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March 30, 2011

To: Mayor Michael D. Antonovich
Supervisor Gloria Molina, Chair
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" - 60-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 to be implemented and work with these departments to identify resources that can be integrated and realigned with permanent housing opportunities to create permanent supportive housing (PSH). This report will describe three main areas of focus that the County can contribute to the *Home for Good Plan.* These areas are: identification of existing housing, rental subsidy operations, and services resources that can be aligned to implement PSH; streamlining operations and alignment of internal and external procurement processes; and revenue maximization. A workgroup including the departments referenced above and the Los Angeles Homeless Services Authority (LAHSA) convened on January 11, 2011, to begin the work of addressing each of these areas.

It is important to frame this report by acknowledging that in its preparation, there was concern expressed regarding the current economic climate. This reality can easily postpone the task of solving homelessness in Los Angeles County (County). It is our belief, however, that it is the perfect time to work smarter, implement meaningful improvements, and to develop strategies that are more efficient and that target our most costly consumers. This work builds upon the many successful initiatives that your Board has implemented to address homelessness to date.

In order for the County to substantially contribute to the *Home for Good Plan*, a policy from your Board prioritizing chronically homeless individuals and families for County services and housing resources would be a crucial first step to ending homelessness in County. We also believe this is an important public policy since we have learned that a relatively small population accounts for significant public costs to our health care, mental health, emergency response, corrections, probation and judicial systems. The Los Angeles 'Where We Sleep' report documented that housing this population costs significantly less than leaving them unhoused.

On May 20, 2009, President Obama signed the Homeless Emergency and Rapid Transition to Housing (HEARTH) Act. The HEARTH Act amends and reauthorizes the McKinney-Vento Homeless Assistance Act administered by Housing and Urban Development (HUD). The HEARTH Act will continue to provide approximately $80.0 million in homeless resources to the County. The new Act includes substantial changes from previous legislation and will emphasize prevention, rapid re-housing, and PSH. In addition, there is significant focus on targeting populations, ensuring outcomes, and performance requirements related to reducing the number of chronically homeless individuals and homeless families, veterans, and youth; reducing lengths of homeless episodes; reducing recidivism back into homelessness; jobs and income growth for homeless individuals; and reducing the number of individuals who become homeless. HUD is also emphasizing the use of evidence-based data and requiring that Continuums of Care use their Homeless Management Information Systems (HMIS) as the system of record. The *Home for Good Plan* provides a framework for seizing the new opportunities available under the HEARTH Act. Your Board's response to this Plan on behalf of the County will strongly tie into our ability to be competitive for federal funding for homelessness under the HEARTH Act.

Identification of Existing Housing, Rental Subsidy Operations, and Services Resources that can be Aligned with PSH

To solve homelessness in any jurisdiction requires a combination of housing, rental subsidy operations, and supportive services. It is important to recognize that the County has committed many resources to PSH projects. However, further redirection of existing resources could increase our effectiveness and impact.

Housing

There are about 2,150 housing units in various stages of development in Los Angeles County for homeless individuals, families, and transition aged youth that will be completed within the next four years. This includes 726 units with substantial funding contributed by DMH through Mental Health Services Act and for which DMH commits to provide mental health services. The County CDC releases a Notice of Funding (NOFA) for City of Industry (COI) and HOME Investment Partnerships (HOME) funding every year. CDC has seen a significant increase in applications for special needs housing developments over the past two years, due to their

increased capacity building activities. In addition, the Special Needs Housing Alliance, whose membership includes County health and human services departments, have been providing technical assistance to service providers in the community, encouraging partnerships, and building infrastructures for mobile and satellite clinics within project-based and scattered site housing environments. The combination of the capacity building for developers and the implementation of regional infrastructures for homeless services delivery has enticed developers and service providers to join forces with a result of increased capacity. However, the 2012 State and Federal budget proposals put the COI and HOME housing development funding sources in jeopardy. The Governor's 2012 Budget proposes the elimination of redevelopment agencies, which is the source of COI's affordable housing funds. If this proposal is approved, the CDC's largest source of funding for the production of housing will no longer be available. The President's 2012 Budget proposes a nearly ten percent reduction in HOME funds, which, if approved, would further impede the CDC's ability to contribute to the future production of affordable and special needs housing.

To continue the trajectory of increasing housing development for homeless populations, it is essential for the CDC and the cities' housing departments to contribute the "bricks and mortar;" for Housing Authorities (HAs) to provide housing rental subsidies; and for the County to ensure that health, mental health and substance abuse services are available for the tenants. The challenge is for each of these elements to be available at the right time on a three-year timeline, which is the norm for the housing development process.

The identification and alignment of housing resources by the CDC will be important to the County's efforts to end homelessness. Attachment A is the CDC's response to the *Home For Good Plan.*

Rental Subsidy Operations

The most impactful tool available to assisting homeless individuals and families with obtaining housing is rental subsidies, which make the units affordable to those with extremely limited income. These are available through housing vouchers, including Shelter Plus Care (S+C) and Section 8.

The Housing Authorities of the City (HACLA) and County of Los Angeles (HACoLA) administer the greatest number of vouchers that are allocated by HUD. There are also several smaller HAs in the County that receive a direct allocation of housing vouchers. S+C is considered the most effective resource for chronically homeless individuals because it has fewer eligibility restrictions and it ensures that supportive services are provided through a match to the dollar amount of the rental subsidy. Supportive services are essential for chronically homeless people to sustain housing.

Through HUD's annual Continuum of Care application competition, LAHSA applies for new S+C resources on an annual basis on behalf of the City and County HAs. Currently, HACLA

manages 2,396 S+C certificates and HACoLA manages 801 S+C certificates. LAHSA applied for an additional 158 in the 2010 HUD SuperNOFA application on behalf of the HAs. It is incumbent upon County to examine each S+C recipient to determine if they continue to need the supportive services required by the S+C program. In tandem with this review, other rental subsidies and/or alternatives to housing vouchers must be identified for stepping down individuals according to lower levels of need. This not only supports individuals along their spectrum of recovery, but would also provide more S+C for those individuals who are in immediate need of intensive supportive services to remain housed. An example of this arrangement has been incorporated into the S+C program at HACLA, in which they have asked all of their S+C providers for lists of S+C certificate holders who no longer need the supportive services component required of S+C. They are then offering these tenants Section 8 vouchers to move on from their S+C certificate.

HUD does not have a cap on the amount of Section 8 tenant-based housing vouchers that can be used for homeless individuals and families. Each HA establishes a "local preference" in regards to what portion will be set aside for this purpose. HUD does have a cap of 20 percent on project-based Section 8 vouchers. HACoLA recognizes the challenges that this population presents when supportive services are not available. Consequently, they have implemented eligibility restrictions, most significantly those regarding criminal backgrounds and previous evictions that make these vouchers difficult to access for the County's homeless population.

HACoLA has implemented a homeless set-aside and manages 510 Section 8 vouchers for homeless individuals/families. HACLA has implemented a homeless set-aside and manages 4,011 Section 8 vouchers for homeless individuals/families. In addition, HACLA has 1,100 project-based Section 8 vouchers that are generally in use within permanent supportive housing units. HACoLA has 365 project-based Section 8 vouchers reserved for projects in various stages of development and an additional 75 vouchers are currently being made available for new special needs housing units through a NOFA.

HACoLA received a total of 505 HUD Veterans Affairs Supportive Housing (VASH) vouchers to be used to house veterans. HACLA has 1,145 VASH vouchers and Long Beach has 275 VASH vouchers.

Over the past five (5) years, LAHSA has prioritized permanent supportive housing in the annual HUD SuperNOFA competitive application. However, the number of new PSH funded through the McKinney-Vento program is limited. LAHSA is pursuing the following strategies to increase the number of permanent supportive housing units funded and to realign McKinney-Vento resources to have greater impact on reducing homeless: 1) renew only those HUD program contracts that demonstrate effective outcomes towards ending homelessness; and 2) realign current McKinney-Vento funded programs by providing technical assistance for providers to shift from services only and/or transitional housing to permanent housing programs. Transition in place is another option that can be implemented by LAHSA to shift transitional housing units to permanent housing units. It is important for the County to support

these efforts, and we will be working with LAHSA to review the use of all HUD funding that comes to the County and to develop strategies to maximize our ability to create PSH. Since this funding is being transitioned to housing costs, it will require close alignment with County service departments to ensure adequate service resources are available to serve chronic homeless individuals and families. This is discussed in more detail later in this report.

In order to increase the number of Section 8 certificates that are available to house homeless individuals, the HAs would have to: 1) increase their homeless set-aside percentages; and/or 2) reduce the eligibility criteria to be less restrictive.

There may be opportunities to target chronically homeless General Relief (GR) recipients using a portion of DPSS' GR 10,000 rental subsidies to align the housing with some of the supportive services described below. This would allow us to leverage and reinvest our resources in DPSS participants who are chronically homeless with multiple complex health, mental health, and substance abuse issues.

Services

Since the County is the largest provider of health, mental health and substance abuse services for uninsured residents, one of the most crucial opportunities to end homelessness is a County strategy for aligning our service resources with housing opportunities in an ongoing and systematic approach.

Our office requested DHS, DMH and DPH to identify existing health, mental health and substance abuse programs within their current structures that could best be aligned with housing resources serving homeless individuals and families. The following summarizes some of the departmental responses and is detailed in Attachment B.

Department of Health Services

DHS indicated that the Public Private Partnership (PPP) programs would be the best fit for alignment with housing. PPPs could establish on-site satellite clinics in project-based housing or could provide mobile services for a scattered site housing approach. Since there is no new funding for PPPs, the impact of this change would be fewer PPP slots provided within clinic locations for existing patients. However, with the PPP programs transitioning to Healthy Way LA as a result of the Medicaid Coverage Expansion (Waiver), there is an opportunity to design a health and mental health model of care that can be aligned with housing, specifically for homeless populations.

Department of Mental Health

DMH identified Project for Assistance in Transition from Homelessness (PATH), Full Service Partnerships (FSPs) and Field Capable Community Services (FCCS) as the

programs that best align with housing. With the understanding that any DMH services can only be provided to qualified individuals, the PATH program could be redesigned to target chronically homeless with a focus on transition into housing. The FSP and FCCS programs can be provided outside of a clinic venue and both focus on assisting persons with mental illness to live successfully within the community. Housing is a critical element to the success of these programs. FSP and FCCS slots that become available due to attrition could be aligned with housing and directed to chronically homeless individuals. As is the case in redirecting any departmental resources, the challenge lies in discontinuing services to other populations.

Department of Public Health – Substance Abuse Prevention and Control

We had hoped that DPH/Substance Abuse Prevention and Control (SAPC) would be able to participate in a demonstration project, which would have aligned substance abuse services and DMH Mental Health Services Act services within 300 PSH units in the City of Los Angeles. Unfortunately, SAPC has informed us that the Substance Abuse Prevention and Treatment Block Grant (SAPT) funding will not be going out for competitive solicitation this year, as was originally thought. The decision to not competitively solicit the SAPT is based on recent changes to the allowable uses of the grant, the recently enacted parity law, and changes that are expected as a result of Health Care Reform. However, SAPC indicated that based upon the current understanding of the allowable uses of SAPT, SAPC could align unencumbered portions of SAPT for substance use disorder treatment and recovery support services with PSH opportunities. In addition, SAPC identified funds received from DPSS for CalWORKS and GR participants as a resource for those recipients who are chronically homeless. Again, the same challenges exist in redirecting resources from one population to another.

In addition to the above-referenced services, there is approximately $15.4 million in ongoing Homeless Prevention Initiative funding (Attachment C) that could be redirected to supportive services aligned with housing opportunities for chronically homeless. A portion of this funding could be used as the local match under the Waiver for providing a component of supportive services in housing.

Streamlining Operations and Alignment of Internal and External Procurement Processes

There are many housing and homeless services operations and processes within the community, government, and philanthropy that could greatly benefit from better coordination, alignment, and ongoing commitment to reducing the barriers that exist for homeless consumers in accessing these resources.

Since there is clearly less supply of housing with supportive services for homeless populations than there is demand, focusing County resources on the chronically homeless individuals who are using a significant amount of County services (frequent users) makes sense, both from the

fiscal standpoint as well as from the understanding that these individuals have considerable needs. With this in mind, if we are able to systematize alignment of our services resources with housing opportunities, we could develop a strategy to target these individuals and prioritize them for housing regardless of which County or community provider door they enter. Tools such as a vulnerability index could be implemented within departments and providers to provide the data necessary to implement this strategy.

Our work with LAHSA and HAs in the next few years is paramount to the County's success in both taking advantage of the opportunities available under the HEARTH Act and complying with the regulations. We must evaluate all LAHSA funded contractors with the expectation that our success hinges on moving individuals and families out of the shelter system and quickly into permanent housing. We must be thoughtful in engaging the two largest HAs in the County in strategies to reach this outcome by streamlining their operations with focus on how to best administer housing voucher programs in alignment with new housing developments and scattered-site housing to provide critical access to housing that will enable homeless service providers to get chronically homeless individuals and families back into stable, permanent housing.

The ideal system would include a shared procurement process among the public agencies that include housing, rental subsidies, and supportive services. Should your Board recognize the need to redirect existing service resources to the integration of housing and services, our office will work with the departments to establish a methodology for your consideration so that these resources can be procured together. We can strive to establish memoranda of understanding with our public and private partners to procure these service resources along with the needed housing and operations resources. Since there are multiple regulations and limitations on the various funding sources, this activity will be challenging, but at the same time the County could be the national leader in our use of mainstream systems of care to end chronic homelessness.

Revenue Maximization

It is key to identify avenues to leverage resources and support activities that promote permanent housing, rental subsidies and supportive services for homeless populations. While our office recognizes that this is a critical need, we also recognize the need to improve our abilities to leverage funding from multiple streams.

For example, there may be revenue streams that particular departments can access, which could potentially benefit other departments that are addressing similar homeless populations. One example provided in the 30-day update was the possibility that DPSS might be able to draw down a 50 percent federal match for services that assist individuals with obtaining Supplemental Security Income (SSI). It is possible that this revenue stream may cover a portion of the cost of housing case management services, which is advantageous to keeping the target population stably housed. Another possible option, referenced above, is utilizing the

Waiver to provide supportive health, mental health, and/or targeted case management within housing environments.

Recommendations

The following recommendations are based on the above discussion and align with the four key strategies of the *Home For Good Plan*. Attachment D is an expansion of the action plan with a listing of applicable County department responsibility and the corresponding recommendation number.

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

2. Instruct the County departments of DHS, DMH, DPH, DPSS and CDC named above to work with the CEO to develop a supportive services model using the service resources identified within this report to be aligned with housing.

3. Instruct the CEO to work with LAHSA and the 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.

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 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 an S+C certificate to an arrangement with a lower level of supportive services.

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.

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 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.

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.

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.

9. Instruct the CEO to work with LAHSA to ensure that County departmental data systems are compatible with HMIS as the system of record for tracking the demographics, needs, and outcomes of chronically homeless individuals and families.

10. Instruct the CEO to work with DHS to determine the feasibility of using a portion of the ongoing HPI funding as a local match for the Waiver to provide supportive services aligned with housing.

There is a lot of work to be done to end homelessness in the County. Yet, with your Board's continued leadership, the County can be recognized for solving the homelessness crisis and doing it in the jurisdiction with the greatest homeless burden in the country.

If you have any questions, please contact me, or your staff may contact Kathy House at (213) 974-4530 or via e-mail at khouse@ceo.lacounty.gov.

WTF: KH
EB:ljp

Attachments

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

ATTACHMENT A

Home for Good Motion
CDC/HACOLA Response

Introduction

The Home for Good Plan produced by the Business Leaders Task Force on Homelessness calls on the County, housing authorities, cities, housing providers, and other stakeholders to realign resources to specifically target chronically homeless individuals and veterans.

While the Community Development Commission of the County of Los Angeles (CDC) and the Housing Authority of the County of Los Angeles (HACOLA) administer a variety of funding sources identified in the Home for Good Plan, it does not currently direct any housing development resources specifically for the chronically homeless population. It has placed a strong emphasis on meeting the needs of homeless populations including providing funds for housing subsidies, winter shelters, access centers, support services and for the development of permanent affordable housing.

It is currently CDC/HACOLA policy to set aside 50% of its City of Industry funds for projects housing special needs populations. At the request of the Board of Supervisors, these populations include:

- homeless households
- persons with mental illness
- persons living with HIV/AIDS
- victims of domestic violence
- Transition Age Youth
- persons with developmental disabilities,
- frequent users of County Department of Health Services and Department of Mental Health emergency services.

Since the City of Industry program began in 1997, CDC/HACOLA has:

- Provided $159,707,583 in City of Industry funds and $115,837,956 in HOME funds for the development of 8,929 units of affordable housing, including special needs units
- Provided $61,648,279 in Industry funds and $76,700,393 in HOME funds for developments targeting special needs populations, to create approximately 1,965 special needs units
- Funded the development of:
    - 225 units targeting persons who are homeless or at risk of homelessness
    - 739 units targeting persons with mental illness
    - 462 units targeting persons with HIV/AIDS
    - 325 units for emancipated foster youth and Transitional Age Youth

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- 45 units for victims of domestic violence

It should be noted that the large majority of units targeting special needs populations are likely to be inhabited by persons who are homeless or at risk of homelessness due to their special needs.

In 2009 and 2010, CDC/HACOLA began providing incentives for developers to include special needs units within their projects. In 2010, CDC/HACOLA, along with several other County departments, provided guidance to developers proposing to serve special needs populations through the Special Needs Housing Alliance Project Review Committee. Through this process, the Project Review Committee provided guidance to 22 developers who were planning developments including special needs units, including 13 that proposed units to target homeless households to locate and secure appropriate and comprehensive services to meet the needs of the tenants.

In concert with these efforts, CDC/HACOLA is making an ongoing effort to provide technical assistance for member cities of the San Gabriel Valley Council of Governments. Assistance is provided to help the cities solicit affordable and special needs housing development.

The CDC also administers the Emergency Shelter Grant, the Community Development Block Grant, and Homelessness Prevention and Rapid Re-Housing Programs on behalf of the County, the offices of the Board of Supervisors, and 47 participating cities. Additionally, it administers $32M in one-time funds for the Homeless Housing Program Funds - City and Community Programs (HHPF-CCP) to address the critical need for shelter beds, permanent housing, and supportive services for the homeless.

The Homeless and Housing Program Funds - City and Community Programs (HHPF-CCP) designated $32 million to address the critical need for shelter beds, permanent housing, and supportive services for the homeless, which included funding directed towards capital development projects and locally defined service programs. On April 22, 2008, the Board of Supervisors approved the award of CCP funds to16 service agencies to engage in 18 service contracts, as well as funding for 9 capital development projects.

The CDBG Program funds a variety of housing and community development activities that benefit low- and moderate-income persons by providing decent housing, a suitable living environment and expanding economic opportunities, principally for persons of low- and moderate-income. Our partner agencies annually implement approximately 400 different activities such as youth programs, graffiti removal, meals for seniors, minor home repair programs, and construction of new public facilities and commercial developments each year. A small portion of available public service authority has been awarded at the discretion of the participating jurisdictions and supervisorial districts to homeless service providers.

HACOLA currently maintains a set-aside of 510 Section 8 vouchers specifically for homeless households, some of which may be chronically homeless. Many of the participants served by HACOLA's Shelter Plus Care and Veterans Affairs Supportive Housing (VASH) programs may also be chronically homeless. In 2009 and 2010, HACOLA set aside a total of 300 Section 8 vouchers to be used as project-based vouchers for special needs projects.

Additionally, HACOLA is responsible for managing 2,962 units of public housing. As part of an effort to support the transition of homeless families to permanent housing, the public housing program does maintain a local admissions preference for homeless families, inclusive of youth transitioning out of foster care and victims of domestic violence.

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This preference is limited to 30% of the number of vacant units available on July 1 of each fiscal year. However, the number of available units has decreased over the last several years as occupancy rates remained high for the public housing program and for Fiscal Year 2010-11, there were approximately 13 units designated for the homeless admissions preference. Towards the end of 2010, the occupancy rate for public housing reached 99% and a record number of 120,000 families are currently registered on the waiting list. Without federal funding support for new public housing development, the County's public housing program remains impacted by families at risk of becoming homeless in a tight rental market such as Los Angeles County.

The Home for Good Plan sets forth several recommendations that relate to programs administered by various divisions within the CDC and HACOLA. The below chart outlines the goals and actions in the Home for Good Plan that impact CDC/HACOLA programs, as well as the CDC/HACOLA response corresponding to each item.

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Home for Good Motion
CDC/HACOLA Response

Strategy 1: Align Goals to Integrate Our System

We must create system-wide accountability by establishing consistent standards and measures of success, which are then carefully and regularly evaluated. This is only possible if we establish key benchmarks and set shared goals for quickly transitioning individuals into permanent housing with access to the supports they need to thrive.

Goal	Action	Entity Responsible	Timeline	CDC/HACOLA Response
Align Continuum of Care outcomes with requirements set forth in the HEARTH Act.	**Align goals for services and housing providers to focus on rapid transitions to permanent housing with supportive services. Key principles for this work are outlined in Appendix C.**	Task Force, in collaboration with public and private sector funders, providers, and faith community	2011	The Home for Good plan and these objectives lack the increased emphasis on prevention and recognition of the rapid re-housing model identified as a high priority by HUD as part of the implementation of the HEARTH Act that broadens the definition of homelessness to include those at risk of homelessness and incorporates the activities of the HPRP permanently into ESG, which HUD has renamed from the Emergency Shelter Grant to the Emergency Solutions Grant. Consistent with the Federal Strategic Plan to End Homelessness and the HEARTH Act, HUD has communicated to each entitlement jurisdiction and CoCs that an assessment and retooling of the homeless crisis response system be implemented to transform homeless services to a crisis response system that prevents homelessness and rapidly returns people who experience homelessness to stable housing. While the final regulations have yet to be published, the CDC is working with the City of Los Angeles and LAHSA to evaluate how future ESG funds will be reallocated to support this component of the Continuum of Care.

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Strategy 2: Collect and Share Data to Assess Need and Track Progress

Our work must begin with understanding the scope and nature of homelessness in order to plan and implement real housing solutions. By identifying and assessing the homeless population of each community, we will understand their individual and collective needs in order to more efficiently target housing and services and resources to support them in re-integrating into communities.

Goal	Action	Entity Responsible	Timeline	CDC/HACOLA Response
Track progress of individuals accessing housing and services and target housing and services resources.	**Oversee implementation of HMIS among public sector departments providing mainstream services.**	Continuums; Board of Supervisors; VA	2012-2015	The plan refers to a centralized database that keeps track of both homeless system user data as well as available housing resources. The plan designates the Homeless Management Information System (HMIS) as the central database but does not address the need to consolidate HMIS management and vendors among the County's four Continuums of Care as a prerequisite step. The CDC and HACOLA both maintain databases on funded and owned rental units. The data requirements, system security, system maintenance, and functional requirements of the databases present enormous challenges in time, cost and practicality if they were to be transformed into to a regional HMIS system managed by a private vendor. The CDC also operates the LA County Housing Resource Center website and database, which contains a large amount of data and functions on affordable housing resources that are designed to be coordinated with regional partners. Ongoing discussions with LAHSA and other stakeholders regarding HMIS data sharing have yielded more obstacles than results. The most feasible option for centralized data would be to work to coordinate the different data management systems currently in existence so that information can be shared across systems.

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Strategy 3: Target and Reallocate Existing Resources to Maximize Impact
We can maximize impact by focusing our existing resources on access to permanent housing rather than investing in fragmented systems that have no alignment around goals.

TARGETING HOUSING UNITS

Goal	Action	Entity Responsible	Timeline	CDC/HACOLA Response
Maximize permanent supportive housing resources by ensuring they are targeted to the most vulnerable and costly population.	**Use funding mechanisms to incentivize permanent supportive housing providers to prioritize the most vulnerable and costly chronically homeless individuals for housing and to support the creation of supportive housing in every community.**	**Board of Supervisors; Mayors/City Councils; Continuums; Private sector funders**	2011-2015	The plan would focus of CDC/HACOLA capital development resources to increase available permanent supportive housing units reserved for chronically homeless individuals. It may be feasible to create a set-aside for the development of PSH targeting chronically homeless individuals. However, there are several potential results of adopting this approach which may contradict other Board priorities. CDC and HACOLA have an obligation to distribute funds for housing development throughout the regions in the County eligible for funding, which include unincorporated areas, HOME participating cities, and the areas contained in the 15-mile radius surrounding the City of Industry. Historically, the majority of permanent supportive housing and developments housing chronically homeless populations have been developed in the City of Los Angeles, where the capacity to house and serve this population is the highest, where political will for developing housing for this population is strongest, and where community concerns have caused the fewest barriers to development of PSH. Therefore, prioritizing housing for chronically homeless individuals is likely to lead to a concentration of CDC/HACOLA development funds in the City of Los Angeles rather than achieving the Board of Supervisors' goals to regionalize affordable and special needs housing and to increase the inventory of affordable/special needs housing in the unincorporated areas and in other specified regions in the County. The CDC/HACOLA Notice of Funding Availability for Affordable Multifamily Rental Housing already incentivizes the development of housing in these regions, so if an incentive was added to target chronically homeless individuals, these two incentives might counteract each

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				other.

TARGETING CAPITAL FUNDS

Goal	Action	Entity Responsible	Timeline	CDC/HACOLA Response
Provide capital funds to help fund 500 new construction and rehab units coming online each year	**Continue the City of Los Angeles Permanent Supportive Housing Program and City of Industry Special Needs Housing Programs at current capital and project-based rental subsidy levels.**	**LAHD; LA County CDC**	2011-2015	The maintenance of City of Industry funding for special needs housing at current levels, incorrectly implies that CDC/HACOLA has control over the amount of redevelopment set-aside funding received each year. In practice, CDC/HACOLA could not commit to annual funding levels because they are determined by annual property tax revenues.
	Set aside at least 20% of all affordable housing funds for permanent supportive housing, including HOME, redevelopment tax increment low-moderate income housing set-aside funds and Neighborhood Stabilization Program funds.	**City and County Housing Departments and Redevelopment Agencies**	2011-2015	While it is possible to create a set-aside of capital development funds for chronically homeless individuals, this will reduce the funding available for other special needs populations that received previous Board priorities. However, if the demand for funding for PSH for chronically homeless individuals was low, uncommitted set-aside funds could be rolled over into the other funding pools to minimize this effect.

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TARGETING OPERATING SUBSIDIES

Goal	Action	Entity Responsible	Timeline	CDC/HACOLA Response
Provide housing subsidies for all chronically homeless individuals in permanent supportive housing	**Increase the portion of HOPWA and Section 8 vouchers dedicated to house chronically homeless individuals, and utilize all Shelter Plus Care and VASH vouchers for chronically homeless individuals in permanent supportive housing. See Appendix B for a proposed breakdown of how existing subsidies can be used to meet the need for operating subsidies in permanent supportive housing.**	Housing Authorities	2011-2015	The HACoLA currently has an allocation of 39 HOPWA vouchers. However, HOPWA funding is specifically targeted to house persons with AIDS not necessarily homeless persons. Currently, HACoLA sets aside 510 Housing Choice Vouchers to house homeless families and individuals. HACoLA is also in the process of allocating an additional 50 vouchers to the Los Angeles County Department of Health Services. This set aside is of particular interest because it is utilized with the Access Housing for Health Program which targets high volume users of county health and other services which is also a common factor among the chronically homeless. To address homeless veterans, 75 of the 510 vouchers are reserved for the Los Angeles County Department of Military and Veteran Affairs. In addition to these vouchers, the HACoLA pursued and received a total of 505 HUD-Veteran Affairs Supportive Housing Vouchers to serve homeless veterans. All of these vouchers are tenant based which means the voucher holders chooses their own housing usually with the assistance of a supportive services case manager. The case managers seek permanent supportive housing for the participants. Currently 135 out of the 505 allocation are being used. All program applications are referred by the Veterans Administration. The HACoLA has an allocation of 801 Shelter Plus Care (SPC) Certificates. With each new SPC application and award, a larger percentage of the SPC allocation is dedicated to chronically homeless individuals. As of the 2010 application, HUD's definition of chronically homeless was expanded to include chronically homeless families also. HACoLA's 2005 SPC award of 111 certificates was exclusively for chronically homeless individuals. HACoLA has an approximate 85% lease up rate of SPC vouchers and is working diligently with its SPC

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				sponsor agencies to increase this utilization rate.
	Convert a portion of existing Section 8 and VASH vouchers from tenant-based to project-based vouchers for permanent supportive housing as needed in each community.	Housing Authorities	2011-2015	The HACoLA is currently in the process of converting 365 of its Section 8 vouchers and a portion of our VASH vouchers from tenant-based to project-based, The HACoLA also plans to apply for 50 additional project based VASH vouchers during the current funding availability period. Applications are due February 28, 2011.
	Ensure that local eligibility requirements for housing vouchers are no more restrictive for homeless individuals than HUD requires.	Housing Authorities	2011-2015	The HACoLA's criminal background screening policy was developed in line with HUD regulations, but is more restrictive. HACoLA currently denies applicants rental assistance if they have not completed parole or probation. A change to this policy requires approval from the Board of Commissioners because it would impact the entire HCV program.

TARGETING SERVICES FUNDS

Goal	Action	Entity Responsible	Timeline	CDC's Response
Provide services to rapidly house all homeless populations, in alignment with HEARTH Act requirements.	**Shift McKinney Vento funds to outcomes-based contracts, focused on permanent housing outcomes.**	Continuums	2011-2013	The CDC administers the Emergency Shelter Grant Program for the County. The Emergency Shelter Grant in the approximate amount of $1.3 million annually is passed through the Los Angeles Homeless Services Authority (LAHSA) through a joint powers agreement with the City of Los Angeles. Given the shortage of funds for emergency shelter and services and in response to extensive Countywide public participation in planning, the highest priorities for the use of ESG are to strengthen and enlarge the network of emergency beds and services and to strengthen the referral system to these facilities in order to address the needs of chronically homeless individuals and families.

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Strategy 4: Coordinate Resources to Streamline Permanent Housing Funding

When public, private, local and national funding systems work together to invest in comprehensive services and housing solutions, everyone's return on investment is maximized and best practices that improve our communities can be brought to scale sooner.

Goal	Action	Entity Responsible	Timeline	HACoLA's Response
Coordinate distribution of capital, operating and services dollars and services dollars for permanent supportive housing.	**Establish Memoranda of Understanding (MOU's) between local cities and the County to dedicate and align local funds for permanent supportive housing.**	Board of Supervisors; Mayors/City Councils/ City Departments; Housing Authorities	2011	The HACoLA is in the process of signing MOU's for all programs with other local cities and County programs. On 11/09/2010, the Board of Commissioners authorized the Executive Director to execute interagency agreements with Local Municipalities and Housing Agencies relating to subsidized Housing Programs and Grants as needed.
Shorten development timeline.	**Align distribution of Cities/County capital, operating, and services funds for permanent supportive housing.**	Board of Supervisors; Mayors/City Councils/ City Departments; Housing Authorities	2012-2015	In addition to the programs and resources already discussed, the CDC administers Community Development Block Grant funds for the County, which was not specifically called out by the plan. At their discretion, each Supervisor's office can dictate how they wish to utilize their annual allocation of CDBG funds within the confines of the regulations. The limited funding and public service authority currently supports an extensive delivery system of community-based organizations that provide vital services to low- and moderate-income persons, improve public facilities, and maintain the affordable housing stock throughout the County. If the Board offices wish to reallocate their available funds to homeless activities, this is a potential source of funding for certain eligible programs identified in the Home for Good plan. Generally, CDBG funds are ineligible for the construction of new housing.

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Overall Concerns:

Section 8 Set Asides: Now that the Housing Authority has achieved a lease up rate and budget utilization rate that is almost at 100%, the Section 8 set asides must be very carefully monitored to ensure that they do not negatively impact our overall program performance. It is critical that the set asides be fully utilized and that the lease up rate is consistently maintained.

HOPWA: The recommendation related to increasing the portion of HOPWA vouchers to the chronically homeless population is a definite concern since the HOPWA program is not meant to specifically target this population. The Housing Authority cannot commit to dedicating these vouchers specifically for a population that it was not designed to address.

Eligibility Requirements: The greatest concern for the housing authority is the recommendation to ensure that local eligibility requirements for housing vouchers are no more restrictive for homeless individuals than HUD requires. This recommendation has an impact on the HCV program since eligibility requirements must be consistent for the entire program. Any reduction in our eligibility standards would apply to all HCV participants and would have the unintended consequence of relaxing requirements for non-chronically homeless participants. This is a concern for the Housing Authority.

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Appendix B

The subsidy source chart was provided in the original Action Plan and demonstrated one scenario for providing the new rental subsidies needed for each year. The HACoLA has revised the chart below to reflect our subsidy source for each program in 2010.

Subsidy Source	HACoLA 2010 Allocations	2011	2012	2013	2014	2015	Total	HACoLA Comments
HUD VASH Program	505	500	650	650	700	700	3705	HACoLA would welcome the ability to apply for additional HUD VASH vouchers when the opportunity presents itself in the future.
Shelter Plus Care	801	801	350	400	450	500	3302	HACoLA would welcome the ability to apply for additional Shelter Plus Care funding, however this is subject to HUD eligibility criteria and funding availability.
HOPWA Vouchers	39	50	50	75	100	100	414	HOPWA funding is not targeted for homeless or chronic homeless. It is specifically for the HIV/Aids population that is in need of housing
202 Housing	0	100	100	125	150	150		
Section 8 Set Aside	560	150	150	150	150	150	1310	The HACoLA may consider setting aside additional housing vouchers each year to reach the goals of 1310 by 2015.
Totals	1905	1601	1300	1400	1550	1600		

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	COUNTY DEPARTMENTS			
	DPH (SAPC)	DMH	DHS	DPSS
Existing services/programs that align services within housing	• Project 50 • Carver Hotel • LAC-USC Hospital • Collaborative • CalWORKs Homeless Families Project	• Housing Trust Fund (see attached list) • MHSA Housing Program (see attached list) • Integrated Mobile Health Team • Integrated medical/mental health partnerships (see attached list) • IMD Step-down Programs provide housing options and integrated supportive services. • FSP/FCCS programs provide services to those in permanent housing • Project 50 replicas (6 different projects) • Shelter+Care and Sec 8 grants; DMH provides services to all clients in those units. • Homeless CalWORKS Families Project	• AHH (case management and housing locator services) • Project 50 (health care component)	DPSS has housing subsidies but no services for those who receive the subsidies.
Existing services/programs that would best align within housing	• CalWORKs • Drug Medi-Cal • General Relief • SAPT Block Grant	• PATH Funding: proposed changes to target outreach through program to chronically homeless with focus on providing supports to transition into PSH • FSP/FCCS Programs: recommend that programs target chronically homeless population to fill any vacancies for the homeless focal population.	DHS contracts with Public Private Partnership (PPP) clinics.	DPSS has housing subsidies but no services for those who receive the subsidies.
Departmental impact of carving out or shifting existing services/programs to align within housing	• Use of SAPC's funds are regulated & cannot shift unless client meets funding requirements. • SAPC's funds (except Drug MediCal) are already committed for prevention & treatment svcs. Carving out or shifting programs & funding would decrease the level of svcs currently provided in the community. • Due to Affordable Care Act, significant changes may	• DMH has been committed to providing services to the homeless population and supporting them in obtaining/maintaining housing for many years. We have accomplished this without carving out special funding. • If DMH were to carve out funds to transfer to another Department, the funding would not be under the local mental health plan and would not be able to leverage MediCal. • In order to direct DMH contractors to serve the chronically homeless population, we would have to re-negotiate contracts, change the scope of work and guidelines for the programs which were developed through stakeholder input.	Without additional funding for increasing PPP slots, providers would have fewer slots available at their clinics & services for existing patients could be impacted.	DPSS has no existing services.

	COUNTY DEPARTMENTS			
	DPH (SAPC)	DMH	DHS	DPSS
	occur in SAPT Block Grant distribution.	Discontinuing services to current clients in order to serve a new population would be considered abandonment.		
Ideas for how these departmental resources could be provided in an integrated manner	• Coordination with other County agencies to improve use of limited funding, • Sharing of data across County agencies.	Pilot project with SAPC carve out for substance abuse services where by SAPC contracts with the service providers that will be providing the mental health services to residents of the MHSA Housing Program projects. This would prevent fragmentation of mental health and substance abuse services.	DHS could work with PPPs & permanent housing locations to identify opportunities for partnerships with housing & establish on-site satellite clinics and/or mobile clinics, which may require increasing PPP contracts, approving new PPP sites, allowing PPPs to redirect resources across SPAs, etc.	We suggest the first step should be to collaborate with all county partners listed on this chart to design one or more models of providing housing with services. Ideally,each partner would come to the table with what services or dollars they could contribute to the model.
Ideas for how to best procure these integrated services in a collaborative way	Establish an MOU between County agencies.		Work with Community Clinic Association and other departments. Any proposed changes to PPP contracts need to take into account changes related to new 1115 waiver and would require Board approval.	None provided
Ideas for waiver activities that might include standard of care related to integrated services aligned with housing or demonstration project	• Mobile Services • Client-Centered Healthcare Homes • Work with various models (e.g. cooperative, co-location, partial integration, full integration)	Expansion of the Integrated Mobile Health Team that would target chronically homeless individuals that meet eligibility criteria for the 1115 waiver.	HWLA: homeless patients that meet the HWLA eligibility criteria could be assigned to DHS medical homes. Under the new waiver, HWLA benefits include physical health & mental health services. Medical home is responsible for care coordination & could work with other providers to coordinate care. There may be opportunities for DHS medical homes to align with housing.	None provided
Ideas for revenue maximization	• While County agencies are willing to maximize resources & revenues, restrictions on Federal & State categorical funds for preventing & treating SUD limits SAPC's flexibility. • Use the DPH & DHS healthcare system to access federal grants addressing		• Expansion of benefits assistance programs to increase number of homeless individuals receiving SSI. • Target potentially eligible homeless individuals who use DHS and DMH services for HWLA enrollment.	None provided

	COUNTY DEPARTMENTS			
	DPH (SAP-C)	DMH	DHS	DPSS
	healthcare for homeless & integration of services • Use CalWORKs Homeless Project that collaborates with DMH, DPSS, DPH-SAPC, LAHSA			

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ONGOING HOMELESS PREVENTION INITIATIVE PROGRAMS 2011

PROGRAM	CONTRACT/AGREEMENT TERM	ANNUAL FUNDING AMOUNT	ADMINISTERING AGENCY	OUTCOMES TO DATE	CHALLENGES IF NOT SUSTAINED
Homeless Services Funds (HSF) – Board Office discretionary funds	N/A (various agreements are currently funded via the HSF)	$7.125 million	LAHSA and CEO	N/A	N/A
Homeless Family Access Center (HFAC) at Skid Row	N/A	$1.4 million	CEO	5,824 have received health care	Access to services for homeless families at Skid Row would be significantly reduced. A component of the Center for Community Health Downtown Los Angeles collaborative would no longer exist and families would not be served by County departments at the Center.
Homeless Court	Public Counsel 03/06/08 – 03/05/11 Superior Court 04/16/08 – 04/15/11	$379K* Public Counsel: $266,800 Superior Court: $153,441	CEO	FY 2010-11: 1,430 individual clients & 4,560 individual cases have been filed. In addition: • 1,296 participants have had LAC citations or warrants dismissed • 46 placed into emergency housing • 957 case managers trained on the availability and benefits of the Program	Target population would have no means for paying citation/warrants and barriers to permanent housing, employment, education, and overall self sufficiency would be decreased.
Prototype Court/ Co-Occurring Disorders Court (CODC)	N/A (funds are passed through to DMH annually)	$200K	CEO (DMH)	FY 2009-10: 101 individual clients linked to: • Education 18 • Job training/referrals 51 • Job placement 9 • Benefits Enrollment 147** • Alternative court 108 • Case management 105 • Health care/medical 83	If funding were discontinued, DMH would no longer be able to: assess potential clients; link the clients to the outpatient program (SSG); provide gate keeping services for the CODC FSP program; monitor the progress of the clients to ensure they are meeting the court order requirements; ensures all

FOUR KEY STRATEGIES

Strategy 1: Align Goals to Integrate Our System

We must create system-wide accountability by establishing consistent standards and measures of success, which are then carefully and regularly evaluated. This is only possible if we establish key benchmarks and set shared goals for quickly transitioning individuals into permanent housing with access to the supports they need to thrive.

Goal	Action	Entity Responsible	Timeline	Applicable County Recommendations & Responsible County Department(s)
Create common mission, benchmarks, and action steps to achieve goals and ensure accountability.	Sign on to Home For Good and agree to hold themselves and others accountable for ongoing implementation.	All Stakeholders	2010	N/A
	Release periodic progress reports on Home For Good implementation.	Task Force	2011-2015	
End homelessness throughout the region by supporting solutions in every community.	Adopt goals to end chronic and veteran homelessness in 5 years and create access to permanent supportive housing in each region.	Board of Supervisors; Mayors/City Councils; All Stakeholders	2011	Recommendations 1 – 8 Board to adopt goals; CEO, DHS, DPH, DPSS, DMH, CDC & LAHSA
	Combat NIMBYism by advocating in support of local permanent supportive housing and services and addressing community concerns.	United Way, partners, and faith community to mobilize community members	2011-2015	
Integrate the system by focusing on permanent housing outcomes. **Align Continuum of Care outcomes with requirements set forth in the HEARTH Act.**	Align goals for services and housing providers to focus on rapid transitions to permanent housing with supportive services. Key principles for this work are outlined in Appendix C.	Task Force, in collaboration with public and private sector funders, providers, and faith community	2011	N/A
	Provide capacity building and technical assistance for organizations shifting to new permanent housing models.	United Way; Corporation for Supportive	2011-2015	

Goal	Action	Entity Responsible	Timeline	Applicable County Recommendations & Responsible County Department(s)
		Housing; Common Ground; Enterprise Community Partners		Recommendation 1, 2, 4, 5, &7 CEO, DHS, DPH, & CDC
	Adopt aligned goals determined during previous year and work together to coordinate services and housing in each region.	Services and housing providers, including faith community	2012	
	Craft funding opportunities that incentivize providers to adopt aligned goals.	Board of Supervisors; Continuums; Mayors/City Councils; Private sector funders	2012	
	Conduct periodic assessments of service providers' performance on aligned outcomes.	Task Force, with public and private sector funders	2012-2015	
Create vital linkages between law enforcement and homeless services system to ensure homeless individuals have access to services and housing.	Integrate law enforcement as a critical link between homeless individuals and homeless services and housing providers. 2011: Convene regional law enforcement and services and housing providers to create a plan to formalize linkages. 2012-2015: Implementation.	Task Force convenes; Cities/County law enforcement, and homeless services and housing providers implement	2011-2015	Sheriff, CEO, DMH, & LAHSA

Strategy 2: Collect and Share Data to Assess Need and Track Progress

Our work must begin with understanding the scope and nature of homelessness in order to plan and implement real housing solutions. By identifying and assessing the homeless population of each community, we will understand their individual and collective needs in order to more efficiently target housing and services to support them in re-integrating into communities.

Goal	Action	Entity Responsible	Timeline	Applicable County Recommendations and Responsible County Department(s)
Assess scope and nature of homelessness to target resources and track progress in census reductions each year. Reduce NIMBYism by enabling community members to learn more about people who are homeless in their community.	Conduct annual Homeless Counts using consistent methodology, with enumeration of the 88 cities in L.A. County. 2011: 40% of cities; 2012: 60%; 2013: 80%; 2014: 90%; 2015: 100%	Continuums; Mayors/City Councils	2011-2015	N/A
	Compile by-name lists of everyone living on the streets and in shelters and assess for vulnerability. 2011: 20 communities; 2012: 30 communities; 2012: Integrate with Homeless Management Information System (HMIS).	Continuums; Providers, Cities, and community leaders	2011-2013	
	Increase volunteer participation in Homeless Counts and in other community efforts to end homelessness.	United Way, partners, and faith community to mobilize community members	2011-2015	
Track progress of individuals accessing housing and services and target housing and services resources. Improve scoring on McKinney Vento applications to HUD.	Provide technical assistance and make improvements to the HMIS.	Continuums	2011-2015	Recommendation 8 CEO & LAHSA
	Implement HMIS to track progress of individuals and families receiving services. Baseline: 31%. 2011: 50%; 2013: 85%; 2015: 95%	Continuums; Emergency Shelter/ Transitional Housing Providers	2011-2015	
	Implement HMIS to track housing placements and stability and available housing resources. Baseline: 9%. 2011: 15%; 2013: 40%; 2015: 80%	Continuums; Permanent housing providers	2011-2015	

Goal	Action	Entity Responsible	Timeline	Applicable County Recommendations and Responsible County Department(s)
	Oversee implementation of HMIS among public sector departments.	Continuums; Board of Supervisors; VA	2012-2015	
	Share data across providers. 2011: 10%; 2013: 50%; 2015: 90%	Continuums; All providers	2011-2015	
Evaluate and learn from local data on homelessness and best practices in ending homelessness.	Support research of changing dynamics of homelessness and best practices in ending homelessness. Convene regular opportunities for providers to learn about best practices.	Private sector funders	2011-2015	N/A
	Conduct research and serve as advisors around understanding nature of homelessness and best practices. Assess opportunities for new funding for permanent supportive housing through health care reform.	Homelessness Researchers and Experts	2011-2015	

Strategy 3: Target and Reallocate Existing Resources to Maximize Impact

We can maximize impact by focusing our existing resources on access to permanent housing rather than investing in fragmented systems that have no alignment around goals.

Goal	Action	Entity Responsible	Timeline	Applicable County Recommendations and Responsible County Department(s)
TARGETING HOUSING UNITS				
Maximize permanent supportive housing resources by ensuring they are targeted to the most vulnerable and costly population.	Use funding mechanisms to incentivize permanent supportive housing providers to prioritize the most vulnerable and costly chronically homeless individuals for housing and to support the creation of supportive housing in every community.	Board of Supervisors; Mayors/City Councils; Continuums; Private sector funders	2011-2015	Recommendations 1, 2, 3, 4, 5, & 7 CEO, DHS, DPH, DPSS, DMH, CDC, & LAHSA

Goal	Action	Entity Responsible	Timeline	Applicable County Recommendations and Responsible County Department(s)
	Dedicate new and turnover permanent supportive housing units to chronically homeless individuals. Baseline: 43%. 2011: 60% of new/ turnover units; 2012: 75%; 2013-2015: 90%	Permanent supportive housing providers	2011-2015	
IDENTIFY SERVICES FUNDS				
Provide ongoing services for all units of permanent supportive housing. (See Appendix B for additional services funds needed for the 12,000 units of permanent supportive housing.)	Identify and allocate a portion of existing Departmental funding streams for mental health, health, and substance abuse services in permanent supportive housing. September 2011: Identify existing resources and create plan for allocation. 2012-2015: Distribute funds.	Board of Supervisors	2011-2015	Recommendation 1, 2, 4, & 7 DMH, DPH, DHS
	Identify a portion of existing funding for case management and other services in permanent supportive housing. 2011: Identify existing resources and create plan for allocation. 2012-2015: Distribute funds.	Mayors/City Councils; Continuums	2011-2015	
	Identify a portion of existing services funds to contract to nonprofit services providers for veterans utilizing VASH vouchers. 2011: Identify existing resources and create plan for allocation. 2012-2015: Distribute funds.	VA	2011-2015	
	Enroll individuals in Medicaid and build upon successful service delivery and payment models that use Medicaid as a payer for services in permanent supportive housing.	Housing and services providers	2011-2015	
Provide funding for innovations in permanent supportive housing.	Provide funding to support innovations in housing placement and retention.	Private sector funders	2011-2015	N/A
Provide services to rapidly house all homeless populations, in alignment with HEARTH Act requirements.	Shift McKinney Vento funds to outcomes-based contracts, focused on permanent housing outcomes. 2011: Evaluate and create plan for transition;	Continuums	2011-2013	N/A

Goal	Action	Entity Responsible	Timeline	Applicable County Recommendations and Responsible County Department(s)
	2013: plan fully executed.			
TARGETING OPERATING SUBSIDIES				
Provide housing subsidies for all chronically homeless individuals in permanent supportive housing.	Increase the portion of HOPWA and Section 8 vouchers dedicated to house chronically homeless individuals, and utilize all Shelter Plus Care and VASH vouchers for chronically homeless individuals in permanent supportive housing. (See Appendix B for a proposed breakdown of how existing subsidies can be used to meet the need for operating subsidies in permanent supportive housing.)	Housing Authorities	2011-2015	N/A
	Convert a portion of existing Section 8 and VASH vouchers from tenant-based to project-based vouchers for permanent supportive housing as needed in each community.	Housing Authorities	2011-2015	
	Ensure that local eligibility requirements for housing vouchers are no more restrictive for homeless individuals than HUD requires.	Housing Authorities	2011-2012	
Increase individuals' income. Shift individual subsidy from County budget to federal source when possible.	Enroll chronically homeless individuals in appropriate entitlement benefits, including SSI and VA benefits, as applicable. Increase approval rate of SSI applications from 40% in 08-09 to 70% in 12-13.	DPSS, DMH, DHS, VA, Providers	2011-2015	Recommendations 1, 4, & 6 DPSS, DMH, & DHS
Enable non-chronically homeless individuals to access permanent housing with short term supports.	Fully implement the restructure of the General Relief program, to include 10,000 rental subsidies for homeless individuals by 2014.	Board of Supervisors, DPSS	2011-2014	Recommendations 1 & 6
	Convert a portion of existing temporary housing funding (per-diem funds) to support innovative transition in place programs.	VA	2012-2015	DPSS
TARGETING CAPITAL FUNDS				
Provide capital funds to help fund 500 new construction and rehab units per year.	Continue the City of Los Angeles Permanent Supportive Housing Program and City of Industry Special Needs Housing Programs at current capital and project-based rental subsidy levels.	LAHD; LA County CDC	2011-2015	Recommendation 1 CDC

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Goal	Action	Entity Responsible	Timeline	Applicable County Recommendations and Responsible County Department(s)
	Set aside at least 20% of all affordable housing funds for permanent supportive housing, including HOME, redevelopment tax increment low-moderate income housing set-aside funds and Neighborhood Stabilization Program funds.	City and County Housing Departments and Redevelopment Agencies	2012-2015	
	Reduce regulatory and zoning restrictions that add onerous capital costs for permanent supportive housing developers.	Mayors/ City Councils	2012-2015	
TARGETING STATE AND FEDERAL RESOURCES				
Increase local funds from State and Federal sources to provide permanent housing with access to supportive services.	Advocate for increased and targeted state and federal resources for the region. Advocacy will include revision of the federal funding formula to ensure more equitable distribution of federal funds, targeted housing voucher and capital funds programs, establishing affordable housing trust funds, establishing a state interagency council on homelessness, and other critical state and federal policy.	Task Force, in partnership with all Stakeholders	2011-2015	N/A
	Mobilize the business community to advocate on homelessness policy priorities through annual Access Sacramento and Access DC.	LA Area Chamber of Commerce	2011-2015	N/A

Strategy 4: Coordinate Resources to Streamline Permanent Supportive Housing Funding
When public, private, local and national funding systems work together to invest in comprehensive services and housing solutions, everyone's return on investment is maximized and best practices that improve our communities can be brought to scale sooner.

Goal	Action	Entity Responsible	Timeline	Applicable County Recommendations and Responsible County Department(s)
Coordinate distribution of capital, operating and services dollars for permanent supportive housing. Shorten development timeline.	Establish Memoranda of Understanding (MOUs) between local cities and the County to dedicate and align local funds for permanent supportive housing.	Board of Supervisors; Mayors/City Councils/ City Departments; Housing Authorities	2011	Recommendations 1, 4, 5, 6, & 7 CEO, DHS, DPH, DPSS, DMH, CDC, & LAHSA
	Align distribution of Cities/County capital, operating, and services funds for permanent supportive housing.	Board of Supervisors; Mayors/City Councils/ City Departments; Housing Authorities	2012-2015	
	Align distribution of philanthropic funds for capital, operating, and services funds for permanent supportive housing, in collaboration with public sector funders.	Private sector funders	2012-2015	Recommendations 1 – 8 CEO, DHS, DPH, DPSS, DMH, CDC, & LAHSA
Streamline funds to better coordinate and invest in local solutions.	Advocate for federal initiatives that streamline funding.	Task Force, in partnership with all stakeholders	2011-2015	N/A
	Mobilize the business community to advocate on homelessness policy priorities through annual Access Sacramento and Access DC.	LA Area Chamber of Commerce	2011-2015	