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

WILLIAM T FUJIOKA
Chief Executive Officer

Board of Supervisors
GLORIA MOLINA
First District

MARK RIDLEY-THOMAS
Second District

ZEV YAROSLAVSKY
Third District

DON KNABE
Fourth District

MICHAEL D. ANTONOVICH
Fifth District

August 5, 2011

To: Mayor Michael D. Antonovich
Supervisor Gloria Molina
Supervisor Mark Ridley-Thomas
Supervisor Zev Yaroslavsky
Supervisor Don Knabe

From: William T Fujioka
Chief Executive Officer

STRENGTHENING HOMELESS SERVICES UPDATE AND "*HOME FOR GOOD*, THE ACTION PLAN TO END CHRONIC AND VETERAN HOMELESSNESS BY 2016" - 90-DAY REPORT

On December 7, 2010, your Board, on a joint motion by Supervisors Yaroslavsky and Ridley-Thomas, directed the Chief Executive Office (CEO) to instruct the Departments of Health Services (DHS), Mental Health (DMH), Public Health (DPH), Public Social Services (DPSS), and the Community Development Commission (CDC) to review the *Home for Good Plan* to prioritize recommendations for implementation and to work with these departments to identify resources that can be integrated and realigned with housing opportunities to create Permanent Supportive Housing (PSH). On April 19, 2011, your Board, on a joint motion by Supervisors Ridley-Thomas and Yaroslavsky and with an amendment by Mayor Antonovich, approved recommendations one through ten from the 60-Day Report on the *Home for Good Plan*. This 90-day report provides your Board with the progress to-date on implementing each recommendation. Please note that some of the recommendations have been combined due to similarities in content and activities that have evolved into parallel processes within the past several months.

Recommendation Number 1: Establish a policy that prioritizes chronically homeless individuals and families for County services and housing resources.

On December 7, 2010, your Board adopted a Countywide policy to end chronic and veteran homelessness within five years. In addition, your Board established that the creation of PSH is the method to achieve this goal. On April 19, 2011, your Board

reiterated the commitment to the prioritization of chronically homeless individuals and families by accepting the ten recommendations as written in the March 30, 2011 60-day Board report on the *Home for Good Plan.*

In order to make this goal a reality throughout all of the regions of the County, we must build on lessons learned through the successful implementation of Project 50. In November of 2007, a motion by Supervisor Yaroslavsky was set forth to develop a model of PSH for the most vulnerable and chronically homeless individuals living on the streets of Skid Row. What was learned through this process is that while there is no one size fits all approach to developing PSH for chronically homeless, there are guiding principles that must drive these efforts. The most significant is the implementation of an integrated supportive services team, including at a minimum mental health, physical health, substance abuse and case management. It is also imperative to engage and involve various partners within geographic regions of PSH development including community based organizations, governmental agencies, business improvement, etc. Such partners offer resources, community support and expertise regarding the target population and housing issues.

The estimated number of chronically homeless residents in the County is 12,000. If we aim to permanently house the chronically homeless over the next five years, we would have to house an average 2,400 per year, not accounting for people who will become chronically homeless in the next five years and assuming that most, if not all, will need supportive services to remain housed. To achieve this, we must engage all of the 88 cities in the County.

The Board's policy to end chronic and veteran homelessness within five years by creating PSH will be provided to all of the cities, along with the 2011 homeless count data. Our office will ask all cities to endorse this prioritization and develop a plan that identifies how they will contribute to the housing (capital and rental subsidies) and the supportive services needed to care for the chronically homeless, homeless families and veteran residents in their jurisdictions. This will include a request for a homeless set-aside of Section 8 vouchers for all Housing Authorities within their jurisdiction as well as a strategy for re-housing homeless families within their own communities to ensure that school is not interrupted and that these homeless children can depend on the support of teachers and friends. Our office will offer technical assistance to any of these cities in implementing the policy.

Consolidated Recommendation Numbers 2, 5, and 10
Recommendation Number 2: Instruct the County departments of DHS, DMH, DPH, DPSS and CDC to work with the CEO to develop a supportive services model using the service resources identified within the Home for Good-60-Day Report to be aligned with housing.
Recommendation Number 5: Instruct the CEO and the County departments named above to develop a strategy for the County and our public/private partners to align our various resources and systems of care including housing, rental subsidies, and supportive services. This should include a strategy for collaborative procurement of these resources.
Recommendation Number 10: Instruct the CEO to work with DHS to determine the feasibility of using a portion of the ongoing Homeless Prevention Initiative (HPI) funding as a local match for the Waiver (Low Income Health Program/Healthy Way L.A.) to provide supportive services aligned with housing.

On May 26, 2011, our office met with executive staff of DHS, DMH, and DPH to begin discussions on developing a supportive services model using existing resources to be aligned with housing. The team determined that an institutional change in how integrated supportive services are currently delivered would be challenging given the lack of new resources and current contractual obligations. However, it was suggested that whenever new development for the chronically homeless is planned, it should be referred to the Project Review Committee under the Special Needs Housing Alliance, which includes representatives from all the County service departments. For scattered sites and/or vacancies within existing housing, our office will take the lead and will convene the appropriate departments as these opportunities arise. These County entities would assist in the development of an integrated supportive services model specifically for each housing project, which would vary depending on factors such as where the housing is located, how many units are on-site, and the target population for the project.

In DHS, DMH, DPH, there are planning endeavors and current initiatives underway that will have a positive impact on aligning supportive services with housing. The following summarizes each of these initiatives by department.

Department of Health Services

Most chronically homeless individuals have multiple physical health issues. If these issues are not regularly addressed within a primary care setting, they will result in unnecessary and costly emergency care.

On July 1, 2011, our Community Partners (CP), previously known as Public Private Partners (PPPs), commenced the Low Income Health Program (LIHP), which is California's bridge to Health Care Reform. In the County, this program is referred to as Healthy Way Los Angeles (HWLA). Individuals who meet income and citizenship eligibility criteria are able to enroll in this program, which will provide a primary medical home. These individuals are referred to as "matched" clients to indicate a federal match of resources. Those individuals who do not meet income and citizenship eligibility criteria are referred to as "unmatched" clients to indicate that there is no federal match of resources. Previously, those who met income and citizenship criteria had to also be disabled, blind or aged to be eligible for enrollment into a primary medical home.

The CP providers will be able to claim for expenses at an enhanced reimbursement rate for the matched clients and will be able to continue to claim at the current PPP rate for the unmatched clients. In addition, the new CP contracts include language allowing for services to be delivered more flexibly and not necessarily within the clinic walls.

These changes should be highly beneficial for aligning health services with housing opportunities because all chronically homeless individuals will likely be able to be enrolled in a primary medical home and there will be an incentive for CPs to enroll eligible individuals and to have more points of service entry. However, it is important to acknowledge that most chronically homeless individuals do not currently have a primary medical home and will have challenges enrolling in HWLA. These challenges include difficulty accessing a CP clinic and acquiring documentation to verify eligibility. DHS, DPSS and our office are currently in discussion with several private foundations interested in this particular issue. We hope these discussions will result in a public/private partnership to fund enrollment specialists who will target this population. DPSS has offered to enable DHS and the CP partners to utilize the LEADER system to verify citizenship and identity for LIHP through an existing automated match with the State's MEDS system and the Social Security Administration. For individuals who are matched through this mechanism, no documentation is required to verify citizenship or identity. Statewide, Medi-Cal applicants are currently matched through this automated mechanism.

DHS and DMH have agreed to work with our office on a plan to partner CPs and their corresponding DMH contracted providers geographically with housing developments/providers to promote housing and supportive service partnerships with the goal of developing additional PSH opportunities within communities.

In addition, DHS is exploring housing opportunities for their patients, specifically those homeless and/or frequent users who remain in the hospital after the acute care need has been resolved. This plan, which will be funded by DHS and will include property management, and integrated clinical and case management services, was presented to

your Health, Mental Health and Homeless Deputies on July 13, 2011. Any resulting Requests for Proposals and/or Memorandum of Understanding will come to your Board for consideration. DHS's program will demonstrate the processes and results that could be replicated for similar models initiated by DMH and/or DPH.

Department of Mental Health

Mental health is the cornerstone of the clinical services for chronically homeless individuals because we know that at least a third have a severe mental illness which must be managed to keep them stably housed and engaged in their communities, social networks and recovery activities.

The HWLA described under the DHS section includes the provision of mental health services in the following manner. For those individuals with the most severe mental health issues (Tier 1), each CP will be partnered with a nearby DMH contracted clinic and the HWLA clients will be prioritized for mental health treatment. For those individuals with a less severe mental health issue (Tier 2), many of the CPs can provide and claim reimbursement directly for the intervention.

Over the past several years DMH has had a history of aligning mental health services with PSH. These arrangements partner DMH directly operated clinics and contracted community based Full Service Partnership (FSP) and Field Capable Clinical Services (FCCS) funded agencies with PSH developers. For example, DMH has already established or is currently working to establish developer/mental health provider partnerships for the 35 MHSA Housing Program projects. DMH plans to continue with this current practice and to issue guidelines for mental health providers regarding priority strategies for addressing the needs of the chronically homeless populations served in the FSP and FCCS programs.

DMH, DPSS and our office are developing a demonstration project to partner some of DMH's vacant FSP slots with DPSS rental subsidies for General Relief (GR) recipients who are chronically homeless and severely mentally ill. We anticipate that this model will be beneficial for both DMH and DPSS since housing and services will be aligned. DPSS has the housing opportunity for their clients and DMH FSP is assuring the GR recipient will receive appropriate services in an effort to remain stable in housing.

In addition, under the MHSA Innovation plan, DMH is in the process of negotiating contracts with agencies to provide Integrated Mobile Health Team (IMHT) services to address the physical health, mental health, substance abuse, and housing needs of homeless individuals with multiple vulnerabilities, including mental illness and co-occurring substance abuse disorders. A requirement of the MHSA Innovation IMHT Request for Services was that proposers partner with one or more PSH developers.

The agencies awarded this funding will outreach to and engage street-based and shelter-based individuals who are homeless and mentally ill with the aim of assisting them to obtain permanent housing and wrapping integrated supportive services around them. Each agency will provide on-going services to 100 homeless individuals. It is projected that this effort will result in PSH for at least 500 homeless individuals.

Department of Public Health

Los Angeles Homeless Services Authority's (LAHSA) 2011 Homeless Count indicates that 34 percent of homeless individuals report having a substance abuse issue. It is evident that many chronically homeless individuals and veterans suffer from substance use disorder (SUD). Treatment for SUD is critical to any integrated supportive services model that aligns with permanent housing.

DPH's Substance Abuse Prevention and Control Division has been exploring their role in health care reform and how they might align their prevention and treatment efforts with the systems change that health care reform will have on DHS, DMH and the health care of all County residents. In fact, the new health care environment emphasizes integration of physical health (DHS) and behavioral health (DMH and DPH). With this in mind and as referenced above, DPH SUD services and other supportive services will be developed specifically for each housing site depending on factors such as availability of provider(s) in the area that have the capability to provide services to the target population and the funders' licensing and certification requirements.

Case Management Services

Case management services are a critical component for an integrated supportive service model aligned with housing for chronically homeless. These services provide the glue for the chronically homeless by providing service coordination, day-to-day contact and regular ongoing support to remain stably housed. In addition, they can provide 24/7 coverage which allays landlord fears about crises. Unfortunately, our County departments are unable to provide these services due to the lack of a corresponding funding source.

Our office plans to review the HPI ongoing funded programs outlined in Attachment A to evaluate whether these programs have positive outcomes in relation to permanently housing chronically homeless individuals with an appropriate level of services. These outcomes will be compared with current best practices. The goal will be to redirect at least $1 million of ongoing HPI per year to use for case management activities that are not otherwise funded by County service departments. This ongoing HPI funding might be leveraged in several ways:

- Realignment of Supportive Services Only (SSO) programs funded by the HUD-McKinney-Vento Supportive Housing Program (SHP) category. LAHSA is planning to work with those providers that are currently funded to provide case management services that are not attached to permanent housing, to realign their case management services with housing developers/providers within their service region. The total amount of SSO projects under the Los Angeles Continuum of Care accounts for an annual amount of $9.2 million.

- Since the release of the *Home for Good Plan*, there has been increased interest from the philanthropic community to partner with the County on efforts to meet the goals set out in the Plan. One of the areas for consideration is to fund a public-private partnership making case management services available to housing developers and housing providers who implement projects targeting chronically homeless individuals.

- CDC/Housing Authority for the County of Los Angeles (HACoLA) is working to implement a new policy allowing special needs housing developments to divert available residual receipt loan payments and "excess cash" generated from Section 8 project-based vouchers to provide case management services to tenants.

- DHS is exploring how case management, which is included as one of the benefits of LIHP, could be used for chronically homeless patients within PSH.

- Review of the County's Community Development Block Grant funding which is administered by the CDC to determine if any portion of these resources could be redirected to fund case management services within PSH projects.

Any recommendation for redirecting ongoing funding will be developed for your Board's consideration.

In order to identify chronically homeless individuals within our systems of care and to strengthen our data collection efforts for this target population, our office will work with the County departments, CDC, LAHSA and other stakeholders to develop a standardized assessment tool to identify chronically homeless individuals and to develop a protocol for prioritizing them for services and housing resources regardless of which County agency or community provider door they enter.

Consolidated Recommendation Numbers 3, 4, and 6
Recommendation Number 3: Instruct the CEO to work with LAHSA and the Housing Authorities (HAs) within the County to develop a plan to increase the number of housing certificates and vouchers allocated to the County and to explore the feasibility of increasing the number of housing certificates and vouchers targeting chronically homeless individuals and families.
Recommendation Number 4: Instruct the CEO to work with LAHSA, DMH, Veteran's Administration and the HAs within the County to develop a plan to review all Shelter Plus Care (S+C) certificate holders to determine if they continue to need the level of supportive services required by S+C. Explore access to other rental subsidies and/or alternatives to housing vouchers for those tenants who can transition off a S+C certificate to an arrangement with a lower level of supportive services.
Recommendation Number 6: Instruct the CEO to work with LAHSA to evaluate McKinney-Vento funded programs that are automatically renewed every year and to develop a plan to ensure that the new Homeless Emergency Assistance and Rapid Transition to Housing (HEARTH) Act emphasis on ending homelessness is central to the use of HUD resources funded under the Los Angeles County Continuum. This plan should include a process for LAHSA and the County and City HAs to distribute joint Request for Proposals for Continuum of Care Program dollars, which includes Supportive Housing Programs, S+C and Single Room Occupancy Moderate Rehabilitation.

Housing Authorities

As indicated in the 60-day update, one of the most impactful tools available to homeless individuals and families to obtain housing is rental subsidies, the most common of which are S+C certificates and Section 8 vouchers. These certificates and vouchers make PSH or market rate apartment units affordable to those with extremely limited income. The S+C certificates are the most appropriate for chronically homeless individuals because of the supportive services requirement; however, because there are not enough to meet the demand, it has become clear that to solve chronic homelessness Section 8 vouchers must also be made available for this population.

There are approximately 27 HAs throughout the County who administer the voucher programs from Housing and Urban Development (HUD), the largest being the Housing Authority of the City of LA (HACLA), that manages 45,406 Section 8 vouchers and the second largest being HACoLA, that manages 21,029 Section 8 vouchers. In addition, the remaining County HAs have a total of 20,342 Section 8 vouchers among them. The HAs are able to decide if they would like to set aside a portion of the Section 8s for

homeless individuals and/or families and if so, at what percentage. These resources could be utilized as a component of the plans to address homelessness to be developed by the 88 cities discussed earlier.

It is essential that use of Section 8 housing vouchers for homeless populations be paired with supportive services so that potential participants receive assistance in completing the voucher application process. This is critical to getting and keeping the target population stably housed and to the success of the HAs.

A "Barriers to Access" workgroup was initiated earlier this year. Members include HACLA and HACoLA, community providers, advocates and our office. The focus of the group is to review all housing voucher regulations as they pertain to barriers that reduce homeless access to housing vouchers, as well as to consider an increase in the number of Section 8 vouchers set-aside for the homeless. As a result, the new proposed HACLA Section 8 Administrative Plan has reduced barriers such as the criminal and the prior evictions look-back periods. In addition, your Homeless and Planning Deputies have begun meeting quarterly with our office and CDC to review barriers to using HACoLA housing vouchers for homeless populations in jurisdictions within the HACoLA service area.

There are a number of issues raised by the HAs which are cause for consideration in any decision to increase the homeless set-asides. The most pronounced is that homeless individuals and/or families could bypass the waiting list. HACoLA's waiting list currently consists of over 200,000 registrants. The other significant issue is that the HA outcomes for HUD may be negatively impacted by a high vacancy rate and the additional burden of homeless needing assistance in applying for Section 8 and locating and remaining stable in housing. Not meeting HUD outcomes may place the voucher program at risk with the HA receiving lower administrative revenue and reducing opportunities for additional vouchers in the future. Administrative revenue is funded based on the number of vouchers utilized (or under lease) at the beginning of each month.

The waiting list issue certainly must be addressed. However, the only way to resolve this community epidemic is with an aggressive and proactive approach. For example, if all HAs set aside 10 percent of their Section 8s that would equate to 8,678 vouchers. HAs might be able to achieve this through attrition by assigning newly vacated vouchers to the chronically homeless. We know that many jurisdictions throughout the nation set aside far more than 10 percent of their vouchers for the homeless. This is how the communities that have made significant reductions in their homeless populations have achieved these results. Consider Seattle that sets aside 25 percent and maintains a high performing status with HUD. However, Seattle has "Moving to Work Designation" which allows for more flexibility in administering its program. HAs with this designation

may redirect staff resources from performing annual functions such as property inspections and re-verifying eligibility to leasing.

The higher vacancy rate for the Section 8 homeless set asides could be reduced if effective supportive services are partnered with these vouchers. As an example, DMH and some of their contracted providers offer such supportive services partnered with Section 8 vouchers. They have been successful with maintaining a very low vacancy rate. Our office has been in discussion with both HACLA and HACoLA about the possibility of increasing each of their Section 8 homeless set-asides to be partnered with existing services infrastructures within communities in their respective jurisdictions. It would be possible to use services currently funded by DMH, such as the mobile health teams referenced earlier, which could provide the appropriate level and mixture of services needed for serving chronically homeless and for keeping them stable in housing.

There are also service infrastructures being developed within unincorporated County areas such as in San Gabriel Valley and Gateways Cities that could also benefit from access to rental subsidies if HACoLA were to set aside additional Section 8 vouchers. A collaborative procurement could be issued between any of the County's HAs and the County service departments to partner homeless housing vouchers with existing service providers funded with County resources to provide mental health and other services at the level of support needed to ensure housing stability. Our office will continue to explore these opportunities as well as opportunities with other HAs throughout the County and will bring any such collaborative procurement to your Board for consideration.

S+C should be considered the first priority for chronically homeless. However as mentioned earlier, there is far more demand than supply. This issue is being addressed in the following ways:

- In the proposal to HUD for their McKinney-Vento Notice of Funding Availability (NOFA) that will be prepared by LAHSA as soon as the HUD guidance is released, LAHSA intends to only apply for new S+C certificates under the SHP category. In the past, LAHSA has applied for a combination of S+C, SSO, transitional housing and other operational costs. This has limited the amount of new S+C resources to the County.

- United Way and other County providers continue to advocate with HUD for more resources to be allocated to the County based on a fair share analysis which indicates that given the County's homeless burden, more resources should be focused here. United Way and its local partners will further these discussions

with Congress and HUD in the coming months, including meetings at the July 2011 National Alliance to End Homelessness in Washington, DC.

- If more Section 8 vouchers were set aside for homeless, then we could identify S+C certificate holders who no longer require a high level of service and who can be transitioned to community-based care. These individuals could be transferred off of S+C and onto Section 8. This could make available a significant amount of S+C certificates for chronically homeless in need of PSH. To do this, a standardized review of all S+C certificate holders by the S+C sponsors should be conducted to determine which individuals no longer require the intensive level of services available under S+C. As an example of this, HACLA has made an arrangement with their S+C sponsors, including DMH to provide Section 8 vouchers for S+C participants who have moved along in their recovery process and no longer require an intense level of service.

On June 29, 2011, Corporation of Supportive Housing (CSH) and United Way hosted a LA County Housing Authority Summit. This summit focused on the role of HAs in creating supportive housing and linking services in order to meet the needs of the most vulnerable homeless residents in the County. All of the County HAs were invited to this event, however, only seven of the HAs attended. Nonetheless, the event was very successful and facilitated fruitful dialogue. The themes of the day included the following:

- Discussion of the homeless delivery system shifting from emergency shelter and transitional housing models to permanent housing solutions and how HAs play a leading role in this shift.

- How cities must participate in efforts to address homelessness within their communities by increasing their understanding of the interconnection between housing and supportive services and building the political will to address these issues.

- Since Los Angeles County is a current focus for HUD, how the HAs might collaborate and ask for coordinated waivers to allow them to offer increased and more flexible resources for the homeless.

- Develop strategies to work together in pursuing opportunities for housing locator services and 24-hour response to address any crises and/or landlord issues.

- A review of Portland's "Rent Well" training which is provided to individuals who have poor rental histories. This provides landlords with some comfort that homeless individual's rental risk may be reduced.

CSH and the United Way intend to host follow-up meetings to continue these discussions.

Los Angeles Homeless Services Authority

LAHSA has been working with CSH and Enterprise Community Partners under a HUD grant to begin providing technical assistance to transitional housing providers interested in shifting to permanent housing. In addition, this year, LAHSA has begun work with HACLA and HACoLA to develop a single NOFA, which is scheduled to be released early September 2011.

Although the new HEARTH Act regulations have not been released, it is clear that the emphasis will be on PSH. LAHSA has begun SPA-wide quarterly meetings to assist communities to assess their abilities to provide housing and supportive services to homeless residents. These meetings are laying the foundation for ongoing community engagement, input and review of regional resources and challenges.

To ensure that the HUD resources are maximized in our efforts to end homelessness in this County, the LAHSA Commission approved performance standards for service providers that receive McKinney-Vento funding. These include programs that have traditionally been renewed every year. New performance standards will be based on reductions in length of time spent in shelters and transitional housing, the percentages of individuals that exit these programs into permanent housing, and increases in income for program participants.

LAHSA will soon be engaging in a strategic planning process designed to position the agency for the future. It will include a comprehensive review of funding and program priorities and will result in a plan to align federal funding over the next year. The planning will also establish overarching goals that will guide the agency through the tremendous change resulting from federal and state legislation and the shifting economic situation.

The focus of this planning will include the following:

- Review the role and processes of LAHSA in relation to planning, policy, technical assistance, and priority-setting, as well as an administrative and funding organization.

- Solicit and address stakeholder input.
- Explore leading practices within Continuums of Care throughout the country that can be applied locally.

Recommendation Number 7: Instruct DPSS to work with the CEO to explore the possibility of setting-aside a portion of the 10,000 rental subsidies to target disabled GR recipients who are chronically homeless and pursuing SSI. This plan should include an alignment of supportive services and a discussion of housing models such as master leasing that could result in efficiencies.

There are currently 1,540 rental subsidies for homeless GR participants and a plan to increase that number to 10,000 by December 2014. As previously discussed, DMH, DPSS and our office are developing a demonstration project to partner some of DMHs vacant FSP slots with DPSS rental subsidies for GR recipients who are chronically homeless and severely mentally ill. In addition, our office plans to coordinate a meeting with DPSS in August to discuss a larger master leasing effort for GR recipients who are disabled and chronically homeless.

Recommendation Number 8: Instruct the CEO to create a workgroup of high level executive and fiscal staff from the County departments named above and the Auditor-Controller's Office to explore opportunities for greater revenue maximization.

Our office is exploring the possibility of hiring a revenue maximization specialist in the next several months. If a staff is hired in this capacity, this recommendation will be assigned to them.

Recommendation Number 9: Instruct the CEO to work with LAHSA to ensure that County departmental data systems are compatible with Homeless Management Information System (HMIS) as the system of record for tracking the demographics, needs, and outcomes of chronically homeless individuals and families.

It is our understanding that a number of private funders, including the Hilton Foundation, are considering funding a consulting firm to analyze the various data systems used in the County to track homeless individuals and families and to quantify the use of services and the corresponding outcomes. This activity would result in recommendations to

align these data systems, allow for data sharing, as well as strengthen the output and reporting capabilities.

In addition, the Service Integration Branch (SIB) is currently working on implementing the Enterprise Linkages Project (ELP) which will capture service utilization data for clients of DHS, DMH, DPH, DPSS and the Sheriff's and Probation departments as well as the Department of Children and Family Services. Once the ELP is fully implemented and Agreements have been executed, SIB plans to execute an agreement with LAHSA to share data between the ELP and HMIS. The timeline for this to be completed is in fall 2011.

Although these efforts all support Countywide data coordination, it is important to note that a significant number of housing and homeless service agencies and providers of emergency and transitional housing do not utilize HMIS and do not receive federal funding that mandates HMIS participation. Our office encourages all efforts to support expanded participation in the regional HMIS collaborative. In addition, we encourage all County Continuums of Care to develop the most optimum capacity to import data into HMIS systems.

The following five activities discussed within this update highlight significant opportunities to advance the prioritization of chronically homeless individuals.

1. Requesting the 88 cities within the County to endorse the prioritization of chronically homeless individuals and veterans and to develop a plan for what actions they will commit to.

2. Aligning HWLA with integrated services and housing for homeless HWLA enrollees.

3. Aligning FSP/FCCS programs with integrated services and housing for mentally ill homeless individuals and issuing corresponding guidelines to DMH contracted providers.

4. Working with the HAs in the County to increase the resources allocated to homeless individuals and to decrease barriers to accessing these resources.

5. Supporting LAHSA to develop and implement funding and programmatic changes to increase and regionalize the availability of PSH.

With your Board's continued leadership, the County is making great strides to solve homelessness and to contribute to national best practices and innovations. Our office will provide your Board with another update in October 2011.

If you have any questions, please contact David Seidenfeld at (213) 974-1459 or via e-mail at dseidenfeld@ceo.lacounty.gov.

WTF:DS
LB:EB:eb

Attachment

c: Executive Office, Board of Supervisors
County Counsel
Community Development Commission
Health Services
Mental Health
Public Health
Public Social Services
Housing Authority of the City of Los Angeles
Los Angeles Homeless Services Authority

Home for Good 90-DayReport 08-05-11.bm

ATTACHMENT A

ONGOING HOMELESS PREVENTION INITIATIVE PROGRAMS 2011

PROGRAM	ANNUAL FUNDING AMOUNT	ADMINISTERING AGENCY
Homeless Services Funds (HSF) – Board Office discretionary funds	$7.125 million	CEO, CDC and LAHSA
Homeless Family Access Center (HFAC) at Skid Row	$1.4 million	CEO
Homeless Court	$379,000 Public Counsel: $266,800 Superior Court: $153,441	CEO
Prototype Court/ Co-Occurring Disorders Court	$200,000	DMH
Housing Locators/Housing Specialists	$400,000	DPSS
Housing Data Base	$202,000	CDC
DPSS General Relief (GR) Housing Subsidy and Case Management Pilot	$4,052,000	DPSS
DPSS Applications at County Jails	$1,097,000	DPSS
DPSS Applications at County Medical Centers Pilot	$588,000	DPSS
Total	**$15,863,241**	