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March 22, 2012

To: Supervisor Zev Yaroslavsky, Chairman
Supervisor Gloria Molina
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Supervisor Don Knabe
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From: William T Fujioka
Chief Executive Officer

GENERAL RELIEF RESTRUCTURING PLAN: QUARTERLY UPDATE

This is to provide a report on the progress of the implementation of the General Relief (GR) Restructuring Plan.

On April 24, 2009, on a motion by Supervisor Knabe, your Board instructed the Chief Executive Officer (CEO), in collaboration with the Department of Public Social Services (DPSS), and in consultation with County Counsel, to design a potential GR Program that will better assist GR participants, with the expectation that more of these individuals would be able to transition off of County assistance. In response, the GR Restructuring Workgroup (RW), consisting of 11 County departments and ten stakeholders, was convened. On February 9, 2010, your Board approved the comprehensive plan to restructure the GR Program. This plan consisted of 42 recommendations designed to reduce the GR caseload over time by focusing services on housing assistance, Supplemental Security Income (SSI) advocacy, and employment preparation.

The GR RW members were invited to participate in various workgroups that were convened by DPSS to assist in the implementation of the plan. DPSS conducted numerous internal meetings. In addition, our office conducted meetings with DPSS and other County departments and community stakeholders to discuss the implementation of the various GR restructuring projects. As a result of the great support and collaboration from the different partners, 23 GR Restructuring Recommendations have already been implemented, of which 19 are fully implemented. Substantial progress has been made on numerous additional recommendations.

PERFORMANCE DATA ON KEY GR RESTRUCTURING PROJECTS

- Recommendation No. 5 - Expansion of the Housing Subsidy Project (HSP)

  The GR Housing Subsidy Program has a total of 1,540 slots. The slots will increase over time, as funding becomes available through the GR Anti-Homelessness Account. Currently, there are 1,216 individuals receiving a housing subsidy and 504 subsidies pending approval.

- Recommendation No. 8 - Mental Health and Health Disability Assessments

  Mental Health Assessments

  Department of Mental Health (DMH) reported that in December 2011, its Clinicians saw 1,311 participants and determined that 1,215 of them have a mental health disability, of which 341 have a permanent mental health disability. This translates into 28.1 percent of individuals assessed as having a permanent mental health disability, compared to only 1.5 percent under the prior, more cursory mental health screening conducted by non-licensed DMH staff. As a result, more GR participants are determined to be potentially eligible for SSI and provided SSI advocacy services; if approved for SSI, these individuals will exit GR. Through December 2011, DMH Clinicians reported that of the 13,270 participants seen, 12,560 have a mental health disability, and 3,207 (or 25.5 percent) of these have a permanent mental health disability.

  Physical Health Disability Assessments

  The Physical Health Disability Assessment is a medical assessment conducted by Federally Qualified Health Centers (FQHCs) for GR participants deemed employable.

  As of November 30, 2011, FQHCs reported that 45,566 GR participants had been seen. Of these, 1,438 participants were determined to be employable and were referred to the General Relief Opportunities for Work (GROW) Program, 37,900 were temporarily unemployable, 1,404 are classified as permanently unemployable and were referred to SSI advocacy services, 4,770 employable with accommodations and 54 unemployable with accommodations and referred to the GROW Program. Individuals classified as "Temporarily Unemployable" will be reassessed once their temporary disability expires. Individuals classified as "Employable with Accommodations" are employable, but need certain accommodations in order to work or have certain limitations/restrictions in the type of

work they can perform. Individuals determined to be "Unemployable with Accommodations/Restrictions" may volunteer to participate in GROW.

- Recommendation No. 9 - Record Retrieval Project

  This project requires collaboration between DPSS, Department of Health Services (DHS), DMH, and Los Angeles Sheriff Department (LASD) to retrieve medical and mental health records on behalf of GR participants to support their disability claim for SSI. Since inception of the project in August 2010, DPSS has received a total of 1,978 sets of medical records from DMH, DHS, and LASD. DPSS is currently working with Social Security Administration to determine the SSI approval rate.

- Recommendation No. 12 - Enhancement of GROW Services

  From July 1, 2010 through December 31, 2011, 25,054 individuals have been successfully placed on a job through the GROW Program. Of this number of job placements, 16,082 took place in Fiscal Year (FY) 2010-11, and 8,972 in the first two quarters of FY 2011-12.

- Recommendation No. 38 - SSI Approval Targets

  From July 1, 2010, through December 31, 2011, 12,284 individuals have been successfully approved for SSI due to SSI Advocacy efforts. Of this number of SSI approvals, 8,380 occurred in FY 2010-11, and 3,904 in the first two quarters of FY 2011-12.

An update on all 42 GR restructuring projects is provided on the attached GR Restructuring Master Implementation Chart (Attachment A). In addition, following the update of the 42 objectives are success stories from various projects. Furthermore, we have included an update on Recommendation No. 3 from the February 9, 2010 GR Restructuring Board Letter (Attachment B), which addresses development of a plan to integrate services for GR participants who are severely mentally ill, receiving a GR housing subsidy, and pursuing SSI.

We will provide the next quarterly report in May 2012.

If you have any questions, or require additional information, please contact Antonia Jiménez at (213) 974-7365 or via e-mail at ajimenez@ceo.lacounty.gov.

WTF:AJ:DS
JB:SF:ljp

Attachments

c: Executive Office, Board of Supervisors
County Counsel
Children and Family Services
Community and Senior Services
Health Services
Mental Health
Probation
Public Defender
Public Health
Public Social Services
Sheriff's Department

GR Restructuring Plan-Quarterly Update-March 2012

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
1	Subject to applicable confidentiality requirements, use the Adult Linkages Project mechanism to identify the County service history of GR applicants/participants, so that applicants/participants can be offered services that take into account the totality of their individual circumstances.	The Chief Executive Office (CEO) approved funding for the one-time cost implementation of this recommendation. CEO-SIB is currently working with SAS (contractor), DPSS, and County Counsel to develop the system that will be used by DPSS eligibility staff to access real time service utilization records for GR applicants/participants. On November 16, 2010, the Board of Supervisors approved the Enterprise Linkage Project (ELP), and an agreement with SAS Institute as the contractor for implementing this expansion of the Adult Linkages Project (ALP). A draft Master Memorandum of Agreement (MOA) between the CEO and the eight County departments, who will be sharing data for this project, was distributed for review and comments. Kick-off meeting was held on February 9, 2011. The ELP core Workgroup meets bi-weekly to discuss implementation of the project. ELP participating County departments were present at the initial kick-off Workgroup meeting. The ELP vendor (SAS) holds weekly conference calls with CEO and DPSS to provide updates and obtain clarification on the system design. Additionally, the MOA with the participating departments was executed on September 9, 2011. At this point, the Department of Children and Family Services' (DCFS) records, Adult Protective Services records from the Department of Community Senior Services (CSS), and juvenile probation records from Probation Department will be excluded from ELP due to legal issues with confidentiality. Only deidentified data from these departments will be included for purposes of data analysis and program design. The CEO continues to work with County Departments to collect service history data needed for ELP. The data is needed by SAS to start ELP User testing by the end of February or early March. An initial ELP user group has been identified	APRIL 2012

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
1		and scheduled for training the second week of February. The training will begin the process of collecting the ELP Authorization forms needed for ELP user testing. The ELP vendor, SAS, continues to design and finalize the ELP computer system based on the ongoing recommendations made by the ELP workgroup.	
2	The County should develop an innovative service integration model that can support County departments, other governmental entities, and community partners in concurrently serving a shared clientele.	Research is still pending on this project.	JUNE 2012
3	Increase integration of services between the Sheriff's Department and DPSS by: A. Developing a plan to enhance the current County jail match to identify individuals who are incarcerated and have a linkage to GR benefits, to provide pre- and post-release services and SSI Advocacy that will assist with their re-entry into society. B. Assessing the DPSS/Sheriff's Homeless Release Project to determine its effectiveness. C. Implementing a review protocol to determine whether any outstanding warrants remaining on the GR/SSI applicant's record should be cleared, recalled or withdrawn. D. Ensuring that probation, parole, and other warrants that should have been satisfied by a GR/SSI applicant's stay in jail have been withdrawn or recalled. E. Appointing a liaison for individuals with outstanding warrants whom advocates and County employees can contact directly to: (1) inquire about the underlying reason and validity of a warrant and (2) assist the SSI advocate in "clearing up" the warrant. F. Referring disabled individuals exiting jail who apply	The designated workgroup includes DPSS, Sheriff, Public Defender and a representative from the Public Social Services (PSS) Commission. • Los Angeles Sheriff Department (LASD) has identified that a Custody Assistant (CA) will ensure that all inmates being identified for this project are cleared through their system to ensure that warrants are resolved prior to the inmates' release. This will be done through the Community Transition Re-Entry Center. The Community Transition Re-Entry Center, located at the Twin Towers, will provide resources to newly released inmates as they transition into the community. • DPSS and LASD are working to identify additional data fields for the jail match listing to ensure more matches. The Chief Executive Office (CEO), Service Integration Branch (SIB), has agreed to run the jail match on "Dataflux" software to see if matches can be enhanced. We are awaiting a LEADER modification to enhance the Jail Match and expect to implement the change by May 2012. • CEO/SIB was successful in enhancing the jail match with new parameters used on Dataflux. DPSS will use the same parameters and test to see if results are as successful as	MAY 2012

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
3	for GR to a SSI advocate/liaison, in order to re-establish SSI benefits and work with agencies (i.e., probation, parole, public defender, courts, etc.) to recall existing warrants. G. Referring disabled individuals exiting jail who do not have SSI benefits to GR SSIMAP for benefits establishment.	CEO/SIB. • LASD/DPSS and CEO staff met with Social Security Administration (SSA) staff to clarify SSA's role in this project. Per SSA, no SSA staff will be co-located at the jails; however, SSA will provide training to LASD's Community Transition Unit (CTU) in filling out SSI applications. • SSA provided training to LASD's Community Transition Unit in filling out the SSI application.	
4	Encourage police agencies to make social services referrals for the homeless and connect them with resources, rather than issuing citations.	A meeting was held on June 17, 2010, with the Long Beach Police Department, L.A. County Sheriff's Department and Community partners. The Long Beach Police Department and LASD provided an overview of their services to the homeless population. At the April 2011 meeting with LASD/DPSS and CEO staff, a document that serves as a resource guide to homeless inmates in need of social services was introduced by LASD. LASD has confirmed that the resource guide is being distributed to homeless inmates as they are being released from jail. DPSS continues to work with LASD to ensure that the resource guide will be given to homeless individuals instead of a citation.	MARCH 2012
5	Enhance Subsidized Housing by: A. Increasing the total number of housing subsidies to 10,000 by December 2014.	The following key points were implemented in the Administrative Directive which was released to Project staff on August 2, 2010, for instructions and procedures: **A.** The GR Housing Subsidy Pilot has been expanded to include an additional 640 housing subsidy slots, bringing the total slots from 900 to 1,540. The current implementation plan projects to increase the housing subsidies based on the savings generated by GR participants who receive a housing	

Note: New updates are underlined

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
5	B. Increasing the number of housing subsidies for homeless disabled GR participants pursuing, or willing to pursue, SSI and/or veterans benefits, so that 100% of homeless disabled GR participants pursuing SSI and/or veterans benefits are offered a housing subsidy within five years. C. Increasing the number of housing subsidies for homeless, employable GR participants. D. As in the current GR Housing and Case Management Project: a. Subsidized housing itself should not be time-limited, allowing people to stay as permanent residents, after they start receiving outside income and can pay for their housing. b. The housing subsidy should be encouraged, but not required. E. Increasing the GR rental subsidy amount from $300 to $400 and reducing the participant's contribution from the grant from $136 to $100, so the total amount available for rent will be $500. F. Pursuing federal reimbursements for housing subsidy payments made to employable GR participants through the CalFresh and Employment Training (CFET) fund at a rate of 50%; and pursuing reimbursement for housing subsidy payment made to GR participants who are approved for SSI through the Interim Assistance Reimbursement Program (IAR), at a rate of 100%. G. Reinvesting the money recouped from SSI (Interim Assistance Reimbursement for housing subsidies) in additional housing subsidies.	subsidy and exit GR with work or disability benefits. **B. & C.** The new 640 housing subsidies added to the Pilot were allocated as follows: 320 for GR employable participants and 320 for GR disabled participants pursuing SSI and/or veterans benefits. **D.** Incorporated in the implementation Administrative Directive. **E.** The GR Housing Subsidy amount was increased from $300 to $400 and the participant's contribution from the grant was reduced from $136 to $100. The new total amount available is $500. **F. & G.** DPSS is internally working and has established procedures to pursue federal reimbursement for housing subsidy payments made to employable GR participants through CFET funding and to pursue reimbursement for housing subsidy payments made to GR participants who are approved for SSI through the IAR process. The money recouped from SSI will be reinvested in additional housing subsidies.	IMPLEMENTED AUGUST 2010

Note: New updates are underlined

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5	H. Recruiting participants for the Housing Subsidy and Case Management Program during the GR intake process and making additional efforts throughout the course of case management to encourage participants to remain in the Housing Subsidy and Case Management Program and identify causes of participants dropping out of the subsidy.	**H.** Two training sessions were conducted on July 15, 2010, to provide Project staff, intake and approved eligibility staff, GROW Case Managers and SSI Advocates with the new procedures on the expansion of the Housing Subsidy Pilot Program. August 2, 2010, the final approved Administrative Directive was released and the expansion of the Housing Subsidy Pilot Program was implemented. The GR Housing Subsidy Program currently has a total of 1,540 slots. Currently, there are **1,216** individuals receiving a housing subsidy, of whom, **1,030** are receiving the higher subsidy amount of $400, which took effect in August 2010. The remaining **186** participants continue to receive the lower $300 subsidy, because they began receiving the subsidy prior to August 2010. We learned of a decision by United States Department of Agriculture to limit CFET claiming for housing assistance to employable GR participants to two months per Federal Fiscal Year. As a result, the number of subsidies allocated to the GR employable category has been reduced from 50% of the total number of allocated subsidies to 25%. The number of active GR employable subsidies as of December 31, 2011, is **285**. With the implementation of this change, project staff began suspending the approval of any new subsidies for this category until the total number of active subsidies is below the 25% allocation (385). The subsidies that become vacant due to disengagement are being allocated to the GR disabled participants pursuing SSI or Veterans Benefits.	

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
5		**PERFORMANCE DATA** **As of December 31, 2011:** Total housing subsidy slots 1,540 Individuals receiving housing subsidy 1,216 Pending applications 504 For the quarter of September 2011 through December 2011, the GR Housing Subsidy and Case Management Project placed 296 homeless GR participants into housing.	
6	Implement a pilot project (subject to a cost benefit analysis) by master leasing and/or purchasing foreclosed apartment buildings and/or multi-family housing units and/or dorm-like housing to be provided for the indigent homeless population. This housing should be owned and/or operated by a non-profit housing developer and/or homeless service provider with expertise in managing housing with services.	DPSS has received guidance from County Counsel is assessing the feasibility of implementing Master Leasing. We are developing a questionnaire to use with Board & Care facilities to inquire if they may be interested in master leasing.	JUNE 2012
7	Address supportive housing needs by: **A.** Exploring housing options for mentally ill participants through City and County Housing Authorities and other smaller Housing Authorities throughout L.A. County.	**A.** DMH and DPSS staff held a pre-meet on April 27, 2010, to discuss possible housing experts and providers to be invited to assist with the implementation on this effort. A list of potential collaborative agencies was developed. The responsible workgroup met on June 24, 2010, to discuss the implementation plan for this project. A second workgroup meeting was held on August 4, 2010. A presentation on the Mental Health Services Act (MHSA) was made by Department of Mental Health (DMH) staff. Additionally, Los Angeles Homeless Services Authority (LAHSA) staff made a presentation on Project 50. MHSA, A Community of Friends and some local missions were identified as agencies that offer potential housing options to mentally ill GR participants who meet their criteria.	APRIL 2012

Note: New updates are underlined

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7	**B.** Identifying and leveraging County funding for housing resources and related services that already receive county funding or support.	**B.** Additionally, the group discussed the most viable projects and funding, which currently have housing slots available. All of the projects identified have limited funding. However, A Community of Friends, which is funded by the Community Development Commission (CDC), will be further explored. Project on target for implementation. DPSS is exploring partnership with Skid Row Housing Trust (SRHT). SRHT is a permanent supportive housing provider in downtown Los Angeles that currently operates 1,500 apartments, the majority of which are for homeless individuals. DPSS and DMH are collaborating to provide housing options for the mentally ill. The participants will be provided a Housing Subsidy Program and the $500 subsidy will be leveraged with Full Service Partnership (FSP) funding to provide housing, treatment, and services for these participants. DMH will provide 100 FSP slots for GR participants. A CD containing a list of the entire GR caseload with dates of birth and Social Security numbers was provided to DMH on June 16, 2011. DMH staff compared this list with their list of individuals enrolled in a FSP slot looking for matches on both lists. In August 2011, DMH reported a total of 366 matches.	
8	Subject to detailed operational and fiscal planning during Phase Two of the GR Restructuring process, eliminate the current cursory employability/Needs Special Assistance (NSA) screening and replace it with a more extensive medical/mental health disability assessment performed by (1) DMH, (2) DHS or possibly DPH, and/or (3) DHS Public Private Partners (PPPs). For permanently disabled participants in need of additional documentation to support their SSI applications, a comprehensive medical/mental health evaluation would be performed. The extensive assessments and the comprehensive medical and mental health evaluations and write-ups will be funded	Meetings were held with DMH and DHS regarding the implementation of the Disability Assessments/Comprehensive Evaluations. Mental Health Disability Assessment • DMH completed hiring the 18 PSWs and was fully staffed by July 2011. • New mental health assessment training completed on October 28, 2010. All PSWs (a total of 18) were hired by DMH and are now working in the GR District Offices. • DMH staff began conducting the new mental health assessments on October 12, 2010, at Metro Special,	IMPLEMENTED MAY 2011

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
8	with 50 - 75% new federal revenue.	Metro East, San Fernando, Pasadena and Wilshire Offices. • DMH has expanded to all Districts on a staggered basis as of November 2011. • DMH submitted staff roll-out plan on October 5, 2010. • DMH reported that in December 2011, its Clinicians saw 1,311 participants and determined 1,215 of them to have a mental health disability, of which 341 have a permanent mental health disability. This translates into 28.1% of individuals screened having a permanent mental health disability compared to only 1.5% prior to implementation. For December 2011, 25.2% were determined to be Permanent NSA, so the December rate is 3% higher than in August, continuing the trend of an increasing rate of Permanent NSA diagnosis by the DMH PSWs. This means that more GR participants are determined to be potentially eligible for SSI and provided SSI advocacy services. The reported numbers above are all from the new DMH mental health assessments and do not include the cursory NSA screenings done by DPSS Social Workers when there is a need for more assessments than can be completed by the available DMH licensed staff. • Through December 2011, DMH Clinicians reported that a total of 13,270 participants have been seen. Of these, 12,564 have been determined to have a mental health disability, and 3,207 (or 25.5 %) of these were determined to have a permanent mental health disability. This compares to only 1.5% permanent designations prior to implementation. --- **PERFORMANCE DATA** October 2011 • Participants seen by DMH Clinicians 972 • Participants determined NSA 906 • Determined permanent NSA 246 • Determined temporary NSA 660 • Determined Not NSA 66	
8			

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
		November 2011 • Participants seen by DMH Clinicians 1,171 • Participants determined NSA 1,090 • Determined permanent NSA 332 • Determined temporary NSA 758 • Determined Not NSA 80 December 2011 • Participants seen by DMH Clinicians 1,311 • Participants determined NSA 1,215 • Determined permanent NSA 341 • Determined temporary NSA 874 • Determined Not NSA 96 As of December 31, 2011: Participants seen 13,270 Participants determined to have a mental disability 12,564 Participants determined to have a permanent mental disability 3,207 • DMH staff began conducting the new mental health assessments on October 12, 2010, at Metro Special, Metro East, San Fernando, Pasadena and Wilshire Offices. • County wide roll-out of the mental health assessments was completed in November 2011. Mental Health Disability Comprehensive Evaluation • The workgroup first met to discuss mental health comprehensive evaluations on November 17, 2010. • The workgroup held two additional meetings on January 25, 2011, and March 14, 2011. The following DPSS Offices have been identified as suitable	

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8		• locations for the Comprehensive Evaluations: o Civic Center District #14 o GAIN Region I o San Gabriel Valley District #20 o Lancaster District #67 o Pomona (GROW site) • DMH has drafted the evaluation tool. • DMH has submitted an annual budget for the Comprehensive Evaluations for $390,020, including two Clinical Psychologists and a Staff Assistant. • A Meeting was held on June 14, 2011 with Fiscal staff from DMH and DPSS, and DPSS GR Program staff to discuss the financial component of the comprehensive evaluations. • Revised budgets were submitted by DMH in August and September. DPSS is in the process of reviewing the budget. • DPSS' Contract Management Division is now negotiating the Letter of Commitment for the Comprehensive Evaluation with DMH. • Estimated completion date is March 2012. Medical Disability Assessment/Comprehensive Evaluations Subsequent to the Board's approval of this recommendation, the County Counsel for DHS determined that the medical disability assessments fall outside of the scope of the existing contracts with DHS' Public Private Partners (PPPs) and, thus, neither the medical disability assessments nor the comprehensive evaluations can be implemented through an amendment to current PPP contracts. DPSS released a Request For Information (RFI) in an effort to identify Federally Qualified Health Centers (FQHC) and/or FQHC-look-alikes to provide the Medical Disability Assessment/Comprehensive Evaluations Services. Nine agencies were identified as having interest in providing Medical Disability Assessment Services/Comprehensive Evaluations to the fourteen GR Districts starting May 16 for a 19-month period. DPSS is currently moving forward with	

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
8		preparing a Board Letter seeking approval to extend the current contracts beyond the Dec 2012 termination date, pending a competitive procurement process which will be done through a Request for Proposals (RFP). • Board Letter seeking delegated authority to execute contracts with nine FQHC was approved by the Board on April 12, 2011. • Contracts were executed in May **2011**. • Implementation of the Physical Health Disability Assessment began on **May 16, 2011**. • Implementation of the Physical Health Comprehensive Evaluation is targeted for **May 2012.** • The "Employable with Accommodations" designation was implemented in August 2011. • DPSS made modifications to the LEADER System to add the new employability types, which will be used by the disability assessment contractors. The LEADER modifications went into effect on November 4, 2011. • DPSS and DHS met with the nine recommended Physical Disability Assessment/Comprehensive Evaluation Services providers on March 24, 2011, to discuss the transition plan, the draft assessment tool and scheduling capacity, and their agency's concerns. • Each agency has identified a liaison to work with DPSS staff on the revision and finalization of the disability assessment tool. The disability assessment tool and workgroup met on Tuesday, March 29, 2011. The assessment tool is now finalized. In the month of March 2011, the previous contractor, QTC, conducted a total of 11,306 cursory employability screenings, which yielded the following results: Employable 571 (5.1%) Temporarily Unemployable 10,629 (94%) Permanently Unemployable 106 (0.9%)	IMPLEMENTED MAY 2011 (DISABILITY ASSESSMENTS) MAY 2012 (COMPREHENSIVE EVALUATIONS)

Note: New updates are underlined

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
8		Number of Medical Disability Assessments provided by FQHC in October 2011 and November 2011: **October 2011** • Number of patients seen: 9,119 • Number determined Employable: 269 • Number determined Temporary Unemployable: 7,150 • Number determined Permanently Unemployable: 217 • Number determined Employable with Accommodations: 1,482 • Number determined Unemployable with Accommodations: 1 **November 2011** Number of patients seen: 8,640 • Number determined Employable: 293 • Number determined Temporary Unemployable: 7,137 • Number determined Permanently Unemployable: 150 • Number determined Employable with Accommodations: 1,057 • Number determined Unemployable with Accommodations: 3 Since the inception of the project through **November 30, 2011**, the cumulative number of Medical Disability Assessments provided by FQHCs are as follows: • Number of patients seen: 45,784 • Number determined Employable: 1,449 • Number determined Temporary Unemployable: 38,076 • Number determined Permanently Unemployable: 1,417 • Number determined Employable with Accommodations: 4,789 • Number determined Unemployable with Accommodations: 53	IMPLEMENTED MAY 2011 (DISABILITY ASSESSMENTS) MAY 2012 (COMPREHENSIVE EVALUATIONS)

Note: New updates are underlined

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
9	DHS, DMH, and LASD to retrieve medical and mental health records on behalf of GR participants to support their disability claim for SSI. Most of the costs will be funded with 50% new federal revenue.	• Project protocols were released and SSI Advocacy staff were trained. DPSS continues to meet with DMH, DHS and LASD to clarify issues, exchange best practices and measure the progress made. • DHS has finalized hiring all seven Registered Nurses (RNs). DMH has hired both of its RNs. LASD has now hired a permanent RN to work in this project. • A comprehensive training for RNs was conducted on August 13, 2010. Training presenters included staff from SSA, Disability Determination Services Division (DDSD) and DHS. • The project was implemented in August 2010. • DHS, DMH and LASD are now processing pre-clearance requests and retrieving medical and mental health records. • DMH conducted training on documenting mental health conditions for DHS/DPSS/LASD/SSI staff and SSI Advocates on May 11 and June 2, 2011. • DMH has cleared its backlog from June 2011. As such, DHS is no longer sharing a full-time equivalent nurse with DMH. • Expansion of the Record Retrieval Project to DPSS' disability health assessment and evaluation contracted providers is being considered. If feasible, DPSS will work with DHS to develop and implement this expansion. • Currently, DHS has six of seven RNs allocated to this project working on it. DHS is in the process of hiring a seventh RN. • DMH and LASD are fully staffed with two and one RNs respectively. There have been no challenges reported by any of the departments.	IMPLEMENTED AUGUST 2010

Note: New updates are underlined

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
9		• There has been a 13% increase in the number of records requested and a 9% increase in the number retrieved from the previous quarter. --- **PERFORMANCE DATA** Cumulative records retrieved as of 12/31/11 by County Departments: DHS Requested -1,196 Received -1,073 DMH Requested -1,066 Received - 685 LASD Requested - 387 Received - 220 Combined cumulative records retrieved for project as of **December 31, 2011:** Cumulative number of records requested: **2,659** Cumulative number of records received: **1,978** (74% of the requests submitted). Cumulative number of requests with a response "No Records Available": **438** (16% of requests submitted). Total number of records pending: **259** (10% of requests submitted).	

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
10	Maximize the claiming of retroactive Medi-Cal for GR participants who qualify for SSI and Medi-Cal.	Preliminary teleconference meetings with DPSS, DMH, and DHS were held in June 2010 to further discuss the data needs for this project. The Project was implemented in September 2010 when DPSS provided SSI IAR listings to DHS and DMH dating back to 2007. Effective June 2011, Eligibility Systems Division (ESD) has been successfully transmitting the SSI IAR Lists to DHS via Secure FTP. DHS has given confirmation that they have received the files. DMH has its own web-based secure file transfer site. DMH has created the accounts that allow DPSS to upload the data directly onto the DMH site. GR Program staff has successfully transmitted the SSI IAR list monthly since June 2011. However, DHS and DMH have stated that they require additional information in order to increase the number of retroactive Medi-Cal claims they can make. DPSS is working with DHS and DMH and exploring the availability of the information they require.	IMPLEMENTED SEPTEMBER 2010
11	Integrate the Public Defender (PD) into SSI Advocacy, where GR participants are already clients of the Public Defender and advocacy can be combined with clients' representation in court.	PD identified the Compton Courthouse as the location for this project. Staff has been selected. One DPSS SSI Advocate and one PD Psychiatric Social Worker II will be collocated at the PD site to provide SSI Advocacy services. A workgroup meeting was held in November 2010. The fiscal provisions of the Memorandum of Understanding (MOU) were revised and the document was signed by PD and the DPSS Director. The Administrative Directive was finalized in October 2011. Project protocols and equipment installation were completed. Project was implemented as planned on August 31, 2011. Since the inception of the pilot, staff have screened approximately 2,000 PD clients. It was determined that most of these clients reside outside the pilot's area of service. Therefore, in order to maximize the number of pilot	IMPLEMENTED AUGUST 2011

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
11		participants, it was necessary to expand the initial boundaries of service from the South Central District to South Special, Southwest Special and potentially to other District Offices. To support the expansion, an amendment to the MOU is near finalization. To add to the expansion efforts, the PD is also reviewing information of PD clients at various Courts to identify where it would be most effective to utilize the pilot advocacy services.	
12	Modify the GROW Program to: A. Customize services to individuals who are classified as: 1. Transitional Age Youth (TAY); 2. Veterans; and 3. Participants exiting Mandatory Substance Abuse Program (MSARP).	**A .1.** The implementation plan for this project was finalized by the workgroup. Items that were finalized include GROW Computer Programming changes; curriculum for specialized job club class by Los Angeles County Office of Education (LACOE); and instructions to staff. Two new GROW components were implemented in January 2011 to address the special needs of TAY participants: a specialized job club for TAY participants is currently offered as a pilot at Southwest Special GROW site Pathways to Success (PTS) and a new Computer Applications Class (CAC) for TAY with basic computer skills is offered at Metro Special GROW site. Expansion to other GROW sites took place in October 2011. During this quarter, 46 participants enrolled in PTS and 22 (48%) were placed in jobs. Thirteen participants enrolled in CAC, and 4 (31%) were placed. **A.2.** This project was implemented in November 2011. The GROW Computer system identifies participants who self-disclose being Veterans and a list is generated. Case Managers provide job opportunities and other resources specific to Veterans to this population. An Administrative Directive will be released for clearance during the month of March 2012 to provide written instructions to GROW staff.	IMPLEMENTED JANUARY 2011 PARTIALLY IMPLEMENTED JUNE 2011

Note: New updates are underlined

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
12		**A.3.** Computer enhancements and implementation plan for this project have been completed. This project was implemented in June 2011. With the implementation of this project, Fastrak services (specialized job skills preparation class) are now available to MSARP participants. Effective September 2011, two reports were generated to help GROW staff identify participants who have completed the MSARP for enrollment in other GROW activities.	IMPLEMENTED JUNE 2011
	B. Create a new voluntary category of GR participants who will be classified as employable with accommodations and will be referred to a new GROW component designed to provide employment services for individuals who can work with accommodations. Volunteers would not be subject to sanctions. C. Enhance services for Needs Special Assistance (NSA) participants by providing them voluntary employment preparation services and mental health treatment through the GROW Program. Volunteers would not be subject to sanctions.	**B & C.** Projects 12 B&C were implemented on August 2, 2010, with limited services. During the interim phase of this project, services have been offered to more than 50 participants, with a placement rate of 25%. An Administrative Directive for projects B & C was prepared, and cleared in July 2011. DPSS is currently addressing some concerns brought up by legal advocates. This has delayed issuance of this Administrative Directive. Implementation of these projects at all 14 GR and GROW District Offices is targeted for March 2012.	PARTIALLY IMPLEMENTED AUGUST 2011
	D. Establish collaboration between DPSS, DCFS, and Probation to provide enhanced services to GROW participants ages 18-24 who come out of foster care and probation.	**D.** The workgroup has finalized the implementation plan for this project. Policy and procedures for this project have been finalized. With the implementation of this project, GROW staff is now developing customized employment plans to meet the special needs of the youth, with prioritization of DCFS and Probation youth. Collaboration between DPSS, DCFS and Probation was implemented in June 2011.	IMPLEMENTED JUNE 2011
	E. Develop a comprehensive and ongoing evaluation plan of GROW to track outcomes for GR participants, including, but not limited to, education and training outcomes, length of employment obtained through GROW, and recidivism.	**E.** GROW Computer (MAPPER) has been programmed to track outcomes from the above projects. The system tracks the number of enrollments and successful outcomes, including placements.	IMPLEMENTED JULY 2011

Note: New updates are underlined

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
13	Establish collaboration between DPSS and the Probation Department to reduce the number of Emerging Adults (age 18-24) applying for GR benefits.	DPSS has established collaboration with DCFS and Probation Department to facilitate referrals to GROW services, including American Recovery and Reinvestment Act (ARRA) Projects. DPSS has designated a liaison to work with both departments on this effort. This project was completed in May 2010.	IMPLEMENTED MAY 2010
14	Pursue federal reimbursement through FSET, at a rate of 50%, for mental health, domestic violence, and, to the extent possible, substance abuse services provided to GROW participants.	The DPSS plan that was submitted to the State was approved on May 5, 2010. Reimbursement through CFET for costs associated with support services to GROW participants can be claimed effective October 2009. This project was completed in May 2010.	IMPLEMENTED MAY 2010
15	Establish collaboration with CSS, L.A. City and all other Workforce Investment Boards to provide job services and employment opportunities through the Work Source Centers, geared toward both youth and adult GROW participants.	This project was implemented in February 2011. The following WorkSource Centers and One Stops are participating in this project: The Gardena South Bay One-Stop Business & Career Center, Inglewood South Bay One-Stop Business & Career Center, Southeast Los Angeles County Workforce Investment Board Youth Center, Southeast Los Angeles County Workforce Investment Board Youth Center, Southeast Los Angeles Crenshaw WorkSource Center, Marina Del Rey WorkSource Center, East Los Angeles WorkSource Center, Florence-Firestone WorkSource Center, and Los Angeles WORKS. DPSS and the Department of Community and Senior Services (CSS) are working on recruiting Workforce Investment Act (WIA) agencies that can provide services to participants residing in the San Fernando and Antelope Valley areas of the County.	IMPLEMENTED FEBRUARY 2011
16	Expand GROW to include GED preparation.	DPSS finalized policy/procedures to implement a GED component for GROW participants who lack a high school diploma. A list of available education entities has been identified. Programmatic changes to MAPPER have been completed.	IMPLEMENTED JUNE 2010

Note: New updates are underlined

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
17	Conduct a comprehensive study of the Mandatory Substance Abuse and Recovery Program (MSARP) to evaluate its effectiveness. A. DPSS and DPH-ADPA will evaluate the redesign of MSARP based upon the results of the evaluation. B. Use the evaluation outcomes and DPH-ADPA Rate Study to inform a resolicitation process for GR services. C. Evaluate the need for substance abuse treatment services for emerging adults ages 18-24 and the need to design specialized treatment services for this population.	CEO-SIB staff has shared a draft report, which was discussed during a meeting with DPSS staff. The data match with DPH was completed and merged with DPSS data in preparation for analysis. CEO-SIB conducted the analysis and submitted the draft report for review. DPSS provided comments and CEO-SIB is in the process of finalizing the report. DPSS plans to meet with the Department of Public Health and CEO-SIB to review the final version of the MSARP report in mid-March. Filing of the final report to the Board was initially scheduled for November 2011, but has been postponed until the report is reviewed and revised with DPH's final comments.	MARCH 2012
18	Develop State and federal legislative/regulatory proposals to assist indigent adults and/or mitigate County costs and work with stakeholders to develop these proposals.	DPSS is examining possible areas where legislative and regulatory changes may be necessary and feasible. The workgroup has identified ten potential concerns that with further research may formulate into a State or federal legislative proposal for indigent adults. The last workgroup meeting was held on November 23, 2010. This project has been placed temporarily on hold as part of project prioritization and shall resume in May 2012.	DECEMBER 2012
19	DPSS to expand data collection for the GR Program.	A meeting to discuss data collection and computer programming for all SSI Advocacy-related recommendations was held on June 22, 2010. GR data, including GR Restructuring Data, will be collected and made available through DPSSMART, SSIMAP database. Data collection is an ongoing effort.	IMPLEMENTED AUGUST 2010 Ongoing

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
20	Include the GR Program in the County's and DPSS' strategic plans.	The GR Program has been incorporated in the County's and DPSS' Strategic Plan. The County's Strategic Plan Objectives are: Objective 2: General Relief to SSI: By June 30, 2010, assess the success of the implementation of the GR-to-SSI project, working with the Department of Public Social Services, Health Services, Mental Health, and Public Health staff. Based upon the evaluation, determine whether to continue program and/or integrate with GR Efficiencies Initiative. Objective 3: By June 30, 2010, to achieve GR Efficiencies, develop recommendations with stakeholders, present plan to the Board of Supervisors, and begin project implementation. The DPSS' Strategic Plan Objectives are: Objective I.1.7: By June 2010, redesign the GR Program to reduce homelessness, increase the number of customers who transition to SSI and increase the number of customers who become employed.	IMPLEMENTED APRIL 2010
21	Conduct a pilot having the current Linkages GAIN Services Workers at two or three small DCFS offices work with the Children's Social Workers to utilize the Transition Conference as an opportunity to connect foster youth with County services.	The workgroup has finalized the implementation plan for this project. Policy and procedures have been released for clearance. This project was implemented in June 2011.	IMPLEMENTED JUNE 2011
22	Provide better screening for Veterans and better referrals for assistance with claims and strengthen DPSS case management for Veterans who are on GR to enable them to qualify faster for Veteran's benefits and services.	An initial meeting was held in June 2010 with Legal Aid Foundation of Los Angeles (LAFLA), Public Counsel, and Department of Military and Veterans Affairs (DMVA). Project protocols for the DPSS/LAFLA pilot have been drafted and shared with the responsible workgroup. Comments were received from the workgroup in June 2010. Currently working with Public Counsel to develop a resource guide for Veteran participants.	PARTIAL IMPLEMENTATION DECEMBER 2010

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
22		A second meeting was held on August 17, 2010, with LAFLA to discuss the implementation of the pilot project. The DPSS/LAFLA Veterans pilot has been implemented in the Metro East office. Space arrangements for LAFLA staff at the Metro East office have been made. Policy for this project was officially released in December 2010. A telephone conference call was held on December 20, 2010 between DMVA and DPSS to discuss the next steps to implement the project. A conference call was held with DMVA's information technology vendor to discuss the feasibility of a data match. DMVA uses a vendor to host their database. Legal clarification is being sought to determine if a data match is legally feasible with DMVA and if an MOU will resolve the issue. The data match with DMVA would only be able to identify participants who are already receiving veterans disability benefits. Additionally, the CEO-SIB is working with the federal Department of Veterans Affairs (VA) and has provided DPSS their VA contact information to discuss the feasibility of a data match to assist in the identification of Veteran GR participants. We have been in contact with the VA, and have been informed that a participant's Social Security Number is needed for a data match. County Counsel has indicated that unless we have the participant's consent, we cannot use their Social Security number for the data match. We are exploring other options. <u>A meeting to review the veteran's pilot project and to discuss the number of veterans served is scheduled in March between GR Program staff, Metro East GR District and LAFLA representatives</u>.	FULL IMPLEMENTATION MARCH 2012

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
23	Assess and enhance the current mechanisms designed to enable former foster care youth, medically indigent under 21 and probation youth to receive and retain Medi-Cal.	An internal meeting was held on May 25, 2010, to discuss current DPSS efforts on this subject. **Foster Care Youth** Children in foster care automatically continue on Medi-Cal until they reach age 21; however, 50% of cases are terminated at redetermination for failure to respond, mainly due to DPSS not having the individuals' current address. DPSS and DCFS have established a liaison to share address changes reported by the youth and thereby update their databases. Although DPSS explored sending a change of address card to Foster Care Youth, DCFS expressed that the card would be another piece of paper that the youth would discard. As such, we are now pursuing utilizing electronic means such as twitter, to keep in touch with Former Foster Youth. Additionally, we are in the process of adding the Medi-Cal redetermination form to Your Benefits Now. This will allow the former foster youth to submit the redetermination online. DPSS meets with DCFS monthly to identify issues, concerns, and enhancements to the current process. **Probation Youth** DPSS is currently taking Medi-Cal applications at probation camps only for minor consent services (Medi-Cal for individuals who need continuous services; e.g., pregnancy, mental health treatment, counseling, drug and alcohol abuse). A sub-workgroup meeting was held on January 10, 2011, to obtain a status update on enhancements being made to ensure former foster youth retain Medi-Cal. DPSS continues to work with Probation to establish a referral system to ensure probation youth are properly coded to receive and retain Medi-Cal.	APRIL 2012

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
23		DPSS completed a computer data interface system with Probation (Medi-Cal Application and Probation Partnership System - MAPPS) to identify youth who are soon to be released from the probation system. MAPPS will allow Probation to input essential information about the Probation Youth into the system that will trigger a Medi-Cal pre-release referral to DPSS. However, due to resource issues, Probation is currently unable to provide sample data to test the data interface system between DPSS and Probation. The system must be tested prior to implementation. As a result, MAPPS screens have been modified to allow Probation to enter information into the system. Data will be input manually until Probation can transmit the data electronically. The Administrative Directive: Medi-Cal Pre-release Application Process for Wards in County Juvenile Facilities was released on November 17, 2011. DPSS is working with the Probation Department in developing the electronic interface, which is designed to capture data from all juvenile detention facilities and notify DPSS of incarcerated minor beneficiaries so that DPSS can timely terminate their benefits. Medi-Cal Application and Probation Partnership System (MAPPS) will be replaced once the interface is fully completed and implemented. In the interim, DPSS will utilize MAPPS as a means to identify incarcerated minors that may be receiving aid on an existing case. This interim solution is targeted for implementation in April 2012.	
24	Increase the GR Participants resources by: A. Allowing GR recipients to remain on GR while saving more money. Permit GR participants to maintain a Restricted Savings Account up to a pre-determined amount for the purpose of saving for housing, education or training expenses, and/or to start a business that would not be countable towards the property limit.	**A.** Research is still pending on the viability of implementing this segment.	June 2012

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
24	B. Helping participants who have child support obligations by: 1. Educating workers and participants about the assistance DPSS currently offers to help lower child support payments for participants. 2. Work with the Child Support Services Department to reduce child support payments for participants after they leave GR for the first six months they have a job, to allow them to get on their feet before resuming higher child support payments.	**B.1.** DPSS is working with CSSD to assess the feasibility of providing lower child support payments for GR participants. **B.2.** At a meeting on October 11, 2011, DCSS indicated that this recommendation is in conflict with federal and State rules which state that child support is collected based on the individual's earnings/income; therefore, this recommendation will not be pursued.	
25	Add positions in GR offices, through September 30, 2010, utilizing TANF emergency contingency funds (ECF), to assist GR participants navigate the GR process. Positions may be filled with GR non-custodial parents (NCPs) who qualify for ECF-funded subsidized employment.	This project was completed with the hiring of six participants who worked as Customer Services Assistants (CSAs) in the GR Districts lobby until September 30, 2010, when the available funding ended.	IMPLEMENTED MAY 2010

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
26	CEO-SIB to conduct an evaluation of GR Program mandates, rules, time limits, sanctions, operational processes, and data limitations, including a cost/benefit analysis.	CEO-SIB identified two contractors to conduct the evaluation of the GR Program. The first contractor secured to perform the Quantitative Process Analysis of Los Angeles County's GR Program is University of Sciences in Philadelphia. The second contractor secured to perform the Qualitative Process Analysis of Los Angeles County's GR Program is Linda Shaw, Ph.D., from California State University San Marcos. An action plan was developed by the contractors to convene focus groups to interview Eligibility Workers and Administrative staff. These focus groups were convened in August 2010. Researchers convened focus groups and interviewed GR Participants in January 2011. CEO-SIB researchers conducted the third part of the study themselves, a comparison of GR Program policies in Los Angeles and several other California counties. These reports are being finalized, prior to submission to the Board.	FEBRUARY 2012
27	Establish a GR Anti-Homelessness Account in the CEO's budget to fund enhanced services to reduce GR homelessness. Fund this account with savings from enhanced GR services, including but not limited to GR grant savings for participants who receive a rental subsidy and secure employment/SSI, and Interim Assistance Reimbursement for rental subsidies for GR participants who qualify for SSI.	The Anti-Homelessness Account was set up in the DPSS Assistance budget in August 2010.	IMPLEMENTED AUGUST 2010

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
28	Assist GR participants manage their money better by: ▪ Formulating a list of banks that allow recipients to establish accounts with no minimum balances and minimal overdraft fees. ▪ Assembling training materials instructing clients about budgeting and money management as well as the security advantages of keeping their funds in a bank account. The instruction topics would also include balancing their check book, if utilizing an ATM to check their account status, and avoiding bank fees. ▪ Focusing on providing this information to GR participants securing SSI benefits. ▪ Engaging with community organizations involved with assisting individuals with money management issues. ▪ Seeking volunteer agencies who will offer training or assistance to GR participants on money management.	Three workgroup meetings have been conducted to brainstorm and develop an implementation plan. Met with representatives from a local bank to learn what they can offer to GR participants and what training they can provide to Supplemental Security Income Medi-Cal Advocacy Program (SSIMAP) staff. A focus group meeting was conducted with SSI Advocates on August 19, 2010, to better define their role under this recommendation. Money Management training for SSIMAP staff was conducted by Consumer Action in October 2010. Once fully implemented, GR SSIMAP Advocacy staff will be able to counsel their participants on money management issues, help them create a budget and a spending plan.	IMPLEMENTED OCTOBER 2011
29	Do not limit the housing subsidy to nine months for employable GR participants. Instead, permit employable GR participants who reach the nine-month time limit to continue receiving the subsidy during the three months that they are ineligible to GR.	LEADER modifications are pending to allow employable GR participants to receive housing subsidy after they reach the nine-month time limit.	DECEMBER 2012
30	DPSS should engage in a dialogue with Board and Care Operators to determine how to increase usage of board and care facilities by homeless GR participants. Explore providing information to GR participants on board and care facilities upon release from emergency rooms or hospitals.	A meeting with two Board and Care agencies to discuss other housing options for homeless GR participants took place on June 23, 2010. A meeting with the Workgroup was conducted on August 16, 2010 to discuss and identify an approach to start the dialogue with the Board and Care Operators. DPSS drafted a letter to outreach to Board and Care Operators. The purpose of this letter is to find out if the Board and Care Operators are interested in providing housing to	MARCH 2012

Note: New updates are underlined

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
30		homeless participants. Board and Care operators will be provided information about the need for housing for GR homeless individuals and the opportunity to collaborate with DPSS. The CEO has taken the lead on this project.	
31	Improve upon DPSS' GR SSI and Medi-Cal Advocacy Program (GRSSIMAP) by: 1. Advocating for a change in federal regulations that would extend the protected filing date from 60 days to as many as 365 days, to increase the period of time during which the County could secure Interim Assistance Reimbursement for GR grants/rental subsidies and retroactive Medi-Cal.	**1.** Preliminary discussions have taken place with the local Social Security Administration (SSA) regarding the protected filing date. A conference call was held with SSA, DDSD and DPSS in August 2010. At a meeting in March 2011 between SSA, the DDSD and DPSS, SSA stated that it would not be possible to change the protective filing date. Based on that response from the local SSA, DPSS will resume efforts to pursue a change at the federal level.	DECEMBER 2011
	2. Customizing the approach to securing SSI based on the condition and available documentation for individual GR participants by:	2. The responsible workgroup met on November 18, 2010, to discuss customizing the approach to securing SSI based on available documentation. A focus group comprised of community and SSI Advocates met in July 2011 to review and provide input on a new approach to define guidelines for the SSI Advocates to pursue SSI based on available documentation.	NOVEMBER 2011
	• Better identifying GR participants who are potentially eligible for SSI through a more extensive medical and/or mental health disability assessment (approved in Phase One).	See update for Recommendation #8.	
	• Evaluating available medical treatment documentation and utilizing the document retrieval process (approved in Phase One), if necessary.	See update for Recommendation #9.	

Note: New updates are underlined

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
31	• Evaluating whether a comprehensive medical/mental health evaluation (approved in Phase One), and the resulting write-up would strengthen the SSI application, and, if so, refer the participant for an evaluation.	See update for Recommendation #8.	
	• Making an appropriate decision about when to file the SSI application in order to increase the chance of approval, based on the participant's situation and the results of any assessments, medical documentation, and/or evaluation.	The responsible workgroup met on November 18, 2010. A meeting with a focus group comprised of community and SSI Advocates was held in February 22, 2011 to review a new approach for the development of a GR SSIMAP Handbook to define guidelines for the SSI Advocates. An additional meeting was held in December 2011 to finalize the GR SSIMAP Handbook. Final changes have been incorporated into the document. The GR SSIMAP Handbook is targeted for release in March 2012.	IMPLEMENTED SEPTEMBER 2010
	3. Implementing the SSI/SSDI Outreach Access and Recovery (SOAR) principles and strategies.	3. SOAR training has been completed. The last SOAR training session was held on September 30, 2010.	IMPLEMENTED OCTOBER 2011
	4. Seeking training from Social Security Administration for DPSS SSI advocates on SSI medical disability standards and case development.	4. On September 27 and October 3, 2011, SSA/DDSD provided training to GR SSIMAP Advocates and FQHC Medical Contractors.	PARTIALLY IMPLEMENTED OCTOBER 2010
	5. Developing the disability assessment and evaluation tools in consultation with medical/mental health professionals and experienced SSI advocates.	5. See update for Recommendation #8.	
32	Provide ancillary expenses for showers, shoes, clothes, etc., for those pursuing SSI, including a motel voucher for the night before an SSI appointment with California Department of Social Services or Social Security Administration, when needed to enable the participant to arrive on time.	A preliminary meeting with an internal DPSS focus group comprised of DPSS SSI Advocates to discuss the different ways of implementing the recommendation was held on June 23, 2010. The responsible workgroup meeting with all partners to discuss the project's course of action was held on June 24, 2010. The workgroup met on September 22, 2010 and December 7, 2010 to review the draft guidelines. Training was held in January 2011. Guidelines were released in May 2011.	IMPLEMENTED MAY 2011

Note: New updates are underlined

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
33	Collaborate with private medical facilities to retrieve medical and mental health records on behalf of GR participants to support their disability claim for SSI as part of the current DPSS-DHS homeless release project.	Numerous attempts have been made to meet with the Hollywood Presbyterian and White Memorial hospitals but due to scheduling conflicts, a meeting has not been scheduled. However, both hospitals expressed interest in this project and agreed to meet to hear more details about the project. An official invitation for the Hospital Association of Southern California (HASC) to participate on the Record Retrieval Project has been sent to HASC. In a preliminary conversation with HASC administration, HASC expressed interest in the project. DPSS continues to work with HASC to identify a meeting date.	APRIL 2012
34	Assist GR participants applying for SSI benefits by: ▪ Identifying GR participants who are in need of mental health treatment to secure medical documentation needed to secure SSI; ▪ Subject to funding, providing mental health treatment to those participants; ▪ Prioritizing mental health services for GR participants who need to pursue SSI; ▪ Documenting those who cannot be treated due to lack of funding; ▪ Ensuring cost recoupment from retroactive Medi-Cal; ▪ Assessing current procedures for providing mental health treatment to GR participants; and ▪ Recommending changes to better keep participants engaged in treatment.	The first meeting with the responsible workgroup to discuss the protocols for this project was held on June 23, 2010. A second workgroup meeting was held on September 7, 2010. DMH, DPH, and Advocate representatives were present. The group discussed the recommendation and how to identify the participants in need of treatment to secure SSI and the need to document those who cannot be treated due to lack of funds. Some suggestions were made, but the lack of available funding was a barrier. A third workgroup meeting was held in October 2010. An internal meeting was held with CEO, DPSS, DMH and DHS in March 2011.	APRIL 2012
35	DPSS SSI Advocates should provide case management that will help GR SSI applicants keep track of appointments.	A preliminary meeting with an internal DPSS focus group comprised of DPSS SSI Advocates was held on June 23, 2010, to discuss different ways of implementing the recommendation. The responsible workgroup meeting with all partners to discuss the project's course of action was held on June 24, 2010.	MARCH 2012

Note: New updates are underlined

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
35		The workgroup generated recommendations which are currently under review and will be released via the GR SSIMAP Handbook. A workgroup meeting was held on November 18, 2010 to redefine the scope of the recommendation. The recommendation was expanded to allow advocates to do more case management activities. The meeting resulted in identifying more case management activities. They will be incorporated into the GR SSIMAP Handbook. An additional meeting was held in December 2011 to finalize the GR SSIMAP Handbook. Final changes have been incorporated into the document. The GR SSIMAP Handbook is targeted for release in March 2012.	
36	Pursue a pilot to coordinate ongoing health and mental health treatment for GR participants pursuing SSI, dependent upon available funding.	The first meeting with the responsible workgroup to discuss the protocols for this project was held on June 23, 2010. The workgroup met again on September 7, 2010 to discuss pursuing the recommended pilot. The group discussed the lack of available funding and the possibility of a pilot in an area that has both a DHS health clinic and a DMH mental health facility in close proximity. A third workgroup meeting was held in October 2010. DPSS is exploring a partnership with Skid Row Housing Trust (SRHT). SRHT is a permanent supportive housing provider in downtown Los Angeles that currently operates 1,500 apartments, the majority of which are for homeless individuals.	MAY 2012
37	Strengthen current process to identify GR participants who were previously on SSI and prioritize SSI advocacy for them.	A preliminary meeting with an internal DPSS focus group comprised of DPSS SSI Advocates was held on June 23, 2010, to discuss different ways of implementing the recommendation. The responsible workgroup meeting with all partners to discuss the project's course of action was held on June 24, 2010. DPSS is in the process of finalizing the guidelines for SSI	MARCH 2012

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
37		Advocates. The responsible workgroup met on December 7, 2010. The guidelines will be incorporated into the SSIMAP Handbook. An additional meeting was held in December 2011 to finalize the GR SSIMAP Handbook. Final changes have been incorporated into the document. The GR SSIMAP Handbook is targeted for release in March 2012.	
38	Establish the following targets for SSI Approvals: 1. For SSI applications filed in FY 10/11 and ongoing, increase the SSI approval rate at the initial application level to at least 50% in FY 10/11, to at least 60% in FY 11/12, and to at least 70% in FY 12/13. For the overall number of SSI approvals, increase the number of SSI approvals as follows: FY 2008-09 Baseline: 5,891 FY 2010-11 Target: 6,400 FY 2011-12 Target: 6,900 FY 2012-13 Target: 7,400	The workgroup meeting to discuss different ways of accomplishing the targets for SSI approvals was held on June 24, 2010. After all of the GR recommendations are implemented, the Advocates believe that they will have additional tools to enhance services to participants and to assist with more complete applications being submitted to SSA for SSI approval. The SSI targets were reiterated in the GR SSIMAP bi-monthly Newsletter and at the SSI Advocates Quarterly meeting. **PERFORMANCE DATA** **Time Period** / **SSI Approvals** FY 2010-11: 8,380 FY 2011-12 first half: 3,904 Cumulative Total: 12,284	IMPLEMENTED JUNE 2010 AND ONGOING
39	Address/fix non-disability related SSI eligibility issues such as citizenship documentation, birth certificate, etc.	The responsible workgroup meeting with all partners was held on June 24, 2010. A second Workgroup meeting was held on August 29, 2010. The SSI Advocates exchanged valuable tips on how to resolve non-disability SSI eligibility issues. We are currently drafting a document to show how non-disability issues may be addressed. This document will be shared with DPSS line staff.	APRIL 2012

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
39		Document was drafted and presented during Workgroup meeting on December 2, 2010. The Workgroup provided valuable input. A document is in the process of modification to reflect the Workgroup's input. Document is to be part of GR SSIMAP Handbook. An additional meeting was held in December 2011 to finalize the GR SSIMAP Handbook. Final changes have been incorporated into the document. The GR SSIMAP Handbook is targeted for release in March 2012.	
40	Strengthen existing relationships with the Social Security Administration.	An upper level management meeting with the Social Security Administration, Veterans Administration, CEO and various County Departments was held on June 22, 2010. The purpose of the meeting was to stress the importance of collaboration among departments for the successful implementation of the GR Restructuring projects. A meeting attended by SSA, Disability Determination Services Division (DDSD), and DPSS staff was held on August 21, 2010, to strategize ways of helping more GR Participants transition to SSI. The three agencies committed to collaborate with each other to meet their objective of increasing the number of SSI approvals among GR participants. Agencies agreed to meet quarterly to discuss progress made.	IMPLEMENTED AUGUST 2010
41	Implement a transportation pilot project to evaluate the impact of providing monthly bus passes to two groups of GR participants to determine whether providing bus passes (instead of individual tokens) increases their likelihood of approval for SSI: 1. GR participants pursuing SSI, and 2. GR participants receiving a housing subsidy and pursuing SSI. The pilot will consist of 200 GR participants. Each	A meeting with the responsible workgroup to discuss the project's course of action was held on June 24, 2010. A second workgroup meeting was held on September 22, 2010, to review the draft guidelines for the pilot. A third workgroup meeting was held on December 7, 2010, to determine the District Offices for the pilot and the method of issuance for the pilot. A fourth meeting was held in January 2011 to determine the valid survey reports needed and logistics of implementation based on availability of monthly	DECEMBER 2012

NO.	APPROVED RECOMMENDATIONS	STATUS	TARGET IMPLEMENTATION DATE
41	participant will contribute $10 per month toward the cost of the bus pass. Results will be compared after one year of the pilot. If providing bus passes is shown to be a good method of helping participants obtain approval of SSI benefits more quickly, DPSS will then explore ways of providing them to more participants.	bus pass issuance from the Transit Access Pass card program that the Auditor-Controller is negotiating with the Los Angeles Metropolitan Transportation Authority.	
42	Reconstitute the GR Restructuring Workgroup as the GR Restructuring Steering Committee to meet quarterly to do the following: ▪ Work together on the implementation process; ▪ Review evaluation data and make recommendations for any adjustments to processes or targets; and ▪ Identify and pursue opportunities for GR service integration.	All GR Restructuring Workgroup members were invited to be part of the specific workgroups for the individual recommendations. The first quarterly meeting of the GR Restructuring Steering Committee was held on July 27. The group was given a status update on each of the 42 recommendations. The Workgroup continues to meet on a quarterly basis.	IMPLEMENTED JUNE 2010

(Updated 3/12/12)

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

GR CASELOAD CHARACTERISTICS									
Month/Year		Total Aided Persons	% Change from Previous Month	Employable	Unemployable	Average Age E	Average Age U	Male	Female
July	2010	101,683		40,244	61,439	33	43	67,576	34,107
August	2010	102,982	1.30%	41,087	61,895	33	43	68,395	34,587
September	2010	104,057	1.10%	41,380	62,677	33	43	68,997	35,060
October	2010	104,042	0.00%	40,919	63,123	33	43	69,088	34,954
November	2010	104,969	0.90%	40,145	64,824	33	43	69,695	35,274
December	2010	107,452	2.40%	44,242	63,210	33	43	71,520	35,932
January	2011	108,951	1.40%	45,452	63,499	34	43	72,534	36,417
February	2011	106,390	-2.40%	44,622	61,768	34	43	70,733	35,657
March	2011	109,212	2.60%	46.250	62,962	34	43	72,709	36,503
April	2011	109,305	.08%	47,930	61,375	34	43	72,885	36,420
May	2011	109,062	-.22%	40,873	68,189	34	43	72,631	36,431
June	2011	111,018	1.79%	43,431	67,587	33	43	73,886	37,132
July	2011	112,308	1.15%	46,692	65,616	34	43	74,516	37,792
August	2011	113,344	.92%	50,774	62,570	34	43	75,176	38,168
September	2011	112,898	-.40%	51,974	60,924	34	43	74,790	38,108
October	2011	110.285	- 2.31%	49,894	60,391	34	43	73,082	37,203
November	2011	107,656	-2.38%	46,463	61,193	34	43	71,271	36,385
December	2011	106,647	-1.00%	45,710	60,937	34	44	70,715	35,932

Note: New updates are underlined

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

Attachment A

GR OUTCOMES					
		JOB PLACEMENTS		SSI APPROVALS	
Month/Year		Monthly	Cumulative FY 2010/11	Monthly	Cumulative FY 2010/11
July	2010	1,234	1,234	598	598
August	2010	1,512	2,746	691	1,289
September	2010	1,562	4,308	639	1,928
October	2010	1,353	5,661	611	2,539
November	2010	1,303	6,964	664	3,203
December	2010	1,231	8,195	854	4,057
January	2011	1,115	9,310	671	4,728
February	2011	1.132	10,442	646	5,374
March	2011	1,389	11,831	691	6,065
April	2011	1,362	13,193	819	6,884
May	2011	1,354	14,547	865	7,749
June	2011	1,535	16,082	631	8,380

GR OUTCOMES					
		JOB PLACEMENTS		SSI APPROVALS	
Monthly	Cumulative FY 201/12	Monthly	Cumulative FY 2011/12	Monthly	Cumulative FY 2011/12
July	2011	1,309	1,309	687	687
August	2011	1,584	2,893	794	1,481
September	2011	1,563	4,456	577	2,058
October	2011	1,503	5,959	647	2,705
November	2011	1557	7,516	547	3,252
December	2011	1456	8,972	652	3,904

Note: New updates are underlined

SUCCESS STORIES

Recommendation	Success Story
#5 - Expanded Housing Subsidy	Mr. S was unemployed and homeless when he applied for the General Relief Housing Subsidy and Case Management Project (GRHSCMP). Mr. S was approved and found affordable housing through the Project. Mr. S was also actively engaged in the GROW Program, which assisted him with his goal to get back in the workforce. Mr. S was able to attend job training and he was also able to keep looking for jobs once he had a place to live. On 2/25/11, Mr. S contacted his Housing Case Manager (HCM) to express how excited he was because he had secured full-time employment as a truck driver on 2/28/11. He spoke with pride and gratitude of this employment with a starting salary of $16+ per hour, plus benefits. Mr. S. is now self-sufficient. ---------- ♦ ---------- Mr. B was able to move into his own place in April 2010 with the assistance he received from the GRHSCMP. Mr. B had a history of being chronically homeless. The HCM provided intensive case management and assisted Mr. B to ensure he would not miss any of his SSI follow-up appointments. On 3/4/11, the GR HCM received a notice that Mr. B had been approved for SSI. Mr. B was very grateful for the good news and he expressed his gratitude for all of the help the Project had provided. Mr. B. has exited the GR Program since he has secured his federal disability benefits, which allow him to pay his own rent.
#5 & #9 - Expanded Housing Subsidy and Record Retrieval	Mr. C was referred to the GR Housing Subsidy and Case Management Project (GRHSCMP) in August 2010. He had been hit by a car while riding a bike and sustained many injuries, including a head injury which affected his memory. Mr. C was homeless and temporarily living in a shack in the back yard of a house. The shack did not have electricity and was not a safe place for him. Mr. C had been denied his SSI claim because he did not have enough medical and/or mental health evidence to substantiate his medical and/or mental health condition. However, with the assistance of his HCM and his DPSS SSI Advocate, a housing subsidy application and a record retrieval request was initiated to assist Mr. C with his SSI claim. While his SSI claim was pending Mr. C was able to secure a rental housing place with the assistance of the GRHSCMP. Mr. C's medical condition had affected him so much that even when he first was interviewed for the GR Housing Subsidy he had indicated that he was not homeless. Additionally, he was not able to indicate, in his SSI claim, all the medical facilities that he had been attending. When the record retrieval documents were returned by DMH and DHS, it was clear that Mr. C's previous SSI application claims did not include enough medical evidence for the SSA to make a determination. Mr. C's new SSI application, which was supported with all the medical records obtained through the Record Retrieval Project, was approved in December 2011. Mr. C has become self-sufficient with the SSI benefits he receives now.

Note: New updates are underlined

SUCCESS STORIES	
Recommendation	Success Story
#8 - Enhanced Disability Assessments and Evaluations	Prior to his most recent physical assessment by St. John's Well Child A Family Center (JWCH), a County contractor, Mr. K. a GR participant, had been medically assessed and found to be temporarily disabled due to a bad back. However, Mr. K's latest medical assessment by the County contractor resulted in a diagnosis of schizophrenia, a condition that had not been identified previously. Consequently, Mr. K was referred for mental health treatment and SSI advocacy assistance through the GR Program. Mr. K was very grateful to GR, medical and mental health staff for the thorough job they did and for identifying his condition which make him potentially eligible for SSI benefits. ---------- ♦ ---------- On October 5, 2011, the JWCH, Inc., CEO shared that a participant came into their office that very morning for a disability assessment. As the disability assessment began, the examining physician asked him to remove his shirt. As the participant removed his shirt the physician said to the GR participant, "you have advanced AIDS." Participant replied, "I never wanted to know." They rushed him to a local hospital and he was entered into the ICU. Later, they followed-up on the status of the participant and JWCH staff were informed if this participant had not received treatment he would have died within the next three weeks. JWCH CEO stated, "So we are making a difference."
#12 – Enhanced Employment Services to Veterans	Mr. B. is an older veteran who had overcome a substance abuse problem and other personal challenges in the past. He knew that he was trying to find employment in one of the toughest job markets, but he was extremely motivated and positive. Mr. B. informed his GROW Case Manager (GCM) that he had electronically applied for various positions through the Employment Development Department. Most of his experience was in carpentry and he wanted to focus on this field, but he also had experience as a Warehouse Driver and ended up applying for a Warehouse Driver position. During a GROW site visit, his GCM informed Mr. B. about a Groundskeeper Training Program at the Veteran's Administration (VA). The GCM also provided Mr. B. with a list of the 50 most common employment interview questions to enhance his interview skills. A few weeks later, Mr. B told his GCM that he had been accepted to the VA Groundskeeper Training Program; he needed transportation and assistance with ancillary expenses. His GCM was very excited about Mr. B's success and issued transportation and ancillary payments. Mr. B did very well in his training and as his graduation date approached, Mr. B and his GCM looked forward to having the VA offer him a permanent position as a Groundskeeper. A couple of weeks later, Mr. B informed his GCM's office that he was hired permanently as a Groundskeeper by the VA, and would be earning $14.50 per hour with full benefits.

SUCCESS STORIES	
Recommendation	Success Story
#12 – Provide GROW Services to Volunteers	When Mr. A applied for GR at the Rancho Park District, he was assessed as unemployable, during the GR intake process. Therefore, he was exempted from participation in the GROW Program. However, during a conversation with his Eligibility Worker (EW), he mentioned that he wanted to work and requested assistance with finding employment. His EW informed Mr. A about the new Volunteers for GROW Project, and with the assistance of the GROW Supervisor, Mr. A was expeditiously enrolled in the GROW Program. Mr. A was determined to find employment and under the guidance of his GCM, he started an intensive job search, which resulted in permanent full-time employment at the Panda Express restaurant. Mr. A is no longer on GR and stated that he is very happy with his new job. He is an excellent example of a self-motivated GROW participant who took advantage of our caring GROW team and the exceptional services they provide.
#12 – Enhanced Employment Services to GED Holder	Ms. C was 49 when she applied for GR. She had experienced a series of setbacks. Her car was stolen and she had lost her job as a hotel clerk. After exhausting her unemployment benefits, she could not find employment. Ms. C unsuccessfully applied for jobs at all the local fast food restaurants in the Los Angeles. She became frustrated because most employers preferred to hire applicants who have a high school diploma or GED. Ms. C dropped out of school when she was in the 10th grade and never returned. Ms. C told her GCM that she had lost her confidence and was certain no employer would hire her because she didn't have a high school diploma or GED. Her GCM told Ms. C about the GED component and Ms. C requested to be given the opportunity to earn her GED. Ms. C was aware that GROW only required 20 hours a week of participation in the GED component, but she chose to attend 35 hours a week. Six months later, after earning her GED, Ms. C was assigned to Intensive Case Management and found employment at Rite Aid and earns $12.00 per hour. ---------- ◆ ---------- Mr. H was a homeless veteran who was discouraged because a past felony conviction was preventing him from obtaining employment as a certified medical assistant. After attending several GROW workshops, Mr. H. opened his mind to alternative employment suggestions and feedback from his Fastrak instructor. As a result, he acted upon a job lead at a warehouse where he was offered a position as a forklift operator. After Mr. H told his Fastrak instructor about the job offer, the instructor requested a referral for Mr. H. to complete a forklift certification class, which was approved by his GROW Case Manager. Shortly after completing the class, Mr. H found permanent employment at Nec Logistics as a forklift operator and earns $9.00 per hour.

GR RESTRUCTURING MASTER IMPLEMENTATION CHART
December 31, 2011

GROW PROJECTS
STATISTICAL INFORMATION
OCTOBER 2011 – DECEMBER 2011

GROW COMPONENTS						
PROJECT NO.	GROW POPULATION	NUMBER REFERRED IN REPORTING QUARTER	NUMBER ENROLLED DURING REPORTING QUARTER	NUMBER CURRENTLY PARTICIPATING (CUMULATIVE)	NUMBER COMPLETED IN REPORTING QUARTER	PLACEMENTS IN REPORTING QUARTER
12.A	**TAY**					
	Pathways to Success (Customized Job Club)	461	235	66	98	29
	Computer Application	18	12	4	6	6
	MSARP	173	173	213	56	21
15	**WIA COLLABORATION**	168	168	90	106	33
16	**GED**	165	160	180	6	15
	LITERACY	102	102	111	26	25

PRIORITY POPULATION						
PROJECT NO.	GROUP	NUMBER ENROLLED				
12.A	**VETERANS**	322	N/A	N/A	N/A	16
12 B/C	**VOLUNTEERS**	36	N/A	N/A	N/A	1
12.D	**PROBATION TAY**	1073	N/A	N/A	N/A	16
21	**DCFS TAY**	69	N/A	N/A	N/A	1

Note: New updates are underlined

FEBRUARY 9, 2010 GR RESTRUCTURING BOARD LETTER RECOMMENDATION #3	
Description	**Proposed Plan Update**
Recommendation #3 instructed the CEO, the Director of Mental Health, Public Social Services, Health Services, and Public Health to develop a plan using existing resources to the extent available, to integrate services for GR participants who are severely mentally ill, receiving a GR housing subsidy, and pursuing SSI	As a result of the above recommendation, DMH has prioritized fifty (50) Full Service Partnership (FSP) slots for GR participants who are homeless and have a severe mental health need. Below is an update on the GR/FSP Project: **Training** DMH Clinicians co-located at the followings DPSS Offices have been trained to identify potential FSP participants. • South Special • Metro Special • Rancho Park **Referrals** GR participants are assessed by a DMH clinician who makes referrals to the DMH GR/FSP liaison. The GR/FSP Liaison coordinates referrals with the FSP Navigators. The FSP Navigators are responsible for outreach, engagement and enrollment of GR participants who are eligible to receive the array of FSP services, to include housing, mental health treatment and benefits establishment. **Enrollment** DMH began enrolling GR participants into the FSP slots earmarked for this population effective December 2011. To date, DMH has received 24 referrals from the DMH clinicians. These referrals are then reviewed to establish that the FSP criteria have been met. Following the review, only potentially eligible GR/FSP participants are referred to FSP Navigators for follow up and enrollment. Currently, it takes approximately five weeks for a participant who is referred to the FSP Program to be enrolled. It must be noted that the length of engagement will be different for each referral as it is client driven and an individualized approach to engagement occurs. In an effort to leverage funding and provide an array of services to this population, DPSS has committed to subsidize a portion of the housing services provided through FSP for this population. DPSS will fund each FSP slot, up to $400 per month for 50 newly enrolled GR/FSP participants, for a period of 12 months for a total allocation of $240,000 annually. With the GR/FSP Project, it is anticipated that these participants will be eligible for SSI benefits with available mental health treatment and housing resources. DPSS/DMH will establish a MOU with the details of the GR/FSP Pilot Project. It will include identification of GR participants, tracking and referral process. This MOU will detail the funding mechanism for this project.