgroup accounted for $381.1 Million in service costs, which is almost 40% of the total County expenditure on the study population. The intensity of concentrated spending slows somewhat thereafter, but the most expensive fifth of the study population (*n=29*,763 adults) nevertheless accounts for two-thirds of the County's overall cost for the fiscal year.

Figure 7. County Expenditures* on the Most Expensive Adults in the Study Population, FY 2014-15+



*The average cost per person shown in the figure is based on expenditures across all six County agencies combined.

+DPSS and Probation are not shown because their benefits and services are fixed and provided on a recurrent and routine basis such that their costs per person do not vary dramatically (in contrast to the four departments included in Figure 7).

Fairly similar spending and utilization patterns are observed in looking at DMH, DPH and the Sheriff. In the case of DHS, the concentration is considerably more intensified. DHS's average cost per person for the most costly 5% of its patients in the study population (*n*=4,743 adults) is $80,015. This subgroup, which comprises only 3.2% of RES's full study population, consumed $189.8 million in DHS services, which is almost three-quarters of the department's expenditures on all the patients in the study group and roughly one-fifth of the County's costs on the entire study group. The most expensive 20% account for all but a small fraction of DHS's costs for services provided to the study population.

The Chronically-Homeless Subgroup

The chronically-homeless subgroup within the study population consists of 7,675 adults.[3] Although there is some overlap between this subgroup and the most costly segments of the study population, the concentration of spending on the chronically homeless group is considerably less intensive. At the same time, however, this subgroup's average cost per person in looking at County services overall ($7,879) is 21.6% higher than average and expenditures on these persons ($60.5 million) constitute 6.3% of the County's overall spending on the study population.

Homeless Costs in the Context of Overall Departmental Resources

For each agency included in the report, RES measured the estimated expenditures in relation to a larger pool – or denominator - of departmental funding for services provided to adults. This was done to convey a sense of the relative impact of homelessness on departmental resources. This relational aspect of the overall analysis is imperfect and its intent is limited to a general approximation of the fiscal and financial significance of homelessness in Los Angeles County.[4]

---

[3]The HMIS file LAHSA made available to RES for the report included 7,675 persons flagged in the system because they met the federal Housing and Urban Development (HUD) criteria for categorization as *chronically homeless.* These adults comprise 5.2% of the study population. As adopted by HUD, the most up-to-date Federal definition of a *chronically homeless* person is one who: (a) is "homeless and lives in a place not meant for human habitation, a safe haven, or in an emergency shelter; (b) Has been homeless and living or residing in a place not meant for human habitation, a safe haven, or in an emergency shelter continuously for at least one year or on at least four separate occasions in the last 3 years; and (c) Can be diagnosed with one or more of the following conditions: substance use disorder, serious mental illness, developmental disability, post-traumatic stress disorder, cognitive impairments resulting from brain injury, or chronic physical illness or disability." This definition includes any "individual who has been residing in an institutional care facility, including a jail, substance abuse or mental health treatment facility, hospital, or other similar facility, for fewer than 90 days and met all of the criteria [a, be and c] before entering that facility"

[4]In making decisions about the inclusion and exclusion of funds from these larger gross financial denominators, a number of complexities prevent the uniform application of a standard set of business rules to all departments. Moreover, it is important to emphasize that budgets are related but analytically distinct from actual expenditures. In the case of DMH, as well as for part of the analysis of Probation, RES was able to build a larger departmental denominators based on information provided the unit received actual expenditures. For the other four other agencies, however, the funding denominators relied on information provided in the County's Recommended Budget for FY 2014-15. In these latter cases, RES proceeded with the assumption that budgets could be approached as a reasonable proxy for expenditures for the purposes of producing general estimates.

Figure 8. Combined Spending on the Study Group across Six County Agencies in Relation to their Approximate Total Expenditures on Adults Overall, FY 2014-15

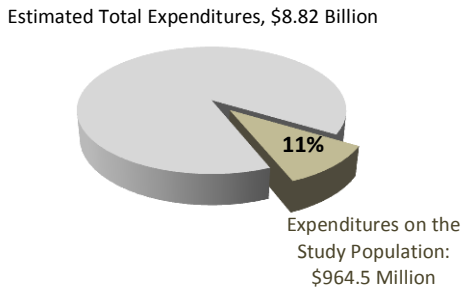
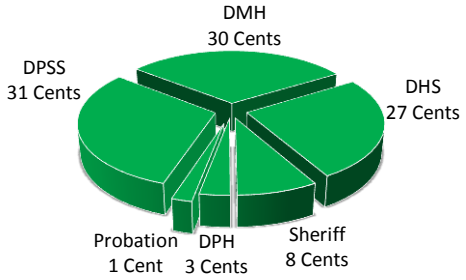


Figure 9. Estimated Distribution of Every County Dollar Spent on Providing Services to Homeless Single Adults, FY 2014-15



Given this caveat, the sum of these six departmental denominators, represented in Figure 8, is RES's best effort to produce a reasonable approximation of the combined funding these agencies deployed in providing services to adults during FY 2014-15. Within this universe of overall spending, slightly more than $1 out of every $9 was spent on services provided to the study population. DPSS and DMH each account for about 30 cents on this dollar and DHS's share is 27 cents. There is a significant spread separating these three agencies from the others. The Sheriff's share is about 8 cents on the dollar, DPH accounts for three cents, and Probation accounts for a penny (Figure 9).

Maximizing the Effectiveness of County Service Dollars

The most general fiscal implication of RES's report is that Los Angeles County spends close to $1 Billion per year through the 6 departments included in the analyses in providing services and benefits to single adults who experience varying spells of homelessness in the course of a 12-month period. Additional, smaller costs are incurred by departments that are not included in this report. The establishment of a coordinated policy and program environment that makes the most effective use of these resources is one of the fundamental objectives for the CEO's *ad hoc* Homeless Initiative in delivering a set of coordinated County strategies to combat homelessness. RES's analyses suggest that 5% of the homeless single adult population in the County - roughly 1 out of every 20 - consumes 40 cents of every dollar spent on the full population. Making inroads into the utilization patterns of this small segment of the population could ultimately free up funds to be reinvested strategically in ongoing efforts to combat homelessness. Accomplishing this will necessitate the implementation of more efficient and lasting alternatives that break repetitive cycles of Emergency Room visits, hospitalizations, expensive psychiatric inpatient treatments, arrests and re-arrests, etc.

Homelessness is not merely a problem of dollars and cents but, more importantly, one of the defining humanitarian issues Los Angeles County faces. Reducing and eventually ending the problem will not be easy or painless but is consistent with basic values of citizenship, fairness and decency. In forming the *ad hoc* Homeless Initiative, the Board of Supervisors and the County's Chief Executive Officer have taken a decisive step in the process. The goal in preparing the report has been to arm the Initiative with information needed to present the Board with an effectively coordinated set of recommendations, one that provides the County with guidance in facing the difficult but worthwhile challenges that lay ahead and leads to enduring solutions.

1. Introduction

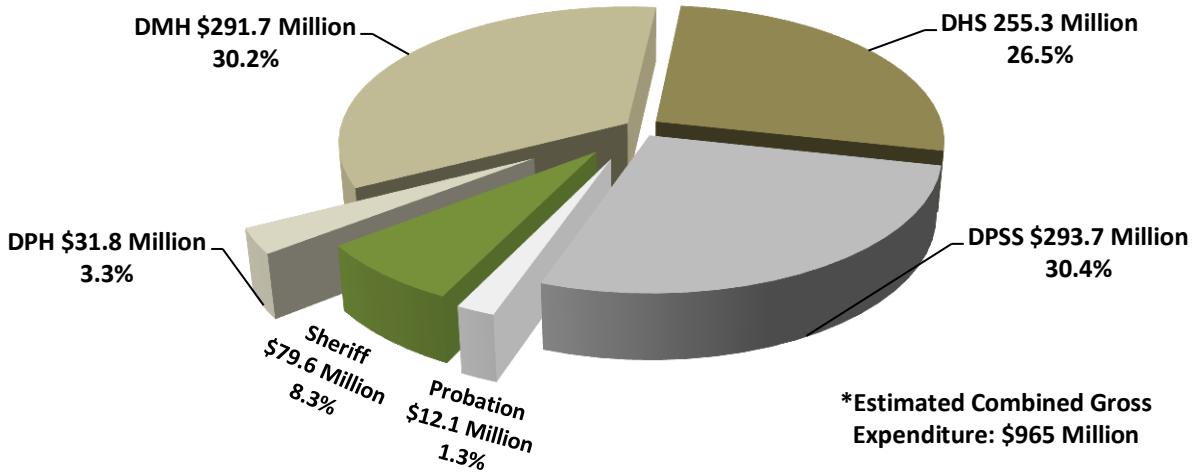
This report presents estimates of the costs six Los Angeles County agencies incurred in providing services to roughly 150,000 single adults who experienced homelessness for varying periods of time during Fiscal Year (FY) 2014-15. The analysis informing the estimates was conducted at the direction of the Chief Executive Office's (CEO's) *Ad Hoc* Homeless Initiative, which is tasked with developing a coordinated set of recommended County strategies to combat homelessness. The information provided in what follows offers an overview of the fiscal significance of homelessness for the County as a whole, as well as from the point of view of the individual County agencies most intensively involved with the provision of services to homeless men and women. The analyses establish a basis in empirical data for the recommended strategies the Homeless Initiative will deliver to the Board of Supervisors.

1.1. Estimated Gross Total Expenditure in FY 2014-15

The development of a strategic approach to homelessness for Los Angeles County reflects the Board's recognition of the problem's urgency both as a growing humanitarian crisis and as an ongoing strain on limited public resources. With respect to the latter, this report is consistent with a growing body of research showing the stark fiscal implications homelessness presents for public administrators and the agencies and programs they manage. In the chapters that follow, we examine Los Angeles County's departments of Health Services (DHS), Mental Health (DMH), Public Health (DPH), Public Social Services (DPSS), the Sheriff, and Probation. In FY 2014-15, these six agencies spent an estimated combined gross total of $965 million in providing services, benefits and care to the population of homeless single adults that forms the basis for our analyses (Figure 1a).

From the standpoint of all six agencies combined, the average cost per person over the 12 months of observation was $6,481. Most significantly, however, the average cost among the most costly 5% of these service users (*n*=7,441 homeless single adults) was $51,227 and these subjects accounted for almost 40% of the total combined annual gross costs. As will be discussed in detail in the final chapter of this report, a small minority of high-volume service users are the most impactful driver of the overall expenditures reflected in our estimates.

Figure 1a. Expenditures on Homeless Single Adults, by County Agency, FY 2014-15*

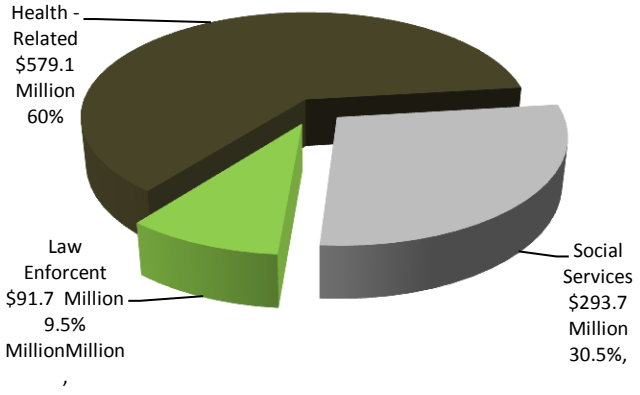


1.2. Spending within General Service Areas

As shown in Figure 1b, three-fifths of the estimated gross spending on single adults in the County who experienced homelessness in FY 2014-15 paid for health-related services provided through the County's three health agencies ($579.1 Million). DMH accounted for more than half of this health expenditure ($291.7 Million), and DMH and DHS combined accounted for all but about 5%. DPSS incurred the largest costs of any of the six agencies ($293.7 million) in providing cash benefits and homeless services through the General Relief Program, as well as Food Stamps benefits through the Calfresh program. Law enforcement spending on Sheriff's Department arrests and jail days, along with rehabilitative services provided through Probation, accounted for 9.5% of the total combined expenditure.

Figure 1b. Expenditures on Homeless Single Adults by General Service Area, FY 2014-15

Estimated Gross Total Expenditure: $965 Million

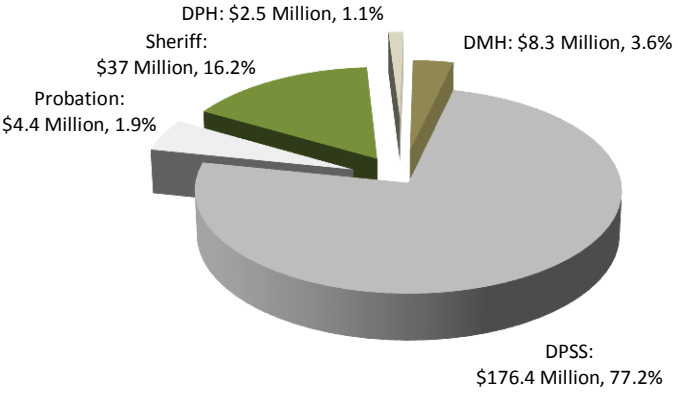


1.3. Net County Costs

Given the expansion of Medi-Cal at the State level on January 1 of 2014, there may be some temptation to take comfort in the relative prominence of health-related expenditures observed in these costs and the presumed revenue this might suggest. However, while it is true that health expenditures comprise approximately 60% of the costs shown in Figure 1b, we estimate that roughly one-third of the spending across five of the six agencies examined – $228.6 million out of $710 million – was Net County Cost (NCC), referring to spending that is not driven by net revenue and therefore represents charges to the County's General Fund.[5] Largely due to payment of General Relief Benefits, which are almost entirely NCC, DPSS incurred the most NCC among the agencies considered ($176.4 million). The $37 million in NCC attached to Sheriff's Department arrests and jail stays comprise 16.2% of the total, and when these dollars are combined with Probation's NCC

Figure 1C. Net County Cost Expenditures on Homeless Single Adults, by Agency+

Estimated Combined NCC: $228.6 Million



*The Percentages given are of the combined total NCC

+Section 2.2.1 provides an explanation for why DHS's NCC is excluded from

[5] DHS's NCC is not included in this calculation for reasons that will be described in Chapter 2 of this report (Section 2.2.1).

for the fiscal year ($4.4 million), law enforcement accounts for close to 18% of the total NCC. The two health agencies included in the calculations – DMH and DPH – account for the remaining $10.8 million, which comprises close to 5% of the total NCC for the fiscal year.

1.4. The Study Population

Table 1a. Homeless Single Adult Master File Data Sources		
Agency	**Data Source**	**Clients to Study Group+**
DPSS	LEADER / GR	114,037
LAHSA	HMIS	34,640
DHS	EDR/ORCHID	47,431
Probation	Probation Systems	2,795

+ These are counts of *unique clients by agency*

*The homeless DHS and Probation clients added to the master file were encrypted and transferred using ELP protocols but were obtained through special requests because the homeless data flags in the administrative records kept by these agencies are not captured in ELP

These cost estimates are based on a study population comprised of 148,815 unaccompanied adults who each experienced at least one spell of homelessness between July 2015 and June 2015 (Table 1a). The study group was assembled in a collaborative effort with three County agencies – DHS, DPSS and Probation – each of which, upon request, provided files of single-adult clients who were flagged as being homeless in a service record during FY 2014-15. The Los Angeles Homeless Services Authority similarly provided a file of adults with at least one record in the Homeless Management Information System (HMIS) of using homeless services during the 12-month observation period (Table 1a). Clients in the files from the four agencies were assimilated into a composite file and then unduplicated. This process yielded a master study population file of 148,815 single adults who experienced homelessness in FY 2014-15.

1.4.1, Demographic Composition

Table 1b shows the study population's demographic composition. Close to 70% of the subjects are male and their average age during the study period was 41, with almost four-fifths of the group was 27 years of age or older.[6] Slightly more than 40% is African-American, 35% is White, close to 20 percent is Hispanic, and roughly 5% are "other," a category which includes Asian and Pacific Islanders and American Indians.

Table 1b. Study Group Demographic Characteristics.		
Total Study Group N=148,815		
Age (Average = 41)	**#**	**% of Study Group**
18 to 26 (TAY)	32,555	21.87
27 to 45	57,028	38.34
46 to 64	55,347	37.20
65+	3,858	2.57
Gender	**#**	**% of Study Group**
Male	102,646	68.98
Female	45,115	30.32
Other	1,054	0.71
Race/Ethnicity	**#**	**% of Study Group**
White	51,993	34.81
African American	59,714	40.39
Hispanic	29,558	19.57
Others	7,550	5.23

1.4.2. The Exhaustiveness of the Study Population

To date, there is no uniformly applied homeless indicator in County service records, nor has a countywide mandate been imposed on service providers to ask their clients if they are homeless and to flag those who

[6] This is the average age of the study population subjects based on the earliest record in FY 2014-15 that led to their inclusion in the study population (i.e. either DHS, DPSS or Probation service record in which they were flagged for homelessness or a record of using services recorded in HMIS.

say they are in agency-level service records. A sufficiently-sized study population therefore had to be built on data from the limited group of County agencies that track homelessness within their client populations. However, subjects were only included in the study group insofar as they used services these agencies provided during FY 2014-15 *and* were recorded as being homeless at the point in time of at least one of the service episodes.

1.4.2.1. A Comparison with LAHSA's Homeless Population Estimate

Table 1c. Study Population versus LAHSA 2015 Estimate

	n=	
Study Population	**148,815** single adults who experienced Homelessness in Los Angeles County during FY 2014-15.	
LAHSA Estimate	**139,769** unaccompanied adults who experienced homelessness in the Greater Los Angeles COC in 2015	
Study Pop. Difference	**#**	**%**
	+9,046	+6.5%

A number challenges with respect to knowing how exhaustive and/or representative our study population is of the full universe of single adults who experienced homeless episodes within our 12-month observation window. However, efforts made by LAHSA to produce annual estimates offer some helpful clues. While there are some key distinctions that should be noted, the roughly 150,000 single adults in our master study population is within 10,000 and 7% of LAHSA's estimate of unaccompanied adults within the Greater Los Angeles Continuum of Care (COC) who were homeless during 2015(Table 1c).[4] The difference is likely due in large part to the more restrictive HUD definition of a homeless person and the smaller geographic area the LAHSA estimate covers, which does not include the cities of Long Beach, Pasadena, Glendale or Santa Monica.

1.5. Data and the Components of the Cost Estimates

1.5.1. Direct Service Costs

The estimates presented in this report consider three different types of costs. The first type, shown in Table 1d, is expenditure on services and benefits. That can be directly attributed to individual utilizers of services such as costs associated with inpatient and outpatient health services, booking and jail day costs, and benefit payments to

Table 1d Study Population Share of Direct Services Costs

			Costs	
Agency	**Clients**	**Services**	**NCC**	**Total**
DMH	39,073	1,044,874	$6,161,044	$252,245,388
*DHS	47,431	113,189	+	$246,647,125
DPH	6,939	10,276	$0	$22,120,417
DPSS	114,037	688,766	$176,443,752	$241,060,006
Sheriff	14,754	19,433	$32,824,849	$74,133,443
*Probation	2,795	21,726	$4,409,780	$12,098,348
Total	**148,815**	**1,898,264**	**$219,839,425**	**$848,304,728**

+Section 2.2.1 provides an explanation for why DHS's NCC is excluded from this report.

+These expenditures include administrative costs.

[7] To produce its estimate, LAHSA uses the point-in-time (PIT) results produced through its annual homeless count in combination with demographic information to produce an annualized estimate. The point-in-time count is parsed into persons who are homeless throughout the year and persons who recently became homeless. An extrapolation is then made to estimate the number of additional people who will likely become homeless over the year after the PIT count is completed. The initial estimate of (*n*=162,769) includes family members. In response to follow up inquiries about an estimate of the single adults in this larger count, LAHSA indicated that the PIT count includes 15,000 children, from which they project 7,000 families, meaning that between roughly 22,000 and 23,000 persons in the estimate are family members. The 139,769 estimate attributed to LAHSA in Table 2d is therefore the initial estimate minus the extrapolated family members (162,769-23,000 =139,769).

GR recipients. In all these examples, records documenting the delivery of the services and costs are structured so as to capture individual consumption in discrete episodes. Records of the direct services costs included in our analysis are available to us through the Enterprise Linkages Project (ELP) data warehouse and other data sources across the six County agencies considered in our analyses. All client-level service records examined for this report were encrypted and matched to our similarly encrypted master file of approximately 148,815 homeless single adults known to have experienced homelessness in FY 2014-15.

1.5.2. Non-Individualized Program Costs

Table 1e. Additional Homeless Program Costs

Agency	Total	NCC $	NCC %
DHS	$8,616,167	+	n/a
DMH	$18,495,731	$1,135,000	6.1
DPH	$8,363,528	$2,514,024	30.0
DPSS	$21,771,000	$8,186,000	37.6
Sheriff	$ 2,562,841	$720,967	28.1
Total	**$59,809,267**	**$12,555,991**	**21.0**

+Section 2.2.1 provides an explanation for why DHS's NCC is excluded from this report.

The second type of cost is expenditure on programs for which utilization of services at an individual level is either not recorded, not reliable, or not available as of this writing Examples include the costs attributed to providing patients with supportive housing through DHS's Housing for Health Program and the cost of providing jailed inmates with transitional services through the Sheriff's Community Transition Unit. For these types of programs, a total expenditure amount for FY 2014-15 was obtained and, to the extent possible, counts of the numbers of clients and numbers of *homeless* clients using services through these programs during the fiscal year were used to produce an estimate of the portion of the program costs attributable to homeless single adults. Table 1e shows the non-individualized expenditures added to RES's cost estimates, by agency.

1.5.3. Administrative Costs

Table 1f. Study Group Administrative Cost Estimates

Agency	Total	NCC $	NCC %
DHS	$50,797,395	+	+
DMH	$20,961,592	$962,137	4.6
DPH	$1,659,031	$0	0
DPSS	$30,884,710	$16,040,466	51.9
Sheriff	$2,914,459	$2,701,703	92.7
*Probation	$1,863,146	$1,620,937	
Total	**$109,080,333**	**$21,325,243**	**19.6**

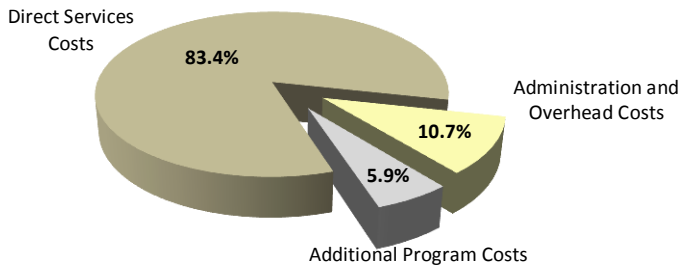
Section 2.2.1 provides an explanation for why DHS's NCC is excluded from this report.

*The estimated administrative costs for Probation, as well as the NCC attached to these costs replicate the proportions shown in the County's Recommended FY 2014-15 Budget, where administrative costs are 15.4% of the department's gross appropriation for the year and are 87% NCC.

The third type cost included in our estimates is administrative expenditures (Table 1f). All County agencies have stand-alone administrative appropriations in their annual budgets. These types of expenditures are an often overlooked but nevertheless a critical component of the overall costs County agencies incur in providing services to their clients. The methods used to include these costs in our estimates vary depending on a number of factors. For DHS and Probation, administrative and overhead costs are included in other service costs included in our estimates and, as a result of this, no

additional calculation or extrapolation is needed.[8] In the case of DPSS, FY 2014-15 administrative costs for GR and CalFresh were made available and we performed some extrapolations to estimate the portion of these costs attributable to adults in the study population who utilized these benefits. For DMH, DPH and the Sheriff, administrative costs were not available to us directly, which necessitated extrapolations based on information provided in the County's FY 2014-15 Recommended Budget.

Figure 1d. Distribution of Study Population FY 2014-15 Costs, by Cost Type[9]



1.6. Study Period

FY 2014-15 was selected as the study period for several reasons. Since this report will be used to inform recommendations on how to maximize the effectiveness and cost efficiency of resources allocated to Los Angeles County's strategy to reduce homelessness, the Homeless Initiative directed RES to produce an annualized set of cost estimates based on the most recent Fiscal Year for which there is complete data.

1.7. The Limitations of Our Approach

A number of factors endemic to homelessness create challenges in attempting to produce a fully comprehensive account of services homeless people use and the costs associated with this utilization. Given the basic difficulties they encounter and the unpredictability of their lives from one day to the next, including the physical and mental disabilities often linked to extended periods of homelessness, the first step in conducting research on homeless men and women is to recognize that the population in question is more difficult to track with consistency and systematic rigor than is the case for persons who are observable within the mainstream currents of daily life. That only three of the six County agencies covered in this report even attempt to keep track of homelessness in their administrative records is a testament to this. Within this context, our approach in preparing this report was to examine the available information pragmatically and with as much flexibility as permissible without compromising the general validity of our analysis and calculations. It must be emphasized upfront that our analyses produce reasonably accurate *estimates.* Although these analyses are based on empirical data and are replicable, the resulting estimates are distinct from precision accounting or recordkeeping.

[8]For this reason, estimated administrative/overhead costs for Probation and DHS are shown in Table 1f but are not applied as an additional cost in the sections of this report that discuss services provided by DHS and Probation.

[9]The denominator for this figure is 5.4% larger than the total costs shown in this report because administrative/overhead costs for DHS and Probation are double-counted so as to avoid the overly speculative calculations that would be required to fully disaggregate them from the direct services costs.

These considerations are especially important with respect to the manner in which we assembled the master file for this report. The study group consists of persons who were homeless *at the time of a particular service episode* but not necessarily *at the time of all the services they used over the course of the full 12-month observation period.* On the one hand this means that there is an indeterminate amount of cost added to our estimates that corresponds to utilization that took place while the subjects in question were not homeless. On the other hand, however, our analysis does not capture services used by homeless persons who were not flagged for homelessness in the records of the four agencies that collaborated with us in building our master study population. This has significance, in particular, for the cost estimates we present for DMH, DPH's Substance Abuse Prevention and Control (SAPC) program, and the Sheriff's Department. Since these three agencies were not able to provide us with homeless client files for our study population, their homeless single adult clients are only included in our analysis if they also used services provided by one of the four agencies whose clients comprise our study population (DHS, DPSS, Probation and LAHSA). Given the size of the study group, we proceeded with the assumption that these countervailing tendencies towards over- and under-estimation would balance one another to an extent that makes our estimates valid aggregate approximations.

1.8. The Chapters and Organization of this Report

The chapters of this report are organized by general service area. Chapter 2 examines health-related services utilized through DHS, DMH and DPH. Chapter 3 focusses on law enforcement expenditures attached to arrests made by the Sheriff, jail days at Sheriff's facilities, and services provided through Probation. Chapter 4 examines DPSS's gross costs in providing the study population cash assistance and homeless services through GR and food stamps benefits through CalFresh. The concluding chapter considers the broad implications of the estimates described in Chapters 2, 3 and 4, and we examine the impact of the heaviest and most expensive service users in the study population.

2. Estimates of Expenditures on Health-Related Services

This chapter examines expenditures on services utilized through DHS, DMH and DPH. In FY 2014-15, these three agencies spent an estimated gross total of $579.1 million in providing roughly 1.2 million health-related services to almost 77,000 unique homeless adults, more than half our study population. Patients in our study group used an average of 15.2 services through the three health agencies at an average of $7,522 per patient over the year (Table 2a). The cost estimates provided in this chapter include additional administrative and program expenditures.

Table 2a. The Study Group's Overall Use of Health-Related Services, FY 2014-15

	# Patients	# Services	Average Cost Per+ Service	Costs+ NCC	Costs+ Total	Cost Per Patient+ NCC	Cost Per Patient+ Total
DHS	47,431	113,189	$2,255	*	$255,263,292	*	$5,382
DMH	39,073	1,044,874	$279	$8,258,181	$291,702,711	$211	$7,466
DPH	6,939	10,276	$3,128	$2,514,024	$32,142,976	$362	$4,632
Health Total	**76,987**	**1,168,339**	**$496**	**$10,772,205**	**$579,108,979**	**$140**	**$7,522**
Top 5% in Cost	3,849	345,650	$808	$772,723	$279,269,844	$201	$72,556
Top 10% in Cost	7,700	571,083	$626	$1,685,977	$357,598,015	$219	$46,441
Top 20% in Cost	15,398	840,067	$539	$3,445,225	$444,126,801	$224	$28,843
Chronic Homeless	7,467	121,131	$444	$920,244	$53,730,618	$123	$7,196
%NCC: 3.3 (calculated based on DMH and DPH only)							

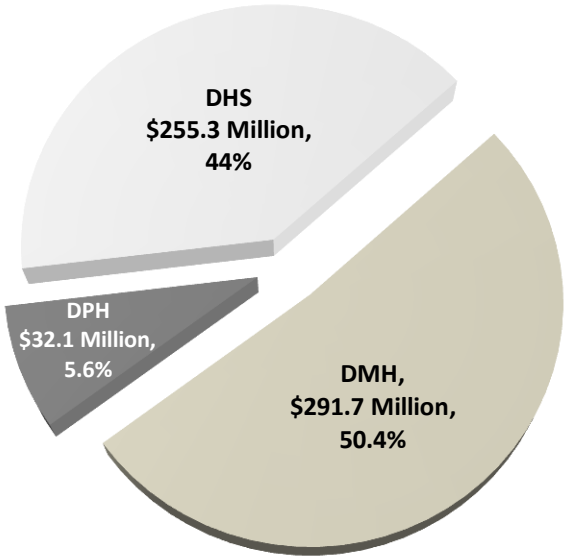
+Section 2.2.1 provides an explanation for why DHS's NCC is excluded from this report.

2.1. Health Expenditures Overall

As shown in Figure 2a, DMH accounts for more than half the study population's total health costs for FY 2014-15, with expenditures summing to $291.7 million. Less than 3% of these DMH costs are estimated to be NCC ($8.3 million). DHS spent an estimated $255.3 million, comprising 44% of the combined health expenditure on the study group. Finally, we estimate DPH spent $32.1 million in providing treatment to the study population, amounting to 5.6% of the combined total health costs. While more than 7.8% of these DPH costs were NCC ($2.5 million), expenditures associated with services provided through the department's Substance Abuse Prevention and Control (SAPC) program comprise three-quarters of our DPH estimate, ($23.8 million), are 0% NCC.

Figure 2a. Health Expenditure on the Homeless Study Population, FY 2014-15

Estimated Combined Expenditure: $579 million



2.2. DHS Expenditures

The estimated sum total of the costs DHS incurred in providing services to our study population in FY 2014-15 is $255.3 million, an amount that includes $50.8 million in administrative and overhead expenditures (19.9%). The DHS estimate is based on a data match against DHS records that yielded 47,431 patients who received services over the 12-month period of observation, a match rate of 31.9% of the study population (Table 2b).

2b. The Study Group's Overall DHS Utilization and the Associated Costs, FY 2014-15

	# Patients	# Services	Average Cost Per Service+	Costs+ Total	Cost Per Patient+ Total
DHS In/Outp Subtotal 1	**47,431**	**113,189**	**2,179**	**$246,647,125**	**$5,200**
Psychiatric	10,544	14,689	3,946	$57,968,235	$5,498
Top 5% in Cost	2,372	20,221	9,386	$189,795,876	$80,015
Top 10% in Cost	4,743	40,494	5,384	$218,036,545	$45,970
Top 20% in Cost	9,486	68,551	3,563	$244,274,202	$25,751
HMIS Chronic Homeless	3,908	11,882	2,507	$29,793,467	$7,624
*Additional Programs	47,431	n/a	n/a	$8,616,167	$182
			DHS Grand Total	**$255,263,292**	**$5,381**

2.2.1. Overview for DHS data

The projected costs and assumptions reflected in this report for the Department of Health Services (DHS) are based patient utilization records and the Department's FY 2014-15 average cost per workload. Therefore the cost amounts in this report for DHS reflect estimates and may not reflect actual costs. This is important to note in regard to possible planning exercises that focus on the DHS costs for the homeless population included in this study.

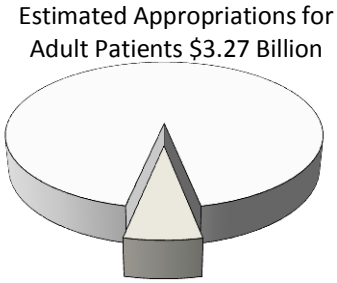
Further, there are additional considerations regarding the DHS costs that must be carefully reviewed prior to using the DHS data in future studies, such as the impact of Assembly Bill 85 (amended by SB 98), which implemented the Affordable Care Act in California and governs the County's minimum contribution to DHS for its total operations (aka "maintenance of effort" requirements).

2.2.2. DHS's Estimated Overall Costs

The DHS patients in our study population used roughly 113,000 outpatient and inpatient services, including emergency room visits and psychiatric emergencies and hospitalizations, for an average of 2.4 services and $5,381 per person over 12 months. The $246.6 million DHS inpatient and outpatient service subtotal comprises 96.6% of the grand total. The additional program expenditures, discussed further in section 2.3.2 total to $8.6 million. The $255.3 million grand total comprises 7.8% of the $3.27 billion in DHS's adjusted budget allocation for services provided to adults.[10]

[10]To obtain an approximation of funds that pay for services provided to adults, we an overall FY 2014-15 budget allocation provided for us by DHS ($3.88 Billion), which was then reduced 12%, to reflect the percentage of records in the ELP data warehouse of DJS services provided between 2010 and 2014 to unique DHS patients who were under the age of 18 at the time the services were delivered. While estimates of DHS expenditures presented in this chapter are based on the department's average workload cost calculations or FY 2014-15, by service type, the overall adult estimate represented in Figure 2b ($3.27 Billion) is based on the department's adjusted budget allocation for FY 2014-

Figure 2b. DHS Expenditures on Adult Patients in Relation to the Department's Estimated Budget Allocation, FY 2014-15



More than one-fifth of the patients in our DHS data match results received Psychiatric Emergency Services (PES) and/or was hospitalized at a DHS facility for psychiatric conditions The total cost of the psychiatric inpatient and emergency services provided through DHS amounts to an estimated $58 million, which is close to one quarter of the total DHS inpatient and outpatient cost for our study group, and is about 22.7% of the total DHS expenditure on the study population for the fiscal year.

The most costly 5% of the study group's DHS patients in terms of inpatient and outpatient services (*n*=2,372 patients) are particularly striking. This segment of the study population consumed more three quarters of DHS's inpatient and outpatient expenditures on the study group at an average cost of approximately $80,000 per patient. The most costly fifth (*n*=9,486) consumed all but a small fraction of the inpatient and outpatient expenditures, at an average cost of roughly $26,000 per patient.

2.2.3. Inpatient, Outpatient and Emergency Costs

A total of 3,970 adults, 8.4% of the DHS patients in our study group, were hospitalized and received roughly 41,000 days of inpatient treatment, an average inpatient stay of 10.5 days at an average cost of $38,500 per inpatient episode. The total cost of these episodes is $153.2 million. This means that less than 10% of the DHS patients in our study group, by virtue of their receipt of inpatient services alone, consumed approximately 60% of the study population's total DHS expenditures for the fiscal year (Table 2c).

Table 2c Study Group Utilization of DHS Inpatient Services, FY 2014-15

				Costs	Cost Per Patient
	# Patients*	# Inpatient Days	Average Cost Per Service+	Total	Total
DHS Inpatient Subtotal 2	**3,970**	**41,723**	**32,025**	**$153,211,605**	**$38,592**
Psychiatric Inpatient	777	12,323	51,716	$45,354,772	$58,372
Top 5% in Cost	199	19,979	155,963	$73,770,589	$370,706
Top 10% in Cost	397	27,511	120,485	$101,328,261	$255,235
Top 20% in Cost	794	36,193	85,839	$132,965,109	$167,462
HMIS Chronic Homeless	415	5,199	27,288	$19,237,799	$45,356

Almost 30% of the study group's inpatient days in FY 2014-15 were hospitalizations for psychiatric issues. The patients involved in these service episodes (*n*=777 patients) comprise less than 20% of the patients receiving inpatient services during the fiscal year, and less than 2% of the DHS patients in our study group,

15 and not actual expenditures. The denominator and numerator in the figure and accompanying discussion are therefore not fully standardized. For this reason, we emphasize that the inferences drawn are only intended to provide an approximation of how DHS's expenditures on homeless single adults stand in relation to the department's larger budget.

but they consumed 18% of the total DHS estimated expenditure on the study group. The average psychiatric inpatient cost per person ($58,372) is 50% higher than the study group's average inpatient cost per person.

More than one-third of the DHS patients in our study population were involved in 25,395 Emergency Room (ER) episodes during FY 2014-15 (*n*=16,526 patients), an average of 1.5 visits per ER patient at a total cost of $33.2 million, 13% of the overall DHS expenditure on the study population for the fiscal year. More than 60% of the patients visiting DHS ERs received Psychiatric Emergency Services (PES) at a total cost of $12.6 million, which accounts for more than 37% of the study group's emergency expenditures overall.

2.2.4. Additional DHS Costs

As shown in Table 2b, we add $8.6 million to our DHS estimate based on expenditures attached to additional programs. These are estimated costs associated with Housing for Health with and Recuperative Care of $5.8 Million and $2.8 million, respectively, for the Fiscal Year.

2.3. DMH Expenditures

The bulk of our analysis of the study group's use of DMH services is based on comprehensive datasets of outpatient, crisis stabilization, acute inpatient and residential services records, which were prepared by DMH's Clinical Informatics division. A data match linking our study population to these records produced 39,073 patients who received mental health treatment through the department in FY 2014-15, a match rate of 26.3%. These patients used more than 1 million inpatient and outpatient services for a total cost of $252.2 million. When additional programming and estimated administrative expenditures are included, the grand total estimate for the fiscal year is $291.7 million, an average of $7,466 per patient. We additionally estimate that $8.3 million (2.8%) of the total expenditure was NCC

Table 2d. The Study Group's Overall DMH Utilization and the Associated Costs, FY 2014-15

	#* Patients	# Services	Average Cost Per Service	Costs+		Cost Per Patient+	
				NCC	Total	NCC	Total
DMH OP&IP Subtotal	**39,073**	**1,044,874**	**$241**	**$6,161,044**	**$252,245,388**	**$158**	**$6,524**
Top 10% in Cost	3,907	441,652	$278	$2,623,238	$122,765,101	$671	$31,422
Top 20% in Cost	7,814	649,821	$260	$3,800,588	$169,009,319	$486	$21,629
HMIS Chronic Homeless	5,987	190,525	$243	$1,261,388	$46,317,928	$211	$7,736
Additional DMH Services				$1,135,000	$18,495,731	$29	$473
			****Non-Administrative Subtotal**	**$7,296,044**	**$270,741,119**	**$187**	**$6,878**
			Estimated Administrative Subtotal	$962,137	$20,961,592	$25	$536
			DMH Grand Total	**$8,258,181**	**$291,702,711**	**$211**	**$7,466**
				%NCC: 2.8%			

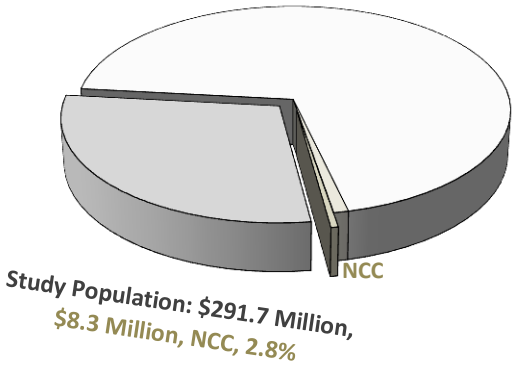
*A count of unique patients can be produced by un-duplicating based on either the DMH patient ID (*n*=40,868) or the master file ID (*Cohort_PID)* we created for our analysis of the full study group across all the agencies included in this report (*n*=39,073 DMH patient). This reduces the count by 4%. We use cohort PID for the sake of maintain consistency throughout the report and, relatedly, because parts of the report will merge and un-duplicate client across multiple agencies. Additionally, some of patients may have multiple DMH IDs.

+Cost Estimates are rounded to the nearest dollar.

**This row includes the programs tabulated separately in Table 3k. The administrative costs for those programs are not disaggregated from their total costs. For this reason, the costs of those programs are not included in the expenditure totals we use to estimate DMH's administrative expenditures associated with providing services to our study population.

Figure 2c. DMH Expenditures on Adult Patients, Overall and for the Study Group, FY 2014-15

Estimated Adult Portion of DMH Budget
$937.1 Million ($28.6 Million NCC, 3.1%)



Based on calculations that draw on information DMH shared with us and the DMH section of Los Angeles County's Recommended Budget for FY 2014-15, the department's costs with respect to the study population comprise 31.1% of the $937.1 million we estimate to be the adult share of DMH's total budgeted appropriations for the fiscal year. This suggests that $1.50 out of every $5.00 DMH spends on adults pays for treatment provided to homeless patients.

Expenditures on the top 10% of the group in terms of total outpatient and inpatient costs (3,907 patients at a cost of $122.8 million) were 4.6 times higher than for the study group as a whole. Patients in this top decile accounted for 42.3% of the total services used over the year and close to half the costs. The top fifth (7,814 patients at a total cost of $169 million) consumed roughly 62% of the total outpatient and inpatient services provided to the study population and accounted for two-thirds of their overall costs.[11]

2.3.1. Inpatient and Outpatient Services

DMH spent $203 million in providing more than one million outpatient services to the patients in the study population, including crisis stabilization services, during FY 2014-15. (Table 2e). These expenditures account for 80.5% of the total FY 2014-15 DMH inpatient and outpatient service costs for the study population and 69.2% of the total expenditure on the study population.[12]

The most expensive 5% of the DMH patients in the study population (1,894 patients requiring expenditures of $62.9 million) consumed 31% of both total outpatient services and outpatient costs. The 12-month cost per patient within this subgroup ($33,185) is more than six times the average for all patients in the study population using outpatient services ($5,356). Among the top 20% (7,578 patients at a total cost of $130.5 million), the outpatient cost per patient ($17,222) is more than three times the average.

[11]In reviewing this report prior to its release, DMH asked us to include the following caveat: "The DMH expenditures on adult patients and the related costs presented in this summary do not fully capture all costs associated with serving this population. Therefore, should this report lead to further action, DMH recommends a more comprehensive and comparable analysis be conducted before action is taken."

[12]Although Psychiatric Emergency Services (PES) provided at County Hospitals are Department of Health Services (DHS) treatments in terms of their provision and associated costs, they are captured in DMH data. To avoid double counting their costs in our report, we filtered PES episodes from the DMH service records for this analysis. Per DMH's instructions, these service episodes were eliminated from the data by excluding all Mode 10 (SFC 24) services from the three DHS billing providers in the DMH services data we used for our analysis. The billing providers are (1) 1953 LAC-OLIVE VIEW/UCLA MEDICAL C; (2) 1962 LAC HARBOR UCLA MEDICAL CTR; (3) 1956 LAC/USC MEDICAL CENTER. Please note that Mode 15 services from these providers were retained in the data and counted. A total of 11,683 PES services were filtered out based on these guidelines.

Table 2e. Study Group Utilization of DMH Outpatient and Crisis Stabilization Services, FY 2014-15							
			Average	Costs+		Cost Per Patient+	
	# Patients*	# Services	Cost Per Service	NCC++	Total	NCC++	Total
Outpatient	36,644	1,017,071	$193	$0	$195,843,119	$0	$5,344
Crisis Stabilization	5,715	15,181	$469	$0	$7,113,919	$0	$1,245
DMH Subtotal 1	**37,890**	**1,032,252**	**$197**	**$0**	**$202,957,038**	**$0**	**$5,356**
Top 5% in Cost	1,894	318,245	$197	$0	$62,851,516	$0	$33,185
Top 10% in Cost	3,789	475,622	$196	$0	$93,056,998	$0	$24,560
Top 20% in Cost	7,578	670,337	$195	$0	$130,508,444	$0	$17,222
HMIS Chronic Homeless	5,890	187,755	$193	$0	$36,226,828	$0	$6,151
				%NCC:: 0%			

*The sum of the numbers of patients who used outpatient services and crisis stabilization is larger than the subtotal, because the subtotal captures total unique clients and a patient can use both services multiple times.

**The gross costs of the outpatient and crisis stabilization services shown in Table 2 are provided by service in the DMH data.

+Cost Estimates are rounded to the nearest dollar.

++According to information provided by DMH none or almost none of the costs shown in Table 2 would be NCC. For the purpose of making estimates, we assumed these costs to be 0% NCC.

Inpatient services comprise less than 2% of the study group's observed service episodes in the DMH data, but this is not especially meaningful since these services last multiple days (Table 2f). If service days are compared as opposed to service episodes – with one-day outpatient services counted as 1 day each - then inpatient services account for close to 12% of the total inpatient and outpatient service days observed for FY 2014-15.[13] More than 12% of the observed DMH patients (*n*=5,291) received 121,487 days of inpatient care over 12 months, an average of 23 inpatient days per person, though the distinction between this average of cumulative *total inpatient days* per patient and the average duration of *discrete service episodes* should be underscored. The study population's average length per acute inpatient episode is 6 days, and the average length per residential service episode is 46 days. Looking at the two types of inpatient services combined, the average length is 10 days.[14]

An estimated $49.3 million was spent in providing inpatient services to the observed DMH patients, which includes residential services (Table 2f). Inpatient costs therefore constitute about one-fifth (19.5%) of DMH's total inpatient and outpatient expenditures on the study group in FY 2014-15, and they comprise close to 17% of DMH's overall study group expenditures. The $41.4 million spent on *acute inpatient* services amounts to 84% of the inpatient expenditures and 14% of the overall expenditures over 12 months.

[13] Psychiatric inpatient services provided at DHS facilities were deleted using the same criteria for the deletion of Psychiatric Emergency Services at DHS facilities to ensure costs are not double counted, i.e. Mode 10 services from the same three billing providers: (1) 1953 LAC-OLIVE VIEW/UCLA MEDICAL C; (2) 1962 LAC HARBOR UCLA MEDICAL CTR; (3) 1956 LAC/USC MEDICAL CENTER. Per DMH's guidance, we verified that these services are captured in the DHS data we receive through the Enterprise Linkages Project (ELP data warehouse. A total of 849 DHS psychiatric inpatient services were deleted from the data.

[14] For cases where the discharge date for an inpatient service episode is missing, we adhered to DMH's instructions to calculate a proxy length of service equal to the average service duration for the facility in question. In cases where the actual discharge date was after the end of FY 2014-15, inpatient days were only counted through June 30, 2015.

Table 2f. Study Group Utilization of DMH Inpatient and Residential Services, FY 2014-15							
				Costs+		Cost Per Patient+	
	# Patients*	# Inpatient Days	Average Cost Per Service+	NCC	Total	NCC	Total
Acute Inpatient	4,829	69,034	$3,605	$5,177,550	$41,420,400	$1,072	$8,577
Residential	956	52,453	$6,957	$983,494	$7,867,950	$1,029	$8,230
DMH Subtotal 2	**5,291**	**121,487**	**$3,905**	**$6,161,044**	**$49,288,350**	**$1,164**	**$9,316**
Top 5% in Cost	265	40,452	$5,389	$1,672,650	$13,381,200	$6,312	$50,495
Top 10% in Cost	529	60,118	$5,233	$2,623,238	$20,985,900	$4,959	$39,671
Top 20% in Cost	1,058	81,717	$4,864	$3,800,588	$30,404,700	$3,600	$28,738
HMIS Chronic Homeless	853	24,704	$3,643	$1,261,388	$10,091,100	$1,479	$11,830
				%NCC:: 12.5%			

*The sum of the numbers of patients who used outpatient services and crisis stabilization is larger than the subtotal, because the subtotal capture total unique clients and a patient can use both services multiple times.

+Deriving exact inpatient costs for DMH is complex due to the variety of contract types, reimbursement mechanisms, and authorization processes involved. For this study, inpatient and residential services costs were standardized and estimated by multiplying the inpatient length of stay by a $600/day for acute inpatient services and $150/day for residential services. The $600 day rate for acute inpatient treatment was the LACDMH Medi-Cal inpatient Fee for Service for individuals aged 22 to 64 who used these services n FY14-15. The $150 day rate for residential services is a FY 2014-15 proxy estimate provided by DMH. The tabulated cost estimates are rounded to the nearest dollar.

2.3.2. Additional DMH Services and Administrative Costs

The technical appendix to this report shows DMH programs not captured in the data available through the ELP data warehouse or other sources but that have homeless-related costs added to the DMH total for the study population.[15] The total cost of these programs is roughly $18.5 million, which is equal to 6.3% of DMH's total expenditures on the study population. Since the overlap between patients participating in these programs and patients in our study group is not known, the addition of their costs to the overall DMH estimate may inflate cost per person estimate by a maximum of $474 (6.3%).[16]

In DMH's FY 2014-15 budget, funds allocated to administration ($156.7 million) are equal to 8.3% of the gross total appropriation for the fiscal year ($1.88 billion).[17] This is the basis for our estimated administrative costs for the study population of almost $21 million, which is equal to 8.3% of the combined inpatient and outpatient subtotal shown in Table 2d.

[15]The technical appendix is available upon request. For an electronic copy, please contact Max Stevens at maxbstevens@ceo.lacounty.gov.

[16]Since the costs of these programs are not included in our calculation of administrative costs, the maximum overstatement they produce per person can be derived by subtracting their combined total ($18.5 million) from the grand total shown in Table 2d ($291.7 Million) and (a) dividing the difference ($273,206,980) by the number of DMH patients in the study population and (b) subtracting this new cost per patient ($6,992) from the cost per patient with the eight programs included in the denominator: $7,466 – $6,992=$474 = maximum overstatement assuming none of the patients in the added programs are included in the outpatient and inpatient data match. However, this maximum overstatement is what would be the case if none of the DMH patients in our study group participated in the additional programs, which is highly unlikely.

[17] This proportionality is retained in our estimate of the adult portion of the budget, where $71.9 million are assumed to be the administrative costs attached to an $865.2 million gross appropriation because all budget categories were reduced by the same degree in making the adult adjustment.

2.3.3. Net County Costs

The DMH section of Los Angeles County's Recommended Budget for FY 2014-15 indicates that 1.4% of the $1.6 billion gross appropriation for DMH outpatient services is NCC. However, based on more specific information we received from DMH, a 0% NCC assumption was deemed to be appropriate for expenditures on the study group's DMH outpatient services utilization.[18]

The Recommended Budget categorizes 12.5% of psychiatric (DMH's) hospitalization costs as NCC. This is applied to the inpatient and residential costs for our study group ($49.3 million), producing an estimate of $6.2 million NCC. We additionally add the $1.1 million NCC shown in Table 3k and slightly less than 1 million in administrative NCC for a total study group NCC of $8.3 million, comprising 2.9% of the total DMH expenditure on the study population.

2.4. DPH Expenditures

DPH spent an estimated $32.1 million, ($2.5 million NCC, 7.8%) on patients in our study population. This result is based on a data match linking the study population to records of roughly $23.8 million in services provided through the agency's Substance Abuse Prevention and Control (SAPC) program, as well as on information provided by DPH on its Community Health Services (CHS), HIV and STD, and Tuberculosis Control programs, which add a combined total of approximately $8.4 million to the grand total (Table 2g). However, since necessary information on these three programs was only available for FY 2013-14, the funds they add to the estimate are imputed expenditures and assume that the volume of utilization and the associated costs would not differ significantly over two consecutive years.

2.4.1 Total SAPC Expenditures

Table 2g summarizes DPH's FY 2014-15 expenditures on SAPC patients in thestudy population, which sum to $23.8 million, all of which is net revenue. The costs comprising this estimate funded the provision of substance use disorder treatment to almost 7,000 patients who initiated and used 10,276 services over the course of 12 months, an average of roughly 1.5 services per person and $2,314 per service. DPH informs us that the SAPC service episodes captured in ELP are 0% NCC and that this extends to the program's administrative costs, which means that 100% of the program's expenditures – direct services and overhead

[18]DMH informs us that almost all outpatient services received by the types of adults in our study population are non-NCC, even if no revenue is generated. To illustrate the complexities involved, DMH notes the following:: "if an adult client has Medi-Cal based on disability, then DMH would receive 50% of the cost as Medi-Cal revenue (Federal Financial Participation – FFP), but more than likely were would use MHSA dollars that [DMH] draws down to cover a 50% 'local match'. If the client did not have Medicare, Medi-Cal or other health coverage, the services may well be covered 100% by MHSA. However, DMH also receives several million dollars each year through a SAMSHA Block Grant, which under certain conditions would be used to cover the cost of care to indigent clients in lieu of using MHSA. The cost of acute inpatient stays in Fee For Service facilities is covered by the State, acute PDP's however are NCC. IMD's, a subset of the non-acute residential, on the other hand would be exclusively true NCC. I also believe that the State Hospital stays are NCC. For non-IMD non-acute residential facilities, it is even more complex but would involve a mix of MHSA, Medi-Cal, AB109, etc." *Authors note:* The County's Recommended Budget for FY 2014-15 categorizes 1.4% of DMH's appropriations for outpatient services as NCC ($22.7 million out of $1.64 billion). Alternatively categorizing 1.4% of the study group's outpatient costs as NCC would increase the total NCC for the year by ($195.8 million*0.014=) $2.7 million for FY 2014-15, increasing the total NCC for DMH to $11 million, which would mean that 3.8% of the expenditures on the DMH patients in our study group were NCC.

– are net revenue. SAPC services available to adults receiving General Relief, which are provided through DPSS's Mandatory Substance Abuse Recovery Program (MSARP), are not included here but are included in the administrative costs for the GR program, which are a component of the estimates we produce for DPSS's FY 2014-15 expenditures.

2g DPH Cost Estimate for the Study Population, Overall and by Program FY 2014-15					
		Costs		**Cost Per Patient***	
Overall	**Patients**	**NCC**	**Total**	**NCC**	**Total**
Grand Total	**6,939**	**$2,514,024**	**$32,142,976**	**$362**	**$4,632**
					NCC: 7.8%
		Costs		**Cost Per Patient**	
SAPC	**Patients**	**NCC**	**Total**	**NCC**	**Total**
Non-Administrative Total	6,939	$0	$22,120,417	$0	$3,188
Administrative Costs	6,939	$0	$1,659,031	$0	$239
DPH Subtotal A (SAPC Total)	**6,939**	**$0**	**$23,779,448**	**$0**	**$3,427**
					NCC: 0%
		Costs		**Cost Per Patient**	
****Additional Programs**	**Patients**	**NCC**	**Total**	**NCC**	**Total**
DPH Subtotal B	**Unknown**	**$2,514,024**	**$8,363,528**	**n/a**	**n/a**
Community Health Services	unknown	$2,305,028	$2,305,028	n/a	n/a
HIV and STD Programs Homeless	3,339	$0	$5,575,120	$0	$1,670
Tuberculosis Control Homeless-Lodging	75	$44,296	$280,034	$591	$3,734
Tuberculosis Control Incentives	328	$164,700	$203,346	$502	$620
Tuberculosis Control Total	403	$208,996	$483,380	$519	$1,119
					NCC:30.1%
*Since the SAPC patient count is used in the calculation of overall costs per patient, these costs will be inflated to the extent that there are non-SAPC patients among those in the study population using services through CHS Tuberculosis Control HIV and STD Programs. The number of non-overlapping patients is not known.					
**The study group cost totals for these programs include their administrative costs					

The provision and measurement of substance use disorder services is distinct from the manner in which other health services are typically delivered and recorded in that service episodes frequently remain open over several months and incur repeated costs over this period. Measures of utilization consequently appear to be more dispersed among the patient population than what is observed in looking at the DHS and DMH patients in our study population, though the total cost remains fairly concentrated among the most expensive patients. As shown in Table 2h, the most costly 5% of the study population's SAPC patients (*n*=347) account for only 6.2% of the services used but roughly 37% of the total costs ($8 million out of $23.8 million). The cost per service among these patients is 4.5 times higher than the average for all the observed SAPC patients in the study group and their cost per person is 7.4 times higher than the average. The most expensive fifth of the confirmed DPH patients consumed less than one quarter of the services, but more than three quarters of the total cost.

Table 2h. The Study Population's Utilization of DPH/SAPC Services Overall , FY 2014-15							
				Costs+		Cost Per Patient+	
	# Patients	# Services	Cost Per Service	NCC	Total	NCC	Total
Non-Admin Total	6,939	10,276	$2,153	$0	$22,120,417	$0	$3,188
Administrative Costs	6,939	n/a	n/a	$0	$1,659,031	$158	$239
SAPC Total	**6,939**	**10,276**	**$2,314**	**$0**	**$23,779,448**	**$0**	**$3,427**
*Top 5% in Cost	347	636	$13,844	$0	$8,804,528	$0	25,373
*Top 10% in Cost	694	1,268	$10,418	$0	$13,209,810	$0	19,034
*Top 20% in Cost	1,388	2,494	$7,251	$0	$18,083,088	$0	13,028
*HMIS Chronic Homeless	761	2,087	$2,236	$0	$4,666,684	$0	6,132
				NCC: 0%			

2.4.2. SAPC Expenditures by Service Type.

The $22 million in expenditures on residential services account for 85% of the study population's SAPC costs. As shown in Table 2i, the most expensive 20% of patients using these services consumed about two-thirds ($14.5 million) of the total cost of residential services in FY 2014-15. Table 2i additionally shows the costs associated with Narcotic Treatment Program Services, which generate daily methadone dosage costs.

Table 2i Study Group Utilization of SAPC Narcotic Treatment and Residential Services, FY 2014-15*								
	# Patients*	# Service Days	# of services	Average Cost Per Episode	Costs+		Cost Per Patient+	
					NCC	Total	NCC	Total
**Narcotic & Detox	1,331	9,987	1,728	690	$0	$1,192,039	$0	896
+Narcotic Only	1,391	208,136	1,961	1,061	$0	$2,081,360	$0	1,496
++Residential	2,032	162,650	2,386	7,855	$0	$18,742,532	$0	9,224
DPH Subtotal 2:	**4,089**	**380,773**	**6,075**	**3,624**	**$0**	**$22,015,930**	**$0**	**5,384**
Top 5% in Cost	204	53,274	339	18,060	$0	$6,122,400	$0	30,012
Top 10% in Cost	409	85,687	643	15,189	$0	$9,766,428	$0	23,879
Top 20% in Cost	818	127,077	1,201	12,045	$0	$14,465,700	$0	17,684
HMIS Chronic Homeless	463	83,714	1,270	3,659	$0	$4,646,554	$0	10,036
					NCC: 0%			

*The costs calculated in this table are based on average service costs, by service type, which were calculated for us by SAPC program personnel. For service episodes that commenced prior to FY 2013-14 and/or continued beyond the end of the fiscal year, costs incurred during our 12-month observation window are applied.

**The costs applied to the SAPC Narcotic Treatment Program Services with no Detox component added are methadone dosage charges of $10 per day.

+SAPC Narcotic Program Treatment Services are assigned the average cost of a SAPC outpatient service in FY 2014-15 ($), as well as a $10 per day methadone dosage cost for the duration of the service episode or 220 days, whichever is shorter.

++The average cost applied to the observed SAPC residential services are $140.91 on the day of admission and $114.85 on each additional bed day.

SAPC Outpatient and Day treatments and costs are added to our overall SAPC/DPH total but are not shown in a tabulation. While half the observed SAPC patients in the study population used these services, their total costs ($104,487) account for less than one-half of one percent of the estimated total FY 2014-15 expenditures on the SAPC patients in our study population.

2.4.3. Additional DPH Programs and Costs

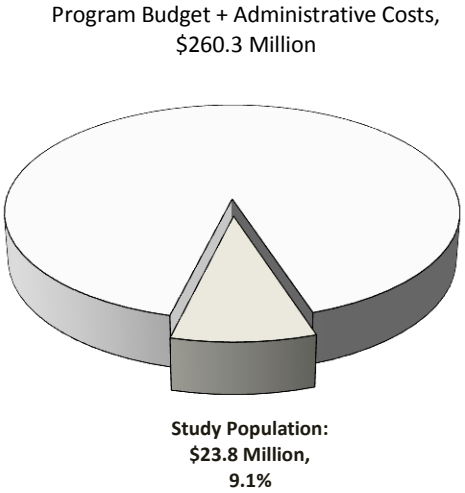
The costs attached to the three other DPH programs shown in Table 2g - CHS, ($2.3illion), HIV and STD Programs ($5.6 million), and the Tuberculosis Control program (roughly $483,380) - add $8.4 million to the overall estimate of the costs associated with the study population's use of DPH services in FY 2014-15. These costs are assumed to include their associated administrative expenditures.[19] As noted previously, the amounts these programs add to the overall estimate reflect data from 2013-14 and are therefore imputed and assumed to be approximately unchanged in FY 2014-15.

2.4.4. DPH Expenditures Relative to Overall Appropriations

DPH notes that the identification of the adult portion of the agency's budget is ill-advised because annual appropriations are not structured around quantifiable patient encounters, which means DPH is not able to parse expenditures by age group. The agency points out that its approach to the provision of health services is generally community-based as opposed to being centered on services provided to individual patients. To be consistent with this characterization, RES made no adult-based adjustments in producing an estimate of the portion of DPH's budget accounted for by the study population.

Based on the full FY 2014-15 gross appropriation for DPH as a whole in the County's Recommended Budget ($909 million), the estimated $32.1 million in expenditures on the study population suggests that 3.5% the agency's costs over the year provided treatment to homeless single adults. However, since SAPC costs comprise three-quarters of the DPH cost estimate for the study population, and since SAPC services are accounted for in DPH administrative records as services provided to individual patients, a more meaningful perspective is gained by noting that the $23.8 million in SAPC expenditures on the study group comprise 9.1% of the SPAC's FY 2014-15 budget (roughly $260.3 million with estimated administrative costs added, Figure 2d).

Figure 2d. Study Population Use of SAPC Services in Relation to the Program's Overall FY 2014-15 Budget



[19] The costs added to the DPH estimate from these programs are based on expenditures associated with services and treatment provided to homeless patients. Information on these homeless-related expenditures was provided to us by DPH.

3. Law Enforcement Expenditures

This chapter provides estimates of the costs associated with the study population's consumption of law enforcement resources through the Los Angeles County Sheriff's and Probation departments. In particular, the costs related to Sheriff's Department arrests are examined, including jail day maintenance costs and stays in the jail ward, which is the mechanism through which medical services are provided to inmates. It is important to re-emphasize that because the Sheriff's Department was not one of the agencies contributing a client file to the construction of the study population, homeless arrestees are only included in the match results if they also utilized services through LAHSA, DPSS, DHS and/or Probation at some point during the 12-month period of observation since these are the four agencies whose clients comprise the master study population file. In the case of Probation, the service records available through the ELP data warehouse are restricted to start and end dates. This limitation, coupled with the difficulties involved in assigning costs to the department's services at the client level, necessitated using information provided by Probation indicating that approximately 5.5% of the agency's client population at any given time is homeless. This percentage was used to produce *pro rata* estimates for Probation's FY 2014-15 expenditures with respect to the study population.

3.1. Combined Total Law Enforcement Expenditures.

As shown in Table 3a, the combined FY 2014-15 law enforcement cost estimate for the study population is $91.7 million, 44.4% of which is NCC ($40.7 million). A unique total of 15,855 adults accounted for these expenditures, an average of $5,781 per person. Roughly 87% of the total law enforcement expenditures were costs associated with arrests and jail days ($79.6 million). The remaining 13% of the combined cost is our prorated estimate of funds spent over 12 months in providing the probationers in the study population with rehabilitative services ($12.1 million).

Table 3a. Study Group Overall Law Enforcement Costs, FY 2014-15

		*Cost	Costs		Cost Per Person	
	Clients+	**Per Service**	**NCC**	**Total**	**NCC**	**Total**
Sheriff	14,754	$4,097	$36,247,519	$79,610,743	$2,457	$5,396
Probation	2,795	$4,311	$4,409,780	$12,048,578	$1,578	$4,311
Law Enforcement Total	**15,855**	**$4,124**	**$40,675,514**	**$91,659,321**	**$2,565**	**$5,781**
			NCC: 44.4 %			

+These are unique row totals, which is why the law enforcement (overall) total is not equal to the sum of the individual agency row totals.

*For the Sheriff, the service used as the basis for the cost per service is the total number of FY 2014-15 arrests involving subjects in the study population. In the case of Probation, the service used is the total number of cases. Since there is almost always one case per person, the cost per service and the cost per person for Probation are equal. Costs per service are rounded to the nearest dollar.

+Costs per service are rounded to the nearest dollar as shown, but differ slightly from the cost basis of the calculations.

3.2. The Sheriff's Department

3.2.1. Overall Sheriff's Department Expenditures in FY 2014-15

A total of 14,754 adults in the study population (10%) were arrested and booked 19,433 times in FY 2014-15. The estimated cost of these arrests, inclusive of booking costs, jail day maintenance expenditures, jail ward costs, and services provided through the Sheriff's Community Transition Unit, is $76.7 million. Administrative costs add another $2.9 million for a grand total of $79.6 million, of which $37 million (46.4%) is NCC (Table 3b).

Table 3b. Study Group Total Arrest and Jail Costs, FY 2014-15

	# Arrestees	# Arrests	+Total Cost Per Arrest	Costs		Cost Per Arrestee	
				NCC	Total	NCC	Total
**CTU	14,754	19,433	$139	$720,967	$2,562,841	$52	$186
Non-Admin Subtotal	14,754	19,433	$3,946	$34,266,783	$76,696,284	$2,322	$5,198
Top 5% Cost	738	1,003	$21,411	$9,384,649	$21,475,169	$2,716	$29,099
Top 10% Cost	1,475	2,159	$15,719	$14,830,501	$33,937,073	$10,054	$23,008
Top 20% Cost	2,951	4,571	$10,817	$21,607,219	$49,444,436	$7,321	$16,755
Chronic Homeless	964	1,881	$4,530	$3,723,820	$8,521,328	$3,863	$8,840
CTU	14,754	n/a	n/a	$720,967	$2,562,841	$49	$174
Administrative Costs	14,754	19,433	$150	$2,701,703	$2,914,459	$183	$198
Sheriff's Grand Total	**14,754**	**19,433**	**$4,097**	**$36,968,486**	**$79,610,743**	**$2,457**	**$5,396**
					***NCC: 46.4%**		

*The study population's non-administrative expenditures are 44.6% NCC, The addition of administrative costs raises the NCC proportion to 46.5%.

+Costs per arrest are rounded to the nearest dollar as shown, but differ slightly from the cost basis of the calculations.

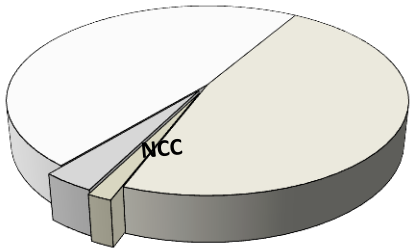
**The CTU costs per arrestee are calculated based on the number of arrestees who were jailed (*n*=13,805). Although the CTU's services are not utilized by all inmates, the program places considerable emphasis on connecting homeless inmates to housing and supportive services. For these reasons, we add the full program amount provided to us by the Sheriff's Department.

These total costs comprise 3.1% of the $2.6 Billion in Sheriff Department's gross total budgetary appropriations for FY 2014-15 (adjusted), an amount that includes all items in the Sheriff's budget with the exception of the General Support item (484.7 Million, $358.1 Million NCC), the subtraction of which in turn reduces the funds allocated for administrative expenditures by $19 Million.

However, since the bulk of the costs shown in this section are those generated by jail days, a more accurate perspective on the fiscal significance of homelessness for the Sheriff is gained by looking more narrowly at the study population's share of Sheriff's Department FY 2014-15 appropriations for custody expenditures and Medical Department costs, which sum to $942.2 million, not including administrative expenditures. We estimate the study populations jail day maintenance and jail ward (medical) costs for the same period to be $68.5 million, 7.3% of the total funds the County allocated for these services over the year, suggesting that $1 of every $13.75 the Sheriff's Department spends in maintaining inmates at jail facilities is spent on homeless single adults (Figure 3a).[20]

Figure 3a. Sheriff's Expenditures on Inmate Maintenance at Los Angeles County Jail Facilities, for the Study Group and Overall, FY 2014-15

Total Expenditures, $942.2 Million
$530 Million NCC (56.1%)



Study Group Expenditures, $68.5 Million, $32.8 Million NCC (47.8%)

The top 5% most costly arrestees (*n*=738) in the study group in terms of booking, jail day maintenance, and jail ward costs, account for roughly 30% of total arrest costs ($21.5 million) and have costs per arrest ($21,411) and per arrestee ($29,099) that are each close to six times the average for the study population. The top fifth consumed two-thirds of the expenditures associated with arrests and jail days for the year ($49.4 Million) at a cost per arrestee more than three times the study group average.

3.2.2. Booking Costs

Table 3c shows the booking costs for the arrestees in our study group, which are the flat $287 (in FY 2014-15) charges incurred each time an arrestee is taken into custody and booked at a Sheriff's Department jail facility. The 19,433 arrests of persons in our study population during the fiscal year generated $5.6 million in booking costs, which is 7% of the $79.6 million in Sheriff's expenditures on the study population over the 12 months of observation.

[20] The data match results linking the study population to records of Sheriff's Department arrests and jail stays show that the study population's jail maintenance costs in FY 2014-15 amounted to $65.5 million (Table 3D), and its jail ward costs were $3.1 million (Table 3e). The sum of these costs is $68.5 million. Information in the County's FY 2014-15 Recommended Budget indicates that the *combined gross* total appropriation for Sheriff's Custody services ($720.5 million) and Medical Services Bureau ($221.8 million) is $942.2 million. The study group therefore consumed $7.3% of the Sheriff's non-administrative jail maintenance costs for the fiscal year (68.5/$942.2 =.073). However, the Sheriff's Department notes that there may be some volatility and fluctuation in arrests of homeless persons from one year to the next.

Table 3c. Study Group Arrests and Booking Costs, FY 2014-15							
				Costs		Cost Per Arrestee	
	# Arrestees	# Arrests	Booking Cost	NCC	Total	NCC	Total
Sheriff Subtotal 1	**14,754**	**19,433**	**$287**	**$1,524,717**	**$5,585,044**	**$103**	**$379**
Top 5% Most Arrests	738	2,694	$287	$211,372	$774,256	$286	$1,049
Top 10% Most Arrests	1,475	4,384	$287	$343,970	1,259,962	$233	$854
Top 20% Most Arrests	2,951	7,336	$287	$575,584	$2,108,366	$195	$714
HMIS Chronic Homeless	964	1,881	$287	$147,584	$540,599	$151	$561
				%NCC:: 27.3%			

3.2.3. Jail Stay Durations and Jail Day Maintenance Costs

The bulk of Sheriff's costs are generated by the daily maintenance costs attached to jail days. Roughly 94% of the arrestees in the study group were jailed (*n*=13,805). These inmates comprise 9.3% of the full study population and consumed 647,784 jail days in FY 2014-15, an average of 47 cumulative days per person jailed. Among the larger group of arrestees, which include those arrested but not jailed (*n*=14,754), the average time in jail drops only slightly to 44 days per arrestee. The average jail stay attached to arrests, where the divisor is the 19,433 arrests logged for the study population in FY 2014-15 was roughly 33 days, inclusive of episodes in which arrestees are taken into custody and released on the same day, and is 36.3 days if the calculation is restricted to only those arrests that lead to days in jail. (Table 3d). However, the *median* length of stay, which is more resistant to atypical observations, is shorter by close to one month, 7 days with zero-day stays included and 9 days with zero days excluded, which indicates that a comparatively small proportion of study group inmates had lengthy stays.

Table 3d Study Group Jail Days and Jail Maintenance Costs, FY 2014-15							
			+Cost per	+Costs		+Cost Per Inmate	
	Jailed	Days	Jail Day	NCC	Total	NCC	Total
Men	11,000	532,408	$96	$22,063,924	$51,073,899	$2,006	$4,643
Women	2,805	115,376	$125	$6,221,332	$14,401,232	$2,218	$5,134
Sheriff Subtotal 2	**13,805**	**647,784**	**$101**	**$28,285,257**	**$65,475,132**	**$2,049**	**$4,743**
Top 5% Cost	690	180,834	$104	$8,117,017	$18,789,392	$11,818	$27,231
Top 10% Cost	1,381	297,619	$102	$13,178,372	$30,505,490	$9,543	$22,089
Top 20% Cost	2,761	445,936	$102	$19,583,622	$45,332,459	$7,093	$16,419
Chronic Homeless	912	46,680	$100	$2,026,569	$4,691,134	$2,210	$5,144
				%NCC::43.4%			
+Costs are rounded to the nearest dollar differ slightly from the cost basis of the calculations.							

The study population's total jail day maintenance costs for the 12-month observation period, not including costs associated with time spent in the jail ward, is $65.5 million. Men and women are subject to different day rates. Women are detained at only one facility (Pitchess South), which charges a daily maintenance rate $30 higher per day than the average at facilities for men. Male inmates in the study population consumed roughly 78% of the total maintenance costs ($51.1 million).

3.2.4. The Jail Ward

Inmates in need of medical services while incarcerated receive treatment through the Jail ward, which charges a flat daily cost for all services that is close to 30 times higher than the standard daily jail maintenance rate ($2,802 per day in FY 2014-15). As shown in Table 3e, 251 of the inmates in study population consumed almost 11,000 jail ward days in FY 2014-15, an average of 4.4 days per jail ward stay and $12,196 per inmate. The total cost of these services was roughly $3.1 million over 12 months.

Table 3e. Study Group Utilization of Jail Ward Services, FY 2014-15

	# Inmates	# Jail Ward Days	Daily Jail Ward Costs	Costs+ NCC	Costs+ Total	Cost Per inmate NCC	Cost Per inmate Total
Sheriff Subtotal 3	**251**	**1,097**	**2,802**	**$3,014,875**	**3,073,267**	**$12,011**	**12,196**
Top 5% Cost	13	384	2,802	$1,055,344	1,075,784	$81,180	82,753
Top 10% Cost	25	536	2,802	$1,473,084	1,501,615	$58,923	60,065
Top 20% Cost	50	712	2,802	$1,956,783	1,994,682	$39,136	39,894
Chronic Homeless	22	254	2,802	$698,066	$711,586	$32,344	32,345
				%NCC:: 98.1%			

3.2.5. Arrest Costs by the Duration of Jail Stays

Table 3f, shows the costs associated with the study population's *discrete* arrests, by the duration of jail stays in FY 2014. The costs shown are the $74.1 Million in expenditures associated with arrests and jail days, including jail ward day but not administrative costs or CTU programmatic expenditures shown in Table 3b.

Table 3f. Arrest Costs by Length of Jail Stay, *n*=14,754 Persons in the Study Population Arrested in Fy 2014-15

Duration of Jail Stay	Arrested*	Arrests #**	Arrests % of Total	Total Jail Days Count	Total Jail Days % of Total	Costs NCC	Costs Total	Costs % of Total	Costs Per Person	Costs Per Arrest
0-30 Days	10,932	13,803	71.0	88,716	13.6	6.1M	$13.6M	18.4	$1,240	$982
31-45 Days	1,183	1,216	6.3	45,193	7.0	$2.3M	$5.1M	6.9	$4,359	$4,240
46-60 Days	860	871	4.5	45,778	7.0	$2.2M	5.0M	6.8	$5,833	$5,759
61-75 Days	702	715	3.7	48,405	7.5	$2.4M	$5.2M	7.0	$7,448	$7,313
75-90 Days	730	762	3.9	62,006	9.5	$3.0M	$6.8M	9.2	$9,303	$8,912
91-120 Days	571	576	2.9	60,639	9.4	$3.0M	$6.7M	9.0	$11,699	11,598
121-150 Days	398	401	2.1	54.065	8.3	$2.6M	$5.8M	7.8	$14,601	14,492
151-180 days	349	350	1.8	58.511	9.0	$2.7M	$6.1M	8.2	$17,565	$17,515
181+ Days	739	739	3.8	186,043	28.7	$8.8M	$19.8M	26.7	$26,740	$26,740
Total	**14,754**	**19,433**	**100**	**647,784**	**100**	**$33.1**	**$74.1M**	**100**	**$5,025**	
						NCC: 44.7%				

***Counts of persons arrested are unduplicated by row but *not within the column*. An arrestee with multiple jail stays of varying lengths is counted a maximum of one time in each horizontal row. Arrestees will be counted a minimum of two times in the vertical column (in cases where a person is arrested once and therefore counted once in the appropriate duration row and once in the total row), and a maximum of ten times (since there are nine duration intervals and one total row). For these reasons, the number in the total row is not equal to the sum of the arrestees counted in duration rows but is rather the count of the arrestees in our study population (*n=14,754*)

**Arrests are counted once for each time they occur including multiple times in the same row, where appropriate. The total row is therefore the sum of the duration rows and is equal to the number of FY 2014-15 arrests for the arrestees in our study population (*n*=19,443)

More than 18% of the expenditure on the study population is accounted for by persons who are arrested and released within 30 days and almost half is accounted for by those whose jail stays were less than four months. Jail stays lasting five or more months account for just above one third of the total expenditures, and stays lasting more than six months account for 28.7% of the total expenditures.

3.2.6. The Community Transition Unit and Administrative Costs

Additional costs in the amount of approximately $2.6 million ($720,967, NCC) are added to the overall Sheriff's estimate from the Department's Community Transition Unit. Additionally the study population's estimated share of Sheriff's administrative costs is $2.9 Million ($2.7 Million NCC).

3.2.7. Net County Costs

Our estimates of the NCC portion of the study population's arrest and jail expenditures are based on information provided in the County's Recommended FY 2014-15 budget and by the Sheriff's Department. The total amount appropriated for the items relevant to arrests and bookings in the Sheriff's FY 2014-15 budgetis $1.5 billion, of which 27.3% is NCC, and this is the proportion of the booking costs we identified as NCC in Table 3c.[21] Estimates of the NCC portion of the study population's jail day maintenance expenditures (Table 3d) replicate the NCC portion of appropriations for the *custody* budget item identified in the FY2014-15 Recommended Budget ($312.5 million of $720.5 million, 43.4%). Similarly, the basis for RES's estimate that 98.1% of jail ward costs (Table 3e) and 92.7% of administrative costs are NCC (described in section 3.2.6) is based on the proportions shown in the Recommended Budget for the Medical Services Bureau and administrative expenditures.[22] NCC for the Community Transition unit was identified for us by the Sheriff's Department. The sum of the NCC subtotals shown in Tables 3c, 3d, 3e, plus the additional NCC discussed in Section 3.1.7 and 4f is $37 million, which is 46.5% of the total Sheriff's expenditures for the study population in FY 2014-15.

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[21]Since Sheriff's Department bookings are processes that involve any number of budgeted activities in the Sheriff's annual appropriations, we calculate the NCC proportion of the booking costs shown in Table 3c based on the NCC for all non-administrative budget items combined other than custody and medical services, which are captured in the jail day and jail ward costs.

[22]Information obtained from the Sheriff's Department indicates that the jail ward is the mechanism through which inmates receive medical attention. Since the Jail ward is not itemized with an appropriation in the County's Recommended Budget, we assumed that the NCC portion of jail ward day costs would replicate the NCC portion of the Medical Services Bureau NCC: In the FY 2014-15 Recommended budget, the gross appropriation for LASD's Medical Services Bureau is $221.8 Million, of which $217.5 Million is NCC ($217.5 million/221.8 Million=0.981). This is our basis for categorizing 98.1% of the jail ward costs shown in Table 3e as NCC. Similarly the FY 2014-15 Recommended Budget indicates that $103.9 of the $112million gross appropriation for administrative costs is NCC ($103.9 Million/112 Million=0.927); As such, we categorize 92.7% of the administrative costs discussed in section 3.2.6 as NCC.

3.3. Probation

Probation's ability to identify persons within the agency's client population who are homeless is aided by two factors. Firstly, the Probation Systems database includes a homeless flag. All probationers coded as *transient* in FY 2014-15 service records are included in our study population (*n*=1,952 adults). Secondly the agency provides housing and targeted services to clients who meet the eligibility criteria for programs such as Healthright 360, which is offered to non-violent felons who are homeless and who would have been under the supervision of State-level corrections agencies prior to passage and implementation of AB 109. A total of 843 probationers in our study population received homeless-related services through the Healthright 360 contract, bringing the total number of probationers in our study population to 2,795 adults, 1.9% of the study population.

From an administrative and financing point of view, Probation separates adult felony probationers and clients receiving services through Healthright 360, which the department categorizes as the AB 109 segment of its overall client population, as two separate groups. However, since CEO budget was able to produce an overall total of the department's actual expenditures that combines the two populations, they are grouped together in RES's estimates.

3.3.1. Homeless Probationers

Table 3g. Time on Probation Among Probationers in the Study Group

		Months on Probation		Average Time on Probation Per Person	
	Probationers	**FY 14-15**	**Total**	**FY 14-15**	**Total**
Healthright 360	843	6,696	14,285	7.9	16.95
Other Programs	1,952	15,030	55,205	7.7	22.5
Total	**2,795**	**21,726**	**69,490**	**7.8**	**21.1**

Table 3g shows the homeless probationers in our study population, i.e. those included either as a result of their use of services through Healthright 360 during FY 2014-15 and/or those who were identified as homeless in Probation's database. In all, these clients were on probation during the fiscal year for a total of 21,726 months, an average of 7.8 months per person. Almost 40% of those tabulated had no case closure date in their records, in which case we assumed that the cases were ongoing beyond the observation period. [23]

3.3.2. A Prorated Estimate of Study Population Probation Costs

Given the difficulties involved in attempting to attach client-specific costs to the Probation data available to us through the ELP data warehouse, a prorated expenditure estimate was produced based on a combination of data match results, expenditure information produced by the CEO's budget office, and information supplied to us by Probation.

Probation provided rehabilitative services to 36,375 adult felon probationers in FY 2014-15. The 1,952 homeless probationers in the study group therefore comprise 5.4% of the department's adult felon

[23] Imposing a June 30, 2015 closure date on these cases enables us to compute the average amount of time a client is on Probation *during the observation period.* However, since the observation period is fixed, more elaborate time-to-event methods of analysis would be required to control for the distorting effect a client's entry date otherwise has on the observed average *length of a case.*

population. Additionally, 14,437 adults received services through Healthright 360, which means that the 843 adults who in the study population because they used homeless services made available through the contract constitute 5.8% of the department's FY 2014-15 Healthright 360 population. Although adult felon probationers and Healthright 360 clients are, from Probation's point of view, separate populations, the CEO's budget office provided RES with Probation's actual FY 2014-15 expenditures, inclusive of costs associated with both populations, which total to $219.3 million.

The 2,795 probationers in our study population comprise 5.5% of the total number of probationers in the adult felony and Healthright 360 groups combined. Proportional expenditures are therefore assumed for the study population, which amount to $12.1 million, 5.5% of the $219.1 million in total expenditures according to the CEO budget office. I n relation to the data match results, the prorated calculation for the study group suggests that the department spends about $1 million per month on its homeless adult clients, $4,311 per client over the course of their time on Probation, which is an average of $557 per client, per month (Table 3i)[24]

3.3.3. Net County Costs

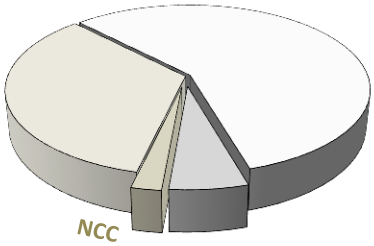
Our estimate of the Net County Cost for the Probation clients in the study population is based on the FY 2014-15 Recommended Budget, where the gross appropriation for adult services is $184.5 million, of which $67.4 million is NCC (36.6%). Based on this proportion it is assumed that $4.4 million (i.e. $12.1 million*0.366) of the total expenditure on the probation clients in the study population is NCC.

Table 3i. Estimated Probation Costs, FY 2014-15, *n=2,795 Clients*

NCC	Overall Cost	Total Per Month	Total Per Client	Monthly Per Client
$4,409,780	**$12,048,578**	**$1,004,048**	**$4,311**	**$555**

Figure 3b. Probation Costs for Adult Felony Probationers and Healthright 360 Clients

Estimated Expenditures on Adults Overall: 219.3 Million



Study Population
$12.1 Million,
$4.4 Million NCC (36.6%)

[24]The average cost per client, per month is derived by dividing the overall study population cost for the fiscal year by the total number of Probation months for FY 2014-15, as shown in Table 3g: (12.1 Million/21,726 months = $557.

4. Social Services

The social services expenditures summarized in this chapter are based on 114,037 DPSS clients who received GR and food stamps benefits through CalFresh during FY 2014-15. These clients comprise 77% of our study population and accounted for an estimated $293.7 million in DPSS costs over the fiscal year, roughly three-fifths of which ($176.4 million) is NCC (Table 4a). This estimate does not include expenditures associated with DPSS's provision of Medi-Cal eligibility services.

Table 4a. DPSS Expenditures on the Study Populstion, FY 2014-15

				Costs+		Cost Per Person	
	# Unique Recipients	Total Months Receipt*	Cost per Person, per Month*	NCC+	Total	NCC	Total
*CalFresh,&GR	114,037	688,766	$382	$160,403,286	$262,831,006	$1,407	$2,305
Administrative Costs	114,037	688,766	$43	$16,040,466	$30,884,710	140	$261
DPSS Grand Total	**114,037**	**688,766**	**$426**	**$176,443,752**	**$293,715,716**	**$1,547**	**$2,566**
				NCC: 60.1%			

*The GR costs component of the total cost shown in this row includes $21.8 million allocated in DPSS's FY 2014-15 budget to GR Anti-Homelessness Programming ($8.2 Million NCC)

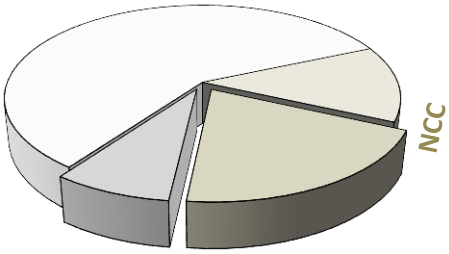
CalFresh and GR provide most of the benefits and services utilized by DPSS's single-adult clients. Producing an estimate of DPSS's total expenditures on single adults in FY 2014-15, including the associated administrative costs, necessitates calculating a prorated approximation of DPSS's costs in providing single adults with CalFresh benefits. The sum of these *approximated* CalFresh costs ($630.3 million) and GR-related expenditures ($253 million) is $883.3 million, which is treated as an estimate of DPSS's total single-adult funding for FY 2014-15, excluding costs associated with Medi-Cal eligibility services and In-Home Supportive Services. It is further estimated $248.6 million of these funds (28%) to be NCC.[25][26]

Examined in relationship to each other, the single adult expenditure estimate and the study population's share of these costs, as summarized in Table 4a, suggest that one-third of DPSS's gross expenditures on single adults in FY 2014-15 were costs accounted for by homeless clients (Figure 4a). While the GR-related funds in the overall single adult estimate ($253 million) account for 6.6% of the $3.83 billion in DPSS's Recommended FY 2014-15 budget, they also account for two-thirds of the $383.4 million NCC in the budget. By extension, 60.1% of the single adult NCC is accounted for by homeless clients ($176.4 million out of $293.7 million). In sum, although costs related to single adults are a small fraction of DPSS's gross annual expenditure, the majority of this spending is not net revenue. Moreover, the majority of the department's single-adult costs and Net County Costs are associated with providing services to homeless adults.

[25]Direct benefit costs are assumed 100% NCC for GR and 0% NCC for CalFresh. The NCC portion of the $21.8 million in the funds allocated to GR Anti-homelessness programming ($8.2 million) is the amount identified as such in the County's FY 2014-15 budget. Additionally, DPSS's The Cash Assistance Program for Immigrants (CAPI) also provides benefits to single adults. Although CAPI is administratively subsumed under GR, the program is given its own budget item and funding allocation in the DPSS budget. CAPI is excluded from the our total FY 2014-15 single-adult expenditure estimate because a budgeted amount is available for the program, but we do not have the information necessary to determine the degree to which the program provi9ded benefits to adults in our study population. The inclusion of CAI appropriations would therefore dilute our calculations insofar as the budgeted amount would be included in our denominator but the study group's share of these funds would not be represented in the numerator.

Figure 4a Estimated DPSS Expenditures on Single Adults, FY 2014-15

Estimated Expenditures on Adults Overall: $883.3Million,
248.6 Million NCC (28.1%)



Study Population Expenditures:
$293.7 Million,
$176.4 Million NCC (60.1%)

To produce a DPSS cost estimate for FY 2014-15, the study population was matched against records of monthly benefits received through CalFresh in FY 2014-15. A data match for the purpose of determining the extent of GR receipt within the study population was not necessary since an exhaustive dataset of FY 2014-15 GR receipt was built into the master file created for this report. The calculations additionally drew from program and cost information provided by DPSS, as well as from the County's FY 2014-15 budget.

4.1. Monthly Benefits: General Relief and CalFresh

DPSS paid 114,037 of its clients in our study group a total of $241.1 million in monthly GR and CalFresh benefits over a net total of 688,766 months in FY 2014-15, an average annual cost of $1,335 per person (Table 4b). These clients received GR benefits for a cumulative average of about six months per person at $221 per month for a total in FY 2014-15 of $152.2 million, 100% of which is NCC (Table 4b).

The GR recipients in the study population were also linked to employability status records in additional LEADER tables available to RES, which revealed that an average of roughly two-thirds of the recipients in the active monthly caseloads were categorized by DPSS as *unemployable* at some point during the observation period. Moreover, about 41% of the GR recipients in the study population (*n*=46,528) were coded as unemployable in all months during which they received GR benefits, including more than two-thirds of those in the chronically homeless subgroup (*n*=1,343). Employability status is significant with respect to DPSS's monthly payment obligations insofar as these obligations are 100% NCC and those who are categorized as *unemployable* are exempt from otherwise mandatory participation in welfare-to-work program components, as well as from time limits on receipt of monthly benefits, for as long as they can demonstrate that their disabilities prevent them from working.

Table 4b. Study Group Receipt of General Relief and CalFresh, FY 2014-15							
		Total	Average Cost	Costs+		Cost Per Person	
	# Unique Recipients	Months Receipt*	per Person, per Month*	NCC+	Total	NCC	Total
GR	114,037	688,766	$221	$152,217,286	$152,217,286	$1,335	$1,335
Chronic Homeless	1,976	15,999	$221	$3,535,779	$3,535,779	$1,789	$1,789
CalFRESH	71,910	555,267	$160	$0	$88,842,720	$0	$1,235
DPSS Subtotal 1	**114,037**	**688,766**	**$350**	**$152,217,286**	**$241,060,006**	**$1,335**	**$2,114**
				%NCC::	**63.1%**		

*The total number of months receipt shown in the table is an unduplicated net total, as opposed to a gross total. The net cumulative total months is more meaningful than a gross total (n=1,244,033 months) because the net total can be applied as a divisor to the total benefit payments to produce an average cost per person, per month. It should be noted, however, that the average cost per person, per month is not equal to 1/12 of the total cost per person because recipients do not GR and CalFresh for the same amount of time, but since all clients who received food stamps at some point in the 12-month observation period also received GR during the year, we use the total months of GR receipt (*n*=688,766) and the total number of GR recipients in the dataset *(n=114,038*) as the basis for our aggregate cost per-person and cost per month estimates.

Table 4b also shows our study population's total receipt of food stamp benefits, which are available through the CalFresh program and funded almost entirely by the Federal government with the remainder of the benefits funded by the State through the California Food Assistance Program for legal immigrants. A data match linking the study group to DPSS records of CalFresh receipt yielded 71,910 clients who received food benefits for at least one month in FY 2014-15, a match rate of 48.3%. These persons consumed benefits in the amount of $88.8 million over 555,267 months of receipt, an average of close to eight months per recipient at roughly $1,235 per person for the year and $160 per month.

4.2. Additional Costs

The DPSS budget for FY 2014-15 includes $21.8 million allocated to GR Anti-Homelessness programming, ($8.2 Million NCC), all of which is added to our estimate. The basis for the estimate of GR and CalFresh administrative costs, which total to $30.9 Million, is shown in the appendix to this report.

5. Summary and implications

Table 5a summarizes the cost estimates discussed in this report. The six agencies we examined spent an estimated combined gross total of $964.5 million in providing services to the study population in FY 2014-15. DPSS spent the most in terms of Net County Cost ($176.4 Million), almost five times more than the Sheriff (roughly $37 million). This is largely driven by GR, which is almost entirely NCC, as well as the high proportion of subjects in the study population who are GR recipients.

Table 5a. Costs for Services Provided to Homeless Single Adults in Los Angeles County, FY 2014-15

	*Client N=	% Study Population+	Estimated Expenditures			
			Direct Services**	TOTAL	NCC	Average Per Person
DHS	47,431	31.8	$246,647,125	$255,263,292	+++	$5,381
DMH	39,073	26.3	$252,245,388	$291,702,711	$8,258,181	$7,466
DPH	6,939	4.7	$22,120,417	$32,142,976	$2,514,024	$4,632
DPSS	114,037	76.6	$241,060,006	$293,715,716	$176,443,752	$2,576
Sheriff	14,754	9.9	$74,133,443	$79,610,743	$36,968,486	$5,397
Probation	2,795	1.8	$12,098,348	$12,098,348	$4,409,780	$4,328
OVERALL TOTAL	**148,815**	**100**	**$848,304,728**	**$964,533,787**	**$228,612,438**	**$6,481**
Most Costly 5%	7,441	5.0	$370,288,623	$381,181,654	$12,671,254	$51,227
Most Costly 10%	14,882	10.0	$476,865,568	$499,132,698	$27,474,588	$33,539
Most Costly 20%	29,763	20.0	$591,976,118	$635,675,239	$55,499,664	$21,358
HMIS Chronic Homeless	7,675	5.2	$54,747,979	$60,467,810	$5,134,767	$7,879

*These are Unique Totals

+These percentages are based on the full study population, *n*=148,815

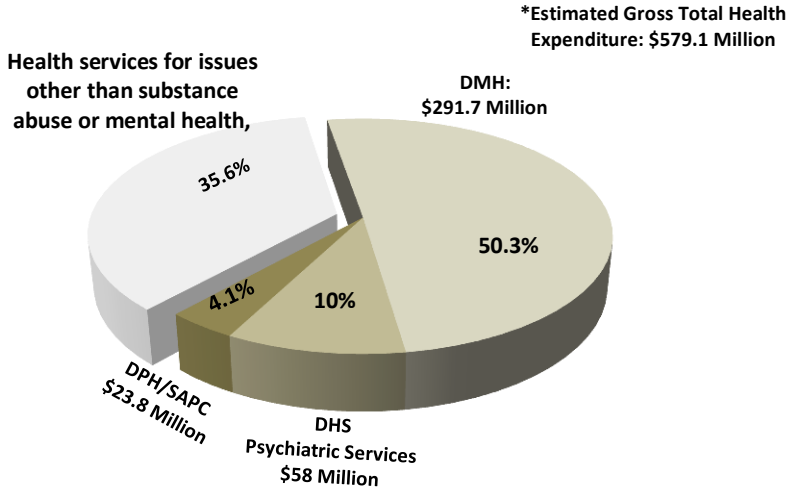
++In this context, the *Direct Services* category is intended to exclude both administrative expenditures and costs associated with programs that are either only recorded at an aggregate level in terms of utilization or are only available in an aggregated format.

+++ Section 2.2.1 provides an explanation for why DHS's NCC is excluded from this report.

5.1. The Significance of Mental Health and Substance Abuse Services

Looking more specifically at expenditures *per capita*, the spread separating DMH from DHS and the Sheriff is close to 40%. This is particularly remarkable given that close to one quarter of DHS's inpatient and outpatient costs with respect to the study population were expenditures on psychiatric emergencies and hospitalizations (roughly $58 million of $246.6 million). The sum of DHS's estimated psychiatric-related costs and DMH's total costs - roughly $350 million over 12 months - suggests that 60% of the County's health spending and more than

Table 5a Estimated County Mental Health and Substance Abuse Expenditures+ in Relation to Health Expenditures Overall, FY 2014-15*

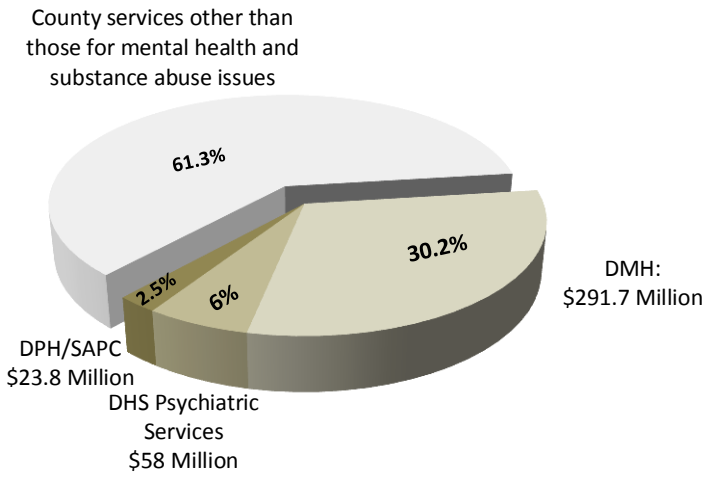


+Estimated Gross Total Mental Health and Substance Abuse Services Expenditures: $373.4 Million, 64.5% of Total

one-third of the County spending on homeless single adults overall – are funds that pay for mental health treatment. When the study population's DPH/SAPC costs ($23.8 million) are added to the mental health/psychiatric expenditures, the resulting implication is that more than three-fifths of the County's health spending on homeless single adults and two fifths of the County's overall spending on this population funds services for mental health and/or substance abuse treatment (Figures 5a and 5b). Moreover, to the extent that the composition of our study population underrepresents homeless SAPC and DMH patients, the proportions may be even higher.

Table 5b. Estimated County Mental Health and Substance Abuse Expenditures+ in Relation to Overall Costs, FY 2014-15*

***Estimated Total Expenditure Overall: $964.5 Million**



+Estimated Gross Total Mental Health and Substance Abuse Services Expenditures:, $373.4 Million, 38.7% of Total

5.1.1. Inpatient and Emergency Services

From the point of view of general service areas, mental health utilization is the biggest driver of the County's costs with respect to homeless adults. Within the domain of mental health services, inpatient and emergency utilization - including residential services, inpatient hospitalizations and psychiatric ER visits – are the primary factor driving spending on homeless patients. While only 13% of the DMH patients in our study population required acute inpatient and/or residential services (*n*=5,291 adults), these patients accounted for roughly one-fifth of the DMH inpatient and outpatient costs for the study population and their average cost per patient ($9,316) was roughly 25% higher than the average for all the DMH patients in the study population. Psychiatric hospitalizations accounted for roughly 30% of DHS's inpatient costs and psychiatric emergencies accounted for close to 38% of the department's emergency costs.

5.2. Inmates and Probationers

Although the data match results suggest that one in 10 of the adults in the study population were arrested by the Sheriff's Department, the composition of the study population is such that this proportion is likely an underrepresentation of the extent to which law enforcement resources are utilized in arresting and jailing homeless persons. Nevertheless, the Sheriff spent an average of $5,396 on those arrestees and inmates captured in our FY 2014-15 data match for an estimated total of $80 million overall ($37 million NCC, 46.5% NCC). Approximately seven in ten of the arrests involved time in custody that lasted no more than one month, but more than one in ten lead to jail stays that lasted more than three months, and these longer stays account for more than half the jail maintenance costs for the study population ($38.4 Million out of $74.1 million).

While the costs of arrests and jail stays are a key factor in the County costs associated with homeless single adults, less than 2% of the study population received services through Probation during the fiscal year.

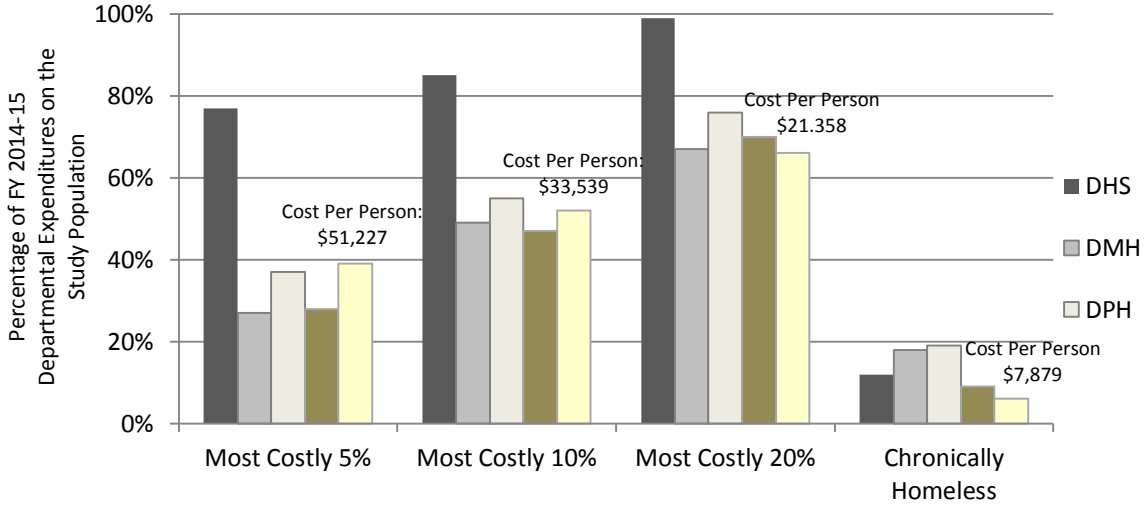
5.3. DPSS, the Primary Source of Basic Survival for the County's Unaccompanied Homeless Adults

DPSS incurred the largest gross costs among the six agencies examined ($293.7 Million). Almost four of every five adults in the study population was a DPSS client in FY 2014-15. As the provider of both a monthly cash stipend through the GR program and the distributor of Federal Food Stamps benefits through the CalFresh program, DPSS is the main source of basic subsistence for homeless single adults in the County and is, as such, a critical system of last resort. More than 7 out of 10 adults in the study group who received GR benefits during FY 2014-15 experienced a spell of homelessness at some point over 12 months. Two –thirds of these recipients experienced a disability that prevented them from participating in the GR program's job readiness activities for at least part of the time they received benefits, and more than 40% were coded by the department as unemployable during all the months in which they received benefits.

5.4. High-Volume Service Users, the Most Significant Driver of the Costs Associated with Homelessness

The concentration of spending on a small minority of high-volume service users is both the most striking aspect of the results and one that is consistent with the current state of knowledge on the costs associated with homelessness. This pattern, as shown in Figure 5c, is one observed for the County as a whole, as well for individual County agencies. While the average cost per person for the full study group across the six County agencies was $6,481 for the 12-month observation period, the average among the most expensive 5% (*n*=7,441 adults) was $51,227, eight times the average. The adults in this subgroup accounted for $381.1 million in combined service costs, which is almost 40% of the total County expenditure on the study population. The intensity of concentrated spending slows somewhat thereafter, but the most expensive fifth of the study population (*n=*29,763 adults) nevertheless accounts for two-thirds of the County's overall cost for the Fiscal Year.

Figure 5c. County Expenditures* on the Most Expensive Adults In the Study Population, FY 2014-15+



*The average cost per person shown in the figure is based on expenditures across all six County agencies combined.

+DPSS and Probation are not shown because their benefits and services are fixed and provided on a recurrent and routine basis such that their costs per person do not vary dramatically by person (in contrast to the to four departments included in Figure 5c).

Fairly similar spending and utilization patterns are observed in looking at DMH, DPH and the Sheriff. In the case of DHS, the concentration is considerably more intensified. DHS's average expenditure per person for the most costly 5% of the patients in the study population (*n*=4,743 adults) is $80,015. This subgroup, which comprises only 3.2% of our full study population, consumed $189.8 million in DHS service costs, which is almost three quarters of DHS expenditures on all the patients in our study group and roughly one-fifth of the County's costs on the entire study population. The most expensive 20% account for all but a small fraction of DHS's costs in providing services to the study population.

5.4.1. The Chronically-Homeless Subgroup

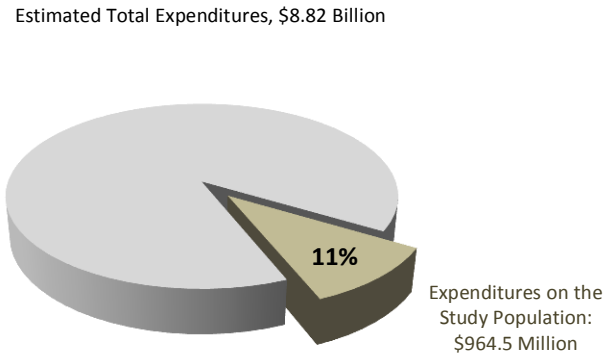
Although there is some overlap between the most costly segments of the study population and the chronically homeless subgroup (*n*=7,675 adults, the concentration of spending on the latter is considerably less intensive. At the same time, however, the chronically homeless subgroup's average cost per person in looking at County services overall ($7,879) is 21.6% higher than average and expenditures on these persons ($60.5 million) constitute 6.3% of the County's overall spending on the study population.

5.5. Homeless Costs in the Context of Overall Departmental Resources

For each agency included in this report, estimated costs were measured in relation to a larger pool – or denominator - of departmental funding for services provided to adults. This was done to convey a sense of the relative impact of homelessness on departmental resources. However, this relational aspect of the analyses is imperfect and its intent is limited to a general approximation of the fiscal and financial significance of homelessness in Los Angeles County. In making decisions about the inclusion and exclusion of funds from these larger gross financial denominators, a number of complexities prevent the uniform application of a standard set of business rules to all departments. Moreover, it is important to underscore that budgets are related but analytically distinct from actual expenditures. In the case of DMH, as well as for part of the analysis of Probation, larger departmental denominators were built from information provided to RES on actual expenditures. DHS provided an adjusted budget allocation for FY 2014-15. For the other three agencies, however, the funding denominators relied on information provided in the County's Recommended Budget for FY 2014-15. In these latter cases, RES proceeded with the assumption that budgets could be approached as a reasonable proxy for expenditures for the purposes of producing general estimates.

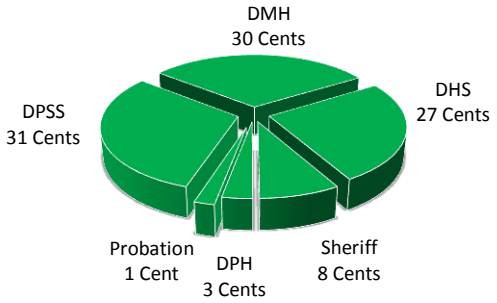
Given these limitations, the sum of these six departmental denominators, represented in Figure 5d, is our best effort to produce a reasonable approximation of the combined gross funding these agencies deployed in providing services to adults during FY 2014-15 ($8.82 Billion) Within this universe of overall spending, slightly more than $1 out of every $9 was spent on services provided to our homeless study population.

Figure 5d Combined Spending on the Study Group across Six County Agencies in Relation to their Approximate Total Expenditures on Adults Overall, FY 2014-15



DPSS and DMH each account for about 30 cents on this dollar and DHS's share is 27 cents. There is a significant spread separating these three agencies from the others. The Sheriff's share is about 8 cents on the dollar, DPH accounts for three cents and Probation accounts for a penny (Figure 5e).

Figure 5e. Estimated Distribution of Every County Dollar Spent in Providing Services to Homeless Single Adults



5.6. Maximizing the Effectiveness of County Service Dollars

Los Angeles County spends close to $1 Billion per year in providing services and benefits to single adults who experience varying spells of homelessness in the course of 12 months. The establishment of a coordinated policy and program environment that makes the most effective use of these resources is one of the fundamental objectives for the CEO's *ad hoc* Homeless Initiative. Our analysis suggests that 5% of the single homeless adults in the County – roughly 1 out of every 20 of these adults - consume 40 cents out of every dollar spent in providing services to this homeless population as a whole. Making inroads into the utilization patterns of this small segment will ultimately free up funds that could in turn be reinvested strategically in the ongoing efforts to reduce homelessness. Doing so will necessitate the implementation of more efficient and lasting alternatives that break repetitive cycles of Emergency room visits, hospitalizations, expensive psychiatric inpatient treatments, arrests and re-arrests, etc. Our analyses further suggest that coordinated interventions addressing tri-morbidity among the County's homeless men and women – i.e. adults with (often interrelated) combinations of mental health, substance use disorder and physical health issues – should be closely linked to efforts to provide safe, subsidized housing.

Homelessness is not merely a problem of dollars and cents but, more importantly, one of the defining humanitarian issues Los Angeles County faces. Reducing and eventually ending the problem will not be easy or painless but is consistent with basic values of citizenship, fairness and decency. In forming the *ad hoc* Homeless Initiative, the Board of Supervisors and the County's Chief Executive Officer have taken a decisive step in the process. Our hope is that this report will arm the Initiative with information needed to present the Board with an effectively coordinated set of recommendations, one that provides the County with guidance in facing the difficult but worthwhile challenges that lay ahead and leads to enduring solutions.

Report on Homeless Housing Gaps in the County of Los Angeles

Prepared by

The Los Angeles Homeless Services Authority

January 2016

Housing Gaps Analysis Objective

This model is intended to inform resource allocation decisions by providing a proposed best case system model for the Los Angeles region. The model is intended to provide a resource map necessary to achieve the functional end to homelessness in Los Angeles; that is, it is designed to answer the question "what additional subsidized housing and shelter do we need to end homelessness in LA, and what is the resulting cost?" The model assumes a number of best practices, including for example that the Emergency Shelter infrastructure is primarily used as bridge housing to navigate people into permanent housing outcomes.

Housing Gaps Analysis Methodology

The methodology for this analysis uses key population statistics and demographics to project the need for different kinds of housing interventions for the entire homeless population, and contrasts those needs with the current inventory of housing and shelter, to identify system gaps. The chart does not imply a recommendation to shift funding from current programs. To this end, the column titled "LA County Housing Gap (Exc. City) shows a 0 in areas where the City need is higher than the overall County need. Each data source is explained in Appendix A. The homeless population is provided by the annual Point-In-Time (PIT) count of homeless individuals and families. Since the count is a one-day number, not the total number of people who will experience homelessness over the course of a year, we use data from the local Annual Homelessness Assessment Report (AHAR), to extrapolate the annual population served. The AHAR data covers both those programs that are publically funded and for which there is data about service utilization in the Homeless Management Information System (HMIS), and those that are privately funded and that do not participate in HMIS. The HMIS service utilization data, such as average shelter bed stays, and retention rates for permanent supportive housing, provides key expected values for the types of programs operated locally, and is much richer than the AHAR data alone. So, for example, HMIS data show the percentage of shelter occupants who appear for less than 30 days and do not reappear in the data, and are therefore considered 'self-resolvers', and the model does not include a housing type for them. Finally, the model includes our Housing Inventory Count (HIC), which details the resources currently deployed in the County. The model also includes national best practices that are drawn from the national AHAR set of data, which is used to fill in data gaps from the local HMIS data; for example, there is limited data in the LA CoC HMIS on local Prevention programs, but other CoCs have such programs, so national data is used to refine the estimates.

Using data from PIT Homeless Count, HMIS and AHAR, the model estimates the housing resource needs for the homeless population, and what percentage of the population will likely require each specific resource. Turnover in each program is factored into the model, and reduces the overall gap in that resource. The shelter inventory of Transitional Housing is expected to serve youth and domestic violence survivors primarily, with some beds for those with substance abuse issues. The Emergency Shelter bed inventory is modeled to be connected to the housing outcomes above, so the length of time it takes for a permanent housing outcome in each program type drives the need for crisis housing. System improvements that reduce the time for permanent housing placements would increase shelter bed turnover and therefore reduce system need. Additional details of the methodology for each housing type are detailed in Appendix B.

Table 1: LA County Homeless Housing Gap Results

LA County Homeless Housing Gap Results					
Programs for Single Adults (Point-in-Time Unit/Bed Count)	Current System for Individuals (Units[1])	Proposed System for Individuals (Units[1])	**LA Countywide Housing Gap**	**City of LA Housing Gap**	**LA County Housing Gap (Excl. City)**
Permanent Supportive Housing	9,023	23,731	-14,708	-9,049	-5,658
Rapid Re-Housing[2]	157	8,536	-8,379	-3,324	-5,055
Transitional Housing	2,946	1,463	1,483	1,626	-143
Emergency Shelter	3,629	6,310	-2,681	-552	-2,129
Prevention	0	1,505	-1,505	-600	-905
TOTAL	15,755	41,545	-25,790	-11,899	-13,890
Programs for Families (Point-in-Time Unit Count)	Current System for Families (Units)	Proposed System for Families (Units)	**LA Countywide Housing Gap**	**City of LA Housing Gap**	**LA County Housing Gap (Excl. City)**
Permanent Supportive Housing	1,482	2,115	-633	-845	0[3]
Rapid Re-Housing	640	490	0[3]	-110	0[3]
Transitional Housing	794	377	417	218	199
Emergency Shelter	1,093	691	402	180	221[4]
Prevention	0	1,050	-1,050	-630	-420
TOTAL	4,009	4,723	-714	-1,187	0

General Note: negative values indicate a resource gap relative to the proposed system allocation; positive values indicate a resource surplus.

Cost Implications

In analyzing the cost to fully fund the housing gaps detailed in Table 1, the following assumes incremental ramp-up toward fully implementation over five fiscal years at 20% per year. Table 2 details the aggregate number of additional units which would become available each year in LA County under a 5-year model. Transitional Housing has been excluded from the cost analysis, as the model shows a surplus for both individuals and families. Under this model, the unit totals in FY 2020-21 and associated cost represent the *increase* in housing and on-going annual funding that will be required following the ramp-up period. This cost would be in addition to the resources that are currently funded, represented in the *Current System* columns of Table 1.

[1] For Emergency Shelter and Transitional Housing programs serving single adults, the terms units and beds are used interchangeably.
[2] Rapid Re-Housing (RRH) units are able to support two unique households over a 12-month period, so the number of households permanently housed in a year is estimated to be twice the number of the RRH units.
[3] The housing gap for the City exceeds the housing gap for the County.
[4] The proposed system would require fewer emergency shelter units due to better overall resource utilization, faster crisis housing throughput and increased use of prevention.

Table 2: Additional Units of Housing Needed (Cumulative)

	Total Gap (Units)	FY2016-17	FY2017-18	FY2018-19	FY2019-20	FY2020-21
Permanent Supportive Housing	15,341	3,068	6,136	9,204	12,272	15,341
Rapid Re-Housing	8,376	1,675	3,350	5,025	6,700	8,376
Emergency Shelter	2,279	456	912	1,368	1,824	2,279
Prevention	2,555	511	1,022	1,533	2,044	2,555

The associated costs to meet the homeless housing need are based upon an average cost/unit in LA County, using a combination of housing provider surveys, historic financial assistance data, historic LA County shelter and transitional housing bed costs, and projected lengths of assistance (length of assistance estimates are detailed in Appendix B). Table 3 below provides the annual and aggregate cost for additional units needed in LA County. The specific per unit cost inputs are detailed in Appendix C. Note that the new construction and any associated costs have been excluded from this model, as the amount of needed new construction is unknown and the funding sources for such construction would likely be distinct from the funding sources for the costs included in this report.

As previously stated, the housing gaps represent the proposed size and configuration for a homeless housing system that will allow LA County to quickly house anyone who falls into homelessness or will imminently become homeless with the most appropriate and cost -effective intervention. A system ramp-up of this magnitude demands additional one-time resources to facilitate implementation. In particular, there are three, one-time funding categories that will be critical to the success of the effort:

1. Supplemental Outreach – With the majority of the LA County homeless currently living without shelter, more outreach funding is needed to identify, assess, and build connections with the future residents of this additional housing
2. Supplemental Housing Navigation – Housing navigators play a critical role in providing a single point of contact for someone as they work through the process of moving from the streets into housing. Gathering required personal documents, completing a housing application, and finding a housing unit are critical steps in successfully assisting someone to end her homelessness, and without the proper guide they are often insurmountable.
3. Supplemental Emergency Shelter – Shelter, and in particular 24-hour shelter, is also critical to achieving success. It provides a safe, secure location, off of the streets, where people can be connected to additional services and are accessible to case managers and housing navigators. It provides a temporary “home base” for a collaborative housing process and holistic supplemental supports.

Table 4 provides estimates of one-time funding required for these supplemental supports as well as the total funding required over five years, including the totals from Table 3.

Table 3: Annual, Cumulative Funding Required to Meet Gaps (in addition to current annual funding)

	FY2016-17	FY2017-18	FY2018-19	FY2019-20	FY2020-21	Cost Over Five-Year Ramp-Up	Annual Ongoing Cost (Post-FY2020-21)
Permanent Supportive Housing (Leasing)	$37,110,528	$74,221,056	$111,331,584	$148,442,112	$185,564,736	$556,670,016	$185,564,736
Permanent Supportive Housing (Services)	$16,326,538	$32,653,076	$48,979,614	$65,306,152	$81,638,011	$244,903,390	$81,638,011
Rapid Re-Housing	$24,052,234	$48,104,469	$72,156,703	$96,208,937	$120,275,531	$360,797,874	$120,275,531
Emergency Shelter	$5,825,400	$11,650,800	$17,476,200	$23,301,600	$29,114,225	$87,368,225	$29,114,225
Prevention	$1,336,776	$2,673,552	$4,010,328	$5,347,104	$6,683,880	$20,051,640	$6,683,880
CES Outreach and Navigation	$5,500,000	$5,500,000	$5,500,000	$5,500,000	$5,500,000	$27,500,000	$5,500,000
	$84,651,476	$169,302,952	$253,954,429	$338,605,905	$423,276,383	$1,269,791,145	$428,776,383

Table 4: Supplemental Shelter and Services to Facilitate Ramp-Up (One-Time Costs)

		FY2016-17	FY2017-18	FY2018-19	FY2019-20	FY2020-21	Cost Over Five-Year Ramp-Up
CES Outreach, Navigators and Regional Coordinators	Staff Needed	165	165	165	165	165	
	Cost	$8,250,000	$8,250,000	$8,250,000	$8,250,000	$8,250,000	$41,250,000
Shelter	Beds Needed	1186	1186	1186	1186	1186	
	Cost	$15,147,956	$15,147,956	$15,147,956	$15,147,956	$15,147,956	$75,739,781
Total Cost		$23,399,307	$23,399,307	$23,399,307	$23,399,307	$23,399,307	$116,989,781

Grand Total	$108,050,783	$192,702,259	$277,353,736	$362,005,212	$446,675,690	$1,386,780,926

Using Federal Funding Sources to Offset Local Permanent Supportive Housing Cost

Approximately 4,000 Section 8 Housing Choice Vouchers turn over through attrition across the 20 public housing authorities within the County, each year. As a best practice, the US Interagency Council on Homelessness urges local jurisdictions to pair these vouchers with supportive services to create additional permanent supportive housing opportunities for homeless residents.[5] This has the potential to offset a large portion of the local cost detailed in Tables 3 and 4, dependent upon the degree to which local housing authorities are willing to implement this strategy, by utilizing long-term federal housing subsidies to help address chronic homelessness. Table 5 below projects the potential local cost offset through this strategy both in terms of dollars and as a percent of the total potential 5-year leasing cost as detailed in Table 3. These projections and the cost assumptions in the prior tables exclude any new construction cost and examine only the rental assistance and supportive services to support additional permanent supportive housing.

Table 5: Potential Permanent Supportive Housing Leasing Cost Offset through Dedication of Section 8 Turn-over

Vouchers Dedicated	1st Year Cost Offset	2nd Year Cost Offset (Aggr.)	3rd Year Cost Offset (Aggr.)	4th Year Cost Offset (Aggr.)	5th Year Cost Offset (Aggr.)	% of Total Leasing Cost Offset
0	$-	$-	$-	$-	$-	0%
1000	$12,096,000	$36,288,000	$72,576,000	$120,960,000	$181,440,000	33%
2000	$24,192,000	$72,576,000	$145,152,000	$241,920,000	$362,880,000	65%
3000	$36,288,000	$108,864,000	$217,728,000	$362,880,000	$544,320,000	98%

As Table 5 demonstrates, over $544M (98%) of the five-year projected local leasing cost for permanent supportive housing could be addressed through the strategic utilization of 75% of the existing federal housing subsidies which become available through routine turnover. In year 5 and each year thereafter, the annual local savings would be $181M, which is 98% of the total leasing cost for an additional 15,341 units of permanent supportive housing.

There is also potential to offset a portion of the service costs associated with those additional permanent supportive housing units through the Affordable Care Act and potential Medi-Cal reimbursement leveraged with other existing programs administered by DMH, DHS, DPH and other County departments.[6]

[5] https://www.usich.gov/resources/uploads/asset_library/PHA_Guidebook_Final.pdf
[6] https://aspe.hhs.gov/sites/default/files/pdf/77116/EmergPrac.pdf

Table 6: Potential Permanent Supportive Housing Services Cost Offset through Medi-Cal

% of Supportive Services Cost Billed to Medi-Cal	1st Year Cost Offset	2nd Year Cost Offset (Aggr.)	3rd Year Cost Offset (Aggr.)	4th Year Cost Offset (Aggr.)	5th Year Cost Offset (Aggr.)
0%	$-	$-	$-	$-	$-
10%	$1,632,654	$4,897,961	$9,795,923	$16,326,538	$24,489,807
20%	$3,265,308	$9,795,923	$19,591,845	$32,653,076	$48,979,614
30%	$4,897,961	$14,693,884	$29,387,768	$48,979,614	$73,469,421

Table 6 provides estimates of the cost offset of Medi-Cal billing for services provided in permanent supportive housing programs. Over a 5-year period, approximately $24.5M in services cost projected in this model could be avoided for each 10% increment of those services that are able to be reimbursed under Medi-Cal.

Projected Impact and Reductions in the Point-In-Time Homeless Count

The annual Greater Los Angeles Homeless Count provides the best tool we have to measure success in the goal of reducing and ending homelessness in Los Angeles. Concrete, substantial decreases in the point-in-time count are the end goal of the strategies proposed. Based upon historic success and utilization rates of the housing interventions, Table 7 details the potential impact to future point in time counts under this 5-year model. At the time of this report, the 2016 results are unknown. These projections assume no change in the total PIT enumeration from 2015 to 2106. With that in mind, these projections will need to be revised subsequent to the release of 2016 PIT count results.

Table 7: Projected Impact on Future PIT Counts[7]

	PIT 2017	PIT 2018	PIT 2019	PIT 2020	PIT 2021	PIT 2022
Decrease in PIT Count (Aggr.)	-3,036	-9,109	-15,181	-21,253	-27,326	-30,362
% Decrease from 2015 PIT	-7%	-21%	-34%	-48%	-62%	-68%
New PIT Total	41,323	35,250	29,178	23,106	17,033	13,997

The additional housing detailed in Table 2 has the potential to decrease the PIT count by about 14% each year. Those decreases have been staggered across six PIT counts because the PIT count occurs about half-way through the fiscal year.

From a systems perspective, the biggest challenges to decreasing the PIT count, aside from available housing subsidies, is the availability of affordable rental units and landlords willing to rent to individuals and families who are often perceived as financially riskier tenants. Currently, it's taking at least three months for people with long and short term subsidies alike to find a vacant unit and move in.

[7] Based upon 2015 PIT data, assumes no change in the rate of new homelessness

Consequently, a point-in-time snapshot would capture a quarter of the annual population who become homeless each year and utilize housing subsidies, based on the assumption that they will remain homeless for an average of 3 months. This means that with all other conditions remaining equal, fully meeting the housing gaps detailed in this report would only be able to lower the PIT count below 15,000. Until the external constraint of limited affordable housing stock is addressed, this will be the optimal equilibrium.

This does not imply that LA County's PIT count is bound to this constraint. A future where 15,000 residents are homeless every day is unacceptable and should not be the end goal. A few concrete strategies to shift that equilibrium are detailed below:

1. Aggressive development of new affordable housing to shorten the time to move-in, and consequently shorten the length of time people are homeless
2. Investments in shared housing program models to mitigate tightening rental vacancy rates across the County
3. Greater integration of other County Programs, as detailed in the LA County strategies report, to provide benefits and services to prevent low-income households from becoming homeless, decreasing the number of households becoming homeless
4. Increased funding in retention services for existing permanent housing programs to minimize returns to homelessness

With the primary solutions being time-limited and long-term rental subsidies, we are going to need more places for people to live that are actually affordable. The trend has been in the opposite direction, and that has kept people homeless for longer periods of time than necessary. Under this model, every additional day that the average homeless household spends looking for an affordable apartment increases the PIT count by more than 60. Not only does this increase the PIT count, but it also increases the shelter need, because more bridge housing is needed when more homeless households are looking for housing. Although the cost models employed in this report do not consider additional development, it must be acknowledged that heavy investment in additional affordable and homeless housing development is needed in order for even this less than perfect equilibrium to be achieved.

Appendix A: Data Sources

Annual Point-in-Time Count (PIT Count)

A PIT count is an unduplicated count on a single night of the people in a community who are experiencing homelessness that includes both sheltered and unsheltered populations. The PIT Count is the starting point in determining the overall need and determining the proposed system inventory.

Housing Inventory Chart (HIC)

The HIC is an annual inventory of beds and units for homeless persons. The HIC is used to populate the *current inventory* portion of the gaps analysis.

Homeless Management Information System (HMIS)

The HMIS is a database structure used by local jurisdictions to collect information about homeless individuals and homeless assistance programs. For this analysis, Los Angeles, Glendale and Pasadena HMIS was used to assess length of time individuals and families access different types of housing, service utilization patterns, levels of acuity, and permanent housing turnover rates (the Long Beach Continuum of Care maintains a separate HMIS database).

Annual Homeless Assessment Report (AHAR)

The AHAR documents the annual number of people who access homeless assistance programs as documented in the HMIS, as well as the proportion of beds and units that are documented in the HIC that are also represented in the HMIS data set. This information is used to extrapolate client numbers and patterns of service utilization for those beds and units that do not report in the HMIS and to estimate an annual unduplicated count of unique individuals and families who present for services over a twelve- month period.

Appendix B: Detailed Housing Gap Methodology

Permanent Supportive Housing

The Permanent Supportive Housing gap reflects the need for supportive housing options for homeless persons with disabling conditions who have often been homeless for long periods of time. The proposed system inventory takes into account:

1) The projected number of chronically homeless individuals and families who present at homeless assistance programs during the year and who require long-term supportive services and housing assistance (we assume that 75% of chronically homeless individuals and 100% of chronically homeless families fall into this category based upon acuity)
2) The portion of the current permanent supportive housing units that will remain occupied throughout the year (we assume that 85% of units for individuals and 92% of units for families do not turnover in the course of a year based upon historic data)
3) The number of chronically homeless individuals and families that do not present at homeless assistance programs during the year, based upon the PIT count

Rapid Re Housing

The Rapid Re-Housing gap reflects the need for time-limited rental assistance and supportive services, with the understanding that individuals and families will be able to stabilize in fair market housing and take over responsibility for the unit in the short to medium term. This gap assumes that the average length of assistance is 6 months, which implies that the average point-in-time "slot" will serve two households over a 12-month period. The proposed system inventory takes into account:

1) The projected number of chronically homeless individuals and families who present at homeless assistance programs during the year and who likely requires short to medium term supportive services and housing assistance (we assume that 25% of individuals and 0% of families fall into this category based upon acuity)
2) The projected number of non-chronically homeless individuals and families who present at homeless assistance programs during the year and who likely requires short-to-medium term supportive services and housing assistance (based upon historic data and acuity, we assume that 55% of individuals and 28% of families fall into this category)

Transitional Housing

The Transitional Housing gap reflects the need for intensive supportive services in a sheltered environment for 6-24 months. Best practices suggest that this type of housing can be effective for households fleeing domestic violence, transition age youth (18-24 year olds), and individuals with intense substance abuse challenges. The proposed system inventory takes into account the projected number of non-chronically homeless individuals and families who present at homeless assistance programs during the year and require this type of housing support (we assume that 10% of the

individual population and 16% of the family population fall into this category based upon historic data and acuity).

Emergency Shelter

The Emergency Shelter gap reflects the need for crisis shelter for individuals experiencing temporary housing instability, and for some, a longer stay while they search for a market rate unit or wait for a specific project-based supportive housing unit to become available. The proposed system inventory is designed to cover:

1) The projected number of non-chronically homeless individuals and families *who present at homeless assistance programs during the year* and who only need shelter while they resolve their own housing crisis; on average, these households stay in shelter for about one month (we assume that 30% of individuals and 26% of families fall into this category based upon historic data and acuity)
2) The projected number of homeless individuals and families who, over the course of the year, will need shelter temporarily while they are in the process of identifying a unit in rapid re-housing or permanent supportive housing programs; on average, these households stay in shelter for about three months
3) The projected number of homeless individuals and families who, over the course of the year, will need shelter temporarily while they are in the process of identifying a unit in a transitional housing program as detailed above; on average, these households stay in shelter for about two months

Note: The shelter gap assumes that the permanent supportive housing and rapid re-housing gaps have already been met. This is the amount of shelter required for on-going support of the remainder of the system and addresses annual in-flow into the homeless system. In the absence of those permanent housing options, additional shelter would be needed to prevent increases in the unsheltered population. Further, large scale implementation of additional permanent housing will require a temporary increase in shelter to provide the additional bridge housing required to facilitate move-in, as described in Table 4. The proposed system inventory reflects a "steady-state" need for shelter need in a County-Wide system.

Prevention

The Prevention gap reflects the need for one-time financial assistance to individuals and families who, but for this assistance, will most likely become homeless. The proposed system inventory takes into account the projected number of non-chronically homeless individuals and families who present at homeless assistance programs during the year and require this type of housing support; in most cases, this support will only last for one month (we assume that 5% of individuals and 30% of families fall into this category based upon historic data and acuity).

Appendix C: Housing Cost Inputs

The charts below detail the cost assumptions that were used for Table 3 and Table 4 in this report. The first set of estimates were provided by the Corporation for Supportive Housing, and utilize a combination of historic local data, surveys of permanent housing providers, and local fair market rental rates for LA County. The second set of estimates were created by LAHSA by analyzing historic budget amounts and projecting additional need for outreach and housing navigation to meet the need of the additional resources proposed in this report.

	Studio/1BR	2 BR+
Annual PSH Services Cost per HH	$ 5,322	$ 5,677
Annual PSH – Leasing per HH	$ 12,096	$ 20,100
Prevention Cost per HH	$ 2,616	$ 4,022
RRH Cost per HH	$ 7,180	N/A

Emergency Shelter	$ 35	per unit/per day
Regional Coordinators	$ 125,000	per Service Planning Area
Outreach/Housing Navigators	$ 50,000	per FTE

None of the estimates in this report assume capital costs associated with new housing development.

Attachment 5

Integrated Case Management Services for Permanent Supportive Housing

Potential Funding Sources

On October 13, 2015, the Board of Supervisors adopted a homelessness motion introduced by Supervisors Mark Ridley-Thomas and Michael D. Antonovich directing the Chief Executive Office to identify, as part of the Homeless Initiative, specific funding sources, including federal and state funds, that could be used to establish a sufficient ongoing pool of funds for Intensive Case Management Services (ICMS) tied to permanent supportive housing (PSH) projects.

The list below provides a starting place to braid together disparate state, federal and local funding streams to help support ICMS, as no one funding stream can fully support such an endeavor. We will continue to research funding streams and pursue utilization of the funding streams identified below, when applicable, to ensure that we are maximizing all possible state/federal resources for ICMS. We will report on our progress as part of the quarterly Homeless Initiative reports to the Board.

Category	Funding Stream	Description
Affordable Care Act	Entitlement Funding: Medi-Cal Health Home Benefit	Health Home services will provide a comprehensive system of care coordination for Medi-Cal beneficiaries with chronic conditions, and will be implemented by all Medi-Cal health plans in the County. Health home providers will integrate and coordinate the full range of physical health, behavioral health, and community-based long term services and supports needed by beneficiaries with multiple chronic conditions. These services are expected to begin in January 2018 in Los Angeles County for people with two or more specified chronic conditions or one specified mental illness. Services include: Outreach and engagement; comprehensive care management; care coordination and health promotion; comprehensive transitional care; referral/linkage to community and social services; individual and family supports; and health information technology data. Payment methodologies and rates are still under development, but should be available for comment in two to three months. These services will provide comprehensive case management and overall care coordination, offsetting the costs of ICMS for PSH.
Medi-Cal Waiver	Competitive Application: Whole-Person Care (WPC) Pilot under 1115 Medi-Cal Waiver	WPC pilots will coordinate health, behavioral health, and social services in a patient-centered manner with the goals of improved beneficiary health and well-being through more efficient and effective utilization of resources, subject to many details that remain to be determined. WPC pilots must define their target populations to identify clients who frequently access urgent and emergency services, often across multiple systems. WPC pilots may focus on individuals at risk of or experiencing homelessness who have a demonstrated medical need for housing or supportive services. WPC pilots need to have specific strategies to: • Increase integration among County agencies, health plans and providers that serve high-risk, high-utilizing beneficiaries and develop an infrastructure that will support long-term service

		integration; • Increase coordination and appropriate access to care for the most vulnerable Medi-Cal beneficiaries; • Reduce inappropriate emergency inpatient utilization; • Improve data collection and sharing to support ongoing case management, monitoring, and strategic program improvements; • Achieve targeted quality and administrative improvement benchmarks; • Increase access to housing and supportive services (optional); and • Improve health outcome for WPC participants. Payments from the WPC pool are intended to support WPC pilots for infrastructure and non-Medicaid covered interventions, which could include elements of ICMS. Counties must match federal funds. The WPC pilots are part of the California's new 1115 Medicaid waiver which is in effect for five years from 2016 – 2020.
State Mental Health Funds	County allocation: (Mental Health Services Act (MHSA)	Proposition 63, the Mental Health Services Act, was designed to transform and expand California's county mental health service delivery system to provide innovative and more comprehensive, coordinated care to those with serious mental illness, particularly in under-served populations. MHSA funded programs fall under the categories of: Community Services and Supports; Prevention and Early Intervention; Innovation; Workforce Education and Training; and capital facilities and technology needs. MHSA can potentially support case management for individuals receiving MHSA-funded program services, prior to opening a DMH client case for outreach and engagement purposes. Using MHSA as the local match, Federal Financial Participation (FFP) may be drawn down for specialty mental health services provided by Medi-Cal certified providers to clients who meet the medical necessity criteria.
Mental Health Medi-Cal	Entitlement: Medi-Cal Mental Health Rehabilitation	Specialty mental health services are provided to Medi-Cal beneficiaries through Medi-Cal mental health plans (MHPs), which are part of a County mental health department. Specialty mental health services must be both medically necessary and a covered service under the Medi-Cal program. Rehabilitative mental health services include: Mental health services such as assessment, plan development, therapy (either group or individual), rehabilitation (either group or individual), collateral services (such as training or counseling for family members or significant others), and case management, along with other covered services such as medication support; day treatment intensive services; day rehabilitation; crisis intervention; crisis stabilization; adult residential treatment; crisis residential treatment; psychiatrist services; psychologist services; EPSDT; and targeted case management. Case management/brokerage is a covered service if appropriately

		documented and claimed, and as long as specialty mental health criteria are met and administered by appropriately credentialed staff in a Medi-Cal-certified provider site.
Federal Substance Abuse Prevention and Treatment Block Grant	Non-competitive formula block grant with annual application for eligible entities: Substance Abuse Prevention and Treatment Block Grant (SABG)	The SABG program's objective is to provide prevention, treatment, recovery support, and other services to supplement Medicaid, Medicare, and private insurance services. The SABG program targets the following populations and service areas: • Pregnant women and women with dependent children • Intravenous drug users • Tuberculosis services • Early intervention services for HIV/AIDS • Primary prevention services Case management is an allowable activity under this block grant and will be part of the new Drug Medi-Cal covered benefit.
Federal Substance Abuse Mental Health Services Administration Funding	Formula grant awarded to county mental health departments: Projects for Assistance in Transition from Homelessness (PATH) Grants	PATH was authorized by the Stewart B. McKinney Homeless Assistance Amendments Act of 1990. PATH funds community-based outreach, mental health and substance abuse services, case management, and limited housing services for people experiencing serious mental illnesses, including those with co-occurring substance use disorders who are homeless or are at risk of becoming homeless. PATH funds can be utilized for a variety of services including: • Outreach services; • Screening and diagnostic treatment services; • Habilitation and rehabilitation services; • Community mental health services; • Alcohol or drug treatment services; • Staff training, including the training of individuals who work in shelters, mental health clinics, substance abuse programs, and other sites where individuals who are homeless require services; • Case management services; • Supportive and supervisory services in residential settings; • Referrals for primary health services, job training, educational services, and relevant housing services; and • Assistance with identifying and securing appropriate housing. Case management and support services are allowable. Grantee requirements include development of a service plan and an annual budget for utilization of the funds.
Federal Substance Abuse Mental Health Services Administration Funding	Competitive Grant – 3 year duration: Cooperative Agreements to Benefit Homeless Individuals (CABHI)	The purpose of this program, which is jointly funded by the Center for Substance Abuse Treatment and Center for Mental Health Services, is to enhance or develop the infrastructure of states and their treatment service systems to increase capacity to provide accessible, effective, comprehensive, coordinated/integrated, and evidence-based treatment services; permanent housing; peer supports; and other critical services for the following:

		• Individuals who experience chronic homelessness and have substance use disorders (SUDs), serious mental illness (SMI), serious emotional disturbance (SED), or co-occurring mental and substance use disorders (CODs); and/or • Veterans who experience homelessness or chronic homelessness and have SUD, SMI, or COD; and/or • Families who experience homelessness with one or more family members who have SUD, SMI, or COD; and/or • Youth who experience homelessness and have SUD, SMI, SED, or COD. Case management is a required service under the grant to address behavioral health conditions and link/retain individuals in housing and other necessary services.
Federal Substance Abuse Mental Health Services Administration Funding	Competitive Grant: Grants for the Benefit of Homeless Individuals (GBHI)	GBHI is a competitively awarded grant program that enables communities to expand and strengthen their treatment services for people experiencing homelessness. Grants are awarded for up to five years to community-based or nonprofit entities and funded programs/services include: Substance abuse treatment; mental health services; wrap-around services; immediate entry into treatment; outreach services; screening and diagnostic services; staff training; case management; primary health services; job training; educational services; and relevant housing services. Case management services are used to retain clients in housing, provide other necessary services, including, but not limited to, primary care services and coordinating supportive services for the client.
U.S. Department of Health and Human Services	Competitive Grant: Health Care for the Homeless (HCH)	The HCH Program was first established through the McKinney Homeless Assistance Act of 1987. In 1996, Congress combined the HCH Program with Community Health Centers, Migrant Health Centers, and Primary Care in Public Housing under the Consolidated Health Center Program. HCH makes grants to community-based organizations in order to assist them in planning and delivering high-quality, accessible health care to people experiencing homelessness. The HCH Program is a competitive grant program, funding primary health, mental health, addiction, and social services with intensive outreach and case management to link clients with appropriate services.
Veterans Affairs Funding	Allocation to Continuua of Care: U.S. Veterans Affairs Supportive Housing (VASH) Program	VASH program combines Housing Choice Voucher (HCV) rental assistance for homeless Veterans with case management and clinical services provided by the Department of Veterans Affairs (VA). VA provides these services for participating Veterans at VA medical centers (VAMCs) and community-based outreach clinics. Case management is a component of the HUD-VASH program administered by the VA.
Veterans Affairs Funding	Competitive application: Supportive Services for Veteran Families (SSVF) Program	The SSVF program provides supportive services to very low-income veteran families transitioning to permanent housing to improve overall housing stability. SSVF program grantees (community based organizations and consumer cooperatives) provide eligible veteran

		families with outreach, case management and assistance in obtaining VA and other benefits, which can include: • Health care services; • Daily living services; • Personal financial planning services; • Transportation services; • Fiduciary and payee services; • Legal services • Child care; and • Housing counseling services. Case management is a component of the SSVF program administered by the VA. SSVF can be used to provide an intensive short-term services intervention, such as Critical Time Intervention.
Administration for Children and Families (ACF)	Competitive grants administered by the Family and Youth Services Bureau within ACF: Runaway and Homeless Youth Programs	The Basic Center Program (BCP) helps create and strengthen community-based interventions that meet the immediate needs of runaway and homeless youth under 18 years old. In addition, BCP tries to reunite young people with their families or locate appropriate alternative placements. BCP provides the following services: • Up to 21 days of shelter • Food, clothing and medical care • Individual, group and family counseling • Crisis Intervention • Recreation programs • Aftercare services for youth after they leave the shelter The Street Outreach Program (SOP) supports work with homeless, runaway and street youth to help them find stable housing and services. SOPs focus on developing relationships between outreach workers and young people that allow them to rebuild connections with caring adults. The ultimate goal is to prevent the sexual exploitation and abuse of youth on the streets. Street outreach services include: • Street based education and outreach • Access to emergency shelter • Survival aid • Treatment and counseling • Crisis intervention • Follow-up support Case management and wraparound services are provided through these grants.

County General Fund in the Department of Health Services Budget	Housing for Health	The County Department of Health Services (DHS) launched HFH in November 2012 to provide services and housing assistance for homeless individuals who have complex health, mental health, and/or substance use needs and are high-users of DHS hospital services. In addition to the cost of permanent housing, HFH funds a flexible array of services, including intensive case management, crisis intervention, linkages to health, mental health, and substance use disorder services, assistance with benefits, housing search assistance for those who use tenant-based rent subsidies, and life skills and job skills training. HFH also funds interim housing options, including recuperative (respite) care to provide short-term stability for some homeless people experiencing chronic illness or recovering from hospitalization until they can move into permanent housing. Since the inception of the program in 2012, HFH has housed over 1,300 clients and will provide housing to an additional estimated 2,800 clients in 2016.

HOMELESSNESS PREVENTION PROGRAMS & STRATEGIES FOR INDIVIDUALS & FAMILIES

On October 13, 2015, the Board instructed the Chief Executive Officer (CEO) to develop this report on homelessness prevention activities within the County. This document identifies current and proposed prevention-related interventions in response to that instruction.

The following factors are relevant to the programs identified below: 1) some of the programs listed are not only related to "homelessness prevention", but have a homeless prevention strategy component(s); 2) for those programs that are not focused exclusively on homeless prevention, the funding amounts listed are not 100% set aside for prevention, i.e., a portion of the dollar amounts listed are used for the prevention component of the respective program; and 3) funding amounts are for Fiscal Year 2014-15 and are not available for all programs listed.

CURRENT LOCAL GOVERNMENT PREVENTION PROGRAMS

Program Name: Emergency Solutions Grant (ESG) (partially for homelessness prevention)	***Lead Agency:*** Community Development Commission (CDC)	***Population Served:*** Chronically Homeless, Families, Veterans, Youth	***Funding:*** $1,879,396
Program Description: ESG provides funding to: (1) engage homeless individuals and families living on the street; (2) improve the number and quality of emergency shelters for homeless individuals and families; (3) help operate these shelters; (4) provide essential services to shelter residents, (5) rapidly re-house homeless individuals and families, and (6) prevent families/individuals from becoming homeless. The Los Angeles Homeless Services Authority (LAHSA) administers the ESG program for the CDC.			

Program Name: Community-Based Mental Health: Housing Specialists (partially for housing retention for formerly-homeless individuals)	***Lead Agency:*** Department of Mental Health (DMH)	***Population Served:*** Transition Age Youth (TAY) and Adults with mental illness	***Funding:*** $1,867,000
Program Description: Countywide Housing Specialists (TAY and Adult) – Provides housing assistance to those who are homeless and retention services for those that have transitioned into housing.			

Program Name: Housing Assistance Programs, Countywide (partially for homelessness prevention)	***Lead Agency:*** DMH	***Population Served:*** Persons with mental illness	***Funding:*** $682,445
Program Description: Provides funding to assist mental health consumers without the financial resources to afford the costs associated with moving into permanent housing (i.e. security deposit, household goods needed to start a home) and/or avoid eviction due to unexpected financial hardship.			

HOMELESSNESS PREVENTION PROGRAMS & STRATEGIES FOR INDIVIDUALS & FAMILIES

Program Name:	***Lead Agency:***	***Population Served:***	***Funding:***
Housing Assistance Programs: MHSA (directly operated) (partially for homelessness prevention)	DMH	Persons with mental illness	$644,115
Program Description: Provides funding to assist directly operated FSP consumer's permanent housing move-in costs, on-going rental assistance, and purchase of household goods to start a home; and/or avoid an eviction due to an unexpected financial hardship.			

Program Name:	***Lead Agency:***	***Population Served:***	***Funding:***
Housing Assistance Programs: TAY (entirely for homelessness prevention)	DMH	TAY with mental illness	$782,405
Program Description: In collaboration with the Department of Children and Family Services, the TAY Transitional Housing Program provides housing to emancipated TAY with mental illness exiting the foster care system and at risk of becoming homeless.			

Program Name:	***Lead Agency:***	***Population Served:***	***Funding:***
Emergency Assistance to Prevent Eviction (EAPE) Program (entirely for homelessness prevention)	Department of Public Social Services (DPSS)	CalWORKs Welfare-to-Work (WtW) families	$2.5M
Program Description: Helps CalWORKs WtW families who are behind in rent and/or utility bills due to a financial crisis which could lead to an eviction and homelessness. It provides eligible families with a once-in-a-lifetime maximum of up to $2,000 to pay their past due rent and/or utilities for up to two months to help them keep their housing.			

Program Name:	***Lead Agency:***	***Population Served:***	***Funding:***
CalWORKs Homeless Assistance (HA) Program (partially for homelessness prevention)	DPSS	CalWORKs Welfare-to-Work (WtW) families	$12,238,179
Program Description: Provides temporary Housing Assistance (HA) and permanent HA. Temporary HA provides temporary shelter payments to homeless families while they are looking for permanent housing. Permanent HA helps homeless families secure a permanent residence or provides up to two months back rent when the family has received a pay rent or quit notice.			

HOMELESSNESS PREVENTION PROGRAMS & STRATEGIES FOR INDIVIDUALS & FAMILIES

Program Name:	***Lead Agency:***	***Population Served:***	***Funding:***
CalWORKs 4 Month Rental Assistance (partially for homelessness prevention)	DPSS	CalWORKs Welfare-to-Work (WtW) families	$570,663
Program Description: Helps homeless CalWORKs Welfare to Work families to remain in non-subsidized permanent housing by providing a short-term rental subsidy. Families receiving Permanent Housing Assistance, Move in Assistance, and/or Emergency Assistance to Prevent Eviction may qualify for a rental subsidy of up to $500 per family (based on the family size) for up to four consecutive months or longer for families receiving CalWORKs family stabilization services.			

Program Name:	***Lead Agency:***	***Population Served:***	***Funding:***
CalWORKs Housing Relocation Program (HRP) (partially for homelessness prevention)	DPSS	Families	$1,050
Program Description: Provides a one-time-only relocation subsidy of up to $1,500 to eligible CalWORKs WtW participants working 20 hours or more per week or with a documented offer of employment for 20 hours or more per week. Travel time from current housing to employment/day care must exceed one hour one-way. In addition, the rental cost for the prospective residence must not exceed 60% of the family's total monthly household income. The HRP pays up to $1,500 for move-in costs and an additional $405 for appliances (stove and/or refrigerator) if not available in the rental housing.			

Program Name:	***Lead Agency:***	***Population Served:***	***Funding:***
Housing Opportunities for Persons with AIDS (HOPWA) (partially for homelessness prevention)	LA Housing and Community Investment Department	Persons with HIV/AIDS	$16M (FY 13-14)
Program Description: HOPWA is a Federally funded program that provides assistance with housing and supportive services for low income persons living with HIV/AIDS and their families. The LA Housing and Community Investment Department is responsible for administering the HOPWA Program countywide. The Program goals are to maintain stable housing, reduce the risk of homelessness, and increase access to services.			

Program Name:	***Lead Agency:***	***Population Served:***	***Funding:***
Families Housing Assistance Program (FHAP) (partially for homelessness prevention)	LA Homeless Services Authority (LAHSA)	Families	$125,000 annually
Program Description: Provides tapering monthly rental assistance to homeless families for up to one year. Eligible populations are homeless families with legal custody of one or more dependent children under the age of 18. Families must come from shelters located in the City of Los Angeles or be referred by street outreach services within the City of Los Angeles.			

HOMELESSNESS PREVENTION PROGRAMS & STRATEGIES FOR INDIVIDUALS & FAMILIES

CURRENT LOCAL COMMUNITY PREVENTION PROGRAMS

Program Name:	***Lead Agency:***	***Population Served:***	***Funding:***
FEMA Emergency Food and Shelter Program (partially for homelessness prevention)	United Way of Greater Los Angeles (United Way)	Families and Single adults	Not available
Program Description: The Program was created to meet the needs of hungry and homeless people throughout the US by allocating Federal funds for the provision of food and shelter. Program funds are used to provide the following: food in the form of served meals or groceries; lodging in shelters or hotels; one month's rent or mortgage payment; one month's utility bill; and equipment needed to feed or shelter people (up to $300 limit per item).			

Program Name:	***Lead Agency:***	***Population Served:***	***Funding:***
Utility Assistance (partially for homelessness prevention)	United Way	Families and Individuals	Not available
Program Description: On behalf of Southern California Gas Company and Southern California Edison, respectively, the United Way administers two programs: the Gas Assistance Program (GAP) and the Energy Assistance Fund (EAF) Program, respectively. The Programs are funded by customer contributions through an annual campaign, which are matched by the utilities. There are approximately 90 disbursement agencies located in 12 counties, approximately 33 are in Los Angeles County. Maximum assistance is $100.00 and can only be received one time in a 12-month period.			

Program Name:	***Lead Agency:***	***Population Served:***	***Funding:***
Eviction Defense for Low Income Families	Public Counsel	Families	Not available
Program Description: Public Counsel's eviction defense team provides assistance through direct representation of families at risk of homelessness (eviction) at the Stanley Mosk and Pasadena Courthouses. In addition, through their clinics, Public Counsel assists self-represented tenants to defend their right to stay in their home and avoid becoming homeless.			

Program Name:	***Lead Agency:***	***Population Served:***	***Funding:***
Homelessness Prevention Project	Inner City Law Center (ICLC)	Low-Income tenants	Not available
Program Description: ICLC's Homelessness Prevention Project seeks to preserve safe and decent housing for low-income tenants in Los Angeles. ICLC's pro bono attorneys defend low-income tenants from eviction and help prevent homelessness.			

HOMELESSNESS PREVENTION PROGRAMS & STRATEGIES FOR INDIVIDUALS & FAMILIES

PROPOSED LOS ANGELES COUNTY HOMELESS INITIATIVE STRATEGIES

Strategy Number / Name:	***Lead Agency:***	***Population Served:***	***Funding:***
A1 – Homeless Prevention Program for Families (exclusively for homelessness prevention)	LAHSA	Families	$5M in one-time funding
Strategy Description: LAHSA and DPSS, in collaboration with County agencies and family system partners (not clear what prior 3 words mean), will develop a comprehensive strategy, which draws on the Homeless Family Solutions System (HFSS) model and builds upon current available County homelessness prevention funding sources, to address rental/housing subsidies, case management, employment services, and legal services, to effectively identify, assess, and prevent families from becoming homeless, and to divert families in a housing crisis from homelessness. The strategy will consist of a multi-faceted approach to maximize and leverage existing funding and resources, evaluate and potentially modify policies that govern existing prevention resources to allow greater flexibility, prioritize resources for the most vulnerable populations, and create an outreach and engagement strategy to identify access points for families at risk of homelessness.			

Strategy Number / Name:	***Lead Agency:***	***Population Served:***	***Funding:***
A2 – Discharge Planning Guidelines (exclusively for homelessness prevention)	Department of Health Services (DHS)	Single adults, TAY, Veterans and Chronically homeless	There is no cost for developing the guidelines.
Strategy Description: DHS, with County agencies and key community-based partners, will develop/enhance Discharge Planning Guidelines utilizing known best practices, with the goal of preventing individuals from being homeless upon discharge from institutions, including foster care, DHS hospitals, and jails. Potential programmatic elements of an effective discharge plan include, but are not limited to: Family Reunification; connection to the Coordinated Entry System; physical health care; substance use treatment; connection to a Federally Qualified Health Center; and mental health treatment. Various housing types will also be identified in the Guidelines.			

Strategy Number / Name:	***Lead Agencies:***	***Population Served:***	***Funding:***
A3 – Housing Authority Family Reunification Program (exclusively for homelessness prevention)	Los Angeles Sheriff Department, Probation Department, and Housing Authority of the County of LA (HACoLA)	Individuals scheduled for release from incarceration whose families are in housing supported by a Section 8 housing subsidy	No funding required
Strategy Description: The goal of the Family Reunification Program is to house formerly incarcerated persons (FIP) released from the criminal justice system within the last 24 months with family members who are current participants of the Housing Authority of the City of LA's Section 8 Housing Choice Voucher Program. HACoLA will also explore the feasibility of implementing a similar program with its Section 8 Vouchers.			

HOMELESSNESS PREVENTION PROGRAMS & STRATEGIES FOR INDIVIDUALS & FAMILIES

Strategy Number / Name:	***Lead Agency:***	***Population Served:***	***Funding:***
A4 – Discharges From Foster Care & Juvenile Probation (exclusively for homelessness prevention)	Departments of Children and Family Services & Probation	TAY & Non-Minor Dependents	No funding required
Strategy Description: The goal is to develop a plan to strengthen discharge policy for the County's foster care and juvenile probation populations. In addition to strengthening the County's current discharge policy, the plan will serve to address gaps identified through the implementation of AB12, CA Fostering Connections to Success Act, particularly as AB 12 outcome data becomes available.			

Strategy Number / Name:	***Lead Agency:***	***Population Served:***	***Funding:***
B7 – Interim Bridge Housing (exclusively for homelessness prevention)	LAHSA	Single Adults, Chronically Homeless Adults, and TAY	$11.25M
Strategy Description: The goal of the strategy is to develop and implement a plan to increase the interim/bridge housing stock across the County, including identification of funding that can be used to support the increase, in addition to the $11.25 million already recommended for this strategy. There will be an opportunity to increase the supply of bridge housing during 2016, when LAHSA will stop funding approximately 2000 transitional housing beds, per direction from the U.S. Department of Housing and Urban Development to shift funding away from transitional housing. Bridge housing is a very useful housing type for persons exiting institutions who otherwise could exit into homelessness.			

INVENTORY OF EXISTING SERVICES FOR TRANSITION AGE YOUTH

As directed by the Board on December 15, 2015, County Departments and Community-Based Organizations specializing in providing services to homeless youth (up to age 24) collaborated on an inventory of existing programs that utilize drop in centers, emergency, transitional, or permanent supportive housing, as well as a continuum of care that includes individualized case management, educational support or job preparation and placement, life skills training, and mental health/substance use disorder support.

Together, the group identified the following Los Angeles Homeless Services Authority Housing Inventory for Transition Age Youth, combined with the Directory of Services for Homeless Youth (https://www.ourchildrenla.org/community-center/directory/) developed by Our Children Los Angeles (including its online app), as the most extensive, current inventories of available TAY homeless services.

Los Angeles
HOMELESS SERVICES AUTHORITY
LAHSA
Working Together to End Homelessness in Los Angeles

Los Angeles County Housing Inventory for Homeless TAY

Housing Resources:

Shelter Beds	195
Shelter & TH Beds for Mino	80
Transitional Beds	868
Supportive Housing Units	391
**50 units are in development. Current units in operation = 341*	
TOTAL TAY BEDS/UNITS	**1534**

HOUSING RESOURCES DATA

TYPE	SERVICE PROVIDER	Program Name	ADDRESS	CITY, ZIP	SPA	NUMBER OF YOUTH BEDS		
						Total	Beds for Unaccompanied Minors	PIT Utilization Rate (If known)
Emergency Shelter	California Hispanic Commission (CHCADA)	DMH TAY Division - Enhanced Emergency Shelter Program (EESP)	11046 Valle Mall	El Monte, 91731	3	**10**		
Emergency Shelter	Gateways	DMH TAY Division - Enhanced Emergency Shelter Program (EESP)	423 N. Hoover	Los Angeles, 90004	4	**12**		
Emergency Shelter	Women Shelter of Long Beach	DMH TAY Division - Enhanced Emergency Shelter Program (EESP)		Long Beach	8	**7**		
Emergency Shelter	LA Gay & Lesbian Center	DMH TAY Division - Enhanced Emergency Shelter Program (EESP)	1220 N. Highland Ave.	Los Angeles, 90038	4	**10**		
Emergency Shelter	Good Seed	DMH TAY Division - Enhanced Emergency Shelter Program (EESP)		Los Angeles	6	**8**		
Emergency Shelter	1736 Family Crisis Center	DMH TAY Division - Enhanced Emergency Shelter Program (EESP)		Los Angeles	6,8	**27**		
Emergency Shelter	Covenant House	Emergency Shelter	1325 N. Western Ave.	Los Angeles, 90027	4	**60**		98%
Emergency Shelter	Los Angeles Gay & Lesbian Community Services Center	Emergency Overnight Bed Program	1220 Highland Ave	Los Angeles, CA 90028	4	**14**		100%
Emergency Shelter	Jovenes, Inc.	LaPosda Emergency Shelter	1320 Pleasant Ave.	Los Angeles, 90033	4	**12**		63%
Emergency Shelter	L.A.Youth Network	Taft Youth Shelter	1719 & 1754 Taft Ave	Los Angeles, 90028	4	**23**	23	76%

Emergency Shelter	1736 Family Crisis Center	Emergency Youth Shelter	1736 Monterey Blvd.	Hermosa Beach, 90254	8	**6**	6	17%
Emergency Shelter	Catholic Charities of Los Angeles, INC.	Angel's Flight Shelter	357 S. Westlake Ave.	Los Angeles, 90057	4	**16**	16	38%
Emergency Shelter	Children of the Night	Children of the Night	14530 Sylvan St.	Van Nuys, 91411	2	**24**	24	63%
Emergency Shelter	Pathways To Your Future	TAY Winter Shelter Program	6900 S. Wetsern Ave.	Los Angeles, 90047	6	**35**		
Transitional	ACOF - Step Out	DMH ILP		Compton	6	**20**		
Transitional	Anti-Recividism Coalition	ARC Supportive Housing on Bromont (transition in place)			2	**24**		
Transitional	Athena	DMH ILP		Alhambra; San Gabriel	3	**18**		
Transitional	BRIDGES Inc	Casitas Tranquilas				**15**		27%
Transitional	Burbank Housing Corps	Linden House				**4**		100%
Transitional	California Council for Veterans Affairs	GPD - Women & Children First				**2**		
Transitional	Center for Human Rights and Constitutional Law	Freedom House-Casa Libre Homeless Youth Shelter				**8**	8	50%
Transitional	Covenant House	Rights of Passage	1325 N. Western Ave.	Los Angeles, 90027	4	**34**		100%
Transitional	David and Margaret	Transitional Housing Program Plus (THP-Plus), THP+FC		La Verne; Glendora	3, 4	**32**		100%
Transitional	Divinity Prophet	A Home for Us	1239 W. Rosecrans Ave #17	Gardena, 90247	8	**6**		
Transitional	Ettie Lee Homes	Transitional Housing Program Plus (THP-Plus)		Lancaster	1,2,5	**11**		
Transitional	Family Promise of Santa Clarita Valley	Interfaith Hospitality Network			1	**6**		
Transitional	First Place for Youth	Transitional Housing for Homeless Young People	5800 South St.	Lakewood, 90713	4,5,6,7	**20**		
Transitional	First Place for Youth	My First Place TAY Housing Stabilization Project-SD5	Scattered Sites		5	**16**		75%
Transitional	Florence Crittenton of So. California	Transitional Housing Program Plus (THP-Plus)		Lancaster	1,3,6,7,8	**27**		
Transitional	Gramercy Housing Group	Gramercy Court			4	**15**		93%

Transitional	Hathaway-Sycamores	TAY-Transitional Housing Program			2,3,4,6,7,8	**154**		
Transitional	Hillview Mental Health	DMH ILP		Pacoima	2	**14**		
Transitional	Homes for Life	Athena Homes	26 S. Almansor St.	Alhambra, 91801	3	**18**		89%
Transitional	House of Yaweh	House of Yaweh Transitional Housing				**6**		67%
Transitional	Jovenes, Inc.	Casa Olivares	1320 Pleasant Ave.	Los Angeles, 90033	4	**7**		86%
Transitional	Jovenes, Inc.	Transition to My Place			4	**13**		46%
Transitional	L.A.Youth Network	TLP Program	6118 Carlos Ave.	Los Angeles, 90028	4	**17**	3	
Transitional	L.A.Youth Network	Beachwood Group Home	2471 N. Beachwood Dr.	Los Angeles, 90068	4	**12**		
Transitional	Pacific Clinics	TAY Housing Stabilization Project			3	**16**		75%
Transitional	Penny Lane Centers	Transitional Housing for Homeless Young People	44040 Division St.	Lancaster, 93535	1,2	**64**		50%
Transitional	Rancho San Antonio	Rancho San Antonio Transitional Housing Program				**15**		93%
Transitional	Richstone Center	Transitional Housing Program Plus (THP-Plus)		Hawthorne	8	**7**		100%
Transitional	Salvation Army	The Way In	5939 Hollywood Blvd.	Los Angeles, 90028	4	**4**		100%
Transitional	Sanctuary of Hope	Hope Place		Los Angeles	6	**8**		100%
Transitional	St. Anne's	The Bogan Center, St. Anne's Maternity Homes	151 N. Occidental Ave.	Los Angeles, 90026	4	**38**		
Transitional	Step Up On Second	Step Up On Bromont				**7**		100%
Transitional	The Teen Project	Freehab Transitional Housing for TAY	8140 Sunland Blvd.	Sun Valley, 91352	2	**40**		31%
Transitional	United Friends of the Children	Pathways to Independence	7061 W. Manchester	Los Angeles, 90045	5,6,7,8	**125**		

Transitional	The Village Family Services	TAY Transitional Housing Program	7843 Lankershim Blvd.	No. Hollywood, CA 91605	2	**12**		
Transitional	Volunteers of America	Independent Living Program-Women's Care Cottage	6428 Whitsett Ave.	North Hollywood, 91606	2	**16**		94%
Transitional	Wings of Discovery	Other Transitional Housing Programs		La Verne	3	**2**		
Transitional	Youth Moving On	Other Transitional Housing Programs		Pasadena	3	**20**		
Transitional	YWCA	Housing and Education Program	2019 14th St.	Santa Monica, 90405	5	**6**		60%
Supportive Housing	Penny Lane Centers	Permanent Housing for Persons with Disabilities	8600 Columbus Ave	North Hills, 91343	2	**14**		
Supportive Housing	Los Angeles Gay and Lesbian Center	TAY Independent Living Program	1745 N. Wilcox	Los Angeles, 90028	4	**12**		
Supportive Housing	Abode Communities; United Friends of the Children	Casa Dominguez	15727 South Atlantic Ave.	East Rancho Dominguez, 90221	2	**7**		
Supportive Housing	Step Up On Second	Daniel's Village	1619 Santa Monica Blvd.	Santa Monica, 90404	5	**7**		100%
Supportive Housing	Coalition for Responsible Community Development (CRCD)	36th St Apartments	157 East 36th St.	Los Angeles, 90011	6	**10**		
Supportive Housing	Women Organizing Resources, Knowledge, and Services (WORKS); Housing Works	Young Burlington	820 South Burlington Ave.	Los Angeles, 90057	4	**20**		
Supportive Housing	Coalition for Responsible Community Development (CRCD)	Broadway Apartments	4775 South Broadway	Los Angeles, 90037	6	**10**		
Supportive Housing	Clifford Beers Housing; Coalition for Responsible Community Development (CRCD)	28th St Apartments	1006 East 28th St.	Los Angeles, 90011	6	**8**		
Supportive Housing	Jovenes, Inc.	Progress Place	1208 Pleasant Ave.	Los Angeles, 90033	4	**14**		

Supportive Housing	LINC Housing; United Friends of the Children	Palace Hotel	2640 East Anaheim St.	Long Beach, 90804	8	**14**		
Supportive Housing	Coalition for Responsible Community Development (CRCD)	Epworth Apartments	6525 S. Normandie Ave.	Los Angeles, 90044	6	**19**		
Supportive Housing	Jovenes, Inc.	Boyle Hotel	1781 East 1st St.	Los Angeles, 90033	4	**5**		
Supportive Housing	Little Tokyo Service Center; Pilipino Workers Center (PWC)	Larry Itliong Village	153 Glendale Blvd.	Los Angeles, 90026	4	**9**		100%
Supportive Housing	Step Up On Second	Step Up On Vine	1057 N. Vine St.	Hollywood, 90038	4	**8**		
Supportive Housing	Little Tokyo Service Center; Koreatown Youth & Community Center (KYCC)	Menlo Apartments	1230 Menlo Ave.	Los Angeles, 90006	4	**5**		
Supportive Housing	LA Housing Partnership (LAHP); Penny Lane Centers	Mid Celis Apartmetns	1422 San Fernando Rd	San Fernando, 91340	2	**10**		40%
Supportive Housing	Penny Lane Centers	Rayen Apartments	15305 Rayen St	North Hills, 91343	2	**25**		
Supportive Housing	LINC Housing; Dept. of Mental Health	Mosaic Gardens at Huntington Park	6337 Middleton St.	Huntington Park, 90255	7	**15**		40%
Supportive Housing	L.A. Gay & Lesbian Center-On Site	TAY Independent Living Program	1611 N. Schrader Blvd.	Los Angeles, CA 90028	4	**8**		93%
Supportive Housing	David & Margaret Home, Inc.	Cedar Springs	1332 Palomares Avenue	Laverne, 91750	3	***35***		
Supportive Housing	Clifford Beers Housing	28th St Apartments	1006 East 28th St.	Los Angeles, 90011	6	**8**		
Supportive Housing	A Community of Friends	Huntington Square	6101 State St	Huntington Park, 90255	7	***15***		
Supportive Housing	Coalition for Responsible Community Development (CRCD)	HACLA Section 8 Homeless Programs	Scattered Sites		6	**58**		46%
Supportive Housing	Penny Lane Centers	Penny Lane Permanent Housing Center Program				**15**		27%

Supportive Housing	Penny Lane Centers/ Abbey Road	Moonlight Villas				12		
Supportive Housing	AMCAL Multi-Housing Inc	Terracina				15		173%
Supportive Housing	KIWA/Little Tokyo Service Center CDC	Casa Yonde			4	10		100%
Supportive Housing	West Hollywood Community Housing Corporation	Courtyard at La Brea			4	3		100%
				TOTALS:		1534	80	