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County of Los Angeles CHIEF EXECUTIVE OFFICE

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SACHI A. HAMAI
Chief Executive Officer

December 26, 2017

To: Supervisor Sheila Kuehl, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: Sachi A. Hamai
Chief Executive Officer

Board of Supervisors
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First District

MARK RIDLEY-THOMAS
Second District

SHEILA KUEHL
Third District

JANICE HAHN
Fourth District





KATHRYN BARGER
Fifth District

THIRD SEMI-ANNUAL REPORT ON BOARD PRIORITIES (ITEM NO. 4-A, AGENDA OF JUNE 27, 2016)

In 2015, the Board of Supervisors (Board) established four Board Priorities, now referred to as Board Directed Priorities (Priorities): The Sheriff's Department/Justice Reform, Child Protection, Health Integration, and the Homeless Initiative. Since then, the Board has added two additional priorities: Environmental Oversight and Monitoring and Immigration. Board Directed Priorities is the Board's collective response to complex challenges that have adverse impacts on the health, safety, and well-being of County residents and/or its institutions. On June 27, 2016, the Board requested semi-annual reports on the Board's established priorities. This memo will serve as the Chief Executive Office's (CEO) third semi-annual report in response to that request.

Since 2015, the Board has aggressively pursued a policy-orientated agenda focused on solving some of the County's most challenging and multifaceted issues, which have included:

	CHILD PROTECTION	Enhancing the County's child safety network by adopting and implementing recommendations of the County's Blue Ribbon Commission on Child Protection, including establishing the Office of Child Protection to improve the lives of children and families;
	HEALTH INTEGRATION	Streamlining and integrating access to high quality and comprehensive health services by integrating the Departments of Health Services (DHS), Mental Health (DMH) and Public Health (DPH);

	HOMELESSNESS	Responding and reducing the incidence of homelessness among the County's most vulnerable population, including establishing the Office of Homelessness and approving the Homeless Initiatives' 51 strategies to confront the issues surrounding homelessness;
	JUSTICE REFORM	Diverting of individuals from County jails to supportive services, reducing the incidence of jail violence, and increasing transparency and accountability of the Sheriff's Department;
	ENVIRONMENTAL HEALTH & MONITORING	Strengthening environmental monitoring and oversight, empowering communities, improving regulatory enforcement, and reducing toxic emissions, and;
	IMMIGRATION	Protecting and advancing the well-being of County immigrant residents by establishing the Office of Immigrants Affairs.

The Priorities reflect the Board's deep understanding that before individuals can thrive, they must have their most basic needs met, such as housing, safety and health. Through a streamlined delivery of comprehensive, coordinated and transformative systems of care, the Priorities attempt to support individuals as they move from crisis to stability, and ultimately towards thriving. The following report provides a high-level summary of progress, accomplishments, and the overall status of each of the identified priorities for the reporting period of mid-July 2017 through December 2017. Leaders from each initiative will provide an oral report to the Board during the Board meeting on January 9, 2018.

The next semi-annual report is due on July 10, 2018. Please let me know if you have any questions, or you may contact Fesia Davenport at (213) 974-1186 or via email at fdavenport@ceo.lacounty.gov.

SAH:JJ:FAD
AU:ma

Attachments

c: Executive Office, Board of Supervisors
County Counsel
All Departments



BOARD DEFINED PRIORITIES



LOS ANGELES COUNTY

CHIEF EXECUTIVE OFFICE

January 2018 Update



CHILD PROTECTION

On June 10, 2014, your Board adopted recommendations from the final report of the Los Angeles County Blue Ribbon Commission on Child Protection, which included a recommendation to establish the Office of Child Protection (OCP). The OCP is responsible for, among other things, implementing the recommendations from the Blue Ribbon Commission. The OCP provides regular progress updates to your Board. Per the Board's request, the update below includes information related the Transport Pilot Project for Foster Youth and the expansion of the Family-Finding Pilot. The OCP's October 31, 2017 progress update is contained in Attachment I and a high-level summary of achieved milestones and critical activity is provided below.

Countywide Prevention Plan

Milestones Achieved

- Launched a pilot project to connect families seeking DPSS services to home visitation and other prevention services at the DPSS GAIN Region V office in South County (November 2017).
- Submitted a progress report on the status of a conceptual plan for countywide universal home visiting on (October 10, 2017/Attachment Ia).
- Released *A Portrait of Los Angeles County*, this report will assist planning efforts for improving resident outcomes across Los Angeles County (November 28, 2017).

Consolidation of Public Health Nurses (PHNs)

Critical Activities

- Submitted a plan to the Board that identifies the best use of PHNs in child welfare, and includes the CSW/PHN joint-visit pilot evaluation conducted by the Children's Data Network (December 8, 2017).

Electronic Data-Sharing Efforts

Critical Activities

- Currently developing Phase I of an electronic system for sharing law-enforcement data related to a child abuse or neglect investigation with DCFS. The system is undergoing user testing with emergency response Children's Social Workers (CSWs) and Supervising Children's Social Workers (SCSWs).

Increasing the Use of Relative Placements

Milestones Achieved

- Placed youth with relatives at a rate of 80% or higher through the Family Finding pilot launched in November 2016 at the DCFS Santa Fe Springs and Glendora offices (Attachment Ib).
- Expanded pilot project to the Vermont Corridor and West LA DCFS regional offices.

School Stability - Every Students Succeeds Act (ESSA)

Critical Activities

The DCFS/LACOE/LAUSD Pilot for transporting foster youth is currently operational. OCP provided the Board with a written report on October 5, 2017 (Attachment 1c).

- LACOE executed a contract with a vendor to transport youth to their schools of origin.
- DCFS trained 817 new CSWs on the benefits of and students' legal right to remain in schools of origin, working with youths' Education Rights Holders, and the resources available for transporting them.
- LAUSD developed procedures for existing and modified bus routes to transport youth and trained front-line staff on these procedures.
- Transported over 450 youth to their schools of origin under this pilot (September 2017 through December 2017).
- Completed design of an evaluation, which the Children's Data Network will utilize to incorporate lessons learned from the pilot into long-term ESSA transportation plans.

Psychotropic Medication Use in Child Welfare

Milestones Achieved

- Filed a final report with the State Auditor that outlined all actions taken in response to the Auditor's August 2016 report (August 23, 2017).

Self-Sufficiency for Transition-Age Youth (TAY)

Critical Activities

- Developing a plan for increasing permanency efforts to reduce the number of youth who age out of foster care. Working with CEO staff and key stakeholders to identify services, and increase youths' knowledge of and access to those services.
- Disseminated a survey to collect data on current philanthropic funding for system-involved TAY.

Transitional Shelter Care (TSC) Overstay

Milestones Achieved

- Launched a pilot that uses Engagement Placement Stabilization (EPS) meetings for youth that overstay, followed by a hearing in Dependency Court to review all efforts to place youth (September 2017).

County Medical Hubs

In January 2017, the Health Agency, the Office of Child Protection and the Department of Children and Family Services, formed the Implementation Council for the Vulnerable Child to support the physical and mental health of DCFS-involved children and youth, to ensure you receive comprehensive physical and mental health assessments and referrals for appropriate follow-up care within 30 days of entering the system and to strengthen and expand the Medical Hubs across the County.

Critical Activities

- In consultation with stakeholders and a consultant, assessed the current state of County Medical Hub services, resources, and clients served to identify areas where additional investments can be made to enhance services to children and families.
- Working with DCFS to track efforts to comply with the policy that requires that all detained children receive their initial comprehensive medical examinations within 30 days of detention.



INTEGRATED HEALTH

On August 11, 2015, the Board approved the creation of the Los Angeles County Health Agency (Health Agency) with the goal of streamlining and integrating comprehensive health services through the integration of the Departments of Health Services (DHS), Mental Health (DMH), and Public Health (DPH). The Health Agency provides quarterly reports to the Board on the progress of achieving its goals and outcomes and changes in funding streams. Per the Board's request, the update below includes information related to Whole Person Care (WPC) utilization rates and WPC funds expended, the expansion/increase of Institution for Mental Disease (IMD) beds and Urgent Care Centers, and the transition of the Sheriff's Medical Services Bureau to the Health Agency's Integrated Correctional Health Service. The Health Agency's December 12, 2017 quarterly report is contained in Attachment II and a high-level summary of achieved milestones and critical activity is provided below.

Consumer Access and Experience

Whole Person Care (WPC):

Milestones Achieved

- Recognized approximately \$180.70 million as revenue and approximately \$151.1 million in WPC program expenditures and commitments have been incurred through November 30, 2017 for program, staffing, service and supplies, IT Clinical software and infrastructure needs.
- Enrolled 11,926 individuals in Whole Person Care (WPC) programs through October 2017 for a total of 94,428 cumulative member months served from January through October 2017.
- Executed a new training services master agreement and medical legal services partnerships contracts to support Whole Person Care programming.
- Filled approximately 161 positions out of a total of 248 positions from Round I Whole Person Care positions, which includes some registry and contract positions. We are currently working on a pathway to permanent County jobs for our contracted workforce, particularly for community health workers.
- WPC staff are promoting a stable and growing community health worker workforce for LA County. Specifically, WPC will develop a new class series for community health workers; new community health worker bulletins that highlight appropriate competencies and functions; and an application and assessment system that is accessible, as well as identifying values and skills most essential for success in the community health worker role. All development will be in line with national research and practice in the community health worker field.

- Attached is the quarterly update entitled "Whole Person Care Funding Obligations and Expenditure" from October 20, 2017 (Attachment IIa).

Housing and Supportive Services for Homeless Consumers

Skid Row Sobering Center:

Milestones Achieved

- Opened a mobile sobering unit in Skid Row to identify and transport acutely intoxicated individuals to the Skid Row Sobering Center, in collaboration with Los Angeles Fire Department (November 14, 2017). This mobile unit is staffed by a nurse practitioner, an emergency medical technician, and a peer case manager. This unit is working hand in hand with Exodus Recovery, Inc., the operator of the Sobering Center to further address the health and safety of the community.

Countywide Benefits Entitlement Services Team:

Milestones Achieved

- Implemented the Countywide Benefits Entitlement Services Team (C.B.E.S.T.) to assist individuals who are homeless, or at risk of homelessness, with applications for Supplemental Security Income (SSI), Social Security Disability Income (SSDI), Cash Assistance Program for Immigrants (CAPI) and Veterans' benefits at 29 locations, including 14 DPSS General Relief district offices and 15 community-based locations.
- Screened 2,497 individuals and enrolled 2,254 individuals in the program from April 2017 through September 31, 2017.
- Linked 50 individuals to permanent housing, submitted 105 SSI/SSDI applications, received 27 approvals and are awaiting dispositions on 70 applications, from April 2017 to September 31, 2017.

Multi-Disciplinary Outreach Teams:

Milestones Achieved

- As of October 2017, 16 street-based multi-disciplinary outreach teams (MDT's) were operating in all SPAs and 20 additional teams will be added by July 2018, for a total of 36 teams. Additionally, in January 2018, 40 outreach generalists (20 teams of 2) will be added as an adjunct entity to the MDT teams with a dedicated focus on serving County facilities and public spaces including libraries, parks, and beaches.
- Contacted 4,055 individuals; engaged 2,236 of these individuals for services; 363 of these individuals were placed in interim housing; 374 of these individuals were successfully linked to permanent housing and 24 individuals were permanently housed, from May 2017 through September 2017.

Overcrowding of Emergency Department by Individuals in Psychiatric Crisis

Mental Health Urgent Care Centers (UCC):

Critical Activities

- DMH is on target to open two UCCs in FY 2017-2018.
 - Pursuant to an October 24, 2017 Board Motion, work is commencing on the build-out of a UCC on the Harbor-UCLA Medical Center campus. This UCC is anticipated to open in the spring of 2018.
 - DMH expects to seek Board approval for the Long Beach UCC in December 2017. The UCC is anticipated to open in late spring of 2018.

Solicitation for Crisis Residential Treatment Facilities:

Milestones Achieved

- On October 31, 2017, the Board of Supervisors authorized DMH to enter into agreements with providers of crisis residential treatment programs.

- Two providers anticipate opening programs by January 2018.
- Two additional providers expect to open programs by the end of Fiscal Year 2017-2018.

Further Accomplishments:

- Entered into MOUs between DMH and multiple non-Lanterman-Petris-Short (LPS) designated private hospitals to detain and transfer individuals on involuntary (5150) holds, and to avoid sending such individuals to DHS Emergency Departments whenever possible. While still in an early phase, the program appears to be working smoothly with very few patients transferred to DHS. Further expansion is planned.

Institutions for Mental Disease (IMD):

Critical Activities

- Preparing a January 2018 DMH Board letter to request approval to execute agreements with two new IMD providers, Crestwood Behavioral Health, Inc. for 60 IMD beds and Sylmar Health and Rehabilitation Center, Inc., for 15 IMDs beds to provide mental health services for individuals discharged from County, State and private hospital psychiatric units, County jails and State prisons.
- Requesting delegated authority to enter into new agreements with IMD providers.

Access to Culturally and Linguistically Competent Programs and Services

Department of Health Services Activities:

- Coordinated the Medical/Healthcare Interpreter staffing coverage for Care Harbor Free Clinic, which is sponsored annually by Supervisor Mark Ridley-Thomas' office. Eight Medical/Healthcare Interpreter staff assisted clinicians and medical personnel at the Care Harbor Free Clinic. Staff were assigned to areas involving complex medical encounters and covered languages included Korean and Spanish, from November 17 through November 19, 2017.
- Coordinated a training of nurses, health educators, health education assistants, and community workers on approaching patients to request their Sexual Orientation & Gender Identity (SOGI) information so it can be included in the Electronic Health Record (September 11, 2017).
- Hosted a "Cultural Diversity Celebrations" to engage staff from various disciplines, as well as patients and their families to celebrate the diversity of the multi-ethnic communities served by DHS, promoting employee engagement and fostering a culture of teamwork.

Health Agency Activities:

- Launched the "Health Agency Call Center" and coordinated the connectivity of the telephonic healthcare interpretation service to the "Call Center" (July 2, 2017).
- Received 1,286 calls, provided 13,171 minutes of interpretation service, since July 1, 2017, and facilitated the translation of the "Health Agency Call Center – Greeting Script" into the following threshold languages: Armenian, Cantonese, Mandarin, Farsi, Korean, Russian, Spanish, Tagalog, Vietnamese, and Cambodian.
- Coordinated the connectivity of the telephonic healthcare interpretation service to community workers staff's mobile phones to provide access to interpretation services during their outreach activities and support the "Health Agency Whole Person Care Program."
- Provided access to a total of 47 calls and 576 minutes of interpretation service since mid-September.

Department of Mental Health (DMH) Activities:

DMH Promotores:

- Operationalized DMH Promotores in four Service Areas 4, 6, 7 and 8.
- 90 part-time Promotores are available to provide outreach in schools, churches, community centers, parks, libraries, and private homes and provided over 1,000 presentations to date this year.
- Engaged in outreach to inform communities about the threat of lead exposure from the Exide site, and the threat of vector borne illnesses such as West Nile virus and Zika virus. Received training on issues of immigration for undocumented residents, DACA, and stress-related disorders.
- Exploring the expansion of the Promotores across the health agency and creating culturally relevant health promoter services to other cultural communities.

Diversion of Corrections-Involved Individuals to Community-Based Programs and Services

Phase II Completion of Transfer of Staff from the Sheriff's Department Medical Services Bureau:

Milestones Achieved

- Completed Phase II of the transfer of staff from the Sheriff's Medical Services Bureau to the Health Agency's Integrated Correctional Health Services (May 1, 2017).
- Worked with the CEO and Sheriff's Department to successfully transfer approximately 1,500 ordinance positions. Hired over 100 staff and 35 hires are in process.

Critical Activities

- Created a new health leadership team to set the vision for integrated health services within the County jail system and added new functions (e.g., reentry services, access to care), as necessary, to create integrated clinical care, in partnership with the Sheriff's Department.

Implementation of Expanded Substance Use Disorder Benefits

Milestones Achieved

- Implemented the Drug Medi-Cal Organized Delivery System (DMC-ODS) (July 1, 2017). This new substance use disorder (SUD) benefit package and system of care redesign expands services for Medi-Cal and My Health LA eligible and enrolled individuals residing in Los Angeles County.
- Developed and implemented two new service tools: the online directory known as the Service and Bed Availability Tool (SBAT), which is available at <http://sapccis.ph.lacounty.gov/sbat/>, and the 24/7 toll free Substance Abuse Service Helpline (SASH) at 1-844-804-7500. Patients seeking SUD treatment may call the SASH and speak directly with a substance abuse counselor, receive a brief assessment, and be linked to treatment provider in real time.

Vulnerable Children and Transitional Age Youth

Critical Activities

As of November 17, 2017, the Vulnerable Children and Transitional Age Youth workgroup has:

- Conducted an assessment of Medical Hub services countywide to identify areas where additional investments can be made to enhance services to children and families.
- Convened an implementation council meeting to review the Hub assessment with DHS, DMH, the Department of Children and Family Services and the Office of Child Protection to determine next steps (November 8, 2017).

- Evaluated prevention networks in the community to support services at the Hubs, including the prevention and aftercare networks and home visiting services.
- Conducted site visits to determine space needs to support the Hub expansion.

Chronic Disease and Injury Prevention

Interagency Workgroup for Chronic Disease and Injury Prevention's Smoking Cessation Efforts:

Critical Activities

- Continued its effort to standardize the smoking cessation protocol and cessation services delivered across the Health Agency-operated clinics. These include 14 Public Health centers, 25 DHS directly-operated clinics, and nearly 40 DMH sites. With support from Proposition 56, the Workgroup proposes to utilize a behavioral design team within the three departments to help iteratively design/redesign, test and engineer these cessation protocols and interventions into part of the clinical workflow.
- Under the Proposition 56 work plan, the Interagency Workgroup is working with the California Smokers Helpline to incentivize LA County residents to quit smoking through the State quit line.

Trauma Prevention Initiative (TPI) and Parks After Dark (PAD) Program (Attachment IIb):

Milestones Achieved

- Beginning to collaborate and support hospital-based violence intervention (HBVI) services, a program used widely throughout the nation to reduce community violence and decrease repeat visits to trauma centers for violence-related injuries, at St. Francis Medical Center. Initial planning for a similar effort at Harbor/UCLA Medical Center is also under way.
- Concluded the 2017 PAD season, with community participation in a range of recreational activities, educational workshops and courses, and entertainment/cultural programming at 23 selected parks in communities with higher economic hardship, obesity prevalence, increased assault rates, and justice-involved youth (as compared to the County overall). Planning for the 2018 PAD season is now under way.

Community Engagement:

Critical Activities

- Convened and launched a Trauma Prevention Initiative Training and Technical Assistance Team to assist service agencies with their efforts to address and prevent violence and all forms of trauma in these communities. More than 25 non-profit service agencies requested access to this free resource. This is part of continuing efforts to engage the community and improve services capacity in communities of Westmont/West Athens, Willowbrook, East Compton, and Florence-Firestone.



HOMELESS INITIATIVE

On February 9, 2016, the Board approved the Los Angeles County Homeless Initiative (HI) recommendations, which included 47 strategies to combat homelessness. On December 6, 2016, the Board approved four new strategies as part of the Measure H ordinance, bringing the total number of strategies to 51. Of the 51 HI strategies approved by the Board, 40 have been fully or partially implemented. Of the original 17 original HI Strategies now funded through Measure H, all except two have been implemented. The HI provides the Board with quarterly status reports on these strategies. The November 9, 2017 HI quarterly report is contained in Attachment III and a high-level summary of achieved milestones and critical activity is provided below. Per the Board's request, additional information is provided related to the identification of homeless individuals and efforts to integrate services to provide holistic care to the homeless in Attachment IIIa.

A1: Homeless Prevention Program for Families

- Provided 547 families with homeless prevention services through the Family Solutions Centers. Of the 52 families that completed the homelessness prevention program, 38 (73%) retained permanent housing (July through September 2017).

B4: Facilitate Utilization of Federal Housing Subsidies

- The Housing Authority of the County of Los Angeles (HACoLA) received 620 landlord requests to participate in the Homeless Incentive Program (HIP) and provided \$825,495 in incentive payments to help secure 520 vacant units for voucher holders as of September 29, 2017. Housed 426 formerly homeless families, with an additional eight families in the final leasing stages.

B7: Interim/Bridge Housing for Those Exiting Institutions

- The Department of Health Services (DHS) provided interim housing to approximately 46 individuals who were discharged from private hospitals (July through September 2017).

C4/C5/C6: Establish a Countywide SSI and Veterans Benefits Advocacy Program for People Experiencing Homelessness or At Risk of Homelessness

- Countywide Benefits Entitlement Services (CBEST) teams assisted 2,320 disabled individuals with applications for Supplemental Security Income (SSI) and Veterans Disability Benefits (April through September 2017).

D2: Expansion of Jail-in-Reach

- Engaged 4,540 clients by the Jail In-Reach project. Following the initiation of project services at Pitchess Detention Center in September 2017, all Los Angeles County Sheriff's Department (LASD) jail facilities now have in-reach services (as of September 2017).

D7: Provide Services and Rental Subsidies for Permanent Supportive Housing

- The Health Agency began implementation on July 1, 2017. DHS increased Intensive Case Management Services which include comprehensive and multidisciplinary services to help homeless individuals and families meet their housing, health, and social service needs. The Department of Mental Health (DMH) also released a Statement of Eligibility and Interest to expand Full Service Partnership (FSP) programs that serve those with severe mental illness.

E4: First Responders Training

- Provided 24 First Responder Training classes with approximately 618 deputies and sergeants attending (as of September 30, 2017).

E6: Countywide Outreach System

- Multidisciplinary Teams (MDTs) contacted more than 3,000 individuals, connected more than 1,000 individuals to services, placed 280 individuals into interim housing, linked 270 individuals to a permanent housing program, and placed 18 individuals into permanent housing (July through September 2017).

E7: Strengthen the Coordinated Entry System

- Expanded 33 existing Coordinated Entry System (CES) contracts with Measure H funds, increasing services for single adults, families, and youth, including a 300 percent increase in housing navigation services (October 2017).

E8: Enhance the Emergency Shelter System

- Added 200 units of interim housing for families through new site-based units and motel voucher funding, due to Measure H funding. There was an increase of 84 interim beds that serve homeless clients with complex health and/or behavioral health conditions who need a higher level of support services than is available in most shelter settings. In October, Los Angeles Homeless Services Authority (LAHSA) awarded contracts for 150 crisis housing beds for single adults and 152 beds for youth (60 crisis beds and 92 bridge housing beds).

E14: Enhanced Services for Transition Age Youth

- Assessed 2,315 youth have been assessed using the Next Step Tool. During that period, 896 youth were placed in permanent housing through the Youth CES (July through September 2017).

Other Homeless Initiative Directives**Coordination with Cities and Councils of Government***Critical Activities*

- In July and October 2017, the Board allocated a total of \$2.575 million for regional coordination services by Councils of Government (COGs) and homelessness planning grants for cities in the Los Angeles Continuum of Care.

Milestones Achieved

- Nearly 300 County and city elected officials, city representatives, County departments, COG representatives, and service providers attended the HI's 2nd Cities' Summit to Combat Homelessness in the City of Carson (September 27, 2017).
- 47 cities have been conditionally awarded grants to develop city homelessness plans.
- Contracts have been executed or are in the process of being executed with six COGs.

AB 210 Passage*Milestones Achieved*

- County-sponsored Assembly Bill (AB) 210 was signed into law by the Governor in October. AB 210 authorizes counties to establish multidisciplinary personnel teams that can share confidential information in order to coordinate housing and supportive services, ensure continuity of care, and reduce duplication of services to homeless adults and families. Among other benefits, the new law will considerably aid in the County's efforts to prioritize the care of high-cost homeless single adults.

Critical Activities

- The HI is working with County Counsel and participating County Departments/Agencies to develop a protocol which will govern the sharing of confidential information within these teams, and is aiming to begin implementing AB 210 in early 2018.

Measure H Citizens Oversight Advisory Board

Critical Activities

- The Measure H Citizens' Oversight Advisory Board held its inaugural meeting on September 26, 2017. The Oversight Board's five members, each appointed by a member of the Board of Supervisors, will review and evaluate all Measure H spending. Their work is a crucial component of the accountability built into Measure H.

National Alliance to End Homelessness Annual Award

Milestones Achieved

- The County was awarded one of three prestigious Innovation and Excellence awards by the National Alliance to End Homelessness (NAEH). The award recognized the County's transparent and inclusive process for developing the HI Strategies and the successful passage of Measure H.



ENVIRONMENTAL HEALTH OVERSIGHT

On June 27, 2016, the Board of Supervisors added Environmental Health Oversight and Monitoring as a fifth priority to those established by the Board a year earlier. The CEO's Office subsequently convened the Departments of Public Health (DPH), Fire, Public Works, and the Office of Emergency Management to create a framework for advancing County efforts in this area and provided a written report to the Board on December 13, 2016, which included DPH's resulting framework paper "Environmental Oversight and Monitoring: Building Capacity to Address Environmental Threats," which outlined the approach for implementing this Board priority. During the past three years, the County has responded to several major environmental threats that impacted the health and well-being of entire communities. These included an unpermitted lead smelter operated by Exide Technologies that released toxic emissions, the release of natural gas from the Aliso Canyon gas storage facility, a metal fire and explosion in the City of Maywood, and emissions of hexavalent chromium from high-risk facilities in a mixed industrial/residential area in the City of Paramount.

Two factors were common in each of these incidents: (1) a high-risk facility, or multiple facilities operating in close proximity to densely populated areas; and (2) substantial and prolonged regulatory non-compliance. The County's experience in responding to these threats clearly demonstrated the need to strengthen its capabilities to prevent, prepare for, and respond to environmental health hazards. Strengthening these capabilities leads to better informed and empowered communities, greater enforcement efforts by State and local regulators, improved compliance on the part of regulated industries, reductions in toxic emissions, and ultimately improved health outcomes. Following is an update on this priority for the reporting period of July 2017 through December 2017:

Status of Major Existing Health Threats

Hexavalent Chromium Emissions in Paramount and Compton (Attachment IV)

Critical Activities

- Directed six facilities to take all necessary actions in coordination with the local air district to eliminate elevated hexavalent chromium emissions.
- Provided technical guidance to Paramount Unified School District on indoor air testing and best practices for deep cleaning of indoor spaces. County also implemented independent retesting in two of the schools.

Lead in Communities Impacted by the Former Exide Facility (Attachment IVa)

Critical Activities

- Conducted soil sampling at five residences previously tested by the State and classified as not requiring priority cleanup. County testing determined that three of the five properties did in fact meet State criteria for priority cleanup. These findings support the County's request to make cleanup decisions on a "block-by-block" rather than "parcel-by-parcel" basis.

- Urged the Department of Toxic Substances Control to make three key changes in the cleanup plan: (a) include cleanup of parkways; (b) clean up lead dust in home interiors; and (c) make cleanup decisions on a "block-by-block" rather than "parcel-by-parcel" basis.
- Developed and implemented legislative and political strategies with the County Work Group to achieve necessary changes in the State cleanup plan.
- Conducted home visits to residents of highly contaminated properties to communicate health risks, and link residents to available resources. To date, over 900 residences have been visited.
- Offered blood lead testing at events in Boyle Heights, Bell, Huntington Park, Commerce, East Los Angeles, and Maywood. A total of 493 residents have taken advantage of the free testing during this reporting period.

Aliso Canyon Natural Gas Disaster

Critical Activities

- Analyzed symptom and odor data with Air Quality Management District to identify trends and conduct follow-up investigation of emission sources in response to increased odor and symptom complaints following resumption of gas injections into Aliso Canyon (July 31, 2017).
- Communicated the need for a comprehensive long-term health study to stakeholders, and continued to identify legislative, political, and legal strategies to secure necessary funding.
- Continued work with Porter Ranch Neighborhood Council to identify funding to support expanded fence-line and community air monitoring.

Status on Prevention-Focused Strategies

Demonstration Project in Florence-Firestone

Critical Activities

- Identified six priority facilities of concern within the project area and convened a multi-agency task force to conduct joint inspections and take necessary enforcement actions.
- Identified key areas based on community input where policy and system changes are needed to address gaps in regulatory oversight, enhance air monitoring of pollution sources, and provide integrated data management.

Neighborhood Oil and Gas Production

Milestones Completed

- Worked with the Department of Regional Planning and the Oil and Gas Strike Team to prepare a report on oil and gas production facilities, including information on compliance status, environmental conditions, health risks, and recommendations to strengthen regulation of these facilities.
- Completed the DPH report, "Public Health and Safety Risks of Oil and Gas Facilities in Los Angeles County," which identifies actions other jurisdictions have taken to mitigate risk and provides recommendations for next steps in Los Angeles County.
- Convened a community workshop to discuss public health and safety risks associated with oil and gas facilities and receive input from residents, partner agencies, and community-based organizations.



JUSTICE REFORM

Beginning in 2015, the Board has championed efforts and made Justice Reform a priority, transforming how health, public health and mental health services are provided in our jails. The Board also established the Office of Diversion and Reentry to divert persons with mental illness and/or substance abuse, including individuals who are homeless, from our jails and link them to appropriate health, mental health and substance use disorder services. Later in 2016, the Board established the Sheriff's Civilian Oversight Commission to engage the community and increase transparency and accountability of the Sheriff's Department. These collective efforts aim to decrease recidivism, enhance public safety, increase transparency and improve access to care for those that need it. The following is a summary of the achieved milestones and critical activity.

The Office of Diversion and Reentry (ODR), a division within the Department of Health Services, develops and implements countywide criminal justice diversion for persons with mental illness and/or substance abuse, including persons who are homeless. ODR's July 13, 2017 status report is contained in Attachment V, and a high-level summary of achieved milestones and critical activity is provided below.

Office of Diversion and Reentry (ODR)	
Misdemeanor Incompetent to Stand Trial-Community Based Restoration (MIST-CBR)	
<i>Milestones Achieved</i>	
<ul style="list-style-type: none"> Removed 551 clients from jail and connected them to community-based treatment including community outpatient, inpatient, and supportive housing programs. 	
ODR Housing	
<i>Milestones Achieved</i>	
<ul style="list-style-type: none"> Released 848 homeless clients with serious mental or substance use disorders to housing from LA County jail. The program provides intensive case management services, linkage to mental health and substance use treatment, interim housing, and permanent supportive housing. 	
Leveraging Non-County Dollars	
<i>Critical Activities</i>	
<ul style="list-style-type: none"> Launched LA County's first Law Enforcement Assisted Diversion (LEAD) program to divert individuals with substance use disorders at the point of arrest for drug or prostitute charges (November 2017). Awarded \$5.9 M from the Board of State and Community Corrections. 	

- Began implementation of Proposition 47 grant. Awarded \$20M from Board of State and Community Corrections to provide supportive services, linkage to mental health and substance use treatment services, and recovery bridge housing.
- Launched LA County's first Pay for Success (PFS) project to scale ODR work to provide permanent supportive housing to homeless inmates with mental health and substance use disorders. Awarded \$2M from the Board of State and Community Corrections.
- Launching SB 678 funded workforce development collaboration with the Probation Department and Workforce Development Aging and Community Services (WDACS) to ensure adult felony probationers are on the path to living wage employment through individualized employment support services and training.

The Sheriff Civilian Oversight Commission

The Sheriff Civilian Oversight Commission (COC) was established in November 2016 to improve public transparency and accountability with respect to LASD by providing opportunities for community engagement, ongoing analysis and oversight of department's policies, practices, procedures, and advice to the Board of Supervisors, and the public. Below is a high-level summary of achieved milestones and critical activity is provided below.

Sheriff Civilian Oversight Commission

Commission Meetings

Critical Activities

- Held its inaugural Commission meeting in January 2017. Since that date, the COC has conducted 11 Commission meetings, five Town Hall meetings and numerous community meetings. To date, this has resulted in over 1,000 members of our community attending and engaging with the COC.

Monitor Implementation of DOJ/Rosas Compliance Status (Force and Inmate Grievance Settlement)

Critical Activities

- Monitors the Implementation Plan of the Rosas v Baca agreement. The court-appointed monitor has updated the COC with quarterly report briefings on two occasions.

Policy Recommendations

Milestones Achieved

- Adopted a policy concerning the use of Unmanned Aircraft System (UAS) by the LASD. While the COC voted to request that the LASD ground the UAS, the Sheriff has indicated he will continue to utilize the device, but will abide by the recommendations outlined in the COC UAS Report. This action was taken in response to a request from the Board.

Critical Activities

- Currently reviewing the LASD Use of Mental Evaluation Teams (MET). This action is in response to a request from the Board to review the LASD's current use of MET teams and to determine their efficacy. The COC will issue its final report in January 2018.
- Currently reviewing LASD Use of Force policies by deputies on patrol. This report will be delivered to the BOS and LASD in mid-2018.
- Reviewing the efficacy of the LASD's use of body worn cameras, as well as the policies surrounding the use of body worn cameras.

- Reviewing the LASD cooperation with Federal Immigration Agents in the jail system. This review is ongoing and will be completed in February 2018.
- Reviewing the LASD's compliance with the Prison Rape Elimination Act (PREA). The COC will report back to the BOS in March 2018.

Other Activities

- Adopted a resolution and filed an Amicus Letter with the California Supreme Court in support of Sheriff McDonnell's efforts to release the names of LASD deputies whose conduct might impugn their ability to testify in criminal matters (Brady v US).
- Adopted a resolution condemning the suggested unlawful Use of Force by President Trump against criminal suspects, as such statements negatively affect the level of trust between law enforcement and the community.
- Currently reviewing the following issues: the LASD enforcement of Cannabis DUI laws, improvements in the LASD complaint process, health care in the jails, Internal Affairs staffing, among other issues.

The Sheriff's Department

The Los Angeles County Sheriff's Department (LASD) has taken several steps to implement reforms, including developing and implementing strategies to replace Men's Central Jail to better manage its inmate population; implementing the Department of Justice (DOJ)/Rosas Settlement reforms; and partnering with the Department of Health Services to transition to the Integrated Correctional Health/Medical Services Bureau. The Sheriff's Department's detailed narrative is contained in Attachment Va, and a high-level summary of achieved milestones and critical activity is provided below.

Sheriff Priorities/Justice Reform

Jail Replacement

Mira Loma Women's Detention Facility

Milestones Achieved

- Signed the Project Delivery and Construction Agreement (one of the six legal agreements required by the grant) was signed by representatives with the California State (State) Public Works Board, Department of Corrections and Rehabilitation of the State, Board of State and Community Corrections (July 26, 2017).

Critical Activities

- Working to finalize the State and the County ground lease agreement as part of the AB 900 financing. It is anticipated to be completed and approved by March 2018.
- Part A of the Request for Proposal (RFP) will need to be re-released by the Department of Public Works (DPW) as two of the three pre-qualified bidders withdrew. The delay associated with the re-issuance of Part A to increase the number of short-listed proposers is concurrent with the Environmental Impact Report (EIR) process for CCTF. Thus, both projects are still anticipated to award design-build contracts at the same time, as directed by the Board.

Consolidated Correctional Treatment Facility

Milestones Achieved

- Completed the draft EIR.
- Released the public draft of the EIR for public review comment (October 19, 2017). The 60-day public review has started, and the comment period will end on December 18, 2017. The public review meeting for the release of the draft EIR occurred on October 30, 2017.

Critical Activities

- DPW is working with two pre-qualified design-build teams, and County Counsel is finalizing Part B of the RFP. A second public review meeting for the release of the draft EIR is scheduled to occur on December 2, 2017.

Implementation of DOJ/Rosas Compliance Status (Force and Inmate Grievance Settlement)

Note: The status of the implementation of the DOJ/Rosas Compliance settlement is provided to the Board by County Counsel on a quarterly basis.



IMMIGRATION

After taking several significant actions to protect and advance the well-being of residents in the County of Los Angeles regardless of immigration status, the Board formally established Immigration as the sixth Board Priority on September 12, 2017. Beginning in 2016, the Board took the following actions:

- On December 6, 2016, created the Immigrant Protection and Advancement Taskforce (IPAA Taskforce), responsible for researching, developing, and recommending strategies to protect and address the needs of immigrant residents;
- On December 20, 2016, joined the City of Los Angeles and philanthropic organizations to establish the Los Angeles Justice Fund jointly providing \$10 million for legal representation to Los Angeles County residents currently at risk of removal and who cannot afford an attorney; and
- On January 10, 2017, established the Office of Immigrant Affairs (OIA) within the Department of Consumer and Business Affairs (DCBA), responsible for connecting residents with support services, consumer protection, and outreach and educational supports.

The DCBA's OIA detailed narrative is contained in Attachment VI and high-level summary of achieved milestones and critical activity is provided below.

IPAA Taskforce

Critical Activities

- Working to convene the Immigration Protection and Advancement Taskforce (IPAA) to assess existing County programs and services, and identify changes that can be made in service delivery models to inform and better serve immigrant residents by December 2017. IPAA will submit to the Board a Countywide Immigrant Protection and Advancement Strategy Report (Report) with recommendations for each County department, goals and deliverables for such strategies, and policy recommendations.
- Convened the IPAA Taskforce to discuss the Report, IPAA's responsibilities, and whether a consultant is needed (October 25, 2017).

Outreach and Education

Milestones Achieved

- Launched the OIA Website, in partnership with CEO, Countywide Communications, and County Counsel. The website provides information and resources to an average of 1,700 clients and partners per month. The site

includes information about legal representation through the Los Angeles Justice Fund, immigration and consumer fraud protection services, legal forms and brochures, and information about County services (March 2017).

Critical Activities

- Developed a "Know Your Rights" online informational brochure to educate immigrant residents on their rights and provide a listing of available resources (April 2017) and printed brochures (September 2017).
- Conducted a month-long outreach campaign consisting of an OIA advertisement that ran on 215 buses and 200 trains (June 2017).
- Conducted and/or participated in an average of five public outreach events per month, reaching at least 4,000 immigrants in 2017.
- Conducted 13 train-the-trainer workshops to train County and external partners about County services available to immigrants and their families, and how they can access them.
- Created and launched a comprehensive PathWays2Citizenship website to encourage and assist immigrants to become citizens, in partnership with the County Public Library. The website is in English, Spanish, and Chinese and includes citizenship forms, study guides, and other resources.

Consumer Fraud Protection and Assistance:

Critical Activities

- Currently processing an average of 75 complaints annually involving immigration services fraud. From these complaints, DCBA builds cases for referral for prosecution. One case completed in early 2017 uncovered approximately 1,000 victims, while a second case still in process revealed 4,700 potential victims. OIA works closely with the Investigations team to identify cases and assist the victims.

Los Angeles Legal Justice Fund (LJF)

Milestones Achieved

- Assisted in operationalizing the LJF to provide legal representation to County immigrant residents at risk of removal and who could not afford an attorney, in coordination with CEO and County Counsel.
- Executed a two-year, \$3 million contract with the California Community Fund (CCF) to administer the County's share of the LJF, under the advice of CEO and County Counsel (July 4, 2017).
- Disbursed \$1 million to CCF for FY 2016-17 (July 14, 2017).
- CCF released a Request for Funding Proposals on July 20, 2017. Thirty-eight legal service providers applied for grants, and CCF selected 16 to receive LJF grants.
- CCF announced the selected grantees (November 27, 2017).

Deferred Action for Childhood Arrivals

Critical Activities

On September 5, 2017, the Trump Administration imposed a deadline for DACA recipients to apply for renewal by October 5, 2017. OIA engaged in the following activities to help DREAMers:

- Participated and moderated a press conference, attended by Supervisors Solis and Hahn, LA City Mayor Garcetti, and many other strategic partners (September 5, 2017).

- Conducted three live Facebook chats with legal aid immigration attorneys to answer a wide variety of questions from DREAMers. More than 3,500 people have viewed the chats.
- Provided DACA information to all County Department heads and employees about DACA, in partnership with the Board, the Department of Human Resources and County Counsel
- Participated in a dozen community events. One event was attended by more than 25,000 people and included 45 radio spots announcing OIA's services for immigrants and DACA recipients.



COUNTY OF LOS ANGELES OFFICE OF CHILD PROTECTION

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EXECUTIVE DIRECTOR

October 31, 2017

To: Supervisor Mark Ridley-Thomas, Chair
Supervisor Hilda L. Solis
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: Judge Michael Nash (Ret.)
Executive Director

PROGRESS UPDATE ON THE WORK OF THE OFFICE OF CHILD PROTECTION

In the final report of the Los Angeles County Blue Ribbon Commission on Child Protection (BRCCP), *The Road to Safety for Our Children*, one key recommendation was to “establish an entity to oversee one unified child protection system.” On June 10, 2014, your Board adopted the recommendations contained within that BRCCP final report and took action to establish the Office of Child Protection (OCP) as a separate entity reporting directly to the Board and located within the Executive Office. The OCP has submitted updates on its progress to your Board quarterly since August 1, 2016; this is a follow-up on its progress since the last update submitted on July 31, 2017.

Countywide Prevention Plan

- Implementing the OCP's plan, *Paving the Road to Safety for Our Children: A Prevention Plan for Los Angeles County*. Workgroups have been formed with the Prevention & Aftercare Networks and in the areas of home visitation, measuring prevention, and advising the development of the *Portrait of Los Angeles* report
- Working with the Department of Public Health (DPH), Center for Strategic Public-Private Partnerships (CSPPP), First 5 LA, Department of Mental Health (DMH), Department of Children and Family Services (DCFS), Public Library, Probation Department, Department of Health Services (DHS), Department of Public Social Services (DPSS), Children's Data Network, and the LA County Perinatal and Early Childhood Home Visitation Consortium on developing a plan for expanding home visitation services available to vulnerable families
- ✧ A progress report on these efforts was submitted to the Board on October 10, 2017.
- ✧ A conceptual plan for countywide universal home visitation is being developed; we anticipate sharing it with the Board in January 2018.

- Working with DPSS, First 5 LA, SHIELDS for Families, CSPPP, and DPH to develop a pilot project for connecting families to home visitation and other prevention services
 - ✧ The pilot's launch is anticipated in DPSS's GAIN Region V office in South County in November 2017
- Worked with DMH to identify additional funding for expanding home visitation services and the Prevention & Aftercare Networks
 - ✧ Over the next two years, DMH is proposing to use Prevention and Early Intervention (PEI) funding for expanding prevention services provided by the Prevention & Aftercare Networks, and for expanding home visitation services.

Risk Assessment Recommendation Implementation

- Partnering with DCFS to develop a workgroup for implementing the recommendations outlined by the OCP in its report of May 2017
 - ✧ A planning meeting is scheduled for November 2017, and the workgroup will begin convening in January 2018.
- Met with Service Employees International Union (SEIU) Local 721 to further discuss the current state of risk assessment practices and the potential use of a predictive analytics model being developed by the Children's Data Network

Public Health Nurses (PHN) Consolidation into the Department of Public Health (DPH)

- Finalizing a plan that identifies the best use of PHNs in child welfare moving forward; this report should be submitted to your Board by November 2017
- The Children's Data Network's evaluation of the effectiveness of the children's social worker/PHN joint-visit pilot should also be completed by November 2017.

Electronic Data-Sharing Efforts

- Working with DCFS, the Chief Information Office (CIO), and the California Department of Social Services (CDSS) on the production of an electronic portal that would facilitate the electronic sharing of information relevant to an investigation of child abuse or neglect across 7 county departments and DCFS, based upon an MOU that the OCP finalized with the participating departments, County Counsel, and the Chief Executive Office
 - ✧ Phase I development of the system for law-enforcement data is now underway; it is anticipated that it will be completed this winter.

- As a follow-up to the Legal Hackathon held on April 24, 2017, County Counsel developed a draft written communication for departmental staff of the various agencies included in the data-sharing protocol that outlines what information can be shared on common DCFS and Probation clients across County departments
 - ✧ Once finalized, this document will be shared with affected County departments, and trainings will be developed for staff as needed.

Increasing the Use of Relative Placements

- Continuing to monitor the progress of the family-finding pilot project launched in the Santa Fe Springs and Glendora DCFS offices in November 2016 that prioritizes placing children coming into foster care with relatives
 - ✧ Results to date show that both offices have been consistently placing children with relatives at rates of 80% or higher.
 - ✧ Expansion of the pilot project is now underway with the Vermont Corridor and West LA DCFS regional offices.

Addressing Psychotropic Medication Use in Child Welfare

- Worked with the Juvenile Court, DMH, DCFS, Probation, and multiple stakeholders to revise and develop new forms and protocols that went into effect in April 2017 for approving and monitoring the use of psychotropic medication for youth in out-of-home care; they include more comprehensive information about youths' histories, behavior, and alternative treatments and/or other services received
 - ✧ Meeting with stakeholders to monitor the implementation of these developed protocols, timelines for completion of the authorization process, follow-up medical/psychiatric appointments, and the appropriate consideration of alternatives to psychotropic medications
 - ✧ Distributed the online training program developed by the California Department of Social Services (CDSS) for stakeholders to use in training their staff on these procedures
- Began discussions on determining how best to prepare transition-age youth (TAY) to make medical decisions for themselves once they leave care
- Filed final report with the State Auditor on August 23, 2017, that outlines all actions taken in response to the recommendations in its August 2016 report, *California's Foster Care System: The State and Counties Have Failed to Adequately Oversee the Prescription of Psychotropic Medications to Children in Foster Care*
- Working with stakeholders to identify children and youth who are receiving psychotropic medications outside of the Court approval process

Education Coordinating Council (ECC) Efforts

- Continued to partner with DCFS, Los Angeles County school districts, and the Los Angeles County Office of Education (LACOE) to develop processes and policies for implementing the foster youth school-stability provisions included in the *Every Student Succeeds Act* (ESSA)
 - ✧ ECC/DCFS/LACOE/Los Angeles Unified School District (LAUSD) are implementing a transportation pilot to keep foster youth in their schools of origin. The pilot is intended to be a “bridge solution” and learning opportunity while long-term transportation agreements between DCFS and the districts are drafted and finalized. The pilot will run through June 30, 2018.
 - ✧ An MOU outlining funding and roles/responsibilities for the pilot has been signed by DCFS, LACOE, and LAUSD.
 - ✧ LACOE executed a contract with a private vendor for safely transporting youth as a stop-gap measure or as long-term transportation to their schools of origin when no other method is possible. This service will be available throughout the pilot period for all school districts in the County.
 - ✧ LACOE hired an additional full-time transportation coordinator (for a total of 3) and completed training its staff on processes and procedures for transporting foster youth to their schools of origin.
 - ✧ DCFS has trained 817 new Children’s Social Workers (CSWs) on the importance of maintaining foster youth in their schools of origin upon their being removed from their homes or changing placements, foster youth’s legal right to remain in their schools of origin, the process of working with youths’ Education Rights Holders on this issue, and the use of resources such as TAP cards (for public transportation) and caregiver Education Travel Reimbursement payments to transport these youth. DCFS also introduced these CSWs to the transportation pilot and released a bulletin communicating pilot details to Regional Administrators and SEIU Local 721.
 - ✧ LAUSD convened a group of its front-line workers and staff to address transportation to schools of origin for foster youth, developing processes and procedures to use existing and modified bus routes to transport these youth. Since the beginning of this school year, LAUSD has transported over 450 youth to their schools of origin using these methods.
 - ✧ Designed an evaluation to help understand, analyze, and effectively incorporate lessons learned from the pilot into long-term ESSA transportation plans. The evaluation is being conducted through the Children’s Data Network by Dr. B.K. Elizabeth Kim, professor of social work at the University of Southern California. This evaluation will also fulfill the requirements of the May 2, 2017, Board motion requesting an outcome report on the pilot program 30 days after its completion. The evaluation will use surveys and focus groups to analyze lessons learned and barriers to countywide

implementation. Furthermore, quantitative data from all three pilot parties will be collected and used to examine metrics such as numbers of youth served and average distance traveled.

- ✧ The ESSA Transportation Workgroup, which includes multiple public and private stakeholders, continues to develop a sample transportation plan that will serve as a template for long-term interagency agreements between DCFS and the County's 80 school districts. The sample plan will include clear written procedures to govern how transportation for children to remain in their schools of origin will be arranged, provided, and funded for their duration in foster care. It is anticipated that the sample transportation plan and guidance document will be completed by May 2018.
- Worked with the Los Angeles Network for Enhanced Services (LANES) and County Counsel, the CEO, the CIO, and DPH on a proposal for providing access to public health nurses working on child welfare cases, for care-coordination purposes, to information included in the local Health Information Exchange system, LANES, that was developed for entities that provide health care to County residents who are receiving Medi-Cal or who are uninsured
 - ✧ The proposal was approved by the LANES Board.
 - ✧ Working with partners to develop the security and technology requirements needed for the system
- Finalizing an interagency MOU for Continuum-of-Care Reform (CCR) with DCFS, Probation, DMH, and LACOE. The ECC's role is to work with its members and stakeholders—including school districts, advocates, and County departments—to gather input and advocate for best practices regarding 1) addressing the educational and emotional needs of system-involved youth in schools, 2) coordinating school-based mental health services with other mental health supports, 3) utilizing SELPA/school district special-education dollars for foster and probation youths' mental health needs, and 4) creating transparency into how schools are providing and funding mental health programs, as well as the quality of and access to these programs for system-involved youth.

Transitional Shelter Care (TSC) Pilot

- Continuing to convene bi-weekly meetings with stakeholders—including DCFS, Probation, the Juvenile Court, Children's Law Center, Court-Appointed Special Advocates (CASA), the Violence Intervention Program (VIP), County Counsel, and others—to discuss the multidisciplinary teaming pilot led by DCFS' Accelerated Placement Team to stabilize and find permanency for hard-to-place youth (i.e., overstays and chronic repeaters) at TSCs.
 - ✧ Includes discussion of individual cases with the regional social worker and team for partners to participate in identifying solutions to the issues raised

- ✧ A new pilot is underway that involves Engagement Placement Stabilization (EPS) meetings for youth who are overstaying, followed by a hearing in Dependency Court where the Court reviews efforts to place these youth and encourages youth to work proactively with DCFS to assist in their placement efforts.

County Medical Hubs

- Continuing to participate in meetings with DCFS, DMH, DHS, and DPH to discuss how to ensure the most effective and efficient use of the County Medical Hubs
- ✧ Working with stakeholders on how to ensure that all detained children receive their initial comprehensive medical examinations within the 30 days required by County policy and that the Hubs are properly used for forensic medical examinations
- ✧ Working with DCFS to develop a method for tracking efforts to comply with this policy
- ✧ Working with stakeholders and a consultant to assess the current state of Hub services, resources, and people served
- ✧ Working with stakeholders to ensure that the Hubs are appropriately incorporated into countywide prevention efforts

Self-Sufficiency for Transition-Age Youth (TAY)

- Participating in the TAY Self-Sufficiency Workgroup, led by the CEO, to help develop a multi-year countywide strategy to support the self-sufficiency goals of TAY foster youth at the earliest stage possible
- Working on developing a plan for increasing permanency for TAY before they age out of foster care. Meeting with DCFS managers and multiple stakeholders to identify ways for expanding and coordinating existing permanency efforts, while also developing new strategies for helping foster youth achieve permanency at the earliest possible point.
- Developed and disseminated a survey to collect data on current philanthropic funding for system-involved TAY. This will help the County engage, identify, and better understand the resources available for these youth in the community.

Partnership Conference

- Initiated discussions with the Juvenile Court and California State University, Los Angeles (CSULA), to reinstate the longtime County Partnership Conference at CSULA. This conference, which first occurred in 1995, annually brought together about 1,000 child welfare and juvenile justice stakeholders to participate in workshops and hear keynote speakers on relevant subject-matter topics.
- ✧ Planning is underway for a June 7, 2018, conference at CSULA.

Additional OCP Activities

- Foster Youth Bill of Rights Committee, judicial subcommittee co-chair
- National Council of Juvenile and Family Court Judges conference, Washington, DC, presenter on family-finding pilot project
- St. Anne's Annual Summit, panelist for impact of trauma in early childhood
- Fetal Alcohol Syndrome Disorder Conference, presenter
- NEXUS Annual Conference, presenter
- Los Angeles County Commission for Children and Families, presenter on psychotropic medication procedures for foster youth
- Family Engagement Learning Community Convening, panelist
- California Legislative Staff Education Institute Visit, contributor

In summary, the OCP is working hard to accomplish its goals, as are the relevant County departments and a host of key community partners. We look forward to reporting further progress in our next quarterly update. The Center for Strategic Public-Private Partnerships will submit a separate update to the Board in November 2017.

If you have any questions or need additional information, please contact me at (213) 893-1152, or via email at mnash@ocp.lacounty.gov, or your staff may contact Carrie Miller at (213) 893-0862, or via email at cmiller@ocp.lacounty.gov.

MN:CDM:eih

c: Chief Executive Office
Executive Office, Board of Supervisors
Alternate Public Defender
Child Support Services
Chief Information Office
Children and Family Services
County Counsel
District Attorney

Each Supervisor
October 31, 2017
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Mental Health
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October 10, 2017

TO: Each Supervisor

FROM: Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director *Barbara Ferrer*

SUBJECT: **UPDATE ON MAXIMIZING AND EXPANDING HOME VISITING SERVICES FOR FAMILIES IN LOS ANGELES COUNTY**

This is in response to the December 20, 2016 Board motion instructing the Department of Public Health (DPH), in collaboration with First 5 LA, the LA County Perinatal and Early Childhood Home Visitation Consortium (Consortium), the Office of Child Protection (OCP), the Children's Data Network, and the Departments of Health Services (DHS), Mental Health (DMH), Public Social Services (DPSS), Children and Family Services (DCFS), and Probation, to develop a plan to coordinate, enhance, expand, and advocate for high quality home visiting programs to serve more expectant and parenting families so that children are healthy, safe and ready to learn. Specifically, the Board directed DPH to:

- I. Assess how national models and best practices, including those with a single entry portal, may inform or be adapted to improve outcomes for Los Angeles County.
- II. Create a coordinated system for home visitation programs that includes a streamlined referral pathway and outreach plan to ensure maximum program participation, especially in Los Angeles County's highest risk communities. A single responsible department or organization may be identified to maintain the coordinated referral system.
- III. Identify gaps in services for high-risk populations based on review of effective national models, existing eligibility requirements, and cultural competencies. The plan should develop strategies to address these gaps.
- IV. Increase access to voluntary home visitation for families at high risk of involvement with the child welfare system, consistent with the recommendations of the Los Angeles Blue Ribbon Commission on Child Protection.
- V. Collect, share and analyze a standardized and consistent set of outcome data leveraging the Consortium's Los Angeles County Common Indicators pilot project.
- VI. Include a framework to maximize resources by leveraging available funding, and, where possible, identify new and existing, but not maximized, revenue streams (through State and federal advocacy, and opportunities for local investments) to support home visiting expansion.

Since the June 21, 2017 Board report, DPH has accomplished the following activities:

- Continued to convene a bi-weekly, cross-agency research and planning team (Planning Team) to support the ongoing cross-departmental collaborative work;
- Hosted a cross-departmental County Home Visiting Workgroup comprised of DPH, DCFS, First 5 LA, Consortium, OCP, Children's Data Network, DHS, DMH, DPSS, Public Library and Probation on a monthly basis, and more frequently as determined to be helpful for coordination and implementation;
- Recruited additional representation from LA County Office of Education (LACOE) to the County Home Visiting Workgroup, to ensure that their Early Head Start programs and resources are integrated into our collaborative work and joint learning;
- Continued to engage the business and philanthropic communities through a series of meetings;
- Continued to engage home visiting provider organizations through the Consortium;
- Worked directly with individual departments, such as DHS, DPSS, DMH, DCFS, and Probation, to support pilot projects and improve initiatives underway to connect their clients more directly to home visiting programs; and
- Established an agreement with OCP to fund three items within DPH to focus more deeply on evaluating long-term opportunities for DPH to provide expanded coordination support and leverage additional federal and State funding for home visiting in Los Angeles County.

In addition, the Home Visiting Planning Team has made significant progress on the six key elements outlined in the Board motion since the June 21, 2017 Board report. Below is an update on this progress and proposed next steps for DPH, partner County Departments, the business and philanthropic community, and other key stakeholders to advance a coordinated system of home visiting programs in Los Angeles County.

I. National Models and Best Practices

Since the last report, the Planning Team continued to study national models and best practices to inform decision-making. Recently, the Planning Team engaged researchers in the Doris Duke Fellows Program to explore Probation-led home visiting efforts in other jurisdictions. These researchers are currently investigating the effectiveness of the programs and the use of Probation funding streams and/or infrastructure to support the connection of teen parents and other Probation families with young children to home visiting programs. We anticipate the results of their research will be available this fall.

In addition, the Planning Team reviewed research relating to using home visiting to reduce racial disparities in infant mortality, and met with Maternal Child Health Access to discuss research from Black Mothers United in Sacramento that shows potential for how the Comprehensive Perinatal Services Program can be leveraged to fund home visiting services that reduce black infant mortality. DPH and partners have reviewed the research and are exploring how the lessons from Black Mothers United may be best applied in Los Angeles County.

Moreover, all County partners operating home visiting programs continued to explore opportunities for implementing national best practices within their programs, including but not limited to looking for opportunities to carry out the Consortium's Best Practice Recommendations

and to ensure excellent training, supervision, and cultural competence. Examples of this work can be found in Attachment I, Appendix A.

II. Coordinated System for Home Visitation Programs

In keeping with the Los Angeles County 2016-2021 Strategic Plan, Objective I.1.6, “Support the leadership of First 5 LA, in partnership with the County, the Home Visitation Consortium and others to build a universal voluntary system of home visitation services through a streamlined system of referrals, and improved integration of services,” the leadership of each of the County Departments and organizations named in the motion continue to meet regularly (along with additional County entities such as the Los Angeles County Office of Education and Public Library) in order to realize the vision of an integrated, coordinated home visiting system in Los Angeles.

Exploration is underway to identify how existing infrastructure investments being underwritten by County Departments, First 5 LA, the Consortium, and others may be expanded to support the teams and practices of all Los Angeles County home visiting models. Examples of this exploration can be found in Attachment I, Appendix B.

Several Departments have also begun to build referral bridges for their clients into home visiting programs where none existed before. These efforts represent monumental steps toward the realization of a coordinated system of support with a “no wrong door” approach. Examples can be found in Attachment I, Appendix C.

DPH will continue to engage County departments, community members, Consortium workgroups, and home visiting provider agencies as appropriate to develop concrete implementation plans to move forward with these and additional collaborative opportunities.

III. Gaps in Services for High-Risk Populations and Strategies to Address Gaps

As discussed more fully in the June 21, 2017 report, analysis of current home visiting capacity and gaps revealed that Los Angeles County has a strong base of quality home visiting programs, but also has a significant shortage in overall home visiting services available relative to the need within Los Angeles County.

The pilots and exploration being pursued by DPH, DHS, DPSS, DCFS, and DMH, described above in Section II, all represent efforts by County Departments to remedy this challenge. Each represents an opportunity to expand the funding of home visiting for high-risk Los Angeles families, including indigent County hospital patients, CalWORKs family stabilization and supportive-service eligible clients, and DCFS/DMH Medical Hub clients.

Similarly, each also helps to remedy one of the other key gaps identified by our analyses: prenatal referrals. Prenatal referral is valuable both because it is a prerequisite for some Los Angeles models and because research shows we can have a greater positive influence when we connect with families prenatally. DHS, DPSS, and DMH are all aiming to build connections to support prenatal families. DCFS likewise aims to increase prenatal referrals through collaboration with its Hotline and Prevention and Aftercare Network providers.

DPH has also invested intentional focus on increasing its prenatal reach. As a result, and in combination with State funding changes, Nurse-Family Partnership is now operating at full capacity, maximizing its reach. In addition, NFP is piloting the “Multips” model within its portfolio of offerings, increasing the flexibility of its services to meet the needs of families who were previously excluded from the program.

First 5 LA and its funded home visiting providers have a similarly invested intentional focus on maximizing enrollment. As a result, the number of families served through Welcome Baby increased by 19% from FY16 to FY17. First 5 LA and DHS are also both planning focus groups of home visiting families to inform the cultural competence and efficacy of their client recruitment and retention across diverse high-risk populations. DHS is exploring recruitment in relationship to its MAMA’s Neighborhood expansion. First 5 LA is committed to executing market research to inform increased enrollment and retention across the home visiting system. Further, First 5 LA will continue to support early childhood education related to overall family strengthening, as well as home visiting, specifically, in order to increase parent knowledge of high-quality parenting and family strengthening practices and resources, as well as the benefit of home visiting services.

Additionally, the June 17, 2017 Board report also highlighted the need for improved perinatal mental health services for prenatal and postnatal mothers suffering from depression, anxiety, or other mood disorders. In response, DMH and the Consortium have been partnering to increase perinatal mental health cross-training and resource coordination as described above in Section I. DMH is exploring how to leverage its trauma-informed models, screening components, training modules, Regional Navigators, and field-capable, home-based services as tools in these efforts.

IV. Increase Access to Voluntary Home Visitation for High-Risk Families

As described above in Sections II and III, and consistent with the recommendations of the Los Angeles County Blue Ribbon Commission on Child Protection, multiple County Departments (DPSS, DMH, DHS, DCFS) are working together to explore the process changes that would be required to create intentional referral pathways into home visiting programs for pregnant and high-risk clients. One of the key building blocks in refining these new pathways is the building out of electronic systems as needed to support effective referrals. DPH and the Planning Team intend to explore partnership opportunities with the private sector to support this needed technological infrastructure.

First 5 LA has meanwhile been exploring strategies to add flexibility to the eligibility requirements of programs that they fund, such as opening entry to high-risk families with children up to 3 months of age, or opening entry into select home visitation via transfer from Welcome Baby. Such exploration entails investigating steps required to adapt First 5’s Stronger Families database to support such referral changes, processes required to integrate risk screening with these proposed changes, and analysis of the implications of these proposed changes on cost, availability of intensive services for high risk families identified at birth and maxing out capacity.

V. Collect, Share and Analyze Standardized and Consistent Outcome Data

Having quality capacity and outcome data is essential to ongoing gap assessment and program evaluation. Recognizing the leadership that the Consortium’s Data Workgroup has already

provided in developing common outcome indicators (based on Maternal, Infant, Early Childhood Home Visiting Program and Pew Charitable Trusts' Home Visiting Campaign) for home visiting programs in Los Angeles County, the County Departments have continued exploring the viability of implementing the indicators in all County-funded home visiting programs. The County Departments have also begun discussions with the Children's Data Network regarding opportunities to perform long-term outcome analyses utilizing data-matching with administrative data sets, as well as regarding the connection between the measures of prevention highlighted in the OCP Prevention Plan and desired home visiting measures. Multiple departments are researching additional opportunities for evaluation tailored to their specific program design and needs. Examples of this work can be found in Attachment I, Appendix D.

VI. Framework to Maximize Resources by Leveraging Available Funding and Identify New Revenue Streams

Sustainability remains one of the most pressing challenges facing the network of home visiting programs in Los Angeles County. This point becomes even more salient when taking into account that the revenues of the County's current largest home visiting funder, First 5 LA, are slowly shrinking. In line with the recommendations shared in the June 17, 2017 Board report, the County Departments, Consortium, and Planning Committee partners have been pursuing and implementing multiple sustainability strategies simultaneously.

Funding Streams

First 5 LA and DPH have been pursuing the requisite policy changes and planning needed to further leverage federal Medicaid Targeted Case Management (TCM) and Medicaid Administrative Activities (MAA) funding for LA County. TCM is the most commonly utilized funding by home visiting programs nationwide. A recent policy change within LA County enables non-County organizations to participate in TCM, opening the door for nineteen First 5 LA-funded select home visitation grantees to potentially leverage these funds. Administering TCM can be onerous and require significant fiscal and technological infrastructure. Therefore, F5LA and DPH have been working on ensuring appropriate staffing and resource infrastructure is in place to support the launch of a Targeted Case Management pilot with a cohort of First 5 LA select home visiting grantees in Fiscal Year 2017-18, with the intention to expand to all nineteen grantees in FY 2018-19. Also, preliminary revenue projections on currently funded programs are being developed.

Another funding stream in the process of deeper exploration is Mental Health Services Act-Prevention and Early Intervention (MHSA-PEI). We anticipate having more definitive conclusions on the potential uses of this funding for home visiting to share with your Board in our next update. Temporary Assistance for Needy Families (TANF) funding and Medicaid waivers are additional funding streams being considered as long-term strategies. The results of the pilots currently in development (described in Sections II and III above) and future funding allocations at the State and federal levels will critically inform the viability of these funding streams as long-term resources.

The Planning Team has conducted research on best practices related to programs which connect Temporary Assistance for Needy Families (TANF) recipients to home visiting supports. Currently, 26 states across the nation are implementing this strategy, and utilizing TANF funds to support these efforts. The research included interviewing key experts in several states already

employing this model, including Washington and Minnesota, as well as a representatives from a policy organization conducting research on related efforts nationwide. Best practices in planning, implementation, and evaluation of these types of programs has been documented and the research informs the DPSS pilot discussed in the previous sections of the report.

DCFS' recent adoption of Partnerships for Families using state re-alignment funds serves as an excellent example of internal prioritization in support of sustainable funding. This shift, made official in January 2017, illustrates how funding for such programs may be built into our departmental budgets.

Policy Innovation

Policy innovations are critical to long-term sustainability of home visiting efforts. The Planning Team continues to engage with key partners working on the forefront of home visiting policy, advocacy, and sustainability statewide, such as the First 5 Association. On August 3, 2017, representatives from approximately fifteen different First 5 county commissions convened in a working session in Los Angeles to discuss home visiting sustainability, which is a major policy priority for First 5's statewide as they face future declining tobacco tax revenues. The different commission representatives shared lessons learned from their efforts in blending and braiding funding, utilizing non-traditional funding sources to support home visiting, data-sharing, and cross-county departmental coordination. Best practices shared at the convening inform ongoing sustainability planning. Furthermore, the statewide First 5 infrastructure is a key platform the Los Angeles County home visiting effort will continue to leverage, particularly for policy and advocacy purposes.

Other related home visiting policy efforts continue. As noted in the previous report, the Maternal Infant Early Childhood Home Visiting (MIECHV) Program, which represents the largest source of federal investment in home visiting, and a significant source of funding for County programs, is currently facing reauthorization. In response, in May 2017, your Board authored a 5-signature letter to Congress supporting MIECHV reauthorization. MIECHV advocacy has continued through the summer via several avenues including the First 5 LA Policy team and federal advocates in Washington, DC, as well as through the Consortium, which has taken an official position in support of MIECHV reauthorization. In addition, the County Departments remain committed to partnering with the Consortium to track local, state, and national opportunities for advocacy that could increase funding for Los Angeles County programs or could support the maintenance of high-quality home visiting programming in Los Angeles County.

Partnership and Coordination

All County Departments and organizations involved in this work are committed to continuing to explore opportunities to bring additional resources to support Los Angeles County programs. As part of that exploration, they have re-engaged with the Doris Duke Fellows program to achieve nationwide research regarding use of home visiting by Probation departments in other jurisdictions. Finally, funding streams to be assessed in the next phase include Early Head Start, Healthy Start, and Early Periodic Screening Diagnosis and Treatment (EPSDT).

Many, if not all, of these long-term sustainability strategies will require some up-front investments and partnerships to reach their potential. As an example, programs themselves may need support for improved quality or capacity. Additionally, the systems-level build up that will be required to support and maintain these strategies will itself benefit from cross-sector

partnerships and investments. Finally, communications and advocacy will be key to continued sustainability and increased capacity. The County Departments, through the Center for Strategic Public-Private Partnerships, has been exploring potential partnerships with the philanthropic community in all of these areas. These representatives have expressed that they believe the philanthropic community would be interested in partnering and have encouraged the development of proposals for philanthropy to consider in these areas.

In addition to philanthropy, representatives from the Consortium and Planning Team continue to engage the business sector. Specifically, they have met with staff and leadership of the Los Angeles County Economic Development Corporation and the Los Angeles Area Chamber of Commerce. Both remain engaged and ready to play a supportive role in workforce development if and when needed.

Next Steps

Key to the realization and sustainability of a truly coordinated home visiting system in Los Angeles is a clearly articulated, long-term plan that outlines the needed infrastructure, leadership, and funding requirements. The upcoming three months will involve development of a cohesive plan that enables all of our partners, the Board of Supervisors, County Departments, Consortium members, First 5 LA, and the private sector to share their expertise and clarify roles as we work together to build the system we all envision and that our families deserve. This Phase I plan will be an initial high-level set of recommendations regarding infrastructure, roles, and funding. It will be developed with broad stakeholder input, building out a strategic collaborative infrastructure, including definition of financial need, based on our collective strengths and needs. DPH will submit the Phase I plan in January 2018.

Based on input from your Board, a second phase of planning would subsequently take place, with a targeted completion date of July 2018. This would contain additional recommendations for your Board's consideration. Phase II would augment the initial Phase I framework with deeper operational guidance that builds on the results of the planning being done by DPH in partnership with OCP, as well as related OCP's Prevention Plan implementation work underway. Phase II would act as a blueprint for raising further recommendations to your Board, establishing:

- A target for number of home visiting spaces to be developed to achieve the needed system scale;
- A timeline for achieving scale;
- A long-term financial projection, inclusive of both costs and funding sources, based on short- and long-term opportunities for revenue growth;
- Long-term infrastructure roles;
- Support strategies and policies that will be needed to achieve scale (including associated timelines and costs), such as workforce development, training, technical assistance, data integration and communications.

Both phases would attempt to extend beyond at-risk services to include promising solutions for universal perinatal screening and support, such as expanded integration with the medical field. Further, both plans would also give full consideration to the promising intersection between home visiting work and related work within Los Angeles County to reduce infant birth disparities.

Each Supervisor
October 10, 2017
Page 8

If you have questions or need additional information, please let me know.

BF:la

Attachment

c: Chief Executive Officer
Executive Office, Board of Supervisors
County Counsel

Appendix A

I. National Models and Best Practices – County Department Updates

- **Nurse-Family Partnership:** DMH and DPH have worked extensively on the Nurse-Family Partnership program, training the nursing staff on how to engage with families with regard to mental health issues and collecting outcome measures.
- **Home Visiting Provider Trainings:** DMH and the Consortium have been collaborating to provide trainings for home visiting providers (home visitors) in mental health assessment, support, and referrals. DMH presented on medical necessity flexibility for referrals at the Consortium's July Quarterly Membership Meeting. DMH also asked the Consortium to present on Home Visiting at the quarterly ICARE (Infancy, Childhood and Relationship Enrichment) meeting on September 18, 2017. The Consortium is working with DMH to schedule a Mental Health First Aid training for home visitors in SPA 1 in October 2017, and will subsequently offer this training throughout the County on a regional basis. DMH has committed to offering additional trainings once DMH and the Consortium have gathered further guidance on training needs and optimal curriculum via a home visitor post-training survey.
- **Training Collaboration Pilot:** First 5 LA and LA Best Babies Network have committed to offering their non-model-specific trainings to home visitors representative of all models, regardless of funding source, beginning with its fall training cohort. They are one of the Consortium members participating in the Consortium's ongoing Training Collaboration Pilot, an effort to test the feasibility of and encourage cross-agency collaboration and hosting of trainings for home visitors.
- **Funding for Trainings:** The philanthropic community has supported training efforts in other arenas and we will seek their support for these efforts in LA County.
- **Summit on Reducing African American Infant Mortality:** The Consortium and other County Departments participated in the June 28, 2017 DPH Summit on Reducing African American Infant Mortality in Los Angeles County, a community convening bringing local agencies and community members together to address racial disparities in African American infant health outcomes.
- **African American Infant Mortality Workgroup:** As an outcome of the June 28, 2017 convening, DPH formed an internal workgroup to continue addressing these disparities, with discussions involving a focus on home visitation services.
- **County Program Self Assessment Tool:** The Consortium has developed a program self-assessment to understand Los Angeles County programs' current level of implementation of its Best Practice Recommendations, and is in the process of engaging all home visiting programs in utilizing the tool so that it may strategically plan and collaborate with the County partners for ongoing quality improvement and peer support.
- **Partnerships With Families:** DCFS supported its Partnerships with Families providers in launching the first of many Touchpoints trainings on August 2-4, 2017 and in scheduling Reflective Supervision training for November 7-8, 2017.

Appendix B

II. Coordinated System for Home Visitation Programs – County Department Updates

Expansion of Existing Infrastructure Efforts

- **Implementation of Planning Grant:** OCP has provided DPH with a planning grant to analyze the ways in which DPH may be able to expand its long-term role in supporting coordination, quality and sustainability of home visiting programs in Los Angeles.
- **Grant Seeking Opportunities:** The Consortium has begun grant-seeking for funding to convert its Resource Directory into an electronic format.
- **Data Collection & Analysis:** The Consortium has developed recommendations for the improved coordination of ancillary services for home visiting clients, based on a survey it administered to home visitors at provider agencies throughout the County. Building off its survey results and other member inputs, it has been engaged in action planning to support work around mental health support, housing connections, domestic violence resources, and other elements, including sharing the survey findings with DMH directly so that the department and the Consortium can work to improve women's and children's receipt of mental health services when referred by home visitors.
- **Pilot Project:** The Consortium is also engaged in a pilot involving the sharing of trainings across home visiting models, and in the administration of the best practice self-assessment, as mentioned above.

II. Coordinated System for Home Visitation Programs – County Department Updates

Development of Referral Bridges

- **Whole Person Care:** DHS is in the process of developing new home visiting programming as an integral element of its Whole Person Care initiative. DHS is currently implementing the program as an expansion of its MAMA's Neighborhood prenatal program, offering extended post-partum services to its highest-risk clients. Expansion of home visiting enrollment through the Whole Person Care infrastructure will be operational on January 1, 2018.
- **Family Stabilization and GAIN Pilot:** DPSS has been developing the protocols and infrastructure to support its Region V (SPA 6) pilot, which will refer Family Stabilization and GAIN-eligible clients who are pregnant and who have children up to age three to First 5 LA funded evidence-based home visiting services and DCFS-funded Prevention and Aftercare Network resources. First 5 LA will allocate 50 home visiting slots to the pilot and will lift certain eligibility requirements to enable a broader cross-section of families to participate. The pilot is anticipated to be operational in November 2017.
- **Family Stabilization Project Expansion:** DPSS has been working closely with DPH to implement the Family Stabilization Project in service areas one and three. A DPH Public Health Nurse is paired with a clinical social worker to offer interventional support, referrals, and services to eligible CALWORKs families in crisis as well as home visitation services for additional support of these high-risk families.
- **Medical Hub:** DMH is exploring opportunities to pilot the referral of Medical Hub clientele to newly funded evidence-based model providers as well identifying ways to improve referral and access to services.
- **Probation Referral Projects:** Probation is exploring ways in which it can open up greater access to home visitors who are working with justice involved individuals so that they may be an active part of the Probation assessment, case planning, and case management process. More specifically, it hopes to build effective community-based support teams that aid the reduction of delinquency/recidivism. Probation is also exploring the optimal touchpoints for collaboration between the home visiting resources in LA County and its existing juvenile and adult-serving programs.
- **Partnerships for Families Expanded Access:** DCFS has begun discussions with both its Hotline staff and Prevention and Aftercare Network providers to initiate referrals of families who do not have open cases or active investigations into its Partnerships for Families home visiting program. Referral protocols to use with these families are in development to strengthen these links.
- **Early Head Start Referrals:** DCFS has also been encouraging Children's Social Workers to enroll eligible young children in Early Head Start programs (with the consent of their caregivers) in order to promote their social and cognitive development and kindergarten preparedness. To streamline the referral process, DCFS automated the Head Start Referral System and plans to add Home Visitation as an additional selection within the menu of services available to families with young children. DCFS aims to take full advantage of any Home Visitation service available through the Early Head Start program that can be made available to DCFS-involved families, if the family is determined eligible.

Appendix D

V. Collect, Share and Analyze Standardized and Consistent Outcome Data – County Department Updates

- **Children's Data Network:** The Children's Data Network has begun work bridging the following three elements for which their expertise is central: 1) the development of the OCP Prevention Plan evaluation framework, 2) their current home visiting data-matching analyses, and 3) mapping home visiting programs to highlight specific gaps by geographic regions and eligibility criteria, an approach that includes data-matching and ties directly with the OCP Plan.
- **Outcome Indicators:** The Consortium has continued to expand its Countywide Home Visiting Program Outcome Indicators collection efforts (Appendix F of June Report), adding descriptive data elements and engaging new agencies in data sharing. It is currently pursuing funding to develop an online data visualization platform, to share aggregate home visiting outcome and descriptive data and speak to the impact of home visiting on the County.
- **Outcome Evaluation:** DCFS and DHS are exploring opportunities to implement additional outcomes evaluations of their Partnerships for Families program and Whole Person Care pilot respectively.



**County of Los Angeles
DEPARTMENT OF CHILDREN AND FAMILY SERVICES**

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Fifth District

August 3, 2017

To: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Hilda L. Solis
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: Brandon T. Nichols *BN*
Acting Director

**UPDATE TO THE JUNE 21, 2017 PROGRESS REPORT REGARDING THE COUNTYWIDE
UPFRONT FAMILY FINDING PROTOCOL**

On May 31, 2016, the Board of Supervisors unanimously approved a board motion directing the Department of Children and Family Services (DCFS) to provide a report on a countywide Upfront Family Finding protocol. The report was submitted to your Board on September 30, 2016.

On June 21, 2017, a progress report was provided to your Board highlighting the implementation of the Upfront Family Finding pilot. Baseline data provided was from the pre-pilot period of *July through September, 2016*, three months prior to the official pilot launch, which occurred in October, 2016. During this time, pre-pilot planning activities had begun and multiple pilot efforts were already occurring. Family search and engagement training, implementation tracking, and practice changes, were being discussed with staff and management.

This data was provided to give context to the pre-launch status in the three months leading up to the pilot. The Santa Fe Springs office had an average of 79% initial relative placements during this time period and Glendora had an average of 62%. Some members of the team began to immediately implement practice changes which contributed to early improvement in the baseline data.

This memo provides updated baseline data for relative placement averages of children placed with relatives following any detention during the preceding months of *March through June, 2016*, prior to the implementation of any pilot planning activities. Using the DCFS data dashboard, the Santa Fe Springs office showed a relative placement average of 59% and Glendora showed an average of 53%. These averages reflect relative placement at all stages of a case, as opposed to only children who were newly detained.

Additionally, we would like to report the most current relative placement data available for both pilot offices.

- **Santa Fe Springs:** The Santa Fe Springs office reported initial relative placement percentages of 89% for April and 79% for May, 2017, increasing their overall average percentage to 82% for the pilot months of October, 2016 through May, 2017.
- **Glendora:** The Glendora office reported initial relative placement percentages of 83% for April and 100% for May, 2017, increasing their overall average percentage to 75% for the pilot months of October, 2016 through May, 2017.

Upfront Family Finding Pilot: Early Findings

DCFS Office	Mar-Jun 2016 (all placements)	Jul-Sept 2016 (new detentions only)*	Oct 2016-May 2017 (new detentions only)	% Increase from Mar-Jun 2016
Santa Fe Springs	59%	79%	82%	23%
Glendora	53%	62%	75%	22%

* We suspect the increase in family finding placements during this period is due in part to pre-pilot activities.

Early results appear to demonstrate that the Upfront Family Finding pilot is already contributing to an increase in relative placement averages for both offices. Using the pre-implementation pilot data for each office, as compared to the pilot period for relative placement rates, there is an increase of 23% for the Santa Fe Springs office and for the Glendora office, there is a 22% increase. Both offices continue to track relative placement averages to evaluate how Upfront Family Finding practice is contributing to increased relative placement rates.

The Department is grateful for your support in increasing Upfront Family Finding efforts that may ultimately lead to more children remaining with their families. If you have any questions, please call me or your staff may contact Aldo Marin, Board Liaison at (213) 351-5530.

BN:KR:GC

c: Executive Officer, Board of Supervisors
County Counsel
Chief Executive Officer
Commission for Children and Families
Office of Child Protection



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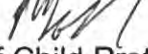
JANICE HAHN

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JUDGE MICHAEL NASH (RET.)
EXECUTIVE DIRECTOR

October 5, 2017

To: Supervisor Mark Ridley-Thomas, Chair
Supervisor Hilda L. Solis
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: Judge Michael Nash (Ret.) 
Executive Director, Office of Child Protection

IMPLEMENTATION PLAN AND TIMELINE TO COMPLY WITH SCHOOL-STABILITY PROVISIONS IN THE *EVERY STUDENT SUCCEEDS ACT* (2015)

On February 7, 2017, the Board of Supervisors passed a motion directing the Office of Child Protection (OCP) and the Los Angeles County Office of Education (LACOE), in consultation with the Department of Children and Family Services (DCFS), the California Department of Education (CDE), the Los Angeles County Education Coordinating Council (ECC), County Counsel, various public-interest law firms, philanthropy, and community-based organizations that serve foster youth, to report back in 60 days, and quarterly thereafter, with an implementation plan and timeline to comply with school-stability provisions in the *Every Student Succeeds Act* (ESSA), including an explanation of the extent of authority LACOE has over school districts regarding this issue.

The OCP submitted its first progress report on this issue to the Board of Supervisors on April 7, 2017, and its second interim report on July 7, 2017. This is the third report.

Statement of Problem

Improving school stability for youth living in foster care is crucial to improving their education outcomes. Youth in foster care change schools far more often than do other students, making it harder for them to succeed in school. About a year and a half ago, President Obama signed the *Every Student Succeeds Act* (ESSA), which imposes requirements on local education agencies (LEAs) and child welfare agencies to collaborate to ensure increased school stability for foster youth. This federal law requires school districts and local child welfare agencies to jointly establish plans that enable prompt transportation to foster youths' schools of origin to facilitate educational stability for youth in foster care. These plans must include clear procedures governing how transportation will be provided, and must detail how costs will be shared between agencies. In addition, the law requires that LEAs and local child welfare agencies each designate an individual as a Point of Contact to implement ESSA policy (see

their schools of origin unless the holder of the child's education rights determines that attending that school is not in the child's best interest.

Determination of LACOE's Role and Authority with Respect to ESSA

LACOE's role and authority with respect to ESSA was clarified through analyses by LACOE counsel, the CDE, and public-interest organizations. The CDE asked LACOE's Foster Youth Services Coordinating Programs to include in its program plan a description of its process for ensuring increased collaboration between the local child welfare agency (DCFS) and LEAs (school districts) on ESSA transportation issues. LACOE's role is that of a facilitator. Although ESSA requires LEAs and local child welfare agencies to have transportation plans, LACOE does not have the authority to compel school districts to include foster-youth transportation in their Local Control Accountability Plans (LCAPs). LACOE, however, is committed to working with school districts and DCFS to address the transportation provisions of ESSA.

Development of Implementation Plan

Convened ESSA Transportation Workgroup

Working closely with the OCP, LACOE convened an ESSA Transportation Workgroup to create and implement a plan for Los Angeles County school districts, in conjunction with DCFS, to comply with the school stability provisions in ESSA. This Workgroup includes representatives from LACOE, OCP, DCFS, ECC, Probation, the Los Angeles Unified School District (LAUSD), Bonita Unified School District, Palmdale School District, the National Center for Youth Law's FosterEd initiative, the Association of Community Human Service Agencies, the Alliance for Children's Rights, the Children's Law Center, Public Counsel, and California Youth Connection. Additionally, many meetings have been held on this issue outside of the Workgroup to develop the programs and documents referred to below, including meetings involving front-line school district transportation workers, County Counsel, philanthropy, the CDE, and the USC Children's Data Network.

DCFS and LACOE compiled and analyzed data to estimate the number of foster youth needing transportation to their schools of origin and the expected costs of providing that transportation. This estimation proved difficult, and a full analysis could not be completed. However, the Workgroup determined that an interim ESSA transportation pilot could provide an opportunity both to ensure the transportation of foster youth to their schools of origin in the short term, and also to collect robust data to project future costs and identify lessons learned, thereby informing a long-term transportation plan. A pilot allows LEAs and DCFS to work out the details of their long-term ESSA transportation plans in a more informed, thoughtful manner, and to test processes. Furthermore, a pilot would allow school districts, in conjunction with DCFS, to be in compliance with ESSA by providing a mechanism for them to secure immediate countywide transportation for foster youth to their schools of origin until such time that long-term plans are executed, as informed by pilot lessons learned.

The Workgroup jointly developed a complete implementation plan to achieve ESSA compliance and school stability for youth in foster care. It includes: (1) the development

of an interim ESSA transportation pilot to enable Los Angeles County school districts, in conjunction with DCFS, to immediately provide transportation for youth to their schools of origin; and (2) the establishment of a long-term transportation plan that will ensure Los Angeles County school districts have worked together with DCFS to agree upon the logistics and funding of a long-term agreement for transporting foster youth to their schools of origin when they are removed from their homes or change placements. The Workgroup will continue to meet until the implementation plan (see below) has been fully executed.

Implementation Plan Action Steps	Completion Date¹
Create ESSA Transportation Pilot <ul style="list-style-type: none"> • Memorandum of Understanding (MOU) • Pilot • Evaluation 	September 2017 September 2017 December 2017/June 2018
Establish Long-Term ESSA Transportation Plan <ul style="list-style-type: none"> • Plan Document and Guidance • Outreach/Partnership with School Districts • Execute Agreement 	February 2018 May 2018 June 2018

Implementation Plan Progress to Date

Create ESSA Transportation Pilot

Memorandum of Understanding

To help facilitate the development of the ESSA Transportation Pilot, the Board passed a motion on May 2, 2017, directing DCFS to: 1) enter into a Memorandum of Understanding (MOU) with LACOE and one or more local school districts to transport foster children to their schools of origin; 2) provide LACOE with \$300,000 from the existing DCFS budget to support this effort; and 3) prepare an outcome report of the Pilot program 30 days after its completion with a summary of lessons learned, barriers to countywide implementation, and metrics such as youth served, modes of transportation used, and average distances traveled.

In close consultation with the OCP, DCFS, LACOE, and LAUSD executed an MOU that establishes procedures to provide the funds necessary for transportation for children to remain in their schools of origin during the ESSA Transportation Pilot.² The MOU also includes processes for identifying students who are removed or change placements, making best-interest determinations, communicating placement changes and transportation needs between districts and DCFS, decision-making about modes of

¹ This table also includes projected dates of completion for future actions.

² The National Center for Youth Law's initiative, FosterEd: California, provided funding to hire a consultant from the San Diego County Office of Education to offer technical assistance in the development of this pilot MOU.

transportation, implementing transportation to school of origin, resolving disputes, and other issues that will inform the long-term joint ESSA transportation plans.

For example, the ESSA Transportation Workgroup developed a joint protocol for the best-interest determination process that includes key factors to consider in decision-making (Attachment II). In California, if youth are removed from their homes or experience a change of placement, the legal presumption is that it is in the best interests of those youth to remain in their schools of origin.³ The joint protocol is intended to be a tool for use by AB 490 Foster Youth Liaisons, Education Rights Holders, youth, and DCFS to help them determine whether staying in a school of origin is in the best interest of the foster youth. Caregivers should be involved in the process through DCFS. This protocol will ideally be integrated into Child and Family Team (CFT) meetings to help ensure that transportation is part of a youth's education planning. The best-interest determination tool is available during the interim ESSA transportation Pilot and will be included in the Long-Term ESSA Transportation Plan.

As per the MOU, the Pilot includes transportation methods such as:

- Caregiver transportation reimbursements
- Bus passes or transportation vouchers for public transportation
- Utilizing and/or modifying existing school bus routes within districts
- Using a safe, private transportation vendor

This last option may be used if the district or DCFS determines that immediate stop-gap transportation to the school of origin is necessary while a best-interest determination is being made and Long-Term ESSA Transportation Plans are finalized. Stop-gap transportation may become the long-term transportation method if DCFS and districts confirm that they have exhausted all other options.

Although the three named parties in the Pilot are DCFS, LACOE, and LAUSD, transportation services are available to all school districts in Los Angeles County. LACOE agreed to contribute \$100,000 to the transportation Pilot, in addition to in-kind funding for the hiring of two full-time transportation coordinators. LAUSD agreed to contribute \$100,000 in the form of in-kind services.⁴ DCFS will transfer \$300,000 to LACOE as directed by the Board.

The Pilot rollout began in May 2017 and began full implementation in September of 2017. It was originally expected to run through December 2017, but will now run through the end of the academic year in June 2018 because of the need to have a continuing plan in place while using Pilot-gathered data to inform long-term agreements.

Pilot

Implementation of the ESSA Transportation Pilot began in May 2017. All parties are engaged.

³ According to the law (114 P.L. 95, 129 Stat. 1856), youth must continue to attend their schools of origin unless a youth's Education Rights Holder (with input from the student and the district-of-origin AB 490 Foster Youth Liaison) decides that it is in the youth's best interest to be enrolled in the public school local to where the foster youth resides.

⁴ This money will be used for transportation services within LAUSD boundaries only, not for the entire County.

DCFS has trained 817 new Children's Social Workers (CSWs) on the importance of maintaining foster youth in their schools of origin upon their being removed from their homes or changing placements, foster youth's legal right to remain in their schools of origin, the process of working with youths' Education Rights Holders on this issue, and the use of resources such as TAP cards (for public transportation) and caregiver Education Travel Reimbursement payments to transport these youth. DCFS also introduced these CSWs to the transportation Pilot and released a bulletin communicating Pilot details to Regional Administrators and the Services Employee International Union Local 721.

Los Angeles County Superintendent of Schools Dr. Debra Duardo communicated details of the Pilot to all Los Angeles County school districts through an announcement on LACOE'S website that included the fact that all school districts have access to the countywide services in the Pilot—such as DCFS educational caregiver reimbursements, TAP cards, and bus vouchers—as well as to LACOE's private transportation service.

Additionally, LACOE conducted an open competitive procurement process (by releasing a Public Bid) to identify a vendor to provide safe transportation services. In anticipation of this contract, LACOE hired two full-time transportation coordinators and has begun training its staff on the processes and procedures for transporting foster youth to their schools of origin. LACOE is in the final stages of contracting with a safe, child-friendly private car service, and has will work closely with the vendor to ensure that foster youth are safely transported to their schools of origin. During the Pilot, LACOE will take the lead on coordinating this private transportation, monitoring data collection for lessons learned, and facilitating communication between and among the Pilot parties.

LAUSD convened a group of front-line workers and staff to address transportation to schools of origin for foster youth, developing processes and procedures to use existing and modified bus routes to transport these youth (see Attachment III). This process is initiated when someone (e.g., biological parent, caregiver, CSW, or education consultant) requests transportation to the student's school of origin. The Foster Youth Achievement Program (FYAP) counselor then completes an online form and sends the request to the LAUSD Division of Transportation. The Division of Transportation completes a bus-route-matching process, taking into account the caregiver's address and the address of the school of origin. Once a match has been made or the bus route altered, the FYAP counselor is informed, consults with requestors to inform them of the match, and secures their acceptance. Bus-route information is then communicated to all involved parties. Transportation may be cancelled at any time by contacting the FYAP at LAUSD.

In September 2017, full implementation of the ESSA Transportation Pilot began. DCFS, LACOE, and LAUSD are currently using procedures developed for the Pilot MOU (Attachment I) to secure transportation for foster youth to their schools of origin.

Evaluation

An evaluation has been designed to help understand, analyze, and effectively incorporate lessons learned from the Pilot into Long-Term ESSA Transportation Plans. The evaluation is being conducted through the Children's Data Network by Dr. B.K. Elizabeth Kim, professor of Social Work at the University of Southern California. Dr.

Kim's research covers school-based prevention strategies and applied research on juvenile-justice youth.

This evaluation will also fulfill the requirements of the May 2, 2017, Board motion⁵ requesting an outcome report on the Pilot program 30 days after its completion. The evaluation will use surveys and focus groups to analyze lessons learned and barriers to countywide implementation. Furthermore, quantitative data from all three Pilot parties will be collected and used to examine metrics such as numbers of youth served, average distance traveled, and school stability-related measures (e.g., suspension and attendance rates as well as grade point averages).

In December 2017, the evaluator will present initial data and make recommendations to the ESSA Transportation Workgroup on lessons learned and barriers to countywide implementation. The evaluator will continue to update the Workgroup as further data is analyzed throughout the Pilot period. In July 2018, a final evaluation of the Pilot will be completed and submitted to the Board of Supervisors.

Establish Long-Term ESSA Transportation Plan

Plan Document and Guidance

With input from the Workgroup, the Alliance for Children's Rights will take the lead in facilitating the development of an initial draft of the Long-Term ESSA Transportation Plan intended to be used as the interagency agreement between DCFS and LEAs. Processes developed during the Pilot will guide the content of the long-term plan, which will include clear written procedures governing how transportation for children to remain in their schools of origin will be provided, arranged, and funded for their duration in foster care. It will also designate DCFS and LEA Points of Contact for transportation and school-stability issues, as well as include descriptions, positions, roles, and responsibilities. The long-term plan will contain enough detail that LEAs and DCFS can sign the plan as is, or use it as a template to finalize individual written transportation plans. A draft of the Long-Term ESSA Transportation Plan is expected to be completed by November 2017.

The evaluation's surveys and focus groups will study what steps workers find helpful and/or unnecessary in long-term transportation planning. Qualitative data will record the barriers and issues youth and families encountered in accessing these services, allowing the Workgroup to examine how often certain processes (such as dispute resolution) are needed, how many youth need transportation services, the cost of transporting them, modes of transportation used, and average distances traveled. This valuable information will create a robust Long-Term ESSA Transportation Plan and help districts and DCFS better anticipate related costs. It is anticipated that the final Long-Term ESSA Transportation Plan will be completed by February 2018.

The Workgroup is also creating a Guidance document that will support school districts, in conjunction with DCFS, under Title 1 of the federal Education Code in understanding their minimum legal obligations under Title 1 of the federal Education Code, as well as some recommended best practices, should they agree to something other than the

⁵ Item 14, May 2, 2017; original motion by Supervisors Barger and Ridley-Thomas, friendly amendment by Supervisor Hahn

sample plan drafted by the Workgroup. The Alliance for Children's Rights is also taking the lead on completing this document. It is anticipated that the guidance document will be completed by February 2018.

Outreach/Partnership with School Districts

The Workgroup will conduct outreach to the school districts within Los Angeles County to get their buy-in to the Long-Term ESSA Transportation Plan and to advocate for money to be set aside in their 2018–2019 school year budgets for transportation. This outreach will be done through advocacy by nonprofit legal groups, e-mail alerts, and/or presentations at superintendents' meetings. Additionally, LACOE may utilize their six Regional Learning Networks—groups of school districts that gather for training and sharing knowledge on ESSA—to target these outreach efforts. The Workgroup anticipates having sign-on to this agreement, or having alternate plans in place, by May 2018.

Execute Agreement

The ESSA Transportation Pilot, originally scheduled to end in December of 2017, is now anticipated to conclude in June 2018. School districts, in conjunction with DCFS, will need to have Long-Term ESSA Transportation Plans signed and in place for the 2018–2019 school year. Individual districts will have the summer between the end of the Pilot and the beginning of that school year to develop any additional processes required for long-term ESSA transportation. The documents, programs, and efforts described above are all designed to help ensure that Los Angeles County agencies and school districts work quickly to meet the mandates of ESSA and state law, but also that they do so in a thoughtful and informed manner designed to truly meet the needs of foster youth.

Conclusion

The OCP and LACOE, in consultation with DCFS, the California Department of Education, the Los Angeles County Education Coordinating Council, County Counsel, interested public-interest law firms, philanthropy, and community-based organizations that serve foster youth, have created an implementation plan and timeline to fully comply with the provisions of the federal *Every Student Succeeds Act* related to school stability for foster children. Furthermore, LACOE has clarified its role with respect to ESSA as a facilitator between child welfare and school districts during this process. As such, this is the OCP's final report in response to the February 7, 2017, Board motion, School Stability for Youth in Foster Care.⁶ The Department of Children and Family Services, with input from the ESSA Transportation Workgroup, will report back on the outcomes of the Pilot, including barriers to countywide implementation, in response to the Board's May 2, 2017, motion, Streamlining Funds for Foster Youth School Stability Pilot.⁷ Additional updates on these efforts will also be included in the OCP's quarterly updates.

⁶ Item 2, February 07, 2017; motion by Supervisors Barger and Ridley-Thomas

⁷ Item 14, May 02, 2017; original motion by Supervisors Barger and Ridley-Thomas, friendly amendment by Supervisor Hahn

If you have any questions, please contact me at (213) 893-1152 or by email at mnash@ocp.lacounty.gov, or your staff may contact Stefanie Gluckman at (213) 893-2507 or by email at sgluckman@ocp.lacounty.gov.

MN:CDM:SG:BS:EO:eih

c: Chief Executive Office
Executive Office, Board of Supervisors
Children and Family Services
County Counsel
Education Coordinating Council
Probation
County Office of Education
Alliance for Children's Rights
Association of Community Human Service Agencies
Bonita Unified School District
California Youth Connection
Children's Law Center
Los Angeles Unified School District
National Center for Youth Law, FosterEd Initiative
Palmdale School District
Public Counsel

**Memorandum of Understanding between
the Los Angeles County Department of Children and Family Services (DCFS),
the Los Angeles County Office of Education (LACOE), and
the Los Angeles Unified School District (LAUSD)
for a
Transportation Plan to Ensure School Stability for Students in Foster Care**

It is the intent of the parties that this agreement establish procedures to provide and fund the necessary transportation for foster children to remain in their school of origin¹ (SOO) as required by the Every Student Succeeds Act ("ESSA") ([114 P.L. 95, 129 Stat. 1856](#)). The agreement is in effect from May 1, 2017, through June 30, 2018, unless extended or terminated before that date.

1. Definitions

The parties agree to the definitions included in **Appendix A** as part of this agreement.

2. Scope

The provisions of this agreement cover students entering foster care, placed in out-of-home care (OHC), or changing placements who are under the supervision of DCFS (herein after referred to as "students") within all of Los Angeles County's 80 school districts.

3. Funding

- A. DCFS will provide \$300,000 to LACOE to contract with a transportation vendor.
- B. LACOE, through its Foster Youth Services Coordinating Program (FYSCP), will contribute \$100,000 toward a transportation contract, plus in-kind contributions of two full-time employees to coordinate the provision of transportation.
- C. LAUSD will contribute \$100,000 of in-kind services via staff time for the modification of district bus routes for the transportation of students within LAUSD schools of origin.
- D. In the event that any of the \$400,000 contributed for a transportation contract remains unused after the termination or expiration of this agreement, the remaining amount will be divided between DCFS and LACOE in proportion to their contribution.

4. Identifying Students Entering Foster Care Who Will Be Placed In OHC or Who Are Changing Placement

DCFS will notify the LACOE FYSCP via email immediately—but no later than one school day—following a determination that a student will be or has been placed into out-of-home care or is moving to a new OHC placement. LACOE FYSCP will subsequently and immediately notify the school district of origin's AB 490 Liaison² and LACOE's FYS Senior Program Specialist via email.

5. Best-Interest Determination

- A. Upon receiving the email notification that a student will be placed in OHC or will be changing or has changed OHC placement, the district AB 490 Liaison immediately notifies the student and his/her Education Rights Holder (ERH) of the student's right to attend his/her SOO.

¹ See Appendix A for definition.

² Ibid.

- B. The SOO is the default school placement. Prior to any school changes, a best-interest determination process must occur. The student may not be disenrolled from school until and unless that determination finds it in his/her best interest to change school placements. The student must attend his/her SOO during the best-interest determination process. Within five school days of receiving notification from DCFS, the district AB 490 Liaison, will consult with the student and his/her ERH and may make a recommendation to them regarding the student's best interest³.
- C. Before recommending that a student be moved from his/her SOO, the AB 490 Liaison shall provide the student and the ERH with a written explanation stating the basis for the recommendation and how the recommendation serves the student's best interest. The student's ERH ultimately decides whether to invoke or waive school of origin rights.
- D. If the ERH determines that the best interest of the student would be served by his/her transfer to a school other than the SOO, the student shall immediately be enrolled in the new school. If DCFS or any other party disagrees with the ERH's best-interest determination, they may bring it to the juvenile court's attention so it can determine whether any additional orders are necessary.
- E. When it is in a student's best interest to remain in their SOO, the district and DCFS collaborate under this agreement to establish the most cost-effective transportation arrangements available for the student within five school days of the best-interest determination's⁴ being made.
- F. DCFS social workers and LAUSD districts will work to exhaust all resources prior to requesting LACOE transportation.

6. Stop-Gap Transportation During the Best-Interest Determination Process

- A. During the above-noted process (Section 5A), if the district or DCFS determines that immediate stop-gap transportation to the SOO is necessary while a best-interest determination is being made and long-term transportation plans finalized, then the LACOE FYSCP Counselor will complete the online transportation referral form that includes the new caregiver and SOO address.
- B. LACOE FYSCP staff will coordinate the stop-gap transportation and communicate with the caregiver, student, DCFS Children's Social Worker (CSW), and district AB 490 Liaison.
- C. LACOE FYSCP will create and implement a plan for monitoring DCFS and the district's creation of a long-term transportation plan while stop-gap transportation is being provided. This includes, at a minimum, weekly email notifications to the DCFS CSW and district AB 490 Liaison to continue efforts to maintain the student's attendance at his/her SOO and communicate the final plan to LACOE FYSCP.

7. DCFS Assess Available Options To Address Transportation Needs

The steps below may occur at the same time as the district (see Section 8) assesses all available transportation options.

- A. DCFS determines the caregiver's/resource parent's willingness and capacity to provide transportation (with mileage reimbursement) to the SOO, or the possibility of the student's using bus passes or public transportation vouchers.
- B. DCFS checks with the group home or Short-Term Residential Therapeutic Program (STRTP) to determine their willingness/capacity to provide transportation to the SOO.

³ See Appendix A for definition and Appendix B for tool.

⁴ See Appendix A for definition.

- C. If none of the above-mentioned options are available, DCFS responds to the district AB 490 Liaison via email, with a copy to the LACOE FYSCP, to determine if the district can accommodate transportation.
- D. Any district or DCFS may choose at any time to voluntarily share in this cost or take sole responsibility for such costs.
- E. Any district or DCFS has the right under this agreement to provide an alternate form of transportation, so long as it is cost-effective and appropriate for the child.

8. District Assess Available No- Or Low-Cost Options To Address Transportation Needs

The required steps below may occur at the same time DCFS assesses all available transportation options:

- A. The district AB 490 Liaison assesses whether the child is eligible for transportation services under another entitlement (because of experiencing homelessness⁵) or as a related service included in his/her Individualized Education Plan (IEP) or 504 Plan. The district provides and funds transportation if the student is eligible under the McKinney-Vento Act⁶ or the Individuals with Disabilities Education Act (IDEA).
- B. The district examines existing transportation options available for the student, including incorporating the student into an existing bus route, modifying an existing bus route, or other no-cost or lost-cost options. Transportation is provided and funded by the district if such a solution is available.
- C. Districts will collaborate to provide transportation to the SOO when a student in OHC resides outside of the boundaries of the school district of origin. This can include, but is not limited to, districts modifying and connecting cross-district routes, or one district providing transportation to the SOO while the other provides transportation from the SOO. The district of origin can contact the district of residence directly or send an email to request facilitation.
- D. The district AB 490 Liaison notifies the LACOE FYSCP via email at ESSA_Transportation@LACOE.edu when the above-mentioned options are not available, or when further collaboration is necessary to set up transportation.

9. Timing of Implementing Transportation

DCFS, the district, and LACOE have five school days after the best-interest determination is finalized to put needed transportation in place. In the interim, the LACOE FYSCP provides transportation via the contract referenced in Section 3 and the process identified in Sections 5A and 5B.

10. Duration of Transportation

- A. Transportation is provided for the duration of the child's time in OHC, as long as it continues to be in the child's best interest to remain in the SOO.
- B. Stop-gap transportation (funded by DCFS and LACOE) is intended to be short-term and ends when DCFS and districts create long-term arrangements as outlined in Sections 7 and 8.

⁵ Per ESSA, foster youth "awaiting foster care placement" no longer automatically qualify as homeless. Children awaiting foster care placement may still be covered under the McKinney-Vento Act if they qualify under another definition of homeless, such as being doubled-up or living in a shelter.

⁶ Title I Part A funds can be used for both foster and homeless youth transportation. However, funds specifically set aside to provide services for homeless students cannot be used to pay for transportation for foster youth, unless that foster youth is also homeless. See ESSA Non-Regulatory Guidance FAQs, question #30.

- C. Stop-gap transportation can become the long-term plan if DCFS and districts confirm, in writing, that they have exhausted all other options.
- D. To maintain educational stability, if a student exits foster care before the end of a school year, transportation to the SOO is maintained by the student's district of origin through the end of the school year, when possible. Transportation provided via stop-gap measures (funded by DCFS and LACOE) ends when the student leaves foster care.

11. Transportation Arrangements for Los Angeles County Student In Foster Care Placed Outside of Los Angeles County

- A. DCFS notifies LACOE FYSCP via email immediately (or within one school day) upon learning that a student under the jurisdiction of Los Angeles County DCFS will be placed in an OHC placement outside of Los Angeles County.
- B. LACOE FYSCP immediately notifies the school district of origin's AB 490 Liaison.
- C. LACOE FYSCP provides the school district of origin the contact information for the student's caseworker to facilitate communication.
- D. LACOE FYSCP provides the other county's school district of residence a copy of this agreement for reference.
- E. Whenever possible, DCFS and LACOE FYSCP will use the procedures provided in this MOU to provide transportation to the SOO for a child placed outside of Los Angeles County.

12. Pilot Data and Evaluation

- A. Parties agree to share relevant data to complete a pilot evaluation and compile lessons learned working with an agreed-upon independent evaluator.
- B. DCFS, LACOE, and LAUSD districts will collect data on
 - Lessons learned,
 - Potential barriers to countywide implementation,
 - Numbers of youth served,
 - Modes of transportation used,
 - Average distances traveled,
 - Costs associated with transportation, and
 - Other information that the parties agree is important for understanding lessons learned and program performance, and to develop recommendations for program improvement.

13. Dispute Resolution

- A. Districts and DCFS must make every effort to collaborate in serving children in OHC. When a dispute arises between the agencies over paying the costs of transportation, the district and DCFS must make every effort to resolve the dispute collaboratively at the local level
- B. If the dispute cannot be resolved collaboratively among DCFS and a school district, DCFS will notify the youth's attorney of the dispute. DCFS or the youth's attorney may then bring the issue before the Juvenile Court.
- C. During the dispute, LACOE shall administer and coordinate transportation via the contract referenced in Section 3 and the process identified in Sections 5A and 5B.
- D. Nothing in this agreement is intended to limit the rights of any person or agency, including but not limited to a student, ERH, biological parent, foster/resource parent, or another representative of a foster child, to file a complaint with the California Department of Education using the Uniform

Complaint Procedures (UCP) authorized by the California Code of Regulations Title 5, Sections 4600-4687 or to pursue other available remedies. Each school district is required to adopt UCP compliant policies and procedures and designate a staff member to be responsible for receiving, investigating, and resolving complaints. This information is commonly found on a district's website but the district foster-care point of contact can also be contacted to provide the details of that district's policy.

- E. The following applies while the UCP processes referenced in Section 13C is being conducted
- i) The child remains in the SOO as required ESSA.⁷
 - ii) Transportation is provided as agreed to in Sections 6, 7, 8 and 10B, above, while the dispute process is pending.⁸

14. Termination

- A. Any party may terminate this MOU without penalty at any time but must provide 30 school days written notice. Notice is deemed served on the date of mailing to the following address:

LACOE FYSCP Project Director
9300 Imperial Highway, ECW 334
Downey, CA 90242

- B. Unless the parties agree otherwise in writing, this MOU will terminate automatically if the funds contributed by DCFS and LACOE referenced in Section 3 are exhausted.

15. Amendments

- A. This MOU may be amended in writing. For changes that materially affect the scope, term of agreement, and/or funding for the MOU, Amendments to the MOU must be prepared and executed by the parties.
- B. For non-material changes, a written request by e-mail or letter from one party to the LACOE FYSCP shall be made. LACOE FYSCP will distribute the request to the affected parties for approval. Once approved by the affected parties, a Change Notice may be issued and signed by LACOE.

16. Facsimile Representation

Parties to this MOU hereby agree to regard facsimile representations of original signature of authorized officers of each party, when appearing in appropriate places on the amendments prepared pursuant to Section 15, Amendments, and received via communications facilities, as legally sufficient evidence that such original signatures have been affixed to Amendments to this MOU, such that the parties need not follow-up facsimile transmissions of such documents with subsequent (non-facsimile) transmission of "original" versions of such documents.

17. Counterparts


This MOU may be executed in counterparts, each of which so executed shall, irrespective of the date of its execution and delivery, be deemed an original, and all such counterparts together shall constitute one and the same instrument.

⁷ ESEA section 1111(g)(1)(E)(i)

⁸ ESEA section 1111(g)(1)(E)(i)

ESSA Transportation Memorandum of Understanding

Signatures by authorized Department Heads or designees:


Brandon T. Nichols
Acting Director
Los Angeles County Department of
Children and Family Services

Signature

Date

Debra Duardo M.S.W., Ed.D.
Superintendent
Los Angeles County Office of
Education

Signature

Date

Michelle King
Superintendent
Los Angeles Unified School District

Signature

Date

LACOE Report of Contracts : 9/11/17

Signatures by authorized department heads or designees:

Brandon L. Nichols
Acting Director
Los Angeles County Department of
Children and Family Services

Signature

Date

Debra Duardo M.S.W., Ed.D.
Superintendent
Los Angeles County Office of
Education

Signature

Date

Erika F. Torres

Erika F. Torres

9/8/17

Erika F. Torres
Executive Director, Student Health
and Human Services
Los Angeles Unified School District

Signature

Date

LACOE Report of Contracts : 9/11/17

ESSA Transportation Memorandum of Understanding

Signatures by authorized department heads or designees:

Brandon L. Nichols
Acting Director
Los Angeles County Department of
Children and Family Services

Signature

Date

TS ²⁰⁰
Debra Duardo M.S.W., Ed.D.
Superintendent
Los Angeles County Office of
Education

Debra Duardo

Signature

9-6-17

Date

Michelle King
Superintendent
Los Angeles Unified School District

Signature

Date

LACOE Report of Contracts : 8/11/17

Appendix A: Definitions

Additional costs Costs incurred in providing transportation to the school of origin reflect the difference between what a local education agency (LEA) otherwise would spend to transport a student to his/her assigned school and the cost of transporting a child in foster care to his/her school of origin. For example, if the LEA provides transportation through an established bus route, there is no additional cost. If the LEA provides special transportation only for the child in foster care (e.g., through a private vehicle or transportation company), the difference between the special transportation costs and the usual transportation costs can be considered additional. If the LEA must re-route buses to transport a child in foster care to one of its schools, the cost of this re-routing can be considered additional cost.

AB 490 Liaison Every school district must appoint an educational liaison to serve foster children. EC § 48853.5(b).

Best-Interest determination Under federal and California law, a child in foster care shall remain or enroll in his/her school of origin unless a determination is made that it is not in the child's best interest to attend the school of origin. Factors to consider when determining if maintaining school of origin enrollment is in the foster student's best interest include, but are not limited to preferences of the child; preferences of the child's parent(s) or education decision-maker(s); the child's attachment to the school, including meaningful relationships with staff and peers; the placement of the child's sibling(s); influence of the school climate on the child, including safety; the availability and quality of services in the school to meet the child's educational and socio-emotional needs; the history of school transfers and how they have affected the child; and how the length of the commute would affect the child, based on the child's developmental stage.

Student in foster care ESSA provides for transportation for a foster student placed in out-of-home care to the student's school of origin. A "student in foster care" under the LCFF definition, who are living at home with either parent, are not entitled to the ESSA transportation mandates and provisions.

School of origin Per California Education Code Section 48853.5 (g), the school of origin is the school that the foster child attended when permanently housed or the school in which the foster child was last enrolled. If the school the foster child attended when permanently housed is different from the school in which the foster child was last enrolled, or if the foster child attended some other school where he/she is connected and that he/she attended within the immediately preceding 15 months, the educational liaison, in consultation with and with the agreement of the foster child and the person holding the right to make educational decisions for the foster child, shall determine, in the best interests of the foster child, the school to be deemed the school of origin.

School district of origin The district that operates the school of origin.

**Appendix B: Joint Protocol—Roles and Responsibilities of
DCFS and School Districts in Implementing School of Origin Rights**

Best-Interest Checklist

The Education Rights Holder, with input from the social worker/probation officer, the school district's AB 490 Foster Youth Liaison, and the student should consider the following factors to assess whether it is in the student's best interest to remain in his or her school of origin. Identify school options, select school choice, and identify reason(s) for selection.

Option 1 Remain at Current School (School of Origin)		Option 2 Transfer to New School Near Placement		Option 3 Transfer to Other School Attended in Prior 15 Months (School of Origin)	
<input type="checkbox"/>	Student preference Student wants to remain in the same school.	<input type="checkbox"/>	Student preference Student wants to transfer to new local school.	<input type="checkbox"/>	Student preference Student wants to attend this school.
<input type="checkbox"/>	Length of attendance/strong ties Student attended this school for an extended period of time and developed strong ties (friends, teachers/staff, extracurricular activities).	<input type="checkbox"/>	Length of attendance/strong ties Student attended prior school for a brief period of time.	<input type="checkbox"/>	Length of attendance/strong ties Student previously attended this school for an extended period of time and developed strong ties; or matriculating into this school would preserve strong ties.
<input type="checkbox"/>	Academics School is best able to meet student's needs (sustain strong academic performance or help student if underperforming).	<input type="checkbox"/>	Academics New local school is best able to meet student's needs.	<input type="checkbox"/>	Academics This school is best able to meet student's academic needs.
<input type="checkbox"/>	Special needs School is best able to meet special needs (e.g. IEP, school-based mental health services, English Learner program, child care for parenting students, etc.).	<input type="checkbox"/>	Special needs New local school would better meet special needs.	<input type="checkbox"/>	Special needs This school would best meet special needs.
<input type="checkbox"/>	Timing of transfer Student would have to change schools mid-year, during testing, etc.	<input type="checkbox"/>	Timing of transfer School change would occur at end of school year or end of semester.	<input type="checkbox"/>	Timing of transfer School change would occur at end of school year or end of semester.
<input type="checkbox"/>	Commute time (assuming fastest method of transportation)⁹ Commute is not so long as to negatively affect the student, and student is willing to commute.	<input type="checkbox"/>	Commute time (assuming fastest method of transportation) Commute time will negatively affect the student, in light of student's age, needs, and activities.	<input type="checkbox"/>	Commute time (assuming fastest method of transportation) Commute to this school is not so long as to negatively affect the student, and student is willing to commute.
<input type="checkbox"/>	Length of anticipated stay The student's placement is temporary or uncertain, so staying in prior school will provide continuity.	<input type="checkbox"/>	Length of anticipated stay The student's placement appears likely to be permanent or long-term, so the student will benefit from transitioning to new local school.	<input type="checkbox"/>	Length of anticipated stay This school is best option in light of anticipated length of placement and student's permanent plan (e.g., school is near parents' home and plan is reunification).
	Other factors Number of past school changes; siblings' school placement; influence of school climate on student, etc.		Other factors Number of past school changes; siblings' school placement; influence of school climate on student, etc.		Other factors Number of past school changes; siblings' school placement; influence of school climate on student, etc.

⁹ Cost may not be considered as a factor in the best-interest determination.

Appendix C: References

[ESSA Foster Care Non-Regulatory Guidance](#)

[California Education Code 48853.5](#)

[Public Law 114-95](#)

[Public Law 110-351](#)

[All County Letter 17-24 \(2017\)](#)

[All County Letter 12-70 \(2012\)](#)

[All County Letter 11-51 \(2011\)](#)

[All County Letter 10-12 \(2010\)](#)

Appendix D: Points of Contact

Los Angeles County Department of Children and Family Services

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Los Angeles County Office of Education

Rachelle Touzard
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Attachment II

Best Interest Checklist

The Education Rights Holder, with input from the social worker/probation officer and the School District AB 490 Foster Youth Liaison, and the student, should consider the following factors to assess whether it is in the student's best interest to remain in his or her school of origin.

Option 1 (school attended before placement change):	School Option 2 (local school for new placement):	Additional School Option(s) (if any):
<input type="checkbox"/> Student preference Student wants to remain in the same school.	<input type="checkbox"/> Student wants to transfer to new local school	<input type="checkbox"/> Student wants to attend this school
<input type="checkbox"/> Length of attendance/strong ties Student attended this school for an extended period of time and developed strong ties (friends, teachers/staff, extracurricular activities).	<input type="checkbox"/> Student attended prior school for a brief period of time.	<input type="checkbox"/> Student previously attended this school for an extended period of time and developed strong ties – or matriculating into this school would preserve strong ties.
<input type="checkbox"/> Academics School is best able to meet student's needs (sustain strong academic performance or help student if underperforming)	<input type="checkbox"/> New local school is best able to meet student's needs	<input type="checkbox"/> This school is best able to meet student's academic needs.
<input type="checkbox"/> Special needs School is best able to meet special needs (e.g. IEP, school-based mental health services, English Learner program, child care for parenting students, etc.)	<input type="checkbox"/> New local school would better meet special needs	<input type="checkbox"/> This school would best meet special needs.
<input type="checkbox"/> Timing of transfer Student would have to change schools mid-year, during testing, etc.	<input type="checkbox"/> School change would occur at end of school year or end of semester.	<input type="checkbox"/> School change would occur at end of school year or end of semester.
<input type="checkbox"/> Commute time (assuming fastest method of transportation)¹ Commute is not so long as to negatively affect the student, and student is willing to commute.	<input type="checkbox"/> Commute time will negatively affect the student, in light of student's age, needs, and activities.	<input type="checkbox"/> Commute to this school is not so long as to negatively affect the student, and student is willing to commute.
<input type="checkbox"/> Length of anticipated stay The student's placement is temporary or uncertain, so staying in prior school will provide continuity.	<input type="checkbox"/> The student's placement appears likely to be permanent or long-term, so the student will benefit from transitioning to new local school.	<input type="checkbox"/> This school is best option in light of anticipated length of placement and student's permanent plan. (E.g. school is near parents' home and plan is reunification.)
Other factors Number of past school changes; siblings' school placement; influence of school climate on student, etc.	Other factors Number of past school changes; siblings' school placement; influence of school climate on student, etc.	Other factors Number of past school changes; siblings' school placement; influence of school climate on student, etc.

¹ Cost may not be considered as a factor in the best interest determination.

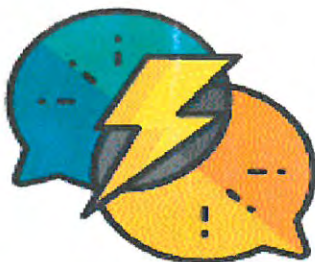
Request for Transportation to School of Origin

Process Overview



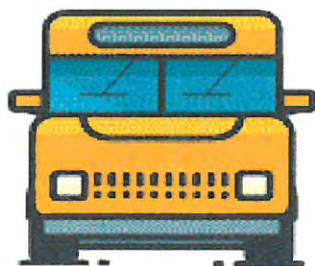
1. Online Request

- Caregiver requests service.
- FYAP Counselor fills out online request.
- Requests are recorded on an excel file.
- PSA Aide checks at 9:00 am and 1:00pm daily for new requests.
- New requests are emailed to Janet Hutchison at LAUSD Transportation Routing Center. Group email includes excel file, FYAP Counselor, FYAP Coordinator, PSA Aide & Transportation Unit Staff.



2. Bus Route Match

- Bus route match is based on school of origin and address of caregiver. If LAUSD can transport on a yellow bus, an email with routing information is sent to FYAP staff.
- FYAP Counselor shares bus route offer to Caregiver and updates or confirms Caregiver's acceptance by email.
- Once the Caregiver agrees to the transportation option, Janet sends a group email with all pertinent information including: Area Bus Supervisor contact, route number, pick-up and drop off time, stop location and effective date.



3. Bus Service

- Area Bus Supervisor or driver will contact the guardian to confirm the times and start date.
- Student routing is complete.
- To cancel services caregiver or FYAP Counselor contacts (213) 241-3552 or fyap@lausd.net. PSA Aide will inform transportation unit to end services.

Attachment III

Transportation Request to School of Origin

1. Student Name (First and Last)

2. Student LAUSD ID

3. Student Grade Level

4. Student School of Origin

5. School of Origin Location Code

6. Caregiver Name (First and Last)

7. Caregiver Address (Ex. 333 S. Beaudry Ave., Los Angeles, CA 90017)

8. Caregiver Phone Number (Ex. (213)241-1000)

9. Caregiver relationship to student

- ☐ Biological Parent
- ☐ Foster Parent
- ☐ Relative
- ☐ Other (Please specify in additional notes)

10. Does the student have an open court case?

- ☐ Yes
- ☐ No

11. Student Placement Type

Select your answer

12. FYAP Counselor Name (First and Last)

13. Additional Notes

Online form: https://forms.office.com/Pages/ResponsePage.aspx?id=oUAqBCixxEqGSAFv-hIUhyN7_IVXEhFHgcYaZPTuzzZUOU5NQkIVTDJEQU5WRIUwUTJLTUdOWTc0Ti4u



December 12, 2017

Los Angeles County
Board of Supervisors

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

TO: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Hilda L. Solis
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: Mitchell H. Katz, M.D. *Mitchell Katz*
Director

SUBJECT: **HEALTH AGENCY UPDATE (ITEM #S-1, AGENDA
OF AUGUST 11, 2015)**

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On August 11, 2015, the Board approved the establishment of the Los Angeles County Health Agency (Health Agency) to integrate services and activities related to the eight strategic areas across the Departments of Health Services (DHS), Mental Health (DMH), and Public Health (DPH). Attachment I contains the list of approved metrics for all eight Health Agency Strategic Priorities. The Board established a quarterly item on the Board Agenda to report on progress made by the Health Agency. This report will focus on updates for three strategic priorities: *Consumer Access and Experience*, *Diversion of Corrections-Involved Individuals to Community-Based Programs and Services* and *Expanded Substance Use Disorder Benefits* (see Attachment II), as well as progress made in achieving Health Agency goals.

On August 1, 2017, the Board instructed the Health Agency Director to include the following in this report: (a) appropriate infrastructure for the Health Agency and (b) a plan to increase the number of Department of Children and Family Services (DCFS) involved children that receive a comprehensive screening within 30 days, along with industry standard data to show progress. Also included, is the most recent update on the levels of hexavalent chromium in the City of Paramount (see Attachment IV).

Consumer Access and Experience

In 2016, the Health Agency launched its first coordinated assessment of consumer access to and experience with outpatient clinic services in DHS, DMH, and DPH. With the assistance of two Health Agency work groups - *Consumer Access to and Experience with Clinical Services*

"The mission of the Los Angeles County Health Agency is to improve health and wellness across Los Angeles County through effective, integrated, comprehensive, culturally appropriate services, programs, and policies that promote healthy people living in healthy communities."



Health Agency Strategic Priorities Approved Metrics

Strategic Priority 1: Consumer Access and Experience (Approved by the Board on January 10, 2017)

	Metric
1	Consumer experience will improve across the Health Agency* by 10 % over the next two years as measured with standard survey tools.
2	Enhance four clinical sites with co-located services or designated regional health neighborhood partnerships by end of CY 2017.
3	Operationalize a Health Agency-wide referral system and necessary infrastructure to track and refer patients from one Health Agency department to another.
4	Implement the recommended information technology solution that allow Health Agency Departments of EHRs to share demographic and clinical information for shared clients by FY 2018.

*Health Agency directly operated clinics.

Strategic Priority 2: Housing and Supportive Services for Homeless Consumers
(Approved by the Board on June 8, 2016)

	Metric
1	Add 2,500 community-based residential housing slots* administered by the Health Agency in Calendar Year 2016.
2	Engage 90% of housed individuals to appropriate health, mental health, substance use, and other supportive services.
3	Reduce Emergency Department and inpatient use by 50% for homeless individuals 12 months post being permanently housed compared to before being housed.
4	Maintain 90% housing retention rate for formerly homeless individuals 12 months post placement in permanent housing.

*Includes emergency, interim, and permanent housing

Strategic Priority 3: Overcrowding of Emergency Department by Individuals in Psychiatric Crisis
(Approved by the Board on June 8, 2016)

	Metric
1	Decrease the number of days that County PES is above capacity by 5%, as compared to the prior year.
2	Decrease total administrative days in county inpatient psychiatric units by 15%, as compared to the prior year.
3	Increase the ratio of psych urgent care visits to PES visits by 10%.

Strategic Priority 4: Access to Culturally and Linguistically Competent Programs and Services
(Approved by the Board on September 20, 2016)

	Metric
1	Assess consumer experience with cultural and linguistic services delivered at the Health Agency clinics by end of CY 2017.
2	Implement a common set of basic demographic information (i.e. race, ethnicity, language, sexual orientation and homeless definition) by end of CY 2017.
3	Implement five or more new community based programs (i.e. promotoras, community health workers, health promoters, navigators) and cross-train existing staff by end of CY 2017.

Strategic Priority 5: Diversion of Corrections-Involved Individuals to Community-Based Programs and Services
(Approved by the Board on January 10, 2017)

	Metric
1	Provide and coordinate mental health and substance use services for at least 5,000 persons with justice involvement, either pre- or post-booking, over a 3-year period.
2	Integrate health and justice data to identify persons with the greatest need for intervention and use integrated data to make informed, person-level treatment decisions.
3	The number of first responders trained in Crisis Intervention Training will increase to over 4,000 total first responders trained by the end of 2017.

Strategic Priority 6: Implementation of Expanded Substance Use Disorder Benefits
(Approved by the Board on January 10, 2017)

	Metric
1	By 2020, increase percent of Medi-Cal or uninsured people* who receive SUD treatment from 18% to 23%.
2	Between 2017 to 2020, reduce SUD-related* DHS ED visits and hospitalizations by 2% per year.
3	By end of 2018, train at least 80% of designated Health Agency clinical staff on Screening, Brief Intervention, and Referral to Treatment (SBIRT) for SUDs.
4	Increase qualified Health Agency patients receiving medication-assisted treatment from <1% to 3% by 2020.

Strategic Priority 7: Vulnerable Children and Transitional Age Youth
(Approved by the Board on September 20, 2016)

	Metric
1	Each DCFS involved child/youth receives comprehensive health screening and referrals to specialties* within 30 days by CY 2017.
2	>95% of children/youth identified by DCFS as commercially sexually exploited children (CSEC) will receive a comprehensive health screening and referrals to specialties* within 14 days by CY 2017.
3	>90% of youth released from probation camp who report not having a primary care provider are linked to a clinic.

*Specialty referrals if needed include mental, physical and substance use services.

Strategic Priority 8: Chronic Disease and Injury Prevention
(Approved by the Board on June 8, 2016)

	Metric
1	Decrease the prevalence of tobacco use from 13% to 10% in L.A. County by 2020.
2	Decrease the prevalence of obesity for adults from 24 to 22% and children with obesity from 22% to 20% in L.A. County by 2020.
3	Reduce by 10% from 2015 to 2018 the number of violence-related trauma center ED visits and hospitalizations among residents of Park After Dark (PAD) communities in L.A. County using Emergency Medical Services data.
4	75% or more of the Health Agency directly-operated clinics will have a smoking cessation protocol implemented by the end of 2018.

(CAECS) and *Access to Culturally and Linguistically Competent Programs and Services* (ACLCPS) - the three departments collaborated to generate a common set of questions derived from the monthly DHS Consumer Assessment of Healthcare Providers and System Clinician & Group Survey (CG-CAHPS; CL#17234-CV0101-01-04/16), administered by Press Ganey® (<http://www.pressganey.com>), a nationally recognized health care survey vendor. The common set of survey questions consisted of several domains: 1) demographics, 2) provider results, 3) access to care, 4) provider's communication quality, 5) office staff performance, 6) access to care in the past 3 months, 7) clinic appearance, and 8) cultural and linguistic competency. The DMH and DHS surveys were available in English and Spanish; and the DPH surveys were available in English, Spanish, Armenian, and Farsi. DHS has also recently launched survey availability in Chinese.

The Surveys in All Three Departments

The *Consumer Feedback Survey* (DMH's survey) was administered at 22 DMH outpatient clinics in October 2016, and the *Patient Experience Survey* (DPH's survey) was administered at 14 public health centers in November 2016 (see Attachment III). Over a period of 30 days, the self-administered surveys were sequentially and systematically offered in a similar manner to both DMH and DPH adult patients. The only exception was that DMH patients were offered non-monetary incentives to complete the survey. By contrast, the Press Ganey® Survey (DHS's survey) was mailed to each adult who received outpatient services from November 2016 to March 2017.

Survey Response Rates

Overall, a total of 1,225 and 1,402 surveys were returned to DMH and DPH sites, with response rates of 90% and 81%, respectively. In comparison, a total of 3,361 mail-in surveys from DHS were returned, with a response rate of 15%.

Highlights of Results

Of the total 5,988 respondents, 52% were women, 42% were between 50-64 years old, 44% were Hispanic, 25% were non-Hispanic White, 18% were African American, 11% were Asian, 2% were American Indian or Alaskan native, and 1% were Native Hawaiian or other Pacific Islander. Fifty-nine percent of respondents were a high school graduate or higher. With respect to insurance status, 58% had Medi-Cal/Medicaid, 13% Medicare, 11% private, and 13% were uninsured. Twelve percent indicated that they were homeless at the time of the survey.

For the most part, the consumer experience scores were high. Overall, 68% of respondents rated their provider a 9 or 10 on a 10-point scale. Approximately 90% percent of respondents agreed with the following statements: they would recommend their provider office (89%), received urgent and routine appointments as soon as they thought they needed them (90% and 89%, respectively), thought providers explained things in a

way that was easy to understand (93%), indicated that providers listened carefully to them (94%), rated the office staff as helpful (92%) and respectful (93%), felt that services were provided in their preferred language (89%), felt that written information was available in their spoken language (85%), and agreed that staff were sensitive to their cultural background 71%.

Areas for Improvement

Despite the high satisfaction with clinical services, there were some areas that needed improvement. For example, only about half of the respondents reported seeing a provider within 15 minutes (52%); only half of respondents who phoned during regular or after hours had always obtained an answer to a medical question that same day (55% and 52%, respectively); and approximately half rated the cleanliness of the clinics as “very good” (59%). Departments have a variety of initiatives underway to enhance customer service in each of these areas as well as across all of the domains captured in the survey and are confident that we will see continued improvement in the scores over time. The full data is included in Attachment III.

Diversion of Corrections-Involved Individuals to Community-Based Programs and Services

Improving Referrals

The Office of Diversion and Re-Entry (ODR) has been working in collaboration with Courts 95 and 123, as well as with other courts throughout the County. Since the ODR Housing program launched in August 2016, 795 individuals have been referred to ODR. Since the Misdemeanor Incompetent to Stand Trial-Community Base Restoration program launched in October 2015, 545 individuals have been released to the program. ODR also works in collaboration with DMH and Substance Abuse Prevention and Control (SAPC) to connect clients to appropriate mental health and substance use disorder treatment.

Crisis Intervention Training (CIT)

Over 2,000 first responders from 48 jurisdictions have received Crisis Intervention Training (CIT) in the last 18 months. As of October 19, 2017, the total number trained to date is 606. The Calendar Year (CY) 2017 anticipates 702 total trained patrol personnel.

Whole Person Care (WPC) Linkage

The WPC staff conducts a comprehensive assessment covering areas including health, mental health and substance use history, homelessness, education/employment, family and social support. Inside the jail, this is generally done by a bachelor's level case manager (Medical Case Worker (MCW)). This staff person works with the client to develop a care plan/reentry plan, addressing the issues the client feels are most important, and works with the client on those parts of the plan that can be accomplished during their incarceration - e.g., referring a client to internal programs such as START

(substance use treatment) or arranging for admission and transportation to a shelter upon release.

Clients are also assigned a WPC Community Health Worker (CHW) in the community, who has a shared lived experience of incarceration. The CHW conducts either a videoconference visit or attorney room visit with the client prior to release. The CHW tries to meet with the client soon after release, reviews and updates the reentry plan, and links clients to appropriate services. For example, the CHW may accompany the client to Department of Public Social Services to activate General Relief (GR) and CalFresh, assist in making an appointment and accompany a client to a medical or mental health visit, work with the client to ensure the client checks in as required with Probation, etc. The CHWs and MCWs use a variety of tools to find resources, including One Degree, websites, resource lists, and others.

Expanded Substance Use Disorder (SUD) Benefits

Drug Medi-Cal Organized Delivery System

The Drug Medi-Cal Organized Delivery System (DMC-ODS) launched on July 1, 2017. Seventy providers are now under contract with 210 overall sites. Methods to facilitate and promote access to SUD services have been developed and implemented. They include:

- The Substance Abuse Service Helpline, which is available 24/7/365 and screens and refers the client to an appropriate level of care based on American Society for Addiction Medicine (ASAM) standards for specialty SUD services.
- The Service and Bed Availability Tool (SBAT), which is a web-based service locator that is available to the general public and contains all publicly-funded SUD providers in the County. It allows end users to filter providers based on level of care, language spoken, special population (e.g., justice involved, perinatal, LGBTQ) and service type.
- The Client Engagement and Navigation System (CENS) to serve as liaisons with community partners such as the courts and probation who refer clients into the specialty SUD system.

Screening, Brief Intervention and Referral to Treatment (SBIRT)

DHS has incorporated SBIRT into its ORCHID workflow and is now focused on training staff on SBIRT to operationalize this new functionality. DMH has also incorporated SBIRT into its Integrated Behavioral Health Information Management System (IBHIS) workflow and has also trained staff on SBIRT. SBIRT services will be tracked beginning January 2018.

Medication Assisted Treatment (MAT)

Substance Abuse Prevention and Control (SAPC), DHS, and Safe Med LA have worked together to launch two learning collaboratives focused on Medication-Assisted Treatment; one for primary care providers and another for specialty SUD providers. These learning

collaboratives are focused on expanding the number of MAT programs across the County by building the operational and clinical expertise necessary to start MAT programs.

SAPC is working with the Opioid Treatment Programs that are leading the California Hub and Spoke grant implementation in LA County to ensure that these efforts are aligned with the broader MAT expansion efforts across the County.

The Safe Med LA MAT Action Team has trained over 150 new buprenorphine prescribers in LA County.

Response to Questions from the August 1, 2017 Board Meeting

Plan to Increase Number of DCFS Involved Children Who Receive a Medical Screening within 30 days

Ensuring health screenings to DCFS involved children within 30 days of detainment is a joint responsibility between the child social worker (CSW) and public health nurse (PHN). However, CSWs are the primary case managers, with PHNs providing consultation and support as consultants.

Currently, to ensure that the caregiver is aware of the appointment, the Hub staff contacts the parent/caregiver to remind them of the appointment. Changes in the child's placement status (i.e., investigation to detained) and placement location (i.e., home to foster parent's residence) are factors that often require appointment rescheduling and consequently can delay screenings.

The Hub team in the Health Agency are examining internal processes and the specific duties of the Hub and Regional PHNs to identify opportunities to increase timely referral and follow-up. In addition, as part of the Hub expansion across the County, the team is also evaluating physical space and staffing plans that will ensure timely appointments in an environment that is conducive to providing the same level of quality care across all Hubs. The team is also working closely with DCFS to develop and implement procedures to ensure communication between CSWs and PHNs when follow-up is needed.

Response to Questions from the November 14, 2017 Board Meeting

Correctional Health Services (CHS)

Two years ago, the Los Angeles County (LAC) Board of Supervisors (BOS) unanimously voted to unify jail medical and mental health services under the Department of Health Services (DHS) to improve the efficiency and quality of healthcare provided to the nearly 17,500 inmates in LAC's jails. The unification under DHS established the simple premise that individuals incarcerated in the County jails can and should receive the same high quality, patient-centered care that individuals, already in the DHS and larger Health Agency system, receive. Phase I of the transition occurred in September 2016, and the

final phase, Phase II, was completed in May 2017. The transition involved moving over 2,200 staff and positions, mostly providers and nurses, many contracts for ancillary and other support services, and a budget totaling approximately \$300m.

Since DHS' creation of Correctional Health Services (CHS), steady progress toward the transformation envisioned by the BOS has occurred. In the past four months alone, because of the tremendous support from the BOS, over 100 new staff have been hired and another 35 hires are in process. Recruitment continues. Also, a new organizational structure is being finalized which includes consolidating clinical services under a single Chief Medical Officer (CMO) and creating a robust Quality and Performance Improvement unit led by a new Chief Quality Officer. These organizational changes have led to the creation of many new programs and initiatives which build toward a truly innovative correctional health care model founded on the patient centered medical home concept (PCMH) used throughout DHS. Overall, the transition to DHS has already led to meaningful changes for the sickest and most vulnerable patients in LAC's jails. Examples of the impact of these changes include:

Today, when inebriated individuals are booked into jail, they are cared for and allowed to safely sober up in the newly created Detox Unit. In the past, these individuals were housed throughout the jail and monitored in a decentralized and hard to track way.

Today, when one of the nearly 4,700 inmates with a serious mental illness needs an acute hospital bed, the CHS mental health team has more options than ever to house and serve these individuals as the result of creating several dozen new forensic inpatient psychiatry step-down (FIP step-down) beds.

Today, many patients with a serious mental illness are housed in double-man cells not single-man cells. Similarly, they are allowed to participate in more groups outside their cells without being in handcuffs.

Today, more patients than before, especially those suffering a mental illness receive their medication orders while in the inmate reception center (IRC). This practice helps ensure individuals do not experience avoidable clinical destabilization and poor outcomes.

Today, because of improved identification and assessment of diabetic patients in jail, we experience approximately 40% fewer incidents of hyper- or hypo-glycemia among our approximately 900 diabetic patients.

Today, individuals in custody requesting medical care wait about one-third the time they use to wait to receive attention via the CHS Sick Call system.

Today, many more individuals with chronic health issues are leaving jail with the medications they need, follow up appointments and connections to more services. These reentry services are expanding by the month.

Although each of these programs or system enhancements is valuable on their own, together they begin to move from an episodic-care based system toward a more modern-day health system like what is found in the community. We call this new system the

Correctional Health Neighborhood (CHN). The CHN is premised on key guiding principles mirroring those used by Patient Centered Medical Home (PCMH) models in DHS and the broader community. These include:

- Integrated team-based care (whole person, coordinated care)
- Patient Centered Medical Homes (continuity in care, preventative, chronic, accessible)
- Data driven decisions (use of health information)
- Evidence-based medicine
- Continuous quality improvement

The CHN also addresses fundamental truths about jail health systems in general:

- Medical health needs are mostly ambulatory (outpatient) in nature
- Serious mental health illness is common yet un- or under-treated
- Substance use disorders are common yet untreated
- Chronic illnesses are common yet under-diagnosed and un- or under-treated

These characteristics coupled with the nature of incarceration (short lengths of stay and a general inability to move freely to receive care) requires that the CHS model of care meld the best of a community-based PCMH model with an emphasis on integrated behavioral health services and with urgent care services always available.

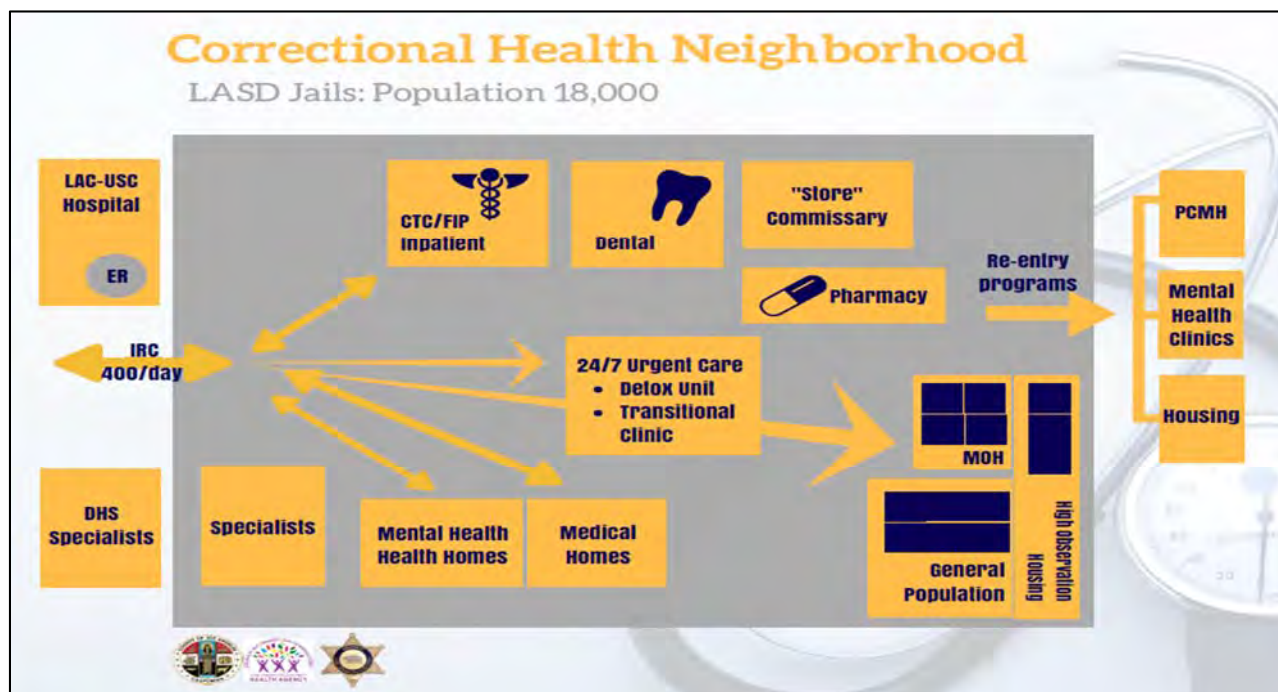
The Correctional Health Neighborhood, simply put, has five areas of care:

- (a) Inmate Reception – where assessment, initial triage and movement to either enhanced treatment areas or housing units occurs.
- (b) Primary Care Patient-Centered Medical Homes – attached to the housing units through the jail facilities where patients will be “assigned” a provider that provides basic and essential primary care. This will include specialized-PCMHs with some that focus on patients with HIV and others that focus on pregnant women.
- (c) Urgent Care – a 24/7, robustly staffed unit where individuals with acute medical concerns (which do not require obvious or immediate hospital-based services) can come for care or further evaluation. This will also be the single point of entry of individuals returning from the emergency room or hospitalization into the jail. Creating a single point of entry increases the likelihood that sick individuals receive the follow up care and treatments they need after receiving care at the hospital.
- (d) Specialized Care Units – Detox Unit for those sobering up from alcohol and some other drugs; the Correctional Treatment Center for the sickest individuals and those recently returning from hospitals; Mental Health Housing Areas where focused mental health services are provided based on acuity levels; SUD Housing where, when possible, clients work to manage their addictions receive services.
- (e) Reentry and Transitions Services – provides support for the sickest patients at the point of release including accessing medications, navigating to services, arranging appointments, or obtaining housing.

The CHN aims to provide the same level of services individuals would have in their respective communities---over the counter medications without having to see a doctor, urgent care if you have an immediate need that cannot be addressed by your primary

doctor, mental health and/or addiction related clinical services, all supported by robust pharmacy, laboratory and other diagnostic services.

In the implementation of this model, when possible, CHS has leveraged existing DHS system-wide practices, policies and protocols so CHS meets community best practice standards. CHS has also leveraged existing DHS resources, especially as it comes to specialty care services, diagnostic and therapeutic services best provided in specialty centers and in information technology. For example, CHS uses DHS-wide eConsult, which allows doctors to consult with medical specialists electronically. CHS is also working to bolster existing services in the jails by leveraging core DHS expertise and services in the areas of women's health, ophthalmologic care, radiology and dental services.



Although work toward implementing the CHN model is underway, an essential step is recruiting sufficient high quality primary care physicians. CHS has a goal of hiring approximately 30 new physicians. The ideal CHS physician should have strong primary care skills, whole-person orientation, the ability to work in interdisciplinary teams and the ability to use data and health information systems while adhering to evidence-based medicine. The new model requires the integration of mental health and addiction medicine specialists to support the primary care team, as well. To find these providers, over the past several months, with the help of many County partners such as CEO, Department of Human Resources (DHR) and County Counsel, DHS has prioritized and focused our recruitment efforts.

We have embarked on a targeted physician recruitment campaign that includes developing a new set of recruitment and retention benefits and re-branding of the CHS

work environment that focuses on the social justice and community health aspects of correctional health. The recruitment efforts are being rolled out now with events and efforts planned across Southern and Northern California through the end of February 2018. The new CHS tagline has been launched: "Mission Possible." CEO's Office of Communication with the great support of County Counsel has built approximately 5 short videos and a short documentary about working and serving at CHS. These will be invaluable tools in our hiring effort.

These new recruitment efforts will augment recent successes CHS has experienced since the BOS provided CHS/DHS delegated authority to enter into temporary new contracts and temporarily amend existing contracts to meet CHS needs. Specifically, pursuant to the motion providing this delegation, CHS has:

- 1) Reached close to 600 hours per week of additional provider time outside of the County workforce via contract or registry providers to serve jail patients.
- 2) Begun a new family practice rotation as part of the Harbor-UCLA Medical Center family practice residency training program. The rotation brings Harbor faculty and trainees to the women's jail facility at Century Regional Detention Facility (CRDF) on a weekly basis to provide direct patient care services.
- 3) Collaborated with registry companies to hire physicians in a "temporary-to-permanent" manner, which allows a clinician to gain experience at CHS on a temporary basis before pursuing County employment. We have on-boarded two physicians and are in-processing another two, using this approach.
- 4) Used the newly created Correctional Health Relief Physician item to engage DHS facilities to help staff core CHS CHN functions. In January, 2018 approximately 12-15 Olive View-UCLA Medical Center physicians will come together to "adopt" the North County jail facilities for primary care.

Before the recent delegated authority provided to CHS by the BOS, CHS was working to launch a Register Nurse to Nurse Practitioner (NP) training program. In January 2018, twenty-two existing DHS and CHS nurses will begin this program in partnership with California State University, Los Angeles, wherein our nurses, who all have jail experience, will be trained to become NPs. Their tuition will be provided in exchange for years of service. These providers will function well in the new model of care. This is a first in the nation program to retain staff already committed to the jails by offering a career ladder and training.

Although this update highlights many efforts already underway within CHS, there is much more to do. We look forward to providing ongoing briefings to the Board.

Before closing, CHS leadership wants to acknowledge the incredible partners who have helped make the progress noted here, and future progress, possible. The newly formed Los Angeles Sheriff Department Access to Care team has been a partner in both the planning and implementation of many CHS initiatives. County Counsel has provided tremendous support on both legal concerns but also project management support. The CEO has lent its expertise regarding finance, classification and compensation, as well as producing incredible branding materials that should improve CHS' ability to recruit the

talent we need to transform. The DHR has worked expeditiously to create new exams for the positions most critical to CHS, allowing CHS to quickly identify those candidates with experiences most needed to improve jail health. Overall, CHS has been a true County collaboration.

Health Agency Infrastructure

The Health Agency Director, the Department Heads, and the CEO are working together to determine the needed infrastructure for the Health Agency, and will report back to the Board as soon as possible.

Next Steps

The Health Agency is proud of the many accomplishments that have been made over the past year. As the Health Agency evolves, we will continue to work with our staff, union partners, consumers, community stakeholders and your offices to improve our services for County residents.

Please contact us if you have any questions or need additional information.

MHK:jyp

Attachments

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors



October 20, 2017

**Los Angeles County
Board of Supervisors**

Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

TO: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Hilda L. Solis
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: Mitchell H. Katz, M.D.
Director

**SUBJECT: WHOLE PERSON CARE (WPC) FUNDING
OBLIGATIONS AND EXPENDITURES (ITEM #7 FROM
THE MARCH 8, 2017 BOARD MEETING)**

Mitchell H. Katz, M.D.
Director, Health Agency

Christina R. Ghaly, M.D.
Acting Director, Department of Health Services

Jonathan E. Sherin, M.D, Ph.D.
Director, Department of Mental Health

Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director, Department of Public Health

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On March 8, 2017, the Board directed the Department of Health Services (DHS) to report on a quarterly basis on the levels of Whole Person Care (WPC) funding of approximately \$90 million per year as approved/budgeted by the Board and as increased with Federally matched funds and any additional increased funding resulting from Round II, and less any obligations and expenditures of DHS and its contractors performing services and/or procurements for the WPC program. This is the second quarterly report submitted for WPC, which will provide a brief summary of program expenditures and obligations, the receipt of federal revenue, and the state of WPC implementation activities.

Program Expenditures and Revenue

DHS recently submitted the Program Year (PY) 2 Mid-Year Report and Budget Invoice Template to the State to receive the first mid-year payment for PY 2 WPC activities across all programs.¹ This period covers programmatic activities and expenditures for January through June 2017. Approximately \$144.25 million has been recognized as revenue and approximately \$117.74 million in WPC program expenditures and commitments have been incurred through June 30, 2017 for program, staffing, service and supplies, IT clinical software, and infrastructure needs. DHS is expecting to receive a mid-year payment of \$45.7 million out of a total possible payment of \$180 million (of which, half consists of local funding and the other half is federal funds). The majority of programs in Round I were just rolled out during May and June 2017 with the exception being the four Homeless High-Risk programs (Homeless Care Support Services, Tenancy Support Services (HCSS/TSS), Recuperative Care, and Sobering Center) that

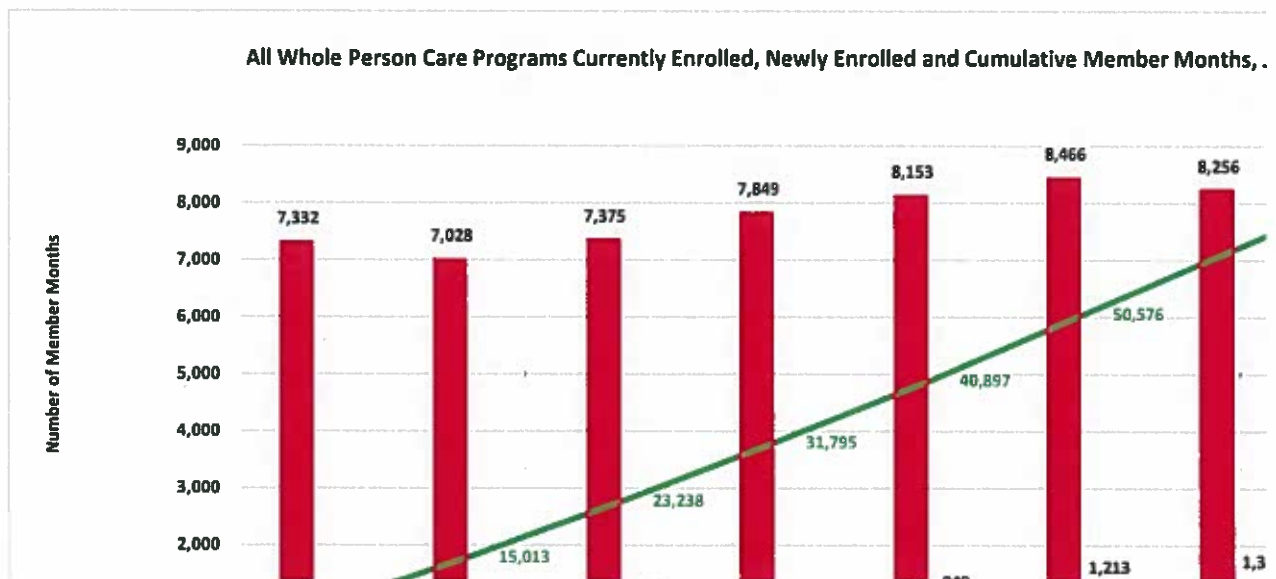
¹The first year payment offset the application/condensed planning activities since year 1 (January – December 2016) activities preceded the notification of the WPC funding award in November 2016

went live during January through early April 2017. As discussed in the last report, Round I WPC programs approved for funding in November 2016 will continue to ramp up over fiscal year (FY) 2017-18 and Round II programs approved in June 2017 will start rolling out on November 1, 2017.

As anticipated, the condensed PY 2 timeframe to plan and implement programs this calendar year has resulted in the need for all counties to rollover unspent PY 2 funding into PY 3. The State has provided rollover guidance and a budget adjustment process to enable counties that have unspent funds in a current programmatic year to offset allowable costs in future budget year(s). The State has welcomed comments from participating counties to make this an effective and expedient process for counties to encumber unspent dollars and obligate those funds in future program years, since program development and enrollment ramp up has primarily been the focus for PY 2. In the next quarterly report, we will discuss the estimated revenue projections for the annual report and invoice submission for the concluding six months of PY 2.

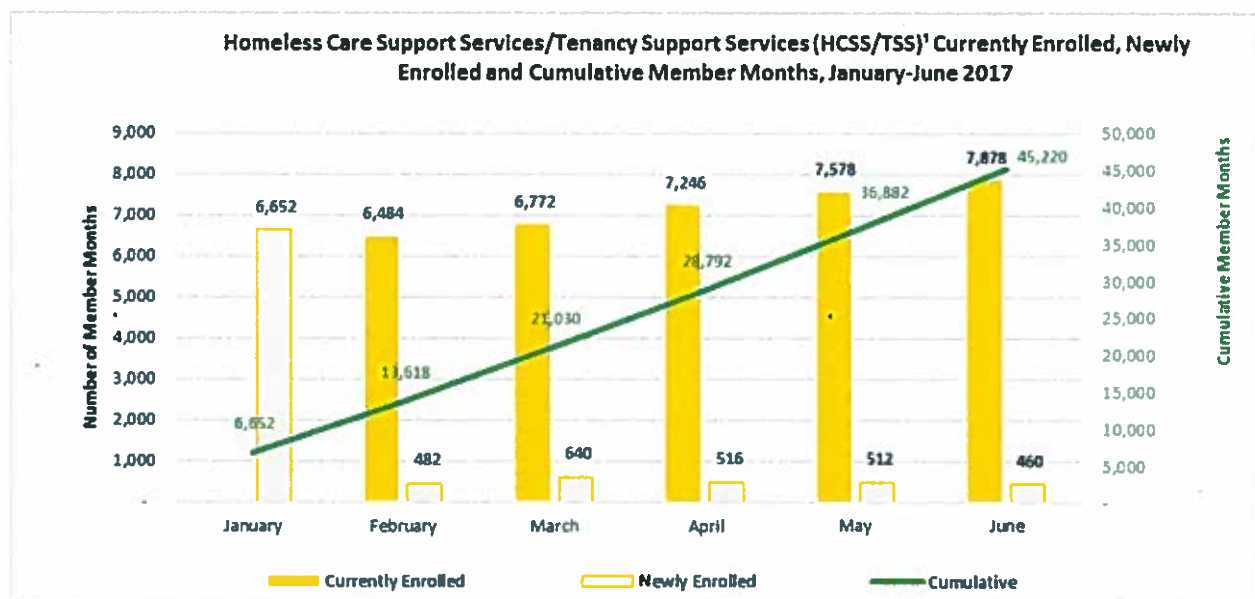
Program Enrollments and Member Months

WPC programs, for the most part, were implemented May through June 2017, with the exception of the four Homeless High-Risk programs and Round 2 programs previously discussed. A WPC dashboard that distinguishes program enrollments for the 16 programs and member months is close to being finalized and will be presented in the next quarterly report. A glimpse of what the dashboard will depict is highlighted below in the summary of WPC currently enrolled, newly enrolled and cumulative member months from January through August 2017.



The trajectory of enrollments has continued to rise month over month, as program infrastructure is built and enrollment workflows are refined. Overall, new program enrollments have increased 125 percent since February and in the last four months have steadily risen by 55 percent. The cumulative member months across all programs is now at 70,020 months. Future reports will discuss the individual enrollment and member month trajectories for programs.

As the largest WPC program, Homeless Care Support Services/Tenancy Support Services (HCCS/TSS) continues to grow and in June reached 7,878 enrollments and 45,220 member months. One of the challenges that programs are beginning to experience is the capacity of current providers is starting to stretch thin and a new pool of providers will need to be developed to contract with the County to meet the ongoing demand for services. New strategies to streamline contracting applications and to provide technical assistance to facilitate interested providers in applying for and attaining County contracts is underway.



Hiring

The table below depicts hiring for Round I programs, of which, approximately two-thirds of available positions have been filled. Hiring is one of the most time intensive activities for WPC and it has taken, in some cases, longer than expected to find the right program management positions. The Chief Executive Office and the Department of Human Resources (DHR) have worked diligently to allocate positions and develop innovative exams, such as the one for community workers with lived criminal justice experience. We are now exploring an exam process that will evaluate a variety of lived experiences to fulfill vacancies across programs, instead of doing specialized exams that silo that experience. We continue to partner closely with the DHR in creating exams to fill key

staff vacancies. We will continue to report upon Round I and will add a Round II hiring update in the next quarterly report.

Round 1 WPC Program	Total Positions Allocated	Filled Positions* or PAR in process
Transitions of Care	17	12
Substance Use Disorder	29	16
Adult Re-Entry	65	53
Intensive Services Recipient	39	26
Residential Bridging Care	35	26
WPC Program Management & DHS Infrastructure	63	28
Total	248	161

*Filled positions also consist of registry/contract items

Contracting

In addition to building WPC staff through county hiring, WPC is building a flexible contracting infrastructure to support the varied grant needs of WPC, given that it is a pilot program. In the last few weeks, a Medical Legal Services contract has been released to fulfill Round II programming requirements. These medical legal service contracts provide a range of legal remedies to address socio-economic and legal disparities impacting health and well-being to vulnerable populations targeted by WPC. Since the last quarterly report, work orders for delivering Re-entry Community-Based Intensive Case Management Services have been executed and more are in progress. A Training Services Master Agreement has also been developed and work orders will be executed with several training providers over the next couple of months to meet the community health worker training needs across the continuum of WPC programs. A no-cost agreement with the Metropolitan Transit Authority for subsidized transportation through the Immediate Needs Transportation Program for eligible WPC clients has also been executed this quarter.

If you have any questions or require additional information, please contact Dr. Mark Ghaly, Deputy Director of Community Health, at (213) 240-8107 or at mghaly@dhs.lacounty.gov.

MHK:MH:ch:lb

c: Executive Office, Board of Supervisors
Chief Executive Office
County Counsel
Human Resources
Mental Health
Public Health



November 6, 2017

**Los Angeles County
Board of Supervisors**
Hilda L. Solis
First District

Mark Ridley-Thomas
Second District

Sheila Kuehl
Third District

Janice Hahn
Fourth District

Kathryn Barger
Fifth District

Mitchell H. Katz, M.D.
Director, Health Agency

Jonathan E. Sherin, M.D., Ph.D.
Director, Department of Mental Health

Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director, Department of Public Health

TO: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Hilda L. Solis
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: Barbara Ferrer, Ph.D., M.P.H., M.Ed. *Barbara Ferrer*
Director, Department of Public Health

Christina R. Ghaly, M.D. *Christina R. Ghaly*
Acting Director, Department of Health Services

THRU: Mitchell H. Katz, M.D.
Director

**SUBJECT: QUARTERLY UPDATE ON TRAUMA PREVENTION
EFFORTS AND TRAUMA CARE EXPANSION**

On November 1, 2016, your Board instructed the Health Agency Director to report back quarterly on trauma prevention efforts and expansion of trauma services in the County. This report provides the third quarterly update and includes a summary of progress on the Trauma Prevention Initiative (TPI) and the expansion of the trauma system in Los Angeles County.

Trauma Prevention Efforts

TPI Background

TPI was established in December 2015 to reduce trauma visits to hospital emergency departments and deaths throughout Los Angeles County, beginning with efforts to reduce the high rates of violence in South Los Angeles. The Initiative is built upon a foundation that fosters a comprehensive approach to violence prevention and intervention by coordinating strategies across the lifespan, leveraging resources of existing programs, and developing innovative strategies, policies, and partnerships. The Department of Public Health (DPH), in partnership with the Department of Health Services (DHS), the Department of Mental Health (DMH), and other county and community partners, has made significant progress on implementation of TPI since the last quarterly report submitted on August 24, 2017. Major efforts include frequent community and stakeholder engagement through meetings

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and surveys, the launch of pilot community-based capacity building and peace building strategies, and continued work on implementation of Street Outreach and Community Violence Intervention Services and the Peer to Peer (P2P) Violence Prevention Learning Academy. Below is a brief update of work completed this quarter from July through September 2017.

Community Engagement: TPI Expansion to Willowbrook

DPH has maintained ongoing community engagement in Westmont West Athens and is working on a comprehensive strategic plan for this area. Further, expansion of TPI to Willowbrook through community engagement efforts has begun. A landscape analysis and environmental scan was completed on October 30, 2017 (Attachment 1). The report provides a preliminary review of the current assets and challenges in the Willowbrook community. The information was gathered through formative research and key informant interviews with residents and community based organizations in and/or serving unincorporated Willowbrook. Large community events are planned for Spring 2018 to build relationships, develop a collective community vision for Willowbrook, and leverage the strategic planning progress in Westmont West Athens.

Pilot: Training and Technical Assistance Team

The TPI Training and Technical Assistance (TTA) team was launched in August 2017. The 4-member team has extensive expertise in community engagement and violence prevention, and will focus on helping South Los Angeles community based organizations build their capacity to work on violence prevention and intervention. The "TTA Team" will provide a wide variety of community workshops, as well as one-on-one consultation, to community-based organizations through June 2018.

In October, six introductory workshops were conducted in the four TPI communities of Westmont West Athens, Willowbrook, East Compton, and Florence Firestone. A total of 84 participants, representing 60 community based organizations, were in attendance. Workshops were well received, and attendees provided information on how they are addressing trauma and preventing violence, the capacity challenges they are facing, and successful elements of the workshops. After the introductory workshops, DPH received 38 TTA requests for one-on-one consultation from across the four TPI Communities. Thirty-two (32) of those agencies also submitted an agency capacity self-assessment. Agencies are a mix of prevention, intervention, and hybrid agencies. Many of the agencies are offering services in Spanish, and are serving more than one racial and ethnic group.

Pilot: Community-Based Prevention Strategies

In response to community feedback that highlighted school-based youth development programming and intergenerational mentoring as priorities, TPI is developing a partnership with the Los Angeles County Human Relations Commission (HRC) to pilot school and community based violence prevention services and peace building programming in the TPI communities. For example, DPH is developing a partnership

with HRC and the Department of Parks and Recreation (DPR) to implement youth development programming at several county parks (PAD and non-PAD) in South Los Angeles. Similarly, DPH is working with the Arts Commission to develop arts instruction and mentorship services at local schools, community centers, and neighborhood arts hubs. These pilot strategies are tentatively scheduled for launch in Summer 2018.

Pilot: PAD Community Violence Intervention

This past summer, DPR and DPH worked with the City of Los Angeles Gang Reduction and Youth Development (GRYD) office to provide intervention services in two County-run parks, Jesse Owens and Ted Watkins. This effort was initiated in response to an opportunity identified by the Los Angeles County Office of Child Protection (OCP) to partner with GRYD on intervention services at County parks adjacent to GRYD Zones to address concerns regarding increased violence, as well as the need for additional summer programming given the temporary closing of one of the Summer Night Lights (SNL) sites. In collaboration with TPI, DPR worked with the GRYD Office to train and support community intervention workers. These community intervention workers were available to engage with law enforcement, parents, community members, and other community stakeholders regarding gang-related confrontations; provide referrals for current and potential gang members to wrap around services; mediate and diffuse conflict and tensions; promote peace-building with active gangs impacting the parks; and outreach to at-risk youth and their families to participate in PAD.

Street Outreach and Community Violence Intervention Services

DPH will issue a Request for Proposals (RFP) to contract for intervention services in the four identified TPI communities. Applicants having the necessary experience will submit proposals to be reviewed by a county/community panel. Intervention services include conflict mediation, prevention of retaliatory violence, and facilitation of safe passages to and from schools, libraries, and parks. Interventionists will facilitate linkages for youth and adults to needed health, mental health, and social services. DPH is working closely with the Sheriff's Department and DPR to develop protocols for collaboration with these intervention services.

Peer-to-Peer Violence Prevention Learning Academy

The Peer-to-Peer (P2P) Violence Prevention Learning Academy intends to build community capacity by training peer support specialists (e.g., community health workers, promotoras, peer counselors, and community intervention workers) to implement violence prevention programming using a public health approach. The P2P Academy will use a trauma informed framework to work with cross sector teams to connect the dots between multiple forms of violence, and enhance service navigation, referrals, and linkages in TPI communities. Early stages of planning are underway.

Expansion of Trauma Systems in Los Angeles County

Below is a brief update on the status of a) Pomona Valley Hospital Medical Center's (PVCs) recent designation as a Level II trauma center serving the East San Gabriel Valley and b) support for designation of a Level I trauma center serving South Los Angeles.

Pomona Valley Hospital Medical Center

Effective September 2017, PVC's helipad construction on top of the hospital's parking structure was completed, received the appropriate permitting and became fully operational.

The most current data shows that PVC treated 420 patients who met trauma center criteria from March 1, 2017 through June 30, 2017, averaging 105 patients per month. Of the 420 patients, 309 (74%) were admitted, 25 (6%) were transferred from ED to another facility; 75 (18%) were discharged from the ED and 11 (2%) died in the ED. Reasons for transfers includes patient request, health plan-initiated transfers, and need for specialized care (e.g., pediatric services). We anticipate being able to report third quarter 2017 visit data to you in the next quarterly report.

Development of a Level I Trauma Center serving South LA

California Hospital and St. Francis Medical Center (SFMC) both indicated their intention to seek Level I Trauma Center designation to DHS' Contracts & Grants unit, as required under the Request for Applications (RFA) released in March 2017. Both are currently designated as Level II Trauma Centers and serve the South Los Angeles region. As such, we expect that both hospitals are taking the necessary steps to achieve Level I Trauma Center designation. Per the terms of the RFA, the hospital that is first able to achieve Level I designation as defined by the American College of Surgeons will be eligible for reimbursement of costs associated with achieving the designation up to a maximum of \$2.5 million, if achieved prior to December 31, 2018. The EMS Agency is available to provide guidance to both hospitals upon their request.

At the initial request of SFMC, beginning November 1, 2017, the surgery training program at Harbor-UCLA Medical Center will send senior resident and fellow trainees to SFMC for one-month rotations on the Trauma Service, supervised by SFMC trauma surgery attending physicians. This partnership is the result of a continued strong working relationship between the two facilities' trauma programs and satisfies one of the major requirements of the American College of Surgeons as SFMC pursues designation as a Level I trauma facility. This new trauma surgery rotation of senior surgical trainees will also expand the educational opportunities for Harbor-UCLA house staff in caring for patients with higher rates of penetrating injuries, acute care surgical problems, and other critical illnesses in a community, hospital-based private practice setting. Educational goals and objectives for the rotation have been established and both institutions look forward to a continued partnership in providing high-quality care for patients in South Los Angeles.

Harbor-UCLA is also assisting MLK Community Hospital emergency department (ED) physicians by offering training in Advanced Trauma Life Support (ATLS). This course emphasizes focused training for physicians in the initial assessment, triage, and stabilizing treatment of trauma patients. Twenty-six of thirty-two of the ED physicians working at MLK Community Hospital have completed the ATLS course.

Trauma Informed Communities

In response to the high rates of trauma in South LA, the Health Agency proposes launching an initiative in that region that would build on the concept of a “trauma-informed community.” Trauma-informed communities are defined by SAMHSA as: “settings are where people realize how widespread trauma is, recognize signs and symptoms, respond by integrating knowledge into practice, and resist doing further harm.” SAMHSA’s six principles of a trauma-informed approach include:

- **Safety:** prevents violence across the lifespan and creates safe physical environments
- **Trust and Transparency:** Fosters positive relationships among residents, government, police, schools, and others
- **Empowerment:** Ensures opportunities for growth are available to all
- **Collaboration:** Promotes involvement of residents and partnership among agencies
- **Peer Support:** Engages residents to work together on issues of common concern
- **History, Gender, Culture:** Values and supports history, culture and diversity

The Health Agency proposes the following goals and specific initiatives with respect to building a trauma-informed community in South Los Angeles:

- **Reduce childhood trauma:**
 - Provide parenting support through home visits, workshops, respite care services, peer-to-peer coaching, and access to economic and social supports
 - Create safe spaces (violence-free zones) at parks, libraries, schools and community centers
 - Offer social and emotional learning opportunities for all students in pre-k-8 schools along with support for cooperative discipline models
 - Offer comprehensive and integrated physical health, mental health and substance abuse services
- **Ensure trauma-informed and sensitive ‘helping’, ‘educating’, ‘policing’ and ‘serving’ organizations/institutions**
 - Train staff at schools, faith-based institutions, child care facilities, police/sheriff departments, trauma centers, and social service agencies around positive nurturing and trauma practices (using evidence-based models)
 - Reduce the stigma of behavioral health; partner with faith and other spiritual communities, neighborhood associations, and business to promote emotional and behavioral services

- Establish 'trauma centers' in community spaces to offer a range of community and individual supports for survivors of trauma (healing circles, group and individual therapy, peer-to-peer support, advocates/navigators of criminal justice system) and to coordinate community prevention actions
- Build a culture of peace
 - Create 'neighborhood-based' trauma response teams (that can be activated to respond to incidents of violence) and offer team members training in psychological first aid and community healing strategies
 - Establish hospital-based violence prevention programs that work with victims, survivors, and their family members during and after a hospitalization related to violence
 - Support resident-led neighborhood affiliations organizing to build peace
 - Expand the number of 'violence-interrupters' available to help ensure safe places in communities and provide support to survivors and perpetrators of violence (connecting folks to services, educational opportunities and job training, and jobs)
 - Support organizations working to create positive pathways for youth most likely to be perpetrators or victims of violence; work closely across sectors (i.e. education, health, probation, diversion and criminal justice) to connect 'high-risk' youth to these organizations and opportunities
 - Create physical spaces that promote safety, beauty, diversity and inclusion

We look forward to your feedback on the above proposed approach and will report on progress in development of a trauma-informed community in South Los Angeles in future quarterly reports to the Board.

If you have any questions or need additional information regarding the Trauma Prevention Initiative or the Trauma system expansion, please let us know.

MHK:BF:CRG:ag

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors

Landscape Analysis and Environmental Scan of the Community of Willowbrook

October 2017



Los Angeles County Department of Public Health

Prepared for

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Executive Summary

Willowbrook is an unincorporated community in South Los Angeles with a total population of 35,983 residents. A majority of the population is Hispanic/Latino (66%), and African American (31%), with more of the younger population being Latino, and more of the older population being African American. The median household income is \$34,000, with 31.5% of the population living below the federal poverty line. Willowbrook has the distinction of being the site of the first county library, as well as being home to the Charles R. Drew University of Medicine and Science, and the recently renovated Martin Luther King, Jr. Outpatient Center. Willowbrook is also currently the focus of several existing and planned community development efforts.

This report provides an environmental scan of the current assets and challenges in the Willowbrook community that were ascertained during DPH outreach efforts from September 15 through October 13, 2017. During multiple interviews, with a variety of stakeholders, three themes repeatedly surfaced as key components for successful community-based work in Willowbrook.

1. **Community Identity:** Willowbrook has been, and continues to be, referred to as Watts-Willowbrook or Compton-Willowbrook by various residents and agencies. It is also common for Willowbrook residents to claim they live in Watts or Compton. While these variable social/geographic boundaries are not uncommon for unincorporated communities, some Willowbrook stakeholders feel they are the “stepchild” to Watts. Community identity continues to be an area for further exploration and development, in partnership with residents and community-based organizations.
2. **Community Engagement:** Historically, it is felt that Willowbrook has been a community with minimal resources, with many residents and local organizations stating that residents must often access resources in neighboring Watts or Compton. As this report will show, there are several recent or planned efforts now focused on Willowbrook that aim to bring funding, programming and infrastructure to help bring improvements to this unincorporated community. It is critical that the public and private agencies leading these efforts, intentionally and strategically, incorporate community feedback in all stages of the planning and implementation of proposed efforts to ensure that programs and services are relevant, equitable, utilized and sustained.
3. **Coordination of Initiatives:** Given the numerous initiatives existing or planned for Willowbrook by the Departments of Public Health, Health Services, Mental Health, Parks and Recreation, and Public Works, as well as the Arts Commission and Metro, it is imperative that cross-sector collaboration and information sharing occur regularly to prevent operating in silos and overburdening community residents. County agencies, in particular, need to internally coordinate to leverage resources, avoid duplication, maximize impact and avoid confusing or burdening the community with multiple outreach efforts. Interagency meetings, such as the Trauma Prevention Initiative (TPI) Advisory Committee quarterly meeting, can improve how county departments work together, and with the community, by serving as a problem-solving body, leveraging and streamlining related initiatives, and advocating for broader policy and system change. Lack of coordination risks undermining the credibility of all agencies involved, and hinders community trust, engagement, and collaboration in the future.

Introduction

The purpose of this document is to provide a preliminary review of some of the current assets and challenges in the Willowbrook community of South Los Angeles. This information was gathered through formative research, and key informant interviews, conducted between September 15 through October 13, 2017, with residents and community based organizations in and/or serving unincorporated Willowbrook. While information was gleaned from a variety of sources, and through many key interviews, we also recognize that there is opportunity for additional interviews and listening sessions to continue to understand community strengths, assets, challenges and gaps from those that live, work, serve and play in Willowbrook, especially from the perspective of youth.

History

Willowbrook is an unincorporated community of over 35,983 residents in South Los Angeles, situated north of Compton and south of Watts. It is a total of 3.8 square miles with a density of 9,500 per square mile.



Willowbrook was likely named after the willows that grew around the many springs that watered the area. The deep lots in the Willowbrook subdivision allowed residents to grow fruits and vegetables and to raise small farm animals behind their homes. This mixture of suburban and rural land use continued in Willowbrook into the early 1980s. Willowbrook began to lose its rural character in the mid 1980s due to re-development that introduced new commercial and residential facilities into the area. As a result,

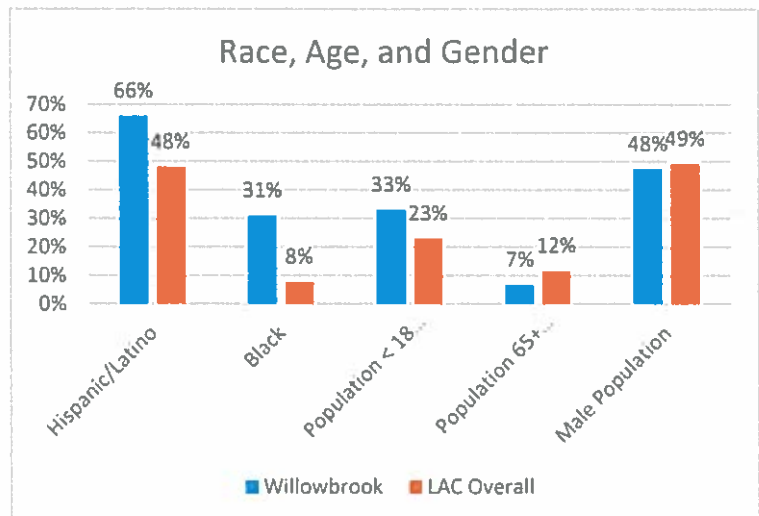
present-day Willowbrook appears similar to other communities in South Los Angeles. Willowbrook is often linked to Compton and more recently, Watts, which has resulted in the community being referred to as Watts-Willowbrook. This association has resulted in challenges to establishing Willowbrook's unique identity, and the prioritization of community needs apart from Watts.

From 1940-1960, minority home ownership markedly increased in Willowbrook due to government assistance for African-American servicemen and World War II veterans. Willowbrook is home to Carver Manor, a tract of 250 homes designed by the African-American architect Paul Williams, for middle-class African-American families. These homes remain a unique architectural landmark and source of pride in the community.

Key Socioeconomics and Health Data

Chart 1: Race, Age, Gender

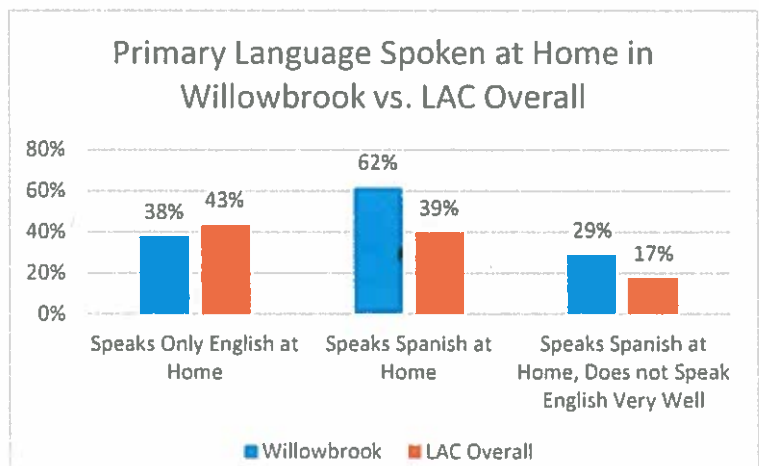
There are primarily two types of residents in Willowbrook. Older African-Americans residents, who have lived in Willowbrook for decades, and a younger Hispanic/Latino population, who tend to be newer residents, and/or immigrants. In general, Willowbrook's population is younger and higher in Black and Hispanic/Latino residents than the County overall. The population is 48% male and 52% female, which is comparable to the County gender breakdown of 49% male and 51% female. The demographic shift from predominantly African-American to majority Latino underscores the need for culturally and linguistically relevant engagement strategies.



Source: US Census, 2015 American Community Survey 2015 Five Year Estimates.

Chart 2: Primary Language

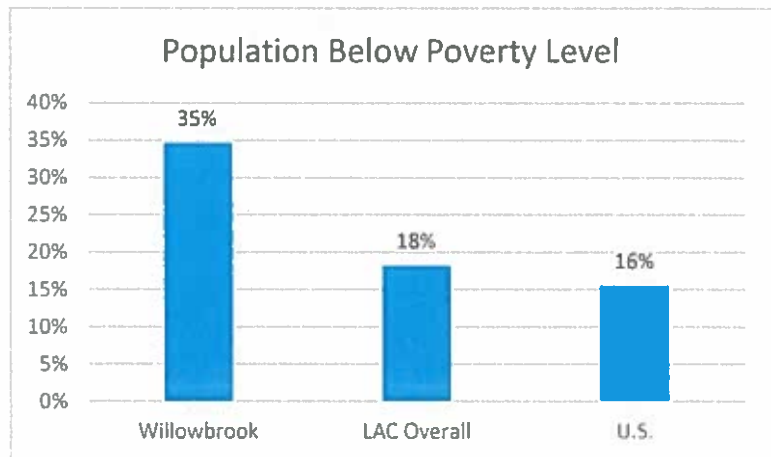
The racial demographic shift has also created cultural division that some in the community believe is due more to communication barriers (i.e. Spanish-speaking newer residents), than racial tensions. Compared to the County average, Willowbrook residents are more likely to speak Spanish at home and/or have less English proficiency.



Source: US Census, 2015 American Community Survey 2015 Five Year Estimates.

Chart 3: Poverty

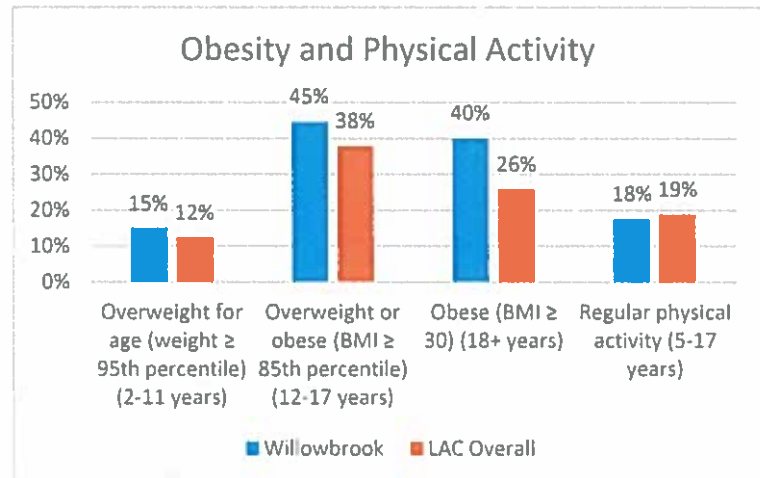
Residents of Willowbrook face economic challenges as well. The average median income is \$34,000. In addition to having an unemployment rate of 16%, as compared to the California state average of 9%, and the Los Angeles County rate of 8%, there are also higher rates of individuals living below the poverty level as compared to both the County and national rates.



Source: US Census, 2015 American Community Survey 2015 Five Year Estimates.

Chart 4: Obesity and Physical Activity

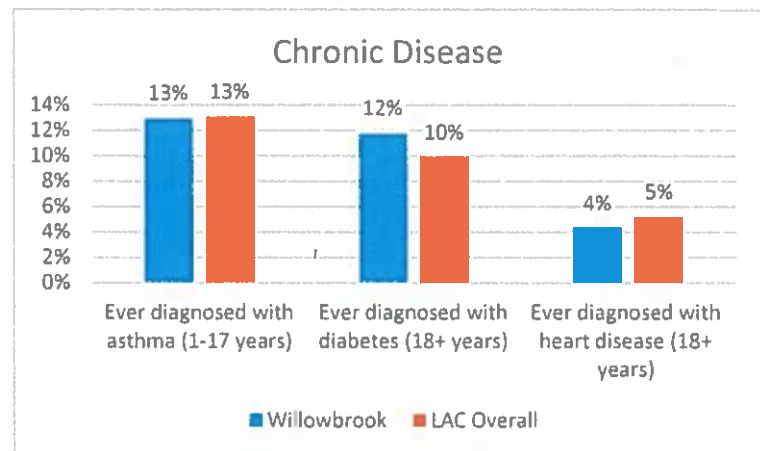
Obesity is a major health issue in Willowbrook. Rates of obesity exceed the County average for all age ranges (children, teens, and adults). Regular physical activity rates are slightly less than the County average. Regular physical activity is, in part, influenced by access to safe, walkable green space, which is a challenge for this community.



Source: AskCHIS Neighborhood Edition 2014

Chart 5: Chronic Disease

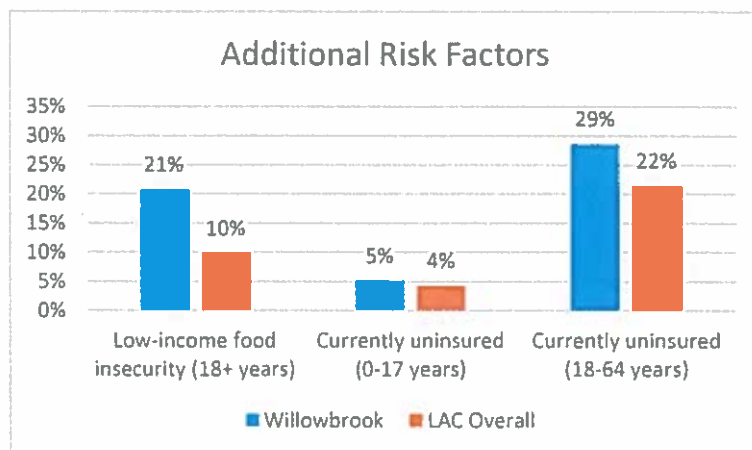
Willowbrook residents experience higher than average rates of diabetes compared to the County overall. Rates of other prevalent chronic diseases, like asthma (among youth), and heart disease are close to the County average.



Source: AskCHIS Neighborhood Edition 2014

Chart 6: Additional Risk Factors

Food insecurity is a major issue for residents in Willowbrook. Rates of food insecurity in this community are more than twice the County rate. Additionally, rates of uninsured individuals exceed the County average.



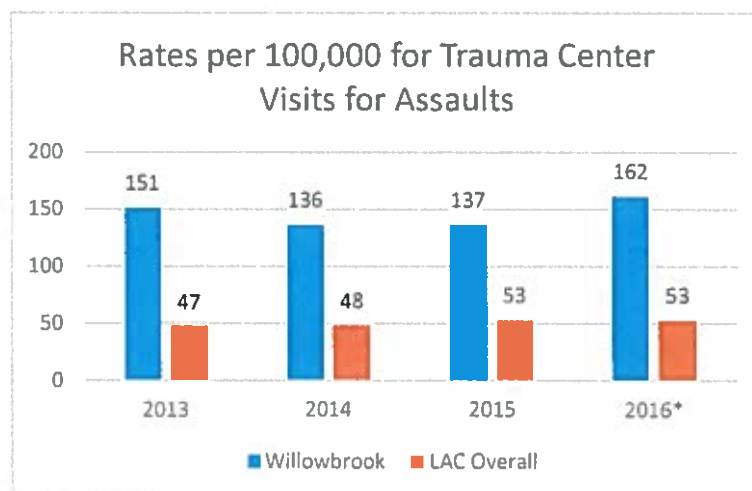
Source: AskCHIS Neighborhood Edition 2014

Charts 7 & 8: Trauma and Violence

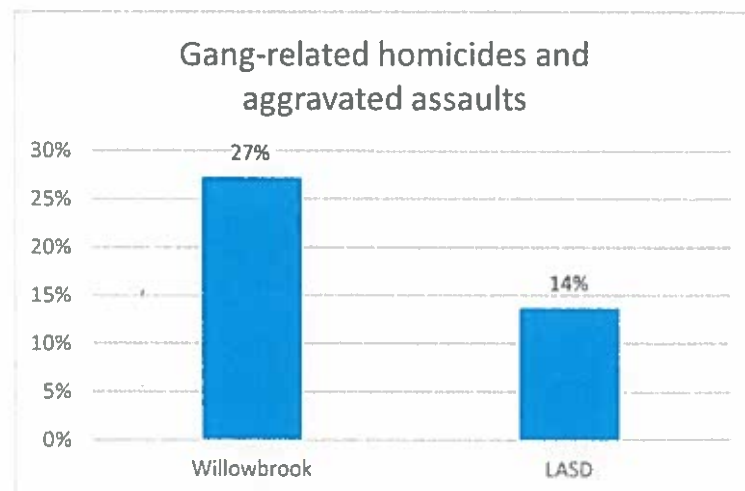
Over the last four years, the rates of trauma visits for assaults in Willowbrook were two or three times the County average. Rates of gang-related homicides, and aggravated assaults, are almost double those reported by the Sheriff's Department for other county areas.

Based on these data trends, the Willowbrook community would benefit from programs and services to address physical health, and violence reduction, through a public health approach.

Concurrently, it is critical for county agencies and community partners to develop coordinated systems-level efforts that address the social determinants of health that negatively impact this community using a health equity and trauma-informed lens.



Source: Los Angeles County EMS Agency; 2016 currently calculated with 2015 population



Source: Los Angeles County Sheriff's Department

Efforts Focused on Violence and Trauma Prevention

Several existing efforts were identified that can contribute to a Trauma-Informed Community in Willowbrook.

1. Trauma Prevention Initiative [Measure B] – Willowbrook is One of Four Target Communities

The Trauma Prevention Initiative (TPI) was established in December 2015 to reduce trauma visits and deaths throughout Los Angeles County, beginning with reducing the high rates of violence related injuries and deaths in South Los Angeles. In 2015, this region experienced some of the highest rates of assault-related trauma center visits (62.8 per 100,000) and homicide (10.7 per 100,000) in the county. The Initiative is built upon a foundation that fosters a comprehensive approach to violence prevention and intervention by coordinating strategies across the lifespan, leveraging resources of existing programs, and developing innovative strategies, policies, and partnerships. TPI is a partnership between the Department of Public Health (DPH), the Department of Health Services (DHS), the Department of Mental Health (DMH), the DHS Emergency Medical Services (EMS) Agency, the Department of Parks and Recreation (DPR), as well as many other county and community partners.



Resist Hate campaign billboard – S. Alameda Street

Several indicators were used to identify priority communities for TPI implementation, including (1) status as an unincorporated community, (2) high violence: assault rates, homicide rates, violent crime rate, gang-related crime rate, assault-related trauma visits, and (3) established community infrastructure: adjacent to a GRYD zone, PAD park in community, DPH existing relationships with community, and a Trauma Center within 5 miles. Based on these criteria, Willowbrook was identified as one of four unincorporated TPI communities to pilot a comprehensive, place-based approach to violence prevention. TPI is striving to achieve a 10% reduction in the number of violence-related trauma center Emergency Department visits and hospitalizations among residents in the four TPI identified communities in South Los Angeles that include Willowbrook, Westmont West Athens, Florence-Firestone, and East Compton.

I: TPI CORE STRATEGIES (multiple year funding)

- **Facilitated Community Engagement and Strategic Planning**
DPH staff will lead and support community engagement efforts in the TPI communities of Westmont West Athens and Willowbrook. A local vendor, with expertise in the public health approach to violence prevention, will assist DPH with convening community partners, building capacity to prevent violence, and organizing local summits in Spring 2018 of key stakeholders, community residents, and youth in both Westmont West Athens and Willowbrook. The goals of

community engagement include building relationships, coordination and collaboration, and developing a common vision for a comprehensive violence prevention strategic plan.

- **Hospital-Based Violence Intervention**

Hospital-based Violence Intervention (HBVI) targets individuals most at risk for violence and re-injury, and connects qualifying candidates with culturally competent case managers who are trained Community Intervention Workers. Case managers conduct assessments, provide assistance, and link clients to intensive services while in the hospital and in the critical months following a patient's release. HBVI provides a 24/7 response to victims of violence and their families. A Sole Source contract with Southern California Crossroads was implemented in August 2017 for \$250,000/year for 3 years to implement HBVI at St. Francis Medical Center. Additional funding from LA Care has allowed for limited expansion of HBVI at Harbor UCLA Medical Center.

- **Street Outreach and Community Violence Intervention Services**

DPH will issue a Request for Proposals (RFP) to contract for intervention services in the four identified TPI communities. Applicants having the necessary experience will submit proposals to be reviewed by a county/community panel. Intervention services include conflict mediation, stopping retaliatory violence, and ensuring safe passages to and from schools, libraries and parks. Interventionists will facilitate linkages for youth and adults to needed health, mental health and social services. The RFP will support street intervention at \$150,000 per community in each of the four TPI communities.

- **Peer-to-Peer Violence Prevention Learning Academy**

The Peer-to-Peer (P2P) Violence Prevention Learning Academy will build the capacity of peer support specialists (e.g., community health workers, promotoras, peer counselors, and community intervention workers) to implement violence prevention and intervention using a public health approach. The P2P Academy will use a trauma informed foundation and framework to work with cross sector teams to connect the dots between multiple forms of violence, and enhance service navigation, referrals and linkages in TPI communities. Consultants will be hired to assist DPH in researching and developing a model to pilot for peer support specialists in TPI communities. DPH will coordinate with Workforce Development, Aging and Community Services (WDACS) to further develop career pathways for peer workers.

II. COMMUNITY-BASED CAPACITY BUILDING STRATEGIES (one-time funding)

- **Training and Technical Assistance Team**

A training and technical assistance team (TTA Team) will provide community workshops, from October 2017 through June 2018. Workshops will be provided in TPI communities to build grassroots organizational capacity to conduct violence prevention/intervention using a public health approach. The TTA Team will also provide one-on-one consultation to a limited number of CBOs. The TTA Team includes: A Non-profit Capacity Building Consultant, a Database Consultant, a Grant Writing Consultant, and a Community Worker.

- **Community-Based Prevention Strategies**

One-time funding is available to support violence prevention capacity-building work in TPI communities. Strategies proposed for the community will align with the goals identified by stakeholders, residents, and youth through a variety of community engagement mechanisms including summits, interviews and listening sessions.

Based on community feedback, school-based youth development programming and intergenerational mentoring are priorities. In response, TPI is developing a partnership with the Los Angeles County Human Relations Commission (HRC) to train 25 or more staff from schools and/or local community organizations to implement violence prevention and peace-building programming with students in Westmont West Athens and Willowbrook schools. For youth development, DPH is developing a partnership with HRC and DPR to implement youth development programming at several county parks (PAD and non-PAD) in South Los Angeles. Another partnership with the Arts Commission is in development to implement arts instruction and mentorship services at local schools, community centers and neighborhood arts hubs. Additionally, TPI is developing a partnership with HRC to work with the Willowbrook Senior Center and local community organizations to enlist and train approximately 100 retirees to work with youth at school, park, and library settings.

2. Department of Mental Health's Health Neighborhoods Initiative

The Health Neighborhoods Initiative, housed in the Department of Mental Health (DMH), brings together health, mental health, and substance use disorder providers to establish and enhance collaborative relationships and promote the integration of whole-person care. Participating service providers are linked to an extensive network of governmental and community supports including, but not limited to: County and city agencies, educational institutions, housing services, faith-based groups, vocational supports, advocacy and non-profit organizations, prevention programs, social services, etc. These providers come together with vital input from the community to enhance the health and well-being of neighborhood residents. Watts-Willowbrook has been identified as the Health Neighborhood site for SPA 6.

Similar to TPI's approach to addressing violence and trauma needs, it aims to strategically use existing resources to initiate local community-involved discussions to pinpoint specific health and behavioral health issues of concern to high-need neighborhoods in Los Angeles County. Its focus areas include:

- **Healthy Neighborhoods Blueprint** - Host a Healthy Neighborhood Planning Summit that brings together relevant County and city agencies, educational and academic institutions, advocacy groups, civic bodies, non-profit organizations, health plans, providers, and elected officials to discuss and provide input for creating a blueprint to roll out the Healthy Neighborhoods strategy in Los Angeles County.
- **Oversight & Accountability** - Develop an inclusive governing body to advise the County and its Departments on the implementation of the blueprint.
- **Healthy Neighborhood Pilot** - Identify pilot communities using existing and newly identified resources, and engage community members to initiate discussions on the social determinants of health, behavioral health outcomes, and on collaborating to develop community-based strategies for addressing them. The pilot would also assist in the development of governing

bodies at the neighborhood level where one does not currently exist, and develop a blueprint for building neighborhood capacity to ensure long-term self-sufficiency.

- **Expand Access to Services** - Build upon existing service areas, ethnic or culturally-specific relationships, and expand partnerships in each service area to improve access to, and coordination of, primary care, mental health and substance use treatment services.
- **Enhance Collaborative Care** - Develop and publish specific mechanisms to improve referrals, clinical services, care coordination and information sharing functions between all relevant partners.

3. Martin Luther King Jr. Health Campus

The Martin Luther King, Jr. (MLK) Health Campus was designed to promote community wellness and physical activities through connected green spaces, state-of-the-art medical facilities, including the Martin Luther King Jr. Community Hospital and Outpatient Center, and neighboring Charles Drew University, LAUSD King Drew Medical Magnet High School, and MLK Center for Public Health. Community interviews



indicate a gap related to the services available at the MLK Center for Public Health and the Health Campus, and community knowledge, access and utilizations of these services. The gap demonstrates the critical need for ongoing community outreach, as well as the need for safe passages and transportation to address gang-defined boundaries and barriers.

4. Department of Parks and Recreation's Parks After Dark Program

Parks After Dark (PAD) is a Los Angeles County (County) program that began in 2010 as the primary prevention strategy of the County's Gang Violence Reduction Initiative. It has since evolved into a key strategy to promote health, safety, equity, and community well-being. Led by the Department of Parks and Recreation (DPR), PAD is a collaboration of multiple County departments as well as community agencies. PAD was designed to be implemented in communities with higher rates of violence, economic hardship, and obesity. On average, PAD communities have greater levels of need across these three areas than Los Angeles County as a whole.

PAD parks stay open late on Thursday, Friday, and Saturday evenings in the summer months to offer a variety of free activities for people of all ages. PAD provides recreational activities (e.g., sports clinics, exercise classes, and walking clubs), entertainment (concerts, movies, and talent shows), arts and educational programs (arts and crafts, computer classes, and cultural programs), teen clubs and activities, and health and social service resource fairs. Los Angeles County Sheriff's Department (LASD) Deputy Sheriffs patrol the parks to ensure safety during PAD, and participate in activities with community members. The PAD program began in three parks in 2010. In 2012, it expanded to six parks, and in 2015 to nine parks. To date, the program has been implemented in 23 parks throughout Los Angeles County. Currently, there is one PAD park in Willowbrook, at Athens Park. Potential expansion to George Washington Carver Park (Carver Park) and Mona Park has been discussed within DPR.

County Parks in Willowbrook	Parks After Dark
Athens Park	Yes
Earvin "Magic" Johnson Recreation Area	No
Enterprise Park	No
Faith & Hope Park	No
Carver Park	No – potential 2018 site
Mona Park	No – potential 2018 site

Park Therapy was launched in February 2017 as a year-round pilot program in collaboration with TPI and DPR. DMH's SPA 6 Transition Age Youth Bureau, with the support of the South Los Angeles Health Neighborhood, identified the following three Prevention and Early Intervention (PEI) providers that could do this work: Tessie Cleveland Community Services, Los Angeles Child Guidance Clinic, and University Muslim Medical Association (UMMA) Community Clinic. The following 5 parks in South Los Angeles were identified as pilot sites: Jessie Owens Park, Mary Bethune Park, Franklin D. Roosevelt Park, Ted Watkins Memorial Park, and Athens Park. The purpose of Park Therapy is to use innovative, non-traditional approaches to engage residents in positive mental health discourse, and create a safe, nonjudgmental environment for individuals to be connected to mental health services. The program utilizes the following strategies: use of non-branded materials and aids; use of existing safe community events and activities to introduce mental health prevention activities in a welcoming, engaging, participatory, and interactive way; use of informal, roundtable discussion groups and workshop activities that invite community members to actively participate in topics of interest relative to mental wellness; and provision of PEI services on-site at the parks, such as individual and/or group therapy, mental health screenings, and linkage/referral services.

Additional Projects in Willowbrook by Focus Area

There are several existing or planned funded projects in Willowbrook. They are listed in the chart below and explained further in this section.

Project	Agency	Timeframe
Willowbrook Community Parks and Recreation Plan	Department of Parks and Recreation	5 to 50 years
Project Willowbrook-Cultivating a Healthy Community through Arts and Culture	Arts Commission	Granted money in 2011. Report issued in 2013. No further mention of a specific timeframe.
Rosa Parks Station Improvement Project	Metro	2017 - Final Design and Permitting 2018 – Construction Bidding 2018-2020 - Construction
Willowbrook Bikeway and Streetscapes Project	Department of Public Works	Construction began December 15, 2016. Construction duration estimated to be 9 months.
Willowbrook Transit-Oriented District (TOD) Specific Plan	Regional Planning	No mention of specific timeframe in plan.

ACCESS TO OPEN SPACE

LA County Department of Parks and Recreation: Willowbrook Community Parks and Recreation Plan

The Willowbrook Community Parks and Recreation Plan provides a vision and road map for a greener Willowbrook, including a key focus on the revitalization of the Earvin 'Magic' Johnson Recreation Area at the heart of the community, and the development of a more extensive network of publicly accessible pedestrian corridors, green spaces, and recreational facilities.

The Plan also includes recommendations for increasing access to parks, and enhancing existing recreational facilities to meet community-identified needs. The Plan builds on previous planning efforts, and includes specific implementation actions to be taken by the County to improve parks and recreation in the community.

Summary of Community Feedback and Identified Strategies

What Willowbrook Residents Want at Parks	Identified Strategies
Safe connections to parks for pedestrians and cyclists	Acquire and green vacant lots
Exercise facilities and opportunities to walk	Support exercise and fitness
Play space	Enhance existing natural spaces
Space for teens	Create trails as park connectors and exercise circuits
Gathering places	Partner with other agencies and non-profits
Splash pad	Make space for cultural activities and performance
Arts facilities	Inform master plan for Magic Johnson Park
Performance space	
Equestrian center	
Healthy food	
Energy conservation and production	
Green Infrastructure	
Wildlife habitat and natural space	

Funding Sources

The Los Angeles County Regional Park and Open Space District (RPOSD) has primarily been funded by two benefit assessments, which generated approximately \$80 million annually. The 1992 assessment expired in FY 2014-15, and the 1996 assessment will end in FY 2018-19, leading to an urgent need for funding to provide safe, well-maintained parks for the growing population of Los Angeles County.

The Los Angeles County Safe, Clean Neighborhood Parks and Beaches Measure of 2016 (Measure A) asked voters to continue their support for local parks, beaches, open space, and water resources by approving an annual parcel tax of 1.5 cents per square foot of development. If approved, the estimated tax for the owner of a 1,500-square foot home would be \$22.50 per year, and will be included on the annual property tax bill. Generating approximately \$94 million per year for our local parks, beaches, and

open space areas, Measure A will replace expiring dedicated funding from the voter-approved Propositions A of 1992 and 1996.



Athens Park



Carver Park

COMMUNITY REVITALIZATION AND AESTHETICS

LA County Community Development Commission: *The Gateway at Willowbrook*

More than 100 units of affordable housing for seniors, an 8,000 square foot library, and an employment center are currently under construction at the corner 118th Street and Wilmington Avenue in Willowbrook. Conveniently located one block from the MLK Health Campus, twenty-two units are slated to be reserved for residents with medical needs. Named "The Gateway at Willowbrook," this senior community and public library are scheduled to open in the Spring of 2018 (date pending). This development is the first of its kind in the County and will serve as a community anchor for education, employment, and engagement.

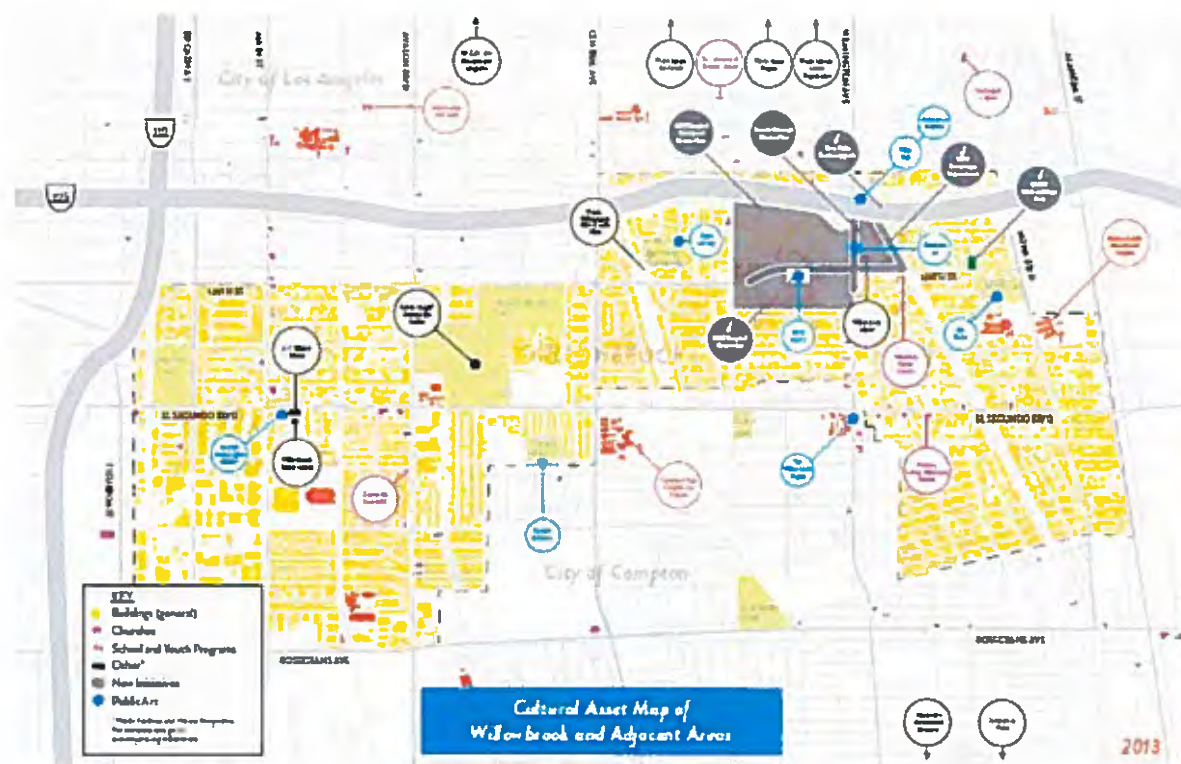


The Gateway at Willowbrook Plans

LA County Arts Commission: *Project Willowbrook-Cultivating a Healthy Community through Arts and Culture*

Project Willowbrook proposes a new and dynamic model for asset mapping and public engagement in civic planning. Willowbrook is undergoing a major urban transformation. The Los Angeles County Arts Commission, and project partners LA Commons and artist Rosten Woo, employed innovative research and engagement strategies to identify and map the community's cultural assets. The visioning tools and support documents produced by Project Willowbrook represent a deepened understanding of Willowbrook's creative pulse and distinct identity, while demonstrating the expanded role of arts and culture in community development.

Cultural Asset Map of Willowbrook and Adjacent Areas



Source: Project Willowbrook Cultural Asset Mapping Report

The cultural asset mapping process aligned with the following project goals:

- Map the cultural assets in the community including the presence of artists and tradition bearers, organizations, events, artworks, places and formal and informal artistic activity.
- Engage the local creative community in all aspects of the project.
- Identify stakeholders with the potential for supporting cultural development in the area.
- Recommend strategies to leverage the cultural assets, and build sustainable activities at the intersection of arts and community health.

In the pursuit of cultural assets, the project team explored the tensions and barriers experienced by the community. Willowbrook is currently one of the most under-resourced communities in Los Angeles County whose challenges include:

Community Challenges
A large but underserved youth population.
Cultural division amidst changing demographics from a predominantly African-American to majority Latino population.
An unemployment rate of 16% as compare to the California state average of 9%.
Blight and concern for safety.
Statistics that show unhealthy outcomes such as the highest rate of deaths due to heart disease in Los Angeles County.



Billboard tests channels for community input
Photo: Los Angeles County Arts Commission

Potential Options for Future Programming

A “Community as Classroom” program pairing teens and artists to conduct site-based investigations that yield a variety of creative community service projects.

Leveraging artists and local culture in public engagement as Los Angeles County’s inter-departmental collaborative design for a healthy community.

The formation of the Willowbrook Hub, a public space for community gathering where resident artists can conduct program events, exhibitions, interventions and workshops.

Establishing Dance Willowbrook, a sequential dance education program for youth and adults, located in an area park, and culminating in a performance and community dance party.

In response to the cultural asset mapping process, the project team has outlined four potential options for future cultural programming. The options address four realms of impact (health and wellness, youth development, civic participation and social connectedness and economic development), capitalize on potential areas for artistic growth, and build upon existing cultural and non-cultural assets identified in this study.

Funding Sources

Project Willowbrook: Cultivating a Healthy Community through Arts and Culture is a project of the Los Angeles County Arts Commission supported in part by the National Endowment for the Arts, and the Office of Los Angeles County Supervisor Mark Ridley-Thomas.

TRANSPORTATION ACCESS AND REDESIGN

Los Angeles Metro Report on Willowbrook: Rosa Parks Station Improvement Project

Since the completion of the Metro Blue Line in 1990 and the Metro Green Line in 1995, the Willowbrook/Rosa Parks Station has evolved from a neighborhood station into the fourth most heavily used station in the Metro system. The Willowbrook/Rosa Parks Improvement Project will provide significant upgrades to this busy station, expanding its multi-modal capacity and role as a quality community resource, and ushering it into a new era of Metro Rail.

The goals for this Project are to:

- Enhance safety and security
- Improve connections to the surrounding community
- Expand station capacity
- Streamline rail and bus transfers



The Project aims to make the Willowbrook/Rosa Parks Station into a first-class transit facility through the following proposed measures:

<ul style="list-style-type: none"> • Extend the Blue Line platform to reduce crowding and provide a new canopy. • Create a southern at-grade pedestrian crossing and entrance to the extended Blue Line platform. • Upgrade the elevators, escalators, stairs and mezzanine between the Blue and Green Line platforms. • Improve and consolidate the bus bays to provide a safer and more comfortable area for patrons. 	<ul style="list-style-type: none"> • Reconfigure Park & Ride lots for optimal circulation and pedestrian safety. • Improve pedestrian circulation through the Station. • Add a civic plaza with a Metro Bike Hub and a Metro Customer Service/Transit Security Center. • Integrate new site-specific artwork. • Improve lighting, landscaping, and signage throughout the site.
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ROADS AND STREETS

LA County Department of Public Works: Willowbrook Bikeway and Streetscapes Project

The primary objective of this Project is to improve mobility of pedestrians and bicyclists near the Martin Luther King Jr. Community Hospital located in the unincorporated County community of Willowbrook. The Department of Public Works is preparing bikeway, pedestrian and streetscape improvements along

119th Street, 120th Street, and Wilmington Avenue. Project elements will include street trees, signage, lighting, pavers and bike lanes.

- **The project limits are:** Wilmington Avenue from Imperial Highway to 480 feet south of 120th Street, 120th Street from Compton Avenue to Wilmington Avenue, 119th Street from Wilmington Avenue to Willowbrook Avenue.
- **Updates/News:** The work proposed for September 2017 includes: continue construction of crosswalks and curb ramps at the intersection of E. 118th Street and Wilmington Avenue, shutdown traffic signal on the southeast corner and perform traffic signal work on the northeast corner of E. 118th Street and Wilmington Avenue, earthwork on the newly constructed median island on Wilmington Avenue at 105 Freeway ramp, remove and replace sidewalk on the west side of Wilmington Avenue between E. 118th Street and E. 120th Street, install trees and pedestrian lights on Wilmington Avenue, and restore striping on Wilmington Avenue.



Conceptual Rendering of Proposed Parkway

Below are additional construction projects planned to improve traffic and pedestrian safety in Willowbrook.

Project Name/Location	Type of Work	Tentative Construction Schedule
El Segundo Blvd at Willowbrook Ave and El Segundo Blvd at Central Ave	Traffic Signal Upgrade	Spring 2018
West Rancho Dominguez Bikeway Access	Bike Lanes	Winter 2018
Willowbrook Library Road Improvements	Road Reconstruction	Winter 2018
120 th St at Compton Creek	Pedestrian Traffic Signal	Winter 2018
Atlantic Blvd and Olympic Blvd	Traffic Signal Upgrade	Winter 2018

Funding Sources

The project design and construction are financed by the Federal Active Transportation Program funds granted by the California State Department of Transportation (Caltrans) and County local funds. The wayfinding and monument signage is financed by Local Transportation funds granted by the Los Angeles County Metropolitan Transportation Authority (Metro) and County local funds.

COMMUNITY PLANNING

LA County Regional Planning: Willowbrook Transit-Oriented District (TOD) Specific Plan

The Willowbrook TOD Specific Plan aims to connect the community to the Rosa Parks/Imperial Metro Station by promoting development that allows people to meet their daily needs in the neighborhood by walking, biking, and taking transit.

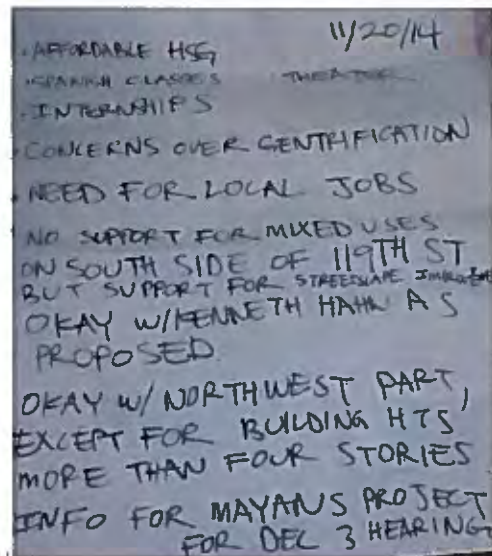
Community Feedback

Zoning Standards Long-term Vision, Design and Uses
Preserving character
Safety
Houses/Townhomes vs Apartments
Variety of restaurants
Community Gardens/spaces
No new sale of alcohol/smoke shops
Allow temporary motor homes

Land use, Streetscape and Circulation Concepts
Affordable housing
Spanish classes
Internships
Theatre
Concerns over gentrification
Need for local jobs
Agreement that 119 th Street could work as heart of community and the intersection of Wilmington and 119 th Street could be a major hub for the community



Community Planning Meeting at MLK Hospital



Worksheets from planning meetings with Willowbrook

OTHER COMMUNITY EFFORTS

Based on our initial review, these are the existing regular meetings taking place in or near Willowbrook. It will be important to leverage existing community meetings, and focus on equitable approaches to engagement, in order to identify priorities and to guide planning and implementation efforts.

Meeting	Purpose	Frequency
First 5 Best Start Watts-Willowbrook	<ul style="list-style-type: none">• Bring together parents and caregivers, residents, organizations, businesses, government institutions and other stakeholders to collectively build a vision and develop strategies to create the best possible community for young children and their families.• Collaborate on community's policies, resources and services to better support residents, and create a place where families can thrive.• Provide the skills-building and leadership training to help participants achieve their goals and ensure that children enter kindergarten ready to succeed in school and in life through groups called Community Partnerships, which meet on a regular basis.	Monthly 3 rd Wednesdays 10am-12pm
Watts Gang Task Force	<ul style="list-style-type: none">• Serve as a bridge in communication between the community and law enforcement in Watts and neighboring Willowbrook.	Weekly Mondays 10am-12pm
Clergy Council	<ul style="list-style-type: none">• Activated to comfort family in emergencies/homicides.• Co-facilitated with Sheriff's Department at Century Sheriff Station.	Monthly 4 th Tuesdays 10am-12pm
Sheriff's Department Community Advisory Meeting	<ul style="list-style-type: none">• For community to meet with Sheriff's Department staff.	TBD
Neighborhood Watch	<ul style="list-style-type: none">• Three Neighborhood Watches	TBD
Safe Passage Meeting	<ul style="list-style-type: none">• Meetings with Sheriff Department and school staff during the school year - unclear at this point if these meetings include Community Intervention Workers (CIWs).	TBD

Community Interviews

As part of this initial assessment, the Willowbrook DPH TPI expansion team conducted key informant interviews with several individuals and agencies including:

- Watts Century Latino Organization
- Los Angeles Unified School District
- LA Commons
- MLK Pediatric Outpatient Clinic
- Los Angeles County Sheriff's Department
- Watts Gang Task Force
- Willowbrook Library
- Carver Park
- Los Angeles County Arts Commission
- Rosten Woo – local artist and author of Willowbrook Is/Es... book
- Mike Sonksen – professor and local journalist and writer
- Life After Death Internally Exalting Souls (L.A.D.I.E.S) - residents providing community grief support groups and intervention services



King/Drew Magnet High School of Medicine and Science

Major Themes

- **Community Identity**
The boundaries of Willowbrook can shift based on who is asked in the community. Willowbrook has been, and continues to be, referred to as Watts-Willowbrook or Compton-Willowbrook by various residents and agencies, and it is also common for Willowbrook residents to claim they live in Watts or Compton. While these variable social/geographic boundaries are not uncommon for unincorporated communities, some in Willowbrook feel they are the “stepchild” to Watts, especially since many initiatives have been focused in Watts and fewer in Willowbrook. Community identity continues to be an area for further exploration and development in partnership with residents and community-based organizations.

“I make them feel like they are somebody, so they trust me.”
– Esther Gonzalez, Carver Park Supervisor, 27-year DPR employee.

- **Key Interventions**
In most interviews, the primary intervention seen as most needed and effective was more community-based youth development programs and services. Some of the agencies interviewed like LA Commons, Carver Park, Arts Commission, Watts Century Latino Organization, LAUSD and the Sheriff's Department, provide youth programming focused on the arts, academics, or life skills. These programs are provided at local schools or in community settings. The development of more opportunities for senior residents to engage with youth was also an area of interest. Willowbrook Senior Center has arts and other enrichment programming, and serves as a potential site for introducing intergenerational mentoring activities.

"We are not using students as much as we could in school mental health. We could train more of them to be peer educators."

-LAUSD School Mental Health staff person

- **Coordinated Culturally and Linguistically Just Services**

There is a critical need to ensure all communication through meetings and materials is available in health-literate, non-technical English and Spanish to fully engage and empower the African-American and Latino communities as co-developers of any community-based initiatives. Currently, Best Start First 5 LA Watts-Willowbrook and Watts Gang Task Force provide meeting materials in both Spanish and English and conduct every meeting in both languages, providing translators and equipment so that all attendees can understand and participate. Other agencies providing materials in Spanish and English include the Sheriff's Department and Watts Century Latino Organization.

- **Community Cohesion**

The population of Willowbrook has shifted since the 1980s from predominantly African-American to majority Latino. Community and political engagement among African-American residents continues to be higher than their Latino counterparts. Several reasons were shared during the interviews including a sense of fear among Latino residents of the police, of deportation, and of schools because they are not familiar with the system here. Also, many in the Latino population are more comfortable convening in their church, or their home, rather than public spaces, to talk about issues. An effective connector shared by several agencies was food – providing food purchased from local vendors, or coordinating potlucks at community meetings, allowed for fellowship and connection between residents. It is critical that organizations working in Willowbrook utilize a variety of culturally relevant engagement strategies to build resident empowerment and collaboration.

"Police officers and residents want the same thing – to go home every night."

– Dr. Perry Crouch, Co-chair of Watts Gang Task Force

- **Sustainability**

The need for self-care services for residents and service providers in Willowbrook came up through our outreach. Organizations working in Willowbrook spoke of the need for funding to sustain their primary services, but often said their clients are dealing with several adversities at once (i.e. lack of access to quality housing and education, unemployment, food insecurity, trauma, violence, substance abuse). As a result, organizations have expanded their services, often without much additional funding, to address these issues. The intensity of this work, especially when providing trauma-related services, places a heavy physical and emotional burden on staff. Agencies are interested in seeking funding, and leveraging existing mental health partners, to implement a culture of self-care and to access to supports for their dedicated staff.

- **Trusted “Neutral” Spaces**

During the interview process, participants were asked about the impact of gang territories on community safety and attendance at community events. While the presence of gang territories was acknowledged, specifically at certain parks, not all agencies felt this was a major barrier to program participation. The Parks supervisor mentioned she has experienced no gang-related violence at Carver Park during her tenure, and that when she sees gang members at the park, she feels comfortable asking them to move elsewhere, and they have accommodated her requests without incident.

When asked about any trusted or “neutral” spaces for community meetings and events, interview participants mentioned the Willowbrook Library, the MLK Center for Public Health (community engagement room), King Drew High School, and Charles Drew University. This information will help to guide planning for future meetings, including TPI listening tours and Summits, and will be shared with other agencies working in Willowbrook.

Situational Analysis

This section provides an overview of the strengths, weaknesses, opportunities, and threats (SWOT analysis) to DPH's community-based work in Willowbrook.

Internal	Strengths	Weaknesses
	<ul style="list-style-type: none"> • TPI Strategies and Funding • High-Capacity, Multi-Disciplinary DPH Team • Strategic Coordination with County Partners and Projects • TPI Training and Technical Assistance • Lessons Learned from Westmont West Athens • MLK Center for Public Health 	<ul style="list-style-type: none"> • TPI Measure B Funding Restrictions and Limitations • Community Engagement Among Latinos • County Internal and External Communication and Coordination of Strategies/Initiatives/Programs • DPH Identity/Branding in the Community • Underutilization of MLK Health Campus • Staff Capacity-Building and Self-Care • Challenges for Equitable Community Engagement
External	Opportunities	Threats
	<ul style="list-style-type: none"> • Leveraging Funding/Resources • Leveraging Other County Initiatives • Community Branding • Community Outreach • Community Partnership • Built Environment Improvement Projects • Community Events • Charles R. Drew University of Medicine and Science 	<ul style="list-style-type: none"> • Community and Gang Violence • Historical Trauma • Community Perception of DPH • Racial Tension • Language Barriers • Knowledge and Communication Gaps • Financial Vulnerability • Multiple Educational Jurisdictions • Capacity and Sustainability • Accessibility to Services • Built Environment • Community Identity

Strengths

TPI Strategies and Funding: The Trauma Prevention Initiative (TPI) is currently funded with Measure B dollars. This funding allows for the partnership between IVPP, PLACE, and CHS SPAs 5/6 and 7/8; opportunities to explore barriers and best practices to address violence and trauma prevention; and implementation of specific strategies such as HBVI and street intervention/safe passages in Willowbrook as well as three other TPI communities.

High-Capacity, Multi-Disciplinary Team: The Willowbrook DPH team consists of committed and qualified staff, which have conducted the environmental scan, and will continue to engage community, particularly youth, to plan, implement and evaluate violence and trauma activities and strategies moving forward. The multi-disciplinary (Health Program Analyst II, Health Education Assistant, and a Community Liaison PHN) team from IVPP and CHS SPA 5/6, brings different perspectives and strengths, which has been vital during the initial assessment. The fact that staff is both bilingual and bicultural has also contributed to developing a partnership and building trust with the community.

Strategic Coordination with County Partners and Projects: The TPI Advisory Committee was developed to guide the implementation of the Trauma Prevention Initiative and to improve how county departments work together and with the community to prevent and reduce violence. The Committee also serves as a problem-solving body, responds to issues that arise in the TPI communities, and advocates for policy and system change to prevent violence. There are also several other initiatives that bring together county departments to work collectively on issues such as Health Neighborhoods, My Brother's Keeper, Youth Diversion and Parks After Dark. Increasingly these initiatives are working together, however more coordination is still needed.

TPI Training and Technical Assistance: The TPI Training and Technical Assistance (TTA) is being offered at no cost to community participants and will help to build agency capacity and self-efficacy for violence prevention/intervention work. Capacity building for grassroots community organizations in Willowbrook is essential, however, resources for TTA are limited and will end June 30, 2018.

Lessons Learned from Westmont West Athens: The TPI landscape analysis and relationship building has been very time consuming and challenging, particularly because staff have competing demands. However, an in-person introduction was an important lesson learned from the TPI work done in Westmont West Athens. Personal contact with formal and informal community leaders is gaining trust and paving the way for the listening sessions planned to occur in Willowbrook.

MLK Center for Public Health: The MLK Center for Public Health's Community Engagement Room, located on the Health Campus, can be a convenient convening place and community HUB. The room capacity is 99 people, but the side doors can be opened to extend into the outside area if needed. DPH staff can use these community engagements as an opportunity to model and reinforce other health messages such as providing healthy snacks and unsweetened beverages.

Weaknesses

TPI Measure B Funding Restrictions and Limitations: While alignment with the established TPI strategies represents an important collaborative opportunity, Measure B dollars is limited and Willowbrook is but one of the several communities with whom Initiative is tasked to work. Funding restrictions on the type of strategies that can be supported in Willowbrook may require the Trauma Informed Community effort to identify other sources of funding to support a number of the components in its scope of work.

Community Engagement Among Latinos: The expansion of TPI into Willowbrook is in the early stages of landscape analysis and relationship building. Although several key informant interviews have been conducted, more are being scheduled prior to having an initial convening with community to discuss the concept of forming a Willowbrook Community Action for Peace (CAP) group. Latino representation among key informants, during the interviews conducted between September 15, 2017, and October 12, 2017, was limited, but attempts are being made to ensure efforts are reflective of the community's demographics. Youth listening sessions are also being scheduled, as this voice is critical to informing strategies and activities in all TPI communities.

County Internal and External Communication of Strategies/Initiatives/Programs: Internally, improvement is needed in communications between County programs, DPH programs, and staff, related to services, strategies, and interventions being planned for Willowbrook. As TPI expands into Willowbrook, close communication between the Westmont West Athens and Willowbrook co-leads, teams and community members is essential to ensure that violence and trauma efforts are connected and not working independently of each other. This will also reduce the failure to connect the dots between multiple forms of violence. Project branding for TPI should be developed and used by all target communities, for community recognition and to foster cohesion. Externally, effective exchange and collaboration with other initiatives in the community is vital in reducing duplication of efforts and maximizing limited resources. TPI efforts should be aligned with other initiatives such as My Brother's Keeper, Women and Girls Initiative, Health Neighborhoods, Whole Person Care, Positive Youth Development, and First 5 LA Best Start. Working in partnership with community is also essential to gaining buy-in, sustainability of efforts, and access to "neutral" meeting spaces in the community.

DPH Identity/Branding in the Community: Historically, public health and other government entities have both imposed solutions and services on communities and gathered community members for the purposes of seeking their expertise without commensurate compensation and recognition. This has contributed to a sense of caution and mistrust. And according to interviews conducted for this scan, the community does not understand the role of DPH. Collaborative community engagement practices utilized as part of TPI, are helping to improve this perception of DPH in Westmont West Athens and Willowbrook, and can help draw attention to County resources and support re-branding. Community branding, as defined and developed in partnership with the community, is also important and needed to build ownership.

Underutilization of MLK Health Campus: According to the Project Willowbrook report, they envisioned the MLK Health campus as a Willowbrook HUB. This can potentially be used as a safe location to organize the community around health topics. However, community interaction indicates a gap in knowledge and utilization related to the services available at the MLK Center for Public Health and the Health Campus.

Staff Capacity-Building and Self-Care: As violence and trauma efforts expand into Willowbrook, additional training related to complex trauma and trauma centered care should be made available to community based organizations and County staff. It is imperative that this training include self-care. This is particularly important for the TPI team since community work exposes them to secondary or vicarious trauma, which may lead to burn out.

Challenges for Equitable Community Engagement: Initiatives such as TPI and the new Center for Health Equity, provide opportunities for DPH to develop external partnership and internal mechanisms to ensure programs leading community-based initiatives are equipped to support community partners with dignity and equity. As we continue to engage in partnerships with community to build stronger communities through regular meetings, ongoing guidance from influential community leaders, and co-

development of strategic planning and implementation with local CBOs, the aim must be equitable community engagement. This must include provisions funding critical accommodations like food, stipends, childcare, and transportation; however, County funding, including TPI funding is often restricted (per funder requirements), making it difficult to access for provisions. Other necessary strategies to improve community engagement include outreach coordination across initiatives so as not to overburden residents/stakeholders, where and how meetings are held and publicized to maximize inclusivity and diversity, and outreach methods to engage marginalized populations – homeless, LGBTQ, people with mental and physical disabilities.

Opportunities

Leveraging Funding/Resources: Currently, some TPI funding is available to support strategic efforts in the community; however, to expand activities and to establish sustainability, outside funding opportunities must be explored. Internal and external, small and large funding sources will be required for the sustainability of service providers working in Willowbrook. Donations can be money (LA CARE, California Endowment Center, Kaiser, First 5 LA), shared spaces (reduced overhead costs), or time (volunteers, clubs, students), or in-kind DPH staff committed to trauma prevention work.

Leveraging Other County Initiatives: Another potential for increasing the span of work and stretching out existing budgets is aligning efforts with other initiatives, entities, and County Departments such as: the office of 2nd District Supervisor Mark Ridley Thomas, the Sheriff's Department, the District Attorney's office, Parks and Recreation, the Arts Commission, the Home Visitation Consortium, etc. Partnering helps leverage existing efforts, share costs, reduce competing activities and interventions, and standardizes collection of data of key indicators for evaluation purposes and shared findings.

Some current opportunities for partnering include:

- Civic Art/Murals are needed in the community and A Window Between Worlds (Non-profit in Venice focused on healing trauma through art) would like to provide services in South LA
- LA Commons and WDACS can partner to pay young artists as part of youth summer jobs
- "Play Everywhere" initiative – Arts Commission is looking for grants to implement arts-informed design at bus stops, can also help to support TOD
- Built environment and beautification efforts should include civic art and community gardens
- Sheriff's projects include several interventions with local schools, around mentorship
- After-School Tutoring Program – is available at Carver Park but not at Willowbrook Library
- PAD at more unincorporated parks
- Coordinate with GRYD to leverage interventionists based in Watts to serve Willowbrook

Community Branding: Listening tours should assess if the community is interested in re-branding itself to develop a strong, independent Willowbrook identity. Community branding is also important to recognize community as partners and increase ownership of DPH facilitated work (DPH/county supported, not led). Assessment of communication mechanisms and messages between service providers and the community must also be conducted to identify gaps and areas for improvement. Simultaneously, the community can provide information on their preferred method of communication.

Community Outreach: The use of technology was very helpful for the TPI efforts in Westmont West Athens. The development of a community specific website provided a platform to centralize resources. Other opportunities to use technology include:

- better use of social media

- electronic meeting reminders
- electronic newsletters
- automated voice messages
- video conference for those who cannot physically attend meetings or conferences

Feedback from the community, thus far, indicates a mixed preference between technology and classic social networks. External communications would reach a wider audience in this community through a hybrid of electronic and classic communication methods, including outreach to residents by foot. All communications in this community should be bilingual, English/Spanish.

Community Partnership: (Appendix A: Agencies Based in and/or Serving Willowbrook) Both formal and informal community leadership must be involved in community projects and initiatives. Any coalition of Willowbrook stakeholders must be a robust representation of the priority populations we intend to reach to be effective. DPH must also engage central institutions like:

- Willowbrook Library – new library scheduled to open in spring 2018
- Churches (acknowledgement - not everyone has a home church)
- MLK Hospital
- Charles R. Drew University
- Local schools (elementary, middle and high school)
- Community organizations/Coalitions
- Law enforcement
- Parks

Built Environment: A combination of formative research, including a window survey (Appendix B – Window Survey Pictures), attendance at community events/meetings, and formal/informal interviews, has exposed some potential community assets that need further exploration. Two projects which are no longer being funded include: Will.I.Am. Peapods, a cutting-edge arts center serving at-risk teens at the Watts-Willowbrook Boys and Girls Club; and a Disney beauty school, which not only provided education, it supplied the community with low cost haircuts. Other opportunities include: equine therapy for grief counselling and suicide prevention, and targeted services (Youth Focused, LAUSD school mental health coordinator, Senior Services, and Veterans). A key informant suggested a Youth Public Health Team could be developed.

Community Events: A meeting with Carver Park staff indicates their interest in becoming a community HUB. They are open to providing meeting space for community meetings, workshops, and community resource fairs. They are excited at the prospect of being considered for the summer PAD program. On November 3, 2017, they will be holding the first Day of the Dead event held in any South LA park (to the best of their knowledge). The TPI expansion team will be partnering with a local non-profit to build a Day of the Dead display, which will be open to anyone in the community who wishes to pay respects to a loved one. This type of involvement in community events has proven an effective way to network, gain community trust, and distribute other DPH health messages.

Charles R. Drew University of Medicine and Science (CDU): CDU is a private non-profit student-centered university that is committed to cultivating diverse health professional leaders who are dedicated to social justice and health equity for underserved populations through outstanding education, research, clinical service, and community engagement. The University strives to improve the health status of underserved communities through innovative biomedical research, and progressive health policies.

There are multiple opportunities to partner with the University as a meeting and training venue, to align efforts to eliminate health disparities and to help cultivate educational and career pathways for people and youth of color.

Threats

Community and Gang Violence: All interviewees have expressed that violence in Willowbrook has impacted their ability to provide services in some way. While some indicated that violence has been normalized in the community, others felt that safe passage was a major barrier for their clients. A long history of intergenerational gang culture has contributed to the disparate crime and homicide rates in this community. Generational trauma is thought to be a major contributor to recruitment of youth into local gangs. Furthermore, this community lacks formal community intervention workers tied to organizations that work specifically in Willowbrook. Several names were accrued through the interviews, but they are Watts or housing project specific.

Historical Trauma: Historical trauma in this community, such as redlining, is a major factor in the distrust of local government. This is one reason relationship building is complicated, time consuming, and requires face to face contact with the community. In the past DPH staff have been tested by community members to see if responses differ and how staff responds to push back. It is imperative that DPH staff understand trauma and the community's perception of local government.

Community Perception of DPH: An area for growth is educating the community on public health. It is evident through conversations with community members that they do not understand what the role of DPH is in their community. This creates unrealistic expectations and demands. This also perpetuates distrust and false perceptions of DPH efforts. Community feedback regarding the DPH health centers has indicated that the demeanor of security guards and policies prohibiting food (which hinder those using public transportation who have nowhere to keep food during their visit) can be a deterrent to entering some County buildings.

Racial Tension: Racial tensions in South Los Angeles are complex. The demographic shift in SPA 5/6, changed quickly from predominantly African American to predominantly Latino, creating friction. This contributed to historical conflicts between African American and Latino community members and gangs. However, some community members indicated that racial tension is over-emphasized; in reality, what exists is a language barrier.

Language Barriers: Language has been identified as a major barrier in accessibility of resources in this community. Generational gaps in communications were indicated by youth as a deterrent to utilizing some services. "They don't get me." Another language barrier, was the over-utilization of technical terminology and complicated application processes. The dominant languages in Willowbrook are English and Spanish. There are few Latino advocates in Willowbrook, but a major factor in the low turnout of Latinos can be attributed to the fact that few meetings provide translation services. The current political climate further exacerbates low turnout and underutilization of services by this population. Community members have expressed concerns accessing services in any federally funded building.

Knowledge and Communication Gaps: Other communication barriers included the evident technology divide in the community, related specifically to computer literacy skills. Like Westmont West Athens, there is disconnect between community and service providers, related to knowledge limitations.

Financial Vulnerability: Financial vulnerability and gentrification of Willowbrook and surrounding neighborhoods is causing housing insecurity, displacing residents, and increasing rates of homelessness. According to interviewees, access to advanced education and vocational jobs with livable wages are

needed. Carver park staff noted that without funding to keep quality programing in the parks, low-income families cannot afford to participate in programs that require even small fees. Based on their experience working in this community, it is even more difficult for single earner and single parent households.

Multiple Educational Jurisdictions: Education in Willowbrook is managed by different entities. Early education programs are typically federally funded (Head Start), some schools are part of the Compton Unified School District, others are managed by LA Unified School District, and a new charter school is being developed. This can be confusing and create communication problems between schools. Vocational education, job readiness services, more parental involvement in schools, and school based psychiatric social workers, were asks from the community.

Capacity and Sustainability: Smaller organizations and churches find it especially difficult to provide services because of staffing shortages, willingness from participants to utilize services, or costs associated with providing translation and childcare. Furthermore, these organizations must provide support to their staff to reduce attrition rates and burn out related to secondary or vicarious trauma experienced while working with vulnerable populations.

Accessibility to Services: Community informants indicated that barriers to accessing services include: the community's perception that Willowbrook lacks resources; communication gaps between existing resources and targeted populations; lack of understanding agency processes; difficulty navigating service applications (i.e. section 8 housing); and computer literacy skills, or access to public computer labs. Costs of public transportation, resource location, and hours of operation, were also considered barriers.

Built Environment: Another threat to the community is the built environment in Willowbrook. Not only did the community repeatedly voice their disapproval that there is only one "real grocery store", it has an abundance of fast food and liquor stores. Informants also indicated that this community lacks entertainment options, like a movie theater. This means residents must leave the community, and those spent dollars support other neighborhoods' income. Additionally, there were complaints of walkability scores, sections of the community that are dirty, a hyper toxic environment, and several posted street signs that need to be replaced.

Community Identity: A key informant called Willowbrook a "patchwork" of neighborhoods. Within Willowbrook some informants have indicated they feel like the "stepchild". Often labeled Watts/Willowbrook or Compton/Willowbrook, they felt resources were prioritized outside of Willowbrook. Some of these community members indicated that they self-identify as "Watts" or "Compton", because those communities are more recognizable.

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APPENDIX A - Agencies Based in and/or Serving Willowbrook

Community Based Organizations

- A Window Between Worlds
- Babies Against Alcohol & Drugs of America Org.
- Black Community Health Task Force
- Black Women for Wellness
- Boys and Girls Club
- Connect 2 Protect (C2P) – LGBT resources
- Casa De La Familia
- Century Community Children's Center
- Chapter T.W.O., INC
- Children's Institute, Inc.
- Clothes the Deal
- Coalition for Responsible Community Development: Project Tipping Point
- Community Coalition for Change
- Community Intelligence LLC
- Concerned Citizens of Willowbrook
- Drew Child Development Corporation
- Eastside Riders (ESR) Bike Club
- First 5 LA – Best Start
- Forgotten Children, INC
- Friends and Neighbors Community Association
- Friends of the Family-Man2Man Program
- Friendship Baptist Church
- Greater Mt. Sinai Baptist Church of Compton
- HOPICS- Homeless Outreach Program Integrated Care System
- LA Commons
- L.A. Works
- LA Conservation Corps
- LA Neighborhood Land Trust
- LAHSA- Los Angeles Homeless Services Authority
- Life After Death Internally Exalting Souls - L.A.D.I.E.S
- Peace Over Violence
- Peelian Consulting LLC
- SEE LA- Sustainable Economic Enterprises of Los Angeles
- Shields for Families
- The Alliance for Children's Rights
- The Positive Results Corporations
- Volunteers of America Greater Los Angeles
- Watts Gang Task Force
- Watts/Century Latino Organization, Inc.
- Willowbrook Neighborhood Council
- WLCAC

Education

Elementary Schools - Willowbrook

- 135th St (LAUSD)
- Avalon Gardens (LAUSD)
- McKinley/Vanguard (Compton)
- 122nd Street (LAUSD)
- George Washington Carver (Compton)
- Lincoln (Compton)
- Martin Luther King (Compton)
- Marian Anderson (Compton)
- Jefferson (Compton)
- General Rosecrans (Compton)
- Washington (Compton)
- Ritter (LAUSD)

Middle Schools - Willowbrook

- Peary MS (LAUSD)
- Gompers MS (LAUSD)
- Vanguard (Compton)
- Willowbrook MS (Compton)
- Bunche MS (Compton)
- Markham MS (LAUSD)
- small area w/ no name (Eastern edge)

High Schools - Willowbrook

- King-Drew High School
- Gardena HS (LAUSD)
- Centennial HS (Compton)
- Locke HS (LAUSD)
- Jordan HS (LAUSD)
- Green Dot Public Schools: Animo Watts College Prep Academy

Higher Education - - Willowbrook

- Charles Drew University
- LAUSD Benjamin Banneker Career and Transition Center

Health and Wellness

- APLA – Aids Project LA
- Augustus Hawkins (Mental Health)
- Children's Hospital LA- Adolescent and Young Adult Medicine- Project NATEEN LA Fathers
- Oasis – HIV services
- St. John's Well Child and Family Center
- Martin Luther King, Jr. Medical Center
- MLK Outpatient Clinic
- MLK Center for Public Health

Relevant County Contacts

- CA State Department of Corrections and Rehabilitation- DIV of Parole Operations
- California Highway Patrol
- Century Sheriff Station
- Los Angeles County Arts Commission/Civic Art
- County of Los Angeles Arts Commission: Willowbrook Project
- County of Los Angeles Public Works: Bikeway and Streetscape Improvements
- County of Los Angeles Regional Planning
- County of Los Angeles 211
- County of Los Angeles Department of Child and Family Services
- County of Los Angeles Department of Mental Health
- County of Los Angeles Department of Public Health: Toxics Epidemiology Program
- County of Los Angeles Department Parks and Recreation: Willowbrook Community Parks and Recreation Plan
- County of Los Angeles Probation Department
- County of Los Angeles Public Library- Willowbrook
- County of Los Angeles Regional Park and Open Space District
- County of Los Angeles WDACS
- Department Public Social Services
- District Attorney Bureau of Victim Services
- LA County Department of Parks and Recreation
- Los Angeles County Office of Education
 - (LACOE) Community Health and Safe Schools Unit
- Los Angeles Department of Transportation
 - People St program
- Los Angeles Metro
- Los Angeles Neighborhood Land Trust
- Los Angeles Police Department
 - Detective Support & Vice Division- Mental Evaluation Unit
 - Operations South Bureau
 - South East Area
- Sheriff's Department
 - Century Station
 - Century Station Clergy Council
- Southeast LA Work Source
- Streets for People/ Living Streets
- US Dept. of Homeland Security
- WLCAC-GRYD

Elected Officials

- 2nd District Supervisor - Mark Ridley Thomas
- City of Compton: Compton Career LINK Workforce Development Services
- City of LA: Joe Buscaino, Councilmember. 15th district
- City of LA: Mike A. Gipson

Faith Based Organizations

- Fellowship Baptist Church - Concerned Citizens of Willowbrook
- First Ladies Health International
- Greater Mt. Sinai
- Baptist Church of Compton
- Los Angeles Metropolitan Churches: Victims Advocacy
- Nation of Islam
- PAC RED
- Sheriff's Department - Clergy Council
- Street Gospel Rap Ministry/ Cease Fire
- West Angeles Church of God in Christ

Appendix B: Window Survey Pictures



MLK Center for Public Health



Fire Station 41



APLA



Augustus Hawkins



Charles Drew University – School of Nursing



Food 4 Less – Kenneth Hahn Plaza



**Illegal dumping – Train Tracks
Adjacent to Athens Park**



Magic Johnson Park – Lake



Industrial Area – Alameda Street



Homeless person sleeping on bus bench



Unsafe crosswalk – Imperial HWY



Empty lot near community garden

APPENDIX C: Willowbrook and LA County Demographic Data

Indicator		Willowbrook	LAC Overall
Total Population		104,658	10,038,388
Population < 18 Years Old	#	34,887	2,322,174
	%	33.3%	23.1%
Population 65+ Years Old	#	7,374	1,189,759
	%	7.0%	11.9%
Male Population	#	49,819	4,945,351
	%	47.6%	49.3%
Hispanic/Latino Population	#	69,183	4,842,319
	%	66.1%	48.2%
Black Population	#	32,657	801,739
	%	31.2%	8.0%
Foreign Born, Total	#	31,131	3,485,724
	%	29.7%	34.7%
Foreign Born, Citizen	#	8,001	1,708,308
	%	7.6%	17.0%
Foreign Born, Non-Citizen	#	23,130	1,777,416
	%	22.1%	17.7%
Population 16+ Years, In Labor Force		43,371	5,150,589
Unemployed Population	#	7,151	515,124
	%	16.5%	10.0%
Population with Known Poverty Status		103,351	9,886,133
Population Below Poverty Level	#	35,840	1,800,265
	%	34.7%	18.2%
Population 5+ Years Old		94,598	9,396,753
Speaks Only English at Home	#	35,476	4,062,062
	%	37.5%	43.2%
Speaks Spanish at Home, Total	#	58,217	3,703,685
	%	61.5%	39.4%
Speaks Spanish at Home, does not Speak English Very Well	#	26,985	1,627,354
	%	28.5%	17.3%

Source: US Census, 2015 American Community Survey 2015 Five Year Estimates (Willowbrook data is for zip codes 90059, 90061, and 90222)

APPENDIX D: Health Data from the California Health Interview Survey for Willowbrook and Los Angeles County, 2014

Indicator	Willowbrook	LAC Overall
<u><i>Disease Diagnoses</i></u>		
Ever diagnosed with asthma (1-17 years)	13.0%	13.1%
Ever diagnosed with asthma (18+ years)	11.8%	12.6%
Ever diagnosed with diabetes (18+ years)	11.8%	9.9%
Ever diagnosed with heart disease (18+ years)	4.3%	5.2%
<u><i>Mental Health</i></u>		
Needed help for mental health problems (18+ years)	16.4%	17.4%
Serious psychological distress (18+ years)	8.8%	9.1%
<u><i>Obesity and Physical Activity</i></u>		
Overweight for age (weight \geq 95th percentile) (2-11 years)	15.0%	12.4%
Overweight or obese (BMI \geq 85th percentile) (12-17 years)	44.7%	37.9%
Obese (BMI \geq 30) (18+ years)	40.1%	25.9%
Regular physical activity (5-17 years)	17.7%	18.9%
Walked at least 150 minutes (18+ years)	34.0%	34.1%
<u><i>Other Measures</i></u>		
Low-income food insecurity (18+ years)	20.8%	9.9%
Current smoker (18+ years)	13.3%	12.0%
Currently uninsured (0-17 years)	5.2%	4.3%
Currently uninsured (18-64 years)	28.7%	21.5%

Source: AskCHIS Neighborhood Edition (Willowbrook data is for zip codes 90059, 90061, and 90222)



SACHI A. HAMAI
Chief Executive Officer

County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
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(213) 974-1101
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November 9, 2017

To: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Hilda L. Solis
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

From: Sachi A. Hamai
Chief Executive Officer

Board of Supervisors
HILDA L. SOLIS
First District

MARK RIDLEY-THOMAS
Second District

SHEILA KUEHL
Third District

JANICE HAHN
Fourth District

KATHRYN BARGER
Fifth District

HOMELESS INITIATIVE QUARTERLY REPORT NO. 7

On February 9, 2016, the Board of Supervisors (Board) approved the Los Angeles County Homeless Initiative (HI) recommendations, which included 47 Strategies to combat homelessness, and instructed the Chief Executive Office (CEO) to report back to the Board on a quarterly basis regarding the implementation status and outcomes of each Strategy. On December 6, 2016, the Board approved four new strategies as part of the Measure H ordinance. These Strategies are now also included in the CEO's quarterly reports. This is the seventh quarterly report that the CEO has provided to the Board. The report addresses the implementation status of the 51 Homeless Initiative Strategies with highlights and impact stories, status of Board directives and motions, and other key HI activities.

Status Update on HI Strategies and Implementation Highlights

Of the 51 HI Strategies approved by the Board, 40 have been fully or partially implemented, as reflected in Attachment I, Implementation Status Update Chart. Of the 17 original HI Strategies now funded through Measure H, all except two have been implemented. Implementation status and next steps for the 51 HI Strategies can be found in Attachment II.

County departments/agencies and their community partners have made substantial progress in implementing the HI Strategies approved by the Board. On September 21, 2017, the CEO submitted final implementation plans for 19 Measure H-funded HI Strategies. The plans were developed by the lead County departments/agencies for each Strategy in consultation with the County HI team. The plans were also presented to the Homeless Policy Deputies at their July and August meetings; their input was incorporated into the final versions of the plans.

"To Enrich Lives Through Effective And Caring Service"

The impact of the HI is illustrated in Attachment III, which includes stories of formerly homeless families and individuals who have received assistance through HI Strategies. In addition, implementation highlights for selected Strategies include:

- **A1: Homeless Prevention Program for Families**
From July through September 2017, 547 families received homeless prevention services through the Family Solutions Centers. Of the 52 families that completed the homelessness prevention program, 38 (73%) retained permanent housing.
- **B4: Facilitate Utilization of Federal Housing Subsidies**
As of September 29, 2017, the Housing Authority of the County of Los Angeles (HACoLA) received 620 landlord requests to participate in the Homeless Incentive Program (HIP) and provided \$825,495 in incentive payments to help secure 520 vacant units for voucher holders. There were 426 formerly homeless families successfully housed, with an additional eight families in the final leasing stages.
- **B7: Interim/Bridge Housing for Those Exiting Institutions**
From July through September 2017, the Department of Health Services (DHS) provided interim housing to approximately 46 individuals who were discharged from private hospitals.
- **C4/C5/C6: Establish a Countywide SSI and Veterans Benefits Advocacy Program for People Experiencing Homelessness or At Risk of Homelessness**
From April through September 2017, Countywide Benefits Entitlement Services (CBEST) teams assisted 2,320 disabled individuals with applications for Supplemental Security Income (SSI) and Veterans Disability Benefits.
- **D2: Expand Jail In-Reach**
As of September 2017, 4,540 clients have been engaged by the Jail In-Reach project. Following the initiation of project services at Pitchess Detention Center in September 2017, all Los Angeles County Sheriff's Department (LASD) jail facilities now have in-reach services.
- **D7: Provide Services and Rental Subsidies for Permanent Supportive Housing**
The Health Agency began implementation on July 1, 2017. DHS increased Intensive Case Management Services which include comprehensive and multidisciplinary services to help homeless individuals and families meet their housing, health, and social service needs. The Department of Mental Health (DMH) also released a Statement of Eligibility and Interest to expand Full Service Partnership (FSP) programs that serve those with severe mental illness.

- **E4: First Responder Training**

As of September 30, 2017, 24 First Responder Training classes have been taught with approximately 618 deputies and sergeants attending.

- **E6: Countywide Outreach System**

During the last quarter, Multidisciplinary Teams (MDTs) made contact with more than 3,000 individuals, connected more than 1,000 individuals to services, placed 280 individuals into interim housing, linked 270 individuals to a permanent housing program, and placed 18 individuals into permanent housing.

- **E7: Strengthen the Coordinated Entry System**

In early October 2017, 33 existing Coordinated Entry System (CES) contracts were expanded with Measure H funds, increasing services for single adults, families, and youth, including a 300 percent increase in housing navigation services.

- **E8: Enhance the Emergency Shelter System**

As a result of Measure H funding, 200 units of interim housing for families were added through new site-based units and motel voucher funding. There was an increase of 84 interim beds that serve homeless clients with complex health and/or behavioral health conditions who need a higher level of support services than is available in most shelter settings. In October, Los Angeles Homeless Services Authority (LAHSA) awarded contracts for 150 crisis housing beds for single adults and 152 beds for youth (60 crisis beds and 92 bridge housing beds).

- **E14: Enhanced Services for Transition Age Youth**

From July through September 2017, 2,315 youth have been assessed using the Next Step Tool. During that period, 896 youth were placed in permanent housing through the Youth CES.

Responses to Board Motions

During the last quarter (through October 12, 2017), the CEO responded to eight Board motions. For summaries of these reports, please see Attachment IV.

Other Key Homeless Initiative Activities

- **Continua of Care Update**

On June 13, 2017, the Board approved the allocation of Measure H funding to the Glendale and Long Beach Continua of Care (CoC) and instructed the CEO to work with LAHSA and DHS to provide funding for five of the 21 Measure H Strategies. On October 24, 2017, the Board approved the allocation of Measure H funding to the

Pasadena CoC. Discussions with the CoCs are underway, and the CoCs are currently at various stages of the contract development process.

- **Coordination with Cities and Councils of Government**

During this quarter, the CEO worked with cities across the County in a range of ways to strengthen their contribution to the countywide movement to prevent and combat homelessness.

- **Contracts with Councils of Governments and City Planning Grants**

On June 13, 2017, the Board allocated \$2 million for regional coordination services by Councils of Government (COGs) and homelessness planning grants for cities in the Los Angeles Continuum of Care. Of these funds, the CEO allocated \$1.5 million for the cities and \$500,000 for COGs.

Contracts have been executed for the San Gabriel Valley and South Bay COGs. Contracts for the Gateway, San Fernando Valley, and Westside COGs will be executed during November or December. Work is underway with the Malibu-Las Virgenes COG. In the Antelope Valley, where there is no actual COG, discussions are underway about how to best utilize the funding allocated for coordination of services.

To assist cities to join the County in combating homelessness, the HI partnered with United Way's Home for Good Funders Collaborative to develop and release a Request for Proposals for City Homelessness Planning Grants on July 28, 2017. These range between \$30,000 and \$70,000, depending on LAHSA's 2017 Homeless Count data for each city. The goal of the grants is for the cities to develop individualized city homelessness plans, which will meet the needs of their local jurisdictions and align with Board-approved HI Strategies. On August 10, 2017, HI and the Funders Collaborative co-hosted an Information Session with prospective city applicants. On September 18, 2017, 47 cities submitted 45 proposals for a total amount of \$2,075,000. Two proposals were submitted jointly by pairs of cities. For a list of cities that submitted proposals, see Attachment V. The COGs were instrumental in engaging and providing technical assistance to the cities during proposal development.

The total requested amount exceeded the earmarked funding by \$575,000. On October 17, 2017, the Board approved the allocation of \$575,000 in additional one-time funding from the Provisional Financing Uses (PFU) budget unit to ensure adequate funding for all city homelessness planning proposals that were determined to warrant funding through the proposal evaluation process.

On October 18, 2017, the Funders Collaborative deliberated on the cities' proposals and agreed to award conditional grants to all 45 proposals, pending development of an outcome-driven statement of work for each contract between the CEO and cities. The Funders Collaborative and HI will co-host a mandatory Grantees Orientation on November 29, 2017, to establish mutual understanding of the project goals, process, and desired regional outcomes. Awarded cities will submit their final Homelessness Plans by March 31, 2018, unless they submit a request seeking an extension of one to three months.

- **Cities' Summit**
The HI hosted the 2nd Cities' Summit to Combat Homelessness on September 27, 2017. The City of Carson provided the Summit venue and supported the event. Nearly 300 County and city elected officials, city management/representatives, County departments, COG representatives, and Coordinated Entry System providers attended to discuss Homeless Initiative Strategies, with an emphasis on Measure H-funded Strategies that are particularly relevant to cities.
- **Permanent Supportive Housing Memoranda of Understanding with Cities**
On August 22, 2017, the Board approved a motion directing the CEO to negotiate and execute Memoranda of Understanding with cities to increase the supply of Permanent Supportive Housing (PSH). As part of the motion, the Board approved a template MOU, which will serve as a starting point for discussions with interested cities. The CEO has reached agreement on a PSH MOU with the City of Los Angeles, and that MOU is scheduled to be executed this month. At the Cities' Summit, representatives of 16 cities expressed their interest in exploring a PSH MOU with the County, and preliminary discussions with those cities are currently underway.
- **AB 210/Prioritization of Housing and Services for Heaviest Users of County Services**
County-sponsored AB 210 was signed into law by the Governor on October 7, 2017. AB 210 authorizes counties to establish homeless adult and family multidisciplinary personnel teams to facilitate the expedited identification, assessment, and linkage of homeless individuals and families to housing and supportive services within the County. It allows provider agencies to share confidential information in order to coordinate housing and supportive services, ensure continuity of care, and reduce duplication of services. AB 210 will be effective on January 1, 2018. HI is working with County Counsel and participating County departments/agencies to develop a protocol which will govern the sharing of

confidential information within these teams, and is aiming to begin implementing AB 210 in early 2018.

The new law will considerably aid in the County's efforts to prioritize the care of high-cost homeless single adults. Beginning in December 2016, the CEO has made available, to a group of County departments, files with the names of their clients who are among the 5 percent of homeless single adults who are the heaviest users of County services. These files do not currently include any past or current service information, but the enactment of AB 210 will enable service information to be shared, greatly enhancing the County's ability to prioritize housing and related services for heavy users of County services, as directed by the Board on February 9, 2016.

- **Measure H Citizens Oversight Advisory Board**

The Measure H Citizens' Oversight Advisory Board held its inaugural meeting on September 26, 2017. The Oversight Board's five members, each appointed by a member of the Board of Supervisors, will review and evaluate all Measure H spending. Their work is a crucial component of the accountability built into Measure H. At the meeting, the Advisory Board selected Christine Margiotta, appointed by the Third Supervisorial District, to be the Chairperson. The next two meetings will take place in December 2017, and February 2018.

- **Interfaith Summit on Homelessness – Follow-up Actions**

On June 7, 2017, HI and LA Voice hosted the County's first Interfaith Summit on Homelessness. The Summit focused on combating homelessness by building a common vision and collaboration between faith organizations and the County, highlighting HI Strategies on which the County and faith organizations can partner, and creating avenues for faith organizations to align their work with broader efforts to combat homelessness across the County.

The HI and LAHSA hosted follow-up sessions in each of the County's eight service planning areas (SPAs). The follow-up sessions were designed to foster more in-depth conversations about meaningful partnerships between the County and faith organizations. These sessions also provided further information about various HI Strategies where there are the greatest opportunities for faith organizations to partner with the homeless service delivery system in support of homeless individuals and families.

In response to these efforts, thirty-one faith organizations have expressed interest in exploring partnerships with the County in support of one or more specific HI Strategies. HI lead agencies are reaching out to the faith organizations to discuss collaboration opportunities. Additionally, the HI continues to work with LA Voice to

develop and provide capacity building opportunities for faith organizations. The HI has released a supplement to the Measure H contracting guide specifically for faith organizations.

- **National Alliance to End Homelessness Annual Award**

The County was awarded one of three prestigious Innovation and Excellence awards by the National Alliance to End Homelessness (NAEH). The award recognized the County's transparent and inclusive process for developing the HI Strategies and the successful passage of Measure H. Chairman Mark Ridley-Thomas, Phil Ansell, and I attended the award ceremony in Washington, D.C. on October 26, 2017.

The next HI quarterly report will be submitted on February 9, 2018. If you have any questions, please contact Phil Ansell, Director of the Homeless Initiative, at (213) 974-1752 or at pansell@ceo.lacounty.gov.

SAH:JJ:FAD
PA:JR:EBI:ef

Attachments

c:	Executive Office, Board of Supervisors County Counsel District Attorney Sheriff Alternate Public Defender Animal Care and Control Arts Commission Beaches and Harbors Child Support Services Children and Family Services Community Development Commission Consumer and Business Affairs Fire Health Services Human Resources	Mental Health Military and Veterans Affairs Parks and Recreation Probation Public Health Public Library Public Social Services Public Works Regional Planning Registrar-Recorder/County Clerk Superior Court Workforce Development, Aging and Community Services LAHSA
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Approved County Strategies to Combat Homelessness Implementation Status At-A-Glance November 2017

LEGEND

Fully Implemented	Implementation targeted by January 2018	Implementation TBD
Partially Implemented	Implementation targeted by March 2018	

E. Create a Coordinated System

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

B. Subsidize Housing

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

A. Prevent Homelessness

A1 – Homeless Prevention Program for Families (H)
A2 – Discharge Planning Guidelines
A3 – Housing Authority Family Reunification Program
A4 – Foster Care Discharges
A5 – Homeless Prevention Program for Individuals (H)

C. Increase Income

C1 – Enhance the CalWORKs Subsidized Employment Program for Homeless Families
C2 – Increase Employment for Homeless Adults by Supporting Social Enterprise (H)
C3 – Expand Targeted Recruitment and Hiring Process to Homeless/ Recently Homeless People to Increase Access to County Jobs
C4 – Establish a Countywide SSI Advocacy Program for People Experiencing Homelessness or At Risk of Homelessness (H)
C5 – Establish a Countywide Veterans Benefits Advocacy Program for Veterans Experiencing Homelessness or At Risk of Homelessness (H)
C6 – Targeted SSI Advocacy for Inmates (H)
C7 – Subsidized Employment for Adults (H)

D. Provide Case Management and Services

D1 – Model Employment Retention Support Program
D2 – Expand Jail In-Reach (H)
D3 – Supportive Services Standards for Subsidized Housing
D4 – Regional Integrated Re-entry Networks – Homeless Focus (H)
D5 – Support for Homeless Case Managers
D6 – Criminal Record Clearing Project (H)
D7 – Provide Services and Rental Subsidies for Permanent Supportive Housing (H)

(H) – Strategies eligible to receive Measure H Funding

F. Increase Affordable/Homeless Housing

F1 – Promote Regional SB 2 Compliance and Implementation	F4 – Development of Second Dwelling Units Pilot Program	F7 – Preserve Current Affordable Housing and Promote the Development of Affordable Housing for Homeless Families and Individuals (H)
F2 – Linkage Fee Nexus Study	F5 – Incentive Zoning/Value Capture Strategies	
F3 – Support for Inclusionary Zoning for Affordable Housing Rental Units	F6 – Using Public Land for Homeless Housing	

Homeless Initiative Quarterly Report No. 7 – As of October 12, 2017

Status of Strategies to Combat Homelessness

(H) after Strategy Name indicates Strategy is eligible to Measure H funding.
Acronyms are spelled out in full at first mention; see appended chart for full list of acronyms.

Strategy Implementation Date (Actual or Target)	Status	Next Steps
PREVENT HOMELESSNESS		
<p>A1: Homeless Prevention Program for Families (H)</p> <p><u>Actual Implementation Dates:</u> Phase 1: May 2016 Phase 2: November 2016</p>	<ul style="list-style-type: none"> As of October 1st, the Los Angeles Homeless Services Authority (LAHSA) selected three providers (LA House of Ruth, 1736 Family Crisis Center, and Volunteers of America) to test an assessment tool and procedure for identifying domestic violence (DV) among individuals and families served by all Coordinated Entry System (CES) for Family programs. The providers will offer both prevention and Rapid Re-Housing (RRH) services through DV/Intimate Partner Violence (IPV) agencies. Once tested, LAHSA will integrate use of the tool into Continuum of Care (CoC) provider business processes. In FY 2016-2017, 577 families received homeless prevention services through the Family Solutions Centers (FSCs). Between July 2017 and September 2017, 547 families received services (including some who entered the program in the prior fiscal year). In FY 2016-2017, 241 families completed the homelessness prevention program; 193 (80 percent) of those families retained permanent housing. Between July 2017 and September 2017, 52 families completed the homelessness prevention program; 38 (73 percent) of those families retained permanent housing. 	<ul style="list-style-type: none"> LAHSA will finalize the pilot DV assessment tool and will work to integrate use of the tool into CoC provider business processes. LAHSA has developed a Request for Proposals (RFP) to expand legal services with Measure H funding. The RFP is expected to be released in October 2017.
<p>A2: Discharge Planning Guidelines</p> <p><u>Actual Implementation Date:</u> June 2017</p>	<ul style="list-style-type: none"> The Discharge Guidelines have been vetted by the County departments and a group of community stakeholders. Revisions were included in the final version of the Guidelines based on input received from the community stakeholders, including the Hospital Association of Southern California (HASC). 	
<p>A3: Housing Authority Family Reunification Program</p> <p><u>Actual Implementation Date:</u> March 2016</p>	<ul style="list-style-type: none"> Probation and the Sheriff Departments continue to screen clients and make referrals for Program participation. 662 screenings/referrals were conducted during this reporting period, and 21 were referred for Program eligibility assessment. The Program is only available to persons who reside in the City of LA, but many probationers reside in other cities and the unincorporated areas of LA County. 	<ul style="list-style-type: none"> Both County departments will continue screening and referring clients to the Program provider.
<p>A4: Discharges from Foster Care and Juvenile Probation</p> <p><u>Target Implementation Date:</u> November 2017</p>	<ul style="list-style-type: none"> Refresher training provided to Department of Child and Family Services (DCFS) regional offices to reinforce housing programs available to non-minor dependents. Emphasis was placed on the countywide housing programs eligible to DCFS and Probation participants. Policies and procedures that need to be enhanced/reinforced to prevent discharges into homelessness have been identified. Instructional curriculum is being developed in partnership with USC School of Social Work. The integration of discharge planning and exit destinations will be part of the curriculum, which will assist newly hired DCFS social work staff to understand the importance of tracking the youth's transition, as well as providing permanency options upon emancipation from foster care. 	<ul style="list-style-type: none"> Continued collaboration with all partners on pilot implementation and implementation of enhanced policy around discharges. Internal discussion around resources to support additional staff and data collection.

Strategy Implementation Date (Actual or Target)	Status	Next Steps
	<ul style="list-style-type: none"> DCFS and Probation have been collaborating with the Youth CES system to move forward with two separate pilots testing different approaches for connecting young people to the CES. Both pilots are funded through the Home for Good Funders Collaborative. Implementation planning began in July 2017, with expected implementation in January 2018. The following are brief descriptions of both pilots: <ul style="list-style-type: none"> Pilot 1 focuses on serving AB 12 Youth in Service Planning Area (SPA) 2 who are eligible for the Supervised Independent Living (SILP) Program to learn about and practice strategies for serving non-minor dependents that are eligible for SILP but need some housing assistance and flex funding to support move-in costs. Youth will be connected to a housing navigator to help them find and secure SILP-approved housing. Pilot 2 focuses on serving youth discharging from DCFS and the Probation Department in SPA 3. Through this pilot, the goal is to identify the best time to connect discharging youth to the Youth CES and strategies for streamlining the process to identify youth exiting care. Exploring additional collocation of Youth CES providers in DCFS offices to ensure youth are connected to CES. Continuing to explore resources and staffing focused on housing to support youth prior to discharge. Continuing to explore additional data collection options in order to accurately capture housing needs and outcomes of youth exiting care. 	
A5: Homeless Prevention Program for Individuals (H) <u>Target Implementation Dates:</u> Homeless prevention services: January 2018 Legal services for people at risk of homelessness: February 2018	<ul style="list-style-type: none"> LAHSA is working with a consultant, Shelter Partnership, to develop a Scope of Required Services (SRS) and programmatic framework for legal services. Shelter Partnership conducted an analysis and made recommendations on how people should be screened and eligibility determined. Shelter Partnership held an input session with the legal provider community to inform its drafting of recommendation for the legal services program. In October, LAHSA released an RFP (with a draft SRS) for prevention legal services, to be awarded in early 2018. LAHSA will provide the Homeless Policy Deputies with the SRS for review and comment. Their feedback will be incorporated into the final version of the SRS, to be included in the executed contracts. LAHSA held a community input session and a session for persons with lived experience at the end of last fiscal year. 	<ul style="list-style-type: none"> In October, LAHSA will seek approval from its governing Commission to amend existing RRH contracts to include prevention. LAHSA will enter into contracts in November with service provision beginning by January 1, 2018.
SUBSIDIZE HOUSING B1: Provide Subsidized Housing to Homeless Disabled Individuals Pursuing SSI (H) <u>Actual Implementation Dates:</u> Phase 1: June 2016 Phase 2: October 2016	<ul style="list-style-type: none"> In July 2017, the Department of Public Social Services (DPSS) expanded the availability of B1 subsidies to all 14 General Relief (GR) Districts. With all 14 districts now accessing B1 subsidies, we have observed an increase in utilization of the B1 subsidies. DPSS continues to work on automation to increase the housing subsidy amount from \$400 to \$475, which will go into effect by end of November 2017, for subsidies issued in December 2017. <p><u>Phase 1 DPSS data as of September 30, 2017:</u></p> <ul style="list-style-type: none"> 1,653 individuals pursuing Supplemental Security Income (SSI) have been referred for a B1 GR Housing Subsidy interview; 1,055 of the 1,653 or 64 percent of those referred were determined eligible for a subsidy and began actively searching for rental housing; 	<ul style="list-style-type: none"> In November 2017, DPSS will meet with the updated list of community volunteers who expressed an interest in B1 and with the Lived Experience Advisory Group to share information regarding implementation of B1 Program enhancements. Effective December 1, 2017, increase the housing subsidy to \$575 from \$500. New subsidy will

Strategy Implementation Date (Actual or Target)	Status	Next Steps															
	<ul style="list-style-type: none"> 395 of the 1,055 or 37 percent of the eligible individuals found housing within 45 days of beginning their search. 353 of those who found housing have had their housing approved and are currently using their B1 subsidy. The remaining 42 have found housing and submitted necessary paper work, but have yet to receive final approval and have a subsidy issued. <p><u>Phase 2 Department of Health Services (DHS) data as of September 30, 2017:</u></p> <ul style="list-style-type: none"> 200 clients on the SSI path have been enrolled in DHS's B1 Program. Through June 30, 2017, DHS was a co-lead on this Strategy, providing a housing subsidy for homeless disabled individuals pursuing SSI who were justice-involved and/or had a greater service need than DPSS could meet, and/or need for a higher subsidy than the housing subsidy provided through DPSS. Beginning July 1, 2017, DHS relinquished its role in HI Strategy B1, since DHS will now serve the targeted higher need population under HI Strategy D7. 50 percent of these clients have secured permanent housing, while the remainder are searching for permanent housing or working on the housing application/lease terms. 	<ul style="list-style-type: none"> be \$475 per month, plus \$100 from each participant's GR grant. DPSS will continue with onboarding activities for new staff funded through Measure H. DPSS is working with the Chief Executive Office (CEO) Homeless Initiative (HI) and other departments to execute its B1 Measure H implementation plan and better integrate B1 with other services, including other HI Strategies, that are available to homeless disabled adults. 															
<p>B2: Expand Interim Assistance Reimbursement to additional County Departments and LAHSA</p> <p><u>Target Implementation Date:</u> March 2018</p>	<p>CEO continues discussion around assessment of requirements for DPSS, which has the lead role in collection of Interim Assistance Reimbursement (IAR) on behalf of additional County departments and LAHSA.</p>	<ul style="list-style-type: none"> Meeting with impacted departments will be scheduled in November 2017, to discuss collection requirements. Survey will be conducted with impacted County departments and LAHSA to determine volume of work that will be eligible for IAR. Based on survey results, DPSS will assess feasibility and potential resource need for administering IAR collection for additional County departments and LAHSA. 															
<p>B3: Partner with Cities to Expand Rapid Re-Housing (H)</p> <p>Actual Implementation Dates: DHS Housing and Jobs Collaborative (HJC): January 2016 LAHSA's Family and Youth Rapid Rehousing: September 2016 LAHSA's Single Adult RRH: July 2017</p>	<ul style="list-style-type: none"> DHS leads ongoing check-in calls with agencies and held an in-person meeting with Housing and Jobs Collaborative (HJC) program leads on October 10, 2017. Since the last quarterly report, Santa Monica executed an agreement with DHS to contribute funding to the B3 Program. DHS HJC Data update: <table border="1"> <thead> <tr> <th>Fiscal Year</th><th>Enrolled</th><th>Housed</th></tr> </thead> <tbody> <tr> <td>2017-2018</td><td>91</td><td>106</td></tr> <tr> <td>2016-2017</td><td>880</td><td>592</td></tr> <tr> <td>2015-2016</td><td>422</td><td>77</td></tr> <tr> <td>TOTAL</td><td>1393</td><td>775</td></tr> </tbody> </table> <p>Data for LAHSA RRH programs, which are funded by multiple sources, including but not limited to Measure H and one-time Homeless Initiative resources:</p>	Fiscal Year	Enrolled	Housed	2017-2018	91	106	2016-2017	880	592	2015-2016	422	77	TOTAL	1393	775	<ul style="list-style-type: none"> LAHSA and DHS are planning to conduct RRH Best Practices Trainings facilitated by Abt Associates in December 2017. LAHSA and DHS will continue to work together to align their programs and conduct joint meetings with providers.
Fiscal Year	Enrolled	Housed															
2017-2018	91	106															
2016-2017	880	592															
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TOTAL	1393	775															

Strategy Implementation Date (Actual or Target)	Status	Next Steps												
	<ul style="list-style-type: none"> In July 2017, <ul style="list-style-type: none"> 2104 families, 1600 single adults, and 184 youth, were enrolled, for a de-duplicated total of 3883, including new enrollments and continuing enrollments from the prior month. Exits to permanent housing (PH): 72 families (60 percent of program exits), 33 single adults (61 percent of program exits) and 5 youth (75 percent of program exits), for a total of 117 de-duplicated exits to PH (62 percent of program exits). In August 2017, <ul style="list-style-type: none"> 2374 families, 1717 single adults, and 203 youth were enrolled, for a de-duplicated total of 4285, including new enrollments and continuing enrollments from the prior month. Exits to PH: 13 families (21 percent of program exits), 21 single adults (49 percent of program exits), and 4 youth (57 percent of program exits), for a total of 38 de-duplicated exits to PH (32 percent of program exits). <table border="1" data-bbox="618 772 748 1528"> <thead> <tr> <th>Fiscal Year</th><th>Enrolled</th><th>Housed</th></tr> </thead> <tbody> <tr> <td>2017-2018 (Q1)</td><td>4892</td><td>567</td></tr> <tr> <td>2016-2017</td><td>5404</td><td>1529</td></tr> <tr> <td>TOTAL</td><td>6756</td><td>2096</td></tr> </tbody> </table>	Fiscal Year	Enrolled	Housed	2017-2018 (Q1)	4892	567	2016-2017	5404	1529	TOTAL	6756	2096	<ul style="list-style-type: none"> HACoLA is scheduling additional HouseLA events, and will continue its marketing and outreach efforts to recruit new landlords to participate in the incentive program.
Fiscal Year	Enrolled	Housed												
2017-2018 (Q1)	4892	567												
2016-2017	5404	1529												
TOTAL	6756	2096												
B4: Facilitate Utilization of Federal Housing Subsidies (H) <u>Actual Implementation Date:</u> May 2016	<ul style="list-style-type: none"> Attended meetings and community events such as the Veteran Job and Resource Fair sponsored by Supervisor Solis, a HouseLA Event sponsored by Supervisor Hahn and City of Long Beach, Buildings Expo in Pasadena, Cities' Summit in Carson, and an Apartment Association Expo in Long Beach to market and educate the public on the Housing Authority of County of Los Angeles' (HACoLA's) incentive programs. Since the last quarterly update: <ul style="list-style-type: none"> 48 formerly homeless individuals and families were housed using unit hold incentive payments; Two requests for contingency funds were processed; Three claims for damage mitigation were approved; Three requests for vacancy loss payments were honored; and Eight requests for application and credit check fees were processed. As of September 29, 2017: <ul style="list-style-type: none"> HACoLA received 620 landlord requests to participate in the Homeless Incentive Program (HIP); Provided \$825,495 in incentive payments to secure 520 vacant units for HACoLA voucher and certificate holders, with an additional 33 vacant units currently in process to receive incentive payments; and Successfully leased 426 formerly homeless families/individuals, with an additional eight families/individuals in the final leasing stages. On April 11, 2017, the U.S. Department of Housing and Urban Development (HUD) deemed HACoLA a shortfall agency due to federal funding limitations. As such, no new homeless families/individuals can be admitted to HACoLA's Housing Choice Voucher Program at this time. However, lease-up activities continue with the Continuum of Care/Shelter Plus Care and VASH programs. An agreement between the Housing Authority of the City of Los Angeles (HACLA) and HACoLA, whereby HACLA will receive B4 funding, has been executed. Other Public Housing Authorities (PHAs) in the County have received the agreement and are reviewing with their respective counsels. 													

Strategy Implementation Date (Actual or Target)	Status	Next Steps
	<ul style="list-style-type: none"> HACoLA is engaging DHS and the Department of Mental Health (DMH) to finalize the process for ensuring that incoming clients receiving housing vouchers from PHAs are connected to supportive services under Strategy D7. 	
B5: Expand General Relief Housing Subsidies <u>Target Implementation Date:</u> December 2017	<ul style="list-style-type: none"> DPSS continues to work on automation to increase the housing subsidy amount from \$400 to \$475, which will go into effect by the end of November 2017, for subsidies issued in December 2017, and beyond. 	<ul style="list-style-type: none"> Effective December 1, 2017, increase the housing subsidy to \$575 from \$500. New subsidy will be \$475 per month, plus \$100 from each participant's GR grant. In November 2017, convene meeting with community volunteers and Lived Experience Advisory Group to gather feedback on B5 and to inform implementation. Update Housing Subsidy Case Management Program materials to inform applicants and participants of the increase in subsidy amount for new program participants.
B6: Family Reunification Housing Subsidy (H) <u>Actual Implementation Date:</u> January 2017	<ul style="list-style-type: none"> Monthly B6 meeting occurs every 2nd Tuesday of each month at Edelman's Court with representation from DCFS, LAHSA, Community Development Corporation (CDC), DPSS, 211 and each of the eight contracted housing agencies. DCFS, CDC, LAHSA, 211 and DPSS have provided Countywide Family Reunification Housing Subsidy (FRHS) B6 training to 18 DCFS regional offices; Dependency Court Judges; County Counsels; Los Angeles Dependency Lawyers (LADL) and Children's Law Center (CLC) attorneys. Ongoing conference calls with the CDC, 211 and DPSS as needed. Meetings have begun with faith-based organizations to identify how they can assist with providing more temporary shelter and transitional housing to assist clients searching for subsidized housing. Outcomes since implementation: <ul style="list-style-type: none"> Total of 97 families have been enrolled and are actively receiving case management and housing services; Total of 320 children have been enrolled; and Total of 29 families and 67 children have been housed. 	<ul style="list-style-type: none"> Increase the number of families housed.
B7: Interim/Bridge Housing for Those Exiting Institutions (H) <u>Actual Implementation Date:</u> October 2016	<ul style="list-style-type: none"> The Department of Public Health (DPH) and DHS have established recuperative care beds at MLK Jr. Hospital for people who are experiencing homelessness and recuperating from Hepatitis A infection. LAHSA will assist with discharge planning and, when individuals are no longer infectious, LAHSA will facilitate their transfer to a LAHSA B7-funded bed. A training will take place in October with MLK social work staff and shelter providers in SPA 6 to strengthen and streamline referral processes into LAHSA B7-funded beds. 	<ul style="list-style-type: none"> LAHSA will continue to provide assistance to shelter providers with implementation. DHS, DMH, and LAHSA are working on a centralized gate keeping system in which staff

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	<ul style="list-style-type: none"> DHS has continued to work on increasing the number of bridge housing beds. As of the end of this quarter, DHS has brought on an additional 220 beds for a total of 1,070 bridge housing beds. These beds include stabilization housing, recuperative care, and settings with onsite intensive behavioral health services. Funds from B7 can be used for any of these beds; B7 is funding 250 DHS beds in FY 2017-18. DHS met with the Hospital Association of Southern California (HASC), LAHSA, and Department of Public Health-Substance Abuse Prevention and Control (DPH-SAPC) to discuss development of a process for the private hospitals to refer homeless patients to B7 beds. DHS met with the D2/Jail In-Reach program staff to provide training and guidance on appropriate referrals and the referral process for B7-funded beds. Effective July 1, 2017, DPH-SAPC implemented the Recovery Bridge Housing (RBH) benefit program. RBH is an abstinence-based, peer-supported housing benefit that provides a safe interim living environment for patients who are homeless or unstably housed while they undergo concurrent treatment in outpatient settings. RBH may be authorized for a maximum of 90 calendar days per calendar year. If the entirety of the 90 calendar days is not utilized, the remainder of the unused days can be applied later during the calendar year. On September 18, 2017, DPH-SAPC held the initial RBH provider network meeting, which focused on providing an overview of the RBH benefit, including eligibility, authorization process, rates and reimbursement, and summary of the requirements for Measure H funding. DPH-SAPC is conducting RBH workgroup meetings to address key issues and finalize materials to guide providers in implementing the RBH benefit. In this first quarter of Measure H funding (July – September 2017), DHS has placed 46 individuals discharged from hospitals into interim housing. In the first quarter of Measure H funding, LAHSA placed 196 households into interim housing. Of these, six households have already exited to permanent housing. On April 11, 2017, HUD deemed HACoLA a shortfall agency due to federal funding limitations. HACoLA was required to suspend all vouchers and applications issued for the Housing Choice Voucher (HCV) Program. Since the last quarterly report, there has been no further activity. 	<p>from each of the three agencies will work together to ensure that each individual referred is admitted to the most appropriate bed/level of care. DHS/DMH is piloting a universal referral form for this effort.</p>
B8: Housing Choice Vouchers for Permanent Supportive Housing Actual Implementation Date: June 2016		<ul style="list-style-type: none"> HACoLA will resume leasing activities once the suspension is lifted.
INCREASE INCOME C1: Enhance the CalWORKs Subsidized Employment Program for Homeless Families Actual Implementation Date: December 2016	<ul style="list-style-type: none"> Community-Based Organizations (CBOs) continue to be trained and their placement process strengthened as the Program continues. From December 2016 to September 2017, 471 homeless families have been referred to CBOs for service. From December 2016 to September 2017, 212 subsidized placements have been reported. 	<ul style="list-style-type: none"> LA County Channel 36 is interested in highlighting Enhanced Transitional Subsidized Employment (E-TSE) through participant stories. Planning is in progress. South Bay Workforce Investment Board is reviewing the need to reopen the RFP for a CBO to run an E-TSE program in the Antelope Valley (AV). Since the

Strategy Implementation Date (Actual or Target)	Status	Next Steps
		<p>CBO providing services in the AV closed its Lancaster office on July 1st, there has been no coverage. Homeless participants in AV can still be referred to the regular TSE program.</p>
<p>C2: Increase Employment Opportunities for Homeless Adults by Supporting Social Enterprise (H)</p> <p>C2 Implementation Dates: Phase 1 (County adoption of Social Enterprise Preference Program): Actual - October 2016 Phase 2: (Enhancement of countywide procurement processes, supporting creation of Alternative Staffing Organizations (ASOs), and designating ASOs as preferred temporary staffing agency for County and County contractors): Target – October 2017</p> <p>Phase 3: (Place DPSS Transitional Subsidized Employment (TSE) program participants with ASOs): Target – November 2017</p> <p>*****</p> <p>C7: Subsidized Employment for Homeless Adults (H)</p> <p>C7 Implementation Dates: Phase 1: (Scale LA:RISE model): Actual - July 2017</p> <p>Phase 2: (Implement LA:RISE countywide): Target - January 2018</p>	<ul style="list-style-type: none"> • The Workforce Development Aging and Community Services (WDACS) Department has been meeting with the Roberts Enterprise Development Fund (REDF) weekly to plan for the roll out of C2 and C7, which includes expanding the LA City program, LA:RISE, throughout the area served by the County Workforce Development Board (WDB). • On July 1, 2017, WDACS provided L.A. City with C7 Measure H funding to serve 400 additional homeless clients with the LA:RISE menu of services, which include subsidized employment/bridge jobs and wrap around services provided in a supportive work environment. • In addition to work on the rollout of C2 and C7 in the area served by the County WDB, WDACS and REDF have met with the Foothill WDB, Pacific Gateway WDB, South Bay WDB, and Verdugo WDB, to educate them on the LA:RISE model and flesh out ways that the model can be utilized in conjunction with their own local homeless services. Each WDB is crafting a proposal for use of C7 Measure H funds to expand the LA:RISE model into its area. • WDACS has been outreaching to social enterprises to get them onto the County's Social Enterprise Master Agreement list so they can be procured to provide LA:RISE services. • WDACS has been working with the State Employment Development Department (EDD) to develop a module within CalJOBS, the State's workforce development data system, to track metrics for LA:RISE participants. • WDACS and Probation have begun discussions on using WDACS-contracted ASOs to staff vacant positions within the Probation Department. 	<ul style="list-style-type: none"> • WDACS will finalize a contract with REDF by end of October to expand the capacity of social enterprises to provide transitional employment opportunities and wrap-around support services to homeless adults. • By October 30, 2017, WDACS will receive final proposals from the four WDBs other than LA City and LA County to implement LA:RISE models, with implementation planned for November 2017. • WDACS will hold mandatory bidders' conferences for prospective social enterprise partners for the expansion of LA:RISE in LA County's workforce development area by December 2017. • WDACS and REDF will begin developing the capacity of social enterprises to serve as ASOs, with at least one agency targeted to come on board as an ASO by February 2018.

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C3: Expand Targeted Recruitment and Hiring Process to Homeless/Recently Homeless People to increase Access to County Jobs Actual Implementation Dates: Phase I: October 2016 Phase II: May 2017	<ul style="list-style-type: none">Met with representative from Chrysalis Santa Monica to discuss their job-readiness programs and opportunities for the Department of Human Resources (DHR) to provide assistance. As a result, a "train the trainer" session on how to navigate the County's employment website is scheduled for December 1, 2017. DHR also met with Goodwill Southern California.Utilizing DHR's TempLA Registry, DHR has now hired 13 homeless individuals (an increase of two since the last quarterly report) who are employed in the following departments: DCFS (six), DMH (two), Department of Public Works (DPW) (two), and DPSS (three).DHR is now using the TempLA Registry to track the homeless or recently homeless employed at the County.Data for April 1 – September 30, 2017:<ul style="list-style-type: none">Percent of homeless or recently homeless in TempLA registry who are employed: 27 percent (13 of 49)Number of individuals at-risk or experiencing homelessness who were hired into County positions: 13	<ul style="list-style-type: none">Expand support to Probation Department using the TempLA Registry.Continue to expand network of CBOs and Social Enterprise Agencies (SEAs) to promote County employment, engage them in partnerships with the County, and conduct "train the trainer" sessions.Expand the Career Development Intern classification to include homelessness as a qualifying factor.																				
Countywide Benefits Entitlement Services Teams (CBEST) (H): C4: Establish a Countywide SSI Advocacy Program for People Experiencing Homelessness or at Risk of Homelessness C5: Establish a Countywide Veterans Benefits Advocacy Program for Veterans Experiencing Homelessness or at Risk of Homelessness C6: Targeted SSI Advocacy for Inmates Actual Implementation Date: April 2017	<ul style="list-style-type: none">DHS staff in collaboration with DPSS, DMH, and Inner City Law Center held two four-day CBEST "boot camps" for contracted staff between July and September 2017.DHS staff revisited each GR district office between July and September 2017, along with clinical teams and DPSS partners.DHS established monthly Advisory Group Meeting with DPSS, Los Angeles Sheriff's Department (LASD), Department of Military and Veteran's Affairs (DMVA), and DMH. In addition, DHS will host an Advisory Group Meeting with the Social Security Administration (SSA) Regional Office on a quarterly basis.DHS staff held conference calls with SSA local offices and contract staff to introduce regional CBEST staff.DHS staff presented the CBEST program to various community stakeholders. <p>Data:</p> <table><tr><th>Description</th><th>April – June 2017</th><th>July – Sept 2017</th><th>Total 2017</th></tr><tr><td>Clients Screened</td><td>783</td><td>1537</td><td>2320</td></tr><tr><td>Clients Enrolled</td><td>641</td><td>1361</td><td>2002</td></tr><tr><td>SSI Applications Approved</td><td>1</td><td>7</td><td>8</td></tr><tr><td>Linked to PSH and/or MH Services</td><td>123</td><td>234</td><td>357</td></tr></table>	Description	April – June 2017	July – Sept 2017	Total 2017	Clients Screened	783	1537	2320	Clients Enrolled	641	1361	2002	SSI Applications Approved	1	7	8	Linked to PSH and/or MH Services	123	234	357	<ul style="list-style-type: none">Ongoing monthly meetings scheduled with DMVA and LASD to discuss program development.Ongoing monthly meetings scheduled with DPSS and DMH to create a process to move the Record Retrieval Program from DPSS to DHS.Ongoing weekly conference calls with all contracted agencies and onsite implementation assistance with all agencies at DPSS offices countywide and the agencies' field-based sites.Expansion of benefit advocacy teams.Working to get staff cleared for entry into the jail facilities, with implementation in the jails targeted for October 2017.Launch of representative payee program is scheduled for late 2017 or early 2018.
Description	April – June 2017	July – Sept 2017	Total 2017																			
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PROVIDE CASE MANAGEMENT AND SERVICES		
<p>D1: Model Employment Retention Support Program</p> <p><u>Actual Implementation Dates:</u></p> <p>Phase 1: January 2017 (DPSS Lead)</p> <p>Phase 2: July 2017 and on-going (WDACS Lead)</p>	<p>Phase 1: Strengthen Existing Job Retention Services and Partnerships</p> <ul style="list-style-type: none"> During this quarter, the first C1 participants were referred/co-enrolled in Workforce Innovation and Opportunity Act (WIOA) to receive employment retention services. Over the next quarter, more C1 participants will be co-enrolled in the WIOA as they prepare to transition to unsubsidized employment. <p>Phase 2: Implementation of New Job Retention Services and Partnerships</p> <p>Since May 2017, WDACS has had a series of meetings with LAHSA and DPH regarding how to better engage those receiving homeless services in the America's Job Center of California (AJCC) programs and services, including employment retention services. The following has been accomplished:</p> <ul style="list-style-type: none"> LAHSA, DPH, and WDACS will target services to RRH participants who are newly- housed, unemployed or underemployed, and interested in employment services. Initially, these services will be available to clients served by the County WDB/WDACS, but they will be available across all WDBs in the future. On Oct. 30, 2017, LAHSA and WDACS will distribute surveys to their providers to assess knowledge of one another's system, programs, and services and develop cross-trainings for RRH and AJCC providers. Results will be analyzed by November 15, 2017, cross trainings developed by December 15, 2017, and cross trainings will occur January 2-8, 2018. WDACS and LAHSA will initially focus on pairing AJCCs and RRH providers in SPAs 1, 3 and 7. These SPAs were selected because they have relatively fewer RRH clients, allowing for a more gradual rollout of the collaboration. Additionally, WDACS' comprehensive AJCCs, which have the most robust and concentrated resources available, are primarily located in these SPAs. WDACS and LAHSA are finalizing the referral and co-enrollment process. WDACS is developing an Automated Referral System to track referrals by RRH agencies into AJCC services. WDACS is also working with LAHSA and DHS to develop the process for registering job-seeking RRH clients into CalJOBS. WDACS and LAHSA are establishing a Memorandum of Understanding (MOU) for data sharing between LAHSA's Homeless Management Information System (HMIS) system and the CalJOBS system. WDACS will train and coordinate DV RRH providers once they are in place. 	<p>Phase 2:</p> <ul style="list-style-type: none"> WDACS will continue to work closely with LAHSA to align our systems. WDACS will incorporate evaluation results from the study conducted by REDF and the City of Los Angeles on "RRRH and Transitional Social Enterprise Jobs for Homeless Individuals" into the development of retention-based practices. WDACS will incorporate best practices on retention models into AJCC operations, both in the County WDB and other WDBs. Training has been targeted for January 2018. The Automated Referral System from RRH providers to AJCCs is targeted for testing in November, 2017. WDACS will acquire data system that will allow the creation of standardized reports and dashboards that will facilitate the sharing of performance metrics and data with our homeless services partners. Employment Retention Supports through the AJCCs, resulting in at least 70 clients retaining employment as of fourth quarter after their employment placement. These supports are available to clients for 12 months after placement in unsubsidized employment.

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<p>D2: Expand Jail In Reach (H)</p> <p><u>Actual Implementation Date:</u> January 2017</p>	<ul style="list-style-type: none"> Planning meetings for D2 are incorporated into the Office of Diversion and Reentry (ODR) Service Provider monthly meetings, which include the four D2 contracted agencies and staff from Housing for Health, ODR, LASD, DHS Correctional Health, and Jail Linkage program. Hiring of County staff: the fourth DHS D2 Clinical Social Worker was hired on August 16, 2017. He went through training and was assigned full-time to Pitchess Detention Center in Castaic on September 12, 2017. One of the existing D2 Social Workers at Twin Towers/Men's Central Jail was promoted to a position in another program and left D2 effective September 1, 2017. Recruitment has begun for her replacement. LASD is fully staffed with 4 D2 Custody Assistants. Hiring of community agency staff: Each of the four contracted agencies is funded for three case managers, for a total of 12 case managers for the D2 Program. Special Services for Groups (SSG)/Project 180 and Amity Foundation both hired their third case manager during this period and were then fully staffed. Volunteers of America (VOA) had identified candidates for all three of their positions, but while waiting for jail clearance, two transferred to a different program and the other left the agency. The People Concern started their first case manager in mid-September. The People Concern is awaiting LASD background clearance for a second case manager and continues to recruit for a third. Meetings were held with several SPA lead agencies and their housing matchers for the CES to further collaboration and ensure awareness of the D2 Program. D2 Clinical Social Workers also met with the CBO in-reach case managers during this period to further their training on case management, resource building and referral generation. Initiation of project services at Pitchess Detention Center in September 2017, achieving coverage of all LASD jail facilities. From implementation in January 2017, to September 2017, 4,540 clients have been engaged. 1,513 completed the Vulnerability Index – Service Prioritization Decision Tool (VI-SPDAT) this quarter (3,712 since inception). Clients were referred to the Sheriff's Department Community Transition Unit for the following services: <ul style="list-style-type: none"> 124 for Medi-Cal enrollment (253 since inception) 163 for General Relief (353 since inception) 19 for Birth Certificate (31 since inception) 	<ul style="list-style-type: none"> Recruitment of DHS Clinical Social Worker and agency case management staff. Continue engagement with CES SPA lead agencies and housing matchers, to troubleshoot CES matching with housing resources, and to foster collaboration.
<p>D3: Supportive Service Standards for Subsidized Housing</p> <p><u>Target Implementation Date:</u> Spring 2018</p>	<ul style="list-style-type: none"> The workgroup has not met since the last quarterly report due to difficulties scheduling meetings and obtaining input from stakeholder organizations during the annual HUD (Notice of Funding Availability) NOFA competition (mid-July through the end of September 2017). 	<ul style="list-style-type: none"> Finalize Baseline Supportive Services Matrix with input from all housing authorities in the County. Set up community meeting(s) to gather input from Permanent Supportive Housing (PSH) provider agencies and PSH residents with lived experience. Develop countywide definition of high-quality supportive services. Develop quality standards for supportive services.

Strategy Implementation Date (Actual or Target)	Status	Next Steps
<p>D4: Regional Integrated Re-entry Networks – Homeless Focus (H)</p> <p><u>Target Implementation Date:</u> November 2017</p>	<ul style="list-style-type: none"> Development of the D4 implementation Strategy is occurring in conjunction with implementation of the County's Whole Person Care (WPC) pilot services for the reentry population and WPC Reentry Workgroup meetings. Progress continued during this period toward creation of the reentry healthcare network, a necessary precursor to the implementation of D4. As part of the WPC Reentry Program, contract agencies for Reentry Community-Based Intensive Case Management Services (RCB-ICMS) have been selected and are expected to start in October and November 2017. Community Health Workers (CHW) with lived experience of prior incarceration will provide navigation and support to individuals reentering the community from jail or prison. Since many of these agencies already have a focus on homeless individuals, and the contracted services for the WPC reentry population do not include housing slots or housing navigation/case management beyond the level provided by the CHW, the following plan for D4 services has been proposed by the D4 lead agencies, to be discussed with community partners for further input: <ul style="list-style-type: none"> Expand DHS WPC RCB-ICMS contracts to add 12 housing navigators/homeless case managers from existing RCB-ICMS provider agencies with homeless services expertise. Assign these staff to serve as resources to clinics and other organizations serving homeless individuals returning to the community from jail or prison. Provide training to Reentry Healthcare Network clinic staff and Probation staff to improve cultural competence, skills, and resource knowledge in providing services to the homeless individuals returning to the community from jail or prison. RCB-ICMS work orders were executed for eight selected community agencies this reporting period. 	<ul style="list-style-type: none"> Next workgroup meeting will be scheduled for early November 2017. Schedule community partner meeting to obtain input and refine strategy for D4. Determine criteria for selecting RCB-ICMS providers for contract augmentation to add D4 housing case navigators/homeless case managers. Develop duty statement/scope of work for D4 housing navigators/homeless case managers. Agency recruitment, hiring, and training of D4 housing navigators/homeless case managers. Placement of D4 housing specialists within Reentry Healthcare Network agencies or WPC Regional Coordinating Centers.
<p>D5: Support for Homeless Case Managers</p> <p><u>Implementation Dates:</u> Actual - December 2016 – DMH and Public Library Target - December 2017 – For remaining applicable County departments from which referrals are appropriate.</p>	<ul style="list-style-type: none"> During this quarter, CEO and LAHSA convened two monthly D5 Group-at-large meetings to provide guidance to the County departments on their implementation efforts. On August 23, 2017, the D5 Group met with CES homeless service providers from various SPAs to review and agree on: (1) the referral process and performance indicators to ensure seamless communication and coordination of services; (2) partners' desired role for County departments in each SPA's regional case conference sessions where multi-agencies discuss high-need clients that require inter-agency collaboration; and (3) co-location of community providers in select County facilities. In this quarter, four departments began implementing the referral process, four departments already had an existing referral process, departments will receive training by November to begin implementation, and five departments will be utilizing the web portal being established through Strategy E6 to make referrals. WDACS is in the final stage of contracting with community providers that will be co-located in Adult Protective Services at WDACS headquarters to provide outreach, assessment, and care coordination services. An MOU is being reviewed by Administration. 	<ul style="list-style-type: none"> November 2017: Conduct a Train-the-Trainer session on the referral process. December 2017: Streamline and troubleshoot the referral processes to ensure a seamless process. December 2017: County department(s) will begin participating in Regional Case Conferencing.
<p>D6: Criminal Record Clearing Project (H)</p>	<ul style="list-style-type: none"> During this reporting period, the Public Defender (PD) continued implementation related processes including but not limited to onboarding staff and convening and attending various meetings. 	<ul style="list-style-type: none"> In December 2017, staff will begin outreach to CBOs and other agencies to present details

Strategy Implementation Date (Actual or Target)	Status	Next Steps
<p><u>Target Implementation Date:</u> January 2018</p>	<ul style="list-style-type: none"> The PD developed a homeless client referral process. The PD is working with the LA City Attorney to develop a process for collaboration between the Criminal Records Clearing Project and the County Homeless Court. Purchase orders were submitted for vehicles and IT equipment. 	<ul style="list-style-type: none"> of D6 and begin scheduling of mobile outreach events with the first such event anticipated for January 2018. Complete outfitting of mobile outreach vehicles and mobile office capabilities. Recruit staff, create home office space, begin training. Continue collaboration with Probation and LA City Attorney's Office on events.
<p>D7: Provide Services and Rental Subsidies for Permanent Supportive Housing (H)</p>	<ul style="list-style-type: none"> Effective July 1, 2017, DHS began funding D7 permanent supportive housing (PSH) services, including Intensive Case Management Services and local rental subsidies. DHS increased existing Intensive Case Management System (ICMS) work orders and entered into new ICMS work orders to make ICMS services available to D7 clients. In July, DMH released a Statement of Eligibility and Interest to expand Full Service Partnership (FSP) programs including the new Housing FSP. DPH-SAPC is in the process of designating substance use disorder (SUD) service providers to provide SUD screening, referral, navigation, outreach, engagement, and care coordination services to PSH residents beginning the second quarter of Fiscal Year (FY) 2017-2018. DPH-SAPC will employ its CENS contracted providers to conduct onsite services at PSH locations. Key events include: <ul style="list-style-type: none"> July/August 2017 – Health Agency and LAHSA held three D7 implementation meetings. September 6, 2017 – DHS convened potential ICMS providers to increase the amount of ICMS services available to serve D7 clients. September 9, 2017 – Health Agency hosted D7 design meeting to obtain stakeholder input. Over 100 participants attended. September 18, 2017 – Health Agency and HACOla hosted two D7 implementation meetings. 	<ul style="list-style-type: none"> DMH will execute Housing FSP agreements in the second quarter of FY 2017-18. DPH-SAPC will finalize the selection of Client Engagement and Navigation Services (CENS) providers, and start the implementation of CENS services at PSH sites during the second quarter of FY 2017-18. The Health Agency will conduct a survey of developers of existing PSH projects to obtain information on how designated D7 funding can be used to fund services in existing PSH that has insufficient services funding. Performance metrics will be reported in the next quarterly report.
CREATE A COORDINATED SYSTEM		
<p>E1: Advocate with Relevant Federal and State Agencies to Streamline Applicable Administrative Processes for SSI and Veterans Benefits</p>	<ul style="list-style-type: none"> Collaboration continues between CBEST Strategy leads (Strategies C4-C5-C6) and local SSA to maximize effectiveness of working relationship with SSA and streamline SSI application processes for disabled homeless individuals. To support this effort, Quarterly Advisory Group meetings with regional SSA offices are being held. During these meetings, the special processes established by SSA to support the County's CBEST teams are being monitored to ensure effectiveness. 	<ul style="list-style-type: none"> Continued discussion with VA, DMVA, Veteran's Services Organizations, and DHS to continue exploring opportunities for enhanced partnership and

Strategy Implementation Date (Actual or Target)	Status	Next Steps
<p>Implementation Dates: Advocacy with SSA – Actual - April 2017 Advocacy with VA – Target – January 2018</p>	<ul style="list-style-type: none"> Meeting held with the VA and various Veteran Service Organizations to discuss possible collaboration and enhancements to streamline application process as part of CBEST. Meeting held with California Department of Veterans Affairs to explore streamlining process for CBEST teams to become certified to submit applications for Veterans Benefits directly to the VA. A CEO HI Team member has progressed in the Veteran's Community Engagement and Oversight Board (VCOEB) application process and is pending formal appointment by VA Secretary Shulkin as an Ex-Officio Board Member on the West LA Campus VCOEB. This will likely result in opportunities to make recommendations directly to Secretary Shulkin on enhancements for the West LA VA Campus, but may also impact the system as a whole. 	<ul style="list-style-type: none"> collaboration and to identify specific opportunities to streamline processes for applications for Veterans benefits. Continued monitoring of administrative processes developed for CBEST teams implemented as part of Homeless Initiative Strategies C4-C5-C6. Upcoming discussion with United States Interagency Council on Homelessness around how federal partners can further support work of Homeless Initiative.
<p>E2: Drug Medi-Cal Organized Delivery System for Substance Use Disorder Treatment Services</p> <p><u>Actual Implementation Date:</u> July 2017</p>	<ul style="list-style-type: none"> Between July 11, 2017 and October 9, 2017, DPH-SAPC continued to engage providers in a range of planning and implementation activities for the Drug Medi-Cal Organized Delivery System (DMC-ODS), a pilot of California's Medi-Cal 2020 Section 1115(a) waiver. DPH-SAPC participated in its first System Transformation to Advance Recovery and Treatment through an Organized Delivery System (START-ODS) community outreach effort by staffing an informational resource booth at the 2nd Cities' Summit to Combat Homelessness on September 27, 2017. The Summit brought together over 200 participants representing over 50 local cities and law enforcement agencies to strategize and coordinate efforts to combat homelessness with an emphasis on Measure H strategies. Staff engaged with participants on START-ODS, the Substance Abuse Service Helpline (SASH), and the Substance Use Disorder (SUD) benefit package, particularly as it relates to access to services. 	<ul style="list-style-type: none"> Execution of Los Angeles County's Electronic Substance Use Disorder Managed Care Information System, Sage, was delayed an additional month due to contractor development challenges with regard to system configurations deemed necessary by DPH-SAPC. The revised target date for Sage execution is November 2017.
<p>E3: Creating Partnerships for Effective Access and Utilization of ACA Services by People Experiencing Homelessness</p> <p><u>Target Implementation Dates:</u> TBD for Strategies dependent on the Whole Person Care Pilot 2018 for Strategies via Health Home opportunities</p>	<p>Data Integration efforts continue with a goal to share data across County agencies via:</p> <ul style="list-style-type: none"> The creation of an integration HUB that will support exchange of information across county entities, including the Health Agency, DCFS, justice entities, and eventually electronic medical records, health plan data repositories, and health information exchanges across the County. The development of data use agreements at the organizational and client level to support data sharing, in partnership with County Counsel and health plans. Coordinated efforts to identify individual needs of homeless individuals and link them to services. Housing for Health and the STAR clinic are leading efforts to engage and case manage homeless individuals in Metro LA. 	<p>In the next quarter, Data Use Agreements will be finalized</p>

Strategy Implementation Date (Actual or Target)	Status	Next Steps
<p>E4: First Responders training</p> <p><u>Actual Implementation Date:</u> October 2016</p>	<ul style="list-style-type: none"> As of September 31, 2017, 24 First Responder Training classes have been taught at the Sheriff Whittier Training Academy with approximately 618 deputies and sergeants being trained. In addition to the above, during this reporting period Lt. Deedrick: <ul style="list-style-type: none"> Met with representatives/conducted the training at the Cerritos, Norwalk, Lakewood, Carson, and West Hollywood Sheriff Stations. Met with representatives of the Pasadena and Monterey Park police departments and the California Highway Patrol. Meetings to discuss First Responders Training were convened with DWP and Animal Care and Control. Presentations were provided to the Lakewood City Council, SPA 7 Homeless Coalition, and Westside Cities Council of Governments (COG's). The Sheriff Parks Bureau personnel attended First Responders Training. 	<ul style="list-style-type: none"> Continue conducting First Responders Training classes and meeting with interested entities as requested and as time permits.
<p>E5: Decriminalization Policy</p> <p><u>Actual Implementation Date:</u> January 2017</p>	<ul style="list-style-type: none"> The Sheriff Department continues to distribute the Policy to Departmental personnel and to meet with outside entities to discuss the Policy. 	
<p>E6: Countywide Outreach System (H)</p> <p><u>Actual Implementation Date:</u> March 2017</p>	<ul style="list-style-type: none"> LAHSA and the Health Agency continued to host meetings with agencies contracted for E6 Multidisciplinary Teams (MDTs) and Outreach Coordination to discuss MDT implementation and outreach coordination plans for each SPA. Outreach Coordination planning at the SPA level continued during this quarter. The Health Agency hired a Director of Street-Based Engagement Services, a Street-Based Engagement Program Manager responsible for SPA's 5-8, and a Street-Based Engagement Program Manager responsible for SPA's 1-4. The Health Agency conducted interviews and selected two additional Street-Based Engagement Program Managers in August, who are currently in the hiring process. DMH is in the process of hiring an analyst who will be the E6 lead for DMH. The Health Agency and LAHSA continued to meet with County and city departments, as well as other key partners to discuss collaboration and capacity of outreach teams. Approximately 80 MDT members completed the HMIS E6 Outreach Training by LAHSA in August 2017, with subsequent ongoing trainings being offered for new E6 team members. The Health Agency initiated a monthly Street-Based Engagement (E6) Learning Collaborative on September 28, 2017; 70 team members attended. Planning was finalized for the next tri-annual Street-Based Engagement Training and Orientation Week which will be held December 4 – 8, 2017. It will be focused on providing a comprehensive training foundation for street-based outreach and engagement skill-building for new MDT members. LAHSA and the Health Agency have been meeting to create a process for outreach teams to directly access interim/bridge/crisis housing beds and to link to DMH services. LAHSA and the Health Agency have been meeting to create a process to directly refer E6 clients to permanent housing via LAHSA or the Health Agency resources depending on client acuity. 	<ul style="list-style-type: none"> The next Learning Collaborative for MDTs is scheduled for October 26, 2017. LAHSA will create an additional position to augment its Macro coordination capacity. SPAs will begin hiring of expansion SPA-wide Outreach Coordinators. CBOs will continue to hire MDT staff. LAHSA will continue to hire Measure-H funded ERT members and host a hiring fair. LAHSA will continue to develop capacity with Outreach Coordinators and begin to develop best practices and training schedule. Health Agency will continue to provide technical assistance for agencies implementing MDTs to ensure ongoing skills and capacity building efforts.

Strategy Implementation Date (Actual or Target)	Status	Next Steps																												
	<ul style="list-style-type: none">LAHSA and the Health Agency initiated ongoing weekly collaborative meetings with the E6 leadership team in July 2017.LAHSA coordinated with SPA 1 outreach teams to help create and implement a plan to relocate and house individuals impacted by the shelter closure in Lancaster.The Health Agency and LAHSA began working with the DPH in September to coordinate street based teams and DPH nurses to provide Hepatitis A education and vaccination across all SPAs.As of July 2017, LAHSA Emergency Response Team (ERT) was approved to begin hiring for 39 expansion positions. As of September 30, 2017, LAHSA has interviewed more than 50 applicants, hired four staff members and made tentative offers to 13 others, who are awaiting background clearance. Additionally, LAHSA ERT will be hosting a job fair on October 25, 2017.As of October 2017, the website language, design, and backend dispatch workflow for the Homeless Outreach Portal was close to being finalized. All organizations and individuals will be able to submit requests for homeless outreach through the Portal.As of August 2017, harmonized outreach services, referrals, and performance measures across outreach teams were finalized.As of August 2017, all CES Outreach contracts were renewed.As of end of September 2017, all primary outreach coordinators have been hired in all SPAs.As of September 2017, 14 MDTs were operating in all SPAs. two additional teams will be hired in SPA 4 by October 2017. <p>MDT Data:</p> <table><tr><th>Multidisciplinary Team Performance Measure Data</th><th>FY 16/17 May & June</th><th>FY 17/18 Q1</th><th>Total</th></tr><tr><td>Number of unduplicated individuals' initiated contact (pre-engagement phase)</td><td>946</td><td>3,109</td><td>4,055</td></tr><tr><td>Number of unduplicated individuals engaged (engagement phase)</td><td>471</td><td>1,765</td><td>2,236</td></tr><tr><td>Number of unduplicated individuals who are provided services or who successfully attained referrals</td><td>88</td><td>1,052</td><td>1,140</td></tr><tr><td>Number of unduplicated individuals engaged who successfully attained an interim housing resource (this includes crisis and/or bridge housing)</td><td>83</td><td>280</td><td>363</td></tr><tr><td>Number of unduplicated individuals engaged who are successfully linked to a permanent housing program</td><td>104</td><td>270</td><td>374</td></tr><tr><td>Number of unduplicated individuals engaged who are permanently housed</td><td>6</td><td>18</td><td>24</td></tr></table>	Multidisciplinary Team Performance Measure Data	FY 16/17 May & June	FY 17/18 Q1	Total	Number of unduplicated individuals' initiated contact (pre-engagement phase)	946	3,109	4,055	Number of unduplicated individuals engaged (engagement phase)	471	1,765	2,236	Number of unduplicated individuals who are provided services or who successfully attained referrals	88	1,052	1,140	Number of unduplicated individuals engaged who successfully attained an interim housing resource (this includes crisis and/or bridge housing)	83	280	363	Number of unduplicated individuals engaged who are successfully linked to a permanent housing program	104	270	374	Number of unduplicated individuals engaged who are permanently housed	6	18	24	<ul style="list-style-type: none">Health Agency/LAHSA will continue to meet with SPA leads to promote SPA-wide implementation of a coordinated system.Health Agency/LAHSA/211 will finalize Homeless Outreach Portal and begin training Outreach Coordinators and Outreach Teams.Health Agency/LAHSA/211 will continue to develop reporting capabilities through the Homeless Outreach Portal.Health Agency/LAHSA will continue to explore with stakeholders how to best deploy outreach teams within each SPA to strategically cover the entire County.LAHSA and the Health Agency will continue to look at ways to harness data and mapping to better deploy resources, create better strategies, and evaluate our work.Health Agency/LAHSA will meet with DMH leadership to finalize outreach flow and intersections with DMH navigators and referral systems to DMH services.
Multidisciplinary Team Performance Measure Data	FY 16/17 May & June	FY 17/18 Q1	Total																											
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Strategy Implementation Date (Actual or Target)	Status	Next Steps														
	<p>LAHSA Data:</p> <table><tr><th>Metrics</th><th>FY 17-18 (July 1, 2017 – September 30, 2017)</th></tr><tr><td>Number of unduplicated individuals initiated contact</td><td>650¹</td></tr><tr><td>Number of unduplicated individuals engaged</td><td>774</td></tr><tr><td>Number of unduplicated individuals provided services or successfully attaining referrals</td><td>669</td></tr><tr><td>Number of unduplicated individuals engaged who successfully attain crisis or bridge housing</td><td>43</td></tr><tr><td>Number of unduplicated individuals engaged who are linked to a permanent housing resource</td><td>24</td></tr><tr><td>Number of unduplicated individuals engaged who are permanently housed</td><td>0</td></tr></table> <p>¹ During the month of September, some providers were not including contacts that took place on the street in this data.</p>	Metrics	FY 17-18 (July 1, 2017 – September 30, 2017)	Number of unduplicated individuals initiated contact	650 ¹	Number of unduplicated individuals engaged	774	Number of unduplicated individuals provided services or successfully attaining referrals	669	Number of unduplicated individuals engaged who successfully attain crisis or bridge housing	43	Number of unduplicated individuals engaged who are linked to a permanent housing resource	24	Number of unduplicated individuals engaged who are permanently housed	0	<ul style="list-style-type: none">November 2017- Contracts will be implemented that will result in increase in services for CES, including a regional director for the family/adult/youth systems, regional data coordinator, and (depending on regional need) staff that will focus on quality assurance and training for the region.November 2017- LAHSA Commission will approve awards to expand Regional Coordination. This expansion will include funding to family system leads for DV liaisons.November/December 2017:<ul style="list-style-type: none">Obtain additional community input on the housing location and representative payee programs to release a RFP by end of December.Release a procurement for a long-term contractor to operate a centralized training academy.
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<p>E7: Strengthen the Coordinated Entry System (H)</p> <p><u>Actual Implementation Date:</u> July 2017</p>	<p>LAHSA is developing CoC policies and procedures for CES. LAHSA is convening monthly meetings of a workgroup charged with creating proposed policies and procedures which are then reviewed by the oversight committee.</p> <ul style="list-style-type: none">On October 1, 2017, existing CES contracts were expanded with Measure H funds.DHS, DMH, HACLA, and LAHSA are convening a monthly meeting with CES lead agencies and providers who offer Housing Navigation to fully utilize the HACLA bonus grant from HUD. The bonus grant is a \$10 million PSH tenant-based grant that was awarded to LA in 2014.DHS, DMH, and LAHSA are meeting to explore how E7 components, such as Housing Navigation, Housing Coordination, and Regional Coordination, will facilitate connections with Measure H permanent housing resources.LAHSA has been meeting monthly with United Way: Home for Good to discuss joint work to improve CES. This space has been used to discuss joint initiatives and funding efforts, including grant applications to foundations and fundraising from the private sector.LAHSA and Corporation for Supportive Housing (CSH) are discussing training needs of individuals working in the field of homeless services in the Los Angeles CoC. They are formulating their approach for development of a centralized training academy.LAHSA is collaborating with Shelter Partnership to obtain feedback from legal service providers on how delivery of legal services will be implemented. RFP was released for legal services in October.LAHSA has met with multiple entities regarding the development of a housing location program.United Way and LAHSA hosted a joint three-day kick-off/training with CES providers to discuss data and regional coordination, new data staff within each SPA, and how data will be used to inform programming and interventions.LAHSA began consulting with FBOs that have expressed further interest in being involved in CES and various Measure H Strategies.															

Strategy Implementation Date (Actual or Target)	Status	Next Steps
	<ul style="list-style-type: none"> In FY 2016-2017: <ul style="list-style-type: none"> Average time from assessment to housing: 108 days. Average length of stay in crisis housing: 57 days. Number of persons placed in permanent housing: 13,337. From July 2017- September 30 2017: <ul style="list-style-type: none"> Average time from assessment to housing: 140 days. Average length of stay in crisis housing: 33 days. <p>Number of persons placed in permanent housing: 2615</p>	<ul style="list-style-type: none"> Collaborate with agencies to link technical assistance support with capacity building consultants. Engage the Lived Experience Advisory Group to review program designs for E7 and solicit input around guidance for agencies implementing CES. February 2018 - Contracts will be implemented for remainder of increased services for CES.
<p>E8: Enhance the Emergency Shelter System (H)</p> <p><u>Actual Implementation Date:</u> October 2016</p>	<ul style="list-style-type: none"> In the last quarter, LAHSA increased family shelter by more than 200 beds. Animal Accommodation Efforts: <ul style="list-style-type: none"> In July 2017, LAHSA awarded funding to five Crisis and Bridge Housing Providers to purchase supplies or make structural enhancements that will decrease barriers for clients accessing shelters with pets. Funds also helped to pay for registration and vaccination fees for all pets. On September 25, 2017, LAHSA, County Animal Control Services, and My Dog is My Home (community organization) conducted a webinar to train the shelter providers on best practices to accommodate pets in and outside of their shelters. Providers also received a list of referral resources for the clients to access free to low cost pet supplies, vaccinations, and spay/ neuter services. On August 25, 2017, LAHSA released an RFP (\$4.7 million) for Crisis and Bridge Housing Programs for Transitional Age Youth and Single Adults. Eight applications were received, with applicants requesting funding for 371 new beds. Funding recommendations will go to the Commission by the end of October. LAHSA Crisis Housing providers' contracts were also amended to increase a portion of their beds to \$50 per bed per night, with a corresponding increase in service requirements. A countywide Centralized Bed Reservation System is being implemented. The Centralized Bed Reservation System, while still in development, is a technological platform that will be utilized by staff from LAHSA and the County Health Agency (DHS and DMH). Users will be able to see real-time bed availability for all shelter beds funded by the three systems. LAHSA conducted a survey asking providers to self-assess barriers to entry into their programs, adherence to housing first and harm reduction practices in their programs, and housing-focused services. 26 responses were submitted representing all SPAs and all population systems (Youth, Singles, and Families). The results will be used to identify areas for training and support. LAHSA has collaborated with DPH to coordinate provision of vaccines and information regarding Hepatitis A to shelter residents. DHS/DMH: 84 individuals were admitted to interim housing beds during the first quarter of Measure H funding from July – September 2017. LAHSA: 770 households were admitted to interim housing beds during the first quarter of Measure H funding from July – September 2017. Their average length of stay was 75 days. 	<ul style="list-style-type: none"> DHS, DMH, and LAHSA are working on a centralized gate keeping system in which staff from each of the three agencies will collaborate to ensure that each client referred is admitted to the most appropriate bed/level of care. DHS/DMH is piloting a universal referral form for this effort.

Strategy Implementation Date (Actual or Target)	Status	Next Steps
<p>E9: Discharge Data Tracking System</p> <p><u>Actual Implementation Date:</u> June 2017</p>	<ul style="list-style-type: none"> Adoption of common data elements within County departments involved in discharge planning: <ul style="list-style-type: none"> DMH and DHS have incorporated fields into their respective data systems to capture families/individuals who are homeless based on the HUD definition. LAHSA is working on updates to the HMIS data collection fields to track and report on homeless clients who were discharged from institutions: 	<ul style="list-style-type: none"> Build flags into HMIS system to track 5% List of heavy users of County services and any additional indicators necessary to better coordinate discharge by 12/31/2017. Continue to engage hospitals/jails/LASD/DCFS to discuss opportunities for leveraging HMIS data to support discharge planning.
<p>E10: Regional Coordination of Los Angeles County Housing Authorities</p> <p><u>Actual Implementation Date:</u> May 2016</p>	<ul style="list-style-type: none"> HACoLA met with the Housing Authorities from the Cities of Torrance and Baldwin Park to solicit interest in Measure H funding under Strategy B4 and a VASH Interagency Agreement, which would allow a HACoLA VASH recipient to use his/her voucher in a city outside of HACoLA's jurisdiction. 	<ul style="list-style-type: none"> Continue quarterly meetings with Housing Authorities to discuss strategies and identify areas of collaboration. The next meeting is scheduled for November 6, 2017.
<p>E11: County Specialist Support Team</p> <p><u>Target Implementation Date:</u> December 2017</p>	<ul style="list-style-type: none"> The SuperConnect office space is complete. Four of the participating departments are on-site, and the remaining department staff are expected by mid-November. Staff training and program development is in progress. Performance metrics have been developed. 	<ul style="list-style-type: none"> There will be continual community outreach to ensure that all parties who work with homeless people are aware of SuperConnect and know how to access assistance. Training and program development will continue through mid-November 2017. Full scale operation will be achieved in December 2017.
<p>E12: Enhanced Data Sharing and Tracking</p> <p><u>Actual Implementation Date:</u> June 2017</p>	<ul style="list-style-type: none"> In July 2017, Research and Evaluation Services (RES) began receiving supplemental files from LASD containing booking numbers for offenders who self-identify as homeless upon being taken into custody. Additionally, RES began receiving data from DHS's CHAMP system. In September 2017, RES began receiving the DCFS homeless data flag backdated to 2006. Additionally, the unit initiated conversations with DMH to obtain supplemental files of patients who self-identify as homeless at the point of clinical service delivery. Discussions were initiated with the California Policy Lab at UCLA to develop a methodology for measuring cost savings for departments using the 5% process. The query system for the 5% list of heavy users has been under repair due to technical problems since late September. This affects PD, Alternate Public Defender (APD), and DPSS, all of which are reliant on this system to varying degrees. We expect the system to be back online by early November 2017. 	<ul style="list-style-type: none"> A meeting has been set for early November to discuss use of prioritization files and potentially enhance existing practices and procedures. By end of October, the evaluation panel will make a recommendation regarding the predictive analytics proof of concept intended to enhance efforts to combat homelessness. RES will explore the recommendation with the HI in

Strategy Implementation Date (Actual or Target)	Status	Next Steps
	<ul style="list-style-type: none"> RES formed an evaluation panel to assess the results of a predictive analytics Proof of Concept to determine whether these methods can supplement or replace the current analytic process used to create the heavy user prioritization files distributed to departments. 	<ul style="list-style-type: none"> November and communicate the outcome of the evaluation processing November In November, RES will meet with Counsel, HI, and other partners to discuss the implications of the passage of AB210, County-sponsored legislation which authorizes counties to establish multi-disciplinary homeless services teams whose members can share otherwise confidential information to enhance services for people experiencing homelessness.
<p>E13: Coordination of Funding for Supportive Housing</p> <p><u>Target Implementation Date:</u> February 2018</p>	<ul style="list-style-type: none"> The research, design and implementation of a coordinated funding application continues to be the goal prioritized by this workgroup. With input from the subcommittee, the Los Angeles Housing and Community Investment Department (HCID-LA) Systems Division is taking the lead on the identification of project goals, cost, and implementation schedule. The implementation goal of February 2018 continues to be targeted to coincide with the issuance of projected NOFAs by both HCID-LA and CDC. Design and underwriting criteria have been analyzed by CDC staff and will be reviewed with HCID for potential opportunities to better align both front end and back end underwriting impacts, including monitoring and asset management review, in time for the spring CDC and HCID NOFAs. <p>The following is a summary of implementation activities since the last quarterly report:</p> <ul style="list-style-type: none"> August 30, 2017 – Substance Abuse and Mental Health Services Administration (SAMHSA) "Monitoring PSH Housing" Training sponsored by DMH for City of LA and County collaborators. The meeting brought all stakeholders together to discuss implementation and scheduling of joint monitoring, underwriting, and service provision between agencies. September 7, 2017 - The Universal Application Sub-Group (UA Sub-Group) reviewed proposals from two IT firms for the universal application design/implementation. September 15, 2017 – City/County Funding Meeting sponsored by CSH September 21, 2017 - Clarifications and questions were transmitted to the proposers by the UA Sub-Group to help identify the full scope and cost of the project. October 2, 2017 - Responses from the firms were received and reviewed by the UA Sub-Group October 4, 2017 - The UA Sub-Group met again to review the two proposals for developing the universal application. HCID-LA's IT Dept. believes we have enough information to make a selection and solidify the scope of work and budget. The group plans to meet in October to compare the vendors, proposals, and costs and make a selection. Funding still needs to be identified. <p>Phase 1- Work with LA Coalition to End Youth Homelessness (LACEYH):</p> <ul style="list-style-type: none"> On an ongoing basis, both LAHSA and the County HI continue to engage with LACEYH and make connections to County departments and services available through mainstream systems. 	<ul style="list-style-type: none"> Workgroup will re-convene on October 24, 2017 to share progress on interagency collaboration on monitoring, underwriting, and service provision.
E14: Enhanced Services for Transition Age Youth (H)		<ul style="list-style-type: none"> With technical assistance from the True Colors Fund, HYFLA will develop work plans for each

Strategy Implementation Date (Actual or Target)	Status	Next Steps
<p><u>Implementation Dates:</u></p> <p>Phase 1: Actual- August 2016 Phase 2: Actual - September 2016 Phase 3: Target – TBD Phase 4: Actual – October 2016</p>	<p>Phase 2 – Support the Enhancement of the Youth CES:</p> <ul style="list-style-type: none"> Expansion and strengthening of the Youth system is ongoing. Continued collaboration with various external partners to further enhance Youth CES and ensure access in the community and community colleges. Among these efforts are system pilots with DCFS and Probation to increase coordination with Youth CES, targeted for November 2017. Pilot in development with WDACS to link youth housed in RRH to employment. Estimated implementation beginning December 2017. LAHSA contracting with LA County Office of Education (LACOE) to provide CES Liaisons to coordinate education resources with CES. Implementation began in August 2017, with all SPAs targeted for implementation by November 2017. Youth Collaboration is ongoing through LAHSA's lived experience advisory group for youth, which was named the Homeless Youth Forum of LA (HYFLA). Through HI Strategy E7, beginning September 2017, Youth Regional Coordinators are being funded to enhance regional connections to Youth CES. <p>Phase 3 - Design a Youth Housing Stability Pilot:</p> <ul style="list-style-type: none"> Discussion is ongoing around the best way to implement this component with one or more County departments and a CBO that is not connected to the homeless services delivery system, but focuses on serving youth. Upon LACOE Education Liaisons being fully implemented, educational liaisons will help inform how best to implement the Housing Stability Pilot in School districts. <p>Phase 4 - Expand programs providing housing navigation, access/drop-in centers, shelter, aftercare/case management and transitional housing for youth.</p> <ul style="list-style-type: none"> Expand Shelters: In Progress - Measure H funding approved to expand Crisis and Bridge Housing for Youth in Strategy B8. RFP released in August 2017 with program start of December 2017. Expand Housing Navigation: In progress - Measure H funding approved to expand youth specific Housing Navigators through Strategy E7: Strengthening CES. Expansion of current contracts began in September 2017. Procurement for new contracts released in August 2017, with target program start date of December 2017 for new projects. Expand Other Components: Expansion of existing contracts began in September 2017 while procurement for new providers is in progress. These include: <ul style="list-style-type: none"> Measure H funding approved to expand Transitional Housing (TH) Models, <ul style="list-style-type: none"> Procurement for TH released in August 2017, with program start date of December 2017 Measure H funding to create Family Reunification Models <ul style="list-style-type: none"> Procurement for family reconnection models estimated to be released late October 2017 Additionally, conversation is underway with Community Colleges to create access centers on college campuses and enhance co-location of CES. 	<p>of the three work groups that have been established to guide activities for the next year.</p> <ul style="list-style-type: none"> Expand Education Liaisons at LACOE in all SPAs by November 2017. Homelessness and Higher Education Workgroup will prioritize creating direct referral linkages from higher education to CES, as well as increasing partnerships with higher education and ensuring that both staff and students on college campuses are active participants in the Youth Homeless Count. Procurement for expanded programs will conclude in October 2017 with program start dates in December 2017. Procurement for family reconnection models will begin in October 2017 with program start dates in Spring 2018.

Strategy Implementation Date (Actual or Target)	Status	Next Steps
	<p>During FY 2016-2017:</p> <ul style="list-style-type: none"> • Number of Transition Age Youth (TAY) placed in permanent housing: 671 • Number of TAY assessed with Next Step Tool: 1707 <p>Between July and September 2017:</p> <ul style="list-style-type: none"> • Number of TAY placed in permanent housing: 225 • Number of TAY assessed with Next Step Tool: 608 	
<p>E15: Homeless Voter Registration and Access to Vital Records</p> <p><u>Actual Implementation Date:</u> January 2017</p>	<ul style="list-style-type: none"> • The Registrar-Recorder/County Clerk (RR/CC) has continued to expand its partnership, outreach and training activities to promote homeless voter registration, identify polling locations, and improve access to vital records. <ul style="list-style-type: none"> ◦ Week of July 17, 2017: Attended Homeless Connect Day at the North Valley Caring Services agency in North Hills. Provided voter registration opportunities and information on obtaining birth certificates. The event was organized by officials from the city of Los Angeles. ◦ Week of September 25, 2017: Increased partnerships in homeless services community by seeking out organizations engaged in planning events on Skid Row. Looped into planning for future events in the area. ◦ Week of September 25, 2017: Incorporated homeless outreach and best practices as part of National Voter Registration Day activities. ◦ Week of October 9, 2017: Attended Glendale Homeless Service Connection Event. Provided voter registration opportunities and information on obtaining birth certificates. The event was organized by officials from the City of Glendale. • Over the past 12 months, the RR/CC has processed approximately 4,400 Affidavits of Homeless Status for Fee Exempt Certified Copy of Birth Certificates. 	<ul style="list-style-type: none"> • Through week of October 27, 2017: Will attend 8th Festival for All Skid Row Artists to promote voter registration and access to vital records for homeless individuals. • Through week of November 17, 2017: Will partner with the Burbank Salvation Army to participate in the Burbank Homeless Connect Day. • Ongoing: Will continue to promote voter education and civic engagement in homeless communities, with local cities, and homeless services agencies. This includes reaching out to new community partners and exploring more opportunities with current partnerships and emphasis on the upcoming November 7th and December 5th elections.
<p>E16: Affordable Care Act Opportunities</p> <p><u>Implementation Date:</u> Actual: July 2017 Health Homes: Targeted for 2018</p>	<ul style="list-style-type: none"> • Cumulative enrollments in WPC since implementation for Round I programs have reached 70,020 member months; Round II programs will begin rolling out in November 2017. • The WPC mid-year metrics and narrative report and budget invoice template were submitted to the State on September 30 to receive the first mid-year payment for program year two. • A Master Training Agreement, Medical Legal Partnership, and Master Personnel Services agreement were all posted this quarter to support WPC activities. 	<ul style="list-style-type: none"> • The development of a new classification series for community health workers will be finalized in the next quarter. • State rollover templates and budget adjustments are being discussed with the State for WPC program year two due to condensed planning timeframes. • Hiring will continue to be a focused activity for WPC.

Strategy Implementation Date (Actual or Target)	Status	Next Steps
<p>E17: Regional Homelessness Advisory Council and Implementation Coordination</p> <p><u>Actual Implementation Date:</u> February 2017</p>	<p>The Regional Homelessness Advisory Council (RHAC) held its most recent quarterly meeting on August 16, 2017. Discussion focused on the potential for developing a shared framework to guide cities and other planning bodies as they develop strategic plans to combat homelessness, reviewing 2017 Veteran Homeless Count data, and discussing an innovative model being used to coordinate veteran services that could be useful for other subpopulations in the region. The meeting concluded with updates about CES's policy development, the Los Angeles CoC's Board's work around the 2017 competition for federal homeless assistance grants, and other updates from RHAC members.</p>	<ul style="list-style-type: none"> The RHAC will continue to meet quarterly.
INCREASE AFFORDABLE/HOMELESS HOUSING		
<p>F1: Promote Regional SB 2 Compliance</p> <p><u>Actual Implementation Date:</u> December 2016</p>	<p>During this quarter, the DRP and its consultant team have achieved the following milestones:</p> <ul style="list-style-type: none"> Finalized the County Code Report and Best Practices Guide for cities. The County Code Report includes an analysis completed by Public Counsel which identifies amendments needed in the County Code to bring the unincorporated areas into compliance with SB2. Finalized cities outreach presentation and talking points. Completed four out of five cities' outreach meetings (San Gabriel Valley COG Homelessness Committee, Gateway Cities City Managers, South Bay COG Planning Directors, and the County Homeless Initiative Cities Summit). The final cities outreach meeting is scheduled for 10/19/17. The consultant completed a draft of the SB2 website text. DRP and CEO IT began discussion of the SB2 website design. <p>Community and stakeholder involvement includes consultation with the State Department of Housing and Community Development, coordination with advocates of permanent supportive housing via Corporation for Supportive Housing, outreach to cities through scheduled presentations, and ongoing communication and distribution of the Best Practices Guide.</p>	<ul style="list-style-type: none"> Final layout of the Best Practices Guide and the County Code Report. Final cities outreach meeting. Revisions to website content. Design of website.
<p>F2: Linkage Fee Nexus Study, and F5: Incentive Zoning/Value Capture Strategies</p> <p><u>Implementation Date:</u> August 2017</p>	<p>During this quarter, DRP and its consultant team continued work on the Affordable Housing Action Plan (Action Plan) for the unincorporated areas. The Action Plan will include analyses and recommendations for an inclusionary housing policy; a linkage fee on development; affordable housing preservation; value capture and incentive zoning strategies; community land trusts and other shared equity models; and other strategies as appropriate. In addition, the consultant team will prepare three studies:</p> <ol style="list-style-type: none"> An analysis of existing conditions and the real estate market; A linkage fee nexus study; and An inclusionary housing feasibility study. <p>During this quarter, DRP and its consultant team finalized the Existing Conditions and Real Estate Market Study, and the consultant team also prepared complete drafts of the linkage fee nexus study, the inclusionary housing feasibility study, and the Action Plan. The consultant team continues to revise the two draft studies and Action Plan based on DRP's comments. DRP and the consultant team have held regular conference calls during the quarter to coordinate efforts on the project.</p>	<ul style="list-style-type: none"> Finalize studies, Action Plan, and Action Plan Evaluation Tool. Continue developing and vetting various linkage fee, incentive zoning, and value capture strategies with stakeholder groups. Continue to coordinate with other County departments to identify potential overlap/create efficiencies between projects.

Strategy Implementation Date (Actual or Target)	Status	Next Steps
	<p>Outreach for the County's equitable development program has engaged stakeholders in legal aid, public health, affordable housing, and building industry, among others.</p> <p>Coordination with advocates of permanent supportive housing has been facilitated by the Corporation for Supportive Housing.</p>	
<p>F3: Support for Inclusionary Zoning for Affordable Rental Units</p> <p>Actual Implementation Date: March 2016</p>	<ul style="list-style-type: none"> The County supported AB 1505 to allow for inclusionary zoning of rental units. The bill was enacted on September 29, 2017. 	
<p>F4: Development of Second Dwelling Unit Pilot Project</p> <p>Implementation Date: August 2017</p>	<p>Accessory Dwelling Unit (ADU) Pilot Program</p> <ul style="list-style-type: none"> On August 15, the Board approved the design of the Pilot Program. DRP and CDC subsequently received hundreds of inquiries from the public. DRP responded to these inquiries and created a contact list for follow-up. On September 6, 2017, CDC and DRP presented draft financing details of the Pilot Program to the CDC Board Deputies. Based on feedback from the CDC Board Deputies, the CDC reviewed options for project loan and regulatory documents for the Pilot Program. As presently envisioned, the recommendation will be to utilize a Loan Agreement (with program compliance requirements), Promissory Note, and Deed of Trust to secure the soft loan. The loan structure will include provisions for incremental forgiveness of principal proportionate to each year of program compliance (renting to a homeless person or household). Properties that are sold prior to the end of the ten-year compliance period will have a proportional payment due to the CDC, with repayments to be available for Homeless Initiative re-programming. From September 26 – October 5, the CDC collected information on potential non-conforming ADU properties from the Residential Sound Insulation Program and DRP Zoning Enforcement, and provided the list to DPW to identify appropriate staff to participate in further review. This list could be used to identify potential ADU properties for the rehabilitation piece of the F4 Pilot Program. <p>Design Competition</p> <ul style="list-style-type: none"> On September 18, 2017, the Los Angeles County Arts Commission (LACAC) Civic Art program launched the Accessory Dwelling Unit (ADU) design competition, <i>YES to ADU!</i> LACAC has partnered with East LA College, Woodbury University, and USC to teach undergraduate architecture students about the design competition and encourage them to submit entries. <p>ADU Ordinance</p> <ul style="list-style-type: none"> From August 16 – September 23, DRP discussed the draft ADU Ordinance for the unincorporated areas at five community meetings across the County. DRP continues to develop the ADU Ordinance based on community and Board office feedback. The new Ordinance will take effect after Board adoption, projected for early 2018. 	<ul style="list-style-type: none"> For the Pilot Project, CDC will finalize a proposed set of loan documents, process flow chart, and departmental review sheet prior to December 15. CDC will convene a meeting prior to mid-November to include DRP and DPW staff to discuss code compliance issues related to project selection for Pilot participation. LACAC will begin planning three community workshops and the awards event/exhibition around the outcomes of the design competition. CDC will initiate an open procurement process (Request for Statement of Qualifications) for the ADU consultant for new construction projects. Procurement will be posted in November and a contract is expected to be signed within 10 weeks of the posting. DRP is targeting late November for a public hearing before the Regional Planning Commission for the ADU Ordinance.

Strategy Implementation Date (Actual or Target)	Status	Next Steps
<p>F6: Use of Public Land for Homeless Housing</p> <p><u>Target Implementation Date:</u> Early 2018</p>	<p>Meetings continue to take place between CEO Asset Management Branch and HI staff to discuss potential vacant or underutilized properties for use for homeless housing.</p>	<ul style="list-style-type: none"> • CEO to obtain approval from Board offices for use of specific County property for homeless housing. • Once land is identified, develop selection criteria for RFP to be released to developers. • Complete and release one or more RFPs.
<p>F7: Preserve and Promote the Development of Affordable Housing for Homeless Families and Individuals</p> <p><u>Target Implementation Date:</u> Completion of Applications Review: December 2017</p> <p>Notice of Awards: January 2018</p>	<p>Applications for NOFA 23A were due to the CDC on October 24, 2017. The CDC received 20 applications and will be reviewing these applications through the first week of December 2017.</p>	<ul style="list-style-type: none"> • The CDC will review the applications received. The review process includes an appeal period and Independent Review Panel. Notice of awards will be sent to applicants in January 2018.
<p>F7: One-time Housing Innovation Fund</p> <p><u>Target date for RFP release:</u> February 2018</p> <p><u>Target date for selection of winning proposals:</u> August 2018.</p>	<p>CEO HI has executed a contract with a consultant who will develop and manage the solicitation for Housing Innovation Grant proposals. The solicitation will seek proposals that expedite and/or reduce the cost of developing affordable/homeless housing. The solicitation period is expected to begin in early 2018.</p>	<ul style="list-style-type: none"> • The CEO HI will be working with the consultant in drafting the requirements of the solicitation.

Acronyms

ACA	Affordable Care Act	HMS	Homeless Management Information System
ADU	Accessory Dwelling Unit	HUD	U.S. Department of Housing and Urban Development
AJCC	America's Job Center of California	IAR	Interim Assistance Reimbursement
ASO	Alternative Staffing Organization	ICMS	Intensive Case Management Services
CBEST	Countywide Benefits Entitlement Services Teams	IPV	Intimate Partner Violence
CBO	Community Based Organization	LACAC	Los Angeles County Arts Commission
CDC	Community Development Corporation	LACEYH	Los Angeles Coalition to End Youth Homelessness
CES	Coordinated Entry System	LACOE	Los Angeles County Office of Education
CEO	Chief Executive Office	LAHSA	Los Angeles Homeless Service Authority
CENS	Client Engagement and Navigation Services	LASD	Los Angeles Sheriff Department
CoC	Continuum of Care	MDT	Multidisciplinary Team
COG	Council of Governments	NOFA	Notice of Funding Availability
DCFS	Department of Children and Family Services	ODR	Office of Diversion and Re-entry
DHR	Department of Human Resources	PD	Public Defender
DHS	Department of Health Services	PH	Permanent Housing
DMC-ODS	Drug Medi-Cal Organized Delivery System	PHA	Public Housing Authority
DMH	Department of Mental Health	PSH	Permanent Supportive Housing
DMVA	Department of Military and Veteran's Affairs	RBH	Recovery Bridge Housing
DPH	Department of Public Health	RCB-ICMS	Reentry Community-Based Intensive Case Management
DPSS	Department of Public Social Services	REDF	Roberts Enterprise Development Fund
DPW	Department of Public Works	RES	Research and Evaluation Services
DRP	Department of Regional Planning	RHAC	Regional Homelessness Advisory Council
DV	Domestic Violence	RRH	Rapid Re-Housing
ERT	Emergency Response Team	RR/CC	Registrar Recorder/County Clerk
E-TSE	Enhanced Transitional Subsidized Employment	SAPC	Substance Abuse Prevention and Control
FSC	Family Solutions Center	SEA	Social Enterprise Agency
FSP	Full Service Partnership	SPA	Service Planning Area
GR	General Relief	SSA	Social Security Administration
HACLA	Housing Authority of City of Los Angeles	SSI	Supplemental Security Income
HACoLA	Housing Authority of County of Los Angeles	START-ODS	System Transformation to Advance Recovery and Treatment through an Organized Delivery System
HASC	Hospital Association of Southern California	TAY	Transition Age Youth
HCID-LA	Los Angeles Housing and Community Investment Department	TSE	Transitional Subsidized Employment
HCV	Housing Choice Voucher	VA	Veterans Administration
HI	Homeless Initiative	VI-SPDAT	Vulnerability Index – Service Prioritization Decision Tool
HIP	Housing Incentive Program	WDACS	Workforce Development Aging and Community Services
HJC	Housing and Jobs Collaborative	WIOA	Workforce Innovation and Opportunity Act

IMPACT STORIES

November 2017

Combating homelessness among families and individuals takes strong partnerships, effective programs, and numerous committed staff, volunteers, and community members. Here are a few success stories where the Homeless Initiative made a difference.

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

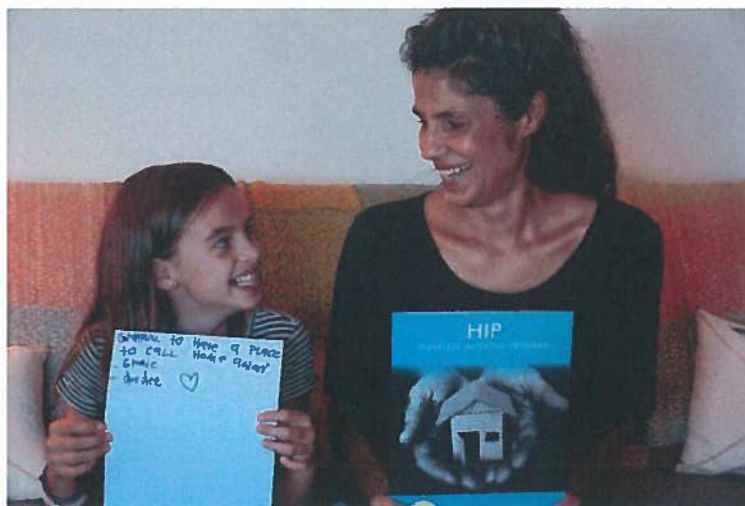
A NEW START ON THE WEST COAST

Angela is a 23-year-old woman who moved from the East Coast to escape domestic violence. Soon after she moved, she lost her job and was sleeping in her car. Through the Rapid Re-Housing Program, LA Family Housing helped Angela find housing and connected her to counseling and employment services. She started teaching dance at a local afterschool program and launched her own nutrition and fitness coaching business. She also went back to school for a certificate program in Personal Fitness, Health, and Wellbeing and will be graduating at the end of this year.

Strategy B4 – Facilitate Utilization of Federal Housing Subsidies

SINGLE MOM FINDS STABILITY

Darlene Burnett had been in and out of drug and alcohol treatment centers since losing her home in 2013. Sometimes she and her young daughter would sleep in her car. She was referred to the Housing Authority of the County of Los Angeles (HACoLA) by Pacific Clinics and, although hesitant at first, she accepted her Continuum of Care certificate and was referred to the Housing Advisor Unit. After an exhaustive search for an apartment, Ms. Burnett finally found a unit in Monterey Park. HACoLA staff assisted with rent negotiations and provided Ms. Burnett with security deposit assistance, enabling her to use her housing subsidy. *"This experience has taught me a new level of gratitude. Losing everything gives you a whole new perspective on life."*



Strategy B8 – Housing Choice Vouchers for Permanent Supportive Housing

NEVER GIVE UP

Mr. Marcus MeShack has been homeless since 2012. In May 2017, he was referred to HACoLA by a case manager at Pacific Clinics. He quickly received a housing voucher and found housing in Lancaster. His case manager assisted him with the application process and helped him move into his new unit in July 2017. Mr. MeShack says, *“Just do it...never give up.”*

A FAMILY FINDS A HOME

In 2017, **Ms. Crump** and her two children were homeless again. With her Shelter Plus Care certificate, Ms. Crump immediately sought help from HACoLA’s Homeless Incentive Program (HIP) and was referred to a townhome in Lancaster. Through HIP (Strategy B4), Ms. Crump received assistance with the rental application fees and security deposit. In the meantime, The Whole Child placed Ms. Crump and her children in a hotel and provided the children with school supplies. Ms. Crump and her children moved into their new home in August 2017.

VET GETS BACK ON HIS FEET

After serving in the U.S. Army and working in the retail business for over 16 years, Mr. Young found himself homeless. The VA linked Mr. Young to health care services and referred him to HACoLA’s HIP Program. HACoLA staff provided transportation for Mr. Young to view available units acquired by HIP and helped him apply and pay for the security deposit. Mr. Young moved into his new unit in July 2017.

Strategy C3 – Expand Targeted Recruitment and Hiring Process to Homeless/Recently Homeless People to Increase Access to County Jobs

GROWING WITH LA COUNTY

Amelia is a single mother who was struggling to find stable housing for her family. After participating in Job Club, she was placed in Los Angeles County’s Lancaster Department of Public Social Services (DPSS) office as a temporary clerical assistant. After 10 months of working full-time, she was notified by the Department of Human Resources (DHR) of an Office Support Assistant position through the TempLA Program. She successfully tested for the position and was able to continue in her new role in the same DPSS office. When she got the job, she stated that she “knew then that our life was going to be better.” She found an apartment near the DPSS office and is finally able to provide the stability for her family that she worked so hard to achieve. *“I am able to provide a more secure life for [my family] because of TempLA. I thank DHR from the bottom of my heart for allowing people the opportunity to have a good life when they didn’t think it was possible. I can’t wait to grow with L.A. County.”*

Strategy D2 – Expansion of Jail In-Reach

JAIL IN-REACH HELPS CLIENT FIND STABILITY

A case manager conducted in-reach at Twin Towers Correctional Facility and engaged a 40-year-old African-American male. She assisted the client in securing his social security card, state identification card, and birth certificate, as well as transportation to a drug treatment facility. The case manager continued to follow up with the client after his release and helped him find a room to rent after completion of his treatment program. He has been clean from drugs and alcohol for four months, gained stable employment and housing, and recently was able to purchase a car. The client affectionately refers to his case manager as “Miss Amazing” due to her dedication and commitment to helping him meet his goals.

Strategy E6 – Countywide Outreach System

BROTHERS AND NEIGHBORS

Jordan is a 57-year-old single man who has been homeless for approximately 12 years, living in a self-built shelter under the Arleta Bridge. Born and raised in the Valley, Jordan got involved in a gang and was in and out of prison for 20 years. His brother, who also lives under the Bridge, has a similar story. When their mother passed away in 2005, they had nowhere to call home. In the month leading up to his first outreach contact, Jordan had been hospitalized for a head injury he sustained while climbing into his shelter.

Over the course of several outreach efforts, coordinated among four different agencies, LA Family Housing (LAFH) was able to convince Jordan to receive medical attention, enroll in Medi-Cal, apply for General Relief (GR), and obtain vital records from the DMV and Social Security Office. Although Jordan is not yet ready to leave his self-built shelter, LAFH has matched Jordan and his brother to units at LAFH’s Campus Permanent Supportive Housing (PSH) in North Hollywood. They have lived together most of their adult lives, and will continue to live as neighbors in PSH.

MAN FINDS SENSE OF FAMILY IN OUTREACH TEAM

When outreach workers found **Mr. Jones**, a 51-year-old man, living under the 105 Freeway, he was suffering from seizures, bipolar disorder, and a foot ulcer. He had already lost two toes. The outreach team took Mr. Jones to a primary medical care provider, as well as a mental health provider. The team helped Mr. Jones obtain orthopedic shoes prescribed by his doctor, and transferred him to MLK Recuperative Care to receive specialized medical supportive care. To date, Mr. Jones remains at MLK and awaits placement into permanent housing through the SSG HOPICS’ Rapid Re-Housing Program. To the outreach workers, Mr. Jones says, “You guys are my saviors. You guys are family. I love you all. When I am housed, I want to take a big picture of you and put it on my wall.”



Strategy E7 – Strengthen the Coordinated Entry System

HOME FOR THE FIRST TIME IN 20 YEARS

As far back as many residents in San Pedro can remember, Ed has been sitting at a bus stop and refusing assistance for housing or services. Although Ed did not want to visit the Coordinated Entry System (CES) lead agency, the agency went to him. Peter, a CES housing navigator, met Ed at the bus stop to provide services, including assisting him with obtaining vital documents and transporting him to the doctor to address untreated health issues. Over the next few months, Ed was matched to a HACoLA voucher. He also applied and was approved for SSI benefits. It was the first time Ed had any kind of income in over 20 years. With Peter's help, Ed applied for a unit and is scheduled to move in during November. At their last meeting, Ed told the housing navigator that "no one cared about him anymore" and that he was grateful that Peter was there for him now.

Strategy E8 – Enhance the Emergency Shelter System

SECOND TIME'S A CHARM

Anthony M. is a 65-year-old man who was chronically homeless for seven years on the streets of Pomona. Mr. Anthony was housed with assistance from CES providers in 2015. However, he experienced difficulty transitioning to permanent housing and soon became homeless again. In April 2017, he sought shelter at Pomona Armory and was engaged in the CES again. He reconnected with SPA 3 coordinators and felt more comfortable receiving assistance the second time around. By August 2017, he moved into crisis and bridge housing in Pomona and applied for housing at the Olivera Senior Apartments. He was awarded a permanent supportive housing voucher and was able to move in later that month. He continues to receive mental health services and support from Tri-City Mental Health Center. Anthony says, *"VOA's program helped me to establish my own stability, support, and community when they helped me with housing, which benefitted my life tremendously, and now I have the housing that I was seeking for many years."*

Strategy E14 – Enhanced Services for Transition Age Youth

YOUNG WOMAN WITH A BRIGHT FUTURE

Through Strategy E14, a 19-year-old former foster youth was placed in permanent housing with supportive services that include ongoing education. This young person had experienced long-term unsheltered homelessness and housing instability when Jovenes engaged her and referred her to the College Success Initiative. She is currently studying communications and is writing a book that chronicles her experience in the foster care system with the goal of helping others to transform their lives. She explains, *“Without the College Success Initiative, I would not be where I am...homelessness, [...] made me strong and resilient, [but it] was holding me back and took a toll on my mental health. Jovenes did not just help me with housing, but this program has really helped me remain accountable and responsible so I can achieve my goals. They treat me like family and have helped me achieve my greatest accomplishment thus far in my life, overcoming homelessness.”*

Responses to Board Motions: August 1 – October 12, 2017

During the last quarter, the Chief Executive Officer (CEO) responded to eight Board motions. Summaries of these reports are below.

- **Eviction Prevention (Item No. 9, Agenda of March 21, 2017)**

On August 4, 2017, the CEO provided a final report on the expansion of eviction defense services within HI Strategies A1 and A5 (Homeless Prevention Programs for Families and Adults, respectively). The CEO consulted with a variety of stakeholders to develop recommendations. Stakeholders concurred that the most effective eviction defense occurs pre-litigation, before a three-day Notice to Pay or Quit is served, but effective targeting of services at this stage is difficult. Court-based tenant representation can be useful, but should not be the primary intervention for prevention. The Los Angeles Homeless Services Authority (LAHSA), which is the lead on Strategies A1 and A5, has replicated the Homeless Prevention and Rapid Re-Housing Program (HPRP), which stakeholders identified as a successful prevention model, by including in its approach: (1) case management, (2) financial assistance, and (3) legal assistance. However, at current funding levels, A1 and A5 will be unable to serve a sizeable number of households at risk of losing housing. Additional funding from Measure H or other sources is needed. LASHA will discuss aspects of A1 and A5 at upcoming Homeless Policy Deputies meetings.

- **Antelope Valley Homeless Consortium (Item No. 62-A, Supplemental Agenda of August 1, 2017)**

On August 8, 2017, the CEO provided a report back to the Board on a directive to work with Antelope Valley (AV) stakeholders to identify emergency shelter beds in light of the closure of the only shelter in the AV on August 7, 2017, leading to a loss of 104 emergency shelter beds. The 84 individuals who were displaced as a result of the closure were placed in permanent supportive housing, Rapid Re-Housing, or temporary housing. Options that LAHSA and local service providers identified include beds offered at other shelters and scattered site housing operators, motels/hotels, family reunification, services available to particular populations (veterans, people with a criminal history), and meal/shower service provided by faith-based organizations (FBOs). The CEO also identified short and long-term options for emergency shelter facilities in the AV. The memo identified High Desert Multiple Ambulatory Care Center (MACC) as a potential short-term option, and, on October 10, 2017, the Board approved the use of MACC as an emergency shelter this winter. Long-term options include exploration of County-owned space and County parks in the AV, local FBOs with existing structures or space for a tent structure, and properties owned by the Cities of Lancaster and Palmdale. The CEO recommended that LAHSA and the HI work closely with the Antelope Valley Homeless Consortium (AVHC) and the consultant identified to support the Consortium to explore long-term options.

Corporation for Supportive Housing (CSH) was retained to facilitate AVHC's planning process. The County hosted four public meetings this quarter for AVHC to discuss

existing resources, service gaps, and opportunities to prevent and combat homelessness. Final recommendations will be submitted to the Board this month.

- **Measure H and Continua of Care (Item No. 77-B, Agenda of June 13, 2017)**

On August 11, 2017, the CEO provided a report on efforts to work with the staff from the Continua of Care (CoC) in Long Beach, Glendale, and Pasadena to identify ways to allow for flexibility in the use of Measure H funding. The CEO HI met with the three CoCs and agreed that: (1) for Strategy B3 ("Partner with Cities to Expand Rapid Re-Housing"), the CoCs can use a portion of funds to support services for formerly homeless individuals and families in subsidized housing other than permanent supportive housing, as long as the individual or family was previously homeless; and (2) for Strategy E8 ("Enhance the Emergency Shelter System"), the CoCs can use funding for shelter beds to pay for motel vouchers. The CEO HI has been working with LAHSA and the CoCs to develop contracts for Measure H funding. The HI will meet quarterly with the CoCs, LAHSA, and key County departments to ensure alignment.

- **Crisis Housing for Homeless Women (Item No. 6, Agenda of June 13, 2017)**

On September 11, 2017, the CEO provided an interim report on whether funding for HI Strategies, aside from Strategy E8 ("Enhance the Emergency Shelter System"), should be set aside to specifically address the needs of women experiencing homelessness. The CEO is working with LAHSA and DHS on this directive and will complete a thorough assessment, which will include a review of LAHSA's August 25, 2017, report: *The Report and Recommendations of the Ad Hoc Committee on Women and Homelessness*. The CEO returned to the Board on November 1, 2017, with the results of its assessment and a plan to survey Strategy lead departments to better understand how they are addressing the needs of women experiencing homelessness in their implementation of the HI Strategies.

- **Child Care for Homeless Families (Item No. 26, Agenda of June 13, 2017)**

On September 11, 2017, the CEO provided an interim report on access to child care for homeless families. The CEO convened stakeholders to form a Child Care Workgroup (Workgroup), which identified barriers for homeless families seeking subsidized child care, including: insufficient child care spaces; insufficient programs with capacity to meet the needs of children and families experiencing trauma and instability; administrative burden on child care providers providing care for families experiencing homelessness; and certain program eligibility requirements that are often barriers to homeless parents' ability to access subsidized child care. To address these barriers, the Workgroup identified potential actions, including: (1) co-location of Child Care Resource and Referral (R&R) Agency Navigators within each of the Coordinated Entry System (CES) for Families lead agencies to assist with matching families with subsidized child care; and (2) helping families to meet the child care eligibility requirements for CalWORKs Stage 1 and 2 Child Care by enhancing the Department of Public Social Services' (DPSS) role in connecting eligible families to appropriate activities. The Workgroup will continue to meet and report back on the above recommendations, while also assessing data gathered as the CES for Families

begins to track how many children experiencing homelessness are not eligible or able to be connected with child care entitlement programs in a timely manner. Based on this assessment, the Workgroup will report on the feasibility and costs of an Emergency Child Care Bridge program for homeless children. Further, in coordination with statewide organizations and stakeholders, the County will explore funding opportunities to create and secure an annual child care funding allocation from the California Department of Education for families experiencing homelessness (which would require statewide legislation).

- **Homelessness Among Community College Students (Item No. 77-C, Agenda of June 13, 2017)**

On September 11, 2017, the CEO provided a final report on HI Strategies that can assist college students. Students can access support services in the same ways as other young people experiencing homelessness. HI Strategy E14 ("Enhanced Services for Transition Age Youth") is oriented specifically to young people. In addition, young people experiencing homelessness have been identified as a target population in the following strategies, with slots or funding set aside specifically for youth:

- A5 Homeless Prevention Program for Individuals
- B3 Partner with Cities to Expand Rapid Re-Housing
- B7 Interim/Bridge Housing for those Existing Institutions
- E7 Strengthen the Coordinated Entry System
- E8 ("Enhance the Emergency Shelter System")

Additionally, the following Strategies could support college students experiencing homelessness, but do not have set-aside funding for youth:

- C1 Enhance the CalWORKs Subsidized Employment Program for Homeless Families
- C2 Increase Employment for Homeless Adults by Supporting Social Enterprise
- C3 Expand Targeted Recruitment and Hiring Process to Homeless/Recently Homeless People to Increase Access to County Jobs
- C7 Subsidized Employment for Homeless Adults
- D6 Criminal Record Clearing Project
- E15 Homeless Voter Registration and Access to Vital Records

Stakeholders agree that increasing capacity on higher education campuses is key. Existing initiatives to this end that are underway or under consideration include: implementation of AB 801 (enacted in September 2016), which will provide parity to homeless youth for registration prioritization and other supports that are afforded to foster youth on many campuses; co-location of Youth CES agencies on campuses; and trainings for college support services staff to help them link students to homelessness resources. The CEO also recommends that college campuses meet the needs of students experiencing homelessness by: providing housing during academic breaks; encouraging the development of affordable student housing near

campuses and explore using dorms on college campuses that are vacant during summer for interim housing for homeless youth; and expanding the CalFresh Restaurant Meals Program to allow use of EBT cards at more campus meal provider locations.

- **Allocation of Measure H Funding (Item No. 12, Agenda of June 13, 2017)**

On September 11, 2017, the CEO provided an interim report on the ways the homeless population that is unaccounted for in the Homeless Count could potentially be reflected in the future allocation of Measure H funding. The CEO's Research and Evaluation Services Unit (RES) is preparing a report that will compare data from seven administrative data sources to the data from the 2017 Homeless Count. This report will be submitted to the Board in November. CEO HI will review the findings and report back to the Board with any recommendations.

The CEO provided a final report on Measure H Strategies that could address the impacts of homelessness on County departments and regional agencies that did not participate in the Measure H funding allocation process but are fiscally impacted by the homeless crisis. Based on a survey of the County Library, Parks and Recreation, Public Works, Coroner, Beaches and Harbors, and the Metropolitan Transportation Authority, the CEO recommended that the Board instruct the CEO to: 1) utilize one-time funding of \$1,649,060 from the Provisional Financing Uses budget allocated for the HI to fund 40 outreach workers from January 2018 to June 2018; and 2) submit an annualized funding recommendation to sustain these staff as part of the final Measure H funding recommendations for FY 2018-19. The Board approved a motion which included these recommendations on October 17, 2017.

The CEO also provided a final report in response to the Board's directive to identify the total amount of funding allocated to Case Management within HI Strategies funded with Measure H. The CEO reported that a total of \$85.2 million is allocated to Case Management in FY 2017-18.

- **Community Homelessness Education and Engagement Efforts (Item No. 11, Agenda of December 20, 2016)**

On September 21, 2017, the CEO reported on ongoing work with Fenton Communications, a consultant retained to research and identify best practices for facilitating community dialogues about siting permanent supportive housing (PSH) and homelessness service sites. Fenton is developing focus groups to assess knowledge and perceptions of homelessness among County residents. Fenton and the CEO have also met with each Board office to seek input on upcoming and/or potential development projects, focus group design, and suggested areas/regions of focus where PSH is needed but difficult to build. Fenton will continue to work with the CEO and other stakeholders to identify best practices.

City Planning Grant Applicants

Gateway Council of Governments

Artesia
 Downey
 Hawaiian Gardens
 Lynwood
 Norwalk
 Paramount/Bellflower
 Whittier
 Montebello

Las Virgenes-Malibu Council of Governments

Malibu

North County

Lancaster
 Palmdale

San Fernando Valley Council of Governments

Burbank
 Santa Clarita

Westside Council of Governments

Culver City
 Santa Monica

San Gabriel Valley Council of Governments

Alhambra
 Arcadia
 Azusa
 Baldwin Park
 Claremont
 Covina
 Duarte/Irwindale
 El Monte
 Glendora
 Industry
 La Puente
 La Verne
 Monrovia
 Monterey Park
 Pomona
 Rosemead
 San Dimas
 San Gabriel
 South El Monte
 South Pasadena
 West Covina

South Bay Council of Governments

Carson
 El Segundo
 Hawthorne
 Hermosa Beach
 Inglewood
 Manhattan Beach
 Redondo

Multiple Councils of Governments

Los Angeles

Total Number of Applications: 45

Total Number of Cities: 47

**HOMELESS INITIATIVE FOLLOW-UP RESPONSES TO THE 2ND SEMI-ANNUAL REPORT
ON BOARD PRIORITIES (ITEM NO 16, AGENDA OF JULY 11, 2017)**

Homeless Initiative

Provided below are responses to questions raised by the Board during the July 11, 2017 Board meeting.

Identification of Homeless Individuals

The Board requested information about how the County is outreaching and providing services to individuals and families living in their vehicles.

The County is outreaching and providing services to individuals/families living in vehicles in the following ways:

- In the Rancho Dominguez area of the County, which is highly impacted with Recreational Vehicle (RV) and vehicular homeless, the County has a contract with St. Joseph's Center (SJC) funded by Supervisorial District 2. SJC engages individuals and families residing in RV's and other types of vehicles by assessing their needs and offering/enrolling them in case management services to remove barriers preventing access to permanent housing.
- In the other parts of the County, the County contracts with LAHSA to engage individuals and families, which includes those living in vehicles. LAHSA conducts assessments using the Vulnerability Index and Service Prioritization Decision Assistance Tool (VSPDAT), and makes temporary and permanent housing connections, and provides and offers support services. In addition, there are several other outreach teams within the County that provide outreach and services to individuals/families living in vehicles.
- Homeless Initiative Strategy E6: Countywide Outreach System, is enhancing outreach efforts to homeless individuals and families on the streets and in encampments in the County, which also includes engaging vehicular homeless and making services and housing connections when possible. With Measure H funding, several outreach and multidisciplinary teams will be hired to conduct outreach and provide services to individuals/families, which will include those living in vehicles when necessary, these teams will involve law enforcement trained in engaging homeless individuals and families.

Working with Schools to Identify Homeless Children and Families

The Board asked for information on how the County is working with schools to identify homeless children and families.

As part of HI Strategy E14, funding is allocated to LACOE for Service Planning Area (SPA) Coordinated Entry System (CES) Homeless Liaisons. Funding SPA-Level CES Homeless Liaisons will provide an infrastructure to coordinate resources and supports through Family and

Youth CES sites, Local Education Agencies, community partners and local post-secondary entities. These staff will work with homeless coordinators in the schools to help make connections to needed services

Integration and Outcomes

The Board asked the Homeless Initiative to report back on the integration methods that can be applied to homelessness as it relates to the Health Agency and Mental Health and how the HI is tracking and measure the County's progress under the Homeless Initiative. Efforts to integrate services to provide holistic care are underway. Below are two key efforts.

1. Integrated Care Team

- a. With the creation of the Los Angeles County Health Agency which includes the Departments of Health Services (DHS), Mental Health (DMH) and Public Health (DPH) coupled with the County's drive to significantly expand supportive housing for individuals who are homeless and have complex health and behavioral health conditions, the Health Agency departments with input from DMH and other stakeholders have developed a new integrated care model for people living in Permanent Supportive Housing (PSH).

The model includes the integration of Intensive Case Management Services (ICMS) through DHS, specialty mental health services through DMH and substance use services through DPH Substance Abuse Prevention and Control division:

- ICMS staff are trained experts in providing housing-related supportive services including conducting outreach and engagement, assessing and triaging, completing housing applications, assisting in the housing search, developing relationships with local landlords and advocating for tenants.
- DMH will provide specialty mental health services through its new Housing Full Service Partnership (Housing FSP) program. Housing FSP services are intensive, field-based or on-site mental health services including individual and group therapy/rehabilitation, medication support, case management and crisis intervention to clients living in PSH.
- For individuals who need substance use services, DPH will provide assessment, groups, counseling and referral and linkage to community based substance use treatment.

This Integrated Care Team (ICT) will work collaboratively to offer field-based or on-site housing case management services and supports for as long as clients are living in PSH units. The ICT will ensure linkages to any services the clients need that are not provided by the team, such as linkage to a medical home for physical health services.

- b. The over-arching goals of this new model are:
 - Provide comprehensive services to tenants of supportive housing to achieve long-term stability and improved health and well-being.

- Implement a standardized and easily replicable mechanism to ensure that supportive housing tenants have access to ICMS, specialty mental health services, and Substance Use Disorder services.
- Utilize each department's ability to leverage Medi-Cal revenue to offset the cost of services including through Whole Person Care, the Drug Medi-Cal waiver, and Mental Health Medi-Cal.

c. Timeline

- This new model will be funded by Mental Health Services Act and Measure H, and will leverage Medi-Cal.
- Implementation of the model will begin in September 2017. DMH released a Statement of Eligibility and Interest for the Housing FSP program on July 14, 2017, and is in the process of reviewing responses to determine eligibility.
- DHS is also expanding its network of Drug Medi-Cal providers. As new PSH units become available beginning in September, DMH, DHS and DPH will enter into contracts with agencies to provide ICT services. Also, DMH plans to implement this new model in existing PSH units funded through the DMH MHSA Housing Program.
- DMH and DHS Housing For Health currently have two joint PSH projects coming online this fall and 20 units are being designated for individuals identified on the semi-annual list of the 5% of homeless single adults who are the heaviest users of County services, which is produced by CEO Research and Evaluation Services. The departments are working together to identify the clients to fill the units.

d. Estimated Number of Individuals to be Served in Fiscal Year 2017-18

- MHSA Housing Program – 786 existing units
- Measure H – 2,500 new units of PSH. Of those it is estimated that a minimum of 750 units will be dedicated to those with mental illness based on the homeless count data that 30% of individuals that are homeless have a mental illness.

e. Outcome data: The Housing FSP will collect the full range of FSP required outcomes in addition to the following metrics:

- Number of clients linked to Intensive Case Management Services
- Number of clients receiving Housing Full Service Partnership services
- Number of clients referred to substance use disorder treatment, number admitted to treatment, number who enter treatment, and number who complete treatment
- Number of federal rental subsidies
- Number of local rental subsidies
- Number of clients housed
- 12-month housing retention percentage
- 24-month housing retention percentage

2. Interim Housing Program

- a. DMH and DHS have worked together over the past year to align their Interim Housing Programs.

- DMH/DHS have developed a common Interim Housing Agreement for providers, and aligned their rates, processes for filling the beds and contract expectations. As of July 1, 2017, via an inter-departmental service order between the two departments, Brilliant Corners is administering DMH's Interim Housing Programs along with the Measure H Strategy B7 and E8 Interim Housing funding for which DMH/DHS are responsible.
 - Through Measure H, DHS and DMH will be expanding the number of interim housing recuperative care and stabilization beds to serve homeless individuals with complex health and/or behavioral health conditions. The departments will work together to triage clients who have been contacted through outreach to determine the appropriate interim housing resources.
 - Additionally, on July 1, 2017, the Department of Public Health (DPH) Substance Abuse Prevention and Control (SAPC) division expanded interim housing options through Recovery Bridge Housing which is intended to serve individuals who are homeless at treatment discharge and choose abstinence-based housing.
- b. Data collection includes:
- Number of individuals who have been served with B7 funded interim/ bridge housing and a breakdown of the institution from which they were discharged;
 - Number of individuals who were in B7 funded interim/bridge housing who exit to permanent housing; and
 - Average length of stay.



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October 18, 2017

TO: Each Supervisor

FROM: Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director *Barbara Ferrer*

SUBJECT: **UPDATE ON PROGRESS TO ABATE ELEVATED HEXAVALENT CHROMIUM LEVELS IN THE CITY OF PARAMOUNT**

On December 20, 2016, your Board instructed the Department of Public Health (DPH) to report back monthly on the progress to abate the endangerment posed by elevated hexavalent chromium ("Chromium-6") emissions in the City of Paramount. This tenth monthly progress report provides information on five key elements of the interagency response: air quality monitoring, soil assessment, enforcement, occupational health, and public communication. DPH is a part of the interagency team consisting of the South Coast Air Quality Management District (SCAQMD), Los Angeles County Fire Department, California Department of Toxics Substances Control (DTSC), California Environmental Protection Agency (CalEPA), California Air Resources Board (CARB), and the Long Beach Department of Health and Human Services.

Air Quality Monitoring

SCAQMD continues air quality monitoring across the City of Paramount in order to identify and address sources of Chromium-6. Monitoring is focused on several geographic areas: compliance monitoring points previously established outside of Anaplex Corporation (Anaplex) and Aerocraft Heat Treating Company, Inc. (Aerocraft), the southern investigation area approximately a half-mile south of these facilities, and three area schools.

Anaplex and Aerocraft Facility Monitoring: When Chromium-6 emissions (measured over a 24-hour period) at the compliance monitoring points outside of Anaplex and Aerocraft exceed 1 nanogram per meter cubed (ng/m³), the SCAQMD requires shut-down of all operations that contribute to Chromium-6 emissions. In the month of September, no shut-downs have been triggered. As shown in the table below, average Chromium-6 emissions in the original investigation area have remained below 1 ng/m³ since April 2017, with the exception of average emissions near Anaplex in July 2017.

Hexavalent Chromium Monitoring Results (ng/m³) – Aircraft, Anaplex and Nearby Residential Areas

Month	Industrial		Residential
	Aircraft	Anaplex	300 ft downwind
October 2016	26		4.7
November 2016	12	11	2.0
December 2016	3.0	2.5	0.7
January 2017	1.0	2.1	0.5
February 2017	1.1	0.5	0.6
March 2017	1.1	0.8	0.7
April 2017	0.6	0.4	0.3
May 2017	0.7	0.6	0.4
June 2017	0.5	0.5	0.8
July 2017	0.3	1.9	1.6
August 2017	0.4	0.2	0.3
September 2017	0.6	0.2	0.5

Note: Grey shading indicates air monitoring was not conducted for this location during month listed.

Southern Investigation Area: Emissions in the southern investigation area (in and around Jackson Street, between Minnesota Avenue and Illinois Avenue) were similar to the previous month. In September, Chromium-6 concentrations in air ranged from 0.1 to 2.6 ng/m³, with 14% of the samples in exceedance of 1 ng/m³. SCAQMD's investigation into the source of Chromium-6 in the southern area continues, including facilities located in the City of Long Beach.

Area Schools: Monitoring by SCAQMD and CARB continues at three schools: Lincoln Elementary, Lynn Mokler Elementary, and Wesley Gaines Elementary. In September 2017, Chromium-6 levels at these schools ranged from 0.04 to 0.35 ng/m³, which are lower than levels reported for previous months. The average Chromium-6 concentration at Lincoln Elementary School was 0.19 ng/m³ during the month of September.

The Paramount Unified School District released its report of indoor air sampling that was conducted at five schools between August 4 and 9, 2017. DPH is reviewing the indoor sampling protocol and results, and will recommend next steps to the District.

Soil Assessment

DPH attended the Paramount City Council meeting on September 19, 2017, when the City Council received into the record DPH's final soil assessment report, *Soil Sampling Results – Residential Areas Near Anaplex and Aircraft Heat Treating*. 2

Enforcement

As follow-up to the health directives issued in July 2017, DPH continues to track compliance with SCAQMD rules and permit applications to implement more effective pollution control measures. SCAQMD reported that it is currently reviewing permit applications for new pollution control equipment for Weber Metals, Press Forge and Mattco Manufacturing.

Additionally, Carlton Forge Works has been curtailing grinding operations during the hours of 3:00pm and 5:00pm, as required by the SCAQMD Stipulated Order for Abatement. SCAQMD continues to monitor odors through two mechanisms: 1) daily odor surveillance, and 2) odor complaint tracking. SCAQMD reports that it receives odor complaints outside of the curtailment hours, suggesting that grinding operations at Carlton Forge Works are contributing to these odors. As a result, Carlton Forge Works will be implementing additional mitigation measures in its grinding room to control odors.

Occupational Health

DPH is continuing to track previous referrals made to the California Occupational Safety and Health Administration (Cal/OSHA) regarding Anaplex and Aerocraft. The Cal/OSHA reports have been completed and DPH has requested copies for review.

Communication

DPH continues to distribute health education material to Paramount residents. In the past month, this has included staffing a table at the weekly farmers' market.

DPH will continue to work closely with SCAQMD, the Fire Department, and County Counsel to report monthly on progress to protect the public's health in the City of Paramount. If you have questions or need additional information, please let me know.

BF:ab

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors
Fire Department



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December 1, 2017

TO: Each Supervisor

FROM: Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director *Barbara Ferrer*

SUBJECT: **REPORT BACK ON EFFORTS RELATED TO EXIDE**

On October 3, 2017, the Department of Public Health (DPH) reported to your Board on DPH's ongoing efforts to address the health needs of the communities surrounding the former Exide Technologies facility in Vernon. The report focused on three areas: 1) public outreach to the affected community; 2) assisting residents to secure health and social services; and 3) working with residents and community organizations to effect three key changes in the residential cleanup plan issued by the California Department of Toxic Substance Control (DTSC). It also stressed the vital nature of these changes to achieving a timely and effective cleanup of the residential areas impacted by the former Exide facility.

Following this report, your Board requested that DPH, in coordination with County Counsel and the County's legislative advocates in Sacramento: 1) evaluate the feasibility of a permanent location for a wellness center that would include primary care services as well as wrap around services to support local residents within a 1.7-mile radius of the Exide Facility; and 2) review a legislative and legal strategy, including the establishment of an Office of Inspector General within California Environmental Protection Agency as it pertains to the oversight of DTSC. This is to provide information in response.

Feasibility of a Permanent Location for a Wellness Center

The area impacted by contamination from the former Exide Battery plant extends at least 1.7 miles from the Exide facility and includes the densely populated communities of Boyle Heights, Unincorporated East Los Angeles, Commerce, Maywood, Huntington Park, and Bell. In relation to the lead and other Exide contaminants, residents in these communities will need access to a variety of clinical and wellness services, including primary care, blood lead testing, mental health services, and health education services. A review of Health Agency facilities nearest the Exide plant revealed that the Sunol facility located at 133 N. Sunol Drive, Los Angeles, CA 90063 is the

facility closest to the affected communities. While this site is currently under development, it will include workers from all three Departments in the Health Agency, and can serve as a permanent site to provide needed services to community members. The Departments of Public Health, Health Services, and Mental Health have begun discussions to coordinate efforts at this location to meet the primary care, blood lead testing, and other wellness needs of the affected communities.

Because the Sunol facility is in a location that is closest to communities in the northern portion of the area affected by the contamination from Exide, Public Health is reaching out to Federally Qualified Health Centers (FQHCs) that are in close proximity to the more southerly located communities of Maywood, Huntington Park, and Bell to assure that these centers are able and prepared to provide services to these communities. DPH will also supplement the services provided at the Sunol and FQHC sites through on-going outreach services to members in the community to inform and link them to these services, as well as to identify other wellness needs and make appropriate linkages and referrals. DPH will continue to perform blood lead testing at community outreach events and will continue to refer community members to Department of Health Services Comprehensive Health Centers (i.e. Roybal, El Monte, Humphrey, and Hudson) for blood lead levels.

In addition to working with its Health Agency partners and FQHCs, DPH will reach out to other County departments, city agencies, and community stakeholders within the 1.7 mile radius to gather input that will be valuable in the assessment and planning of health, wrap-around, and related wellness services that will be needed by community members.

Review of Legislative and Legal Strategy

DPH, County Counsel, and the County Exide Workgroup are developing a multi-pronged strategy to improve the effectiveness of the implementation of the Exide Residential Cleanup plan and to respond to the ongoing concerns of the community. The County's advocacy will focus on four key elements: 1) the residential cleanup must commence immediately; 2) cleanup of parkway properties is necessary; 3) interiors of residences must be cleaned; and 4) cleanup of residences should take place on a block-by-block basis.

Immediate Initiation of Residential Cleanup

In July of 2017, DTSC completed the California Environmental Quality Act (CEQA) review of the Residential Cleanup plan, but four months later DTSC has yet to implement the plan. The County insists that the Residential Cleanup commence immediately. Each day that homes identified as having high levels of lead on the property wait for cleanup to begin, the risk of exposure of pregnant women, adults, and children to harmful levels of lead increases.

Cleanup of Parkway Properties

The Residential Cleanup plan does not provide for the cleanup of the parkway property in front of homes when DTSC cleans up the exterior of a residence. Residential cleanup must include this part of the property to ensure that the entire property is cleaned. This is because: 1) children walk and play in the parkway areas in front of their homes, and may come in contact with contaminated soil, even after the residence is cleaned; and (2) leaving the parkways uncleaned risks recontamination of cleaned residential properties from dirt tracked onto the property from the adjacent parkway.

Cleanup of the Interiors of the Residences

Currently, DTSC provides residents with a coupon to redeem for an interior cleanup by a vendor after the exterior of the property is cleaned. To protect the public health, the DTSC must cleanup the interior of the residences, and include the following three elements to improve its effectiveness and increase confidence in the community: (1) adoption of the County's interior cleanup protocol to improve effectiveness and consistency; (2) that the interior cleanup automatically be provided as part of the exterior cleanup effort, rather than requiring residents to "opt in" to have the interiors of the residences cleaned; and (3) that DTSC tests the residential interior after the interior cleanup is complete to confirm that the cleanup was effective.

Block-by-Block Cleanup of Residences

The County recommends that residential cleanup prioritization decisions be made on a block-by-basis, pooling the data of adjacent residences to make consistent cleanup decisions. The current parcel-by-parcel analysis to determine which residences will be cleaned has resulted in inconsistent decisions on properties located on the same blocks and located the same distance from the former Exide facility. Additionally, the County recommends that the cleanups themselves be implemented on a block-by-block basis for greater efficiency and to reduce the prospect of recontamination.

The County's advocacy strategy includes sending a communication to the DTSC Independent Review Panel (IRP) to express the County's and the communities' ongoing concerns, as well as the above recommendations. A copy of the letter will be sent to Assembly Speaker Anthony Rendon and Senate President Pro Tem Kevin de León, as well as the chairs of key legislative committees with jurisdiction over environmental justice issues. Additionally, the County Exide workgroup will brief members of the State Legislature about the County's concerns and recommendations in December 2017.

Potential Proposal for Office of Inspector General

With regard to the potential proposal for an Office of Inspector General (OIG) within the California Environmental Protection Agency for oversight of DTSC, the CEO Legislative Affairs and Intergovernmental Relations (CEO Legislative Affairs) Branch reports that there are two examples of OIGs within State agencies. The California OIG, which oversees the State correctional agencies, is an independent agency that reports directly to the Governor. It was established in the 1994 by legislation (Chapter 766, Statutes of 1994) and its statutory mandates are codified in the Penal Code. The mission of the State OIG is to safeguard the integrity of the State's correctional system by providing oversight and transparency, and recommending improvements on policy and practices. The OIG accomplishes that mission by conducting ongoing system monitoring, and select reviews of policies, practices, and procedures of the California Department of Corrections and Rehabilitation (CDCR) when requested by the Governor, the Senate Committee on Rules, or the Assembly. The OIG is also responsible for contemporaneous oversight of the internal affairs investigations and the disciplinary process of CDCR, for conducting reviews of the delivery of medical care at each State institution, and for determining the qualifications of candidates submitted by the Governor for the position of warden.

The second example, the California Highway Patrol OIG, reports to the department's Commissioner and conducts internal audits, reviews, and inspections in an independent and

objective manner designed to add value and improve departmental operations and efficiencies. The OIG assists the California Highway Patrol (CHP) to accomplish its objectives by bringing a systematic and disciplined approach to identify, examine, evaluate, and manage departmental risk, and assess internal controls and governance processes.

The CEO Legislative Affairs will work with County Counsel to further examine these two models, their reporting and statutory structure, and their effectiveness.

Lastly, the DTSC Independent Review Panel is scheduled to release its final report in December 2017, detailing its recommendations for improving DTSC's permitting, enforcement, public outreach, and fiscal management operations. It is anticipated that some of the IRP's recommendations may be included in the Governor's January Budget proposal as a means of reforming the DTSC. The Exide Workgroup and CEO Legislative Affairs will review both the IRP's final report and the Governor's January Budget proposal to determine which, if any, proposals will require advocacy by the County.

We will continue to inform your Board of significant developments. If you have questions or need additional information, please let me know.

BF:ab

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors



**Los Angeles County
Board of Supervisors**

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"The mission of the Los Angeles County Health Agency is to improve health and wellness across Los Angeles County through effective, integrated, comprehensive, culturally appropriate services, programs, and policies that promote healthy people living in healthy communities."



July 13, 2017

TO: Supervisor Mark Ridley-Thomas, Chairman
Supervisor Hilda L. Solis
Supervisor Sheila Kuehl
Supervisor Janice Hahn
Supervisor Kathryn Barger

FROM: Mitchell H. Katz, M.D.
Director

**SUBJECT: OFFICE OF DIVERSION AND REENTRY STATUS
REPORT**

This memo provides an update regarding the work of the Office of Diversion and Re-entry (ODR), a division within the Department of Health Services (DHS) whose mission is to develop and implement countywide criminal justice diversion for persons with mental illness and/or substance use disorders, including persons who are homeless.

The memo also provides an update on diversion programming, partnership on Health Agency and countywide initiatives, ODR funded collaborations, national initiatives, health and justice data, progress along the sequential intercept model, and the ODR Permanent Steering Committee.

Diversion Programs

I. Misdemeanor Incompetent to Stand Trial-Community Based Restoration

The Misdemeanor Incompetent to Stand Trial-Community Based Restoration Program (MIST-CBR) diverts individuals facing misdemeanor charges who are found incompetent to stand trial into community outpatient and inpatient treatment and housing. Until recently, defendants in Los Angeles County (LAC) in the MIST population remained in the jail until their maximum sentence or until they were restored to competency. These defendants primarily consist of chronically homeless persons with serious mental disorders often housed in High Observation Housing (HOH) units, who are generally some the most impaired inmates within the jail system. LAC has addressed the needs of this population through a diversion program that places patients in diverse community settings under court order. ODR coordinated the CBR effort in collaboration with several departments including the Department 95 Mental Health Court, the

Department of Mental Health (DMH) Countywide Resource Management, Jail Mental Health, the Public Defender, the District Attorney (DA), and the Los Angeles County Sheriff's Department (LASD). Since program launch in October 2015, 421 patients have been diverted from the jail into community treatment.

At the time of writing this report, approximately 226 MIST clients are housed in jail. ODR is working with our MIST-CBR partners to identify and/or create new placements for those who are clinically and legally ready for jail release.

II. ODR Housing

The Office of Diversion and Reentry (ODR) Housing program is a permanent supportive housing program to serve individuals who are homeless, have a mental health and/or substance use disorder (SUD), and who are incarcerated in the LAC Jail. The program is offered to both the sentenced population and pretrial defendants who have criminal felony cases through a partnership with the Superior Court Department 123. The successful pilot in Department 123 will serve as model for future diversion efforts in other court jurisdictions. For pretrial defendants, the ODR pretrial program attempts to resolve criminal felony cases early and divert defendants into ODR Housing with a grant of probation. The program offers defendants a motivating opportunity to actively participate in their treatment and to remain out of custody in order to maintain their housing. The intervention consists of three components: pre-release jail in-reach services, enhanced treatment efforts (additional clinical assessments and immediate initiation of medications, as indicated), and immediate interim housing upon release from jail in anticipation of permanent supportive housing. Clients in the ODR Housing program are assigned an Intensive Case Management Services(ICMS) provider who works with the client as they transition from custody to community. The ICMS providers serve as the core point of contact for the client's medical, mental health, SUD treatment, and other supportive services. Permanent supportive housing, a key component of the program, will be provided through the DHS's Flexible Housing Subsidy Pool (FHSP). The FHSP program is operated by Brilliant Corners and provides housing location services, ongoing rental subsidy payments, and housing retention services.

This month, DMH expanded Full Service Partnership (FSP) slot capacity by 300 forensic slots. ODR will work with DMH to identify and refer clients in need of FSP level of care, namely from the ODR Housing program. These new FSP slots will also serve MIST clients, those leaving the jails, and individuals in the criminal justice reentry community. These 300 slots are funded by DMH. Another FSP expansion is planned and ODR funding will be utilized as needed to increase service capacity.

Other County partners include the Department of Public Health (DPH), LASD, Probation Department, Public Defender, Alternate Public Defender, and the District Attorney (DA). The Superior Court plays an important role in the development and implementation of the ODR Housing program. Through the leadership of Supervising Judges James

Brandlin, Scott Gordon, and Sam Ohta, the ODR Housing program has expanded rapidly. Since the program launch in August 2016, 587 clients have been served by the ODR Housing program. The original goal of the program was to provide 200 units of permanent supportive housing per year with a goal of 1,000 units over five years. However, due to high referral volume and client need, the number has been increased to 500 per year. In order to fund the program for 5 years for a total of 2,500 units, \$125 million in initial onetime ODR funding is being set aside in a Housing Trust Fund.

III. Pay for Success

On July 1, 2017, ODR will launch LAC's first Pay for Success (PFS) initiative aimed at reducing recidivism and improving housing stability for homeless inmates in the County jail who have a mental health and/or SUD. PFS is an approach to contracting that ties payment for service delivery to the achievement of measurable outcomes. In a PFS contract, the payer for outcomes – typically a government entity – agrees to provide funding if, and when, the services delivered achieve a pre-agreed-upon result. PFS contracting has been used in over a dozen locations across the United States to scale up effective programs and interventions, as well as test innovative models of service delivery. Since the payer is only committed to paying for services if they achieve the desired outcomes, PFS can be particularly attractive to governments as a way to realize greater accountability and efficiency by allocating resources to programs with demonstrable outcomes.

The LAC ODR PFS initiative will focus on scaling up existing end-to-end provision of holistic, supportive jail in-reach and post-release permanent supportive housing services through the ODR Housing program. Homelessness and incarceration are mutual risk factors, and evidence suggests that recently released inmates who are homeless are at greater risk for recidivism than those who are stably housed following release from custody. Combined with limited/low income and criminal history, offenders reentering society who suffer from complex physical and/or behavioral health conditions face significant barriers in securing stable housing and continuing needed treatment, resulting in higher rates of recidivism, homelessness, and poor health outcomes. The \$21M program is projected to launch July 1, 2017 and will target 300 individuals over 48 months.

IV. Law Enforcement Assisted Diversion

On April 21, 2017, ODR was awarded a \$5.9 million grant from the Board of State and Community Corrections to implement a Law Enforcement Assisted Diversion (LEAD) program in LAC. LEAD is a community based diversion program that aims to improve public safety and reduce future criminal behavior by people with multiple periods of incarceration for low level drug and prostitution offenses. LAC LEAD is a unique partnership between the LAC, the City of Long Beach, community organizations and community members. The LEAD geographic area is a five-mile area around Long Beach Blvd., including the 105 and 710 Freeways, a portion of the Los Angeles River

and a large homeless encampment. It is comprised of the communities of Lynwood, Compton, Long Beach and unincorporated LAC. Law Enforcement Officers from the Long Beach Police Department and the LASD will identify 300 people with histories of repeated incarceration for behavioral health motivated crimes and offer them, in lieu of arrest, an opportunity to participate in a harm reduction and Housing First intensive case management and permanent supportive housing program. LAC LEAD began a planning and training phase in May 2017 and will begin enrolling participants by October 2017.

V. Olive View-UCLA Medical Center Inpatient Psychiatric Unit-Diversion from Custody to Hospital Care

ODR is partnering with Olive View-UCLA to open a new 18 bed inpatient psychiatric unit by the end of 2017. ODR will divert some of the most acute psychiatric patients in custody to inpatient care at a new unit at Olive View-UCLA Medical Center, called "6C." Patients will come from the jail's Forensic Inpatient Unit (FIP) or from high observation housing in the jail, who are on the wait list to get into the FIP unit. Patients will be selected as candidates for 6C based upon their charges and the ability of their case to be diverted in the court of origin and upon their level of acuity. ODR will collaborate with our justice partners to facilitate diversions in the form of releases from custody to care and will work side-by-side with jail and 6C treatment providers to transfer patients. Similar to our pretrial diversion work, this will require a presence in various courts, in the jail, and in community placement setting (in this case, a DHS hospital). The new 6C unit is undergoing construction to comply with current Office of Statewide Health Planning and Development (OSHPD) inpatient facility code requirements and new positions are being requested to staff the unit. Revenue to fund the program will come from funds originally allocated to augment acute care services for jail inmates as part of the Department of Justice Settlement Agreement in the jails, Medicaid revenue for acute psychiatric services for patients who qualify and ODR funding. Once a patient treated at Olive View's 6C unit is prepared for discharge, ODR will be responsible to the patient and the courts to facilitate appropriate community placement. To this end, ODR will expand community placement options for patients diverted to 6C. The 6C effort should directly address the acute psychiatric bed crisis for the jail and help LAC meet its obligations under the DOJ settlement agreement.

VI. Sobering Center

The Dr. David L. Murphy Sobering Center opened in January 2017 and provides a welcoming, safe and secure environment for short term (under 24 hours) monitoring and management of persons under the influence of alcohol and other drugs. The fifty-bed facility is located at 640 Maple Street in downtown Los Angeles and serves individuals who occupy the Skid Row and adjacent areas. The Center is an alternative destination to jail and hospital emergency departments by allowing law enforcement, outreach and

engagement teams, and downtown partners to divert chronically inebriated individuals. Clients are subsequently linked to social services and community resources including detox, residential rehab, sober living, crisis and interim housing, and primary and mental health care.

VII. LA Jail Overdose Education and Naloxone Distribution

ODR, in collaboration with Correctional Health Services' new Medically Assisted Treatment Program for SUDs, is developing a program aimed at reducing deaths from opioid overdose among recently incarcerated individuals. The Overdose Education and Naloxone Distribution program will identify inmates at risk of an opioid overdose post-release, and provide them with trainings in opioid overdose prevention, recognition, and response with rescue breathing, and an opioid overdose reversal medication, naloxone. Program participants will be provided intranasal naloxone when they receive their belongings upon reentry into the community. The program is expected to launch by the end of 2017 and will build off of lessons learned from a similar program launched in Cook County jails in 2016.

VIII. SB 678 Clinical and Reentry Support Services

ODR is currently designing two Senate Bill (SB) 678 funded programs: SB 678 Clinical Services and SB 678 Reentry Support Services. SB 678 allocates funds to the Chief Probation Officer of each county to facilitate the provision of supervision, sanctions, and services to improve outcomes for felony offenders on probation. Funds allocated for this purpose must be used to provide supervision and rehabilitative services consistent with evidence-based community corrections practices and programs.

The ODR SB 678 Clinical Services effort is focused on providing comprehensive mental health, substance use, and supportive housing services for persons on probation in LAC. The effort seeks to provide a wide range of clinical and community services for this population, with the goal of successful reintegration into society and reduced recidivism. Individuals will receive an assessment by a clinical professional from Correctional Health for those in custody or ODR for those in the community to determine clinical need for services. Based on this assessment, probationers will be provided a comprehensive menu of services that is specifically tailored to their mental health and substance use disorder needs and linkage to providers who will carry out the treatment plan. ODR staff will provide assurance of service fidelity as well as relevant training on how to best serve this unique subgroup of probationers.

The ODR SB 678 Reentry Support Services are primarily targeted at the medium and high-risk population and will provide ICMS specifically tailored to the justice population. ICMS will include navigation services, referral and connection to substance abuse, mental health, and physical health services, financial education, and employment and education support service. Clients will be connected to supportive services including

cognitive behavioral therapy, support groups, anger management, family reunification, legal services, and restorative justice programming. These services will be delivered through a broad set of community partners either leveraging existing funding or supported by ODR for the target population.

IX. Proposition 47

On June 8th 2017, ODR was awarded a \$20 million Proposition 47 grant from the Board of State and Community Corrections to reduce recidivism and fund rehabilitative programs for justice-involved individuals with a history of mental health issues or SUDs. LAC was one of 23 applicants statewide awarded funding from voter-approved Proposition 47, which reduced from felonies to misdemeanors certain low-level crimes. The measure, passed in 2014, provides that state savings be used to fund rehabilitative programs.

LAC Prop 47 programming will expand SUD treatment housing, enhance access to mental health services, and develop new reentry-focused intensive case management, housing, and wraparound services. The goal of this program is to improve health and employment outcomes and reduce recidivism among justice-involved individuals with mild to moderate substance use and mental health disorders. The program will use a "no wrong door" approach to ensure that persons seeking help will find culturally and linguistically appropriate services. Over eighty percent of the funding received by LAC will be distributed to community-based organizations for the provision of services. Five percent of funding will be dedicated to evaluation of programmatic outcomes.

In preparation for grant submission, ODR, in partnership with the Mayor's Office of Reentry, convened three stakeholder meetings with a total of over 100 community based organizations to discuss program needs and to identify gaps in service that could be addressed with these funds.

Health Agency and Countywide Initiatives

Each of the programs operated by ODR leverages other federal, state, and local resources so that ODR funding can be used only when other sources are not available, thereby increasing the number who can be served. Leveraged funding most notably includes federally funded mental health and substance use services in addition to some of the efforts listed below.

I. Whole Person Care

On November 1, 2016, the LAC Health Agency was awarded the Whole Person Care (WPC) grant of approximately \$630.2 million of federal Medicaid funding over five-years, as part of the State's Medi-Cal 2020 Demonstration. WPC aims to provide comprehensive and coordinated services to the sickest and most vulnerable County

residents through 11 programs for high-risk individuals in five target populations: 1) those experiencing homelessness; 2) justice involvement; 3) serious mental illness; 4) severe and/or persistent SUD; 5) or complex medical conditions.

The WPC Reentry program will provide services to the high-risk justice-involved population, with an emphasis on individuals in the LAC jail system. The program aims to enroll 1,000 LAC jail inmates per month who are eligible for Medi-Cal, are high utilizers of health or behavioral health services, and are at high risk due to chronic medical conditions, mental illness, substance use disorders, homelessness, or pregnancy. An additional 250 individuals per month returning from prison or recently released from custody will be enrolled from the community, referred by the Probation Department, the California Department of Corrections and Rehabilitation, ODR and community-based reentry services agencies.

The WPC Enhanced Care Coordination Program (pre-release services) will be provided in the jail setting. Intake questions currently asked upon entry into the jail are being modified to identify potential program participants. WPC staff will meet with identified inmates within the first three days in custody to conduct a comprehensive psychosocial assessment and develop a care plan/reentry plan in collaboration with the client. In addition, Medi-Cal enrollment efforts will increase, with enrollment starting at jail intake for activation upon release; referrals will be made to Homeless Initiative programs, including the Supplemental Security Income (SSI) advocacy program; a discharge medical or mental health visit(s) will be provided when clinically indicated; a 30 day supply of prescription medication will be provided at release for clients with chronic health or mental health conditions; and a Continuity of Care Document will be generated for transmittal to the client's selected health care provider in the community. A WPC release desk is also being established to arrange transportation and interim housing for those being released with little notice. An in-person or video-conference based visit will take place when feasible with the Community Health Worker to be assigned to the client in the community, to facilitate a warm handoff upon release.

The WPC Reentry post-release program will include extensive use of Community Health Workers (CHWs) to assist participants to effectively engage with community-based health and mental health providers upon release, and to assist in addressing the social determinants of health affecting them when they return to the community. Community clinics and community-based organizations providing services to the reentry population are being engaged to embed program CHWs and provide services through a coordinated handoff from the jail. CHWs who are formerly justice-involved will provide mentorship and empowerment; health and social service navigation; linkage to housing, employment, education, legal assistance and social supports; accompaniment to key health and mental health appointments; assistance with adherence to appointments, treatments and medications; and connection to transportation. Participants will remain in the program for up to six months' post-release, with 25% receiving extended services

for an additional nine-months. Once fully implemented, this will be the largest clinically focused reentry effort in the nation.

The WPC program is utilizing a web-based database to manage all client care coordination called CHAMP (Comprehensive Health Accompaniment Management Platform). ODR currently utilizes CHAMP to track all ODR Housing clients and client outcomes and will also use CHAMP for Proposition 47 and SB 678 funded services.

II. Homeless Initiatives and Measure H

On February 9, 2016, the Board of Supervisors adopted the Chief Exec CEO's report entitled Recommended Strategies to Combat Homelessness and on June 13 they adopted the Measure H Spending Plan. Among the adopted strategies, many have either a direct focus on the work of ODR or have an impact on its work. More specifically, recommendations D2 and D4, Expand Jail In-Reach and Regional Integrated Re-entry Networks – Homeless Focus are implemented in collaboration with ODR. These initiatives bring \$2.8 million from the County's Homelessness Initiative funding and \$5 million from Assembly Bill (AB) 109 funding to support the development of the integrated re-entry networks and to expand jail in-reach, in partnership with LASD.

The D2 Jail In-Reach program launched in early 2017 and teams of DHS social workers, LASD custody assistants, and community based providers are assessing homeless inmates, entering them into the Coordinated Entry System (the County's referral system for supportive housing), and connecting clients to shelter and other services upon release. To date, 2180 clients have been assessed and entered into the Coordinated Entry System.

The D4 Regional Integrated Networks strategy is being developed in conjunction with planning for the County's WPC pilot services for the reentry population. The working group will be selecting an initial set of agencies for the Reentry Healthcare Network through review of Work Order Solicitation responses. The next step will be to implement the placement of D4 housing specialists within Reentry Healthcare Network agencies or WPC Regional Coordinating Centers.

III. Jobs and Services Task Force

The Prop 47 Jobs and Services Task Force is a collaboration between ODR, the Workforce Development, Aging and Community Services Department (WDACS) and the Los Angeles Chamber of Commerce. The Task Force was charged with developing a plan to launch public-private partnerships to help Prop 47 eligible residents access employment and training services, as well as wrap around support services, such as mental health, health care, housing and substance abuse counseling.

Through our collaboration among cross-sector partners, the Task Force identified strategy, system structure, and funding sustainability recommendations to help LAC reach the aspirational goal of placing 50,000 Prop 47 beneficiaries on the pathway to sustainable employment. The partners are now beginning the implementation phase and have engaged potential philanthropic partners to develop a job training and readiness fund. Next steps include outreach to employers in LAC to create a public-private partnership focused on job development, training, readiness and retention.

IV. Bail Reform

ODR has been an active participant in the Bail Reform Working Group chaired by the Office of County Counsel. Bail reform efforts that target persons booked into jail with certain charges and serious mental health or SUD's may hasten their connection to community based treatment, housing services and ultimately their coordinated release from custody into these services. Although strong clinical services in our custody environments are needed, the most effective way to treat the sickest individuals is with community-based interventions. By effectively moving those with serious mental illnesses and substance use disorders who are eligible for diversion into community settings, we prevent investments in less effective care settings within the jails in exchange for investments in more effective and sustainable care in the community. The Working Group's bail reform efforts provide an early post-booking diversion opportunity that will help guide ODR's future programmatic investments. ODR continues to advocate for a risk assessment instrument that is cognizant of, but does not penalize persons who suffer from a mental illness.

V. Juvenile Diversion

ODR is a participant in the Juvenile Diversion Working Group led by the Countywide Criminal Justice Coordinating Committee (CCJCC), DPH and the CEO on strategic planning for a possible countywide youth diversion initiative. We believe that a comprehensive, countywide, evidence based program to divert youth from the Juvenile Justice system is a critical component of an overall strategy to reduce the rates of arrest and incarceration in communities of color. This effort is in alignment with the overall mission of ODR to divert individuals from the justice system. We look forward to the report and recommendations regarding youth diversion.

ODR Funded Collaborations

Each of the ODR programs is carried out in accordance with the direction and leadership from the LA Superior Court, District Attorney, Public Defender, Alternative Public Defender, Sheriff's Department, and the Probation Department. In addition, ODR works in close collaboration with the Department of Mental Health and with the Substance Use Prevention and Control division. These partnerships are key to the

success thus far in each client served. The programs below are collaborations that are supported administratively and financially by ODR.

I. Women's Integrated Services Program

The Women's Integrated Services Program (WISP) pilot at the Century Regional Detention Facility (CRDF) was initiated in December 2016, as the first step toward a plan to implement case management and re-entry planning services for all female inmates. This work is being implemented in coordination of the WPC efforts described above and will leverage pre- and post-release services. ODR has provided funding for three Clinical Social Workers for the pilot. LASD has assigned a Sergeant to coordinate the program, and the Probation Department has assigned additional staff for the pilot. Community Workers are being recruited to provide participants with follow-up and linkage to services in the community post-release. The social workers meet with women in CRDF's general population within 3-5 days of entry into the facility to conduct a psychosocial assessment and develop a reentry plan covering areas including health, mental health, substance use, family/social support, housing, benefits and employment. Assistance is provided in linking clients to community-based services upon release. Through March 6, 2017, a total of 170 female inmates have received services. Inmates' response to the pilot has been overwhelmingly positive, and the services are in high demand. Evaluation of the WISP pilot is being planned, to refine program design and assess program impact.

II. Public Defender Mental Health Clinical Program Manager

ODR has provided funding for a Mental Health Clinical Program Manager position within the Office of the Public Defender. The Mental Health Clinical Program Manager will shape and oversee the Public Defender Social Worker Program. The manager will plan, assign, oversee and evaluate the work of subordinate staff, specifically seeking to implement the Public Defender vision of holistic representation to move clients away from the criminal justice system and improve their lives by connecting them to services and supports. The Manager will design and execute a training program tailored to support Public Defender attorneys and clients. The Manager will represent the Public Defender's Office as a collaborative representative in coordinating work with other departments and agencies ensuring proper alignment to avoid duplication of efforts. Further, the Manager will monitor and ensure quality service by Public Defender Social Workers to improve coordination of care for defendants with mental health and/or substance use disorders.

ODR's support of the Public Defender social worker manager position signifies an important step to align clinical social worker efforts within the LAC criminal court system. Currently, ODR and DMH's Court Linkage program have been aligning efforts to ensure that those with serious mental illness or substance use disorders who appear in Court might have access to a consistent set of assessments and services, including housing,

to support the swift resolution of their case and facilitate the reintegration to community with appropriate clinical and support services.

III. Crisis Intervention Training (CIT)

In California and throughout the country, recent high-profile encounters between law enforcement officers and mentally ill persons have highlighted the need for additional mental health training for patrol personnel to enhance skills and techniques when interacting with people who have a mental and/or SUDs. In May 2015, the President's Task Force on 21st Century Policing recommended law enforcement agencies include Crisis Intervention Training (CIT) a part of both basic recruit training and in-service training. The goals of CIT include reducing use of force in the field; improving the linkage of persons with mental illness and SUDs to services rather than booking and incarceration; and reducing recidivism. The core elements of CIT include training on mental health signs and symptoms, appropriate medications and their side effects, use of verbal de-escalation techniques, active listening skills, and improved police tactics using safe restraint techniques that result in reduced use of force.

ODR provides funding to support the Sheriff Department's CIT program, which plans to provide a 32-hour training to approximately 2,620 patrol personnel over the next six years. These 2,620 patrol personnel will be joined each year by hundreds of Sheriff Deputies who transition from the custody areas into patrol and who, in their custody roles, have received a similar training to CIT to ensure they were equipped to manage mental illness of individuals in custody. Depending on the rate of custody to patrol transition, at the end of six years between 4,000 and 5,000 patrol deputies will have received mental health training and requisite maintenance training, consisting of an eight-hour training every three years, so the skills stay fresh and up to date. The total investment for the six-year training plan will be offset by approximately \$6.4 million of ODR funding disbursed at \$1.4 million in the first year and \$1 million in each of the last five years. The ODR funding will augment the revenue that LASD receives because a portion of the training has been built into the contract city cost model as well as the Department's support through existing resources the Sheriff has committed to ensuring a sufficient number of patrol deputies receive the CIT training. Since December of 2016, 1,061 Deputies have received Mental Health Awareness training, 271 Field Training Officers have received an 8-hour train the trainer program in CIT, 4,478 Deputies have received a three-hour Mental Health scenarios training by DVD, and 519 Deputies have received the 32-hour CIT program.

IV. Mental Evaluation Teams (MET)

Since 2010, calls to the LASD that involve a mentally ill person have increased by 55%. Nearly 40% of all LASD use of force incidents involve a mentally ill person. The Sheriff's Department currently partners with DMH in offering specially-trained field units, called a Mental Evaluation Team (MET), to deal with mentally ill community members in crisis

(e.g., barricaded suspects, suicides in progress, other self-inflicted injuries). A MET consists of a Deputy Sheriff and a DMH Clinician who respond in an unmarked Sheriff's vehicle. METs provide crisis intervention techniques to diffuse potentially volatile situations, prepare appropriate documentation to assist custodial agencies in the placement of those with mental illness, act as a liaison to community and judicial agencies, and give court testimony regarding the mental health or emotional stability of persons with mental illness. METs assist patrol personnel, ideally trained in CIT, by arranging placement or providing transport for an individual to an appropriate facility. METs reduce the potential for use of force incidents and provide mentally ill persons with an immediate clinical assessment and related mental health services (acute inpatient hospitalization to private and county hospitals or services through the Urgent Care Centers (UCC), linkage, intensive case management, training, etc.). Through MET, mentally ill persons are diverted from incarceration and/or hospitalization, when appropriate, and instead are provided alternative care in the least restrictive environment through a coordinated and comprehensive approach.

ODR provides MET funding to both the Sheriff's Department (\$1.439 million for fiscal year 16/17) and DMH (\$388,000 for fiscal year 17/18). In Fiscal Year 2015-16, the MET program responded to 958 calls for service. 79% of those calls resulted in connection to mental health treatment either through hospitalization or transport to Mental Health Urgent Care Centers. In total, 97% of all cases handled by MET resulted in diversion away from the criminal justice system.

ODR is working closely with the Sheriff and the Department of Mental Health in planning to support MET expansion from 11 to 24 teams in order to better meet demand for services. Through WPC, funding will be made available as incentive payments that are tied to MET team client engagements from 2017 through 2019. If target client engagement totals are met (1000-4000 encounters annually), the County will receive around \$1.4 million in incentives over 3 years.

V. 211 LA County

Funding from ODR supports the expansion of 211 LAC to serve as the Proposition 47 call center. The services are telephone and web-based and provide information and care coordination of services for the Proposition 47 eligible population who are seeking assistance to reduce certain drug or property crime felony convictions to a misdemeanor. The target population is also notified of mental health treatment, substance use treatment, health services, housing and social services, employment training, and job opportunities. ODR funding is for a total of \$533,000 over fiscal year 16/17 and 17/18. 211 LA County has had 3008 contacts with clients related to Prop 47 since July 1, 2016. Of those contacts, 2,912 were over the phone, and the remainder were through text or online. 2,450 contacts provided contact information for a call back from the Public Defender and 476 were referred for Prop 47 care coordination.

VI. Tarzana Treatment Center

ODR provides partial funding (\$127,949 annually) for 40 beds at Tarzana Treatment Center, a co-occurring mental health and SUD residential treatment program. The program serves adults ages 18 and older, who are incarcerated prior to admission in the LAC Jail and must meet criteria for a moderate to severe substance use disorder and qualify for the residential treatment level of care under the American Society of Addiction Medicine (ASAM) criteria for Levels 3.1, 3.3, or 3.5. In addition, these individuals must also have a co-occurring mental health disorder with functional impairment, which could benefit from mental health treatment. The average length of stay in the program ranges from 60 to 90 days. The program philosophy recognizes that both addiction and mental illness are chronic diseases that require whole person, integrated care utilizing evidence-based practices. ODR's funding supports the provision of mental health services. The costs for the SUD services, residential costs and treatment, are offset by revenue from DPH SAPC. Upon launch of the Drug Medicaid Organized Delivery System much of the cost will be offset by new Medicaid revenue.

VII. Mentally Ill Offender Crime Reduction (MIOCR)

The Mentally Ill Offender Crime Reduction (MIOCR) grant program, a multi-department effort to serve 90 "tri-morbid" inmates with co-occurring medical, mental health and substance use issues, began enrolling participants at the end of November 2016. A multi-disciplinary project team consisting of a Psychiatric Social Worker, Community Worker, Registered Nurse and Custody Assistant is providing comprehensive assessment, reentry planning and case management to participants with approximately 60-90 days remaining in jail, as well as follow-up and linkage to services in the community post-release. Reentry pathways have been created for program participants including 30 Full Service Partnership slots committed by DMH, 30 ODR permanent supportive housing slots, and 30 SUD residential treatment slots committed by SAPC with its contracted providers. A total of 41 participants have been enrolled to date.

National Initiatives

ODR has been involved in two large-scale national initiatives to address diversion efforts, particularly around county jail diversion: the MacArthur Safety and Justice Challenge and the Stepping Up Initiative.

I. MacArthur Safety and Justice Challenge

On May 1, 2016, LAC was awarded a Phase II Safety and Justice Challenge Grant from the John D. and Catherine T. MacArthur Foundation in the amount of \$150,000. By accepting this grant, the County remains a Partner Site in the Safety and Justice Challenge Network. Grants funds were split equally between ODR, the Probation

Department, and the Sheriff's Department. ODR has utilized grant funds to procure the Chief Executive Office's Enterprise Linkages Project (ELP) services. The ELP work will help identify a priority population of high utilizers where pre-trial diversion is most needed, and to gather and analyze other metrics related to the justice involved population. Probation will utilize grant funding to expand the Pre-trial Services Bail Deviation Program. Through the expansion of the program, Probation will automatically conduct proactive bail deviation assessments of pre-arraignment inmates located at high volume booking facilities. In the past, these assessments were only conducted at the inmate's request. The LASD will utilize grant funding to facilitate the Women's Integrated Services Program (WISP) which connects female inmates to drug treatment and other re-entry services. Funds will also be used to develop an automated notification system to identify program participants who are returned to custody and to compile grant required data elements.

II. Stepping Up Initiative

On February 9, 2016, the Board passed a Resolution to participate in the National Stepping Up Initiative. According to the resolution, LAC, "is now well-poised to assume a leadership role nationally. The stated goals of the Stepping Up Initiative are to convene expert leaders and decision makers; commence a dialogue regarding data, treatment and service capacity, and create an action plan with measurable outcomes to safely reduce the number of people with mental illnesses in the jails. The Stepping Up Initiative complements this Board's existing practices and goals regarding mental health diversion." In addition to participating in a National Summit in 2016, ODR staff presented on the work in LAC at the California Stepping Up Summit in Sacramento in January of 2016.

Health and Justice Data

Due to ODR's position in the nexus between health services and criminal justice, the Office has provided data and analysis related to persons in LAC who have mental health and substance use disorders who are also involved in the criminal justice system. ODR continues to serve as a critical conduit enhancing collaboration between health and justice data partners and has brought together County partners and agreed upon methods of developing the data, established definitions, and offered expertise to develop the most accurate measures possible. ODR will serve as the "clearinghouse" for health and justice data in partnership with the CEO's Research and Evaluation Services unit (RES), using the Enterprise Linkages Project (ELP), which is uniquely situated to provide health and justice information that can be produced in a timely fashion and, ultimately, on a routine basis. Our partners will provide the necessary data to RES/ELP and ODR will report on and distribute the information to stakeholders.

Sequential Intercept Model

The guiding philosophy for ODR's work continues to be that laid out in DA Jackie Lacey's Blue Print for Change report to the BOS in August, 2015. In her report, the DA organizes her recommendations for work across the sequential intercept model. The table below similarly organizes ODR's existing work along the same intercept model.

1. Law Enforcement/Emergency Services	2. Post-Arrest/Arrest	3. Courts/Post Arrest/Alternatives to Incarceration	4. Community Reentry	5. Community Support
<ul style="list-style-type: none">• LEAD• Sobering Center• CIT• MET	<ul style="list-style-type: none">• Bail Reform	<ul style="list-style-type: none">• MIST-CBR• ODR Housing	<ul style="list-style-type: none">• Overdose prevention• Homeless Jail In-reach• WISP	<ul style="list-style-type: none">• SB 678 Clinical and Reentry Services• Proposition 47• Jobs and Services Taskforce

Permanent Steering Committee

ODR is guided by a Permanent Steering Committee (PSC) that meets every other month. The PSC is chaired by the Director of ODR and the DA. The purpose of the PSC is to advise ODR and to drive forward recommendations so diversion occurs seamlessly across all intercepts. Meetings have been well attended and productive. Topics addressed at recent PSC meetings include: in-depth diversion program updates and opportunities for feedback, grant application discussion on LEAD and Prop 47, overview of mental and substance use disorder services level of care placements, health and justice data planning, a Council on Mentally Ill Offenders (COMIO) presentation, and various presentations by justice partners pertinent to the County's diversion efforts.

Next Steps

County departments and stakeholders will continue to collaborate under the leadership of ODR on the above-listed initiatives as well as any new opportunities that emerge as the diversion work expands across the LAC.

If you have any questions or require additional information, please contact Mark Ghaly, M.D., Deputy Director of Community Health and Integrated Programs at (213) 240-8107 or mghaly@dhs.lacounty.gov.

MHK:mg

c: Chief Executive Office
County Counsel
Executive Office, Board of Supervisors
ODR Permanent Steering Committee



OFFICE OF THE SHERIFF

COUNTY OF LOS ANGELES

HALL OF JUSTICE

JIM McDONNELL, SHERIFF



November 29, 2017

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

Dear Supervisors:

LOS ANGELES COUNTY SHERIFF'S DEPARTMENT PROGRESS UPDATE ON SHERIFF'S INITIATIVES

On June 27, 2016, the Board requested the Los Angeles County (County) Sheriff's Department (Department) provide a semi-annual update on the Sheriff's initiatives in the areas of Jail Replacement. The current status of the Mira Loma Women's Detention Center (MLWDC) and the Consolidated Correctional Treatment Facility (CCTF) are outlined below:

Mira Loma

- Milestones Achieved
 - Project Delivery and Construction Agreement (one of the six legal agreements required by the grant) was signed by representatives with the California State (State) Public Works Board, Department of Corrections and Rehabilitation of the State, Board of State and Community Corrections, and the County on July 26, 2017.
- Critical Activities
 - The State and the County are in the process of finalizing the ground lease as part of the AB900 financing. It is anticipated to be completed and approved by March 2018.

211 WEST TEMPLE STREET, LOS ANGELES, CALIFORNIA 90012

A Tradition of Service
— Since 1850 —

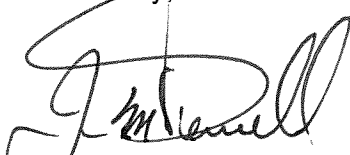
- Part A of the Request for Proposal (RFP) will need to be re-released by the Department of Public Works (DPW) as two of the three pre-qualified bidders withdrew.
- The delay associated with the re-issuance of Part A to increase the number of short-listed proposers is concurrent with the Environmental Impact Report (EIR) process for CCTF. Thus, both projects are still anticipated to award design-build contracts at the same time, as directed by the Board.

Consolidated Correctional Treatment Facility

- Milestones Achieved
 - The draft EIR is complete.
 - The public draft of the EIR was released for public review comment on October 19, 2017.
 - The 60-day public review has started, and the comment period will end on December 18, 2017.
 - The public review meeting for the release of the draft EIR occurred on October 30, 2017.
- Critical Activities
 - DPW is working with two pre-qualified design-build teams, and County Counsel is finalizing Part B of the RFP.
 - A second public review meeting for the release of the draft EIR is scheduled to occur on December 2, 2017.

Should you have any questions, please contact Chief Stephen B. Johnson, Custody Services Division, at (213) 893-5888.

Sincerely,



JIM McDONNELL
SHERIFF



Brian J. Stiger
Director

COUNTY OF LOS ANGELES DEPARTMENT OF CONSUMER AND BUSINESS AFFAIRS

"To Enrich Lives Through Effective and Caring Service"

Members of the Board

Hilda L. Solis
Mark Ridley-Thomas
Sheila Kuehl
Janice Hahn
Kathryn Barger

FROM: Brian Stiger, Director
TO: Sachi Hamai, Chief Executive Officer
DATE: November 22, 2017
SUBJECT: OFFICE OF IMMIGRANT AFFAIRS BI-ANNUAL BOARD PRIORITIES REPORT

On September 12, 2017, the Board of Supervisors voted to adopt "Immigration" as the Board's sixth top priority – along with the Homeless Initiative, Sheriff Reform, Health Integration, Child Protection, and Environmental Health Oversight and Monitoring. With this action, the Board designated the Office of Immigrant Affairs (OIA) within the Department of Consumer and Business (DCBA) as the lead agency to work with County of Los Angeles (County) departments in completing the following goals:

- By December 2017, OIA will convene the Immigration Protection and Advancement Taskforce (IPAA), assess existing County programs and services, and identify changes that can be made in service delivery models to inform and better serve immigrant residents
- By March 2018, OIA will implement an enhanced communication strategy to keep County immigrant communities, apprised of County services and programs available to them
- By June 2018, OIA will conduct a public education and outreach campaign to inform immigrants and their families about their rights, how to prevent immigration fraud and other scams, and where to get help with complaints

Since its inception, OIA, in close partnership with County and external partners, has made notable progress in advancing the Board's directive. Below is a one-page summary of some of the accomplishments OIA completed in Calendar Year 2017.

OIA FACILITIES: Office facilities were secured, remodeled, and made fully operational in the East Los Angeles County Hall. DCBA counselors field an average of 180 calls per month. All authorized positions

have been filled, including an Acting Executive Director, two Immigrant Affairs Specialists, two Immigrant Affairs Representatives, and one Client Coordinator.

- I. **OIA WEBSITE:** In partnership with the Chief Executive Officer (CEO), Countywide Communications, County Counsel and other departments, OIA created and launched a website that provides information and resources to an average of 1,700 clients and partners per month. The site includes information about legal representation through the Los Angeles Justice Fund, immigration and consumer fraud protection services, legal forms and brochures, and information about County services.
- II. **CONSUMER FRAUD PROTECTION AND ASSISTANCE:** DCBA receives average of 75 complaints annually involving immigration services fraud impacting immigrants. From these complaints, DCBA builds cases for referral for prosecution. One single such case completed in early 2017 uncovered approximately 1,000 victims, while a second case still in process revealed 4,700 potential victims. OIA works closely with the Investigations team to identify cases and assist the victims.
- VI. **OUTREACH AND EDUCATION:** With the assistance of CEO, Countywide Communications, and other departments, OIA conducted a month-long outreach campaign in June 2017 consisting of an OIA advertisement that ran on 215 buses and 200 trains. OIA also conducted or participated in an average of five public outreach events per month, reaching at least 4,000 immigrants in 2017. Additionally, OIA conducted 13 train-the-trainer workshops to train County and external partners about County services available to immigrants and their families, and how they can access them.
- VII. **DEFERRED ACTION FOR CHILDHOOD ARRIVALS:** On September 5, 2017, the Administration imposed a deadline for DACA recipients to apply for renewal by October 5, 2017. Starting the day of the announcement, OIA engaged in a number of activities to help DREAMers, including:
 - Participated and moderated a press conference on September 5, 2017, attended by Supervisors Solis and Hahn, LA City Mayor Garcetti, and many other strategic partners.
 - Conducted three live Facebook chats with legal aid immigration attorneys to answer a wide variety of questions from DREAMers. More than 3,500 people have viewed the chats.
 - In partnership with the Board, Department of Human Resources and County Counsel, provided DACA information to all County Department heads and employees about DACA.
 - Participated in a dozen community events. One such event was attended by more than 25,000 people and included 45 radio spots announcing OIA's services for immigrants and DACA recipients.
- VIII. **CITIZENSHIP WEBSITE AND CITIZENSHIP WORKSHOPS:** In partnership with the County Public Library, OIA created and launched a comprehensive PathWays2Citizenship website to encourage and assist immigrants to become citizens. The website is in English, Spanish and Chinese. It includes citizenship forms, study guides, and other resources.
- IX. **IMMIGRATION PROTECTION AND ADVANCEMENT TASKFORCE (IPAA):** The Board created IPAA to bring together public and private stakeholders to develop a broad vision to protect the rights and advance the success of all County immigrants. IPAA is responsible for developing and submitting to the Board a Countywide Immigrant Protection and Advancement Strategy Report (Report) with specific recommendations for each County Department, goals and deliverables for such strategies, and policy recommendations. OIA convened IPAA on October 25, 2017 to discuss the Report, how IPAA will fulfill its responsibilities, and whether a consultant is needed.
- X. **LOS ANGELES JUSTICE FUND (LAJF):** On December 20, 2016, the Board launched an initiative to provide legal representation to County immigrant residents at risk of removal and who could not afford an attorney. On July 4, 2017, consistent with the Board's directive, and under the advice of CEO and County Counsel, DCBA and the California Community Fund (CCF) executed a two-year, \$3 million contract for CCF to implement and administer the County's share of the LAJF. On July 14, 2017, DCBA disbursed to CCF the \$1 million for FY 2016-17. On July 20, 2017, CCF released a Request for Funding Proposals. Thirty-eight legal service providers applied for grants, and CCF selected 16 of them to receive LAJF grants. On November 27, 2017, CCF announced the grantees that were awarded grants.

Sachi Hamai, Chief Executive Officer
November 22, 2017

CONCLUSION: OIA's progress in implementing the Board's directive is only the foundation of much more work needed to ensure that the County protects the rights and advances the success of ALL the immigrants who have made the County their home. With the strong Board leadership and support, the commitment of numerous strategic partners, and the resilience of the immigrant communities, the County will foster and create stronger communities for all.



SACHI A. HAMAI
Chief Executive Officer

County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

August 8, 2019

To: Supervisor Janice Hahn, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Kathryn Barger

From: Sachi A. Hamai
Chief Executive Officer

Board of Supervisors
HILDA L. SOLIS
First District

MARK RIDLEY-THOMAS
Second District

SHEILA KUEHL
Third District



JANICE HAHN
Fourth District






KATHRYN BARGER
Fifth District

SIXTH SEMI-ANNUAL REPORT ON BOARD PRIORITIES (ITEM NO. 4-A, AGENDA OF JUNE 27, 2016)

In 2015, the Board of Supervisors (Board) established four Board Directed Priorities (Priorities): The Sheriff's Department/Justice Reform; Child Protection; Health Integration; and the Homeless Initiative. Two additional priorities: Environmental Health Oversight and Monitoring, and Immigration were later added. Finally, on August 6, 2019, this Board adopted Sustainability as the seventh Board Directed Priority.

The priorities represent the Board's collective response to complex challenges that have adverse impacts on the health, safety, and well-being of County residents and/or its institutions and that are not being sufficiently addressed through existing County services, programs, or other resources.

	CHILD PROTECTION	Enhancing the County's child safety network by adopting and implementing recommendations of the County's Blue Ribbon Commission on Child Protection, including establishing the Office of Child Protection to improve the lives of children and families.
	HEALTH INTEGRATION	Streamlining and integrating access to high quality and comprehensive health services by integrating the Departments of Health Services (DHS), Mental Health (DMH), and Public Health (DPH).

	HOMELESSNESS	Responding and reducing the incidence of homelessness among the County's most vulnerable population, including establishing the Office of Homelessness and approving the Homeless Initiatives' 51 strategies to confront the issues surrounding homelessness.
	JUSTICE REFORM	Diverting of individuals from County jails to supportive services, reducing the incidence of jail violence, and increasing transparency and accountability of the Sheriff's Department.
	ENVIRONMENTAL HEALTH OVERSIGHT AND MONITORING	Strengthening environmental monitoring and oversight, empowering communities, improving regulatory enforcement, and reducing toxic emissions.
	IMMIGRATION	Protecting and advancing the well-being of County immigrant residents by establishing the Office of Immigrant Affairs.
	SUSTAINABILITY	Provides an aspirational strategic vision (OurCountyPlan) for making Los Angeles County healthier, more livable, economically stronger, more equitable, and more resilient sustainable region.

Driving each Priority is a focus on children, adults, families, and/or communities. The Priorities are intersectional and, therefore, do not attempt to address a single need of a single population. Rather, the Priorities recognize that the needs of many who seek assistance from the County are complex and are not easily relegated to a single focus area. The Priorities attempt to support individuals as they move from crisis to stability and, ultimately, towards thriving, as well as the evolution of LA County services towards a more streamlined, comprehensive, coordinated, and transformative system of care.

In response to the Board's 2016 request for Board reports, this memo will serve as the Chief Executive Office's (CEO) sixth semi-annual report. As indicators of progress within the areas of the Board Directed Priorities, this report now includes select data graphs and charts in support of many of the high-level narrative summaries. Hyperlinks to referenced documents, such as memos, letters, reports, and Board motions, have been imbedded in the report to provide readers the opportunity to review the source document in further detail. More detailed data is already available in some Board Directed Priorities, such as Homelessness (<https://data.lacounty.gov/stories/s/7xtx-jbvj>), and have reported to the Board in various reports, such as the Office of Diversion and Reentry (ODR) quarterly reports, the Whole Person Care quarterly updates, and the Housing for Health quarterly updates. These and other reports are listed on a reference page at the end of this report. The CEO will continue to work with the departmental Priority Leads in anticipation that future annual Board Directed

Each Supervisor
August 8, 2019
Page 3

Priorities reports will emphasize data-driven analysis and less descriptive narrative.

As indicated in the fifth semi-annual report, the CEO will be providing them on an annual schedule, with the next report due to the Board on July 7, 2020. Please let me know if you have any questions, or you may contact Harvey Kawasaki at (213) 974-4603 or via email at hawasaki@ceo.lacounty.gov.

SAH:FAD
HK:NS:km

Attachment

c: All Department Heads



BOARD DIRECTED PRIORITIES



LOS ANGELES COUNTY
CHIEF EXECUTIVE OFFICE
August 13, 2019 Update

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YOUTH/TRANSITIONAL AGE YOUTH/ FOSTER YOUTH

EDUCATION, PREVENTION/SAFETY, HEALTH, HOUSING, DIVERSION

EDUCATION

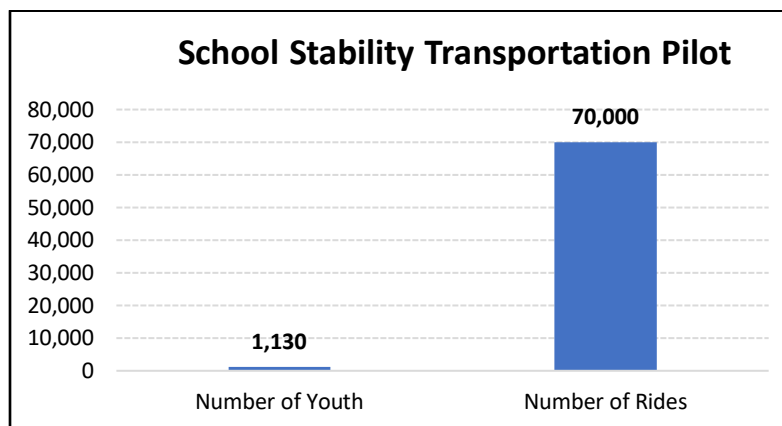
SCHOOL STABILITY FOR FOSTER YOUTH

Delivering Services

School Stability Transportation Pilot – Every Student Succeeds Act (ESSA)

The Department of Children and Family Services/Los Angeles County Office of Education/Los Angeles Unified School District (DCFS/LACOE/LAUSD) [Pilot](#) for transporting foster youth was extended through June 30, 2019.

Over 70,000 school-of-origin transportation rides have been provided to more than 1,130 foster youth. Roughly 44 percent of the youth transported by the pilot are LAUSD students, while the remaining 56 percent of youth are spread out over 64 other school districts.



EARLY CARE AND EDUCATION

Preparing for New or Enhanced Service Delivery

Analysis of Early Care and Education Systems

The early care and education revenue expense model was finalized as part of a [comprehensive fiscal analysis of early care and education system](#) across Los Angeles

County. The model includes the quality components that drive cost, three levels of quality to be costed out, and the types of programming to be modeled.

WORKFORCE DEVELOPMENT

Prioritizing Foster and Juvenile Justice Involved Youth

The County and City of Los Angeles' Workforce Development Board (WDB) have secured commitments from the other five WDBs—Foothill, Pacific Gateway, Southeast Los Angeles, South Bay, and Verdugo—to:

- Prioritize foster and juvenile-justice-involved youth for work experience;
- Establish a continuum of workforce and education services for youth and families at risk of becoming involved with child welfare or probation; and
- Dedicating at least 30 percent of Workforce Innovation and Opportunity Act–Out of School Youth funds to serve in-school foster, probation, and homeless youth, based on the local youth population in each region.

PREVENTION AND CHILD SAFETY

CHILD ABUSE INVESTIGATION

Preparing for New or Enhanced Service Delivery

Sharing Electronic Data to Conduct Better Child Abuse Investigations

The Electronic Data Sharing Efforts (ERIS), an electronic system for emergency-response Children's Social Workers to access law-enforcement data relevant to an investigation of child abuse or neglect, was launched in all 20 DCFS offices.

Phase II design of ERIS is underway with Internal Services Department (ISD), Chief Information Officer (CIO), and DCFS, to add data from additional departments and incorporate changes based on user feedback to improve the system's functioning.

CHILD WELFARE SYSTEM REFORM

Preparing for New or Enhanced Service Delivery

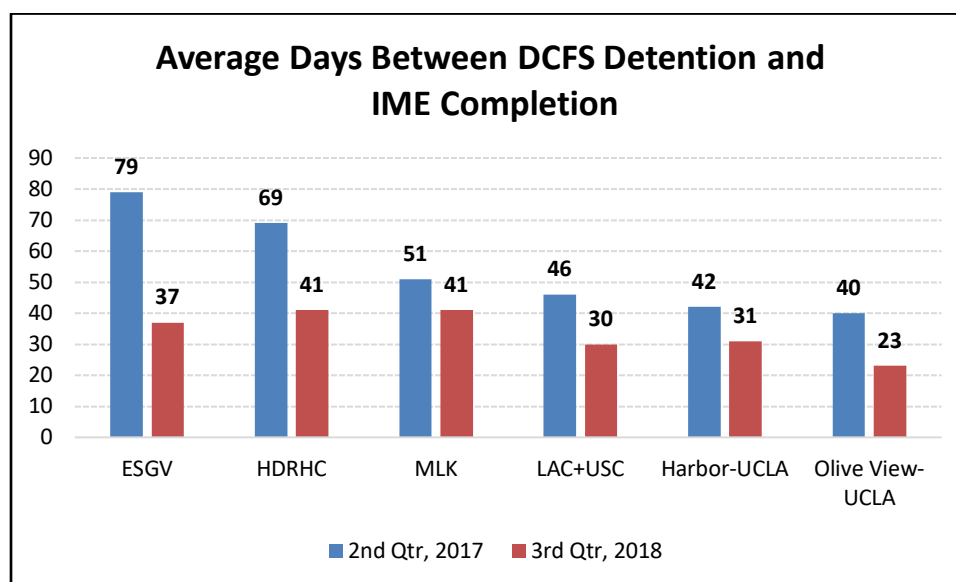
Enhancing Child Welfare Services

Office of Child Protection (OCP) developed recommendations for system reform in response to the Anthony A. case review and a six-month follow-up [report](#) was submitted on February 14, 2019. Highlights included:

- The Voluntary Family Maintenance policy was revised, and the draft was vetted with DCFS's Policy Unit.
- DCFS and the Los Angeles Sheriff Department (LASD) launched a pilot in the Antelope Valley to jointly investigate allegations of child physical and sexual abuse during daytime shifts.
- Department of Health Services (DHS), DCFS, and LASD completed cross-trainings in the Antelope Valley and Santa Clarita areas for DCFS and LASD staff on identifying signs of basic abuse and knowing when social workers and law-

enforcement staff should bring children in for medical exams at the County's Medical Hubs or other hospitals.

- DCFS completed training for regional management and supervisors focused on deepening assessment and family-engagement skills and understanding how protective factors can mitigate risk. Training is now underway for line staff.
- Department of Public Health (DPH) co-located substance-abuse counselors in 14 DCFS regional offices to provide on-site support and connections to substance-abuse support for those parents or youth who need them.
 - As a result, 1,036 parents were screened; 900 of them with positive screens were referred to treatment services within their communities.
- DHS has improved the timeliness of Initial Medical Exams (IMEs) for newly detained children at each Medical Hub. The data, Q2 of 2017 and Q3 of 2018, show decreases in the average number of days between detention date and IME-completion date for newly detained children—from 54.5 days to 33.7 days.



PREVENTION SERVICES

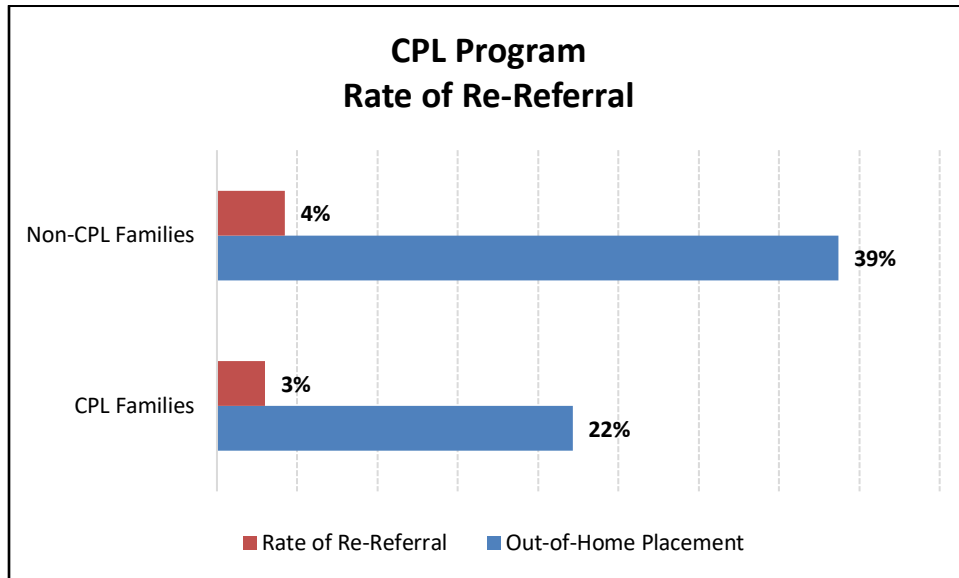
Preparing for New or Enhanced Service Delivery

Diverting Families to Prevention Services

DCFS continued a pilot, Community Prevention Linkages (CPL) Program, launched at the DCFS' Hotline on June 28, 2018, to connect families referred to the hotline whose concerns do not warrant a DCFS investigation, but where a need exists that could be addressed through community-based prevention supports. A [memo](#) outlining the process was submitted to the Board on September 25, 2018.

- The number of families referred to prevention supports almost doubled (2,257 in 2017 to 4,488 in year one); the number of families connected to community supports more than tripled (224 in 2017 to 734 in year 1), an increase of 510 more families.

- The rate of children re-referred to DCFS with substantiated abuse or neglect dropped by 1.22 percent (4.23 percent for non-CPL families vs. 3.01 percent for CPL families).
- Of those children re-referred, the number needing to be placed in out-of-home care decreased (38.71 percent for non-CPL families vs. 22.17percent for CPL families), as 16.54 percent more CPL-program children were able to safely remain in their homes while their families received DCFS services.



Families Overcoming Under Stress (FOCUS)

To support the County's Medical Hubs, the Department of Mental Health (DMH) mental health providers in Service Planning Areas 1, 2, and 8 continued to receive training on the Families Overcoming Under Stress (FOCUS) curriculum:

- A trauma and resiliency treatment model for services directed towards at-risk families that may be experiencing stress and isolation, as well as at-risk parents and caregivers who may be stressed and have had limited opportunities to learn good parenting skills.
- Provides participating mental health staff who work with parents of children ages two - five, hands-on experience and training in using the FOCUS curriculum.
- Trainings were completed at the end of December 2018 and DMH is assessing the need for additional training.

Prevention Metrics

The OCP, working with First 5 LA, Department of Mental Health (DMH), DCFS, the Children's Data Network, the Chief Executive Office (CEO), DPH, DHS, LACOE, vetted a set of countywide prevention metrics to be shared publicly on the County's Open Data Portal. The goal is to finalize the initial set of countywide prevention metrics to develop a roadmap for the County to consistently measure these prevention outcomes.

HEALTH AND SOCIAL SERVICE SUPPORTS

PRENATAL CARE AND COMPREHENSIVE HEALTHCARE SERVICES

Delivering Services

Augmenting Home Visitation Services

Using DMH funding, 47 new home-visitor staff have been hired throughout the County, creating an expanded capacity to serve up to 1,175 additional families.

Launched an eDirectory eligibility and referral system that improves the ability to provide families timely and accurate electronic referrals to home-visitation providers (<http://edirectory.homevisitingla.org>).

MAMAs Program

As part of the Sexually Transmitted Infection (STI) Prevention Initiative, strengthened the partnership between DHS and DPH to increase referrals to “MAMAs” program for pregnant patients diagnosed with a STI. MAMAs program offers prenatal care, comprehensive healthcare services, and health coordination for pregnant women experiencing medical challenges, behavioral health conditions, or complex, stressful life circumstances (e.g., homelessness, incarceration).

African American Infant Mortality (AAIM)

The African American Infant Mortality (AAIM) Initiative expanded its focus to include maternal mortality and has rebranded as the African American Infant and Maternal Mortality (AAIMM) Prevention Initiative. This collaborative continues to partner with stakeholders to determine community priorities and initiate action. From January through June 2019, the AAIMM Prevention Initiative:

- Convened the first countywide steering committee on February 12, 2019;
- Co-sponsored an event with Senator Wilkes during the Antelope Valley Women’s Forum on March 7, 2019, to engage community members and other stakeholders around women’s health issues with a focus on AAIMM;
- Engaged funders to garner interest in financially supporting strategies in the AAIMM [Action Plan](#) during an event hosted by the LA Partnership for Early Childhood Investment on April 11, 2019;
- Launched the Service Provider Area (SPA) 1 AAIMM Community Action team on May 21, 2019, to improve the health and wellness of African-American women and their infants through the development and implementation of community-driven actions;
- Continued to support SPAs 6 and 8 AAIMM Community Action Team, which meets bi-monthly to develop and implement community-driven actions; and
- Launched the website to support this work on April 10, 2019 [<https://www.blackinfantsandfamilies.org/>].

DPH received a State grant to address AAIM. DPH is working closely with DHS, DMH, and community partners to reduce the gap in infant mortality rates between white and black/African American babies using a multi-faceted approach, to address the impact of

racism and leveraging community partnerships and new and existing funding. DPH has worked with State Senator Holly Mitchell to increase State funding for efforts to reduce AAIM.

HEALTH IN FOSTER CARE

Preparing for New or Enhanced Service Delivery

Improving Psychotropic Medication Monitoring

The OCP continued to oversee the implementation of the revised psychotropic medication protocols in partnership with the Juvenile Court, DMH, DCFS, Probation, and multiple stakeholders. Quarterly data from DCFS was monitored on their youth taking psychotropic medications. The Psychotropic Medication Youth Engagement Worksheet, administered by public health nurses (PHN), was fully implemented across all DCFS regional offices.

Enhancing Medical Hub System

The OCP, DHS, DCFS, DMH, and DPH leads (including Medical Hub leads and High Desert Regional Health Center (HDRHC) staff) have met to create a workplan for implementation of strategies to improve and clarify the following across all of the Hubs: Scope of services and target population; access and availability; information technology and data; quality assurance; fiscal sustainability; and governance, stakeholder input and accountability. Efforts have accomplished the following:

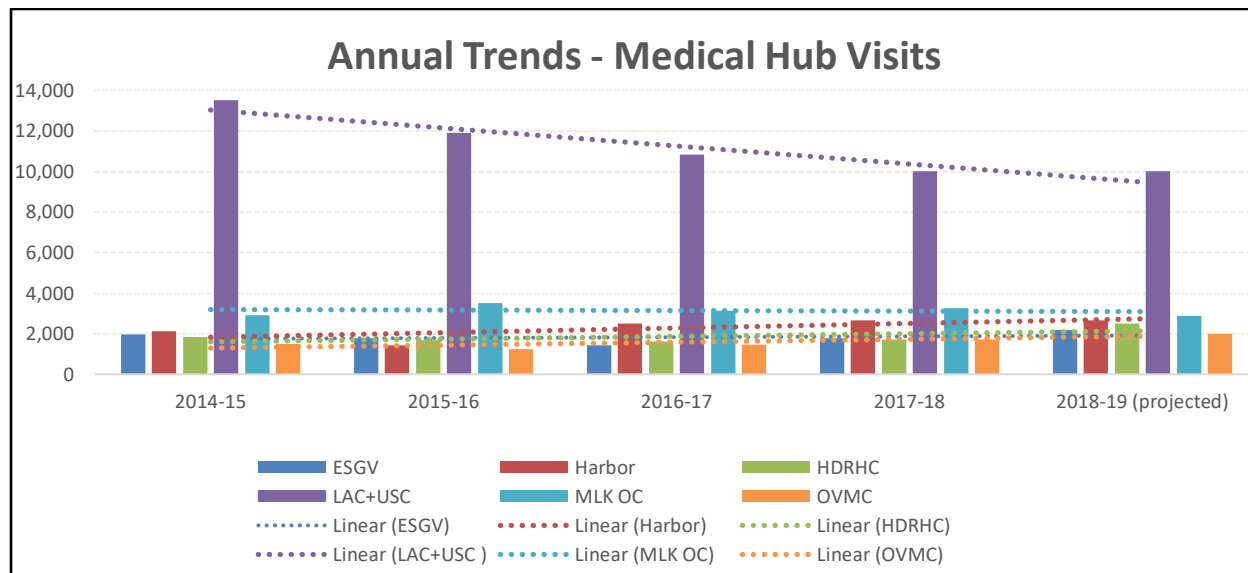
- DMH initial evaluations have improved significantly at all sites as a result of increased deployment of staff to the Hubs and improved workflows. DMH has expanded staffing by hiring 11 additional staff across the Medical Hubs.
- Active recruitment is underway at Martin Luther King, Jr. Outpatient Center (MLK OC) in response to Heat Mapping which showed lack of services in these areas.
- OCP, Hub leads, and DCFS leads have begun to meet with Court Pediatricians to outline improved communication related to children in foster care with high medical and mental health needs.
- DMH has dedicated a Foster America Fellow to analyze and develop a model for mental health services at the Medical Hubs.
- DHS continues to work on options to improve transportation to Hub visits for children in foster care.

Enhancing Medical Hub System – High Desert

In response to the (Board) request to improve the Medical Hub services in the High Desert/Antelope Valley region, the OCP, DHS, DCFS, DMH, and DPH have outlined a strategy to improve access and coordination across service agencies.

DHS hired a full-time forensic pediatrician to serve as the Medical Director of the HDRHC Hub. Through existing staff, staff on loan from Olive View-UCLA Medical Center, and with the hiring of the new Medical Director, HDRHC increased timely access to Initial Medical Evaluations (IME) and Forensic Evaluations with full compliance with stated guidelines for IMEs less than 30 days and Forensic Evaluations within seven days. DMH continues to recruit qualified clinicians for two additional full-time positions at HDRHC.

Seven of nine Basic Child Abuse trainings have been held in the High Desert and Santa Clarita regions, reaching more than 400 DCFS workers. Plans are in place to expand these trainings to include new topics, such as sexual abuse and more detailed trainings on specific areas such as failure to thrive, neglect, substance abuse, etc.



Delivering Services

Health Care Program for Children in Foster Care (HCPCFC) – Consultations and Follow-up by PHNs

Department of Health Care Services (DHCS) provided additional funding to reduce caseloads in the Health Care Program for Children in Foster Care. DPH received funding to support 31 additional PHNs to provide services to children and youth in foster care.

Services provided by HCPCFC PHNs include consultations and follow-up on physical exams. Between January 1 and June 30, 2019, there were 13,277 unique children/youth included in the HCPCFC database.

During this period 24,532 consultations were provided for children and youth in foster care. In addition, 10,076 physical examination follow-ups were provided for 7,724 clients.

- Number of unique clients – 13,227
- Number of consultations – 24,532
- Number of unique clients with consultations – 13,227
- Number of follow-up for physical exams – 20,523
- Number of unique clients with follow-up on physical examination – 7,724

Serving Lesbian, Gay, Bi-Sexual, Transgender, and Queer (LGBTQ) Youth

DHS formed a LGBTQ Committee at Olive View-UCLA MC to work on improving care for LGBTQ population and created a public facing internet website which identifies Olive View-UCLA MC as a facility which is aware of LGBTQ needs (includes resources for Youth and Young Adults) <http://dhs.lacounty.gov/wps/portal/dhs/oliveview/lgbtq>; DHS

also applied for Health Equality Index to have Olive View-UCLA recognized as a leader in LGBTQ Equality.

An intranet site was created for DHS employees which has links to training videos and webinars, including several addressing sexual orientation and gender identity in the youth/young adult population.

DHS continues to screen for Sexual Orientation and Gender Identity (SOGI) in primary care and Hub Clinic settings. In addition, educational activities have been created at many sites to help increase staff awareness of LGBTQ+ issues in DHS facilities. These activities include a roundtable with LGBTQ+ transitional age youth (TAY) at medical facilities, as well as interactive training for the Pediatric Primary Care workgroup. DHS has updated their visitor policy to include same sex parents and partners.

YOUTH PERSPECTIVE

Preparing for New or Enhanced Service Delivery

Youth Advisory Council

DPH created a Youth Advisory Council to ensure youth perspective in the development, implementation, and evaluation of programs and policies affecting youth. Fifteen youth have been hired and placed in regional health offices. Training on engaging youth as partners, and project-based learning will be provided to DPH staff throughout the year.

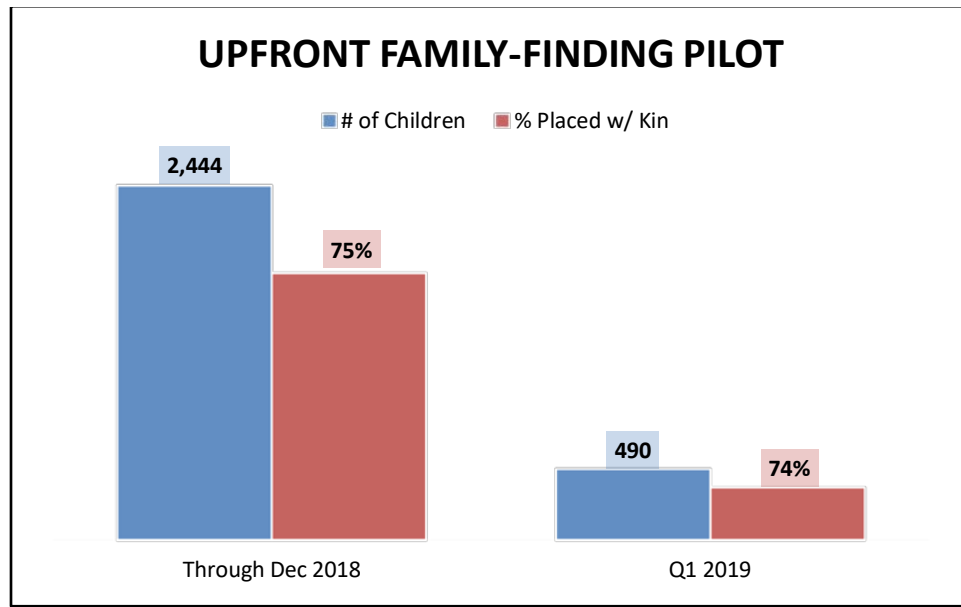
PLACEMENTS AND HOUSING

PLACEMENTS AND HOUSING

Preparing for New or Enhanced Service Delivery

Upfront Family-Finding Pilot

The Upfront Family-Finding pilot launched in October 2016, was expanded to six new DCFS regional offices. Across all four current offices 2,444 children have been part of the pilot, with 75 percent of them having been placed with kin or non-offending parent through December 2018. In Q1 of 2019, 490 additional children participated in the pilot, with 74 percent having been placed with kin.



PERMANENCY AND SELF-SUFFICIENCY

Preparing for New or Enhanced Service Delivery

Multi-Year Strategy to Support Self-Sufficiency

The OCP released a [report](#) on increasing permanency for TAY as an adjunct memo to the CEO's July 6, 2018, multi-year countywide [strategy](#) to support the self-sufficiency goals of TAY foster youth.

OCP is developing a plan for increasing permanency for all children in the DCFS and Probation systems, in response to the Board's December 4, 2018 [motion](#), including drafting a benefits analysis chart to determine if real and/or perceived barriers to permanency exist because of the variety of benefits available to TAY and/or their caregivers—family and otherwise.

YOUTH DIVERSION

Preparing for New or Enhanced Service Delivery

Establishing a Countywide Youth Diversion Program

First cohort of nine law enforcement jurisdictions with ten youth diversion programs sites is planned for launching in the summer 2019. Funding and initial training was provided to eight community-based youth diversion providers in February 2019. Matching funds were provided to support expansion of My Brother's Keeper school-based mentorship model.

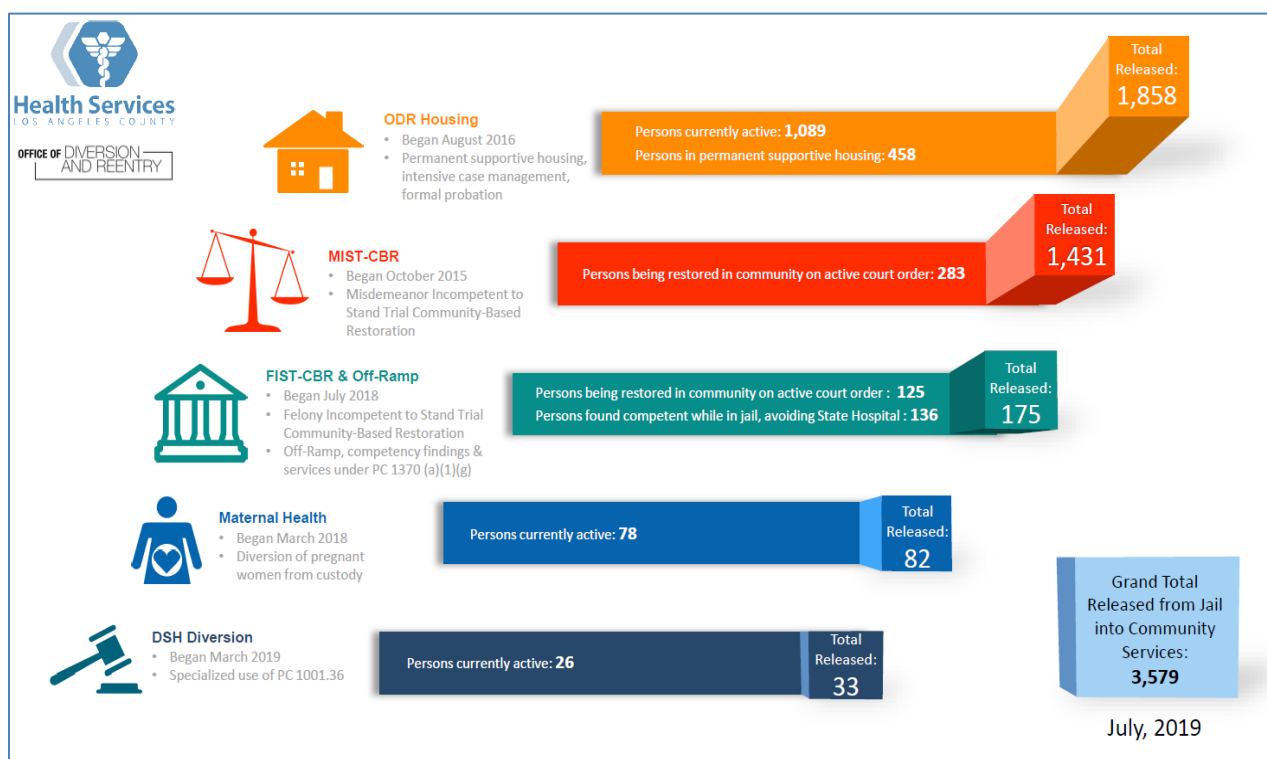
ADULTS

JUSTICE INVOLVED, HOMELESS, HEALTH IMPAIRED

JUSTICE INVOLVED

ADULTS DIVERTED AWAY FROM INSTITUTIONS

Over 3,500 individuals were removed from the County Jail and connected to community-based treatment:

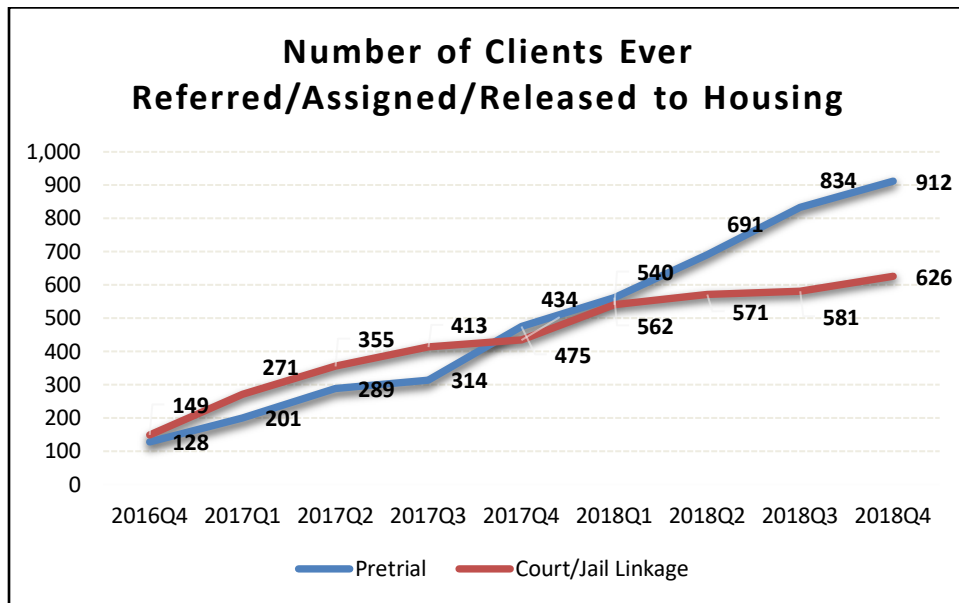


Delivering Services

Office of Diversion and Reentry (ODR) Housing Program

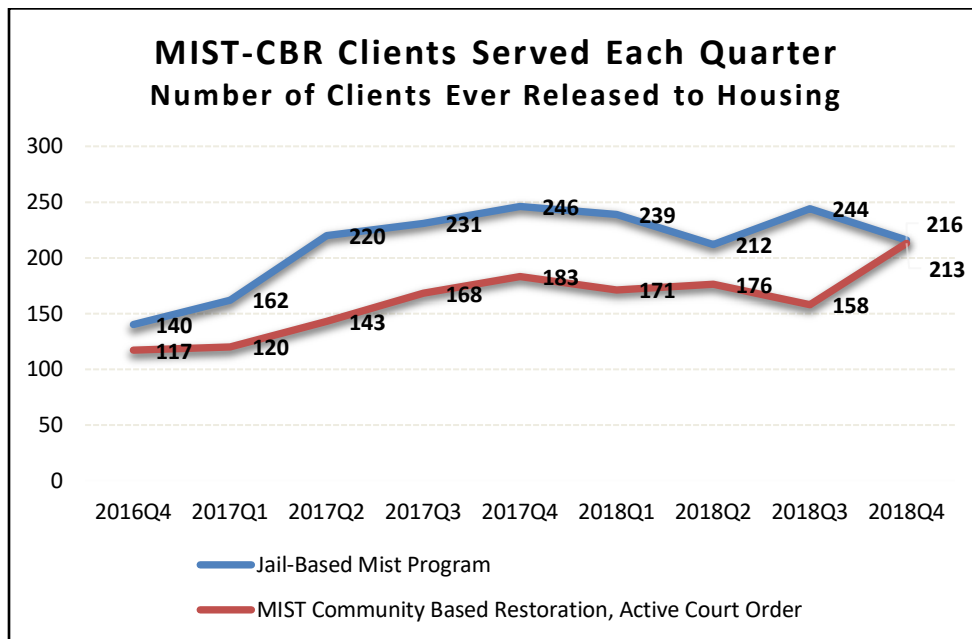
Over 1,858 homeless clients with serious mental and/or substance use disorders have been released to housing from Los Angeles County jail. The Office of Diversion and Reentry ([ODR Housing Program](#)) provides intensive case management services, linkage

to mental health and substance use treatment, interim housing, and permanent supportive housing to these clients.



Misdemeanor Incompetent to Stand Trial - Community Based Restoration (MIST-CBR)

The Misdemeanor Incompetent to Stand Trial - Community Based Restoration (MIST-CBR) program diverts individuals facing misdemeanor charges who are found incompetent to stand trial into community-based settings to be restored to competency. The community-based settings are tailored to meet the needs and clinical acuity of the clients; placement ranges from acute inpatient to open residential settings. Over 1,431 clients were placed in community-based restoration.



Felony Incompetent to Stand Trial - Community Based Restoration (FIST-CBR)

In July 2018, ODR launched the Felony Incompetent to Stand Trial - Community Based Restoration (FIST-CBR) program to divert individuals facing felony charges who are found incompetent to stand trial into community-based settings to be restored to competency. Over 175 clients were placed in community-based restoration.

Maternal Diversion

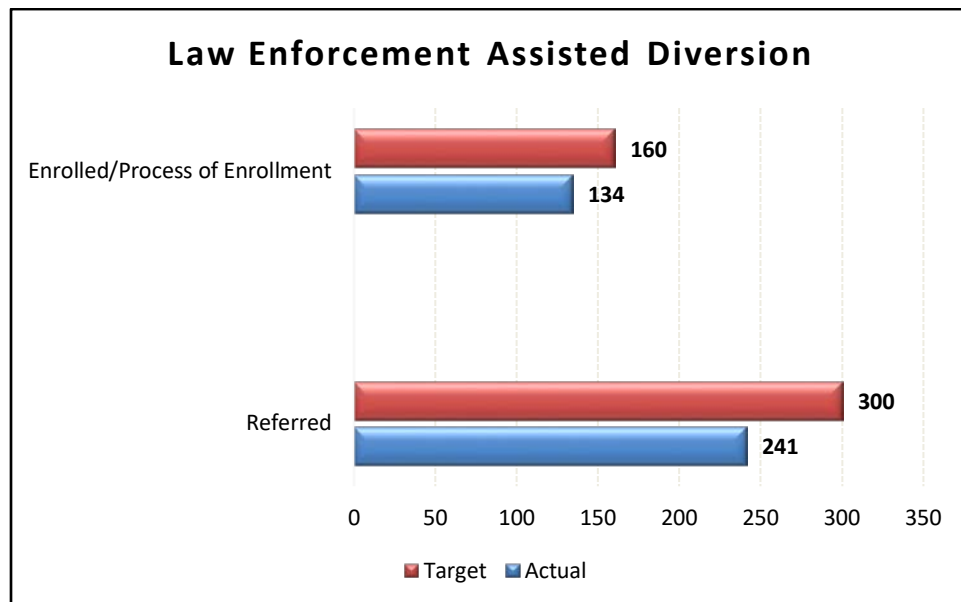
Under the directive of the Board, ODR has prioritized diverting pregnant women from the jails to the community with supportive services and housing provided by ODR. A majority of pregnant women served by ODR reside in specialized interim housing settings that allow women to remain with their children until they can move into permanent supportive housing. Eighty-two (82) pregnant women were diverted from custody.

Department of State Hospitals Diversion

Assembly Bill (AB) 1810 and Senate Bill (SB) 215 amended Penal Code Sections 1001.35-1001.36 to create a pathway for courts to authorize pre-trial diversion. Department of State Hospital Diversion (DSH) is funded by the Department of DSH to support the diversion of clients with serious mental illnesses who have the potential to be deemed incompetent to stand trial on felony charges. ODR provides supportive housing, intensive case management, and clinical services to participants and the Probation Department provides pre-trial supervision. Eighty-four individuals were referred via this program.

Law Enforcement Assisted Diversion (LEAD)

Since November 2017, over 200 individuals with substance use disorders have been diverted at the point of arrest for drug or prostitute charges, or through social contact. ODR was awarded \$500K from the Department of Justice to expand Law Enforcement Assisted Diversion (LEAD) to Hollywood.



FORMERLY INCARCERATED ADULTS

Delivering Services

Reentry Intensive Case Management Services (R-ICMS)

Over 1,500 justice-involved individuals were served through [Reentry Intensive Case Management Services \(R-ICMS\)](#). R-ICMS seeks to improve the health and well-being of justice-involved individuals by providing case management and service navigation. Community Health Workers with lived experience will support individuals by determining their needs and making connections to relevant organizations and services including: stabilizing needs, enrollment in social services, physical and mental health, housing support, employment and education, cognitive behavioral interventions, arts and entrepreneurship programming, and substance use disorder treatment.

Preparing for New or Enhanced Service Delivery

DHS - Overdose Education and Naloxone Distribution Program (OEND)

In September 2019, ODR will be launching the DHS Overdose Education and Naloxone Distribution (OEND) program to provide training in overdose prevention and response and distribution of naloxone to high-risk individuals. The OEND program focuses on reaching individuals who have recently been released from incarceration and the broader reentry population, and high-risk individuals who encounter DHS programs and who are likely to be present at the scene of an overdose. Training will occur in jails (with naloxone provided on release), and in a range of community outreach, housing and service settings including the Community Reentry Center.

Community Reentry Center

In June 2019, through the leadership of the Los Angeles Regional Reentry partnership, ODR partnered with Probation Department and the community, in opening a community reentry center called Developing Opportunities and Offering Reentry Solutions (DOORS). DOORS is designed and implemented to be a resource for adult felony probationers, their families, and the community, providing or arranging linkage to a range of community-based, rehabilitative services. Justice-involved individuals will be able to access assistance with substance use disorders, mental health care, medical care, employment, education, housing, family reunification, and social support.

Delivering Services

Criminal Record Clearing Project - Expunging Criminal Records of the Homeless

Since expungement services were implemented in the Public Defender's Office (January 2018) and the City Attorney's Office (July 2018):

- Public Defender's Office held 161 record-clearing outreach events throughout the County, engaged 1,328 clients, and filed 908 petitions for dismissal or reduction; as of March 2019, 205 petitions have been granted.
- City Attorney's Office held 34 record-clearing events, engaged 756 clients, and filed 1,017 petitions for dismissal or reduction; as of March 2019, 913 of them have been granted.

Preparing for New or Enhanced Service Delivery

College and Career Bridge Program

ODR launched College and Career Bridge Program, a community college-based program to support the education needs of those on adult felony probation. The College and Career Program is a voluntary program for individuals who are on adult felony supervision in Los Angeles County interested in attending a public postsecondary institution. The Program is aimed at reducing recidivism offering academic and career/technical opportunities, as well as life skills courses and supportive services to assist adults on felony supervision in navigating the educational and employment landscape.

CIVILIAN OVERSIGHT COMMISSION

Engagement

The Civilian Oversight Commission (COC) conducted 25 Commission [meetings](#), 12 Town Hall meetings, and numerous community meetings. In addition, a robust social media presence was established.

Transparency

The COC is reviewing LASD's compliance with Prison Rape Elimination Act (PREA). The COC has also pushed for greater transparency concerning deputy-related use of force and agendized Office of Inspector General (OIG) reports at the COC meetings for report back to aid in securing community feedback.

Policy

The COC has undertaken the following efforts related to policies:

- Analyzing LASD adherence with immigration [policies](#).
- Passed a [motion](#) directing the OIG to conduct an inquiry into LASD Secret Deputy Sub-groups "Cliques."
- Conducted an extensive review of Deputy discipline.

HOMELESS

HOUSING AND SUPPORT SERVICES

Delivering Services

Permanently Housed

Fourteen thousand, two-hundred and forty-one (14,241) family members and individuals were permanently housed through specific Measure H strategies (July 1, 2017 through March 31, 2019).

Interim Housing Facilities

Twenty-eight thousand, four hundred and fifty-eight (28,458) individuals were placed in interim housing funded in part or in whole by Measure H, including interim housing for those exiting institutions (July 2017 through March 2019).

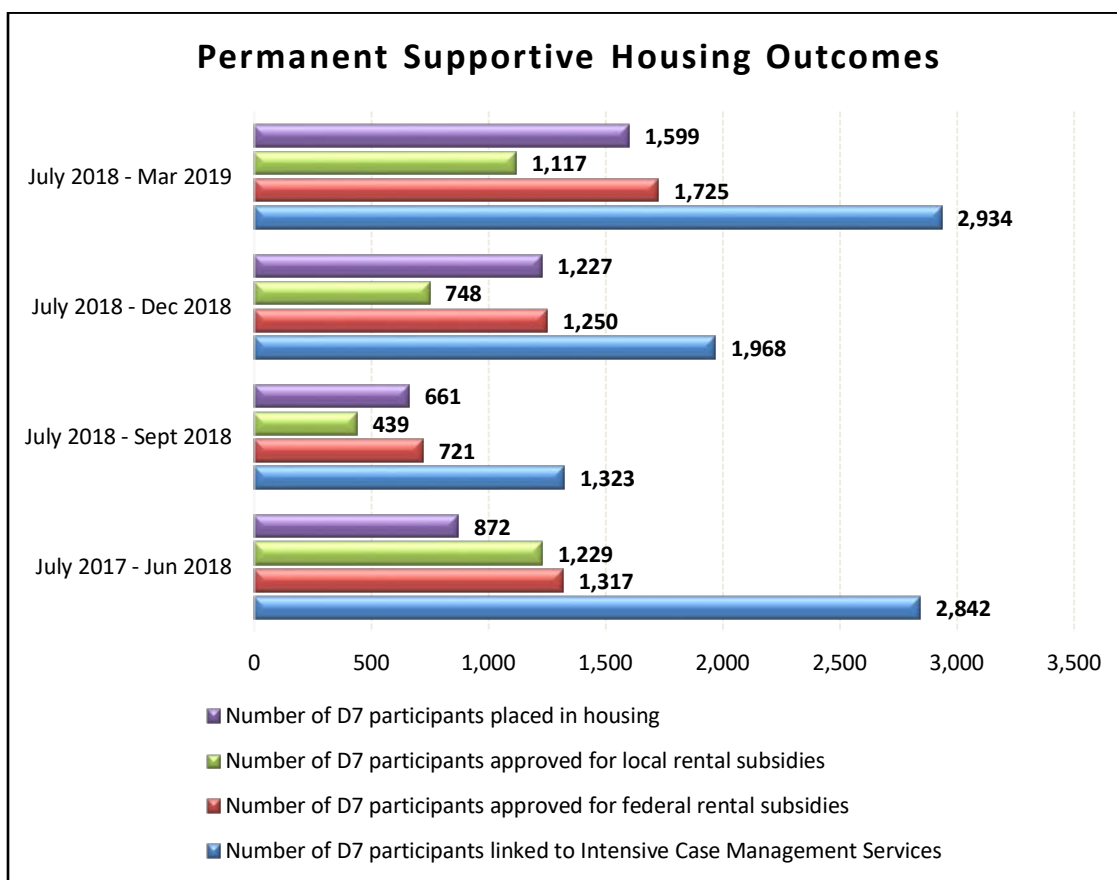
Federal Housing Subsidies

Housing Authorities throughout the County of Los Angeles provided \$4.2 million in incentives to landlords to help secure 1,721 units for housing voucher recipients (July 2017 through March 2019).

Permanent Supportive Housing (PSH) (Strategy D7)

Between July 2017 through March 2019, the following services and rental subsidies were provided:

- Intensive Case Management: 5,776 clients were linked to new Intensive Case Management Services (ICMS) slots. In addition, 692 individuals in existing PSH units that had insufficient supportive services received new ICMS slots to increase their housing retention (Homeless Initiative Strategy D7).
- Federal Rental Subsidies: 3,042 clients received federal rental subsidies.
- Local Rental Subsidies: 2,346 clients received local rental subsidies.
- Permanent Housing: 2,471 clients were placed in permanent housing.



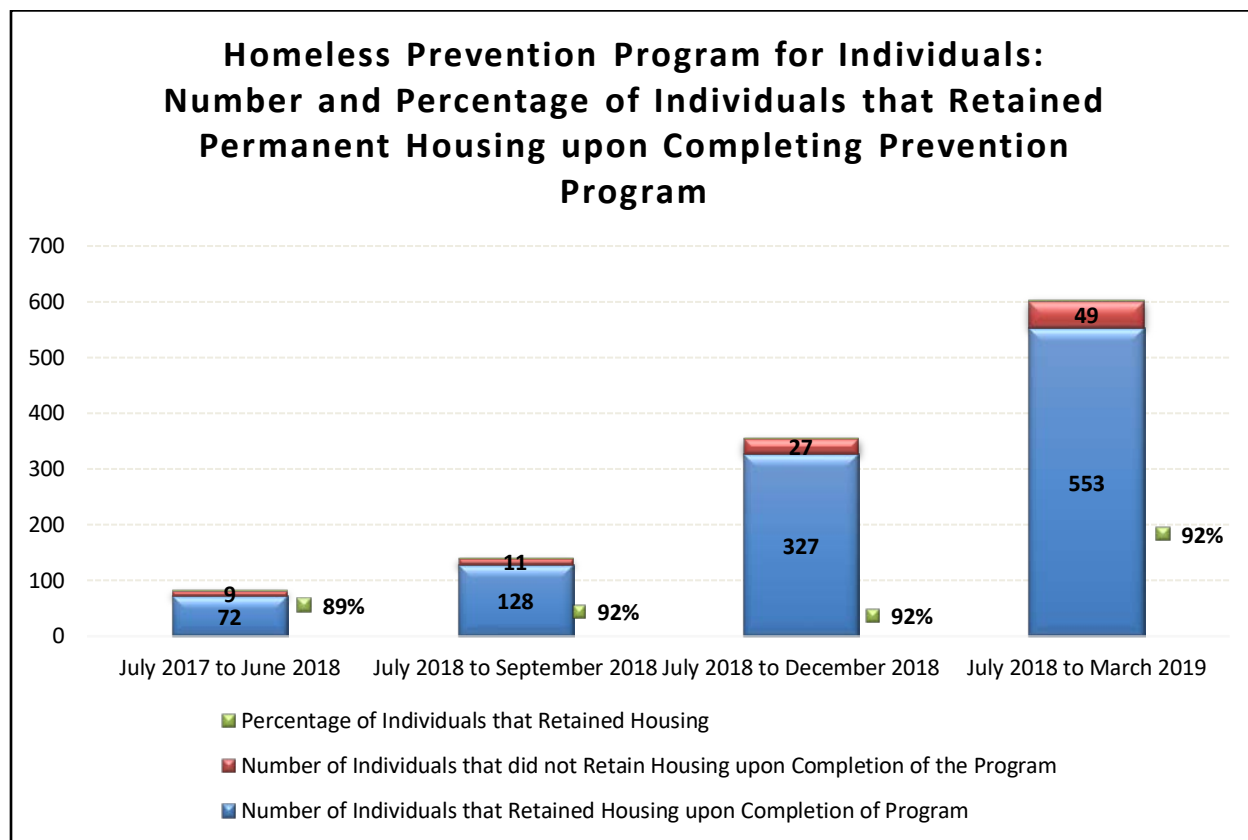
Expanding Rapid Re-Housing (RRH)

Placed 9,671 RRH participants in permanent housing (July 2017 through March 2019).

Homeless Prevention Program for Individuals

Prevention services were provided to 1,130 individuals enrolled in the adult prevention program (July 2017 through March 2019). Of the 683 individuals that exited the individual

program, 625 (92 percent) either retained their housing or transitioned to other permanent housing.



Preparing for New or Enhanced Service Delivery

Recovery Bridge Housing

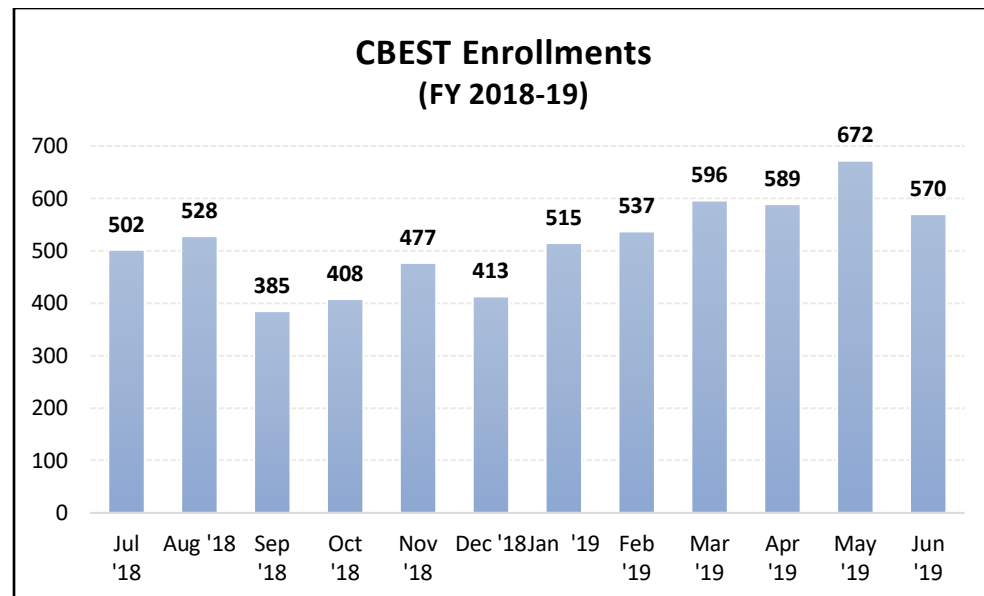
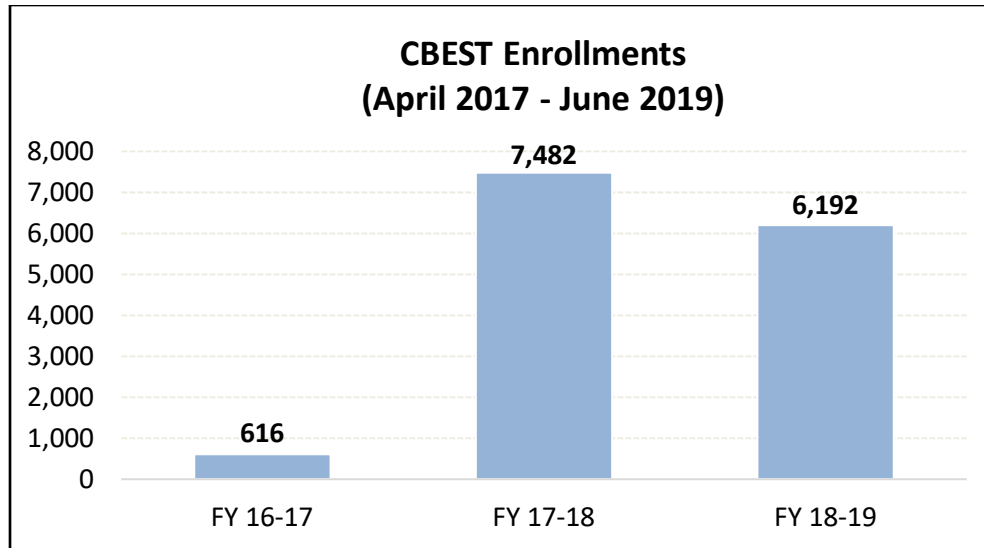
DPH has implemented 930 Recovery Bridge Housing (RBH) beds to ensure that individuals who are homeless and/or in need of recovery-oriented living environments have access to transitional housing while they are in outpatient substance use disorder (SUD) treatment and securing stable housing. The goal is to reach 1,000 RBH beds by end of Fiscal Year (FY) 2018-19.

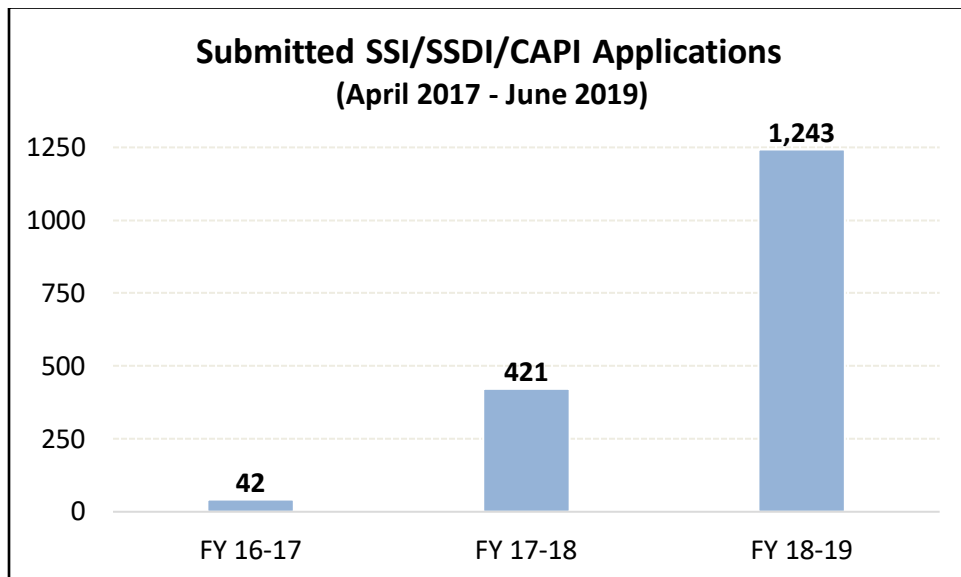
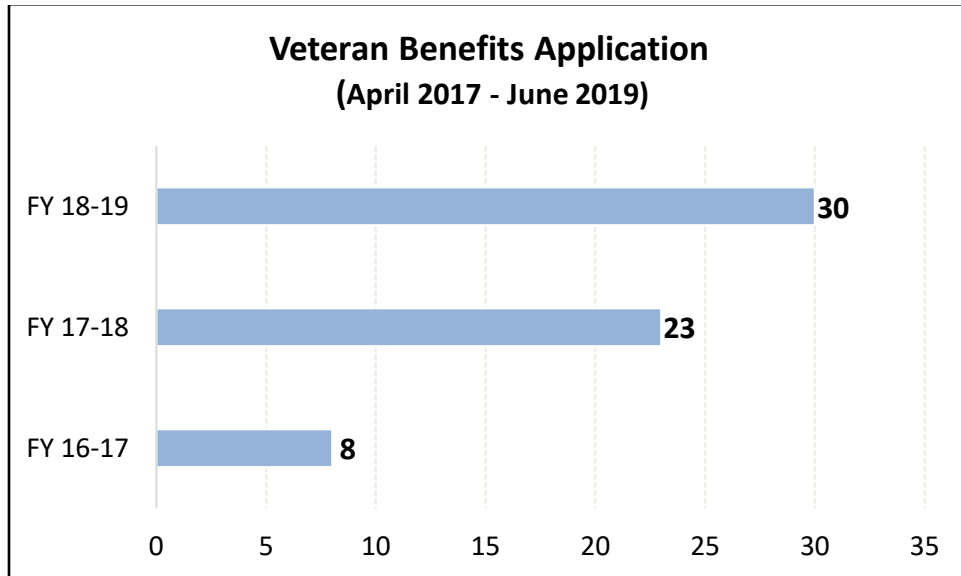
BENEFITS AND RECOVERY FOR HOMELESS

Delivering Services

Countywide Benefits Entitlement Services Team (CBEST)

The Countywide Benefits Entitlements Services Teams (CBEST) enrolled over 14,290 disabled individuals, filed 1,706 Supplemental Security Income/Social Security Disability/Cash Assistance Program for Immigrants (SSI/SSDI/CAPI) applications and 61 veterans benefit applications since the inception of the program in April 2017.



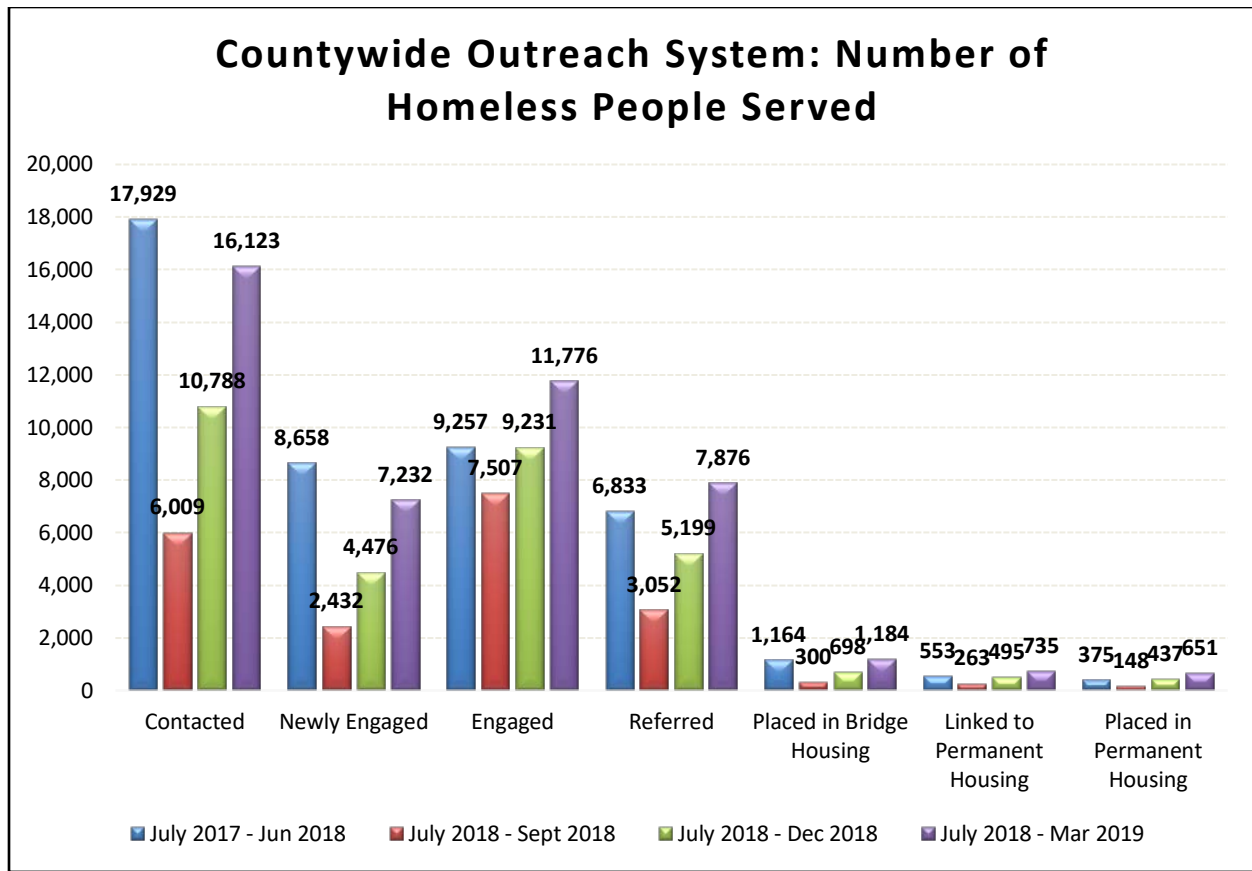


OUTREACH AND COORDINATION

Delivering Services

Countywide Outreach System

Countywide outreach teams engaged more than 15,890 new individuals, connected 14,709 individuals to services, and placed 1,026 individuals in a permanent housing program (July 2017 through March 2019).



Preparing for New or Enhanced Service Delivery

First Responders Training

LASD Homeless Outreach Services Team (HOST) provided First Responder Training to (as of March 31, 2019):

- 1,807 LASD deputies and sergeants (since the inception of the training on October 26, 2016).
- 58 non-LASD law enforcement personnel.
- 664 non-law enforcement first responders.

EMPLOYMENT SERVICES FOR HOMELESS

Delivering Services

Website

The Homeless Initiative's (HI) website, www.jobscombattinghomeless.org, is dedicated to connecting homeless service providers in all eight Service Planning Areas to job seekers.

Job Fair

Between December 2017 and March 2019, 2,400 positions in homeless services were filled by community-based providers.

HEALTH IMPAIRED

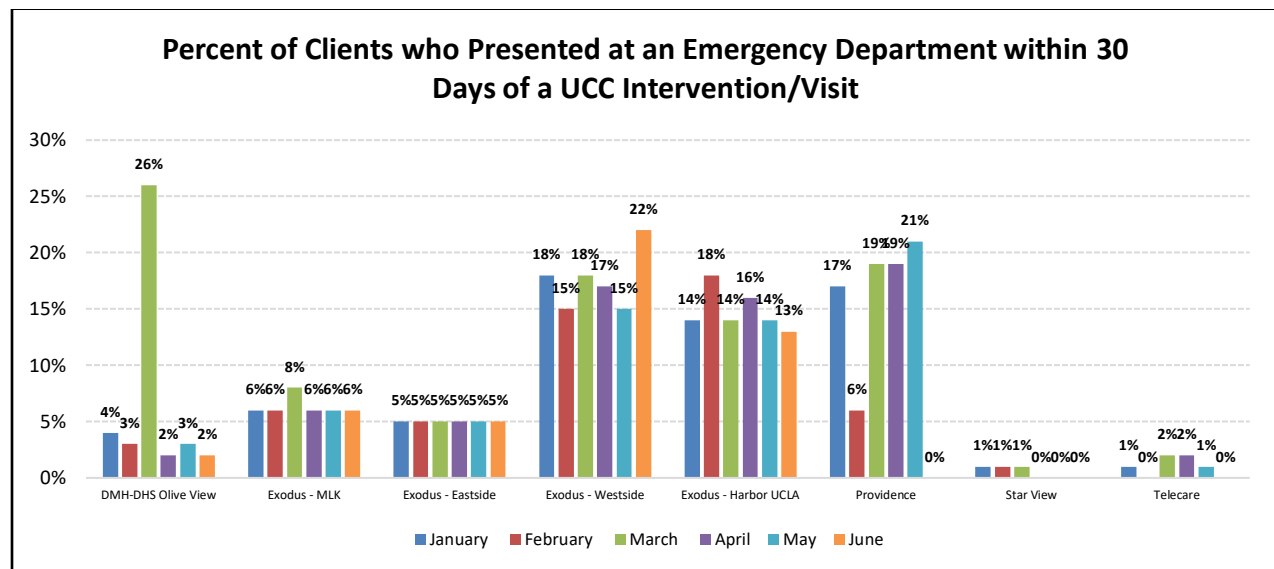
INTENSIVE CRISIS SERVICES

Preparing for New or Enhanced Service Delivery

Mental Health Urgent Care Centers (UCC)

The DMH-DHS workgroup continues to focus on various initiatives to improve processes in Psychiatric Emergency Services (PES). This includes increasing the usage of private inpatient beds to supplement County beds. In addition, psychiatric Urgent Care Center (UCC) capacity has been expanded along with first responders' use of UCCs rather than PES.

Since June 2018, DMH has implemented three additional UCCs at Harbor UCLA, Long Beach, and San Pedro with increased capacity to serve up to 98 individuals per day. The Board has approved additional funding for further expansion of up to four UCCs that will be deployed expeditiously. The San Gabriel Valley Star View UCC is projected to open in the City of Industry in December 2019 and will serve approximately 45-60 individuals per day.



Preparing for New or Enhanced Service Delivery

Crisis Residential Treatment Programs (CRTP)

Three new Crisis Residential Treatment Programs (CRTPs) are on target to be implemented by September 2019 and will provide an additional 48 beds. DMH is working collaboratively with CEO and DHS to plan and implement 240 additional CRTP beds on County hospital grounds at Los Angeles County + University of Southern California (LAC+USC) Medical Center, Martin Luther King (MLK) Behavioral Health Center, Olive View Medical Center, and Ranch Los Amigos Rehabilitation Center.

Institutions for Mental Disease (IMD)

DMH is completing an assessment for various types and numbers of beds for individuals in need of higher levels of care. This includes Institutions for Mental Disease (IMD)/Sub-Acute/ and Enriched Residential Services. These programs provide mental health services for individuals discharged from County, state and private hospitals psychiatric units, and County jails and state prisons.

DMH is working with CEO and other County departments to develop and implement a complement of beds including Psychiatric Health Facilities (PHF), Sub-Acute, CRTP and Enriched Residential Services beds for individuals in need of these higher levels of care at the MLK Behavioral Health Center.

DMH entered into Memorandum of Understandings (MOUs) with multiple non-Lanterman-Petris-Short (LPS) designated private hospitals to detain and transfer individuals on involuntary holds (5150) to divert patients from DHS Emergency Departments. While still in an early phase, very few patients are being transferred to DHS. Further expansion is planned.

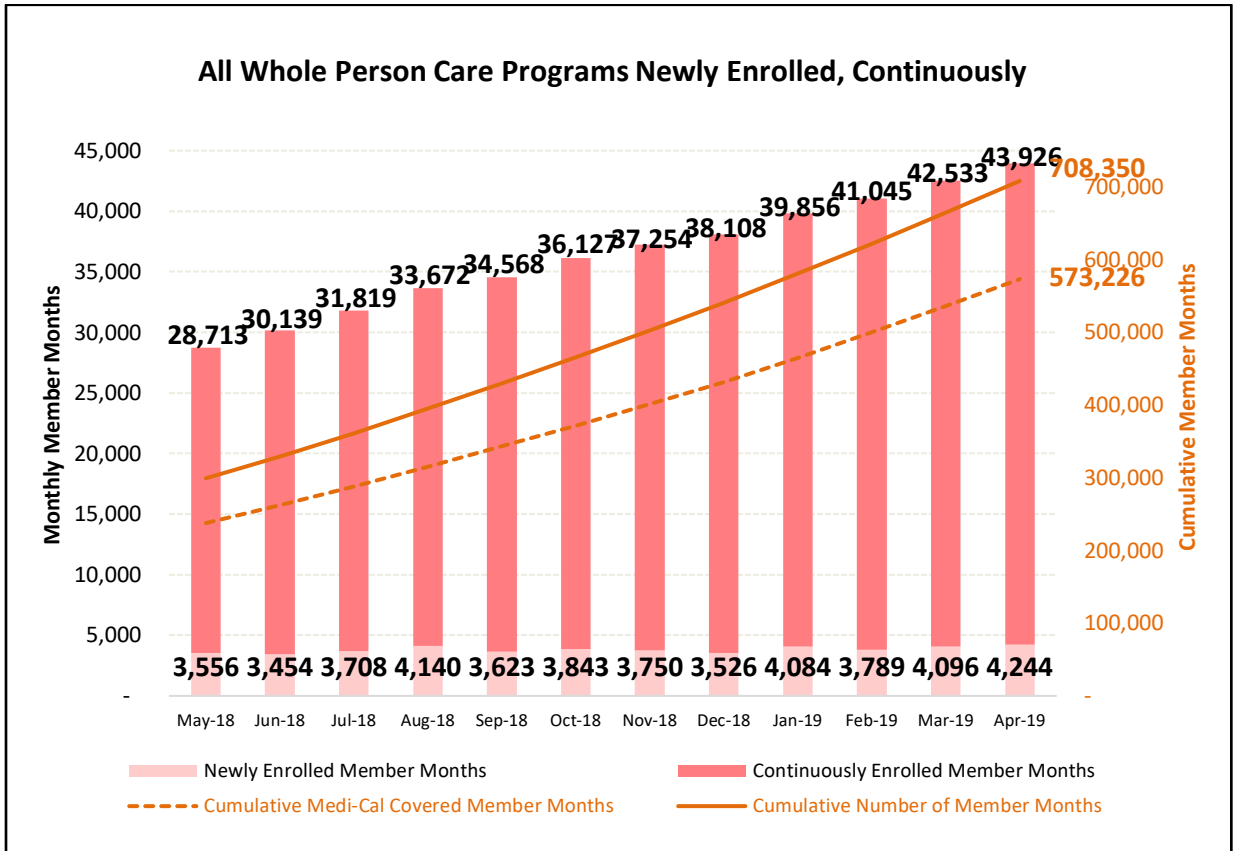
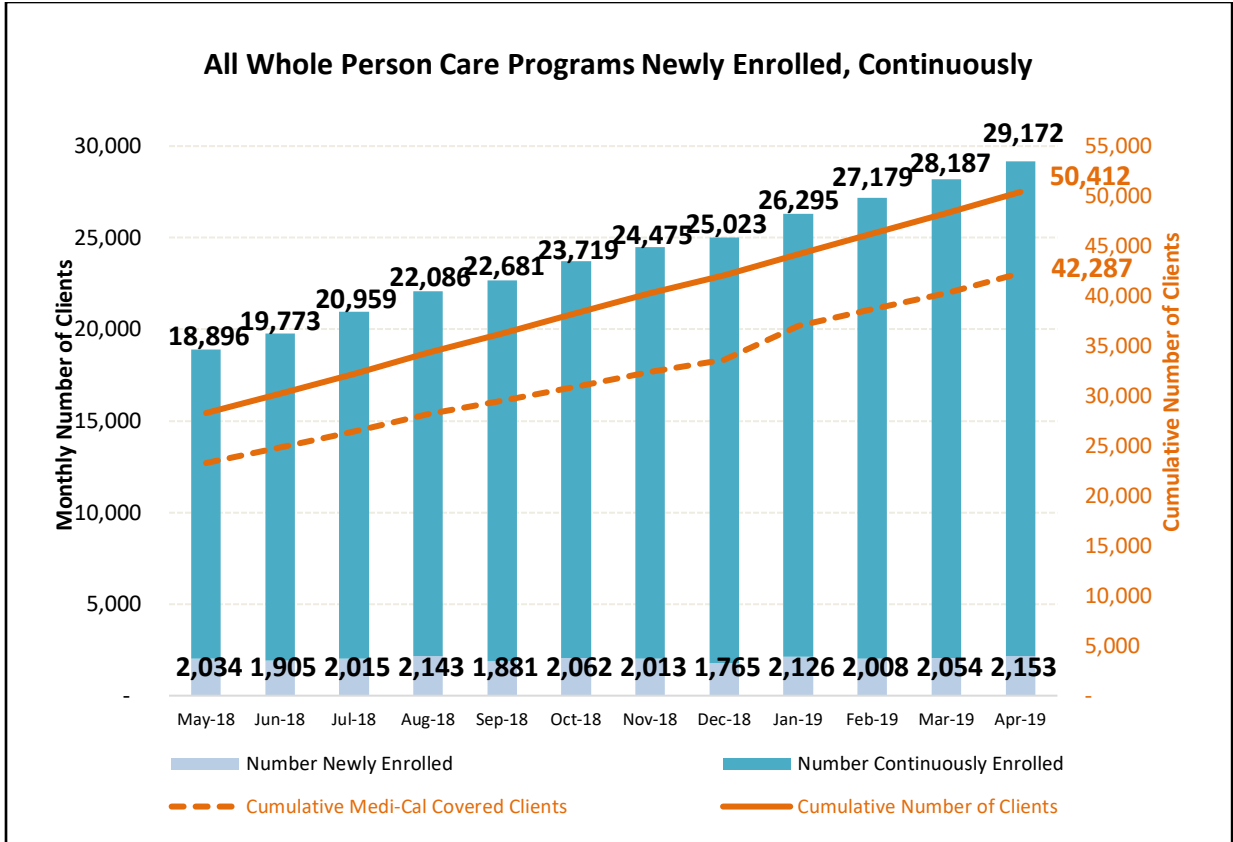
COORDINATION OF CARE

Delivering Services

Whole Person Care (WPC)

Whole Person Care (WPC) is a program that brings together health and social service agencies to build an integrated system that delivers seamless, coordinated services to LA County's most vulnerable Medi-Cal beneficiaries who are high risk, high users of hospital and emergency departments.

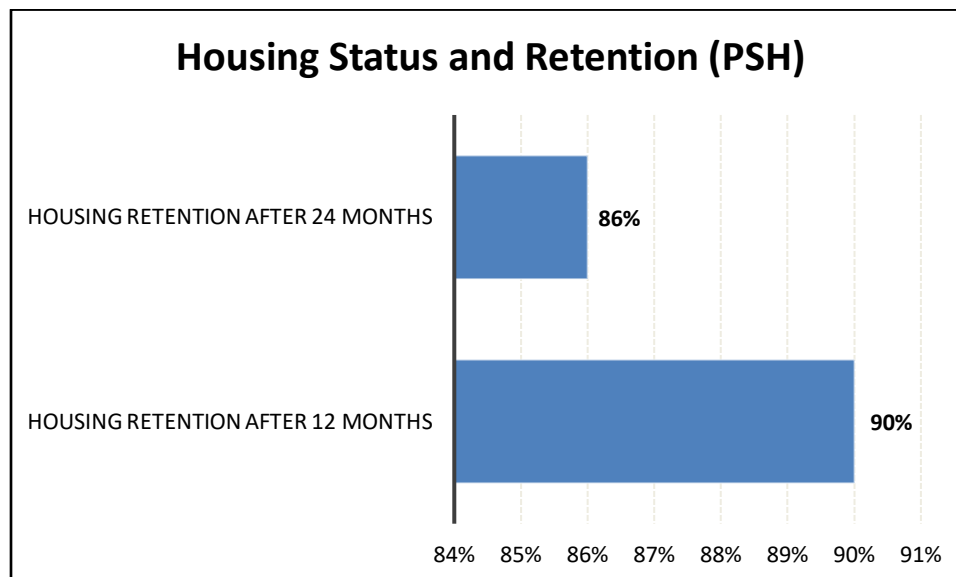
- Since program initiation in January 1, 2017 through April 2019, 50,412 individuals were enrolled WPC programs for a total of 708,350 cumulative member months.
- Partnered with the CEO to develop a new community health worker class series.
- Initiated sustainability planning for WPC programs, once WPC funding ends at the end of 2020.
- Quarterly reports, with dashboards, on the progress of WPC are submitted to the Board.



HOUSING

Housing for Health

Housing for Health (HFH) has added over 2,300 interim housing beds for individuals who are homeless and who have complex health and/or behavioral health conditions including nine new sites. These nine sites provided approximately 215 new beds which opened in the first quarter of 2019. Clients in these beds receive Intensive Case Management Services (ICMS); linkages to health, mental health, and substance use disorder services; and assistance with permanent housing. HFH has provided permanent housing to over 8,000 individuals who were homeless with 90 percent staying housed for 12 months or longer.



During the last quarter, two new project-based sites received their certificates of occupancy and are in various stages of lease-up. These two projects will provide 51 brand new supportive housing units that have been connected to ICMS. HFH is working closely with DMH and SAPC to provide Housing Full Service Partnership (FSP) services and Client Engagement Navigation Services (CENS) to co-locate onsite for a fully integrated package of services. DMH and DPH have implemented their Housing FSP and CENS services in all projects that have been open since July 1, 2017. This represents a total of 19 project-based sites and 635 units where ICMS, Housing FSP and CENS are available to clients.

Mental Health Funded

Through the Los Angeles Community Development Commission's (LACDC) Notice of Funding Availability (NOFA) 24A, DMH invested Mental Health Services Act (MHSA) funds for 13 additional housing developments including three developments targeting homeless veterans with a mental illness. With this addition, DMH's total capital investment in the development of permanent supportive housing is over \$200 million, producing 1,734 units targeting homeless individuals and their families with a mental illness.

DMH in conjunction with LACDC released an Alternative Housing Models NOFA for \$11.5 million seeking non-traditional housing options with the objective of bringing housing units online in a shorter timeline than tax credit buildings.

DMH in conjunction with LACDC released the No Place Like Home NOFA for \$207 million for the development of permanent supportive housing in Los Angeles County. LACDC received 68 applications for funding, which are in the process of being reviewed.

Through a MOU with DHS, DMH is leveraging and funding ICMS services provided to individuals/families living in 1,055 MHSA housing units. DMH is also funding Housing Full Service Partnership (FSP) services for clients in 746 units through contracts with community-based organizations and plans to provide directly operated Housing FSP to the balance of the units. DMH is in the process of amending contracts to bring Housing FSP to 261 more units at 11 additional project-based sites.

DMH currently has 406 Interim Housing beds for individuals and 79 for family units for homeless adults and their minor children. This includes five beds for individuals that were added in the last quarter. DMH is in negotiations with Interim Housing providers to bring 72 additional individual beds on line by the beginning of FY 2019-20.

FAMILY HEALTH, HOUSING, FOOD INSECURITY, IMMIGRATION, AND CENSUS

HEALTH

IMPROVING PATIENT EXPERIENCE

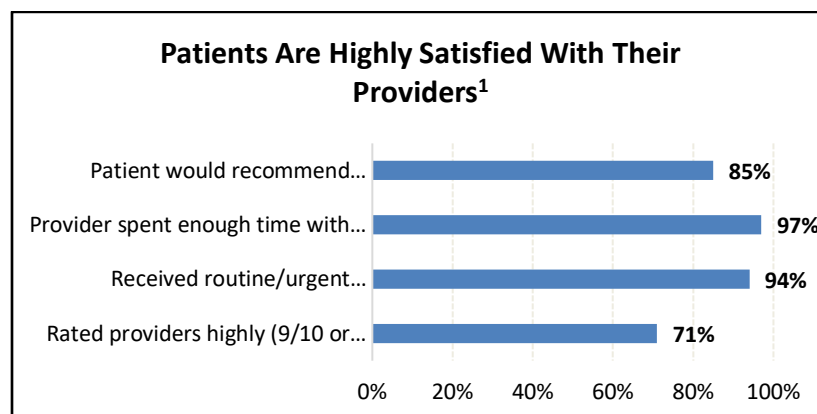
Preparing for New or Enhanced Service Delivery

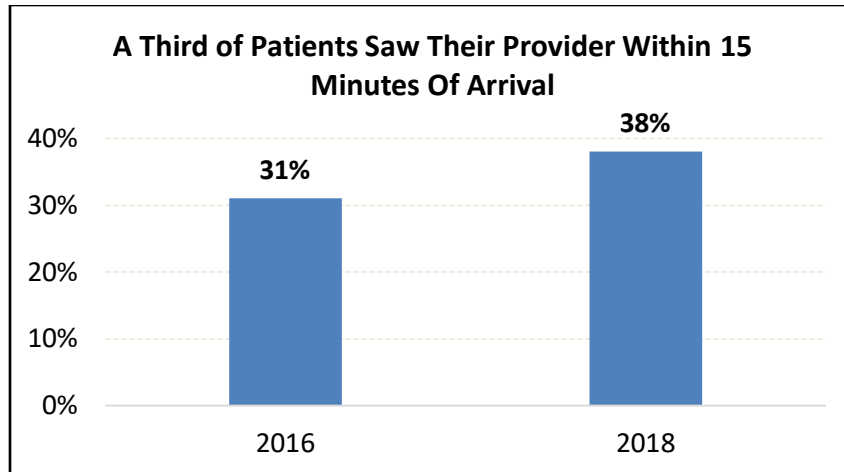
Patient Experience Survey (DPH)

DPH administered its 2018 Patient Experiences at the same 14 public health centers where a 2016 patient experience survey was previously administered. Both the 2016 and 2018 surveys consisted of a common set of survey questions involving several domains: 1) demographics; 2) provider results; 3) access to care; 4) provider's communication quality; 5) office staff performance; 6) access to care in the past three months; 7) clinic appearance; and 8) cultural and linguistic competency. DPH collected 1,402 surveys in 2016 (81 percent response rate) and 1,328 surveys in 2018 (83 percent response rate).

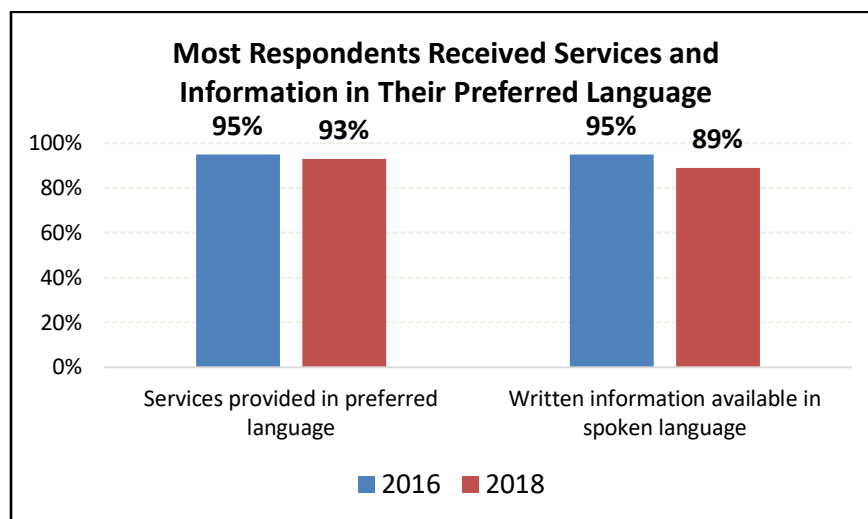
The survey demographics in 2018 were similar to 2016:

- Notably 12 percent of respondents identified as homeless in 2018 as compared to six percent in 2016.
- Satisfaction scores remained high with regard to provider results, provider communication quality, office staff performance, clinical appearance, and some aspects of cultural and linguistic competency.
- Despite generally high satisfaction results, opinions about patient wait time, phone access to medical information (in the past three months), clinic cleanliness, and sensitivity to patients' cultural background were low.





Demographic Characteristics of 2018 Survey Respondents	
Demographic Characteristic	Proportion (%)
Male Gender	51%
Race/Ethnicity	
Latino	42%
African American	22%
Asian	13%
White	1%
Native Hawaiian/Other Pacific Islander	1%
Educational attainment	
High school graduate or GED	30%
Some college or more	23%
Insurance	
Medical	41%
Uninsured	37%
Self-Identify as homeless	12%



¹ Note: Information above is for the 2018 survey. Results were the same as for the 2016 survey for all except the following: In 2016, 87 percent of respondents stated that they would recommend their provider's office.

As a next step, DPH will examine potential differences in patient satisfaction with respect to gender, age, and race/ethnicity and implement any necessary strategies to any differences. In addition, DPH plans to implement effective strategies to reduce patient wait time, improve phone access to medical information, and increase facility cleanliness and culturally sensitive services.

Patient Experience (DHS)

DHS will be expanding patient experience surveys to the Emergency Department, Outpatient Ambulatory Surgery Center, and Pediatric Inpatient populations. This should provide valuable information and additional insight to the quality of care and services patients receive in our healthcare system.

DHS will soon deliver electronic patient experience surveys enabling the collection of feedback via email survey. The eSurvey will allow for the sending and receiving of more surveys to target specific improvement efforts, improve staff and physician buy-in due to an increase in returned surveys, and offer a convenient way for patients to complete the survey, such as on a personal computer, smart phone, or tablet.

DHS will be implementing a We CARE system-wide service model to create better interactions with our patients and employees influenced by its essential core behaviors of compassion, authenticity, humility, respect, and excellence.

IMPROVING PATIENT ACCESS

Preparing for New or Enhanced Service Delivery

MyWellness Portal

DHS and DPH conducted an enrollment competition between November 2018 and January 2019, to increase awareness and excitement about the MyWellness Portal, resulting in a 10 percent increase in enrollments each month. Patient access staff across DHS completed the majority of the new enrollments.

Over 53,000 patients are now enrolled in the MyWellness Portal and half of those patients use the portal each month. In 2018, the number of patients using the portal to view their lab results increased by 61 percent. The number of patients who viewed appointment information increased by 73 percent, and the number of patients who viewed provider notes quadrupled.

Preparing for New or Enhanced Service Delivery

Patient Access Reorganization and Redesign

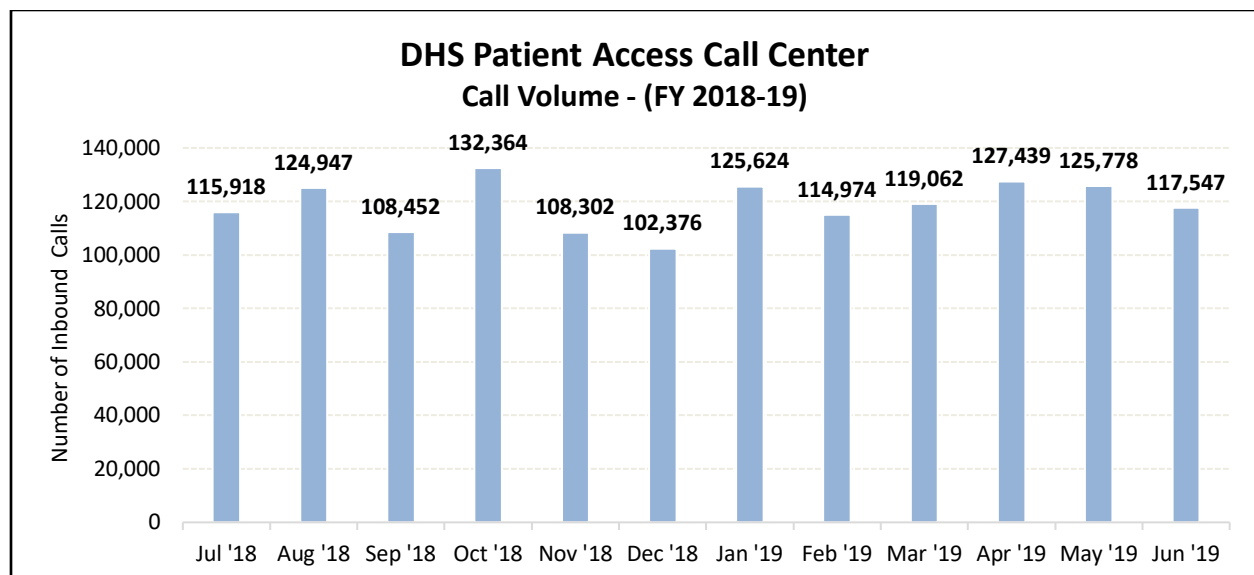
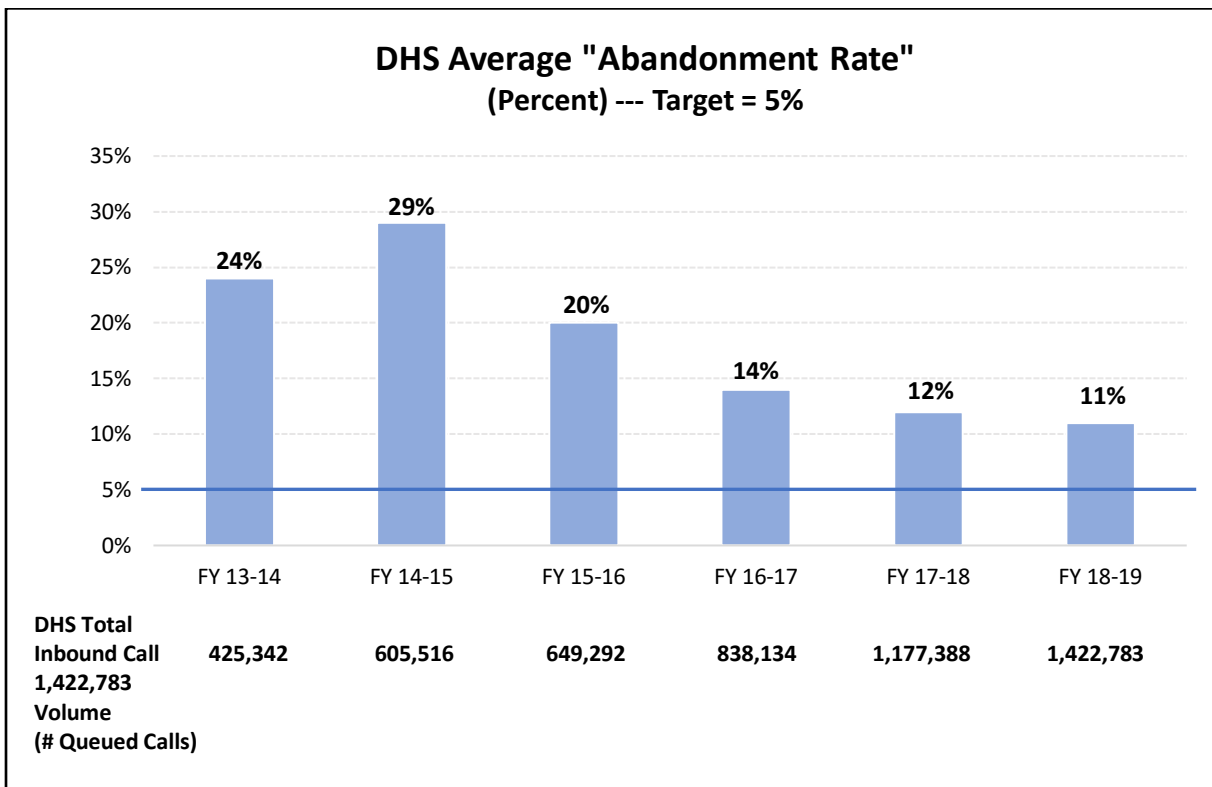
As part of the Patient Access Reorganization and Redesign, DHS has promoted or newly hired over 175 Patient Resource Workers, Patient Relations Representatives, and Supervising Patient Financial Service Worker I and II positions.

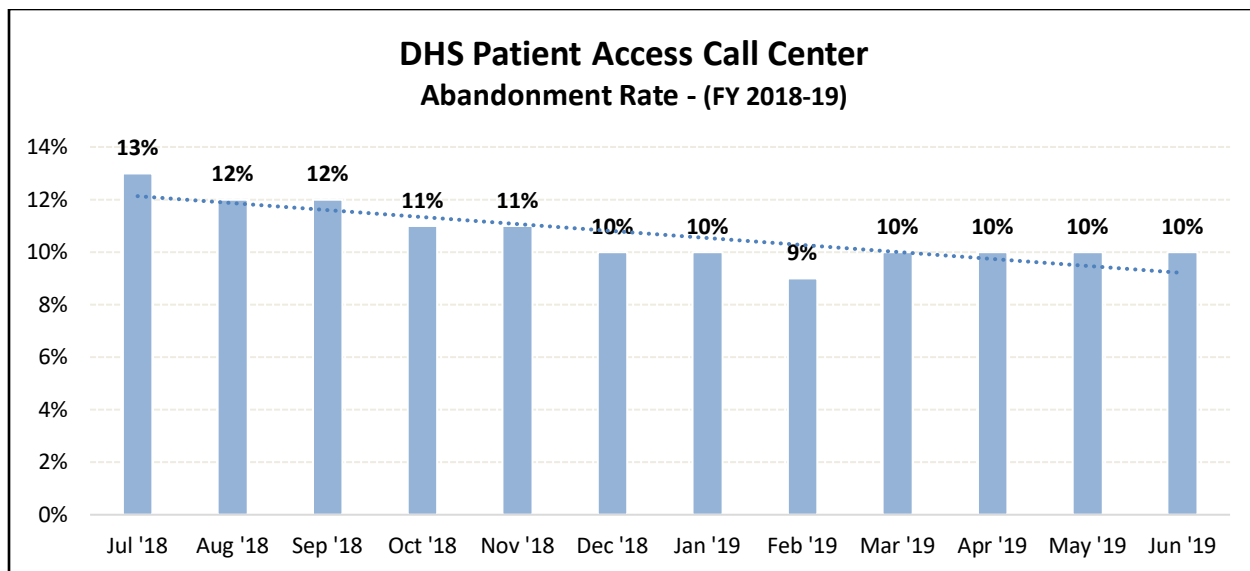
Phase II of the redesign was presented to the Board on [May 28, 2019](#). Phase II will allow DHS to create the core patient access staff at Harbor-UCLA Medical Center and MLK, Jr.

Outpatient Center. DHS anticipates a Phase III to address higher level positions and the administrative support teams to move forward next year after Phase II is completed.

Call Centers

During FY 2018-19 the Patient Access call centers received over 1,400,000 calls with an average annual abandonment rate of about 11 percent, representing a continuous decrease in abandonment rate over the past few years.





Health Equity

The Center for Health Equity finalized the [Action Plan](#) in February 2019. The Center for Health Equity website hosts the revised plan. The Health Agency continues to improve availability of translated materials. The Center for Health Equity is in the process of translating the Center's finalized Action Plan in all threshold languages with support from First 5 LA. DPH also plans to release a Request for Services Qualifications (RFSQ) for document translation, telephonic interpretation, in-person interpretation, simultaneous interpretation and sign language to improve community outreach, awareness and engagement activities.

The Center for Health Equity conducted a number of in-service presentations and trainings designed to build workforce capacity to implement core Center strategic priorities, including data communication and community partnerships. The Center for Health Equity continued the "Communities in Focus" event series that examines historically underrepresented and underserved communities.

Community Based Promotores Program

In the second half of this fiscal year, the community-based [Promotores](#) program serving the Latino community continued to expand by hiring a team of 16 Clinical Social Workers and Community Health Workers, located in the service areas to oversee the work of 20 vendored Promotores per Service Area (SA). The Promotores are Spanish speaking and able to outreach to the Latino, non-English speaking, primarily immigrant community. To date, 15 Promotores have transitioned into full-time employment with DMH. DMH expects to increase the capacity of the public mental health system to deliver best practice recovery-oriented services to the Latino population through outreach, engagement, linkage, and self-help services. Currently, a total of 154 Promotores are distributed throughout the eight services areas.

Between January and March of this year, the Promotores completed the following:

- Presented in 244 elementary, junior, and senior high schools, for a total of 879 presentations/workshops, primarily to parents (January – March 2019).
- Presented a total of 1,522 presentations, to approximately 15,000 Latino residents Countywide and targeted to reach 3,000 presentations by year-end, with 30,000 Spanish speaking residents provided prevention services through education, family and community empowerment, and stigma reduction (January – March 2019).
- Participated in 77 Health, Resource, and Employment Fairs, completed 325 linkages to mental health services, and participated in 19 outreach events with DPH to educate the community on lead poisoning and the Exide contamination.
- Collaborated with the Mexican, Guatemalan, and Salvadorian Consulates, providing 70 presentations at the consulates in the past quarter.

DMH plans to start a Promotores program with the American Indian/Alaskan Natives (AI/AN) population. While English will be the language of presentations, the strong cultural identification of the AI/AN population will be utilized when offering presentations on mental health to the AI/AN community.

ADDRESSING CHRONIC DISEASE AND INJURY PREVENTION

Preparing for New or Enhanced Service Delivery

Interagency Workgroup for Chronic Disease and Injury Prevention's Smoking Cessation Efforts (CDIPSCE)

The smoking cessation protocol and cessation services continued to be standardized across the Health Agency-operated clinics. These include 14 Public Health Centers, 25 DHS directly-operated clinics, and nearly 40 DMH sites. With support from Proposition 56, the CDIPSME Workgroup proposes to utilize a behavioral design team within the three departments to help iteratively design/redesign, test and engineer these cessation protocols and interventions into part of the clinical workflow. DHS and DMH already provide interventions as part of their workflows but are looking to optimize these efforts. Public Health Centers are continuing to implement and work on increasing the screenings and referrals to the State Quitline.

Delivering Services

California Smokers Helpline

Work continued with the California Smokers Helpline to assist LA County residents to quit smoking through the State Quitline as part of the Proposition 56 Work Plan. This Helpline program is available to all residents who smoke and express interest in quitting, including the clients of the Health Agency. Through this effort, over 900 patients have been connected with the Helpline. Grants received in the past six months will help DHS expand the reach of Helpline services.

Health Equity Implications of Retail Cannabis Regulation in LA County – Health Impact Assessment

DPH released “[Health Equity Implications of Retail Cannabis Regulation in LA County - Health Impact Assessment](#),” a Health Impact Assessment that explores the potential health equity implications of allowing licensed cannabis dispensaries to operate within the County’s unincorporated areas. The assessment provides guidance to local cannabis regulatory bodies to ensure health and health equity are considered when developing policies and ordinances. It also lays the groundwork for ongoing [monitoring](#) of the health and health equity impacts to inform continuous improvement of cannabis policies and regulations in LA County.

Sexually Transmitted Infections (STI) Prevention Initiative

The STI Prevention Initiative continues to work across the Health Agency and with community partners to reduce sexually transmitted infections (STIs) in LA County, particularly among individuals most burdened with adverse health outcomes. From January through June 2019, the STI Prevention Initiative:

- Strengthened the partnership between DHS and DPH to increase referrals to MAMAs program for pregnant patients diagnosed with an STI. MAMAs program offers prenatal care, comprehensive healthcare services and health coordination for pregnant women experiencing medical challenges, behavioral health conditions, or complex, stressful life circumstances (e.g., homelessness, incarceration).
- Increased the capacity of County and community clinical providers through DPH-sponsored Sexually Transmitted Disease Continuing Medical Education (STD CME) events, DHS hospital grand rounds and technical assistance focused on STIs and relevant clinical and community health issues and practices.
- Instituted a program that includes rapid syphilis testing daily to women in several of the jail pods through a collaboration between DPH and DHS, following an initial pilot.
- Created a policy for a “Fast Track” option that allows patients who are asymptomatic to receive quick STI testing without a provider visit. This practice will pilot in late-2019.
- Continued to support the Comprehensive Sexual Education (CSE) Network, which meets quarterly to support California Healthy Youth Act (CHYA) compliant sexual health education in Los Angeles Schools. Since January 2019, several new school districts have joined this collaborative network, which increased access to CHYA compliant sexual health curricula and condom availability.
- Received increased support from the Board through a one-time \$5 million funding allocation to address the rising STI rates in the County by augmenting prevention and treatment services.

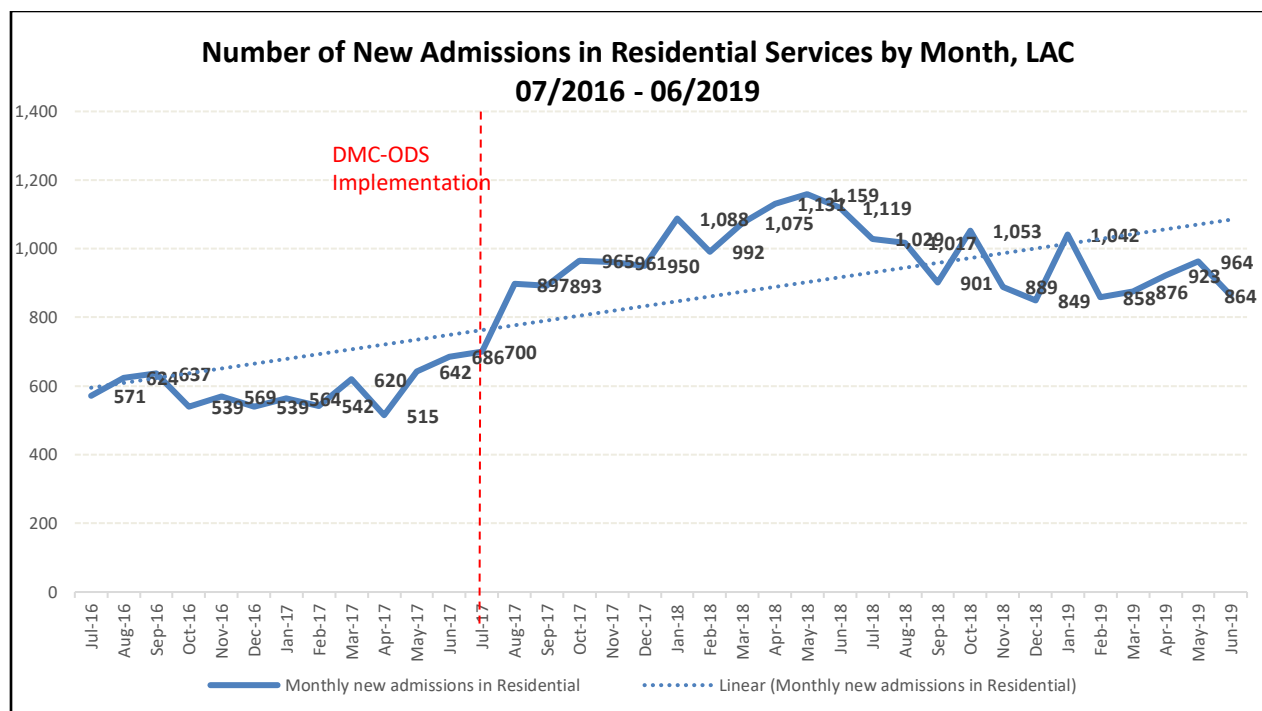
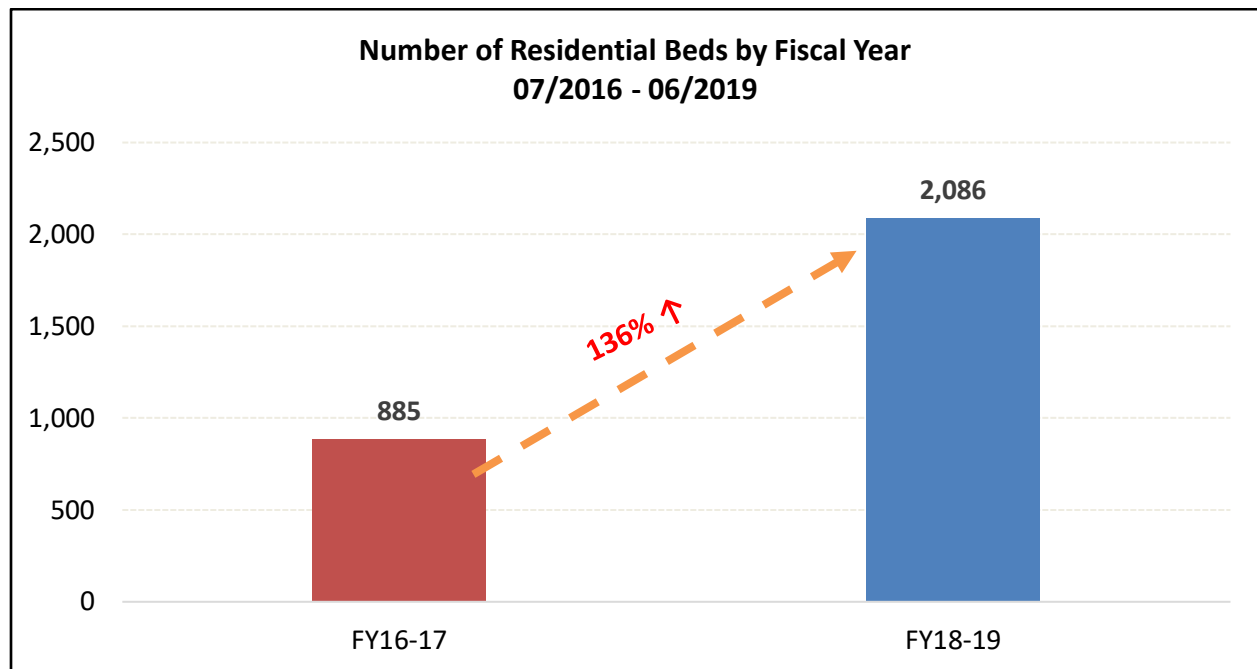
SUBSTANCE USE DISORDER (SUD) TREATMENT SERVICES

Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver

DPH launched the Drug Medi-Cal Organized Delivery System (DMC-ODS) Waiver to significantly enhance the clinical and financial infrastructure of the specialty substance use disorder (SUD) treatment system in Los Angeles County. DPH provided services to

32,123 patients during the period of July 2018 through March 2019 through the DMC-ODS.

The current DPH residential bed count for the specialty SUD treatment system is 2,086. This number includes an increase of 1,201 beds or 58 percent of the total residential bed count compared to those available prior to the launch of the DMC-ODS. According to the Los Angeles County Participant Reporting System, there was a 58 percent increase in residential admissions from FY 2016-17 to FY 2017-18.



DPH is facilitating additional opportunities for treatment engagement to County residents by providing funding and support to 65 Client Engagement and Navigation Service (CENS) co-location sites throughout the County. The funding and support will facilitate face-to-face screening and connection to services for those with SUD.

DPH launched a home visiting pilot project for women at high risk due to substance abuse, homelessness and/or mental illness. In the first year of the pilot, DPH will provide services to at least 150 women from preconception through parenting.

Connecting to Opportunities for Recovery and Engagement (CORE) Centers

DPH convened community stakeholders on April 1, 2019, to provide input on the CORE Centers, which will be opening throughout the County, to serve as hubs for resources to promote a holistic approach to the prevention, education and treatment of substance use disorders. The first CORE Center is expected to open in summer 2019 at the LAC+USC Wellness Center.

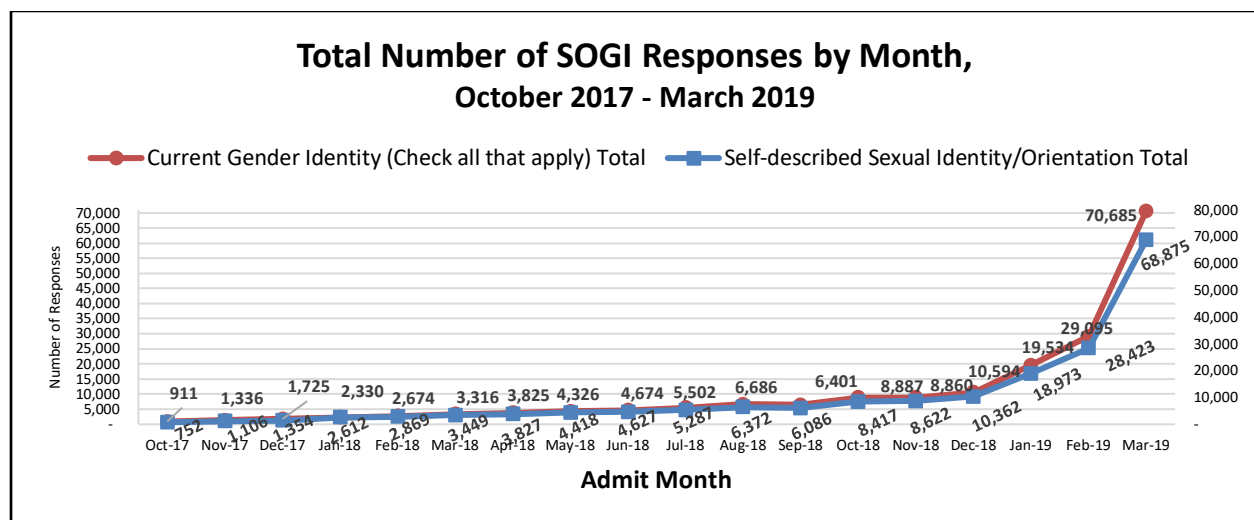
SEXUAL ORIENTATION AND GENDER IDENTITY

Preparing for New or Enhanced Service Delivery

Data Collection

Since October 2017, DHS has been collecting data for the Sexual Orientation and Gender Identity” (SOGI) domain. The collection of SOGI data has been integrated into the DPH clinic workflow as a standard practice. These data are entered into the Online Real-time Centralized Health Information Database (ORCHID).

- From October 2017 through March 31, 2019, a total of 178,483 responses have been captured for the domain of “Self-expressed Sexual Identity/Orientation”.
- Additionally, a total of 181,778 responses have been captured for the domain question of “What is your current gender identity?”



Demographic Data

DPH is developing strategies to disaggregate data for LGBTQ+ communities. This includes making recommendations for how to collect demographic data in a more inclusive, sensitive and appropriate way. As part of this process, DPH is working to align these efforts across several departments through participation in multiple conversations to ensure cross-pollination, collaboration and coordination. These include the DHS LGBTQ+ Workgroup and the DCFS LGBTQ+ Steering Committee. With DCFS and DPH co-chairing the recently convened data subcommittee, which has representation from DHS, DMH, Probation, and community stakeholders. DPH plans to conduct a webinar to present proposed recommendations for collecting LGBTQ+ demographic data as part of an open-comment period to elicit feedback from community members and other stakeholders.

Conference

DPH sponsored the “Lesbian and Bisexual Women’s Health in Los Angeles County” conference on March 12, 2019, as part of the Los Angeles County Lesbian and Bisexual Women’s Health Collaborative, in partnership with the City of West Hollywood, Human Rights Campaign, IRS Cantor-UCLA Women’s Health Center, Los Angeles LGBT Center and UCLA Center for the Study of Women. The conference focused on advocacy, communication, policy, and healthcare delivery.

Shelter Worker Training

DPH continued to provide shelter workers and homeless service providers with a training that promotes model shelter practices that support transgender and gender non-binary clients. Training sessions, which are led by transgender persons who have experienced homelessness, were scheduled through June 2019.

HIV and STD Prevention and Treatment Programs

DPH continues to fund innovative Human Immunodeficiency Virus (HIV) and Sexually Transmitted Diseases (STD) prevention and treatment programs, which were designed to be responsive to the needs of young African American and Latino men who have sex with men (MSM) and transgender individuals. The programs support whole-person care, address social determinants of health, promote resiliency and protective factors, and integrate youth development and youth-oriented technology.

LGBTQ+ Liaison

DPH is creating a new LGBTQ+ Liaison position under the Center of Health Equity to strengthen organizational readiness and capacity to address health inequities that impact lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, and two spirit communities in LA County.

Creating Friendly Workplace for Trans-Identified Individuals

DPH continued conversations with DHR to discuss how the County can make the workplace friendlier to trans-identified individuals. This opened a larger conversation about the health benefits the County currently offers to our workforce. DPH shared best practices implemented by the City of San Francisco and Starbucks for consideration. This

included a study on cost-estimates and benefit utilization by San Francisco: <https://www.hrc.org/resources/san-francisco-transgender-benefit>.

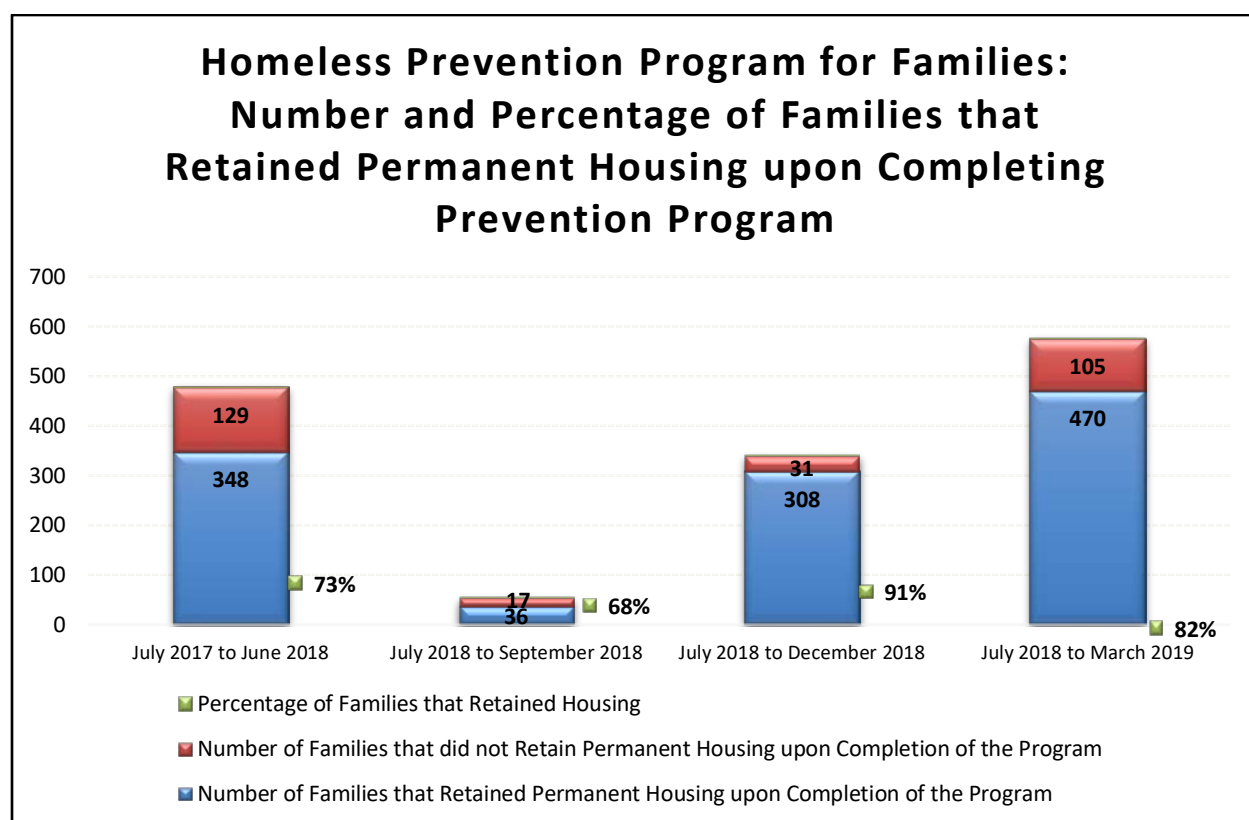
HOUSING

HOMELESS PREVENTION PROGRAM FOR FAMILIES

Delivering Services

Family Solution Centers

The Family Solution Centers' prevention services were provided to 1,313 families enrolled in their prevention programs, and 1,130 individuals enrolled in the adult prevention programs. Of the 1,052 families that exited the family program, 818 (78 percent) either retained their housing or transitioned to other permanent housing. Of the 683 individuals that exited the individual program, 625 (92 percent) either retained their housing or transitioned to other permanent housing (July 2017 through March 2019).



FOOD INSECURITY

Preparing for New or Enhanced Service Delivery

Screening for Food Insecurity

The Social Needs tab in the Ambulatory Intake went live in ORCHID in January 2019. Currently, it contains two validated Food Insecurity (FI) questions. Primary care clinics at several DHS facilities are currently using the FI questions as part of the standard nursing intake: LAC+USC Medical Center, Hubert H. Humphrey Comprehensive Health Center, Martin Luther King, Jr. Outpatient Center, and Harbor-UCLA Medical Center.

Supported by a small grant from the Center for Care Innovations, DHS primary care directors will develop a standard workflow for use across DHS that will be refined through direct observation of existing FI Screening practices and scaled to each facility based on local resource constraints. Screening and referral to FI resources will be part of PCMH-based Behavioral Health Integration efforts currently underway across DHS. The effectiveness of screening and linkage to resources will be assessed through measurements of number screened, number found to have FI, number referred to resources, and number whose FI was addressed through successful linkage.

Trainings for DPH clinic staff focusing on the importance of screening for food insecurity are currently underway. DPH has created food pantry resources in English and Spanish and has facilitated a partnership with a food rescue organization to pilot test a produce giveaway at Hubert Humphrey Comprehensive Health Center to provide free fruits and vegetables to patients to help improve food security.

IMMIGRATION

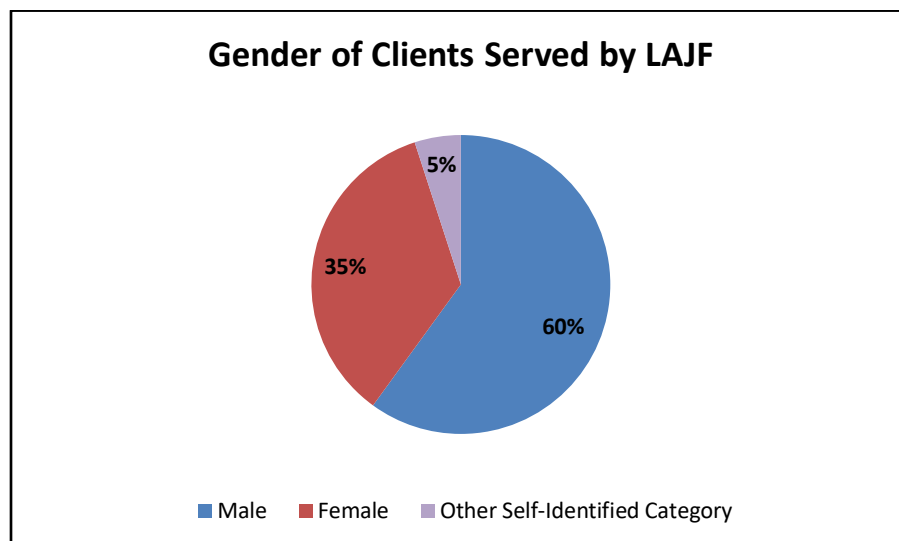
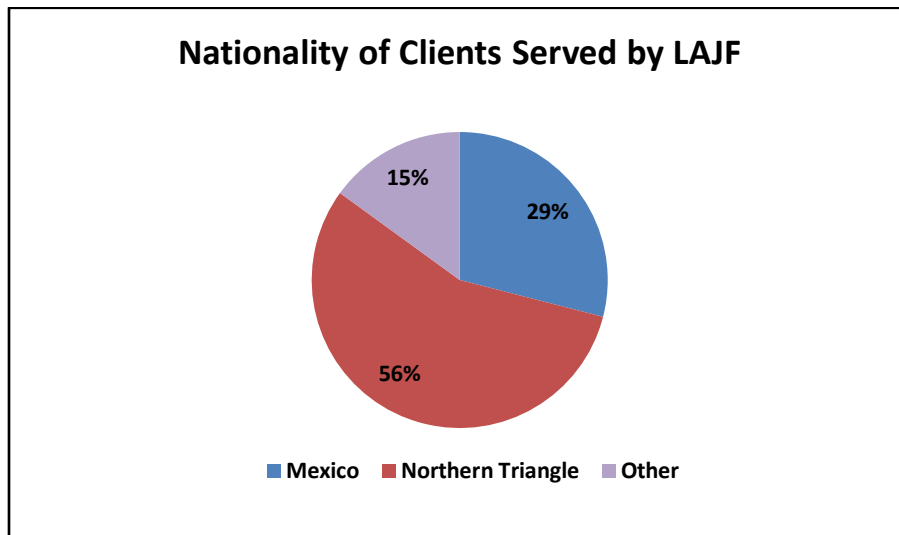
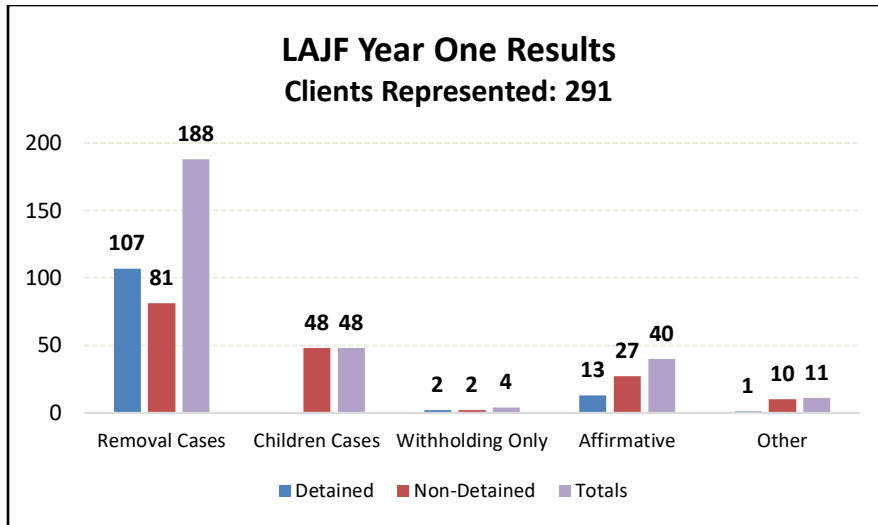
LEGAL REPRESENTATION FOR COUNTY IMMIGRANT RESIDENTS/FAMILIES

Preparing for New or Enhanced Service Delivery

Los Angeles Legal Justice Fund (LAJF)

During the first year of the Los Angeles Justice Fund (LAJF) pilot, 291 clients were represented and LAJF grantees screened 1,035 people for consultations and referrals. Of the 291 cases, 142 are County-funded cases, 134 are City-funded cases, and 15 cases are in process of being determined. Thirty-two cases have been completed with a 41 percent success rate that allowed clients to remain in the United States; this compares to a nationwide success rate of only five percent for non-represented people.

Ninety-two percent of clients were identified as having at least one vulnerability. Fear-based protections were the most frequent vulnerabilities identified; forty-two (42) clients were identified as asylum seekers or potential beneficiaries of a complementary fear-based protection, while 140 clients with fear-based claims have at least one other vulnerability identified. The average time in the United States was 15 years.

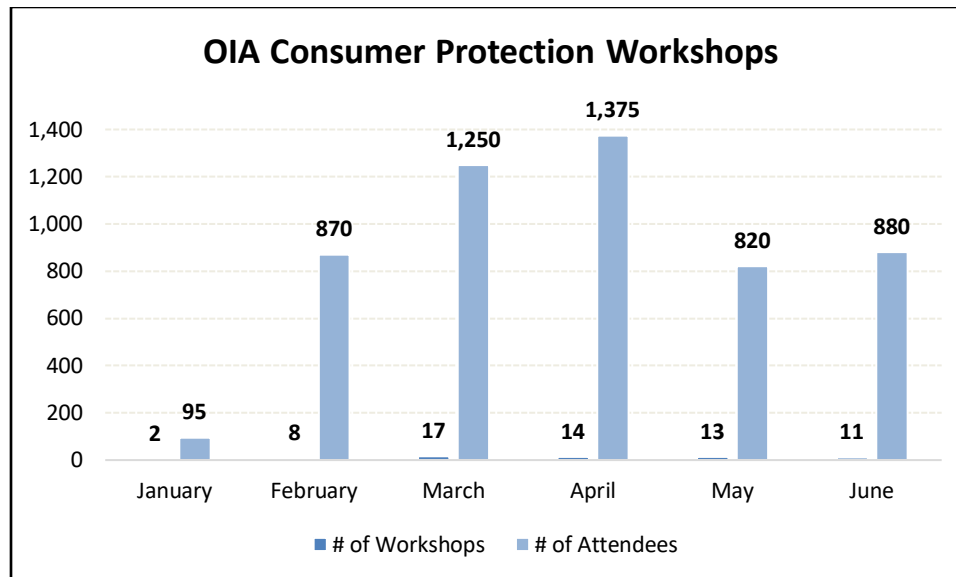


CONSUMER PROTECTION

Delivering Services

Outreach and Education

The Office of Immigrant Affairs (OIA) organized or participated in 65 public outreach workshops, reaching 5,290 people through June 30, 2019. The OIA reached an average of 50 phone calls per month, conducted an average of two media interviews per month, and its website had an average of 2,700 views per month.



CULTURAL SENSITIVE SERVICE

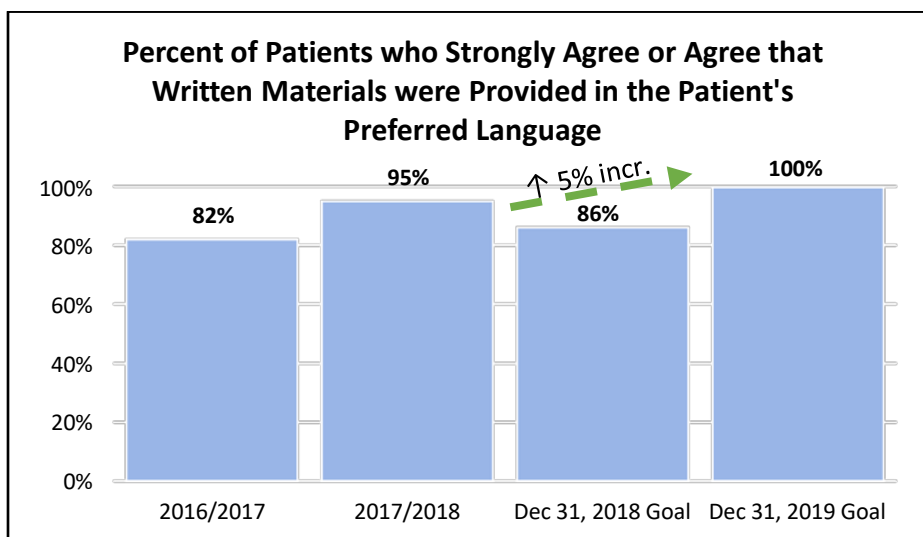
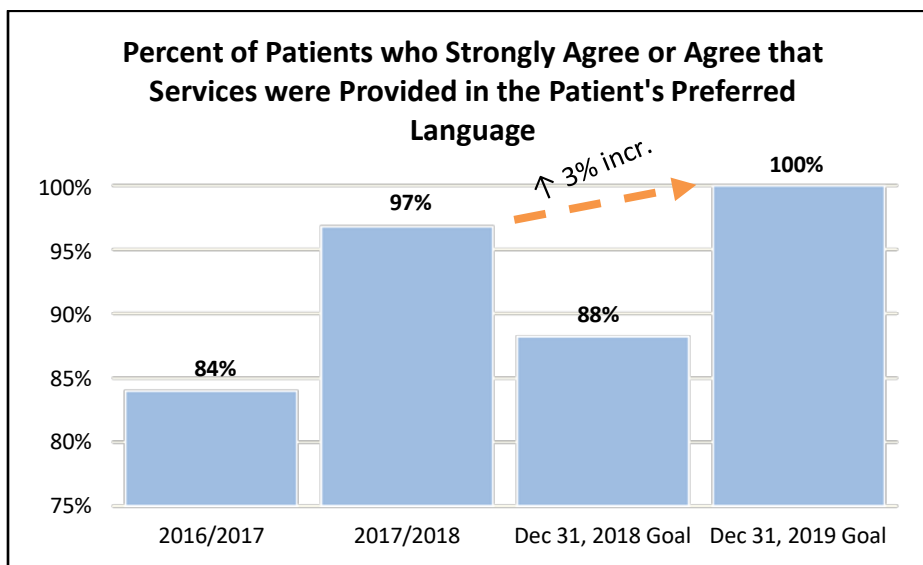
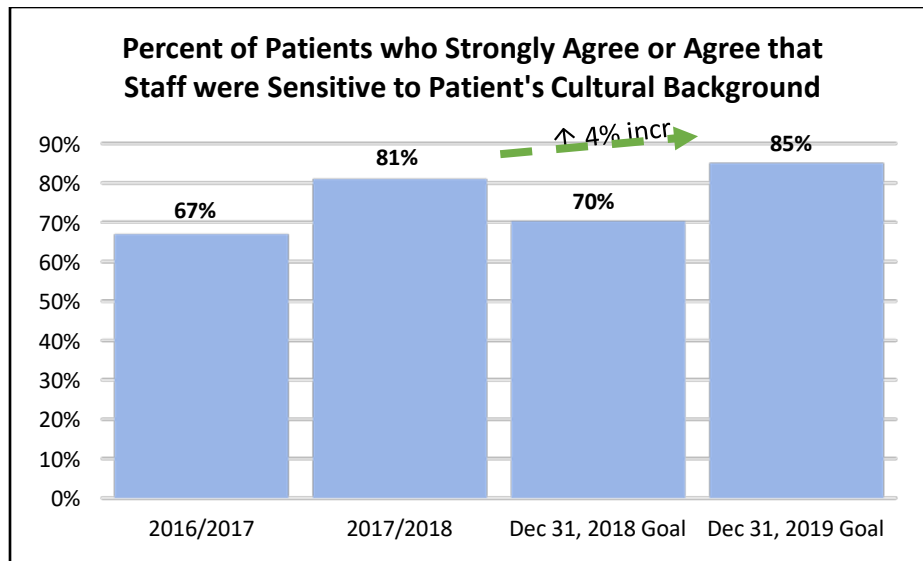
Preparing for New or Enhanced Service Delivery

Consumer Assessment of Healthcare Providers and Systems Survey (CAHPS® Survey)

DHS hospitals, outpatient centers, and comprehensive health center facilities conduct the "Consumer Assessment of Healthcare Providers and Systems" Survey (CAHPS® Survey) on an ongoing basis. Additionally, DHS conducted a survey with three "Custom Questions" related to cultural competency at all 43 DHS outpatient primary care clinics and facilities, during the period of September 1, 2018, to February 28, 2019.

DHS' findings for the cultural competency patient satisfaction questions are as follows:

- 81 percent of patients, out of 3,194 patients who responded to the question, agreed or strongly agreed that staff were sensitive to their cultural background.
- 97 percent of patients, out of 3,282 patients who responded to the question, stated that they were provided services in their language.
- 95 percent of patients, out of 3,247 patients who responded to the question, stated that written information was available in their language.



On October 2, 2018, the Board of Supervisors approved DHS' request for a total of 66 Healthcare Interpreter positions. Since the approval of additional interpreter positions, via FY 2017-18 Supplemental Budget, DHS has hired to date 15 Healthcare Interpreters (HCIs). There have been difficulties in recruitment due to the limited number of applications submitted. DHS is actively working to solicit qualified individuals through certified Interpreter Training Programs.

Cultural Intelligence Subcommittee

The Cultural Intelligence Subcommittee under the DPH Labor Management Transformation Committee has been established to identify ways to help bring awareness and development of the cultural needs of the DPH served community.

Implicit Bias and Cultural Competency Training

All DPH staff completed the online implicit bias training. DPH also contracted with Dr. Bryant Marks to deliver 19 in-person implicit bias supplemental training sessions for DPH managers and supervisors through June 2019.

Just Culture Training

All DPH staff completed the online Just Culture training. DPH also hosted 54 in-person Just Culture training sessions with a primary target audience of DPH supervisors and managers. Ninety-seven percent have completed the in-person training. The training will be part of New Employee Orientation and New Supervisor Orientation.

Interpretation Services

From October 2018 to March 2019, "DHS Appointment Service Center" received 8,315 calls and provided 95,555 minutes of interpretation services. From October 2018 to March 2019, the "Health Agency Call Center" received 512 calls and provided 9,558 minutes of interpretation services. While encountering non-English speaking members of the public, Whole Person Care Community Workers, made 235 calls for interpretation services, totaling 3,028 minutes.

DHS completed a Gap Analysis and thorough assessment of the current state of Language Services in DHS. They have identified five overarching goals for FY 2019-20. The goals are:

- Building a Diverse Workforce;
- Expanding Interpreter Service Capacity;
- Enhancement of the Technological Infrastructure Supporting Video Medical Interpretation (VMI) Service Network;
- Standardized Processes for Meeting Language Needs; and
- Establishment of a Monolingual Patient Advisory Committee.

Institute for Cultural and Linguistic Inclusion and Responsiveness

The Institute for Cultural and Linguistic Inclusion and Responsiveness (ICLIR) workgroups have been implemented to facilitate the Institute's work in advancing integrated infrastructure, training/staff development, and visual repository of resources. The ICLIR also continues to establish connections with community partners.

The Principles, Framework, and Guidelines Workgroup and the Webpage Resources and Technology Workgroup joined efforts to develop the [ICLIR Action Plan](#) which incorporated most of the proposed deliverables under six strategies: Data Standards; Consumer Satisfaction Outcome Data Collection and Reporting; Trainings related to cultural competency and implicit bias; Language Assistance Services; Quality Improvement Projects; and Technological upgrades and solutions.

ICLIR members continue to staff and carry out all activities of the Labor Management Transformation Council's Cultural Intelligence Workgroup. The main project for calendar year 2019 is the implementation of a cultural intelligence awareness campaign that aims to increase the Health Agency workforce members' knowledge of cultural intelligence, sensitivity, empathy, and humility. Workgroup members have conducted a review of the literature to procure definitions and select self-assessment tools, existing on-line videos, and additional reference materials related to the four aims. An awareness campaign is in development with anticipated release in October 2019.

The [Multi-Cultural Mental Health Conference](#), highlighting models of integrated health for underserved populations, took place in June 2019.

IMMIGRATION PROTECTION AND ADVANCEMENT

Preparing for New or Enhanced Service Delivery

Consular Corps Seminar

The OIA conducted a seminar on June 6, 2019 for more than 100 members of the Consular Corps to train them about [wrap-around](#) County services available for constituents.

Public Charge Rule Change

On October 10, 2018, the Federal DHS published a proposal to broaden the meaning and scope of the public charge rule by expanding the definition of public benefits to include certain non-cash benefits. To protect immigrant families who live in the County, as well as the County's ability to serve them, on [October 2, 2018, the Board unanimously directed](#) that the County oppose the rule through a number of actions.

During this reporting period, the OIA, in partnership with County Counsel, concentrated its efforts on training County staff in strategic departments:

- Trained 8,910 County employees (120 training workshops) in the following key departments: Departments of Public Social Services (DPSS); Public Health; LA County Library; LA County Development Authority; Probation; and Workforce Development, Aging and Community Services (WDACS). This brings the total number of employees trained to 10,500 (165 workshops).
- Responded to an average of 30 client inquiries per month, referred primarily from affected departments.

The OIA will continue to monitor the Federal administration's expected adoption of the proposed rule once it completes reviewing the more than 210,000 public comments submitted during the public comments period.

Cooperation with Immigration and Customs Enforcement (ICE)

The COC issued its LA County Sheriff's Department Cooperation with Immigration and Customs Enforcement [report](#) on May 21, 2019. The report is available on the COC website.

Consumer Protection Legislation

The OIA worked with the Board, CEO Legislative Affairs, County Counsel, and a broad coalition of strategic stakeholders to draft and introduce County-sponsored State legislation AB 1753 ([Carrillo](#)) to enhance consumer protection for immigrants seeking assistance with immigration matters and remedies for those who are victims of immigration services fraud.

CENSUS 2020

ENSURING EVERYONE IS COUNTED IN THE U.S. CENSUS

Preparing for New or Enhanced Service Delivery

County's Complete Count Committee

The CEO's Office, in collaboration with the State's Complete Count Committee and the OIA working in close collaboration with our partners and stakeholders, is working diligently to ensure that everyone is counted in the upcoming 2020 Census. A list of our recent activities includes:

- **Media and Outreach:** Prepared a comprehensive media and public outreach campaign to respond to the U.S. Supreme Court ruling regarding the inclusion of a citizenship question on the 2020 census form.
- **Ambassador Program:** Developing and launching a County ambassador program to assist residents in the submission of their census form at hundreds of locations in County facilities. This initiative includes coordinating County, City of Los Angeles, and non-profit efforts.
- **State Contract:** Entered into a contract with the State of California to implement several strategies aimed at ensuring a complete and accurate decennial count.
- **Strategic Plan:** Our contract with the State requires the submission of a comprehensive "[Education and Outreach Strategic Plan](#)," detailing our County's plans to motivate, educate, and activate our communities, particularly in the areas of our County deemed "Hard-to-Count." The plan was delivered to the State on May 31, 2019.
- **2020 Census Website:** On June 27, 2019, CEO Countywide Communications launched our countywide website. The website is accessible in 16 languages and can be found at www.census.lacounty.gov.

- **Complete Count Committee Meetings:** The County, in partnership with the City of Los Angeles, continues to host bi-monthly meetings. The purpose of these meetings is to allow the various stakeholders and government agencies from various sectors to participate in achieving a full, fair, and accurate count, with an emphasis on efforts to reach our region's Hard-to-Count areas and communities and encourage them to be counted. The Complete Count Committee meetings take place on the fourth Thursday of every month.

COMMUNITY

HEALTHIER, SAFER, MORE RESILIENT

HEALTHIER COMMUNITIES

PHYSICAL ENVIRONMENTAL CONDITIONS: EDUCATION AND AWARENESS

Delivering Services

Providing Support, Information, and Resources Regarding Former Exide Facility

DPH continues to work with affected communities to support access to appropriate services and resources, and with State officials to expedite the residential cleanup process and establish sufficient funding to sustain the cleanup through completion. See [Exide Quarterly Update](#) published June 20, 2019. Some of the highlights include:

- Information and resources for blood lead testing, healthcare services, and other developmental issues were provided at 43 government and community-hosted events, as well as door-to-door engagement throughout the impacted area, reaching 6,504 homes.
- East Los Angeles Health Center and Edward Roybal Comprehensive Health Center are now available as permanent locations to provide free blood lead testing.
- Mobile blood lead testing services reached 1,176 individuals in neighborhoods where residents have limited access to transportation services and mobility restrictions.
- Ten dedicated Health Promotores work in the community providing resources, answering questions and concerns regarding Exide, and sharing information on free blood lead testing, lead poisoning, and other County resources.

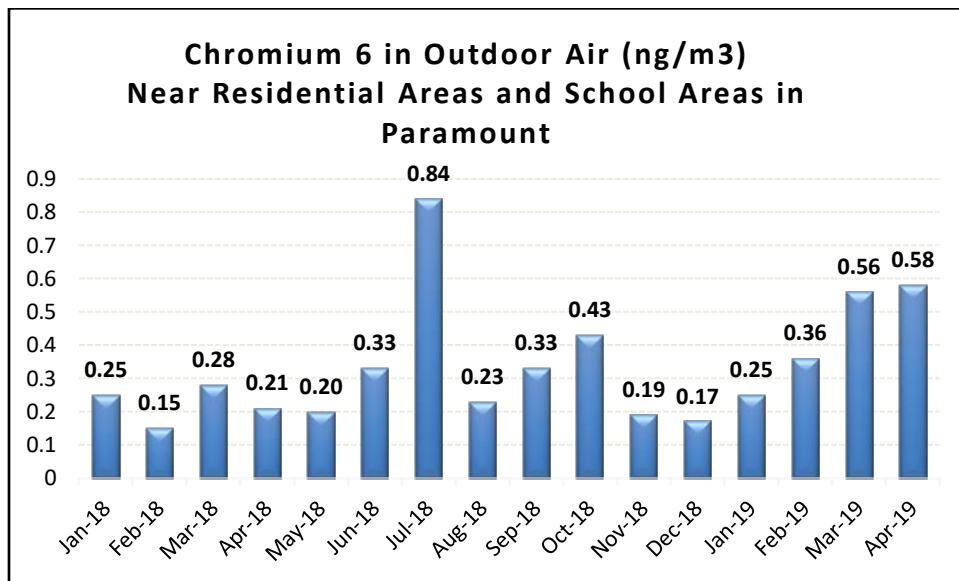
Communication with Residents About Health Concerns

Following the release of the Paramount school sampling results of hexavalent chromium at two elementary schools, DPH [communicated with residents](#) about the results and responded to health concerns.

Environmental Monitoring – City of Paramount

Building on the major reductions in hexavalent chromium emissions since early 2018, DPH continues to work with the Fire Department, Southern California Air Quality Management District (SCAQMD), and the California Department of Toxic Substances Control (DTSC) to monitor levels. The concentrations are above the SCAQMD long-term health risk levels and ambient levels in some areas of the region. Air monitoring results indicate the need for further emission controls and continued monitoring at chromium facilities in Paramount.

DPH provided assistance to the Paramount Unified School District for environmental testing for hexavalent chromium at two elementary schools. Hexavalent chromium was not detected in dust samples. However, it was detected in air samples in two of four classrooms tested, where air levels were below the SCAQMD long-term health risk level, above the DTSC residential screening level, and within range of ambient levels in other areas of the region. The findings were issued in a [report](#).

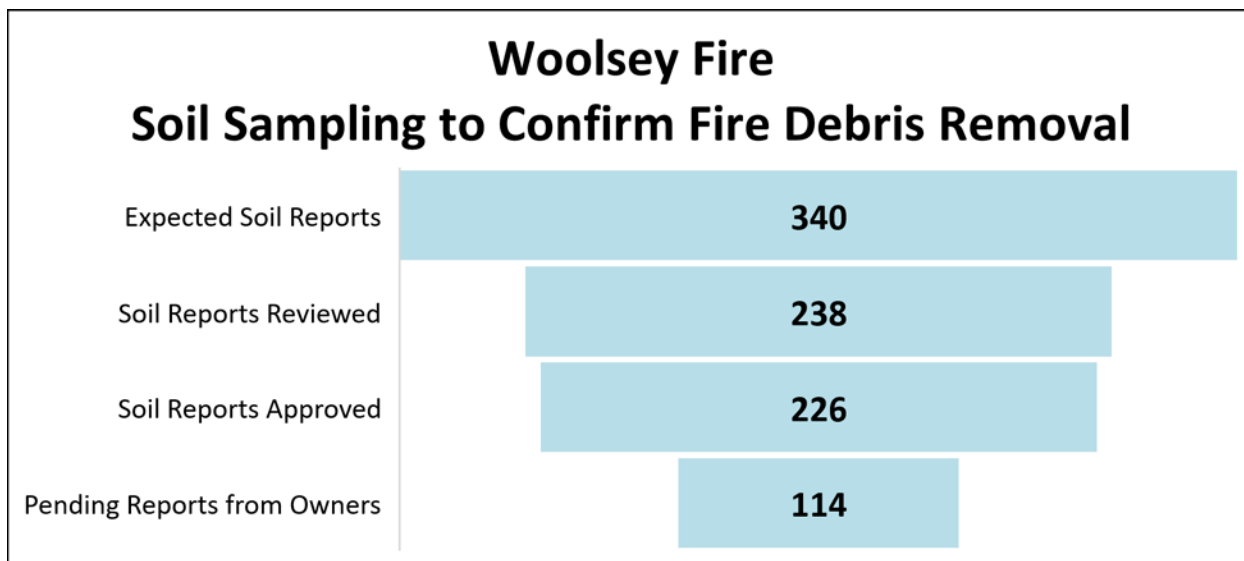


Woolsey Fire-Recovery

DPH continues to assist County residents in recovering from the Woolsey Fire, including the careful handling and disposal of fire ash and debris in order to minimize exposure and potential harm to residents and workers. DPH is also assisting residents in the rebuilding process, which includes development related to drinking water supply and onsite wastewater treatment.

Monitoring of the temporary ban on the use of leaf blowers in the burn area was continued, to prevent contaminated fire ash from being blown into the air. DPH reviewed 238 soil reports to confirm fire ash and debris were properly removed from residential properties. To date, 226 reports have been approved; for the 12 properties that remained above cleanup levels, technical consultations was provided on debris removal and sampling methodologies.

DPH continued staffing the Debris Removal Operations Center in Calabasas to provide technical consultation to State agencies, residents, and contractors on fire-related contamination and general environmental health issues such as contaminated soil, green pools, and mosquito breeding. Guidance and technical consultation was provided to 286 residents and contractors regarding rebuilding septic systems and water wells.



OVERSIGHT OF CONTAMINANT SOURCES: LEGISLATIVE ADVOCACY

Delivering Services

Reducing Use of Hexavalent Chromium

DPH continues to provide health information to impacted residents and input to SCAQMD on efforts to reduce hexavalent chromium emissions through a proposed rulemaking applicable to chromium plating technology and operations. DPH reviewed, submitted recommendations, and provided public testimony for proposed air regulations that are being developed by SCAQMD to strengthen public health protections in place for chromium-emitting facilities.

Cleaning Up of Residential Properties

DPH testified in support of \$74.5 million dollars in State funding for the cleanup of residential properties impacted by the former Exide Facility.

Championing Health Studies and Air Quality Monitoring - Aliso Canyon Natural Gas Disaster

DPH is administering implementation of a multi-year comprehensive health study in consultation with Scientific Oversight Committee and Community Advisory Group. The study is funded through the SoCal Gas settlement.

On February 25, 2019, the Los Angeles Superior Court approved the settlement, and the County received the funds on March 25, 2019. DPH held two Community Orientation Sessions and attended seven neighborhood council meetings to gather community stakeholder input on the study process. Briefings were held to inform and consult on the planned study process with other stakeholders, including government agencies, elected officials, the State Attorney General, and the Los Angeles City Attorney. Nominations for the Community Advisory Group and Scientific Oversight Committee were solicited from a broad variety of stakeholders.

Local Authority to Abate Imminent or Substantial Endangerment to Public Health and Safety

DPH is working with the Fire Department, County Counsel, and CEO Intergovernmental Relations on proposed amendments to California Health and Safety Code to strengthen Local Health Officer authority to take immediate action against local threats to the public's health and safety. County-sponsored AB 1500 (Carrillo) was introduced on February 22, 2019, which aims to strengthen local authority, including the County's Local Health Officer and the Fire Department's Certified Unified Program Agency, to take immediate action against local threats from hazardous substance or material exposures. DPH provided expert testimony at the State Assembly Committee hearing for this bill, which passed the Committee on Environmental Safety and Toxic Materials on March 26, 2019, and is currently under consideration with the Appropriations Committee. Support letters for AB 1500 were secured from SCAQMD, the California Fire Chiefs Association, the California State Association of Counties, and the Coalition for Clean Air.

ENVIRONMENTAL CONTAMINANT PREVENTION STRATEGIES

Preparing for New or Enhanced Service Delivery

Improve Interagency Communication

DPH is continuing work to address enforcement actions, providing information to community members and developing strategies that improve interagency communication. Work continued on the Interdepartmental Referral Pilot Project in the Florence Firestone areas referral process for problems that are observed by inspectors during routine visits to industrial facilities. Referral procedures were enhanced by conducting process evaluation interviews for continuous quality improvement. Thirteen sites have been submitted to DPH and referred as appropriate.

The Community Resources for Environment Health toolkit was integrated into multiple existing communication channels, including the Environmental Health Call Center, 211 Call Center, Center for Health Equity Listserv, Rx for Prevention, and the DPH website and social media channels. Additionally, DPH distributed over 700 flyers to promote the [toolkit](#) at DPH-led community events and developed staff capacity on the toolkit by integrating it into DPH nurse trainings that have reached 60 nurses so far.

DPH coordinated with other County departments and local, State, and federal agencies to address enforcement actions and other concerns at Central Metal, Inc. In addition, informational flyers were distributed to nearby residents and DPH conducted several presentations to the community on the issue.

Lead Paint Hazard Mitigation

The County received \$5.2 million from the Southern California Gas Company (SoCalGas) litigation [settlement](#) on March 25, 2019, for the remediation of lead-based paint hazards in the communities surrounding Exide and received [Board approval](#) on April 16, 2019, for the plan to use this funding for mitigating lead paint hazards in 150-300 residential units.

On July 17, 2019, the County Counsels and City Attorneys of ten California jurisdictions on behalf of the People of the State of California [announced](#) the settlement of landmark public nuisance litigation. Under the settlement, defendants The Sherwin-Williams Company, ConAgra, and National Lead, agreed to pay the jurisdictions, which includes the County of Los Angeles, \$305 million over a period of years to address lead paint-related hazards in residential property. DPH will receive approximately \$130 million to perform lead paint hazard remediation in residential housing throughout the County.

Health Protective Actions to Safeguard Health of Residents – Uncontrolled Release of Gas from Vintage Oil Well in Marina Del Rey

DPH continues to work with the Department of Beaches and Harbors to respond to the November 2018 uncontrolled release from an oil well on a property under development. DPH joined Unified Command with the California Division of Oil, Gas, and Geothermal Resources (DOGGR), the California Office of Emergency Services, and the Fire Department in responding to the incident. A [press release](#) was issued, and in response to this development, DPH issued recommendations to DOGGR that will further safeguard the health of residents in the surrounding communities. DPH reviewed daily air monitoring data and led to the development of a [Community Health, Safety, and Notification Plan](#).

Oversight of Oil and Gas Facilities

DPH continues to inform and advocate for policy development in the area of increased oversight of oil and gas facilities in close proximity to people. This work includes close collaboration with community and agency partners. DPH participated in Oil and Gas Strike Team activities to investigate abandoned and orphan wells, pipelines, oil and gas storage facilities, and hazardous chemicals used in oil and gas production.

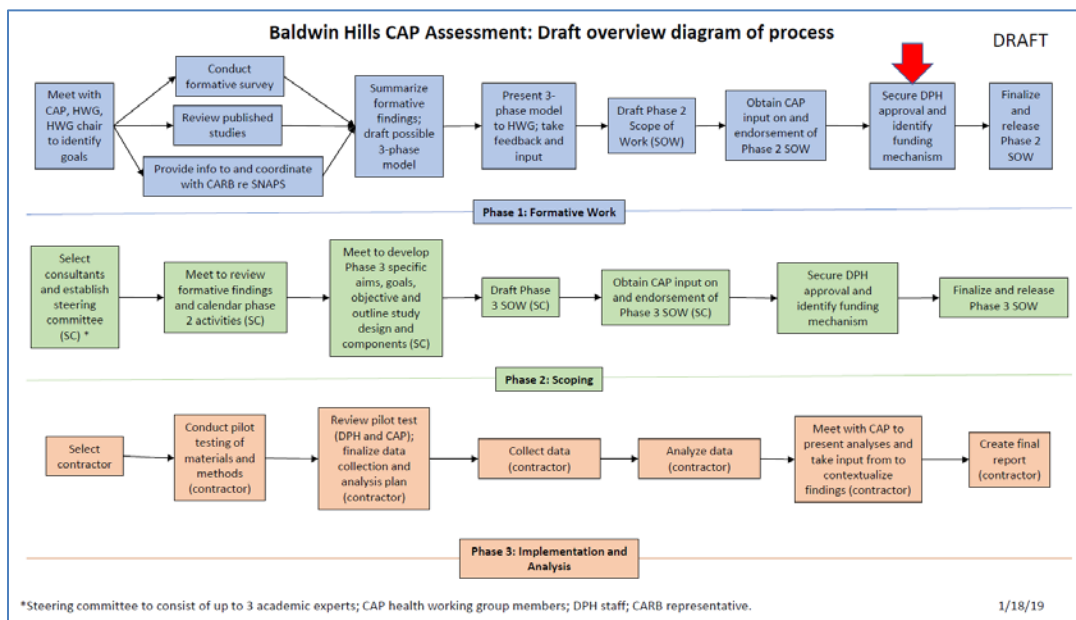
Monthly meetings with the Department of Regional Planning (DRP) and community partners were held to inform County ordinance revisions pertaining to oil and gas. DPH staff attended and provided support at four listening sessions conducted by DRP. DPH participated in two interdepartmental meetings to explore the feasibility of creating a County Office of Oil and Gas, reviewed DPH's role in regulating oil and gas sites, and submitted findings to the County team.

Baldwin Hills Oil Field Health Assessment and Environmental Justice Study

The Baldwin Hills Community Standards District requires DPH to conduct a [health assessment](#) every five years on the largest urban oil field in the U.S. to assess its potential impacts on nearby communities. In collaboration with the Baldwin Hills Community Advisory Panel (CAP), DPH conducted formative work and designed a process for the next Health Assessment and Environmental Justice Study that will be coordinated with the California Air Resources Board "Study of Neighborhood Air near Petroleum Sources" ([SNAPS](#)).

DPH staff attended six monthly CAP meetings, four health work group meetings, collaborated on a brief survey of CAP members to prioritize concerns, reviewed published literature for study methodologies, and consulted the City of Los Angeles Petroleum

Administrator regarding existing data on local oil and gas operations. The process design was presented to the CAP at the January 24, 2019 meeting, as shown below.



EMERGENCY PREPAREDNESS

Preparing for New or Enhanced Service Delivery

Community Field Response

DPH continues to build sustainable response operations with the flexibility to shift to emergency models of operation when threats emerge. DPH developed a Community Field Response Operational Plan that defines actions and roles necessary to mobilize the entire Department workforce, as needed, to provide a field response that engages and informs the community. The Plan provides direction and guidance to DPH staff for activities, considerations, and actions to be taken before, during, and following a community field response operation.

DPH used its response capability for environmental incidents by activating and deploying DPH responders to oil and natural gas incidents at the Carson Refinery Fire and Marina Del Rey Well Gas Release.

SAFER COMMUNITIES

ADDRESSING VIOLENCE THROUGH A HEALTH CARE LENSE

Preparing for New or Enhanced Service Delivery

Office of Violence Prevention

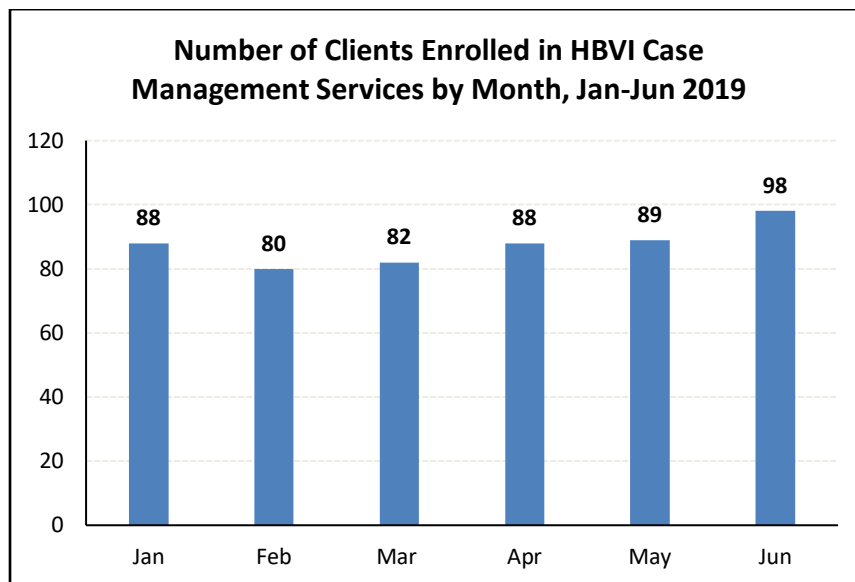
DPH continued to advance the Countywide Office of Violence Prevention (OVP) infrastructure and early implementation of its strategic plan in response to the

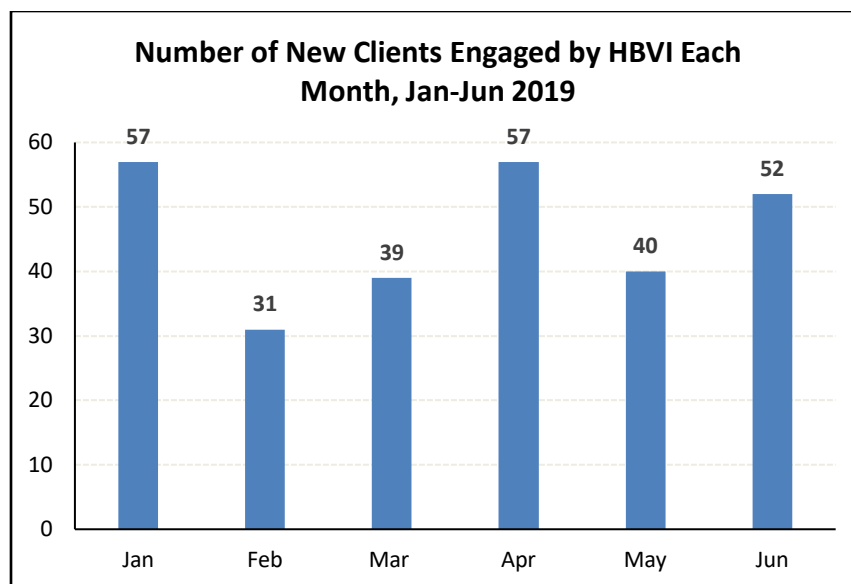
February 19, 2019 Board motion, which officially established the office. During this reporting period, DPH was selected as a site for the Arts Commission Creative Strategist Artist in Residence program to support the OVP; established a County Leadership Committee; facilitated two workgroups; and held two community convenings with key partners, community residents and stakeholders to share information and findings. The OVP was publicly launched during Public Health week on April 5, 2019, at the Community Healing and Trauma Prevention Center (Center) at the Martin Luther King, Jr. Center for Public Health.

DMH is an active partner with DPH, attending steering and workgroup meetings. DMH currently has a part-time presence at the Center, and through the budget process is pursuing procuring positions to support the Center. In addition, DMH will leverage trauma training resources to support trauma training where possible.

Hospital-Based Violence Interventions (HBVI)

Hospital Based Violence Intervention (HBVI) works with individuals most at-risk for violence and re-injury and connects them with culturally competent case managers at the St. Francis Medical Center and Harbor-UCLA Medical Center. During this reporting period, these hospital-based engagements included establishing rapport and trust with the client, a brief assessment regarding status and needs, ongoing case management services, and providing links to community resources. To date, a total of 794 patients have been engaged and 98 clients continue to receive case management services. DPH presented on HBVI at the March 27, 2019, Trauma Hospital Advisory Committee meeting.





Healing and Trauma Prevention Center

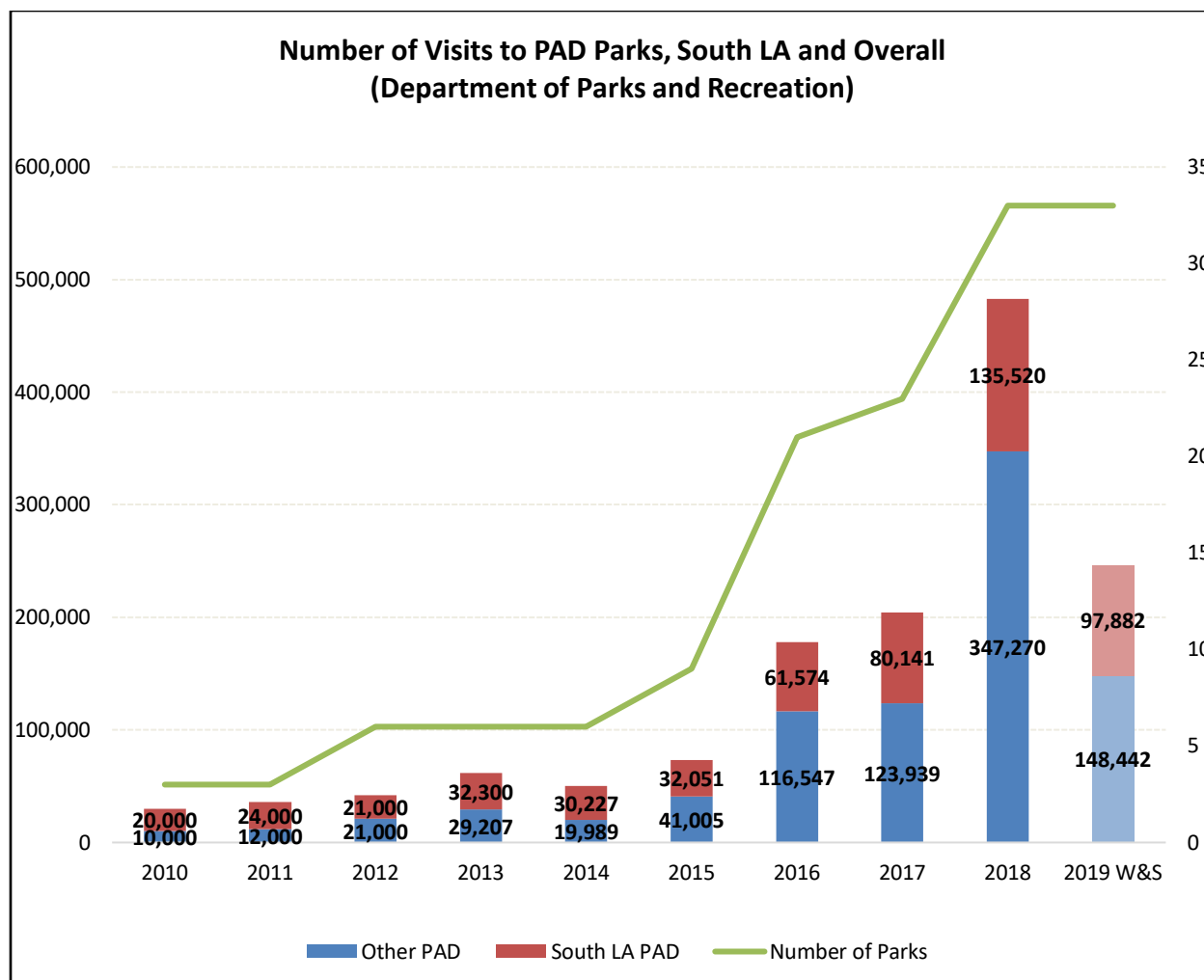
The Center, which launched on September 5, 2018, continues to provide services aimed at promoting recovery from trauma and advancing trauma-informed approaches and resources in communities with high levels of violence. Healing arts, meditation and support groups were provided to 281 individuals in January 2019, 701 individuals in February 2019, and 477 individuals in March 2019. In response to the tragic murder of Nipsey Hussle on March 31, 2019, DPH, DMH and community partners provided trauma, grief and loss support services during extended evening hours at the MLK Community Healing Center, and at Brookins-Kirkland Community AME Church.

ADDRESSING VIOLENCE THROUGH STRENGTHENING SOCIAL CONNECTIONS

Delivering Services

Parks After Dark (PAD)

The Department of Parks and Recreation's (DPR) Parks After Dark (PAD) program for FY 2018-19 will continue at 33 parks countywide with funding support from DMH, Probation, DCFS, WDACS, and Trauma Prevention Initiative (TPI). DMH prevention funding allowed for the expansion of PAD to 10 additional parks, making the total of 33 parks. Expansion included adding to the existing summer season to include programming during the spring and winter, Thursday through Saturday evening from 6-10 pm.



DPH continues to provide support to DPR for PAD in the areas of strategic planning, evaluation, and pilot programming, and has increased involvement in PAD through health outreach and education, and new project alignments, such as Park Rx, Bike Safety classes, Walking Clubs and Workshops, Positive Youth Development, Nutrition programming, and HIV/STD programming. The TPI is supporting DPR through Safe Passages and Parks are Safe Zones at South LA parks and working with DPR and Sheriff to develop protocols for gang intervention services at parks. The TPI is also supporting capacity building of park staff through trainings such as the annual Gang Prevention and Intervention conference.

DPH's Injury and Violence Prevention Program continued to build the evidence base and visibility of PAD as a promising model, in addition to continuing to oversee the PAD evaluation. In April 2019, DPH was invited to present PAD at a legislative briefing in Sacramento to highlight PAD as a promising public health and public safety initiative, and to share the program's potential benefits so that it could be included as part of a proposed California Wellness Trust effort to sustain and expand similar programming throughout the State. Lastly, the CEO has selected PAD as one of the County's initial projects for developing a "Persona," a multi-layered communications strategy which will highlight the benefits of various key County strategies.

ADDRESSING VIOLENCE THROUGH COMMUNITY ENGAGEMENT

Delivering Services

Training

The TPI is partnering with DMH to provide a series of trainings for each of the four TPI communities, including Mental Health First Aid and Compassion Fatigue. The first series took place at the MLK Community Healing and Trauma Prevention Center and was attended by Street Outreach contractors, healing center staff, and community members. TPI's Health Education Assistant was certified as a trainer in Compassion Fatigue. The TPI is also funding Community Resilience Model training for the TPI community partners in Westmont West Athens and Willowbrook.

DMH is implementing a series of County Partner trainings which includes Impacts of Trauma, Access to Care, and Mental Health First Aid to the TPI Community-Based Organizations (CBO) communities, beginning with Willowbrook, followed by the other three South LA communities.

Capacity Building Workshops

The Probation Department has allocated one-time Juvenile Justice Crime Prevention Act funding to DPH to implement capacity building workshops for grassroots organizations that address violence and serve youth involved with the criminal justice system. This funding will enable DPH to continue the capacity building pilot implemented in South LA and expand these efforts countywide during FY 2019-20. The TPI is developing partnerships with other initiatives to implement these workshops including DHS/ODR Youth Diversion, DPH Center for Health Equity, and the DMH Incubation Academy.

Street Outreach

Street Outreach contractors continued to conduct outreach and provide services in Westmont West Athens, Willowbrook, unincorporated Compton, and Florence Firestone. Services have included: providing service linkages to gang impacted and at-risk youth and adults; peace building; conflict mediation; community safety planning; ensuring safe passages; and participating in community outreach and events such as PAD. The TPI staff continue to meet monthly with contracted agencies to provide guidance, review community safety plans, collect daily activity logs to monitor work, and to ensure a coordinated and connected rollout of services. The TPI staff also continue to work with the Sheriff's Department, schools, parks, and other partners to discuss and coordinate efforts around street outreach intervention.

Priorities and Strategies for Reducing Trauma and Violence Summits

As part of the TPI ongoing community engagement efforts, DPH staff continued to work with community residents and stakeholders in Willowbrook and Westmont West Athens (WWA) through the local Community Action for Peace groups to build leadership and develop priorities and strategies for reducing trauma and violence, while taking action to increase resilience, healing and engagement. The second annual We Are Willowbrook Summit took place on March 2, 2019, at the Charles R. Drew University Dymally School of Nursing and drew more than 150 attendees. The WWA Summit, coordinated with other

county initiatives and PAD activities, took place on [June 15, 2019](#), at Jesse Owens Park, and focused on youth.

Peer-to-Peer (P2P) Violence Prevention Learning Academy

DPH staff continued to work with contractors to advance the goals of the TPI Peer-to-Peer (P2P) Violence Prevention Learning Academy. These goals include: 1) cross-training peer support workers (PSW), such as community intervention workers, community health workers, and others, in violence prevention and trauma-informed practices, 2) connecting peer support workers to provide system navigation within the TPI communities, and 3) building career pathways for PSWs. DPH is currently working with Lumos Transforms to develop a plan for a pilot cohort for the academy (FY 2019-20).

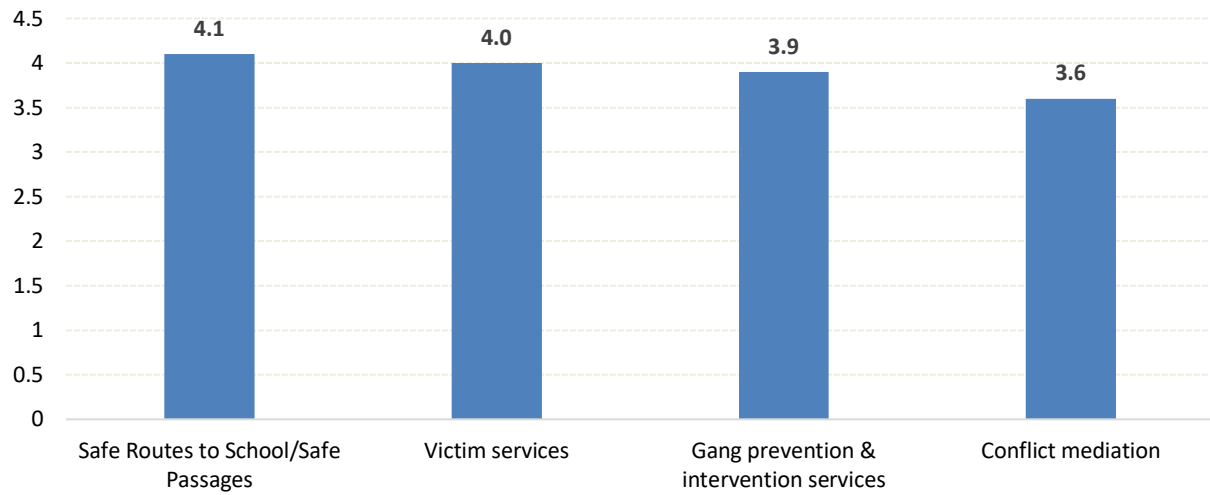
DPH also worked with Peace Over Violence to host a PSW Summit on [June 5, 2019](#). The Summit included a multi-sector audience of PSWs, PSW employers, and County departments to create a common understanding and shared learning about PSW models to build a foundation for a more integrated PSW approach.

Interagency Collaboration and Evaluation

The TPI continued to convene its quarterly Advisory Committee to guide the Initiative's work. The Committee is comprised of County department representatives, including: DMH, DHS, WDACS, Human Relations Commission, Arts Commission, Probation, Harbor-UCLA, DPSS, LACOE, District Attorney (DA), Center for Health Equity, CEO, and DCFS. The Committee is identifying ways to align work in the TPI communities, and build countywide systems change.

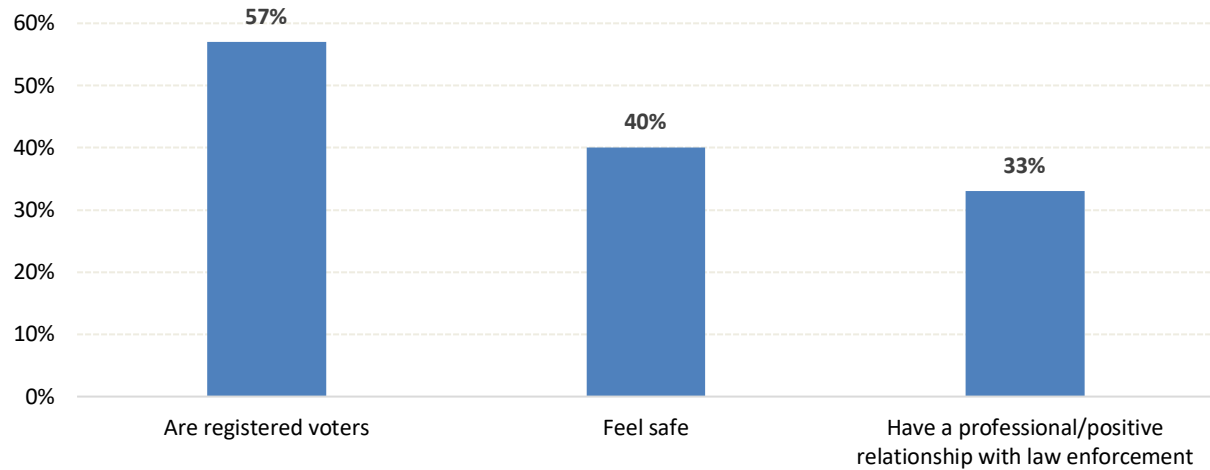
Harder and Co. is conducting an evaluation for the TPI HBVI and Street Outreach strategies. For their report, they are finalizing a database that all contractors will use to track their work and an online app to track daily activities and incident response, which was launched in June 2019 for training, testing, and refinement. Urban Peace Institute was also engaged to conduct a Community Safety survey in all four of the TPI communities and collected more than 1700 surveys. Reports are being finalized and will be ready for dissemination later in August 2019. Preliminary results are shown in the graph below.

**Average Rating* of an Activity's Effectiveness in Improving Safety,
2018 Trauma Prevention Initiative Community Safety Survey**



* activities were rated on a scale of 1 to 5, where 1=totally ineffective and 5=extremely effective

**Percent of Respondents who somewhat or strongly agree that
"People in my community..."
2018 Trauma Prevention Initiative Community Safety Survey**



RESILIENT COMMUNITIES

SUSTAINABILITY

Preparing for New or Enhanced Service Delivery

OurCounty Sustainability Plan

On March 1, 2016, the Board adopted a motion to create a Chief Sustainability Office (CSO) in the CEO. The Supervisors directed the CSO to work with the County's Sustainability Council to develop a countywide sustainability plan. On August 6, 2019, the Board adopted the "[OurCounty Sustainability Plan](#)" (OurCounty Plan) as a strategic vision for the future sustainability of Los Angeles and directed the CEO to add Sustainability as a seventh Board Directed Priority.

OurCounty Plan provides an aspirational strategic vision for making Los Angeles County healthier, more livable, economically stronger, more equitable, and more resilient – in short, a more sustainable region. It is meant to guide County departments and cities throughout the County on actions to achieve that strategic vision. The OurCounty Plan is organized around 12 cross-cutting, high-level goals that reflect the interrelated nature of sustainability actions. Beneath each of these goals are strategies and actions that provide a roadmap for achieving the goals. The CSO also collected baseline data related to each of the issues addressed by the OurCounty Plan, and it will be presented on a public dashboard on the CSO's website to track progress. Finally, the OurCounty Plan sets forth numerical targets for 2045 with interim milestone targets for 2025 and 2035.

REGIONAL DRIVERS OF HOMELESSNESS

Preparing for New or Enhanced Service Delivery

Coordination with Cities and Councils of Government

Measure H funds of \$3.8 million has been allocated to bolster Cities' efforts to implement their Homelessness Plans. In September 2018, the United Way of Greater Los Angeles' Home for Good Funders Collaborative issued a Request for Proposals for city-specific projects in two areas: Housing (Priority Area 1) and Services (Priority Area 2).

Thirty-seven (37) applications were received from 31 cities, representing all five Supervisorial Districts. Cities whose applications were not fully funded were invited to submit revised applications by May 31, 2019.

Fiscal Year 2019-20 Measure H Funding Recommendation Process

CEO-HI implemented a public engagement process to gather feedback in preparation for the development of FY 2019-20 Measure H funding recommendations. The process included community meetings in all eight service planning areas; a community webinar; a public meeting, during which public comments were received; and collection of written public comments. More than 300 written and verbal public comments were received, and CEO-HI responded to all comments on the HI website.

On May 14, 2019, the Board of Supervisors approved the FY 2019-20 Measure H funding recommendations, which allocate \$460 million to continue implementation of the 21 Measure H funded strategies to combat and prevent homelessness.

3rd Annual Homeless Initiative Conference

On February 7, 2019, the HI hosted the third annual Homeless Initiative Conference entitled *Transformative Power of Community: Changing Lives*.

Over 800 stakeholders attended, including elected officials, County Departments/agencies, cities, homeless service providers, business sector, faith-based organizations, academia, foundations, formerly homeless residents and community coalitions, to reflect on the collective achievements, and discuss successes, innovation, challenges and solutions associated with the implementation of Measure H.

Additionally, the conference provided the opportunity to strategize for the future and reinforced the need to continue the coordinated regional approach to delivering vital services, housing, and other programs to prevent and combat homelessness. The Conference also included a panel discussion on racial equity, and breakout sessions focused on current and emerging issues.

HOMELESS OUTREACH AND SERVICES

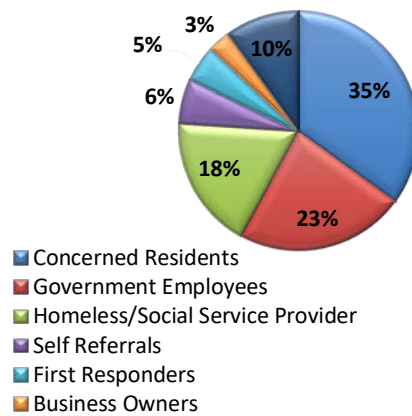
Los Angeles Homeless Outreach Portal (LA-HOP)

On July 19, 2018, the HI and LAHSA launched LA-HOP (www.la-hop.org), a new countywide web-based portal that dispatches outreach support to people experiencing homelessness. Funded by Measure H, the mobile-friendly platform empowers members of the general public, first responders, government agencies/offices, and service providers to provide information on homelessness to persons on the street and request outreach. An Outreach Coordinator in each region serves as the “air traffic controller” for all request and deploys the most appropriate outreach team with the goal of reducing response times to those in need.

Since its launch on July 19, 2018 through March 2019:

- 7,162 requests were submitted via the portal.
 - 35 percent of the requests were made by Concerned Residents
 - 23 percent by Government Employees
 - 18 percent by Homeless/Social Service Providers
 - 6 percent by Self-Referral
 - 5 percent by First Responders
 - 3 percent by Business Owners
 - 10 percent by Other

LA-HOP Requests
N=7,162 (July 19, 2018-March 2019)



ENGAGING INNOVATION

Housing Innovation Challenge (HIC)

The HI administered the Housing Innovation Challenge (HIC), which called for proposals for creative and scalable permanent housing solutions for those experiencing homelessness in LA County. Proposals were submitted by a wide range of applicants, from architects and designers to developers and academics. Out of 53 total submissions, the top five were selected for funding: four at the \$1 million level and one at the \$500,000 level. The winners were announced at a press conference on February 1, 2019. Information about the Challenge and the winners has been compiled in the HIC Summary Report ([Exhibit VII of Quarterly Report #13](#)). Additional details are available at the [Homeless Initiative Housing Innovation Challenge webpage](#).

REFERENCES

Press Ctrl and Click on Reference to Access Original Document

Progress Update on the Work of the Office of Child Protection (April 30, 2019)

http://file.lacounty.gov/SDSInter/bos/bc/1055103_OfficeofChildProtectionProgressUpdate04-30-19.pdf

OCP Coordinated Six-Month Follow-Up to Anthony A. Report Recommendations (February 14, 2019)

http://file.lacounty.gov/SDSInter/bos/bc/1055267_PROGRESSREPORTONCOUNTYWIDEIMPLEMENTATIONOFYOUTHDIVERSIONANDDEVELOPMENTEFFORTS.pdf

Progress Report on Countywide Implementation of Youth Diversion and Development Efforts (Item No. 29-1, Agenda of November 7, 2017) (May 6, 2019)

http://file.lacounty.gov/SDSInter/bos/bc/1055267_PROGRESSREPORTONCOUNTYWIDEIMPLEMENTATIONOFYOUTHDIVERSIONANDDEVELOPMENTEFFORTS.pdf

Homeless Initiative Quarterly Report #13 (May 17, 2019)

http://file.lacounty.gov/SDSInter/bos/bc/1055821_05.17.19HomelessQuarterlyRptNo.13.pdf

Office of Diversion and Reentry Fact Sheet

http://file.lacounty.gov/SDSInter/dhs/1054454_ODR-One-Sheet-R4.pdf

Office of Diversion and Reentry (ODR) Quarterly Report (April 8, 2019)

http://file.lacounty.gov/SDSInter/bos/bc/1054219_OfficeofDiversionandReentry_ODR_QuarterlyReport.pdf

Progress Report on Countywide Implementation of Youth Diversion and Development Efforts (Item No. 29-1, Agenda of November 7, 2017) (May 6, 2019)

http://file.lacounty.gov/SDSInter/bos/bc/1055267_PROGRESSREPORTONCOUNTYWIDEIMPLEMENTATIONOFYOUTHDIVERSIONANDDEVELOPMENTEFFORTS.pdf

Health Agency Quarterly Update (May 14, 2019)

http://file.lacounty.gov/SDSInter/bos/bc/1055673_HealthAgencyReportMay2019.pdf

Whole Person Care (WPC) Funding and Obligations/Expenditures (March 8, 2017, Agenda Item No.7)

http://file.lacounty.gov/SDSInter/bos/bc/1056686_WHOLEPERSONCARE_WPC_FUNDINGANDOBLIGATIONS-EXPENDITURES.pdf

Housing for Health Quarterly Updates (Various 2018-2019)

<http://file.lacounty.gov/SDSInter/bos/supdocs/121517.pdf>

Countywide Classification Actions Department of Health Services Patient Access Centers Reorganization (All Supervisorial Districts) (April 16, 2019)

<http://file.lacounty.gov/SDSInter/bos/supdocs/134505.pdf>

Center for Health Equity A Call to Action, Supporting a Movement for Fair and Just Health Outcomes, Action Plan 2018-2023

http://publichealth.lacounty.gov/CenterForHealthEquity/PDF/CHEActionPlanFinalDraft_2.15.2019.pdf

Quarterly Update on Trauma Prevention Efforts and Trauma Care Expansion (Item #24 from the November 1, 2016 Board Meeting) (January 24, 2019)

http://file.lacounty.gov/SDSInter/bos/bc/1050921_QuarterlyUpdateonTraumaPreventionEffortsAndTraumaCareExpansion_Item_24FromTheNovember1_2016BoardMeeting_.pdf

Quarterly Update on Trauma Prevention Efforts and Trauma Care Expansion (Item #24 from the November 1, 2016 Board Meeting) (April 22, 2019)
http://file.lacounty.gov/SDSInter/bos/bc/1055015_QuarterlyUpdateonTraumaPreventionEffortsandTraumaCareExpansion.pdf

TPI Flyer

<http://www.publichealth.lacounty.gov/ivpp/docs/TPI%20Documents/TPI.Overview.01.08.19%20FINAL.pdf>

Exide Quarterly Update March 2019 – May 2019 (Published June 20, 2019)

<http://www.publichealth.lacounty.gov/eh/docs/exide/ExideQuarterlyUpdate-201906-en.pdf>

Launch of the Aliso Canyon Disaster Health Research Study and Exide Area Lead Paint Mitigation Program (April 2, 2019)

http://file.lacounty.gov/SDSInter/bos/bc/1057912_LaunchoftheAlisoCanyonDisasterHealthResearchProgramandExideAreaLeadPaintMitigationProgram.pdf

Memorandum of Understanding with the County of Los Angeles, By and Through the Department of Public Health and Community Development Commission for the Implementation of the Exide Area Lead-Based Paint Hazard Mitigation Program Management Services and Approve Appropriation Adjustment (April 16, 2019)

<http://file.lacounty.gov/SDSInter/bos/supdocs/134510.pdf>

Industrial Hygiene Survey Report, Paramount School District Abraham Lincoln and Wesley Gaines Elementary schools (March 29, 2019)

<https://4.files.edl.io/a6f8/04/02/19/170249-ae2fa64c-bb3e-4d37-a915-d1a91c59779a.pdf>

Civilian Oversight Commission Motion to Direct the Office of Inspector General (OIG) to Take the Following Actions: (April 23, 2019)

http://file.lacounty.gov/SDSInter/coc/co/1054764_Secretdeputysub-groupsMotion-CivilianOversightCommission-4-23-2019.pdf

[DRAFT] Report of the Sheriff Civilian Oversight Commission Immigration Ad Hoc Committee Regarding the Los Angeles County Sheriff's Department Cooperation with Immigration and Customs Enforcement (ICE) and [Proposed] Recommendations (April 23, 2019)

http://file.lacounty.gov/SDSInter/bos/supdocs/DRAFTImmigrationReport-CombinedDoc-4-18-2019_2_.pdf

LA County Sheriff's Department Cooperation with Immigration and Enforcement (May 21, 2019)

http://file.lacounty.gov/SDSInter/bos/commissionpublications/report/1055898_ImmigrationFinalReport-5-21-2019.pdf

Report-Back on LASD Internal Administrative Investigations and Dispositions of Disciplinary Actions (April 11, 2019)

<http://file.lacounty.gov/SDSInter/bos/supdocs/OIGRptBackLASDInternalAdminInvDisposDiscpActions4-11-19.pdf>

OurCounty, Los Angeles Countywide Sustainability Plan

<http://file.lacounty.gov/SDSInter/bos/supdocs/138534.pdf>

County of Los Angeles: Census 2020 Education and Outreach Strategic Plan (May 31, 2019)

<http://census.lacounty.gov/wp-content/uploads/2019/08/LA-County-2020-CENSUS-STRATEGIC-PLAN.pdf>