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November 3, 2015

To: Supervisor Michael D. Antonovich, Mayor
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Don Knabe

From: Sachi A. Hamai
Chief Executive Officer

HOMELESS INITIATIVE STATUS REPORT

The County launched the Ad Hoc Homeless Initiative on August 17, 2015, a multi-department effort to develop, through an inclusive planning process, a comprehensive set of recommended County strategies to combat homelessness, for consideration by the Board in February 2016.

Planning Process

As previously reported to the Board, the heart of the Homeless Initiative Planning Process consists of 18 policy summits on 9 key topics:

- Affordable Care Act Opportunities
- Coordination/Integration of Current Services and "No Wrong Door"
- Discharges into Homelessness
- Employment
- Encampments/Street Homelessness and Outreach/Engagement
- Homelessness Prevention
- Land Use
- Subsidized Housing
- Supplemental Security Income/Veterans Benefits Advocacy.

The first round of Policy Summits took place from October 1, 2015 through October 29, 2015. Policy briefs were developed in collaboration with key community experts on each topic and posted on the Homeless Initiative website the week prior to each Summit. Each policy brief included a description of current efforts, best practices, key discussion questions, and potential policy recommendations. A compilation of the nine policy briefs is attached to this memorandum.

The second round of Summits began on October 29, 2015 and will be completed on December 3, 2015. Strategy briefs are the focus of these summits; they build on the policy briefs and robust discussions during the first round of policy summits. Each strategy brief addresses one potential strategy which may be recommended to the Board of Supervisors in February 2016 as part of a coordinated set of strategies to combat homelessness. As was the case for the policy briefs, the strategy briefs are posted on the Homeless Initiative website and distributed to summit participants the week prior to each summit.

To date, 22 County departments, 26 cities and approximately 80 community organizations have participated in the Summits. Many Summit participants have also volunteered to contribute their time and expertise to co-develop Strategy Briefs for the second round of Policy Summits.

As a complement to the policy summits, the CEO's Research and Evaluation Services Unit (RES), in collaboration with other County departments, is analyzing the services provided to homeless single adults across the multiple County departments which participate in the Enterprise Linkages Project, and the costs of those services. This Report is scheduled to be released in January 2016, and will inform the recommendations that will be submitted to the Board in February 2016. A similar report on homeless families will be submitted later in 2016.

Finally, the Homeless Initiative Team and CEO Budget staff, in consultation with departments across the County, are assessing existing County funds and funding streams to identify both one-time and ongoing funding that could be used to support the recommendations which will be submitted to the Board in February 2016.

Board Action to Address the Homeless Crisis

In parallel to the development of a comprehensive set of recommendations to combat homelessness, the Board has adopted several motions and taken other actions to urgently address the homeless crisis in the County:

- On September 29, 2015, the Board approved an additional $51.1 million in one-time funds for the Homeless Prevention Initiative budget.

- On October 13, 2015, the Board allocated $15 million of the $51.1 million approved on September 29, 2015 to replenish and expand funds for rapid rehousing, prevention and supportive services for homeless individuals and families.

- On October 20, 2015, the Board allocated $5 million of the $51.1 million approved on September 29, 2015 to implement recommendations to combat veteran homelessness which were included in the Homes for Heroes' report to the Board from the Department of Military and Veteran Affairs.

- On October 27, 2015, the Board voted to create a new Affordable Housing Programs budget unit within the County General Fund and establish a Housing Trust Fund to gradually set aside up to $100 million per year by FY 2020-21, starting with $20 million in FY 2016-17. Up to 8% of this Fund will be set aside for County and Community Development Commission administrative expenses. Of the remaining funds, no less than 75% will be used to construct and maintain affordable housing, and 25% will be utilized for rental subsidies and related services for homeless families and individuals.

The County has been preparing for the potentially devastating effects of the El Niño winter storms, especially on the unsheltered, homeless population:

- On September 29, 2015, the Board approved $905,000 in available, one-time Homeless Prevention Initiative funds to extend the County-funded portion of this year's Winter Shelter Program by two months.

- On October 20, 2015, the Board approved $886,075 in available one-time Homeless Prevention Initiative funds to increase the number of winter shelter beds funded by the County this year from 600 to 861, for an increase of 261 beds.

- Also on October 20, 2015, the Board declared a Shelter Crisis which authorizes the provision of emergency temporary shelter in County facilities/land and facilities/land in the unincorporated areas. The CEO Office of Emergency Management is coordinating an effort to engage homeless people in encampments who are at particular risk due to heavy rain.

On October 20, 2015, the Board and Los Angeles City officials met with the U.S. Secretary of Housing and Urban Development to discuss the homeless crisis and explore potential assistance from the federal government.

Conclusion

Following the last policy summit on December 3, 2015, the Homeless Initiative will work with Department Heads to develop a coordinated set of recommended County strategies for consideration by the Board in February 2016. The draft set of recommended County strategies will be released for public comment in early January 2016, in advance of the strategies being finalized and submitted to the Board for consideration.

Please let me know if you have any questions, or your staff may contact Phil Ansell, Director, Homeless Initiative at 213-974-1752, or at pansell@ceo.lacounty.gov.

SAH:JJ:PA
AO:ib

Attachment

c: 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
District Attorney
Fire
Health Services
Los Angeles Homeless Services Authority
Mental Health
Military and Veterans Affairs
Parks and Recreation
Probation
Public Defender
Public Library
Public Health
Public Social Services
Public Works
Regional Planning
Sheriff
Superior Court
Homeless Initiative Status Report

ATTACHMENT

Compilation of Policy Briefs

November 2015

County of Los Angeles Homeless Initiative

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Introduction

During October 2015, the County of Los Angeles Homeless Initiative convened an initial policy summit on each of nine key topics related to homelessness. In advance of each summit, a policy brief was prepared in collaboration with key government and community experts. The purpose of the policy briefs was to provide summit participants with information on key aspects of the issue, current local efforts, and best practices, as well as to provide initial ideas on potential recommended strategies to pursue. During the first round of summits, the participants relied extensively on these policy briefs in identifying the potential recommended strategies that are the focus of the second round of policy summits from October 29- December 3, 2015.

POLICY BRIEF:

Employment

The most extensive data on the employability of homeless adults in Los Angeles County is from the General Relief (GR) program, administered by the Department of Public Social Services (DPSS). DPSS data shows that within the GR caseload of 94,566 in July 2015, 58% self-identified as homeless. Of the July 2015 GR caseload, 40,839 are identified as employable adults. Given this data, we can estimate that approximately **23,686 GR participants are employable homeless** persons.

Employment and training programs can help people who are experiencing homelessness obtain gainful employment. Employment programs must meet homeless individuals where they are. This helps to remove potential barriers that normally would restrict or disqualify them from active participation. Homeless individuals often face significant barriers to employment. Some of these barriers include: legal issues, the unwillingness of many employers to hire job applicants with a criminal background, the lack of identification documents needed for employment, substance use disorders, mental health issues, poor education and/or employment history and the lack of social skills necessary to obtain/maintain employment.

Despite these barriers, assisting employable homeless individuals increase their income to improve their ability to secure and maintain housing can be achieved by

- helping individuals prepare for employment;
- helping individuals seek employment;
- providing employment opportunities; and
- providing support post-employment.

Employment should be a stabilizing force that plays a viable role in helping people who are experiencing homelessness become self-sufficient. The degree of assistance needed for this population differs significantly from individual to individual. Some already have skills and experience from previous employment and simply need a push and guidance to move forward in obtaining gainful employment, while others need more in-depth assistance in gaining the necessary skills, experience, and confidence necessary for employment. Lastly, there are those who are not ready for mainstream employment, but are volunteer ready, which will allow them to gain the necessary experience to successfully compete in today's competitive job market.

Additionally, understanding how industries in Los Angeles County are projected to grow, when coupled with "targeted vocational training," can play a vital and active role in helping people who are experiencing homelessness find gainful employment. Attachment I provides additional detail.

Types of Employment Opportunities

Employment that offers wages can be permanent full-time, permanent part-time or permanent standby/on-call; temporary full-time, temporary part-time or temporary standby/on-call. Employment also encompasses paid and nonpaid full/part-time intern/externships and volunteerism.

- Subsidized employment is jobs for which the employer receives a subsidy from public funds to offset some or all of the wages and costs of employing an individual who cannot find employment.

- Unsubsidized employment is full or part-time employment in the public or private sector, in which the employer receives no outside funding to support the employment position. This includes self-employment and seasonal employment. It also includes apprenticeships and internships when the participant receives a wage in these placements.

- Social Enterprise Employment – Businesses created to further a social purpose in a financially sustainable way. Examples include organizations such as Chrysalis whose focus is on creating job opportunities for individuals with the greatest barriers to employment. Social enterprises have a distinct and valuable role in helping create a strong, sustainable and socially inclusive economy. For homeless people, engaging with a social enterprise can be a first step towards mainstream employment.

Current Efforts

Below is a summary of the key employment and training program opportunities currently available in Los Angeles county. Homeless clients constitute a significant percentage of the service population for some programs, while other programs provide services to a limited percentage of homeless clients as a segment of their overall service population. The percentage of homeless persons served is identified at the beginning of each program description as significant or limited.

COUNTY

- **DPSS General Relief Opportunities for Work (GROW)** *(Significant)* – Employment program for employable GR participants. Services include case

management, early job search, job skills preparation class, educational/vocational training, and mental health and substance use disorder services. As of June 2015, the GROW placement rate was 36%. The GROW placement rate is obtained by dividing the total number of participants in the GROW caseload who obtained employment (the numerator) by the total number of participants who completed orientation (the denominator). GROW provides the following subsidized-employment opportunities:

- GROW Transition-Age Youth (TAY) Employment Program - Six month subsidized employment program for TAY, ages 18-24. In Fiscal Year 2014-15, 149 participants were placed in employment
- GROW Summer Youth Employment Program – three month subsidized employment program for TAY, ages 18-24. Program served 100 job-ready TAY during Fiscal Year 2014-15.

- **DPSS- Greater Avenues for Independence (GAIN)** *(Limited)* – Employment Program for adults receiving CalWORKs benefits. Services include appraisal, orientation, motivation, job search, vocational assessment, education and training, work experience, subsidized employment, community service, family stabilization services, and mental health, domestic violence, and substance use disorder recovery services. Additionally, transportation, child care, and work-related expenses are provided to support employment and program participation.

  The GAIN program provides the following subsidized-employment opportunity:

  - Transitional Subsidized Employment (TSE) – Over 4,000 participants in FY 2014-15.
    - ✓ Paid Work Experience – Participants are placed in government or non-profit employment where DPSS pays 100% of the costs for 6 months.
    - ✓ On the Job Training – Participants are placed in private for profit, or non-profit agencies for up to 8 months earning at least $9 per hour. DPSS pays 100% of wages for first 3 months. For the following 5 months, the agency pays the employee wages and related compensation but will be reimbursed up to $550 per month depending on the number of hours the participant is employed per month.

DPSS seeks to enroll homeless families in TSE, many of whom are served through the Homeless Families Solution Services (HFSS). From January 2015 through July 2015, DPSS referred 606 homeless families to TSE, of which 239 (39%) were placed into subsidized employment.

- **Department of Health Services (DHS) Housing for Health** (*Significant*) - Provides job skills services to homeless, heavy users of DHS services, and in many instances, other county services, who are receiving interim and permanent supportive housing.
- **Probation Department Breaking Barriers** *(Significant)* - Provides employment support by working with Chrysalis for homeless adult felony offenders and AB 109 participants.
- **Los Angeles Sheriff's Department Just in Reach** *(Significant)* - Provides employment and job training services to the hardest to serve population of homeless repeat offenders while inmate is incarcerated, but the services continue upon discharge.
- **Department of Mental Health (DMH) Individualized Placement and Support (IPS)** *(Limited)* - DMH program that serves a limited number of CalWORKs participants receiving Mental Health services by assigning participants to an Employment Specialist, with a restricted caseload of not more than 20, to provide intensive employment services. Through IPS, 41% of participants receiving IPS have reported obtaining employment.
- **Department of Mental Health (DMH) Supported Employment Programs** (Undetermined) – In planning stages for a number of supported-employment focused programs to serve individuals with mental health issues obtain and retain employment. (Attachment II)
- **Community and Senior Services (CSS) Workforce Innovations and Opportunities Act (WIOA) Programs** *(Limited)* –Under the leadership of the Los Angeles County Workforce Development Board, America's Job Centers of California provide individual job seekers employment and training resources at various sites throughout the Los Angeles County Workforce Investment Area. (Other Workforce Development Boards serve the rest of Los Angeles County.) Programs and services include:
    - The Adult and Dislocated Worker Program – provides free career and training services to help job seekers in attaining long-term, living wage careers.
    - Rapid Response Program helps laid off workers quickly transition to new employment.

- Youth Programs prepare youth for educational opportunities or employment by providing paid work experience during off-school periods and the summer.

- **Department of Children and Family Services (DCFS) Independent Living Program** *(Significant)* - Provides for housing and support to TAY in the areas of education, employment, life skills, and mental health.

CITY OF LOS ANGELES

- **Los Angeles Regional Initiative for Social Enterprise (LA-RISE)** *(Significant)* - In partnership with the Roberts Enterprise Development Fund (REDF) and the Los Angeles City Workforce Development System, LA RISE will take an integrated "wrap-around" approach to job creation and provide 500 of the hardest-to-serve individuals – those with a history of homelessness, incarceration and/or being disconnected youth - with a steady paycheck along with the counseling, support and training they need. (LA-RISE implementation targeted for late September 2015.)
- **Summer Night Lights** *(Limited)* The Summer Night Lights program provides extended recreational, cultural, educational, and resource-based programming on designated days between the hours of 7 P.M. and 11 P.M. The program provides youth and families with a safe recreation spaces, employment opportunities, expanded programming, and linkages to local services. Additionally, the program partners with over 100 local community-based organizations, educational and vocational institutions, and City and County agencies. The program was extended to include Friday nights at 8-10 parks during fall 2015.
- **WorkSource Centers** *(Limited)* - The City's Economic and Workforce Development Department operates 17 Work Source Centers and one portal office to provide free business services, including
    - Free job listings, referral information, phone banks, computer access and workshops
    - No-cost advertising of open positions
    - Customized training for staff, interview rooms, and information for businesses affected by plant closures or layoffs
    - Customized recruitment to help quickly fill multiple positions
    - Candidate screening and/or testing to assure only qualified workers apply for positions
    - Facilities for conducting both one-on-one and group interviews
    - On-the-job and pre-employment training to provide workers with the skills necessary for employment

- **YouthSource Centers** *(Limited)* - The City's Economic and Workforce Development Department operates 13 YouthSource Centers which provide employment preparation services to young people ages 16-24. These services include:
    - Work Readiness
    - Career Exploration
    - Job Skills Training
    - Tutoring & Computer Training
    - College Preparation
    - Mentoring & Counseling
- **HIRE LA's Youth - Summer Employment Program** (*Limited)* - HIRE LA's Youth promotes employment opportunities for youth through partnerships with the City's business community to provide "first time" jobs for youth. HIRE LA's Youth recruits young people through local schools, the City's Workforce Development System, the Community College District, and community organizations. Program participants are offered financial literacy training and given the opportunity to earn a Work Readiness Certificate endorsed by the Los Angeles Area Chamber of Commerce, the City Workforce Investment Board and the Professionals in Human Resources Association. HIRE LA's Youth has committed to providing 10,000 jobs for young people ages 16-24 in 2015.

OTHER LOCAL EFFORTS

- **Job Corps** is a no cost education and career technical training program administered by the US Department of Labor that helps young people ages 16 through 24 improve the quality of their lives through career technical and academic training.
- **Volunteers of America** provides a diverse range of human services, including employment-centered programs throughout the community.
- **Chrysalis-** Non-profit organization dedicated to creating a pathway to self-sufficiency for homeless and low income individuals by providing the resources and support needed to find and retain employment. Individuals with the greatest barriers to employment have the opportunity to perform temporary work through Chrysalis Enterprises, their in-house business. Over 130 communities, municipalities and businesses rely on Chrysalis Enterprises for their street maintenance, facilities management and staffing needs.
- **Jericho Vocational Services Center** provides comprehensive vocational, educational and support services to South Los Angeles residents, including ex-offenders returning to the community.

Comparative Perspective/Best Practices

In October 2014, a national summit on integrating employment and housing strategies to prevent and end homelessness – Partnerships for Opening Doors – was convened by the United States (US) Department of Labor, the US Department of Housing and Urban Development, the US Interagency Council on Homelessness (USICH) and the Butler Family Fund (http://usich.gov/partnerships-for-opening-doors-summit/partnerships-for-opening-doors-final-report). In preparation for this Summit, Effective Program Models and Practices in the Employment and Training arena were identified and are discussed in detail in Attachment III.

Some of the highlighted innovative programs include:

- Chicago, IL – Plan 2.0 - A Home for Everyone - Alignment of Workforce Development Systems with the homeless services system to: 1) identify increased and dedicated funding to workforce development and the homeless system; and 2) improve productivity.
- Hennepin and Ramsey County, MN- Heading Home: Minnesota's Plan to Prevent and End Homelessness – Multi-agency collaboration that co-located housing and employment services.
- Richmond, VA – The Greater Richmond Continuum of Care works with localities and non-profit and public sector partners to understand and address the needs of people experiencing homelessness. This effort includes a large emergency shelter with an employment and life skills program targeting men who are overcoming addiction and homelessness and a nationally-certified rapid re-housing/permanent supportive housing provider.
- Houston, TX – The Coalition for the Homeless of Houston/Harris County and Workforce Solutions partners with a mutli-service organization that provides a drop-in center, street outreach, employment services, disability services, coordinated access, housing navigation, rapid re-housing, and permanent supportive housing.

Discussion Questions

- Can at least a majority of homeless individuals work?
- What can be done to eliminate/reduce the stigma associated with homelessness to generate business and community support in creating employment opportunities for homeless?
- What can be done to eliminate legal barriers to employment associated with a criminal record, including but not limited to minor offences?

- How does the cost of subsidized employment per person compare to the cost of a housing subsidy?
- What are the implications of DPSS' experience with subsidized employment for homeless parents through HFSS for a potential expansion of subsidized employment to homeless individuals?
- How can we create a network of businesses within a specific community that provides jobs to individuals who face severe barriers (homeless/formerly homeless, mentally ill)?
- What role could be played by local chambers of commerce?
- In what ways could the County and/or cities use contracts they issue to increase employment for homeless adults?
- Are there any current local employment programs which serve the homeless that could be expanded?
- Which programs identified in the Partnerships for Opening Doors summit report should be explored for replication in Los Angeles County?
- Should some/all current local employment programs for homeless families/individuals be integrated?

Resources

- Are there dollars that LA County and/or cities are currently spending to serve homeless families/individuals which could instead be used to pay wages that a homeless person could use to pay for housing?

- Is there additional revenue that LA County and/or cities could generate to pay for, or reimburse the cost of wages which could be used to pay for housing?

Legislative Advocacy

Are there changes in State and/or Federal Law which should be pursued?

- Tax incentives/credits for providing employment to homeless individuals?
- Tax incentives/credits that could be provided to newly employed individuals who were homeless within the prior 6 months.
- Contracting requirement for the State/Federal procurement process that a certain percentage of employees be long-term unemployed (similar to Los Angeles County Ordinance number 2012-0025) http://doingbusiness.lacounty.gov/cpy0023.PDF
- Enhancements to Workforce Development and Training Systems funded by WIOA that increase funding levels and require identification, tracking and prioritizing services for homeless individuals, provides for alternative criteria for measuring outcomes for homeless persons and incentives for effective

practices responsive to the needs of special-needs populations and employers, including partnerships with affordable housing and rent-subsidy programs.

- Adopt a Fair Chance Hiring Program at the Federal level, also known as "Ban the Box" in hiring practices, which delays all conviction inquiries until after a conditional offer of employment.

Potential Policy Options

- The County of Los Angeles currently has a Transitional Job Opportunities Preference Program which provides a purchasing and contracting preference for nonprofit organizations that provides transitional jobs to the long-term unemployed. Should this: 1) be expanded to include "for profit" organizations; 2) be expanded to limit the procurement process to business/nonprofits that agree to hire a specified percentage of homeless or long term unemployed; and/or 3) be extended to Los Angeles and/or other cities?
- Should the County and/or cities establish a subsidized employment program for homeless individuals?

The Institute of Applied Economics Occupational Growth in Los Angeles County 2014-2019 report illustrates how the standard occupational classification system can be used as a barometer to gauge growth and the decline of industries. According to the report, Los Angeles County's largest number overall for new jobs and worker replacement will occur in the largest occupational groups, such as office and administrative support occupations, food preparation and servicing occupations, and healthcare occupations (practitioners, technicians and support). Many of these occupations require lower levels of education and training.

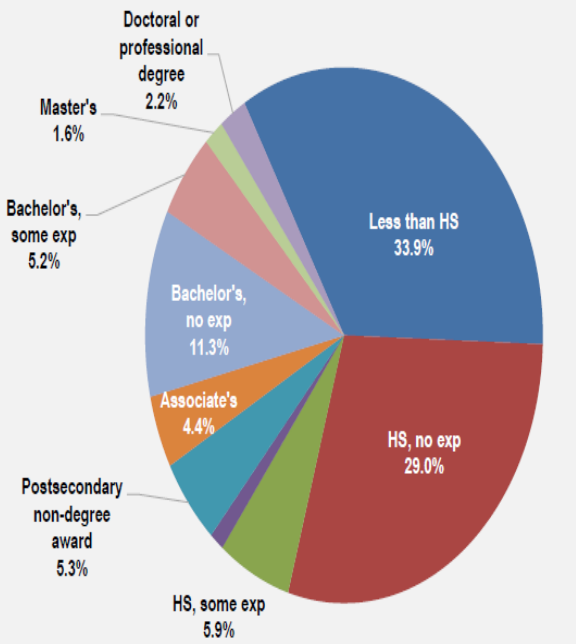
More than one-third of the projected openings for the next five years require workers without a high school diploma and no work experience. Another 29 percent will require workers with a high school diploma or equivalent and with no work experience. Together, these represent entry level jobs for unskilled workers across industries and occupations.[1]

Exhibit E-13
Occupational Growth in Los Angeles County 2014-2019 (Δ Employment)

SOC	Occupational Group	New Jobs	Replace-ment	Total *
11-0000	Management occupations	14,130	25,810	39,940
13-0000	Business and financial	13,440	23,520	36,960
15-0000	Computer and mathematical	8,100	7,740	15,840
17-0000	Architecture and engineering	2,790	7,790	10,580
19-0000	Life, physical, social science	2,130	5,210	7,330
21-0000	Community and social services	9,200	8,060	17,260
23-0000	Legal occupations	1,960	3,720	5,680
25-0000	Education, training and library	13,030	22,510	35,540
27-0000	Arts, entertainment, sports	6,110	18,850	24,960
29-0000	Healthcare practitioners	26,720	20,230	46,950
31-0000	Healthcare support	16,500	9,180	25,680
33-0000	Protective services	10,500	13,400	23,900
35-0000	Food preparation and serving	45,210	63,460	108,670
37-0000	Building/grounds maintenance	17,300	13,400	30,700
39-0000	Personal care and service	20,850	18,610	39,460
41-0000	Sales and related	20,480	62,990	83,470
43-0000	Office and administrative	50,090	74,190	124,280
45-0000	Farming, fishing and forestry	130	730	860
47-0000	Construction and extraction	9,920	8,830	18,750
49-0000	Installation, maint / repair	6,530	13,160	19,690
51-0000	Production	7,940	24,190	32,030
53-0000	Transportation/material moving	15,960	34,530	50,490
Total*		**322,000**	**480,000**	**802,000**

* May not sum due to rounding
Source: Estimates by LAEDC

Exhibit E-14
Entry Level Education and Experience Requirements



Source: Estimates by LAEDC

[1] Cooper, Christine, and Sedgwick, Shannon. Los Angeles: People, Industry and Jobs. 2014-2019.Los Angeles County Economic Development Corporation, 2015.

Attachment II

DMH EMPLOYMENT PROJECTS IN DEVELOPMENT

- MHSA INNOVATION - Coordinated Employment within a Health Neighborhood aims to create a network of businesses within a specific Health Neighborhood that will provide job opportunities to individuals who are mentally ill and homeless/formally homeless. Job opportunities will be sought out in the competitive employment market and through the development of social enterprises within the neighborhood. A standardized employment assessment tool and a coordinated, systematic approach will be used to match the individuals to the jobs opportunities that the network of businesses provides. The current Coordinated Entry System that has been developed across the County to match individuals who are homeless to housing will be leveraged to target those individuals that have obtained permanent housing and to match individuals to jobs. Supportive services to help individuals apply for and obtain and retain employment will be provided to each participant and will include peer service providers and support groups. DMH will be issuing a solicitation for this.
- Employment Services Pilot Project - The Employment Services Pilot Project is designed to increase the percentage of DMH adult clients that are provided employment services by an agency whose primary business objective is to provide employment services at two directly-operated stand-alone Wellness Centers. DMH will be issuing a solicitation for this.
- Transition Age Youth (TAY) Supportive Employment - Utilizing Evidence-Based Supportive Employment services, TAY Supportive Employment will assist TAY (individuals ages 18-25) receiving mental health services and residing in permanent supportive housing and other housing, to obtain and maintain gainful employment to achieve self-sufficiency. TAY Supportive Employment funding will be utilized to train current TAY mental health providers in implementing supportive employment services within their existing mental health delivery system. DMH will be issuing a solicitation for this.
- Individual Placement and Supports (IPS) Supported Employment Pilot Project - The IPS Supported Employment Pilot Project will focus on assisting DMH adult clients in obtaining and maintaining competitive employment using the Evidenced-Based IPS supported employment model combined with cognitive remediation interventions in two directly-operated stand-alone Wellness Centers. Board approval will be sought to fund DMH staff positions in these Wellness Centers who will implement IPS.

PARTNERSHIP SUMMIT

PARTNERSHIPS FOR OPENING DOORS

A summit on integrating employment and housing strategies to prevent and end homelessness

Effective Practices for Employment and Training

Job-seekers experiencing or at-risk of homelessness have diverse needs and strengths, requiring a continuum of employment models and approaches. Many studies have shown that individuals experiencing homelessness consistently rank paid employment alongside healthcare and housing as a primary need. Increased income is a strong predictor of a person exiting homelessness, maintaining housing, and improved physical and mental health benefits. Understanding the employment needs of individuals and families experiencing or at-risk of homelessness and adopting a continuum of coordinated approaches is critical to designing employment and training programs, matching services to the needs of individuals, and using resources efficiently. Successfully meeting the employment needs of individuals and families requires collaboration with multiple systems.

In preparation for the Partnerships Summit, a series of interviews were conducted with key leaders in the fields of homelessness and workforce development. The following program models and practices were mentioned both across the literature and in the key informant interviews as effective ways in meeting the employment/training needs of people experiencing homelessness and populations with multiple barriers to employment.

Program Models

Adult education bridge programs connect participants to post-secondary education and training programs by equipping them with basic academic and English language skills. Bridge programs are condensed to make learning as efficient as possible and are flexibly scheduled to meet individual needs.

Alternative staffing organizations (ASOs) broker temporary entry-level job placements for individuals with diverse barriers to employment-- including individuals at-risk of or experiencing homelessness, individuals with criminal backgrounds, and individuals 1ith a disabling condition. ASOs aim to develop a quality ready-to-work labor force for employers while helping jobseekers learn workplace skills, build experience and confidence, earn an employment record, and leverage temporary placements to permanent jobs.

Contextualized instruction and curriculum development are practices in the field of adult literacy and adult basic education that involve designing academic skills lessons using illustrations and materials that are relevant in the context of an adult learner's interests, employment goals, and everyday life. Learner confidence and persistence may increase when literacy and numeracy instruction is relevant to learners' practical goals, and when students are given the opportunity to apply what they learn.

Customized employment (CE) is a person-centered process for opening employment opportunities by tailoring job positions to the participant's strengths and abilities that also meet an employer's needs. CE helps participants take the lead in placements and customization options, foster exploration and discovery of employment options. Furthermore, CE provides a range of supportive services such as benefits counseling.

Earn and learn opportunities offer work-based learning opportunities with employers as training paths to employment. While classroom time can be important, individuals can quickly learn skills where hands-on experience in a work environment is integrated with classroom learning. Job-driven training programs aim to include work-based learning opportunities that best suit their participants. These can include paid internships, pre-apprenticeships, Registered Apprenticeships, and on-the-job training.

Supported employment, known as Individualized Placement Support (IPS), is the standard evidence-based model for helping individuals with a mental illness find and keep a regular paid job in the competitive labor market with at least a minimum wage. IPS holds that the best way to support self-sufficiency for people with a mental illness is to support rapid entry to the competitive labor market integrated with support services as soon as the participant feels ready.

Navigators (direct client services or staff support/ombudsman models) this innovation's goal is to grant individuals and families experiencing homelessness to better access benefits and training. The direct client service model utilizes specialized case managers, called Navigators, to provide individualized guidance to individuals experiencing homelessness that bridges the cultural divide among service systems, helps clients articulate their needs, and provides a means to self-sufficiency. In addition, Navigators play an advocacy role for their clients within homeless, workforce, and other systems. The staff support/ombudsman model focuses on developing new and ongoing partnerships to achieve seamless, comprehensive, and integrated access to services, creating systemic change, and expanding the workforce development system's capacity to serve customers with disabilities and employers.

Sector based training and employment strategies engage multiple employers and other industry leaders in the development of industry-specific training programs linked to employment opportunities and workforce needs in a sector. This approach offers participants education and hands-on training to match in-demand job openings in a specific occupation or industry sector.

Social enterprises (SEs) are businesses that intentionally hire individuals who face barriers to employment, while maintaining financially viability. They seek to improve the earnings of people they employ and, as appropriate, graduate from certain government benefits and services. By developing workers' skills and providing them with resume-building experience, SEs prepare workers to move into permanent long-term employment.

Subsidized employment provides an employer with a subsidy from TANF or other public funds to offset some or all of the wages and costs of employing an individual. The participant is paid wages and receives the same benefits as any other employee doing similar work. Generally subsidized employment is a transitional approach that provides immediate earned income and real work experience with public, private, and non-profit employers.

Transitional Jobs (TJ) seek to overcome employment obstacles by using time-limited, wage-paying jobs that combine real work, skill development, and supportive services in order to transition participants successfully into the labor market. TJ provides stability and a stepping-stone to unsubsidized employment for people facing barriers to employment.

Work-First is based on an overall philosophy that any job is a good job and that the best way to succeed in the labor market is by developing work habits and skills on the job rather than in a

classroom. Work First programs seek to move people into unsubsidized jobs as quickly as possible, and generally begin with a job search for most participants, using the labor market itself as the test of employability. For those who are not able to find jobs right away, Work First provides additional activities geared toward addressing those factors which impeded employment. These activities might include education, training, or other options. These activities are generally short term, closely monitored, and either combined with or immediately followed by additional job search.

Program Practices

Co-location of workforce staff at homeless assistance programs and vice versa can be used to ensure that vulnerable families and adults are connected to the full array of assistance they need to achieve self-sufficiency. Developing mechanisms to share client-level data can help both systems evaluate their performance in minimizing homelessness, increasing self-sufficiency, refining interventions, and improving the targeting of scarce resources. Local WIA providers can co-locate employment services within homeless service systems as well as seek opportunities to cross-train workforce and homelessness staff.

Intensive supports with individualized services are often needed, especially early in the transition out of homelessness and initial employment. While individual needs vary greatly across the spectrum of those who experience or are at-risk of homelessness, it is important to be able to provide intensive supports as needed and in a timely manner.

Client-centered and trauma informed care approaches focus on tailoring services and staff behavior to the needs of trauma survivors. Many individuals, especially women, experience homelessness after physical or sexual abuse. The experience of losing one's home or living in a shelter can be traumatizing. Individuals who have experienced trauma may have hidden psychological or physical triggers that may pose challenges to program participation and gaining employment. A trauma informed or focused approach to service delivery can help programs effectively meet the needs of vulnerable individuals.

Engaged and supportive employers are essential to the success of employment programs serving people experiencing homelessness. Strong partnerships among the public workforce system, education providers, and employers in key sectors appear to be critical for improving employment and earnings outcomes for workers. Employment programs serving individuals experiencing homelessness ensure the employer and participants needs are met, often coaching both about how to be successful in their respective roles.

Holistic programs meet the comprehensive needs of participants by providing direct services and an interaction with multiple public systems including income supports and food security, Veteran services, homeless services, and others. Case managers ensure participants' needs are met in a timely and comprehensive manner.

Providing flexible funds for training, licensure, testing, transportation, rent, etc. is a key component of successful models for employment and training of job seekers who experience homelessness. Costs related to entry into employment that are not covered by any benefits program, can add up to more than a family living on a very limited budget can afford. Programs need to be able to access a pool of flexible funds to quickly address these needs

Integration of employment services with housing and human services is important. Coordination and integration of employment within the homeless assistance program will achieve better results than stand-alone employment and training programs. This occurs both during the planning phase and during service delivery.

Reducing requirements for multiple visits and compression of services sequencing will significantly improve program completion and employment results. People experiencing homelessness have limited transportation resources so multiple visits to complete intake, assessment and enrollment processes are infeasible. Reducing the number of steps and adjusting the documentation requirements also allows homeless individuals to spend more time in job search and training.

Partnership for Opening Doors, US Department of Labor, US Department of Housing and Urban Development, US Interagency Counsel on Homelessness and the Butler Family Fund, October 2014

POLICY BRIEF:

Land Use

What will your city or neighborhood look like? What kind of construction will be permitted or encouraged? What type of housing will there be and does it meet the needs of the community? These are questions that get addressed within the context of land use, which local governments regulate via statutory law to establish frameworks to plan and develop industrial, commercial, and housing uses. Within this context, land use has a critical impact on the availability of affordable housing, and the housing of those who are homeless or at risk of homelessness. This raises the question, should land use policy be modified to encourage increased affordable housing, which includes the development of housing for those who are homeless or those at risk of homelessness? If so, what should those land use policies look like?

Key Issues Related to Land Use

Inclusionary Zoning

The 2009 Palmer/Sixth Street Properties v. City of Los Angeles decision ruled against the City's inclusionary housing ordinance, which required a developer to offer a portion of rental units as low-income units or pay an in-lieu fee, because it was in violation of California's Costa-Hawkins Act (allowing owners in rent control communities to establish initial rental rates when there is a change in occupancy). This ruling severely limited California local governments' ability to provide affordable rental units. The recent California Supreme Court ruling allowing the City of San Jose's inclusionary housing ordinance to stand, which makes a percentage of for-sale housing units in new residential developments available to low and moderate income households, has little impact in addressing the increase of rental units to house those who are homeless or at risk of homelessness. There has been discussion that a legislative fix to the Costa-Hawkins Act could be made to allow local government to adopt inclusionary zoning of rental units.

Best Practice: In 2010, the City of San Jose approved the Citywide Inclusionary Housing Ordinance which requires that fifteen percent (15%) of all new market rate for-sale developments of 20 or more units be price-restricted and transferred to moderate-income purchasers.

Under the Ordinance, developers may satisfy their Inclusionary Housing Requirement by providing affordable units in their projects, paying in-lieu fees, dedicating developable land and/or purchasing surplus inclusionary units from other developers.

The Citywide Inclusionary Housing Ordinance was scheduled to take effect on January 1, 2013, but implementation was delayed by action of the Santa Clara County Superior Court, followed by the City's appeal of this decision. The California Supreme Court heard oral arguments in the case of the California Building Industry Association v. City of San Jose on April 8, 2015, and issued an opinion that validated the City's Inclusionary Housing Ordinance on June 15, 2015.

Other model inclusionary zoning ordinances include the cities of San Francisco, San Mateo, Sacramento, West Hollywood, Huntington Beach, and San Diego.

Questions:

- Should the County and cities develop an inclusionary zoning ordinance similar to the City of San Jose?
- What are the barriers to legislating change to the Costa-Hawkins Act to allow for inclusionary zoning of rental units?

Housing Impact Fees

Housing impact fees levied on market rate housing to build affordable housing is a powerful tool when the production of new market rate housing is projected to increase the need for affordable housing. For example, a linkage may be established by equating consumer spending by households purchasing new residential units to an increase in jobs within the community. Many of these jobs will be in low-wage industries that will require affordable housing for those employees. Many local governments have utilized housing impact fees to address the increased demand for affordable housing connected with new market-rate development.

Best Practice – The City of San Jose recently created the San Jose Affordable Housing Impact Fee (AHIF), which will charge $17 per net square foot on all market-rate multi-family housing developments of 3 or more units, with the funds going towards the development of affordable housing. Other model ordinances include the County of San Mateo and the Cities of San Carlos, San Luis Obispo, Berkeley, and Freemont.

Questions:

- Should the County and cities implement a housing impact fee for affordable housing? What impact would this fee, in conjunction with other impact fees, have on development?
- Can housing impact fees generated by new development be used to house homeless people or assist those who are at risk of homelessness?

Second Dwelling Units (Granny Flats)

State Assembly Bill 1866 became effective in July 2003, amending the Government Code to allow the creation of second dwelling units on residentially zoned lots to be considered ministerial without discretionary review or hearing. Both the County and City of Los Angeles have a second-unit ordinance (Attachment I). Benefits of the second dwelling unit ordinance include increased density lot by lot, increased affordable housing supply, and financial stability for owners.

Number of Second Dwelling Unit Applications Approvals Since 2003

County of LA (Unincorporated Area)	City of LA
719	Pending

Best Practice - Sonoma County has an Affordable Second Dwelling Unit Program that provides property owners with specific incentives from the County to build a second dwelling unit in exchange for agreeing to keep the unit affordable to low-income households for 30 years (Attachment II). Santa Cruz's Accessory Dwelling Unit ordinance is recognized as one of the best in the state.

Questions:

- What has prevented the approval of more second dwelling units since the enactment of AB 1866 in 2003?
- How can existing policies be modified to increase the development of second-dwelling units?
- What can the County and cities do to assist in the preservation of existing non-permitted second dwelling units?
- What about fire/life safety issues?
- Would a second dwelling unit program similar to Sonoma County work here in Los Angeles?
- Would it be viable to provide property owners financial assistance to develop a second dwelling unit in exchange for keeping the unit affordable and available to very-low income residents?

Use of County/City Land to build Housing for Homeless People

County and city owned property could potentially be used to develop short- and/or long-term housing for residents who are homeless or at risk of homelessness. For example, under-utilized County property near Los Angeles County + USC Medical Center could potentially be used to develop housing for homeless people.

Best Practice - Quixote Village located in Olympia, WA is an innovative, permanent housing project for chronically homeless adults that consists of 30 small cottages and a community building with showers, a kitchen, and social service, recreational,

and office space. This project is located on county-owned land that is leased to a non-profit organization for 40 years at $1 per year (Attachment III).

Questions:

- What opportunities are there to utilize county and city owned properties for housing the homeless?
- What are the barriers to identifying and developing under-utilized county and city properties for housing the homeless?

Local Zoning Regulations and Permitting Processes

Local zoning regulations and permitting processes can be costly and/or time-consuming and thereby impede the development of affordable housing.

Question:

- What opportunities to increase the supply of affordable housing result from Los Angeles City's declaration of a homelessness emergency?

Current Efforts

County of Los Angeles

The County of Los Angeles exercises land use authority in the unincorporated areas of the County. In the unincorporated areas, the County administers two existing regulatory affordable housing policies: the Density Bonus Ordinance and the Marina Del Rey Affordable Housing Policy.

Density Bonus Ordinance – Adopted in 2006, the Density Bonus Ordinance allows the County to grant a density bonus and a certain number of concessions or incentives when a developer is building five or more dwelling units and includes a specified percentage of affordable housing, market-rate senior citizen housing, or land donations for affordable housing. Types of incentives include reduction or modification of development standards or zoning code requirements, approval of mixed use zoning, or other concessions. As of the end of 2014, the County has approved a total of 871 affordable housing units pursuant to this ordinance.

Marina Del Rey Affordable Housing Policy – In 2009, the County adopted a revised policy to implement the Mello Act in Marina Del Rey, which requires that replacement dwelling units be comparable in size and reasonably disbursed throughout the development. The policy requires, where feasible, the construction of five percent low- and five percent moderate-income housing units, which may be accounted for by the replacement units. As of July 2012, over 225 affordable housing units have been planned or approved in Marina Del Rey, with 47 units available to seniors.

City of Los Angeles

The City has established an Affordable Housing Incentives Program to encourage the production of housing for qualified lower income residents, elderly, and disabled persons. The Program includes density bonus and set asides similar to the County, including:

- Reduced parking requirements for restricted affordable units;
- Waiver of guest parking provisions for restricted affordable units;
- Deferred payment of selected permits and fees; and
- Expedited processing of building Plans and permits.

Resources

- Do any of these strategies require any public funding? If so, which strategies and what are the potential sources of that funding?

Legislative Advocacy

- Are there any changes in local, state or federal law which should be pursued?

Potential Policy Options

- The County and cities may want to reconsider implementing inclusionary zoning and impact fee ordinances, as well as advocate for legislative changes to the Costa-Hawkins Act to allow for inclusionary zoning of rental units.
- The County and cities could explore modifications to their current second dwelling ordinances in order to increase the number of affordable housing units.
- The County and cities could explore the feasibility of providing residential owners with financial incentives to add a second dwelling unit in exchange for keeping the unit affordable and/or renting to homeless/families individuals referred by the County or a city for a specified amount of time.
- The County and cities could look into utilizing County and city land to develop housing for homeless people or those at risk of homelessness.

Los Angeles County Department of Regional Planning

Second Unit Ordinance

CHAPTER 22.52 PART 16 (22.52.1700-22.52.1770)

A Second Unit may be permitted with a Site Plan Review if:	• The property is zoned residential or agricultural. • The property has no detached living quarters, guest houses, mobilehomes, or caretaker's residence. • The property is a legal lot or has an approved and recorded Certificate of Compliance. • Access is from an existing street with a minimum of 50 foot right-of-way width. • At least one of the units must remain owner-occupied (covenant required).
A Second Unit is <u>prohibited</u> if the property is located:	• In a Significant Ecological Area. • In an Environmentally Sensitive Habitat Area (Malibu Coastal Plan). • On slopes of 25% or more. • In a Noise zone (near airports).
A CUP is required if:	• The property is located in a Very high fire hazard severity zone. • Public sewer or water is not available.
<u>Additional</u> information to be submitted with the Site Plan application:	• "Will-serve" letter from the water company. • Certification letter from LA County Waterworks/Sewer Maintenance Division. • If any portion of the second unit is located more than 150 feet from the street, Fire Department approval of Plot Plan is required. • Copy of recorded Grant Deed. • Copy of gas or electric bill. • Copies of Building Description Blank/Slip from LA County Assessor's office. • Copies of Building Permits from LA County Building & Safety office.
DEVELOPMENT STANDARDS	*(May not apply to areas located in a Community Standards District. The more restrictive standards apply.)* *(A Variance is required to modify these development standards, except otherwise specified below.)*
Minimum Lot Size	Urban land use category: 5,000 square feet of net lot area. *Exception-* Attached and within the footprint of the existing residence: None Rural land use category: 1 acre of gross lot area.
Maximum Second Unit Size (minimum floor area: 220 sq. ft.)	Urban — Parcel Size (Sq. Ft.) — Second Unit Maximum Floor Area (Sq. Ft.) 5,999 or less — 600 6,000 to 7,499 — 800 7,500 to 9,999 — 1,000 10,000 or larger — 1,200 Rural — One acre or more — 1,200
Yard Setback	Urban: Front yard- 20 feet, side yard- 5 feet, rear yard- 15 feet. (May be modified by Yard Modification, instead of Variance.) 30 feet alley dedication shall be observed. Rural: Front, side and rear yard setbacks of 35 feet are required. Equestrian districts: Side yard or rear yard setback of 35 feet, unless second story unit is attached and within the footprint of the existing residence. Separation between dwelling units: 10 Feet. (May be modified by Yard Modification, instead of Variance.)
Maximum Height	Urban Detached 17 Feet. Attached 20 Feet. • Any portion set back more than 20 feet from the front property line may have 1 additional foot in height for every additional foot setback. Maximum of 35 feet. • Any portion set back more than 5 feet from the side property line may have 1 additional foot in height for every additional foot setback. Maximum of 35 feet. Rural 35 Feet.
Maximum Lot Coverage	Urban 40 percent of the net lot area. Rural Front, side and rear yard depth of 35 feet.
Parking and Driveway	• May be tandem if accessible to a driveway. • Driveway must be a minimum of 10 feet in width. • 26 feet of clear backup space must be provided. • Existing residence must have 2 covered (17' x 18') parking spaces. • Cannot be located in rear or side yard setback unless located 75' from front property line. • Cannot be located in front yard setback unless on sloping terrain (see Zoning Code 22.48.140). *Additional parking needed for 2nd unit -* One bedroom: 1 uncovered (8½' x 18') parking space. Two or more bedrooms: 2 uncovered (17' x 18') parking spaces.

Water Service Provider Certification
Contact the water company that serves the subject property to request a "will-serve" letter for the second unit.

Sewer Service Provider Certification
Department of Public Works
Sewer Maintenance Division
Sewer Plan Check Unit
1000 S. Fremont Ave. Bldg A9-E, 4th Floor
Alhambra, CA 91803-1331
Website: dpw.lacounty.gov/SMD/SMD
Phone: (626) 300-3309

Fire Department Plan Check Unit
Fire Prevention Engineering Section
Plan Check Unit
5823 Rickenbacker Road
Commerce, CA 90040-3027
Phone: (323) 890-4125
Fax: (323) 890-4129

- **Any modification to the development standards of the Second Unit Ordinance requires Variance approval.**
- **A complete Second Unit application includes ALL of the following items:**

☐ **Site Plan Review application with original signatures.**

☐ **3 sets of scaled drawings which include the site plan, floor plan and elevations. Plans must be folded into sets no larger than 8 ½" x 14". Structural and mechanical drawings are not necessary.**

☐ **Printed color photographs of the entire site. The proposed location of the Second Unit should be clearly identified on the photos.**

☐ **All letters, the recorded grant deed and a utility bill.**

☐ **All information must be complete and clearly identified on the plans.**

☐ **Applicable Site Plan Review filing fees.**

INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED

The applicant is responsible for complying with all requirements of the Chapter 22.52.17, including those not listed on this summary to the satisfaction of Los Angeles County Department of Regional Planning.

OFFICE OF ZONING ADMINISTRATION

MEMORANDUM

ZA MEMORANDUM NO. 120

May 6, 2010

TO: Office of Zoning Administration
Public Counters
Interested Parties
Department of Building and Safety

FROM: Michael LoGrande ML
Chief Zoning Administrator

SUBJECT: **SECOND DWELLING UNITS PURSUANT TO AB 1866**

State Assembly Bill 1866 became effective on July 1, 2003 amending Government Code Sections 65583.1, 65852.2 and 65915 that allows the creation of second dwelling units on residentially zoned lots, be considered ministerially without discretionary review or hearing. The intention of this memorandum is to assist with implementing AB 1866. It supersedes a previous memorandum issued by Robert Janovici, former Chief Zoning Administrator, and Peter Kim, former Zoning Engineer, dated June 23, 2003.

A second dwelling unit is permitted by right on a lot if it meets ALL of the following AB 1866 standards:

1. The second unit is not intended for sale and may be rented;

2. The lot is zoned for single-family or multi-family use;

3. The lot contains an existing single-family dwelling;

4. The second unit is either located within the living area of the existing dwelling (attached) or on the same lot as the existing dwelling (detached);

5. The total area of the increased floor area of an attached second unit does not exceed 30 percent of the existing floor area;

6. The total area of the floor area for a detached second unit does not exceed 1,200 square feet;

7. The requirements relating to height, setback, lot coverage, architectural review, site plan review, fees, charges, and other zoning requirements generally applicable to residential construction in the zone in which the property are met;

8. The local building code requirements which apply to dwellings, as appropriate, are also met; and

9. A minimum of one additional covered or uncovered off-street parking space is provided. If not otherwise prohibited by the zoning ordinance or any other land use regulation, tandem parking is allowed and the parking space may be located in a required yard.

APPROVAL

If the proposed second dwelling unit meets all nine AB 1866 standards, the Department of Building and Safety shall approve the plans and issue a building permit. If the proposed unit meets all nine standards but is governed by an historic preservation overlay zone, specific plan, or other zoning regulation that requires architectural review or a similar type of review, then the Department of Building and Safety shall refer the applicant to the Department of City Planning. The Planning Department may impose conditions on the project as a result of this architectural or similar review, but may not deny the second unit if it otherwise meets all nine AB 1866 standards.

ALTERNATIVE APPROVAL

If a proposed second dwelling unit does not comply with the nine standards listed above, then AB 1866 does not apply and all applicable regulations in the zoning code govern. If an applicant still wishes to build a second unit, then two options may be available:

First Option. Obtain all necessary approvals as provided by the zoning code. For example, if a proposed second dwelling unit complies with all nine standards set forth above except the required rear yard, then the applicant would have to file for two discretionary land use approvals: (1) an adjustment, pursuant to LAMC Section 12.28, for a reduced rear yard; and (2) a variance, pursuant to LAMC Section 12.27, for an increase in density to permit an additional unit on a lot where the zoning only allows one dwelling unit.

Second Option. Obtain an approved conditional use permit from the Zoning Administrator pursuant to either LAMC Section 12.24-W,43 or LAMC Section 12.24-W,44, subject to all applicable requirements and limitations set forth in those sections.

MULTIPLE DWELLING ZONES

AB 1866 shall not be construed to allow an increase in the density of a zone that may permit two or more dwelling units on a single lot. For example, a third dwelling unit on a lot zoned R2 is not allowed by right pursuant to AB 1866.

ML:AB:TR:GJ:lmc

Affordable Second Dwelling Unit Program

Introduction

The Sonoma County Permit and Resource Management Department (PRMD) and the Sonoma County Community Development Commission (CDC) administer the County's affordable second dwelling unit program. This program is available to property owners who wish to receive specified incentives from the County needed to build a second dwelling unit on their property. Owner participation is voluntary.

This County program will allow a larger second unit, a larger garage for the second unit or, in some cases, a second unit where zoning or other regulations would otherwise not permit a second unit. This program also may allow a property owner to legalize an existing illegal second dwelling unit. In return, the owner agrees to maintain the unit as affordable to low-income households for a period of 30 years.

The owner and County will execute an affordable housing agreement regulating usage of the affected second dwelling unit. This agreement will specify affordability requirements, the approved rent and income levels, and the period of affordability. The County will record the agreement that will run with the land.

This brochure summarizes the main elements of the second dwelling unit program for property owners, realtors, residents and local officials who have an interest in affordable second units in the unincorporated areas of Sonoma County. Anyone contemplating developing a unit under the County's affordable second dwelling unit program should meet with staff from PRMD and CDC to review the program's requirements in detail.

I. Affordability Requirements:

The property owner agrees to meet the following affordability requirements:

A. Second units are affordable and restricted to households at or below 80% of the median area income, adjusted for household size.

B. Units remain affordable for a minimum period of 30 years.

C. The owner, members of the owner's household, and owner's dependents may not occupy the affordable second dwelling unit.

D. The affordable unit must be offered for year-round rental, not seasonal or vacation rental.

II. Incentives:

The affordable second dwelling unit program provides the following incentives:

A. Maximum size of second units may be increased from 840 to 1,000 square feet.

B. Maximum size of the attached garage space may be increased from 400 to 500 square feet.

C. Minimum lot size in rural areas may be reduced to 1.5 acres gross (except in Class 3 and 4 Water Scarce Areas).

D. Minimum lot size in urban areas may be reduced to 5,000 square feet.

An affordable second dwelling unit must meet all other zoning, building and environmental health standards.

III. Income Limits:

Households occupying an affordable second dwelling unit may not have annual incomes that exceed the limits established for low-income households, adjusted for household size. Determined annually by the U.S. Department of Housing and Urban Development (HUD), low-income does not exceed 80% of the median income for Sonoma County. The current income limits are indicated on Attachment 1.

IV. Rent Limits:

Monthly rent for the affordable second dwelling unit may not exceed one twelfth (1/12) of 30% of 60% of the annual median area income, adjusted for the assumed household size. Assumed household size equals the number of bedrooms in the unit plus one. For example, the assumed household size for a studio is one person; for a one-bedroom unit, it is two people. The owner may charge no rent, but the tenant must be income-eligible.

Attachment 1 lists the current gross rent limits. These rents will be reduced by a utility allowance for estimated tenant-paid utilities (see Attachment 2).

V. Procedures and Process:

A. Project Approval Process:

To obtain approval of an affordable second dwelling unit, a property owner submits the appropriate application to:

Permit and Resource Management Department
County of Sonoma
2550 Ventura Avenue
Santa Rosa, CA 95403
Telephone: 707/565-1900; Fax: 707/565-1103

PRMD will process each application for a second dwelling unit and determine whether or not it meets the program requirements. When the evaluation is complete and the owner has agreed to the affordability requirements, PRMD will send the CDC a PRMD/CDC Referral letter that describes the project, the number of bedrooms in the affordable second dwelling unit, and the owner's obligations concerning long-term affordability of the unit.

When the CDC receives the PRMD/CDC Referral letter, and the owner has submitted an Affordable Housing Agreement Application (Attachment 3) and the application fee to CDC for preparation of the Affordable Housing Agreement, the CDC will prepare the Affordable Housing Agreement. In most cases, the CDC will prepare the Affordable Housing Agreement and submit it to the owner for notarized signature within one week of receiving the PRMD/CDC Referral letter, the owner's Application and the application fee.

When the owner returns the signed Agreement, the CDC's Executive Director will execute the Agreement and record it. The Agreement can be recorded in a lien position subordinate to the owner's construction and permanent financing.

B. Adjustments to Rent and Income Limits:

The CDC will set rent limits annually using income limits that the U.S. Department of Housing and Urban Development issues for Sonoma County. Each year, the CDC will notify all participating property owners of the new rent and income limits as soon as they become available.

C. Monitoring Procedures:

When an affordable second unit becomes occupied, the owner will maintain a tenant file containing the initial income verification and annual income recertifications for each tenant who resides in the affordable second dwelling unit. At least annually, the owner will submit a Compliance Report, on forms the CDC will provide, verifying that the project is in compliance with the Agreement. The Report is due each January for the previous calendar year.

Periodically, the Commission's program staff will visit each affordable second dwelling unit to inspect tenant files and the condition of the unit. The staff may review any records pertaining to the affordable second dwelling unit, including tenant files, ledgers and payment records.

Annually, the owner of an affordable second dwelling unit will pay a fee for each affordable unit to cover the cost of the CDC's program administration.

These procedures are subject to change. Departure from the established procedures will require pre-approval.

Tiny Houses: Quixote Village

Summary
Quixote Village is a new, innovative, permanent supportive housing project for chronically homeless adults that consist of 30 small cottages and a community building with showers, a kitchen, and social service, recreational, and office space. The project is located in the City of Olympia, Washington, on land leased for 40 years from Thurston County for $1/year. The Village houses 30 homeless adults at any given time, and due to turnover houses approximately 45 people each year.

About Quixote Village

- Quixote Village is a self-governing community of 30 previously homeless adults.
- The Village consists of 30 tiny (144 sq. ft interior) cottages, and a community building that contains a shared kitchen, dining area, living room, showers, laundry, and office and meeting space.
- The Village site is 2.17 acres, and includes space for a large vegetable garden and personal "door yard" gardens in front of each cottage.
- The Village is staffed by a full-time Program Manager and a part-time Resident Advocate.
- The Village is supported by Panza, a 501C3 non-profit organization.

Requirements for Residence at the Village

- Background checks are required; residents may not have outstanding warrants, a recent history of violence or theft, and may not be sex offenders.
- Village residents are expected to be clean and sober; urine analysis may occur.
- Residents are expected to pay for one-third of their monthly income as rent, participate in regular meetings, and share responsibilities for maintaining common areas and vegetable garden.

History

- In February, 2007, a homeless camp was established in a downtown Olympia parking lot to protest a city ordinance that forbade sitting or lying on a sidewalk. When police threatened to break up the camp, a local church offered campers sanctuary on their grounds.
- The founders of Camp Quixote hoped to find land a build a village for themselves, consisting of tiny houses and a shared building that would house showers, laundry, and cooking facilities.
- For the next six+ years, the camp moved from one church parking lot to another every three to six months under the terms of an ordinance that regulated it.
- Camp Quixote moved into the Village on December 24, 2013.

What the Village Cost

- The total cost of the Village was $3.05 million. (Development costs, infrastructure, materials, labor, the community building, permits, fees, required road improvements, donated land and services etc.) The cost for each cottage was about $19,000.
- Thurston County leased the land for $1 a year for 41 years.
- Substantial donated services from architect, civil engineer, and others.
- Total cost (including donated services, materials, and land) per unit was $101,567 per unit. The avg cost of studio apartments for low-income people is $200,000 per unit.

- Actual cost paid for the Village was just under $88,000 per unit (due to no paying for land and some high-value services such as architecture and engineering).

Where the Money Came From

- $1.5 million in the state capital budget, which came through the state Department of Commerce's Housing Trust Fund
- $699,000 from federal Community Development Block Grant funding that came through Thurston County and the City of Olympia
- $170,000 in Thurston County funding from state document recording fees
- $215,000 in community donations, including the Nisqually and Chehalis Tribes, the Boeing Employees' Fund, and individual donors

Permitting Process

- Quixote Village began as a protest in a downtown Olympia parking lot in February, 2007. When police threatened to break it up, the local Unitarian church offered it sanctuary on church grounds.
- Within a few months, the City adopted an ordinance which added a new chapter, 18.50 – Homeless Encampments to the Olympia Zoning Code. This new zone allowed a temporary homeless encampment to reside on property owned and managed by religious organizations for up to ninety days (later extended to 180 days).
- In response to Thurston County's donation of the land, in 2012 the Olympia City Council passed a one-time amendment to the zoning code which authorized a single "permanent homeless encampment" on County land.
- Any future "permanent housing encampments" to be constructed, additional code amendments would have to be enacted.
- After meeting all applicable City engineering, building, and fire codes, the project was finally constructed under a conditional use permit for 30 individual Tiny Cottage units and a 1700 sq. ft. shared common house in a light industrial zone.

Code Requirement	Compliance Path
International Residential Code R-3	Individual units had to meet requirements of IRC; individual tiny homes were considered sleeping units rather than accessory dwelling units, similar to assisted living SROs because they each have individual toilets, but not kitchens.
Olympia Municipal Code, Chapter 18.50 - Homeless Encampment	City Council Adopted Change to Comp. Plan and Zoning Code to allow project
Olympia Municipal Code, Chapter 18.48 - Conditional Uses	Project had to obtain conditional use permit for siting residential units in a light-industrial zone; code was amended to allow this use

Quixote
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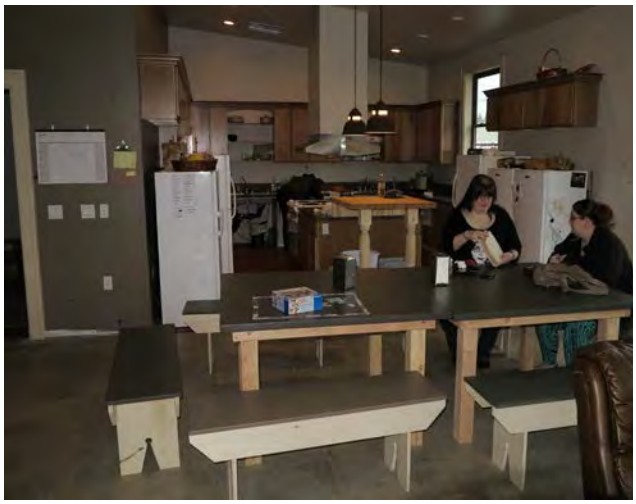

POLICY BRIEF:

Supplemental Security Income and Veterans Benefits Advocacy

For disabled individuals, including parents, securing Supplemental Security Income or Veterans Disability Benefits can be key to increasing income available to pay for housing.

The most extensive data on homeless adults in Los Angeles County is from the General Relief (GR) Program, administered by the Department of Public Social Services (DPSS). DPSS data shows that within the GR caseload of 94,566 in July 2015, 58% self-identified as homeless. Out of the GR caseload of 94,566 individuals, 7,418 have received a designation of Permanent "Needs Special Assistance," which typically indicates the participant has a significant mental health barrier to employment and an additional 6,752 participants are designated as "Permanently Unemployable" due to a physical disability. Given this data, we can estimate that approximately **8,218 GR Participants are permanently disabled homeless persons who may be eligible to SSI.**

Types of Benefit Opportunities

Supplemental Security Income (SSI) is a Federal income supplement program funded by general tax revenues (*not* Social Security taxes) designed to help aged, blind and disabled people, who have little or no income. It provides a cash grant of up to $889 per month for aged/disabled single adults and $932 for blind, single adults to meet basic needs, such as food, clothing and shelter.

Social Security Disability Insurance Benefits (SSDI) is a Federal income supplement program for individuals with disabilities who have worked long enough and recently enough to have "insured" status under the Social Security Program, or qualify as an SSDI beneficiary through his/her parents or spouse. Disabled widows or widowers, age 50 or older may qualify for benefits based on their disabled spouses' earnings. The SSDI benefit amount is determined based on Federal Insurance Contribution Act (FICA) earnings.

Veteran's Benefits - Certain eligible veterans are entitled to monthly income benefits through VA disability compensation or pension. VA disability compensation is a tax-free monetary benefit for veterans with disabilities that resulted from their

time in service. A single veteran who receives VA disability compensation can receive up to $2,906.83 each month. VA pension is a tax-free monetary benefit for certain low-income wartime veterans and provides up to $1,054.00 each month.

One of the best ways to stabilize the health and housing of Los Angeles veterans is to ensure that eligible veterans have access to Veterans Administration (VA) healthcare and other benefits. Not every former service member will be eligible for VA services, as eligibility is determined on the basis of discharge status and length of service. Determining eligibility can be complex, and many involved in the process of trying to house and support veterans, even including Department of Veterans Affairs employees, mistakenly believe that veterans with Other Than Honorable (OTH) or Bad Conduct discharge statuses face a complete and total bar to VA eligibility. In fact, such veterans may be eligible to VA healthcare enrollment pending a determination of the terms of their enlistments and/or a character of service determination by the Veterans Benefits Administration (VBA). Many veterans with less than fully honorable discharge statuses will ultimately be deemed eligible for VA healthcare and possibly VA income benefits, VASH vouchers, and other forms of housing support.

Cash Assistance Program for Immigrants (CAPI)- State-funded program administered by DPSS, that provides cash benefits similar to SSI to disabled and aged legal immigrants who are not eligible to SSI due to their immigration status.

SSI Benefit Application Process/Eligibility Requirements

To qualify for SSI, a person must have little or no income and few resources, and be unable to work because of a medical condition that is expected to last at least one year or result in death. The SSI application can be filed in person at a local Social Security Administration (SSA) field office or by mail. Once the application is received by SSA, SSA will determine if the applicant meets resource and income rules, and other non-medical eligibility requirements. If so, SSA will assign the application to Disability Determination Services (DDS), a federally-funded operation in the California Department of Social Services. Under agreement with SSA, DDS determines whether a claimant is disabled under the law.

DDS reviews medical evidence from the claimant's medical records and any additional information provided by the claimant. If the medical evidence received is inadequate to determine disability, DDS may arrange for SSA to purchase a consultative examination to obtain the necessary evidence.

Upon completion of the review, DDS will make a determination on the claimant's eligibility to benefits. There are four levels of appeal if DDS makes an initial determination that the claimant is not disabled. They are: reconsideration, hearing by an administrative law judge, review by the Appeals Counsel, and Federal Court Review.

SSI Interim Assistance Reimbursement

When an SSI application is approved, the approval is typically retroactive to the date of application. If a government agency provides funding for an individual's basic needs for everyday living during the months the SSI/SSP application is pending or during the months SSI/SSP benefits have been suspended or terminated, the government agency is entitled to recover those costs through a direct payment from SSA, which is deducted from the individual's retroactive SSI payment. This payment is called Interim Assistance Reimbursement (IAR). Basic needs are defined as: food, clothing, shelter, personal hygiene items, grooming items, transportation to obtain basic needs and emergency medical needs not reimbursable under another Federal Program.

In FY 2014-15, DPSS collected at total of $13,454,524 in IAR recoupment for the GR and CAPI Programs, including $843,020 for housing subsidies.

Current Efforts

Below is a summary of the benefits advocacy programs available to disabled individuals in Los Angeles County.

COUNTY

- ✓ **DPSS Supplemental Security Income and Medi-Cal Advocacy Program (SSIMAP)** – As a condition of GR eligibility, GR applicants/participants who are determined to be unemployable due to a long-term physical or mental health disability are required to participate in the SSIMAP Program. SSIMAP provides assistance to GR applicants/participants with the SSI application process, including assistance in obtaining medical records to support the SSI application, mental health comprehensive evaluations where sufficient mental health medical records are not available and limited financial assistance for necessary expenses to support the applicant in attending an appointment with the SSA. This could include money for items like a hotel room, transportation, or personal grooming expenses to assist the applicant attend his/her SSA appointment, as needed. For GR participants

whose application is denied, DPSS contracts with Health Advocates, LLC for legal support and representation at the SSI appeals level.

- ✓ **DPSS SSI Advocacy for CalWORKs Families** – DPSS provides SSI advocacy to disabled parents receiving CalWORKs benefits.

- ✓ **DPSS Veteran Identification and Referral** - DPSS attempts to identify veterans during the CalWORKs or GR application process. Veterans are identified based on self-disclosure. Upon identification of a veteran receiving CalWORKs or GR benefits, DPSS will make a referral to the Department of Military and Veterans Affairs (DMVA) so that eligibility for VA benefits can be determined. Additionally, for employable GR participants, Veteran's Liaisons are in place to assist the veteran, regardless of discharge status, with his/her application for a housing subsidy, employment resources and/or VA benefits.

- ✓ **Department of Health Services Housing for Health (HFH) –** HFH funds a staff person who has significant expertise in social security requirements and has in-depth knowledge reviewing medical records to assist homeless individuals to successfully apply for SSI. This staff is responsible for increasing the number of HFH clients who receive SSI. This is achieved in the following ways:

    - Identifying individuals who have been recently approved for HFH who, based on their medical summary, are likely to be eligible for SSI. The client is engaged by this staff and assisted with compiling a successful SSI application with all needed documentation to verify eligibility.

    - Training and providing technical assistance to all HFH intensive case management service (ICMS) providers to support their efforts to get people who should qualify for SSI onto this resource. (This is part of the ICMS scope of expectations.)

  Also, the HFH ICMS scope of work includes the expectation that intensive case managers assist their clients in applying and qualifying for SSI; each ICMS provider submits a monthly progress report to DHS. Every HFH participant is assigned to an ICMS provider as soon as he/she is assigned to a permanent housing slot.

OTHER EFFORTS

- ✓ United Homeless Healthcare Partners (UHHP) offered training on preparing disability benefit applications for homeless services providers based on the national SOAR program for a number of years. Earlier this year, UHHP ended the training modules on the SOAR program because they were unable to find the resources to continue. UHHP has now built an overview of SOAR practices into the Homeless Services Case Manager training provided to community homeless service providers.

- ✓ Homeless Patient Aligned Care (HPAC) Teams at West Los Angeles Veterans Administration Campus provides homeless veterans with wraparound medical care, mental health, and social work services. One HPAC Team, which serves homeless veterans who were high frequency users of the emergency room, is also staffed by an attorney from Inner City Law Center who represents veterans with a focus on achieving income and housing stability, by advocating and assisting with the Veterans/SSI benefit process.

Comparative Perspective/Best Practices

- ➢ Los Angeles Benefits Entitlement Services Team (B.E.S.T) – 2009 Demonstration Project where an integrated services team worked togethter to document eligibility for disability benefits and coordinated the SSI/SSDI application process. B.E.S.T assisted participants in all aspects of the SSI/SSDI application process, including tracking the client's whereabouts, obtaining identification, providing transportation and managing retrieval of health and mental health records. Evaluation findings show that B.E.S.T contributed to a 90% final overall approval rate and shortened processing times. The first-year cost for B.E.S.T was approximately $955,000, and approximately 1000 individuals were approved for SSI and/or SSDI over the 3-year life of the project. Complete evaluation report can be found at: http://www.ssa.gov/policy/docs/ssb/v74n4/v74n4p45.html

- ➢ Chicago, Heartland Health Outreach (HHO) – Federally Qualified Health Center (FQHC) that uses the SOAR model to assist clients establish benefits eligibility by building relationships and providing medical records to support the SSI application process.

- Portland, Maine Department of Health Services Intensive Case Management – Provides one-on-one assistance with the SSI application process. Case Manager is focused on building relationship with the client, meeting with other service providers, coordinating medical appointments.

Discussion Questions

- What are ways to dramatically increase the number of disabled homeless people receiving SSI/SSDI/CAPI/Veterans benefits?
- Could one Countywide coordinated SSI/Veterans benefits advocacy system significantly increase the number of homeless, disabled individuals receiving these benefits and if so, how? Could such a program be partially funded out of the retroactive SSI benefit for those individuals who are approved for SSI?
- How can we better identify veterans to engage them in benefits advocacy?

Resources

- Are there dollars that LA County and/or cities are currently spending to serve homeless families/individuals which could instead be used to pay for benefits advocacy so that a homeless person could access benefits which could be used to pay for housing?

- Is there additional revenue that LA County and/or cities could generate to pay for, or reimburse the cost of housing for individuals pursuing SSI?

    - The cost of housing subsidies during the time that an SSI application is pending could be recovered through the Interim Assistance Reimbursement process, for individuals who are ultimately approved for SSI.
    - As participants gain access to benefits, increased income will result in increased housing contributions for participants receiving housing subsidies which could be reinvested back into the system to pay for housing.

Legislative Advocacy

Are there changes in State and/or Federal Law, regulations, or policy which should be pursued?

- Social Security Administration (SSA) currently prioritizes reassessments instead of initial claims. The County of Los Angeles could seek prioritization by SSA of initial applications for homeless residents and a reinstatement of the "flag" used by SSA and

California Disability Determination Services (DDS) for these cases, as was done under the B.E.S.T. program.

- Advocate for better policies for Veterans with Other Than Honorable or Bad Conduct Discharge Statuses rather than being summarily denied VA eligibility.

Potential Policy Options

- Re-Implement B.E.S.T.
- Establish a countywide disability benefits advocacy program for people experiencing homelessness.
- Provide subsidized housing to homeless disabled individuals pursuing SSI and recover the cost of the housing subsidies through Interim Assistance Reimbursement for those individuals approved for SSI.
- Enhance training for Veterans Administrative Staff on benefit eligibility based on various discharge statuses.

POLICY BRIEF:

Homelessness Prevention

Thousands of individuals and families fall into homelessness every month in Los Angeles due to a variety of reasons, such as eviction, illness, losing a job, or the end of a relationship. 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.

Current Efforts

County of Los Angeles

DPSS Emergency Assistance to Prevent Eviction for CalWORKs Welfare-to-Work (WtW) Families: 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.

DPSS Housing Relocation Program (HRP) for CalWORKs Welfare-to-Work families: 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 1-hour one-way. In addition, the rent 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.

DPSS CalWORKs Homeless Assistance Program: Provides temporary and permanent housing assistance. Temporary assistance includes temporary shelter payments to housing families while they are looking for permanent housing. Permanent assistance 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.

DPSS 4-Month Rental Assistance Program for CalWORKs Welfare-to-Work Families: Helps homeless CalWORKs WtW families to remain in non-subsidized permanent housing by providing a short-term rental subsidy. Families receiving Permanent Homeless Assistance, Moving Assistance, and/or Emergency Assistance to Prevent Eviction may qualify for a monthly rental subsidy of up to $300 - $500 per family (based on the family size) for up to four consecutive months. The length

of this subsidy can be extended for families in the CalWORKs Family Stabilization Program.

DPSS General Relief (GR): GR assists needy adults who are ineligible for State or Federal assistance. An average GR case consists of one person (living alone), w/no income or resources. The maximum monthly GR grant for one person is $221/$374 for 2 persons. If eligible for GR, the following aid may be available while GR is pending:

- Aid to prevent eviction;
- Aid to prevent utility shut-off or to restore utilities;
- Aid to 1st paycheck;
- Meal and housing vouchers;
- Transportation to seek jobs/keep medical appointments, etc. and
- Expedited CalFresh benefits.

DMH Mental Health Housing Assistance Program: 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.

DMH MHSA Housing Assistance Program: Provides funding to assist directly operated Full Services Partnerships with consumer's permanent housing move-in costs, on-going rental assistance, and purchase of household goods to start a home; as well as avoid an eviction due to an unexpected financial hardship.

DMH TAY Transitional Housing Program: In collaboration with the Department of Children and Family Services, this program provides housing to emancipated TAY with mental illness exiting the foster care system and at risk of becoming homeless.

CDC Emergency Solutions Grant (ESG): 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 administers the ESG program for the County's Community Development Commission. Total ESG funds available for 2015-2016 are $1,879,396.

City of Los Angeles

Homeless Prevention and Rapid Rehousing Program: From 2009 to 2012, the City of Los Angeles had a homelessness prevention program as part of the federally funded Homelessness Prevention and Rapid Rehousing Program. This program

provided case managers, legal aid, and financial assistance to households facing eviction that were the most likely to experience homelessness and showed the greatest likelihood of achieving stability with a brief intervention. The homelessness prevention portion of the City's HPRP program served 4,246 people at a cost of $10,300,669.

Other Efforts

Shriver Housing Project: The State of California's Sargent Shriver Civil Counsel Act funds a collaboration between four legal aid organizations: Inner City Law Center, the Legal Aid Foundation of Los Angeles, Neighborhood Legal Services, and Public Counsel. The collaboration provides legal representation to low-income people facing eviction when their landlord is represented by an attorney. During the two-and-a-half years from March 2013 through September 2015, the collaboration helped 12,256 people prepare answers to unlawful detainers while providing full legal representation to over 6,461 of these individuals or families. One of the programs recently reported the outcomes from their most recent 500 cases. Inner City Law Center kept 41% of the 500 families that received full-scope representation in their existing homes. The families that had to leave their homes usually received time and the financial cushion needed to have a soft landing into another stable housing situation. In these cases, tenants facing eviction obtained an average of $5,200 in relocation benefits or waived rent, an average of more than 60 days time to move, and usually an agreement that the case record be sealed, which protects their ability to rent in the future.

Supportive Services for Veteran Families (SSVF): The Veteran Administration's Supportive Services for Veteran Families (SSVF) program has a significant homelessness prevention component. SSVF provides a range of supportive services designed to resolve immediate crises and promote housing stability, including: (1) outreach services; (2) case management services; (3) assistance in obtaining various VA benefits and a wide array of other benefits, including health care services, daily living services, transportation services, income support services, fiduciary and payee services, legal services, child care, housing counseling, and other services necessary for maintaining independent living; and (4) temporary financial assistance paid to a third party, including rental assistance, security or utility deposits, moving costs, child care costs, transportation costs, emergency supplies, general housing assistance and other emergency supplies. SSVF serves veterans at the highest risk of becoming or remaining homeless. Because SSVF prioritizes veteran families earning less than 30% of the area median income, SSVF often supports veterans who may have little or no income and who have multiple barriers to housing stability. SSVF's homelessness prevention program is generally considered to be quite successful. A recent study (linked below) found that 94% of families and 90% of individuals receiving SSVF homelessness prevention assistance remained housed after one year, and 89% of the families and 82% of the individuals were still housed after two years.

Discharges into Homelessness: There are a number of ongoing local efforts to target people who are being "discharged into homelessness"; however, those efforts are being discussed in the Discharges into Homelessness policy summits.

Comparative Perspective and Best Practices

New York City

While many jurisdictions have homelessness prevention programs, New York City's (NYC) efforts are particularly instructive, as it is the only place in the country that faces homelessness on the same scale as Los Angeles County.

NYC's signature homeless prevention program is the Homebase Community Prevention Program. Homebase case managers have broad authority to intervene in flexible ways to stabilize long-term housing. The result is very intensive outreach, case management, and wrap-around services that aim to keep families stably housed. Homebase case managers help their clients find employment, mediate with their landlords, seek health care, apply for public benefits, access legal services, pay rent, find child care and obtain long-term housing stability. Of the 16,000 families taken on by Homebase case managers in fiscal year 2015, 95% are still in their homes. The most recent NYC budget doubled funding for Homebase, bringing the investment to $42 million annually.

It is worth highlighting four significant differences between New York City and Los Angeles County:

- NYC has a much more extensive infrastructure of available rental subsidies for low-income families in danger of becoming homeless.
- Family homelessness is much more prevalent in NYC (78% of the point in time count as opposed to 18% in LA).
- New Yorkers enjoy a constitutional right to shelter that does not exist in California. This right partially explains why more than 90% of NYC's homeless are sheltered as opposed to only 30% of LA's homeless.
- NYC currently dedicates far more money to providing legal services to low-income families facing eviction than is the case in Los Angeles County, and NYC is further expanding these services. NYC has committed that by mid-2017, it will be spending $60 million annually on legal representation to address the flow of people becoming homeless.

In 2011, researchers from Columbia University found a statistically significant reduction in homelessness in the neighborhoods where the program was operating. In 2013, Abt Associates found "not only a substantial reduction in the average amount of time families spend in shelter — a reduction from 32.2 nights to 9.6 nights over two years — but also that the savings from this reduction in shelter use were greater than the cost of operating the Homebase Community Prevention program."

NYC's experience demonstrates that, for families in imminent danger of homelessness, case managers who have significant financial subsidies and legal services available to them and who are empowered to do whatever it takes to keep these targeted families stably housed can successfully decrease homelessness and reduce public expenditures.

Discussion Questions

(1) **What would be the key elements of a robust local homelessness prevention program?** Key elements could include sophisticated targeting, flexible interventions, and sufficient resources.

(2) **How would homelessness prevention for single adults and youth differ from homelessness prevention for families?**

(3) **What local policy changes would help low-income families and individuals remain stably housed?** Potential policy changes include:

- **Rental Registry:** Create City and County rental registries to track vacancies and the rental amounts. Already done by Santa Monica and West Hollywood.
- **Good Cause:** Extend good cause eviction protection to all rental units. Already implemented in the Cities of Glendale, San Diego, and Richmond.
- **Limit Rent Increases:** Limit rent increases in rent-stabilized properties by removing any floor on minimum increases and capping the maximum cumulative annual increase.
- **Anti-Harassment:** Enact anti-harassment laws that establish standards and impose penalties on landlords who attempt to illegally evict tenants. Already implemented by the Cities of Oakland, San Francisco, East Palo Alto, Santa Monica, and West Hollywood.

(4) **What important aspects of homelessness prevention is this briefing paper missing?**

(5) **What could be the role of the faith-based community in this process, as they may be aware of those in their circle who might be in danger of becoming homeless?**

(6) **What resources, referrals and services does the 2-1-1 hotline provide for people facing eviction?**

Resources

- Are there dollars that LA County and/or cities are currently spending to serve homeless families/individuals which could instead be used to prevent homelessness?
- Is there additional revenue that LA County and/or cities could generate to pay for, or reimburse the cost of homelessness prevention?

Legislative Advocacy

- Are there any changes in local, state or federal law which should be pursued?

Potential Policy Options

- Fund a regional homelessness prevention program that provides case management, financial assistance, and legal services to individuals and/or families in imminent danger of homelessness.
- Make policy changes such as those set forth in the above Discussion Questions that would make it easier for people to become and stay stably housed.
- Extend the current CalWORKs Emergency Assistance to Prevent Eviction Program for CalWORKs welfare-to-work families to include CalWORKs non-welfare-to-work families.
- Leverage public assistance connections by increasing the use of County public assistance programs to identify and connect families and individuals at risk of homelessness with homelessness prevention services.
- Local government could work with landlords to identify families and individuals who may be evicted as a result of not paying rent. Local government could provide information to the landlords or directly to the renters to connect renters to agencies and programs to prevent them from becoming homeless.

Additional References and Resources

Daniel Flaming and Patrick Burns, *All Alone: Antecedents of Chronic Homelessness*, Economic Roundtable (August 25, 2015) ("Public assistance programs can be a catalyst for connecting at-risk and homeless recipients with crucial services and reducing the massive public costs associated with chronic homelessness.") (http://economicrt.org/publication/all-alone/)

Adam Murray, *Preventing Homelessness in the City of Los Angeles*, Inner City Law Center (September 22, 2015) (Proposes "a targeted, flexible, well-resourced approach to homelessness prevention for the City of Los Angeles.")

(http://www.innercitylaw.org/wp-content/uploads/2015/09/Homeless-Prevention-Proposal-for-LA-final.pdf)

Nipped in the bud: Paying to keep people in their homes can sometimes save cities money. The Economist (June 6, 2015) (Great overview of homelessness prevention efforts in New York and elsewhere.) (http://www.economist.com/news/united-states/21653678-paying-keep-people-their-homes-can-sometimes-save-cities-money-nipped-bud)

NYC to Target Evictions in Bid to Curb Homelessness, The Wall Street Journal (September 28, 2015) (Discusses New York City's recent commitment that "by mid-2017, the city will be spending $60 million annually—up from about $34 million now—on an expanded legal team to address the flow of homeless into an already overburdened shelter system and the number of people living on the streets.") (http://www.wsj.com/articles/nyc-to-target-evictions-in-bid-to-curb-homelessness-1443401502)

Oakland passes anti-harassment ordinance to protect renters, Indy bay, East Bay (November 9, 2014) (Discusses Oakland's tenant protection ordinance, which "is based on similar anti-harassment policies in cities that prohibit various forms of harassment including San Francisco, East Palo Alto, Santa Monica and West Hollywood, in the effort to curb landlord harassment. The TPO prohibits 16 types of harassment in Oakland that a landlord may use to bully or harass tenants out of their housing.") (https://www.indybay.org/newsitems/2014/11/09/18763966.php)

Marie Clare Tran-Leung, *When Discretion Means Denial: A National Perspective on Criminal Records Barriers to Federally Subsidized Housing,* Shriver Center (February 2015) ("[O]verly restrictive policies against people with criminal records can lead to a vicious cycle where 'the difficulties in reintegrating into the community increase the risk of homelessness for released prisoners.'") (http://povertylaw.org/sites/default/files/images/publications/WDMD-final.pdf)

Homelessness Prevention, United States Interagency Council on Homelessness (Best practices re homelessness prevention) (http://usich.gov/usich_resources/solutions/explore/homelessness_prevention)

Why Do Some Homeless People Who Are Housed Become Homeless Again? National Alliance to End Homelessness (September 29, 2015) (http://www.endhomelessness.org/blog/entry/why-do-some-homeless-people-who-are-housed-become-homeless-again#.Vgr35_lVikr)

POLICY BRIEF:

Affordable Care Act Opportunities

A large number of homeless individuals with the advent of the Affordable Care Act (ACA) now qualify for full-scope Medi-Cal, including specialty mental health services for those with severe mental illness and substance use disorder benefits. In addition, changes to Medi-Cal already underway and expected in 2016, will create new financing mechanisms and incentives, as well as opportunities for new ways to engage partners, including Medi-Cal managed care plans, to connect people experiencing homelessness to health care, housing, and supportive services in more meaningful ways.

Key Issues

Many homeless people have significant health needs and often co-occurring disorders, and their health needs cross the boundaries of various and often fragmented systems.

- People who experience homelessness also experience high rates of disability and chronic and behavioral health, and substance use disorder (SUD) conditions; and
- People who experience unsheltered homelessness face significant health risks and barriers to accessing appropriate care or managing health conditions. This often results in health-related crises and avoidable emergency room visits, hospitalizations, and readmissions, as well as high rates of mortality and other poor health outcomes.

Two primary aspects of the ACA: 1) it expands coverage and access to care (by reducing the number of Americans who are uninsured); and 2) controls costs of health care by providing better value with the resources we spend on health care. Most significantly for many homeless people, and the systems that deliver health care to them, the ACA expanded Medicaid eligibility by providing federal funding for all (or nearly all) of the costs of delivering covered services to adults who are newly eligible.[1]

The ACA also authorized new optional Medicaid benefits states can use to expand or improve health services for people with complex needs, such as Health Home benefits, and provides significant increases in federal funding to expand the capacity of community clinics to deliver more care to more people. Many provisions

[1] See http://files.kff.org/attachment/fact-sheet-summary-of-the-affordable-care-act.

of the ACA have the goal of transforming health care and delivery systems to achieve the "Triple Aim" of better outcomes, lower costs, and better experience for patients.

With the expansion of Medi-Cal (Medicaid) eligibility under the ACA, nearly all people who are experiencing homelessness in Los Angeles are eligible for Medi-Cal (with some exceptions based on immigration status). California mandates enrollment of almost all Medi-Cal beneficiaries into managed care plans, and as a result many thousands of homeless people have recently become members of Medi-Cal managed care plans. Medi-Cal expansion provides new federal funding to cover some costs that had previously been a County responsibility, though the State recovers 80% of the County's net new revenue through an offsetting reduction in health realignment revenue. Moreover, expansion increases access to regular ongoing health care for many low-income adults who had been uninsured.

Changes now underway also create opportunities and incentives to use health care resources in new ways. The County has tools to build the capacity of its delivery systems and service providers. County hospitals and safety net clinics must meet new performance metrics to receive financial incentives with these payment mechanisms the ACA and the State are building into Medi-Cal. Medi-Cal managed care plans have responsibility for ensuring access and coordination of care for a new group of members, including many of the people who are experiencing homelessness or living in supportive housing, while also managing financial risk, and presenting opportunities to collaborate with other managed care plans.

Some people who experience homelessness require affordable housing combined with intensive case management and various supportive services to help them obtain and keep housing ("permanent supportive housing" or PSH), or short-term services linked to other forms of housing assistance such as rapid re-housing. If barriers to housing stability are related to health, or mental health, or substance use disorder conditions, Medi-Cal or other health care system resources can pay for some of these services. Plenty of evidence demonstrates high costs for crisis services, which some chronically homeless people incur.[2] Opportunities exist to achieve savings in health system costs, better health outcomes, and a better experience for county residents when high-cost homeless people move into housing (compared to people continuing to live on the streets and experience repeated crises). The shift toward value-based purchasing and the ability to measure, report and reward quality in health care service delivery[3] creates incentives/opportunities for health care systems to help pay for services that connect health care systems' most vulnerable and high cost members to housing.

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[2] See http://www.endhomelessness.org/pages/cost_of_homelessness

[3] An example of a source of information regarding widely-adopted quality measures can be found at http://www.qualitymeasures.ahrq.gov/browse/nqf-endorsed.aspx.

Preventing and ending homelessness need to be part of the overall efforts to reduce health disparities, particularly for African Americans. In discussions about using the resources of health systems as solutions to homelessness, policymakers have placed greatest focus on chronic homelessness and frequent users of high-cost health services, but data demonstrate correlations between homelessness overall and health disparities. Data show disproportionately high rates of homelessness among African Americans living in poverty. Similarly, African Americans receiving public benefits in Los Angeles County have disproportionately high rates of homelessness.[4] Evidence shows these disproportionately high rates apply to families with children, chronically homeless single adults, and people who experience repeated episodes of homelessness. Similarly, the stresses and risks associated with housing instability and homelessness compound the long-term health risks associated with adverse childhood experiences and the conditions that contribute to poor health and premature mortality in some communities of concentrated poverty. One implication is that health care systems and providers serving extremely low income people need to pay more attention to the impacts of housing crises on health and health care service utilization, as their members/patients may move in and out of homelessness and housing stability. As health care providers, delivery systems, and their partners seek to reduce health disparities, they should pursue opportunities to understand and partner with rapid re-housing interventions and supportive housing to create stronger linkages between health care delivery systems and access to housing via a coordinated entry system.

Current Efforts

Significant efforts are underway across the County, City and at the community-based level to leverage funding/programmatic opportunities currently now available under the ACA.

County

- **Housing for Health (HFH):** 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. DHS utilizes a variety of community-based supportive housing options, including single family homes, individual apartments, blocks of apartment units, or entire buildings. DHS administers a rental housing component of HFH through the Flexible Housing Subsidy Pool (FHSP). DHS launched the FHSP with funding from DHS and the Hilton Foundation. The Los Angeles County Board of Supervisors (discretionary funding), the County Probation

[4] A recent Economic Roundtable analysis examined rates of homelessness among public assistance beneficiaries in Los Angeles, finding African Americans receiving a range of benefits (General Relief, CalWORKS, Food Stamps, and Medi-Cal) experiencing disproportionately high rates of homelessness. http://economicrt.org/publication/all-alone/(p. 16, figure 6).

Department, and the Department of Mental Health have also contributed funding. The FHSP locates housing and provides move-in assistance and rental subsidies. HFH also uses other housing resources, such as Housing Choice Vouchers provided by the Housing Authority of the City of Los Angeles, Continuum of Care (previously referred to as Shelter + Care) through the Los Angeles Housing Services Authority (LAHSA), and units of affordable or supportive housing created through other funding sources and made available to people receiving services funded through HFH. Indeed, 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 1,035 County patients, 92% of whom have retained housing after 12 months.

- **Single Adult Model**: Beginning in the 2014-2015 fiscal year, the Board of Supervisors reallocated ongoing Homelessness Prevention Initiative (HPI) funding to implement a new Single Adult Model (SAM), which includes several components that seek to align more effectively outreach, health, mental health, SUD and housing assistance for single adults experiencing homelessness who are high-users of health and mental health services. New or re-structured programs include Multi-disciplinary Integrated Teams (MITs) to provide street and shelter-based intensive engagement and support, integrated mental health, health, and SUD services, ongoing case management, and connections to housing assistance for homeless persons with serious mental illness.
- **Homeless Families Solutions System (HFSS)**: LAHSA launched HFSS in 2013 with County and City financial support. HFSS provides a regional system to address family homelessness by re-housing families quickly and efficiently and connecting families to supportive services within their communities. The 211 hotline, the emergency shelter system, MITs or other outreach and engagement teams, and the Department of Public Social Services (DPSS) connect homeless families to a family solutions center (FSC) within one of the eight geographic service areas. FSCs assess and triage families for an array of supportive services including medical and mental health services, SUD, disability benefits advocacy, crisis housing, diversion services, rapid-rehousing, employment development, legal services, child care, and PSH.
- **Health Neighborhoods**: The Department of Mental Health (DMH) is developing health neighborhoods to improve coordination of services for behavioral and personal health and address social determinants of health,

such as poor housing and poverty. The initiative is intended to create neighborhood collaboratives of health, mental health, and SUD providers to establish local partnerships to promote the integration of Whole Person Care. DMH is currently piloting Health Neighborhoods in seven Service Planning Areas. The LA Care Health Plan is also establishing a Health Neighborhood program in several of these communities to provide integrated care to homeless LA Care members.

- **Analysis of Cost Outlays for Services to Homeless Individuals**: The Chief Executive Office's Research and Evaluation Services will identify homeless individuals and the costs associated with their patterns of service utilization across multiple County systems. The data identifying homeless adults will be extracted from three sources: 1) the Homeless Management Information System (HMIS), 2) DPSS's Los Angeles Eligibility Automated Determinations, Evaluation and Reporting (LEADER) system, and 3) service records available from DHS. This data repository of homeless individuals will be matched against service records provided over fiscal year 2014-15 by seven County departments using the Enterprise Linkages Project that de-identifies client records, yet enables accurate linking through encryption software. Once completed, the CEO's Research and Evaluation Services will produce a similar report for homeless families.
- **Planning for More Integrated Services and the Changing Role of Los Angeles County Health Departments :**
    - Recently, the County Board of Supervisors passed a motion to establish a new jail diversion program,[5] which included a new Office of Diversion Re-entry within DHS. In August 2015, the Board of Supervisors approved plans to unite all three health departments (DHS, Department of Public Health (DPH), and DMH) under a single health agency, with the intent to integrate services offered through these departments. The vision of the integration of these departments is to offer whole-person-oriented care. On September 29th, the Board approved the following priority (among other priorities for the health agency): Developing a consistent method for identifying and engaging homeless clients and those at risk of homelessness across the three departments and linking these clients to integrated health services, housing them, and providing ongoing community and other supports required for recovery. The Health Agency Steering Committee overseeing the integration delineated the following goals:
        - Evaluating and reconfiguring housing and homeless services;
        - Developing an accurate way to identify homeless clients served across the three departments;
        - Develop and implement shared standards and practices;
        - Expand multidisciplinary street engagement teams;

[5] See *Statement of Proceedings for the Regular Meeting of the Board of Supervisors of the County of Los Angeles*, Sept. 8, 2015. http://file.lacounty.gov/bos/sop/cms1_233587.pdf.

- Develop and open a range of bridge programs to offer low-barrier interim options while clients wait for permanent housing;
- Maintain a real-time inventory of available residential slots;
- Link homeless people to integrated care;
- Develop screening questions for "those conditions that lead to homelessness;" and
- Develop policies and technical assistance to advance the availability of housing.[6]

City of Los Angeles

- **Potential City Participation in HFH:** While health, mental health and SUD services are primarily the responsibility of the County, the City of Los Angeles also has a significant role and faces substantial costs, including the costs of public safety responses (police and fire department), when homeless people experience health and mental health and/or SUD crises. Members of the City Council have recognized the value of the DHS HFH program and directed the Chief Administrative Officer to determine the feasibility of accessing or contributing City funding to pay into the FHSP.

Other Local Efforts

- **LAHSA Data-Sharing**: LAHSA has undertaken preliminary work to share HMIS data with LA Care's membership data, which will allow LA Care to identify many of their homeless Medi-Cal members. LA Care is believed to have the bulk of Medi-Cal beneficiaries experiencing homelessness in the County, but these efforts could be replicated with HealthNet, the other Medi-Cal managed care plan in the County.
- **Supportive Housing Partnerships with Federally Qualified Health Centers (FQHCs):** PSH providers continue efforts to form partnerships with FQHCs and other community clinics to improve care for formerly homeless tenants. A growing number of PSH developments include satellite clinics. For instance, JWCH operates a clinic in a Downtown Women's Center project and a County outpatient clinic connected to HFH is located at the Star Apartments.
- **Coordinated Entry System (CES):** Each SPA now has a functioning CES to prioritize the most vulnerable and chronically homeless people for access to PSH. CES provides assistance enrolling people onto Medi-Cal.

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[6] See *Agenda for the Regular Meeting of the Board of Supervisors of the County of Los Angeles*, Sept. 29, 2015, Recommendation 14, at http://bos.co.la.ca.us/LinkClick.aspx?fileticket=xm3KBb-ztkc%3d&portalid=1. See also *Letter from Interim Chief Executive Officer Sachi Hamai, Approve the Strategic Priorities and Operational Framework for the Los Angeles County Health Agency*, Sept. 29, 2015, at http://file.lacounty.gov/bos/supdocs/97833.pdf.

- **Health Home Capacity Building:** The Corporation for Supportive Housing is offering capacity-building training to get providers ready to become health homes under a potential new "Health Home" benefit California is working to create.

Comparative Perspective/Best Practices

Federal Guidance

The Federal Strategic Plan to Prevent and End Homelessness has established the goals of ending veteran homelessness in 2015, ending chronic homelessness in 2017, and ending homelessness for families with children in 2020. To achieve these goals, the federal plan includes several strategies related to connecting health and housing:

- Increase use of mainstream resources to cover and finance services in PSH.
- Encourage partnerships between housing providers and health and behavioral health care providers, such as health centers, to co-locate, coordinate, or integrate health, behavioral health, safety, and wellness services with housing and create better resources for providers to connect patients to housing resources.
- Build upon successful and test new care and service delivery models.
- Advance health and housing stability for people experiencing homelessness who have frequent contact with hospitals and the criminal justice system.

The Centers for Medicare and Medicaid Services (CMS) recently issued guidance to state Medicaid directors through an Informational Bulletin that describes some options for using Medicaid to pay for housing-related activities and services for persons with disabilities, including people who are homeless, such as housing assessments, assisting in securing housing, and completing housing applications and securing required documents. The CMS guidance indicates Medicaid cannot pay for the costs of housing ("room and board").[7] For individuals transitioning out of Medicaid funded institutions or other provider-operated living arrangements to a private residence where the individual is responsible for his/her own living expenses, Medicaid can fund supports to enable an individual to establish a household. Medicaid can fund, for example, security deposits, fees for utility connections, household furniture, moving expenses, window coverings, and kitchen items. CMS expects to release additional guidance regarding Medicaid reimbursement for services for chronically homeless persons. This Informational Bulletin falls on the heels of 2014 case studies and a primer that the Department

[7] See www.medicaid.gov/federal-policy-guidance/downloads/CIB-06-26-2015.pdf

of Health and Human Services (HHS) published for using Medicaid to pay for services in PSH for chronically homeless persons.

The Department of Housing and Urban Development (HUD) and HHS, in collaboration with the US Interagency Council on Homelessness (USICH), launched a joint technical assistance initiative called H2 to support states and communities in undertaking the systems changes needed to enhance integration and collaboration between the housing and healthcare systems. The goal is to maximize care coverage for the target populations and increase access to comprehensive healthcare and supportive services, coordinated with housing.[8]

Nationwide, communities are targeting PSH to the most vulnerable and/or high-cost homeless people and people who have been homeless the longest, in response to guidance and encouragement from HUD, USICH, and other federal agencies and national advocacy. Communities are implementing coordinated entry systems that prioritize these individuals for housing and make it easier for health plans and providers to connect with homeless assistance and housing resources for their most vulnerable and high-cost patients/members.

HUD is encouraging communities to allocate resources to implement or expand rapid re-housing programs that provide time-limited services and financial assistance to get people back into housing quickly and help them make connections to community support. Communities are urged to re-evaluate and consider reducing the use of resources in the homeless system to pay for long-term, transitional homeless programs that are separate from other services for low-income people. The expansion of rapid-rehousing approaches provides new opportunities for collaboration between health care and homeless assistance systems, as new forms of housing assistance become available to people experiencing housing crises, and as these families and individuals need to make effective connections to community services that can help them address ongoing health, mental health and SUD conditions and offer supports to overcome barriers to housing stability.

Discussion Questions

How can the reach of HFH be expanded?

- How can the County foster greater participation in the FHSP, potentially drawing contributions from managed care health plans, other County agencies, and cities, as well as other local jurisdictions?

[8] See www.hudexchange.info/programs/aca/

- How can the FHSP and the supportive services and interim housing resources provided through HFH be linked to housing subsidies administered by public housing authorities, to better leverage those resources for ongoing housing costs?
- How can the County bring State and federal resources to expand the reach of HFH, either by accessing additional sources of revenue for services or rental subsidies or better aligning existing resources?
- Can/should HFH serve homeless County residents who meet consistent eligibility criteria around frequent use of crisis care (not only those who use County hospitals)? If so, how could the associated costs be funded?

What types of housing-related supports and/or interim housing can be financed or leveraged through Medi-Cal, other provisions of the ACA, or other mainstream health programs, and how can these resources be used to rehouse homeless adults and families?

- How can the County, City, health, homeless services, housing, and CES/FSC providers use new and expanded Medi-Cal benefits (such as Drug Medi-Cal and health home benefits) and potential funding from the 1115 Waiver to maximize the effectiveness of prioritizing housing and services resources for the most vulnerable homeless residents through CES and HFSS?
- As Los Angeles County designs a new delivery system using benefits available under the Drug Medi-Cal Waiver amendment, Substance Abuse and Mental Health Services Administration (SAMHSA) block grants, and other SUD treatment resources, what expertise and capacity will be needed by SUD providers to effectively engage homeless clients and support linkage to housing?
- Can the Drug Medi-Cal Organized Delivery System Waiver offer opportunities to use other flexible SUD treatment dollars to fund interim or permanent housing?
- What types of partnerships and commitments between County, managed care plans, and community-based organizations are needed to strengthen housing assistance and retention for the most vulnerable homeless residents?

How can the County promote integrated care for residents experiencing homelessness?

- How can medical, mental health, and SUD treatment services be effectively integrated for people experiencing homelessness or for formerly homeless now housed residents on Medi-Cal?
- Can County departments, such as DPSS and the Sheriff, offer access points to integrated care? If so, how?

- Could a Medi-Cal funded integrated health/mental health/SUD assessment be provided to all homeless families and individuals upon initial contact with the County service delivery system? If so, how would that assessment relate to the current CES assessment tool? If so, could that assessment be used to determine the appropriate service path for that individual/family, including whether the individual/family should pursue employment or SSI/veterans' disability benefits?

Resources

Are there dollars that Los Angeles County and/or cities are currently spending to serve homeless individuals/families which could instead be used to pay for housing?

- Both the County and cities spend significant resources, much of which are health-related costs, in crisis interventions for people experiencing homelessness.[9]
- The County currently spends Continuum of Care money for services that it could spend instead on housing, if the Health Home benefit funding under the 1115 Waiver, or Drug Medi-Cal waiver amendment, or other Medi-Cal financing approaches could fund more services in housing.
- The HFH program currently funds services, and some of this funding could be re-directed to pay for additional housing, if a new Medi-Cal Health Home benefit or Drug-Medi-Cal Waiver amendment could reimburse some of the services the program provides. For example, the County could respond to Medi-Cal managed care plans who issue requests for proposals, to become a lead community-based care management entity (health home) and use existing HFH contractors to provide health home services. A County-led health home could increase capacity to deliver health home services Countywide, expand the reach of HFH, and allow the County to redirect resources.

Is there additional revenue which Los Angeles County and/or cities could generate to pay for or reimburse the costs of housing?

- The County and City could work with LA Care, LA Care's subcontracted health plans, and HealthNet to create regional partnerships. The partnerships could track data to determine cost savings that are achieved by moving high-cost homeless beneficiaries into housing, and then use a portion of those savings to pay for recuperative care, interim housing,

[9] D. Flaming, P. Burns & M. Matsunaga. "Where We Sleep: Costs When Homeless & Housed in Los Angeles." *Economic Roundtable.* 2009 (reporting data showing costs of an LA County homeless resident on General Relief average $2,897 per month, with almost two-thirds of costs incurred in health care crisis services).

security deposits, and long-term rental subsidies. Under the 1115 Medicaid Waiver housing and Whole-Person Care proposals (the coordination of health, mental health, and social services in a patient-centered context to achieve the Triple Aim, which is currently being negotiated under the 1115 Medicaid Waiver), incentives may be available to create the partnerships. A health plan's contributions to a regional partnership may be considered costs of care under the housing proposal of the Waiver.

Legislative Advocacy

Are there any changes in State or federal law or regulations which should be pursued?

- The County could advocate with the State Department of Health Care Services (DHCS) to ensure DHCS designs the health home benefit to:
  - Provide an adequate per member, per month rate to offer intensive services to homeless beneficiaries;
  - Limit administrative burden; and
  - Allow for services promoting housing stability.
- Over the next weeks, the County and cities could advocate on the State's behalf with CMS to approve 1115 Medicaid Waiver proposals that would provide some federal funding for some housing and services costs, and then work with DHCS to implement final Waiver provisions.
- The County and cities could advocate with the Governor, State Legislature, and California congressional delegation for greater State and federal investment in housing people in deep poverty, including people experiencing homelessness, using the argument that such funding is a health intervention.

Potential Policy Options

- **Health Homes:** Use the health home benefit as a major source of sustainable funding for services to move vulnerable populations into housing, and keep vulnerable homeless people stably housed. The ACA included an optional Medicaid benefit states can access to provide "health home services" to Medicaid beneficiaries with chronic health conditions. Health home services include comprehensive care management, care coordination and health promotion, comprehensive transitional care, individual and family support services, referral to community and social supports, and use of health information exchange. DHCS is now working to craft a health home benefit in California that will serve people with eligible chronic conditions experiencing homelessness, among other populations. The new benefit will become available in July 2016.

Advocates are working with DHCS to define services in a way that allows service providers to access Medi-Cal payment for outreach, engagement, linkage to housing, discharge planning, case management promoting housing stability, and other services typically offered in supportive housing. A new health home benefit could, if implemented correctly, offer a sustainable source of funding for many supportive housing services and could significantly increase funding for services available in the County's HFH program.

- **1115 Medicaid Waiver:** Assess and take advantage of opportunities under the 1115 Medicaid Waiver to use Medi-Cal to fund recuperative care, security deposits, and interim housing.
    - California is currently negotiating with CMS to reach agreement on an 1115 Medicaid Waiver. These waivers allow states to incorporate innovations over five years, provided the innovations are budget neutral to the federal government. California proposed innovations in funding housing, housing-based services, and Whole Person Care pilots. By November 2015, CMS and California are scheduled to adopt final Waiver special terms and conditions.
    - Under the Housing and Housing-Related Services proposal, the State would authorize Medi-Cal managed care plans to count as costs of care services promoting housing stability. The proposal would also allow health plans to consider as costs of care contributions to a regional housing pool. The plans would add contributions from projected savings from moving Medi-Cal beneficiaries from homelessness to housing. Counties and other partners would also contribute funds to the regional housing pool. Regional housing pools could fund security deposits, interim housing, and recuperative care. Eligible Medi-Cal beneficiaries would include people experiencing homelessness or at risk of homelessness upon discharge from institutional settings. DHCS has proposed using the pool to fund long-term rental subsidies; CMS, however, is not likely to adopt this proposal.
    - Similarly, under the Whole-Person Care 1115 Waiver proposal, counties could develop innovative models to track data of residents incurring high county costs, identify populations incurring those costs, and form partnerships to pool county and health plan dollars to fund innovations that decrease county health care costs. Both of these proposals may change significantly as the state negotiates the terms of the waiver with the federal government. CMS has rejected the state's proposed approach to calculating "shared savings" and credit for contributions to match federal funding in several proposals for the 1115 Waiver.
- **Drug Medi-Cal/Organized Delivery System:** Use the Drug-Medi-Cal Waiver amendment (also referred to as the Drug Medi-Cal Organized

Delivery System Waiver) to provide evidence-based SUD treatment and recovery services to vulnerable homeless County residents and residents of supportive and affordable housing, and shift other, more flexible funding sources now used for services (i.e., federal block grant funds) to deliver substance use and other services to formerly homeless people living in housing and for some housing assistance, including interim and low-barrier housing.

- CMS approved an amendment to the existing 1115 Medicaid Waiver for a Drug Medi-Cal Organized Delivery System. Under the direction of DPH's Substance Abuse Prevention and Control division (SAPC), Los Angeles County is working to opt into this new organized delivery system. SAPC initiated a regional planning process in mid-August 2015 that convened stakeholder meetings across the County to discuss the objectives of the implementation plan and to receive feedback in the areas of beneficiary access, adult and adolescent benefit packages, residential authorizations, assessment and medical necessity, quality assurance, and other components of care.
- Los Angeles County could choose to offer the following benefits to beneficiaries experiencing substance use disorders:
  - Case management that coordinates health care and social services;
  - Withdrawal management;
  - Residential treatment in a licensed facility;
  - Intensive outpatient treatment (also known as day care habilitative treatment);
  - Outpatient treatment in a licensed facility;
  - Medically-assisted treatment;
  - Recovery monitoring;
  - Education and job skills;
  - Family support;
  - Support groups; and
  - Ancillary services.
- Providers will be required to offer treatment based on evidence-based models and often in licensed facilities. DHCS indicated in the Waiver amendment an intent to allow counties to use federal Substance Abuse Prevention and Treatment Block Grant funds to pay for the costs of recovery residences. Alternatively, as Medi-Cal will fund more of the services the County now pays for through these block grant dollars, opportunities may exist to shift these dollars to fund services Medi-Cal does not now fund, like outreach and engagement, and couple these services with housing assistance,

and/or to use some of these flexible dollars for low-barrier interim and permanent housing assistance.

- **Creation of Partnerships:** Create County, LAHSA, and Medi-Cal managed care plan partnerships in a coordinated way to:
    - Identify high-cost homeless members;
    - Work toward participation of the plans as partners in HFH, with the ultimate goal of providing health plan funding for services in housing, recuperative/respite care, and potentially interim housing costs;
    - Avoid the problem of Medi-Cal beneficiary frequent managed care plan changes by creating a regional structure that allows plans to contribute funding for managed care plan members meeting specific eligibility criteria;
    - Connect tenants to long-term support services, such as palliative care, in-home supportive services, and assisted living services; and
    - Collect cost-avoidance data.
- **CES/HFSS/SAM:** Align coordinated entry systems to do the following:
    - Connect people experiencing homelessness to health care providers and health plans and to connect homeless patients to housing resources; and
    - Align assessments to prioritize for PSH people eligible for programs like the Medi-Cal health home benefit, which will base eligibility on a combination of chronic conditions.

POLICY BRIEF:

Outreach/Engagement-Encampments/Street Homeless

County departments, including the Departments of Health Services (DHS), Mental Health (DMH), Public Health(DPH), Public Social Services (DPSS, Probation, and Sheriff, as well as community-based organizations, and some cities in Los Angeles County, including the City of Los Angeles, have resources and services vital to helping homeless individuals move off the street and regain their health and residential stability. Each of these departments, agencies, and cities currently offer important services that have contributed to thousands of people recovering from homelessness. There are many success stories of departments and agencies working together to help homeless individuals receive the case management, supportive services, and shelter they need as they transition from homelessness to permanent housing.

Despite all of the government and community outreach efforts, the current resources and level of coordination are insufficient to achieve the desired result of reducing the number of people living on the streets in Los Angeles County. The challenge is to move from a collection of programs built on top of one another over the last 30 years to a countywide street engagement strategy capable of systematically addressing the needs of street-based residents on a regional basis.

Historically, government engagement with unsheltered county residents has swung dramatically between two extremes – heavy enforcement with little tolerance for the needs of people living on the street to little enforcement where encampments proliferate. At either extreme, not enough has been done to help people get off the street, into services, and obtain a form of housing that meets the person where they are with what they are ready for, e.g., permanent housing, bridge housing, or shelter.

Recently, the Department of Justice (DOJ) filed a statement of interest arguing that making it a crime for people who are homeless to sleep in public places, when there is insufficient shelter space in a city, unconstitutionally punishes them for being homeless. The statement of interest was filed in federal district court in Idaho in *Bell v. City of Boise et al.*, a case brought by homeless plaintiffs who were convicted under Boise ordinances criminalizing sleeping or camping in public.

In addition, the Department of Housing and Urban Development (HUD) has designated two points of the 2015 Notice of Funding Availability (NOFA) for Continua of Care (CoC) that demonstrate implementation of specific strategies that

prevent criminalization of homelessness. If these types of strategies are not demonstrated in a NOFA application, the application stands to receive a reduced award. This signals that HUD considers this to be an issue of national importance.

In this regard, there are four ordinances in the City of Los Angeles that have been the subject of recent litigation or controversy:

- L.A. Municipal Code Section 56.11 which seeks to regulate property that can be stored on the street.
- L.A. Municipal Code Section 41.18(d) which prohibited people from sleeping on the street and resulted in a litigated agreement that this Section will not be enforced during the hours of 9 pm to 6 am.
- L.A. Municipal Code Section 63.44 which prohibited homeless people from sleeping in City parks.
- L.A. Municipal Code Section 85.02 which limited the ability of people to sleep in their cars and resulted in litigation that stopped the ordinance from being enforced.

Key Issues

- The lack of outreach coordination may result in too few outreach resources in some neighborhoods and for some populations and duplicative resources in other neighborhoods and for other populations.
- Dramatic increase in the number of people living in vehicles negatively impacts the people living in their vehicles and raises concerns for their housed neighbors.
- Differing rules about what property people are allowed to have on the street and in encampments and what the consequences are for violating them.
- Insufficient resources for engaging homeless people on the streets, and in rivers, flood channels, and other hidden locations, and inconsistent policies and procedures for the distribution of responsibility.
- Inconsistent policies across jurisdictions that can push homeless people into neighboring cities and/or unincorporated areas of the County.
- Barriers to entering shelter, including hours of operation, eligibility for entry, stipulations for participation, lack of safety for vulnerable populations, and location, and the limited amount of personal property a person can bring into the shelter.
- On a daily basis, many local government agencies interact with homeless people, but often do not have the expertise or resources to do so effectively. There is no shared or coordinated strategy for engaging homeless people and connecting them to services and housing.
- Community residents and volunteers are passionate about wanting to help homeless people, but do not always know how to engage in a constructive way.
- Too frequently intoxicated homeless people are taken to the emergency room where it takes hours and medical resources, when they really need time and a safe place to become sober.

- There is an insufficient amount of shelter beds, bridge housing and subsidized permanent housing.
- A long-standing challenge for local government is finding a balance between the health and safety of the streets and the rights and needs of those who are forced to live on them.
- Several cities within the county have legislation that impacts street homelessness and encampments. For instance, many cities have ordinances that may disproportionately impact homeless people such as prohibition against public urination, limitations on public feeding, and prohibitions on pan handling.

Current Efforts

<u>County of Los Angeles</u>

- **Community Development Commission – Emergency Solutions Grant (ESG)** - ESG provides funding to conduct outreach to engage homeless individuals and families living on the street and to increase the number, and quality, of emergency shelters for homeless individuals and families. The ESG funds also support operations of the shelters and essential services to shelter residents. Finally, the funds are used to rapidly re-house homeless individuals and families, and prevent families/individuals from becoming homeless.

- **DHS – Single Adult Model (SAM)** - SAM was recently implemented and is a multi-departmental collaborative with the vision of creating County infrastructure to assist homeless single adults in all regions of Los Angeles County. Within the SAM model, Multidisciplinary Integrated Teams (MITs) were established in every Service Planning Area in the County to engage disabled single homeless adults and work to connect them to services and permanent supportive housing.

- **DHS – Housing for Health (HFH)** - HFH has helped DHS begin to take a more active role in providing and coordinating street engagement activities in the Skid Row neighborhood. Building on the partnership that formed around Operation Healthy Streets program (which conducted activities once every two months), HFH has begun coordinating a once per week street engagement effort to test the effectiveness of a more consistent approach. DPH provides one staff member, one day per week. HFH is pursuing the goal of effectively housing the thousands of unhoused people in Skid Row.

- **DHS – HFH – C3** – HFH is currently working with governmental and community partners on an initiative called County+City+Community (C3) (the City partner is the City of Los Angeles, LAPD Central Division). C3 is a street engagement strategy that breaks up the 50 square blocks of Skid Row into four quadrants and has a 5-10 member multidisciplinary team working in each zone, including a lead officer, outreach officers, and "foot beat" officers conducting

community focused police work. The strategy also includes adding low barrier indoor environments such as stabilization housing, sobering centers and other programs that allow homeless people to recover and receive services in a welcoming environment as an alternative to treatment in the ER or arrest. The C3 strategy anticipates working with governmental and community partners to improve the built environment of the Skid Row neighborhood so that residents of Skid Row have access to amenities that other neighborhoods have such as street trees, benches, lighting, and restrooms. The goal of C3 is to consistently engage every person living on the streets of Skid Row and help them move into permanent housing and recover their health and well-being.

- **DMH – Multidisciplinary Integrated Teams (MITS)** - MITS provide outreach and engagement to the most vulnerable street-based homeless population with mental illness. The goal of the program is to assist those trying to obtain permanent housing and then support them using the evidence-based practice Critical Time Intervention to retain their housing. The MITs provide a full range of mental health and housing services.

- **DMH – Community-Based Mental Health – SB82 Mobile Triage Team** - Provide outreach and engagement to individuals who are homeless and field-based triage and assessment to determine eligibility for DMH services. Individuals who meet eligibility for DMH services are linked to on-going services, which may include housing services.

- **DMH - Veterans and Loved Ones Recovery (VALOR)** - Veterans and Loved Ones Recovery provides outreach and engagement and a full range of mental health and housing services to homeless veterans and their families. The program serves veterans regardless of formal Veterans' Administration eligibility status and military discharge.

- **DMH – Law Enforcement Team** - Law Enforcement Teams partner DMH clinicians with law enforcement officers from 19 law enforcement agencies in the County. These teams respond to calls from 911 or patrol and they may evaluate mentally ill homeless persons for danger to self or others or grave mental disability. They can also make linkages to mental health services including housing.

- **DMH – MTA Crisis Response Teams** - Metropolitan Transit Authority – Crisis Response Unit partners three DMH clinicians with Sheriff Deputies to provide crisis services, WIC 5150 evaluations, transport to acute psychiatric hospitals, and linkage to mental health services.
- **DMH - Community-Based Mental Health – Project 50 Replicas** - Target the most vulnerable homeless populations in various communities and provide

intensive services to assist them with transitioning to Permanent Supportive Housing.

- **DMH - Assisted Outpatient Treatment LA** - Provides extensive outreach and engagement to persons with serious mental illness including those who are homeless and who have a history of unwillingness to participate in treatment. Many of the referrals are from law enforcement and families of homeless adults with serious mental illness, a history of incarceration, involuntary hospitalization, and/or serious deterioration.

- **DMH - Community-Based Mental Health – Homeless Outreach and Mobile Engagement (HOME)** - HOME offers outreach, engagement, mental health screening, assessment, street counseling, case management, and linkage to health/mental health and social services to mentally ill homeless individuals and their families.

- **DMH – LAC+USC Street to Home Project** - This project provides outreach and permanent supportive housing for chronically homeless mentally ill individuals living on or in close proximity to the campus of LAC+USC Medical Center. The contracted mental health provider also operates the Psychiatric Urgent Care Center across the street from LAC+USC. This Urgent Care Center serves as a staging facility to connect participants with housing and immediate services such as co-occurring mental health and substances abuse treatment. There is a minimum of two staff on each team dedicated to conducting outreach and engagement activities.

- **DPH – Substance Abuse Prevention and Control – Homeless Encampment Project** - The Homeless Encampment Project (HEP) provides substance use disorder (SUD) outreach, referrals and treatment services to individuals living in homeless encampments in the San Gabriel Valley, Spring Street and Skid Row areas. The HEP teams coordinate with other County departments and agencies, including DMH, DPSS, Sheriff, and the Los Angeles Homeless Services Authority (LAHSA).

- **Chief Executive Office/Sheriff Department/LAHSA - Homeless Encampment Outreach Initiative** - The initiative was launched in late 2011 with the goal of engaging and addressing the needs of homeless individuals living in homeless encampments in the unincorporated area and cities which contract with the Sheriff Department for law enforcement patrol and to connect them to services including health and mental health treatment, drug and alcohol treatment, benefits advocacy, shelter, and housing.

City of Los Angeles

- **LAPD Innovations with ERT** - LAPD received an innovations grant to fund LAHSA ERT members to focus outreach efforts on frequent users of the criminal justice system either as victims, perpetrators or both. These frequent users will be targeted for getting off the street and into services and housing.

- **Operation Healthy Streets (OHS)** - Operation Healthy Streets (OHS) Maintenance Protocol (Phase III) is a means for cleaning the streets and sidewalks of Skid Row inhabited by street homeless. There are two types of scheduled cleaning implemented by the City. Spot cleaning is a one-day operation to clean all the streets in the designated Skid Row Area. Trash, debris, human waste, and other abandoned materials/waste are collected and sent to disposal. OHS teams work around homeless encampments while flushing, vacuuming, and sanitizing the sidewalks and streets. Streets are swept as a final polishing measure.

  Comprehensive cleaning is a seven-day operation that involves temporarily removing the homeless and their property from the sidewalks so that the street and sidewalks can be thoroughly cleaned. Postings notifying the public of the pending cleanings are placed in conspicuous locations on the streets days before the cleaning events. On the scheduled cleaning days, trash, debris, human waste, and other abandoned materials are collected and sent to disposal. Health hazard determinations are performed on unattended items. Items determined to be health hazards are sent to the proper disposal facility. Non-hazardous items are sent to a 90-day facility. Items are photographed and documented. Streets and sidewalks are thoroughly flushed, vacuumed, and sanitized.

- **Clean Streets Initiative** (CSI) - Modeled after OHS, the CSI is a partnership between the Mayor's office, Street Services and Council District 1. Launched in November 2014, CSI has two teams that cleanup illegal dumping and encampments. Each team handles about 8 cleanup requests per day and together cover about 320 cleanup requests per month. In addition, each Council District gets one dedicated day per month where they select sites for a cleanup team. About 50% of the cleanup visits involve a homeless person. There are about 900 sites on the request list waiting to be cleaned up. 55% involve the presence of a homeless person.

Other Local Efforts

- **LAHSA - Coordinated Entry System** - CES is the local implementation of a Federal Housing and Urban Development (HUD) mandate to create a coordinated assessment and housing placement system for the homeless. Since the implementation of CES in 2013 nearly 1,000 people were placed in housing through December 2014. The County has committed to providing 30 new reserved crisis housing beds as bridge housing for homeless clients awaiting

housing placement through CES. CES outreach workers survey homeless individuals they engage on the streets, at shelters, institutions, events, e.g., homeless connect events, using the VI-SPDAT, a comprehensive survey tool, to identify a potential client's services needs and the type of housing best suited for a given client. In addition to LAHSA, United Way Home for Good contract agencies and other CBOs across the County currently participate in CES. All data is captured and stored on LAHSA's Homeless Management Information System.

- **LAHSA - Emergency Response Teams (ERT) -** LAHSA ERTs serve all population types through initial engagement, intake and assessment through the Coordinated Entry System. This includes providing coordination and linking homeless populations to County agencies and services, crisis intervention services and housing and shelter. These services include encampment clean-up coordination with the City and County.

- **St. Joseph's Center – Vehicular Homeless Outreach Program** (VHOP) - The VHOP is designed to address vehicular homelessness targeting the Rancho Dominguez area of Los Angeles County. The program engages homeless living in recreational vehicles (RV) and other vehicles with the goal of enrolling them into case management services. Once a case manager is assigned, the case manager works to connect the individuals to a full continuum of services and to remove barriers that prevent them from accessing permanent housing.

- **Gateway Council of Governments – Gateway Connections Program with People Assisting the Homeless (PATH]) –** This program is a street-based engagement program consisting of four outreach teams comprised of staff from community-based organizations. Each is responsible for a specific area of the Gateway Cities region of the County; there is a fifth outreach team from PATH that supervises the aforementioned teams and works with them conducting outreach and engagement. The goal of the program is to connect homeless persons to a full continuum of services, shelter, bridge housing, and permanent housing. The program budget also has funding to develop permanent housing units.

- **PATH Outreach Teams –** PATH's street outreach teams provide homeless men, women, and families living on the streets with sack lunches, hygiene supplies, and referrals to housing and supportive services. Outreach workers focus on building relationships with people living on the streets, which allows them to provide trusted advice and resources, while working to help people move off the street and into homes of their own. The teams also work with local police, businesses, and concerned citizens to mediate interactions with homeless individuals and ensure that the needs of the community and the homeless are met.

Comparative Perspective/Best Practices

In August 2015, the United States Interagency Council on Homelessness (USICH) published *Ending Homelessness for People Living in Encampments: Advancing the Dialogue*[1]. The document provides a framework for the development of local strategies and was developed by USICH based upon conversations with advocates, housing and service providers, and government officials across the country to highlight the most effective approaches and strategies for addressing encampments.

USICH included four key elements for community planning to provide solutions for people living in encampments:

- **Preparation and Adequate Time for Planning and Implementation:** Action plans for creating and providing housing solutions for people living in encampments should ensure that there is adequate time for strategizing, collaboration, outreach, engagement, and the identification of meaningful housing options. Adequate time is essential to achieve the primary objective of meeting the needs of each person and assisting them to end their homelessness.
- **Collaboration across Sectors and Systems:** Action plans should include collaboration between a cross-section of public and private agencies, neighbors, business owners and governmental entities, based upon where the encampment is located.
- **Performance of Intensive and Persistent Outreach and Engagement:** Action plans should involve agencies that have strong outreach experience and demonstrated skills in engaging vulnerable and unsheltered people. Effective outreach is essential for effectively connecting people with coordinated assessment systems, resources and housing options.
- **Provision of Low-Barrier Pathways to Permanent Housing:** Action plans should focus on providing people with clear, low-barrier pathways for accessing and attaining permanent housing opportunities and should not focus on relocating people to other encampment settings.

Discussion Questions

- What roles would be most effective for community volunteers to play in assisting unsheltered people?

- What can be done to ensure consistent and coherent policies across jurisdictions with regard to unsheltered homeless people so they aren't simply pushed into neighboring jurisdictions, but instead each jurisdiction takes responsibility for helping them get off the street and into services and permanent housing as soon as possible?

[1](http://usich.gov/resources/uploads/asset_library/Ending_Homelessness_for_People_Living_in_Encampments_Aug2015.pdf).

- What policies can be enacted to ensure the decriminalization of the homeless on the streets and in encampments while addressing to maintain environmental and public health safety?

- What is the best process for developing a coordinated countywide strategy for outreach and engagement for street homeless and homeless living in encampments that would define roles and responsibilities among governmental and community-based agencies and create standardized protocols for outreach and engagement for homeless individuals, families, and youth?

- How can service contacts between homeless families/individuals and County/city departments and contractors be leveraged for purposes of engagement? What types of service contacts provide the best opportunities for engagement? With what agencies do those service contacts occur?

- There have been many instances when an outreach worker has a breakthrough and a client agrees to "go with them" to shelter or housing, but has nowhere to take the client at that time; how can we address this issue?

Resources

- Are there dollars that LA County and/or cities are currently spending to serve homeless families/individuals which could instead be used to pay for housing and/or shelter?

- Is there additional revenue that LA County and/or cities could generate to pay for housing or shelter?

Legislative Advocacy

Are there changes in State and/or federal law which should be pursued?

On February 27, 2015, Senator Carol Liu introduced SB 608 (the Right to Rest Act), which would stem the criminalization of homelessness. This legislation was not enacted, but could be considered for a future legislative session.

Potential Policy Options

- Establish a coordinated county-wide strategy for outreach and engagement for street homeless and homeless living in encampments that would define roles and responsibilities among governmental and community-based agencies and create standardized protocols for outreach and engagement for homeless individuals, families, and youth.

POLICY BRIEF:

"No Wrong Door/Coordination of Services"

Homeless individuals, families, and youth often touch multiple County/City departments and community-based providers with the potential to receive a wide array of supportive services and gain access to housing. For the most part, services are not well coordinated, and agencies tend to operate under varying definitions of "homelessness," which may be connected to funding streams, programmatic eligibility requirements, or long-standing bureaucratic practices that create needless barriers and shuffling between programs. Los Angeles County, in collaboration with cities and community partners, has an opportunity to build upon best practices and lessons learned from coordinated entry systems and care coordination for individuals with complex health and social service needs. What strategies can we identify or lessons learned can we strengthen and augment to design a "No Wrong Door" model of access to housing and coordinated service delivery?

Defining Homelessness

The McKinney–Vento Homeless Assistance Act signed into law in 1987 was the nation's first major legislative response to homelessness. It originally consisted of 15 programs providing a range of services to homeless people including: emergency shelter; transitional housing; job-training; primary health care; education; and some permanent housing. The Act was reauthorized in 2009, when the Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act was enacted. The HEARTH Act made numerous changes to the Department of Housing and Urban Development's (HUD) homeless assistance programs, which expanded upon eligible categories of homelessness. HUD currently defines homelessness as[1]:

- An individual who lacks a fixed, regular, and adequate nighttime residence;
- An individual who has a primary or nighttime residence that is a public or private place not designed for or ordinarily used as regular sleeping

[1] See: https://www.hudexchange.info/resources/documents/HEARTH_HomelessDefinition_FinalRule.pdf

accommodation for human beings, including a car, park, abandoned building, bus or train station, airport, or campground;

- An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including hotels and motels paid for by federal, State or local government programs for low-income individuals or by charitable organizations, congregate shelters, and transitional housing);
- An individual who resided in a shelter or place not meant for human habitation and who is exiting an institution where he or she temporarily resided;
- An individual or family who will imminently lose their housing [as evidenced by a court order resulting from an eviction action that notifies the individual or family that they must leave within 14 days, having a primary nighttime residence that is a room in a hotel or motel and where they lack the resources necessary to reside there for more than 14 days, or credible evidence indicating that the owner or renter of the housing will not allow the individual or family to stay for more than 14 days, and any oral statement from an individual or family seeking homeless assistance that is found to be credible shall be considered credible evidence for purposes of this clause]; has no subsequent residence identified; and lacks the resources or support networks needed to obtain other permanent housing;
- Unaccompanied youth and homeless families with children and youth defined as homeless under other federal statutes who have experienced a long-term period without living independently in permanent housing, have experienced persistent instability as measured by frequent moves over such period, and can be expected to continue in such a status for an extended period of time because of chronic disabilities, chronic physical health or mental health conditions, substance addiction, histories of domestic violence or childhood abuse, the presence of a child or youth with a disability, or multiple barriers to employment; and
- Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member.

While the HUD definition applies to Continuums of Care (CoCs), at the federal level there is more than one "official" definition of homelessness. The U.S. Department of Health and Human Services uses a less prescriptive definition than HUD. The variability of what definition of homelessness is used can affect how various programs determine eligibility for homeless populations at the federal, State and local levels.

Move to Coordinated Entry Systems (CES)

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 CoCs must create a coordinated or centralized assessment and housing placement system that will prioritize access to housing and services based on service need in order 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. The central features of a CES encompass having an adequate crisis response system that 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. According to the National Alliance to End Homelessness, critical components of such a system include[2]:

- *Easily identifiable entry point(s) where fast action can be taken:* Increasingly, communities are developing coordinated entry points where people at imminent risk or currently in the midst of a housing crisis can have their situation assessed and be given immediate assistance. The following assistance should be available at the entry point:
    - Ability to assess needs in a consistent fashion;
    - Ability to help people at imminent risk of homelessness avoid it (for example, prevention resources, i.e. eviction prevention, utility/rental assistance, etc.).
    - Ability to connect individuals, families and youth experiencing a homeless crisis, but without acute health and social service needs, to an appropriate short term housing placement. If possible, diversion resources can be used to find or maintain housing options outside of the traditional shelter system, but when that's not possible emergency shelter or crisis services housing with some supportive services should be employed to quickly transition to rapid re-housing.
    - Ability to connect people with more acute health or system-based needs (such as those with a mental health crisis or those exiting jail) to another system of care or to permanent supportive housing (PSH).

- *Shelter or crisis services housing:* Individuals, families, and youth should have a decent, dignified place to stay while they resolve their housing

[2] Based on informational interviews with leadership from the National Alliance to End Homelessness.

crises. Every facility should be open 24 hours per day, seven days per week, and provide access to nutritious meals. The programs should not discriminate on any basis, including sexual orientation or gender identification. All services should be voluntary. Special accommodation should be made for families and/or individuals who are: fleeing domestic violence; under the age of 24; exiting sexual or labor trafficking; and/or identify as lesbian, gay, bi-sexual, transgender, and questioning (LGBTQ). While not necessarily required in every facility, the following capacities should be available in the community:

- Accessible to people under the influence of substances, experiencing a mental health crisis, or with other issues that may present barriers to entry at some facilities;
- Available to partners and pets;
- Storage for belongings; and
- Confidentiality for those fleeing domestic violence and others who require it.

- *Assistance to "Self-resolve:"* For homeless populations without acute health or social service needs, or multiple previous homeless episodes, these individuals, families, and youth should be assisted and encouraged to self-resolve quickly and safely. Such assistance might include family intervention and conflict resolution, housing search, facilitating roommate situations, transportation support, practical employment assistance, access to legal services, referrals to community service providers, etc.

- *Rapid re-housing:* If it becomes clear at any point that people cannot or will not be able to self-resolve, more intensive assistance should be provided via rapid re-housing, which includes the following four elements: housing identification; rent support and financial move-in assistance; supportive service provision; and case management.

- *Intensive service provision and case management.* For those with acute health, mental health, substance use disorder (SUD), and/or complex social service needs, intensive case management/care coordination will be required along with PSH to secure housing stability.

HUD's primary goals for CES are[3]:

- Assistance should be easily accessible no matter where or how people present;
- Implement standardized intake/assessment tools and practices;

[3] See: https://www.hudexchange.info/resources/documents/Coordinated-Entry-Policy-Brief.pdf

- Access to emergency services, such as shelter-based care should be available at all hours, to the extent possible, and be independent of the operating hours of coordinated intake and assessment processes;
- Incorporate a system-wide housing first approach to all types of programs;
- Use the Homeless Management Information Systems (HMIS) or other systems to track and evaluate progress; and
- Prioritize homeless assistance for those with the most severe service needs.

CES also has the benefits of creating shared goals and uniform decision-making practices, thereby creating system flow in that there is a unified focus on serving priority populations. At the same time, the flow of individuals and families into homelessness is reduced by incorporating prevention and diversion resources at initial contact through the standardized assessment/intake process to help prevent or divert individuals and families from entering homelessness before the crisis occurs. Resources are maximized most effectively when the most intensive services are matched to those with the most severe needs in tandem with ongoing case management or care coordination to achieve housing stability and wellness. In managing housing and service resources in this manner, additional information is provided about service needs and gaps, and where additional resources or the re-prioritization of resources are most needed across the service delivery spectrum.

Bringing an effective, coordinated system to scale in a county as large and geographically complex as Los Angeles will take political will, resources, additional program planning and prioritization of resources, enhanced data technology infrastructure to collect and share real-time information, buy-in, and time to educate and train agencies on a new model of service delivery. This will require the use of pooled and flexible resources, moving beyond the limitations of individual programs to stitch together an intricate regional service delivery network to connect homeless individuals, families and youth to the most appropriate and tailored housing interventions and service supports.

Current Efforts

Los Angeles County has already developed several innovative programs that integrate housing interventions with supportive services, and Los Angeles has been cited as a leader in CES implementation by the U.S Interagency Council on Homelessness and other national organizations.

County

- Housing for Health (HFH): 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. DHS utilizes a variety of community-based supportive housing options, including

single family homes, individual apartments, blocks of apartment units, or entire buildings. DHS administers a rental housing component of HFH through the Flexible Housing Subsidy Pool (FHSP). The FHSP locates housing and provides move-in assistance and rental subsidies. HFH also uses other housing resources, such as Housing Choice Vouchers provided by the Housing Authority of the City of Los Angeles, Shelter + Care through the Los Angeles Housing Services Authority (LAHSA), and units of affordable or supportive housing created through other funding sources and made available to people receiving services funded through HFH. HFH is linked to a flexible array of services, including: intensive case management; crisis intervention; linkages to health, mental health, and SUD treatment; assistance with benefits; housing search assistance for those who use tenant-based rent subsidies; 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 1,035 County patients, 92% of whom have retained housing after 12 months.

- Single Adult Model (SAM): Beginning in the 2014-2015 fiscal year, the Board of Supervisors reallocated ongoing Homelessness Prevention Initiative (HPI) funding to implement SAM, which includes several components that seek to align more effectively outreach and engagement; health/mental health/SUD treatment; and housing assistance for single adults experiencing homelessness who are high users of health and mental health services. New or re-structured programs include: Multi-disciplinary Integrated Teams (MITs) to provide street and shelter-based intensive engagement and support; integrated mental health, health, and SUD services; ongoing case management; and connections to housing assistance for homeless persons with serious mental illness.

- Homeless Families Solutions System (HFSS): LAHSA launched HFSS in 2013 with County and Los Angeles City financial support. HFSS provides a regional system to address family homelessness by re-housing families quickly and efficiently and connecting families to supportive services within their communities. The 211 hotline, the emergency shelter system, MITs or other outreach and engagement teams, and the Department of Public Social Services (DPSS) connect homeless families to a family solutions center (FSC) within one of the eight geographic service areas. FSCs assess and triage families for an array of supportive services, including: health and mental health services; SUD; disability benefits advocacy; crisis housing; diversion services; rapid-rehousing; employment development; legal services; child care; and PSH.

- C3 – County+City+Community: A robust street outreach and engagement strategy that operates under HFH and focuses on the 50 square blocks of Skid Row by breaking it up into four quadrants with a 5-member, multi-disciplinary team for each quadrant consisting of: health; mental health; substance abuse; LAHSA Emergency Response Team; and peers with lived homelessness experience. The strategy also involves collaboration with the business community; community health providers; and the human service and housing provider community. The strategy plans to include day-time welcoming centers that provide food, showers, bathrooms, and access to services, sobering centers, and connections to interim and permanent supportive housing. In addition, connecting Skid Row residents from street encampments to PSH promotes neighborhood beautification and revitalization, plus the ability to install additional amenities, such as: pocket parks/planting of trees and more community greenery, bike racks, benches, trashcans, and restrooms.

- Board-adopted Diversion Plan: The District Attorney, in collaboration with the Mental Health Advisory Board, developed a recommended plan to safely divert non-violent mentally-ill offenders from jail, and the plan was adopted by the Board of Supervisors on September 1, 2015. The Mental Health Advisory Board used lessons learned from Miami-Dade County, Florida – a leader in jail/mental health diversion efforts. The "Sequential Intercept Model" (SIM) of mental health diversion planning occurs along the criminal justice continuum, as a series of points where interventions can be applied to prevent an individual from further entry and escalation into the criminal justice system. This is particularly important for mentally ill and homeless individuals who are significantly more likely to become involved in the criminal justice system and remain incarcerated than their counterparts with stable housing. The five intercepts consist of: 1) law enforcement/emergency services first contact; 2) post-arrest/arraignment; 3) courts/post-arraignment/alternatives to incarceration; 4) community re-entry; and community support. The plan incorporates mental health, health, and SUD resources along with recommendations to increase investments in housing resources to DHS' FHSP and to DMH's specialized housing programs to increase PSH for diverted, mentally ill and potentially homeless offenders.

City

- Housing Opportunities for Persons with AIDs (HOPWA): The program was designed to provide states and localities with the resources and incentives to devise long-term comprehensive strategies for meeting the housing and supportive service needs of persons living with AIDS or other related diseases, and their families. The HOPWA program authorizes entitlement grants and competitively awarded grants for housing assistance and services. The City of Los Angeles serves as the administrator of the HOPWA program for all of Los

Angeles County. The Los Angeles Housing Department (LAHD) is the entity within the city designated to carry out the program. HOPWA leverages and coordinates resources with the following:

- The program works with four public housing authorities throughout Los Angeles County. HOPWA pays for the first 12 months of rental assistance at the conclusion of services, after which clients transition to the regular Housing Choice Voucher program (provided they have remained eligible), so they can maintain permanent housing.
- The Housing and Community Investment Department's HOPWA program and the County Department of Public Health, Division of HIV and STD Programs (DHSP) work together to better coordinate programs and funding. DHSP assumes the costs of the HOPWA funding for other programs/agencies including: Residential care facilities for the chronically ill; treatment beds for persons with substance abuse; mental health counseling; food and nutrition services. This allows HOPWA funds to be available for more permanent and interim housing options, housing specialist costs, and other related housing costs.
- HOPWA works closely with HFH, funding a pilot program in collaboration with the County to place a Housing Specialist at the USC Rand-Schrader HIV/AIDS Clinic to work with homeless HIV/AIDS clients to more quickly access HFH, connect them to HOPWA services including interim housing while waiting for permanent housing, and provide follow-up and links to other supportive services.
- HOPWA utilizes the Coordinated Entry System (CES), which operates throughout the County to identify and assess homeless persons for housing and service needs and match them to permanent housing resources.

Community/Philanthropy/Government:

- CES: Stitches together over 100 programs and agencies across the eight service planning areas of Los Angeles County into a no-wrong door system, connecting homeless adults to the permanent housing opportunities best suited for them. Originally sponsored by the United Way of Greater Los Angeles and the Home for Good Funders Collaborative, it is now supported and advanced by a broad base of County, LA City, and community partners. It is a platform that facilitates coordination through the following means:

  - *Universal Assessment:* A common multi-part survey is used by all participating agencies, collecting data on demographics, eligibility, personal preferences, and level of service need (VI-SPDAT).

- *No Wrong Door:* CES entry points are wherever this survey is administered - on the street, in a shelter, in a clinic, at a business or place of worship. While there are designated walk-in sites for assessment in each region, those are not the exclusive points of entry.
- *Shared Data:* This survey is entered into a common database (LAHSA's HMIS) with a release of information that allows sharing of these data elements across participating agencies to allow for seamless connections between programs, care coordination, and resource matching.
- *Resource/Service Matching:* Just as client information is pooled into CES, PSH providers also submit information on housing vacancies into the database. The specific eligibility requirements for and relative intensity of the resource are then matched against the client information to make resource matches. Primarily used for PSH resources thus far, CES is now also being used to match to rapid rehousing resources, health care supports and benefits.

From July 2014 to June 2015, Countywide CES operations assessed 9,721 people and 1,738 people were permanently housed, over 90% of whom were chronically homeless.

Comparative Perspectives/Best Practices

Los Angeles is recognized as a leader on a national front for creating coordinated entry models, such as CES and innovative, targeted interventions along the homeless population continuum for families (HFSS), single adults (SAM), and for those individuals with complex health, mental health, SUD needs that are frequent users of DHS' hospital/emergency services (HFH). These coordinated entry/integrated service models all: (1) utilize various outreach/engagement teams to identify homeless clients; (2) employ standardized assessments and protocols to determine clients' needs; and (3) link clients with the most appropriate interim and/or permanent housing and tailored service supports.

Two other jurisdictions cited for their coordinated entry models include Richmond, Virginia and Columbus, Ohio:

- *Homeward* – Richmond, VA: Homeward serves as the organizational model for the Greater Richmond Continuum of Care (GRCoC), which covers the City of Richmond and a seven-county area, and is the lead for GRCoC's coordinated entry system. Homeward combines annual federal, State and local funding including HUD, state planning dollars, local government non-departmental funding, United Way funding, and other philanthropic dollars. A new statewide effort to end homelessness launched in September 2014 has produced the momentum to create a coordinated entry system, as an essential part of a larger holistic strategy for ending veteran homelessness. In 2014, the State developed its Plan to End Veteran Homelessness and to implement a coordinated system for veterans to access HUD-Veterans Affairs

Supportive Housing, Supportive Services for Veteran Families assistance, and other resources. GRCoC is working in partnership with the local VA Medical Center to implement a coordinated entry system that will:

- Provide greater outreach to identify veterans experiencing homelessness;
- Create multiple points of entry into the system;
- Implement standardized assessments that can be performed in the field by trained staff; and
- Coordinate the alignment of housing and service interventions based upon assessments.

Although this effort is initially focused on veterans, the community sees this as an opportunity to test this model, in order to refine the development of a more comprehensive system that will eventually serve the continuum of all homeless populations. While the focus has been to target resources specifically devoted to veterans, Homeward and GRCoC see opportunity to achieve greater integration with mainstream systems and resources. Future plans include a focus on:

- Greater coordination with the criminal justice system to connect people experiencing homelessness and cycling through jail to housing and supportive services;
- Engaging mainstream systems, such as the Department of Social Services, in both referring people to the coordinated entry system, and potentially performing the VI-SPDAT screenings;
- Strengthening connections with Child Protective Services and Adult Protective Services to better address the needs of vulnerable households; and
- Developing connections with the mainstream workforce system to improve employment outcomes and financial stability for people exiting homelessness[4].

➢ Community Shelter Board/Coordinated Intake Assessment – Columbus, OH: This jurisdiction is a recognized leader in combatting family and single adult homelessness through a "Prevention/diversion housing first model" and through coordinated investments and oversight to create a transparent data-driven system and continuous learning opportunities to refine strategies. Although the scale is much smaller than Los Angeles County, the significant reduction in homelessness rates for both families and single adults in Columbus' CoC has made it a model to emulate. In 1997, just before the height of the recession, 1,217 families entered homelessness in Columbus

[4] See: http://usich.gov/blog/richmond-and-la

before declining to 746 in 2009. From 2007 to 2009, the community continued to reduce homelessness in the midst of a nationwide recession with 7 percent, 6 percent, and 4 percent reductions in overall, family, and single adult homelessness respectively during that two-year time frame. Columbus has achieved these outcomes through a homeless assistance system that quickly connects homeless people to housing, provides appropriate case management, and connections to mainstream service supports to help them achieve stability.

For example, the family coordinated entry model utilizes the local YWCA as a centralized intake point for all homeless families. Families that are currently homeless are immediately triaged and linked to interim or permanent housing with supportive services. Families with places to stay in the community for at least two days are eligible for referral to the Stable Families Prevention Program, which offers diversion assistance. Within 48 hours of this referral, while remaining in their current housing situation, families are given a more intensive screen to guarantee program eligibility. If eligible, they are assigned a Stable Families case worker, who helps them with budgeting and crisis planning and connects them to community resources. Many families in the program also receive financial assistance to help them maintain their current housing situation. Columbus was able to divert more than one out of four families seeking shelter in calendar year 2010, and the rate at which families enter shelter after participating in the Stable Families Prevention Program is less than 5 percent.

Program success can be attributed to Columbus' approach to comprehensive data tracking and management that emphasizes consistency, transparency, and almost complete participation in the HMIS. In 2010, one hundred percent of CoC Columbus service providers participated in the community's HMIS, and has coverage of 98 percent of shelters, 91 percent of transitional housing, and 95 percent of permanent supportive housing providers. The HMIS operates as an open system, which makes most of the client information available to all providers in the system including emergency shelter history and receipt of financial assistance. However, HIPPA-protected health information and domestic violence related information cannot be viewed. Columbus is a solid example of an effective homeless coordinated entry system[5].

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[5]See:http://usich.gov/usich_resources/solutions/explore/columbus_coordinated_entry_system_ywca_family_center_and_coordinated_point/; and http://www.endhomelessness.org/library/entry/the-columbus-model-becoming-a-data-driven-system

Discussion Questions

- As there is more than one definition for homelessness at the federal, State, and local levels, how should the various definitions interact in a coordinated system? For example, should all agencies identify those families/individuals who meet the HUD definition, separate from those people who meet a given agency's broader definition?
- Does there need to be a basic definition/understanding of homelessness for identification purposes across County/city Departments that are not core health and human service agencies, but come into contact with homeless individuals/families/or youth? What should be their response?
- What would "No Wrong Door" mean?
- How can County, city and community providers that serve homeless populations within their programs, but are constrained by program eligibility or funding requirements, coordinate more effectively to serve the multi-faceted needs of homeless individuals in terms of health; mental health; SUD; housing; public benefits; vocational/educational services; legal needs; and life skills/money management?
- What have the complications been in having separate coordinating systems for families (HFSS) and single adults (CES)? Should these separate systems be consolidated into one system? If yes, what factors need to be considered?
- Could/should a coordinated system be built around Medi-Cal, since: (1) almost all homeless individuals and families now have Medi-Cal; (2) Medi-Cal is a federal and State-funded entitlement program; and (3) many homeless people need significant health, mental health, and/or SUD treatment?
- Could Medi-Cal fund the cost of a comprehensive health/mental health/SUD assessment for homeless families and individuals? If so, how would such an assessment compare to the VI-SPDAT currently in use in CES?
- Based on which criteria should homeless individuals, families and youth be sorted for service coordination?
    - Health service needs: one or a combination of health, mental health, and/or SUD.
    - Population focus: single adult, chronic, veteran, family, transition-age youth.
    - Income potential: work, disability benefits (SSI/SSDI/veterans).

- Which services should be coordinated and who determines?
- What is the role of a case manager or service navigator?
- How can case managers/service navigators ensure appropriate linkage to services and ongoing coordination?
- What factors determine when to employ service coordination?

Resources

- Are there dollars that Los Angeles County and/or cities are currently spending on homeless services/housing that could be leveraged or pooled to enhance effectiveness?
- Are there more creative ways to braid federal, state, and local funding to support coordinated and integrated models of homeless service delivery?
- What funding sources could help defray the costs of implementing CES, including staffing and infrastructure, particularly data systems, required to manage the process?

Legislative Advocacy

Are there any changes in State and/or federal law which should be pursued?

- What specific guidance/and or regulatory flexibility could federal agencies provide that would make it easier to manage multiple funding streams necessary to provide seamless access to housing and services for homeless populations?

Potential Policy Options

- Strengthen County/city/community participation and investments in CES to continue to build the infrastructure and support required to streamline service access, assessment, matching and prioritization to appropriate housing interventions and service supports for homeless individuals, families, and youth.
- Enhance the emergency shelter system to be available 24 hours a-day/7-days a week to address the needs of homeless individuals, families and youth, and utilize the shelter system as a point of assessment and entry into the homeless services system.
- Expand/consolidate investments into innovative housing programs, such as the Flexible Housing Subsidy Pool.
- Conduct a comprehensive, Medi-Cal-funded, health assessment (including mental health and SUD) for all homeless families and individuals, and use the results of that assessment as a primary determinant of the appropriate service path for an individual, family, or youth.
- Create an integrated, countywide system of rapid rehousing.

POLICY BRIEF:

Discharges into Homelessness

Institutions and major systems, especially hospitals, jails, prisons, and the foster care system often discharge people without appropriate planning or sufficient resources to ensure that they have housing upon discharge

Discharge planning is key to preventing discharges into homelessness. For the U.S. Department of Housing & Urban Development (HUD), discharge planning is seen as a homelessness prevention strategy. The idea is that other systems, especially the criminal justice system, should not "dump" clients into an overburdened homeless system. In addition to thinking of discharge planning as prevention, however, many communities recognize institutional stays as part of a cycle that includes street homelessness and crisis interventions--especially jails, emergency rooms, and psychiatric hospitalization. When viewed in this light, institutional stays can be framed as an opportunity to assess a person's housing and service needs and connect that person to an appropriate intervention.

Key Issues

- Opportunity for major systems to implement the Sequential Intercept Model (SIM), as adopted by the Board of Supervisors on August 11, 2015 as part of the Diversion Plan developed under the leadership of the District Attorney. The SIM is a framework for understanding how people with mental illness interact with the criminal justice system. The model presents this interaction as a series of points where interventions can be made to prevent a person from entering the justice system or becoming further entangled in the system.
- People with criminal justice backgrounds have major barriers to accessing housing resources and certain other mainstream benefits. For example, a veteran incarcerated for 61 days loses his/her Veterans Affairs (VA) pension payments; VA disability compensation is reduced after 60 days of incarceration; Supplemental Security Income (SSI) benefit is suspended after 30 days of incarceration.
- HUD homeless definitions create a situation where clients can lose their homeless/chronically homeless status when their length of stay is 90 days or greater in an institution. Also, people using Housing Choice vouchers who are out of their housing for more than 30 days run the risk of losing the rental subsidy. This primarily affects people who are in jail and cannot make bail. Without a pre-trial release program in Los Angeles County, they will be in jail until their court date.
- Vulnerable families experiencing housing instability require greater support from child welfare agencies in relation to identifying suitable and affordable housing that they can sustain long-term.
- Coordinated discharge policies and a set of basic guiding principles for discharge planning among local institutions (such as hospitals and jails) could reduce the number of people who cycle in and out of those institutions.

From Incarceration

- Los Angeles County's policies and practices do not consistently support successful reintegration into the community for formerly incarcerated people.
    - There is no funding for support services or housing for individuals released from incarceration who are not under County supervision, i.e. Probation Department. This includes:
        - People convicted of AB 109 felonies who served their sentences in county jail.
        - People released from prison under Prop. 36 (3 Strikes Reform).
    - The lack of a pre-trial release program can cause people to lose employment and housing while in jail, only to be found not guilty in court, released on probation, or released with time served.
    - There are no discharge plans in place for most people exiting County jail.
- A homeless person can receive 90 days of transitional housing upon discharge through AB 109 funding; in certain circumstances the housing can be extended for another 90 days. This duration may not be sufficient and there can be a need for additional services which may not currently be available.
- Los Angeles County has received more than $1.4 billion under AB 109 since 2011. Outcome measures and evaluation, although recently improved with the development of quarterly budget and performance reports, have been very limited, though there are process indicators in use that measure how many people receive various types of service. More than 80% of the AB 109 funds are spent annually on incarceration and supervision and less than 20% on all support services, including housing.

From Hospitals

- Local CES programs have sometimes been reluctant to work with hospitals.
- Hospital social workers often feel that they don't have the resources to place homeless patients in a way that won't cause readmissions.
- Medical respite care can be a useful tool in hospital discharge planning. Medical respite care is acute and post-acute medical care for homeless persons who are too ill or frail to recover from a physical illness or injury on the streets but are not ill enough to be in a hospital. Unlike "respite" for caregivers, "medical respite" is short-term residential care that allows homeless individuals the opportunity to rest in a safe environment while accessing medical care and other supportive services. While this does not address the long-term housing needs of homeless hospital patients, it can provide a safe, cost-effective place for people with medical issues to live while waiting for permanent housing placement.

Current Efforts

County of Los Angeles

- **District Attorney (DA) – Board-Adopted Diversion Plan** - The District Attorney, in collaboration with the Mental Health Advisory Board, developed a recommended plan to safely divert non-violent mentally-ill offenders from jail, and the plan was adopted by the Board of Supervisors on September 1, 2015. The Mental Health Advisory Board used lessons learned from Miami-Dade County, Florida – a leader in jail/mental health diversion efforts. The "Sequential Intercept Model" (SIM) of mental health diversion planning occurs along the criminal justice continuum, as a series of points where interventions can be applied to prevent an individual from further entry and escalation into the criminal justice system. This is particularly important for mentally ill and homeless individuals who are significantly more likely to become involved in the criminal justice system and remain incarcerated than their counterparts with stable housing. The five intercepts consist of: 1) law enforcement/emergency services first contact; 2) post-arrest/arraignment; 3) courts/post-arraignment/alternatives to incarceration; 4) community re-entry; and 5) community support. The plan incorporates mental health, health, and substance use disorder resources, along with recommendations to increase investments in housing resources through DHS' Flexible Housing Subsidy Pool and DMH's specialized housing programs to increase PSH for diverted mentally ill and potentially homeless offenders.

- **Department of Children and Family Services (DCFS) – Approved Relative Caregiver Housing Program for Transitional Age Youth** – DCFS administers the ARC Program for caregivers who are not currently eligible for Aid to Families with Dependent Children–Foster Care (AFDC-FC). The ARC program provides approved relative caregivers, with whom an eligible child is placed, the opportunity to receive payments equal to the basic Foster Care rate. ARC is believed to improve the pool of caregivers for foster youth, thereby improving their ability to transition to stable housing as adults and not transition into homelessness.

- **DCFS – TAY Transitional Housing Programs** - DCFS has an array of transitional housing programs for transition age youth 18-24. Extended Foster Care (AB 12) extends foster care up to age 21 for all young adults who meet federal participation criteria for continued eligibility. THP+ (18-24) has 84 allocated housing slots and is funded through federal/State funding streams. THP (18-21) has 155 allocated housing slots and is primarily funded through HUD and LAHSA with matching DCFS Chafee funds.

- **Probation Department - Breaking Barriers** - Breaking Barriers is a partnership between DHS, CSH, LA County Probation, Chrysalis, and Brilliant Corners. The program connects adult felony probationers and individuals connected to AB 109 resources in LA County with short-term rental subsidies for market-rate apartments while providing supportive services. While Breaking Barriers has

several metrics of success related to the overall health and well-being of program participants, the program's primary goals are to reduce recidivism and maintain housing stability for clients in the program.

- **Sheriff Department - Just in Reach (JIR) 2.0** - JIR 2.0 was launched in July 2015 with a goal of serving 200 homeless inmates in one year. JIR 2.0 is a partnership between the Sheriff and CSH. The program is a jail in-reach program that connects chronically homeless, frequently incarcerated individuals with a permanent housing solution. While JIR 2.0 has several metrics of success related to the overall health & well-being of program participants, the program's two main goals are to reduce rates of re-incarceration and end the cycle of homelessness for JIR 2.0 clients.

City of Los Angeles

- **HACLA - Section 8 Family Rehabilitation Pilot Project** - This program is designed to allow ex-offenders leaving the criminal justice system to reunite with their families receiving Section 8 housing assistance. The assisted family must approve the admission. Ex-offenders will be required to participate in reentry supportive services provided by community-based organizations and/or public agencies that have been selected by the Housing Authority. This program is only being utilized in the City's Section 8 Housing Choice Voucher Program.

Other Local Efforts

- **Homeless Healthcare Los Angeles (HHLA) - Hospital Discharge Training Program** - With sponsorship from the Hospital Association of Southern California, HHLA offers a hospital discharge training program, which is delivered as a training program only or as an organization development effort. The latter includes working with the hospital to review current discharge planning processes for people experiencing homelessness and assisting in the development of appropriate processes and training staff about homelessness, available resources, and the new processes.

- **Corporation for Supportive Housing (CSH) - 10th Decile Work**[i] [ii] - CSH launched the Frequent Users Systems Engagement (FUSE) pilot to connect hospitals to homeless service providers and community health centers to target and permanently house the highest-cost, highest need individuals in supportive housing—and surround them with supportive medical and mental health homes.
  - For the first 89 participants enrolled, the average 12-month public cost avoidance totaled $47,977 per person.
  - Every $1 dollar in local funds spent to house and support 10th decile hospital patients is estimated to reduce public and hospital costs for those who are housed by $2 in the first year and $6 in subsequent years.

Comparative Perspective/Best Practices

- **CSH Frequent Users System Engagement (FUSE)[iii] –** FUSE projects look different in every community, but all focus on connecting the most vulnerable homeless people in criminal justice systems with an appropriate housing intervention, e.g. permanent supportive housing. FUSE initiatives are designed to: improve the lives of tenants, make more efficient use of public resources, align and coordinate public and private resources and policies to create supportive housing, generate cost offsets in crisis systems like jails and shelter, and reduce recidivism and the use of costly emergency services. The project has often incorporated a strong in-reach component that focuses on discharge planning.
  - **Outcomes**:
    - A 39% reduction in the number of days in county jail for participants in the Hennepin County FUSE program.
    - A 50% reduction in the number of days in jail for participants in the New York FUSE program, compared to a comparison group.
    - A 43% reduction in the number of nights spent in shelter by participants in Hennepin County over the course of 22 months.
    - Preliminary findings from New York show that after 12 months, only 16% of the program group had any shelter admission compared to 98% of the comparison group.
    - Preliminary findings from New York show lower rates of alcohol and drug abuse—specifically injection drug use—among people in the program. In addition, the proportion of people with earnings and/or benefits such as SSI is much higher for people in the program.

- **Colorado Department of Corrections - Colorado Second Chance Housing and Reentry Program (C-SCHARP)** - C-SCHARP is a collaborative and comprehensive approach to the Colorado Department of Corrections (CDOC) inmate reentry processes that incorporates "Housing First" and Assertive Community Treatment (ACT) strategies to reduce recidivism among enrolled participants in Arapahoe and Douglas Counties. The C-SCHARP program works by systematically linking enrolled participants to a continuity of treatment provided by mental health services partners, thereby maximizing the capacity of each CDOC inmate to fully integrate back into the community. They have recently expanded the program to include slots for parolees and sex offenders.

- **New York City Housing Authority (NYCHA) - Family Housing Reentry Pilot[iv]** - CSH has partnered with the New York City Housing Authority (NYCHA) and the Vera Institute of Justice to launch the Family Reentry Pilot Program (FRPP). The two-year pilot will screen 150 former inmates released within the previous 3 years and provide them with supportive reentry services with the goal of adding them to their family's lease upon completion of the program.

- **Pay for Success Initiatives**
  - **Cuyahoga County – Child Welfare Involved Families** – The Partnering for Family success program will deliver intensive 12-15 month treatment to 135 families over five years to reduce the length of stay in out-of-home foster care placement for children whose families are homeless.
  - **Denver – Social Impact Bond (SIB) Program** – SIB provides supportive housing to 300 chronically homeless individuals with significant primary and behavioral health challenges that lead them to be high utilizers of emergency health and criminal justice systems. Improved housing availability will generally improve a client's quality of life and reduce contacts with the criminal justice system, and more effectively use preventative health care services and reduce unnecessary emergency room visits.
  - **CSH - Keeping Families Together, New York**[v] - CSH's Keeping Families Together initiative uses supportive housing to offer stability to families with children who are at risk of recurring involvement in the child welfare system.

Discussion Questions

- How many people are discharged into homelessness from various institutions?
- What are ways we could dramatically reduce the number of people discharged from incarceration into homelessness? What is the role of employment services, both before and after release?
- What are ways we could ensure that people experiencing homelessness are linked to services before they are released? From incarceration & detention? From hospitals? From foster care? From the military?
- Can we develop a set of unified discharge guidelines that all institutions can use with the goal of reducing discharges into homelessness?

Resources

- Are there dollars that LA County and/or cities are currently spending to serve homeless families/individuals that could instead be used to pay for housing and/or related services?

- Is there additional revenue which LA County and/or cities could generate to pay for or reimburse the cost of housing?

Legislative Advocacy

- Are there any changes in State or federal law or regulations that should be pursued?

Potential Policy Options

- Assess the outcomes from current reentry practices for justice-involved people, determine needs based on these practices and on best practices from other jurisdictions, and develop a strategy to meet these needs.
- Explore opportunities to utilize AB 109 funding to more effectively reduce discharges from jail into homelessness.
- Utilize Medi-Cal funding through the Drug Medi-Cal Organized Delivery System to offer residential substance use disorder treatment upon release to every County jail inmate who is eligible to Medi-Cal and both needs and wants residential substance use disorder treatment.
- Develop and implement strategies to increase the number of emancipated foster youth who choose to access housing through Extended Foster Care (AB 12).

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[i] http://www.csh.org/2013/09/the-10th-decile-project-impressive-early-outcomes-in-los-angeles/
[ii] http://www.csh.org/wp-content/uploads/2013/09/Getting_Home_2013.pdf
[iii] http://www.csh.org/csh-solutions/serving-vulnerable-populations/re-entry-populations/returning-home/
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New York: http://www.csh.org/csh-solutions/serving-vulnerable-populations/re-entry-populations/local-criminal-justice-work/nyc-fuse-program-key-findings/

[iv] http://www.csh.org/csh-solutions/serving-vulnerable-populations/re-entry-populations/local-criminal-justice-work/nycha-family-reentry-pilot-csh/
[v] http://www.csh.org/wp-content/uploads/2011/12/Tool_KeepingFamiliesTogetherBrochure.pdf

POLICY BRIEF:

Subsidized Housing

Housing in Los Angeles County is some of the most expensive in the nation due to high demand and shortage of housing stock. Subsidized housing is critical in combating and preventing homelessness by enabling thousands of individuals and families to afford safe, stable housing.

Historically, the federal government has provided the funding for the vast majority of subsidized housing; however, federal funding has declined over recent years, as the need for subsidized housing has increased. Due to this funding gap, there has been increased focus on the potential for local government to supplement federal funding for subsidized housing.

Locally-funded subsidized housing programs must address numerous issues, including:

- Source of funding;
- Target population;
- Duration of rental subsidy;
- Amount of subsidy/amount of tenant contribution;
- Housing locator and/or other landlord-related services;
- Tenant services, including mental health, substance use disorder treatment, employment services, and/or Supplemental Security Income (SSI) advocacy;
- Whether the subsidy can be used in any legal housing (tenant-based) or is tied to a specific housing development (project-based); and
- Responsible administrative entity.

Any discussion of new or expanded locally-funded rental subsidies must address how such subsidies will fit into the existing universe of subsidized housing programs.

Current Efforts

County of Los Angeles

Affordable Housing Trust Fund (County General Funds, etc.): The Board of Supervisors has allocated approximately $100 million for affordable housing since October 2012. These funds are offered through the annual Notice of Funding Availability (NOFA). Fifty percent of these funds must be used to house Special Needs populations which include homeless families and individuals. Over $44

million has been allocated. Another $55 million remains and is expected to last until FY 2016-17.

City/Community Programs (CCP)- Homeless and Housing Program Fund (HHPF): The CCP-HHPF Program was a one-time funding initiative to provide services to homeless people and/or those at-risk of homelessness, which includes families, youth, seniors, and individuals, including those with an addiction disorder, mental illness, special needs, and/or HIV/AIDS. This program is still providing the following services: Permanent housing, transitional and emergency shelter, case management and other related supportive services.

Community Development Block Grant (CDBG): CDBG provides communities with resources to address various community development needs. CDBG works to maintain the affordable housing stock, provides services to the most vulnerable populations, and creates jobs through the expansion and retention of businesses. CDBG funds are allocated to local social service programs, some of which are local homeless programs.

HOME: The Community Development Commission (CDC) receives an annual allocation of federal HOME dollars to help create or sustain affordable housing for low-income households. HOME funds a wide range of eligible activities that build or rehabilitate affordable housing for both renters and homeowners. The CDC makes HOME funds available to developers of affordable and special-needs housing (including some homeless set-aside units) through an annual NOFA. In recent years, federal budget cuts have reduced the County of Los Angeles' HOME allocation, and future allocation amounts are hard to predict. The CDC expects approximately $5.9 million in federal HOME funds for fiscal year (FY) 15-16.

Supportive Housing for Homeless Families Fund/Rental Assistance & Supportive Services: The Los Angeles County Children and Families First- Proposition 10 Commission ("First 5 LA") designated the CDC to act as technical advisor and program administrator for its Supportive Housing for Homeless Families Fund to provide permanent supportive housing and related services for families that: (1) are homeless or at-risk of homelessness; (2) have had involvement with the child welfare system; and (3) include children aged prenatal to 5 years. First 5 LA approved a one-time allocation of $23 million for capital funds ($11 million), gap funding ($5 million), and rental assistance and supportive services ($7 million) for eligible families. The funds were released as a NOFA by the CDC in October 2012. Eligible applicants for capital funds included nonprofit and for-profit organizations, public agencies, and joint ventures among those entities. Eligible applicants for administration of rental assistance and services were nonprofit organizations, public agencies, or joint ventures. Since its implementation in March 2013, the program has provided temporary rental assistance and related supportive services to over 1,200 families with children 0-5, with a total of more than 4,000 family members assisted with this funding.

First 5 LA awarded a second round of one-time funding in the amount of $10 million for rental assistance and supportive services to similarly eligible families. These funds were awarded to agency service providers within each Service Planning Area (SPA) coordinating with the Homeless Family Solutions Centers throughout the County.

Chafee Program Funds: The Department of Children and Family Services (DCFS) receives an annual allocation of Chafee funds (currently $12.6 million) to support transition-age youth (TAY) (ages 16-21) to become self-sufficient. Through the Independent Living Program, up to 30% of each year's allocation of Chafee Program funds may be used for housing assistance. Currently, the Los Angeles Homeless Services Authority (LAHSA) and DMH provide 175 and 48 beds, respectively, to TAY. Rental subsidies for other housing options are also provided to youth who need to secure housing. In addition, this program offers monetary and service support in the areas of education, employment, life skills and mental health, either directly or through contract providers.

Transitional Housing Programs – THP+ and THP: DCFS has an array of transitional housing programs for TAY age 18-24. THP+ (18-24) has 84 allocated housing slots and is funded through Federal/State dollars. THP (18-21) has 155 allocated housing slots and is primarily funded through the U.S. Department of Housing and Urban Development (HUD) and LAHSA with matching DCFS Chafee funds.

Housing for Health (HFH) : The Department of Health Services (DHS) provides interim and permanent supportive housing to DHS patients who are homeless and who have complex health and behavioral health conditions and/or are high utilizers of DHS services. Housing is linked to a flexible array of supportive services including intensive case management services; linkage to health, mental health, and substance use disorder services; assistance with benefits establishment; assistance with life skills, job skills, and volunteer opportunities; crisis intervention; etc. This program has housed 1,035 homeless high users of DHS services since its inception in 2012, and 92% have retained housing after 12 months.

Flexible Housing Subsidy Pool (FHSP): In February of 2014, HFH launched a new housing rental subsidy program called the Flexible Housing Subsidy Pool (FHSP), which is managed by Brilliant Corners. The primary goal of the FHSP has been to secure decent, safe, and affordable housing for DHS patients who are homeless and have complex health and behavioral health conditions; however, the FHSP is now open to agencies other than DHS who wish to use the FHSP to secure subsidized housing for their clients. The FHSP draws upon a full range of community-based housing options including nonprofit-owned supportive housing, affordable housing, master lease buildings, scattered site housing, and private market housing. Brilliant Corners also identifies and secures units countywide; provides move-in

assistance and rental subsidy disbursements; coordinates with case managers; and assists with landlord/neighborhood relations. Tenants are linked to physical, mental health, and substance abuse services provided by DHS partner nonprofit agencies on-site or by roving teams. Additional services include crisis intervention, individualized case management to support housing stability, assistance with benefits establishment, and connections to educational, employment and volunteer opportunities.

Recuperative Care Services: DHS contracts with health and homeless services providers to operate recuperative care beds for homeless individuals who have been discharged from DHS acute care facilities and are recovering from an acute illness or injury, and have conditions that would be exacerbated by living on the street or in a shelter.

Department of Mental Health Housing Assistance Programs: DMH offers a variety of housing programs that assist individuals and their families who are homeless or at risk of homelessness to secure emergency, temporary, and/or permanent housing. The programs include but are not limited to:

- Countywide Housing Assistance Program – 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.
- Mental Health Services Act (MHSA) Directly Operated Housing Assistance Program – Provides funding to assist Directly Operated Full Service Partnership (FSP) consumers pay for permanent housing move-in costs, on-going rental assistance, purchase of household goods to start a home, and/or avoid an eviction due to an unexpected financial hardship.
- Federal Housing Subsidies - DMH contracts with the housing authorities of the City of Los Angeles and County of Los Angeles for rental subsidies for DMH clients.
- MHSA Housing Program - Provides capital and operating funds for the development of new permanent supportive housing (PSH) units across the County for homeless DMH clients and their families.
- Housing Trust Fund- Provides funding for services to those living in PSH.
- Temporary Shelter Program – Provides temporary shelter for individuals with a mental illness while they seek permanent housing.
- FHSP – Provides rental subsidies to those with mental illness.
- TAY Emergency Shelter Bed Program - Provides temporary shelter for individuals with a mental illness or severe emotional disturbance during outreach & engagement.
- TAY Transitional Housing Programs – In collaboration with DCFS, the TAY Transitional Housing Program provides housing to emancipated TAY with

mental illness exiting the foster care system and at risk of becoming homeless.

- TAY Drop-In Centers: Provide temporary safety and basic supports for mentally ill TAY who are living on the streets or in unstable living situations. Drop-In Centers provide "low-demand, high tolerance" environments in which TAY can make new friends, participate in social activities, access computers, books, music, and games. As the youth is ready, staff persons can connect them to the services and supports they need in order to work toward stability and recovery.
- MHSA Housing Program provides funding to support capital development and capitalized operating subsidies for supportive housing for individuals and families. To date, DMH has committed funding to 42 housing projects, 29 of which are open and occupied with the remaining housing projects in various stages of development. These 42 housing projects are geographically dispersed across the five Supervisorial Districts and the eight SPAs and will result in approximately 934 units of PSH for MHSA-eligible clients. Some of the projects require capitalized operating subsidies, but not all as developers can often access project-based vouchers instead.

CalWORKs – CalWORKs Homeless Assistance (HA) Program: The Department of Public Social Services (DPSS) provides temporary and permanent homeless assistance to families receiving CalWORKs, as required by the State. Temporary assistance consists of temporary shelter payments to homeless families while they are looking for permanent housing. Permanent assistance helps homeless families pay for one-time costs to secure a permanent residence or provides up to two months back-rent when the family has received a notice to pay rent or quit.

CalWORKs – 4-Month Rental Assistance (RA) Program for CalWORKs Welfare-to-Work (WtW) families: This program, administered by DPSS, helps homeless CalWORKs WtW families to remain in non-subsidized permanent housing by providing a short-term rental subsidy. Families receiving Permanent Homeless Assistance, Moving Assistance (MA), and/or Emergency Assistance to Prevent Eviction (EAPE) may qualify for a monthly rental subsidy of up to $500 per family (based on the family size) for up to four consecutive months. For CalWORKs WtW families in the Family Stabilization Program, the subsidy can be extended beyond 4 months.

General Relief (GR) Emergency Housing Program: This DPSS program invites hotel/motel vendors to become potential partners to participate in the Emergency Housing Program, a program that provides GR applicants the opportunity to stay in a homeless shelter or vendor hotel while their GR application is pending. There are currently three homeless shelters and approximately thirty-three hotels/motels which provide emergency housing services for GR applicants. Partners are paid a fee for providing emergency housing services.

GR Housing Subsidy & Case Management Program: The GR Housing Subsidy and Case Management Project administered by DPSS is designed to assist homeless GR participants who are either: (1) employable and enrolled in the Greater Opportunities for Work (GROW) Program; or (2) disabled and pursuing SSI benefits. Project participants are eligible for a rental subsidy up to $400 monthly and move-in assistance up to $500 (once in a lifetime). The GR participant must contribute $100 of the monthly GR grant of $221 toward rent. There are currently 1,118 rental subsidies available through this program.

Breaking Barriers Program: Breaking Barriers was jointly launched by the Probation Department and the Department of Health Services in June 2015. It is a two-year pilot program to provide rapid re-housing and case management services for eligible offenders supervised by the Probation Department. These offenders are homeless, have been identified as moderate to high risk of re-offending, and have expressed a desire to seek full-time employment. Each client is provided intensive case management, employment services, a housing unit and a rental subsidy, with the client contributing a percentage of his/her monthly income towards the rent. Once stabilized, participants work to successfully "transition in place," eventually taking over the full rental payment amount so that they can continue to reside in their unit once participation in the program expires. The maximum length of program participation is 24 months, with case management aftercare services continuing for 3 months after program completion.

Community Transition Unit –Just In Reach 2.0: JIR 2.0 is a pilot jail in-reach program that connects chronically homeless, frequently incarcerated individuals with a permanent housing solution. The program's primary goals are to reduce rates of re-incarceration for JIR 2.0 clients and end the cycle of homelessness. The services are funded by the Corporation for Supportive Housing (CSH) and provided at no cost to the Sheriff. CSH partners with Volunteers of America, Amity Foundation, Chrysalis, and Kedren Community Health Center for assistance with this project. JIR 2.0 commenced on February 1, 2014 and will conclude on February 1, 2016.

Community Transition Unit –Community Re-entry Resource Center (CRRC): Created in 2014, the CRRC delivers direct support for newly-released inmates, their families, and/or their support system members. Volunteers of America and HealthRIGHT360 work within the CRRC to offer newly-released people assistance in transitioning back to the community by providing:

- Transitional Housing;
- Homeless Shelters;
- Employment services / Case management;
- Substance Abuse and Basic Subsistence Services / Referrals to Medical and Mental Health Care;
- Transportation, Telephone Calls, and Laundry Services;

- Transgender Services;
- HIV Services;
- Veteran Services; and
- SSI Referrals.

Community Transition Unit (CTU) –A New Way of Life (ANWOL): ANWOL has collaborated with the Housing Authority of the City of Los Angeles (HACLA) Section 8 Program to reunify formerly incarcerated men and women with family members who are existing voucher holders within the City of Los Angeles. The CTU and ANWOL identify incarcerated inmates who are approximately 90 days from release. Upon identification, case management services for the incarcerated and HACLA-approved family participant are provided to ensure adherence with HACLA requirements are adhered to and a seamless transition and return home for the inmate.

Housing Authority of the County of Los Angeles (HACoLA)

HACoLA is the second largest housing authority in the Southern California area. HACoLA receives funding from HUD to provide housing subsidies to eligible low-income families and individuals residing in the unincorporated area of Los Angeles County, which includes 62 participating cities through the Section 8 Housing Choice Voucher program and other federally-funded housing assistance programs.

Housing Programs That Assist the Homeless

Section 8 Housing Choice Voucher (Program (HCVP): This is the federal government's primary program for assisting very low-income families. Eligibility for a HCVP is based on the annual gross income and family size. A family issued a voucher is responsible for finding a suitable housing unit, of the family's choice, where the owner agrees to rent under the HCVP. The voucher is tied to the family and not the housing unit. A housing subsidy is paid to the landlord directly by HACoLA on behalf of the family. The family must pay 30% of its monthly adjusted gross income for rent and utilities; the subsidy covers the remainder of the rent, up to the applicable ceiling. There are 20,427 vouchers allocated under this program. The Housing Authority identifies homeless families under the HCVP by means of a waiting list. Since 2014, HACoLA has selected over 1,500 homeless applicants for assistance from its waiting list.

Project Based Voucher Program (PBV): Unlike the voucher program, the assistance is tied to a unit in an approved affordable housing project instead of being tied to the family. HACoLA uses this program to partner with developers and service providers to create housing opportunities for special populations such as the homeless, elderly, disabled, TAY, and families suffering from mental illness. As part of the PBV program, each project also offers various supportive services specific to

the needs of the population being served. Currently, there are 535 households being assisted through this program.

Veterans Affairs Supportive Housing (VASH) Program: Program that provides Section 8 rental assistance vouchers combined with case management services and clinical services to enable homeless veterans to lead healthy, productive lives in the community and avoid homelessness. The program is designed to improve each veteran's health and mental health, and to enhance each veteran's ability to remain stable, housed, and integrated in his/her local community. This is done using HUD Section 8 HCV rental assistance and Veterans Affairs (VA) intensive case management services. HACoLA has 1,518 vouchers for the program.

Shelter Plus Care/Continuum of Care (SPC/CoC): HACoLA currently administers 24 grants: 6 five-year grants and 18 one-year grants totaling $23.5 million. These grants will ultimately provide rental assistance and valuable supportive services for up to 911 otherwise homeless households under a variety of projects. The program primarily provides assistance to those who have been diagnosed with a mental illness, chronic substance abuse problem, or AIDS.

Section 8 Family Unification Program: This program combines the resources of the Housing Authority and DCFS. All families assisted under this program are referred to HACoLA for rental assistance by DCFS. DCFS, in turn, is responsible for providing a wide range of supportive services designed to keep families together and/or reunite families where minor children have been placed outside of the home. There are 250 vouchers set-aside for this program.

Homeless Assistance Provided by HACoLA from 2012 to 2015

Program	2012	2013	2014	2015
Homeless Housing Choice Vouchers	510	595	645[1]	818[2]
HUD-VASH[3]	855	1030	1293	1518
Permanent Supportive Housing PBV[4] Program	188	188	213	213
Shelter Plus Care/Continuum of Care	841	889	911	911
Family Unification	250	250	250	250
Total Units	2644	2952	3312	3710
% of all HACoLA units allocated to homeless	11.5%	12.7%	14.1%	15.6%

1 Homeless set-aside ended in 2014 and replaced by homeless waitlist preference. Over 7500 applications have been sent to homeless families-since November 2014

2 Total includes commitment of 50 Vouchers from DHS' Home for Good program. Also includes 123 vouchers from Southern California Alcohol and Drug Program conversion from Continuum of Care to Housing Choice Vouchers.

3 Includes Project-Based VASH (PBVASH)

4 HACoLA offers PBVs and PB VASH vouchers through an annual NOFA with incentives for developers to house special populations such as homeless, disabled, veterans, the elderly and mentally disabled families.

City of Los Angeles

Affordable Housing Trust Fund (AHTF): The Los Angeles Housing+ Community Investment Department (HCIDLA) administers semi-annual solicitations of developers' applications for gap funding and inclusion into the City's AHTF Pipeline. The City's AHTF was established by the Mayor and City Council in June 2000. Since the AHTF issued its first major funding round in early 2003, a net total of $705 million has been committed to 201 developments consisting of 12,572 units, with a total development cost of $3.5 billion. Of these, 174 projects with 10,666 units have been completed, 12 projects consisting of 986 units are under construction, and 15 projects consisting of 920 units are currently in the pre-development phase. The AHTF is currently funded primarily with the City's Federal allocation of HOME funds. Each year the City receives $14.5 million in HOME entitlement funds which are allocated to the AHTF.

Housing Opportunities for Persons with AIDS (HOPWA): This is a t*enant-based rental assistance program* that provides permanent housing to low-income persons living with HIV/AIDS and their families. This program operates similarly to Section 8 Housing Choice Vouchers and pays for the first twelve months of rental assistance, and then, if clients remain eligible, they receive a Housing Choice Voucher through HACLA. The HOPWA assists a total of 105 homeless persons living with HIV/AIDS each year.

Housing Authority of the City of Los Angeles (HACLA)

HACLA has committed PSH assistance to more than 16,000 households of formerly homeless and chronically homeless individuals and families through the following rental assistance subsidy programs:

Waiting List Limited Preference - Homeless Program: Provides permanent affordable housing for homeless individuals and families while ensuring their access to supportive services to maintain independent living. The Homeless Program's allocation of 4,111 housing choice vouchers targets homeless individuals and families living in transitional housing, emergency shelters, and the streets. HACLA currently works with 19 non-profit and public agency partners located throughout the City of Los Angeles.

Waiting List Limited Preference - Tenant-Based Supportive Housing Program (TBSH): Provides affordable PSH for high-service-need chronically homeless individuals and families by providing rental subsidies and supportive services through the collaborative effort of the housing authority and local service providers. The intensive supportive services enable chronically homeless individuals and families to stabilize their living conditions and remain successfully housed for the

length of time that they are on the program. The TBSH program currently has 800 housing choice vouchers. HACLA currently works with nine non-profit and public agency partners located throughout the community.

PSH Project-Based Voucher (PBV) Program: Provides long-term rental subsidy contracts that facilitate development of housing for chronically homeless individuals and families, targeting a variety of special needs populations. Under federal regulations, a public housing authority may choose to provide Section 8 Project Based Voucher (PBV) rental assistance for up to 20% of its units under the HCVP. Initial rents in PBV properties are set at the Section 8 Existing Fair Market Rents (FMRs) or Voucher Payment Standard (VPS), whichever is higher. The Housing Authority selects projects for PBV through a competitive NOFA issued jointly with the Los Angeles Housing Department and the Los Angeles County Department of Health Services. Upon Housing Authority project award and HUD approval, HACLA executes an Agreement to enter into a Housing Assistance Payments (HAP) Contract with the developer. When the project is ready for occupancy, a 15-year HAP Contract for rental subsidy is executed. The Housing Authority currently has 53 PSH PBV projects online or in development, consisting of 2,370 units.

Veterans Affairs Supportive Housing (HUD-VASH) Program: This program is a partnership between the VA and HUD to provide permanent housing and supportive services to homeless and chronically homeless veterans. The program partners HACLA and the Los Angeles Veterans Affairs Medical Center (VAMC). The HUD-VASH goal is to combine Section 8 rental assistance vouchers with case management and clinical services provided by the VA at its medical centers to enable homeless and chronically homeless veterans and their families to re-integrate in the community, remain in stable housing, and lead healthy, productive lives. HACLA has been allocated 3,669 HUD-VASH vouchers since 2008.

Waiting List Limited Preference: Homeless Veterans Initiative: This initiative reserves 500 vouchers for homeless veterans who are not VA healthcare eligible, a population otherwise not assisted by the VA. HACLA's non-profit and public agency partners provide supportive services that enable veterans to live independently and remain successfully housed.

Shelter Plus Care (Continuum of Care Rental Assistance) Program: This program was created under the Stewart B. McKinney Homeless Assistance Act of 1987 and is designed to promote permanent housing with supportive service for persons with disabilities coming from the streets and emergency shelters. Shelter Plus Care grants require a supportive services match and leverage. HUD selects projects for Shelter Plus Care funding in a national Continuum of Care (CoC) competition based on regional and national homeless assistance goals. The Housing Authority chooses projects to include in an application to HUD through a Request for Proposals (RFP) process coordinated with LAHSA. Selected applicants receive one-year rental

assistance grants on behalf of homeless tenants. The grants provide for a variety of rental housing components: Tenant-Based Assistance (TRA), Sponsor-Based Assistance (SRA) and Project-Based Assistance (PBA). To be eligible for the program, a person must be homeless or chronically homeless with a mental illness, substance abuse or HIV/AIDS issue, and must be referred by the community-based organization that provides the required supportive services.

In January 2015, HACLA was awarded almost $13 million from the 2014 CoC competition. The award from HUD will provide funding for 747 chronically homeless individuals and families, including veterans. The award also included 547 units for the PSH component of the competition. HACLA has participated in the Shelter Plus Care program since 1992 and has a current allocation of 3,932 units.

Moderate Rehabilitation Single Room Occupancy (SRO) Program: This program was created under the Stewart B. McKinney Homeless Assistance Act of 1987. The Section 8 rental assistance provided under this program is designed to bring more SRO units into the local housing supply to assist homeless persons transition into permanent housing. HUD's strategy is to convert existing housing, a rundown hotel, or even an abandoned building into safe and decent housing. HUD selects applicants for Moderate Rehabilitation SRO funding in the national CoC competition based on regional and national homeless assistance goals. HACLA first chooses projects to include in an application to HUD through a RFP process in coordination with LAHSA. Selected SRO projects (owners) receive rental assistance on behalf of a homeless tenant for ten years. The rental subsidy in the Moderate Rehabilitation SRO Program is attached to the building or unit as Project-Based rental assistance. HACLA currently has an allocation of 1,107 SRO Moderate Rehabilitation units with four non-profit developers.

Moving On Program: This program makes it possible for formerly homeless residents in the Shelter Plus Care program who have stabilized their lives and no longer need the level of supportive services provided by that program to transfer to the HCV program and move on with their lives. This provides people with maximum independence and mobility, and frees up the highest-impact, highest-service provision units for chronically homeless individuals who need them. This innovative program has assisted more than 400 former chronically homeless individuals to reintegrate into the community.

Homeless Assistance Provided by HACLA in 2015

Program	Allocation for 2015
Homeless Housing Choice Vouchers	4,111
HUD-VASH Program	3,669
Permanent Supportive Housing PBV Program	2,533
Shelter Plus Care/Continuum of Care	3,932
Tenant Based Supportive Housing Program	800
Homeless Veterans Initiative	500
Moderate Rehabilitation SRO Program	1,107
Total Units	**16,652**

Other Efforts

AB 2 - Community Revitalization and Investment Authority (CRIA): Effective January 1, 2016, this authority allows cities, counties, , and special districts to create a new entity, CRIA, and to use property tax increment and other revenues to carry out provisions of the Community Redevelopment Law (CRL) for purposes related to, among other things, infrastructure, affordable housing, and economic revitalization.

Comparative Perspective and Best Practices

Innovative, nationally-recognized subsidized housing programs that integrate state and local funding in connection with operating subsidies and supportive services include:

New York City's NY/NY III: In November 2005, New York City (NYC) and New York State (NYS) announced the New York/New York III (NY/NY III) Supportive Housing agreement, a pact between the City and State to jointly develop and fund 9,000 new units of supportive housing in NYC over the next ten years. The NY/NY III agreement provides for the development and funding of both congregate (single-site) and scattered-site supportive housing models for homeless single adults who have completed some level of substance abuse treatment and chronically homeless families, or families at serious risk of becoming chronically homeless, in which the head of household suffers from a substance abuse disorder. Pursuant to two prior New York/New York agreements, the City and State produced over 5,000 units of supportive housing. Those housing units, however, were solely for single adults with serious and persistent mental illness who had some history of homelessness. NY/NY III, on the other hand, targets a much broader range of eligible clients that more accurately reflects the people living on the NYC streets and in shelters today.

San Francisco's Direct Access to Housing: Direct Access to Housing (DAH) is a permanent supportive housing program targeting low-income San Francisco residents who are homeless and have special needs. A "low threshold" program that accepts adults into permanent housing directly from the streets, shelters, hospitals and long-term care facilities, DAH strives to help tenants stabilize and improve their health outcomes despite co-occurring mental health issues, alcohol and substance abuse problems, and/or complex medical conditions. In addition to being an effective way to end homelessness, this supportive housing model is also fiscally prudent as it leads to cost savings by reducing overutilization of emergency services.

DAH currently houses over 1,700 formerly homeless people across 36 sites, and the housing takes many forms including:

- Master leased single room occupancy SRO hotels;
- Units in new capital developments;
- Set-aside DAH units in larger residential buildings owned by nonprofit providers; and
- Units in a licensed residential care facility.

Discussion Questions

1. Are there opportunities to utilize federally-funded subsidies to more effectively combat homelessness?

2. Is there a need for local funding to facilitate the utilization of federally-funded subsidies?

3. To what extent should locally-funded rent subsidies be tenant-based vs. project-based in collaboration with capital funding programs?[i]

4. What opportunities are there for additional rent subsidies to be funded by mainstream agencies, such as DMH, DPSS, First 5, DCFS, Probation and DHS?

5. Should rent subsidy programs be administered solely by housing authorities (as are Section 8 Vouchers and Shelter Plus Care CoC Rental Assistance) or also by mainstream agencies (such as the DHS Flexible Housing Subsidy Pool and the MHSA capitalized operating subsidy)? Should the administration of various rent subsidy programs be centralized or coordinated?

6. How could the newly-created Community Revitalization and Investment Authority (CRIA) be utilized to combat homelessness?

7. To the extent there is County and/or city funding available for additional rental subsidies, should that funding be used primarily for rapid rehousing?

Resources

1. Are there dollars that LA County and/or LA City are currently spending to serve homeless families/individuals which could instead be used to pay for housing?

2. Is there additional revenue which LA County and/or LA City could generate to pay for or reimburse the cost of housing?

Legislative Advocacy

1. Are there any changes in State or Federal law which should be pursued?

    - Add blanket rejection of Section 8 applicants for rental housing to the list of practices prohibited by State Fair Housing law.

    - Support AB 1335 (Atkins) to create and fund a State housing trust fund.

    - Fund the VA's Grant Per Diem and Supportive Services for Veteran Families programs beyond 2015, as getting to "functional zero" does not mean that these programs to prevent veteran homelessness and rapidly re-house veterans will no longer be necessary.

    - Support full funding for the federal Affordable Housing Trust Fund.

    - Support full funding for the Center on Budget and Policy Priorities Section 8 Voucher for families proposal.[ii]

Potential Policy Options

1. Establish a County and city funded rapid rehousing program, including employment services and SSI/veterans' benefit advocacy.

2. Expand the DHS Housing for Health program, including project-based subsidies in collaboration with CDC and HCID capital production programs.

3. Expand the *GR Housing Subsidy and Case Management Program,* potentially including the addition of Rapid Rehousing program elements.

4. Utilize additional funding from mainstream agencies such as DMH, DPSS, First 5, DCFS, and the Probation Department to fund rental subsidies.

5. Expand the Single Adult Model (SAM) and Multidisciplinary Integrated Teams (MITs).

6. Explore the potential establishment of Community Revitalization and Investment Authorities (CRIA) as a means to address homelessness.

7. Provide rapid rehousing for parents of children who are in out-of-home placement, where the sole barrier to reunification is the parent(s)' homelessness, provided that the family can be aided on CalWORKs and the parents will be eligible to welfare-to-work services, including subsidized employment. Funding to be provided by DCFS by using the dollars that would have otherwise paid for the ongoing cost of out-of-home placement

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[i] http://onlinelibrary.wiley.com/doi/10.1111/j.1467-9906.2012.00643.x/abstract

[ii] http://www.cbpp.org/research/research-shows-housing-vouchers-reduce-hardship-and-provide-platform-for-long-term-gains?fa=view&id=4098