LOS ANGELES COUNTY DEPARTMENT OF MENTAL HEALTH
Community Planning Process - MHSA Three-Year Plan
Community Planning Team Session

HOMELESS SERVICES AND HOUSING RESOURCES (HSHR)

Category 1: Eviction Prevention
Category 2: Street Outreach
Category 3: Service Quality
Category 4: Types of Housing Resources
Category 5: Resources for Specific Populations

HSHR CATEGORY 1: EVICTION PREVENTION

GOAL: *Strengthen eviction prevention services and supports.*

A. RECOMMENDATIONS: *PROGRAM, SERVICE, OR INTERVENTION (PSI)*

1. <u>EXISTS ALREADY</u>: Expand or Improve Existing PSI

Existing PSI	Description	Expand or Improve	CPT Recs
Preventing Homelessness & Promoting Health	1. Expand the Preventing Homelessness and Promoting Health (PH Square) collaborative program with Department of Health to provide psychiatric, medical, and other social service interventions to prevent imminent eviction.	Expand	1, 2, 3, 17
Full Service Partnerships	2. Provide flex funds for enrolled clients which can be used for eviction prevention and improve FSP to include life skills training to prevent eviction.	Improve	1, 5, 15
Interim Housing – Outreach Program	3. Provide mental health supports for interim housing sites to reduce exits to the streets (eviction) and increase movement to Permanent Supportive Housing (PSH) through an integrated approach. (This is also a job training opportunity for Peer Specialist positions.)	New Service January 2024	2
Housing Support Services Program (HSSP)	4. Expand HSSP services in PSH units in collaboration with Department of Health Service's Intensive Case Management Services providers and Department of Public Health's Client Engagement and Navigation Services. When new PSH buildings open, services providers are contracted to render these services.	Expand	1, 2, 3, 4, 5, 17

Housing Services	5. Expand long-term housing resources that include on-site supportive services similar to board and cares that are peer run and/or recovery-focused and that are culturally responsive.	Expand	9
Housing Assistance Program	6. Provide financial assistance to DMH clients of one month of unpaid rent, based on an individualized client plan for self-sufficiency.	Expand	1, 2, 3, 15

2. <u>DOES NOT EXIST</u>: Add New PSI

New PSI	DMH or Partner	CPT Recs
1. Develop and implement trainings and materials focused on eviction prevention and available resources to train <u>mental health providers</u> to assist and educate clients at all levels of care. This includes information on community resources, legal services, and first-time homeowner programs.	Partner	1, 3, 5, 7
2. Develop and implement trainings and materials on working with individuals with mental health needs for <u>landlords, law enforcement, and others</u> involved in the eviction process.	Partner	4, 9
3. Develop rehabilitation and skill-building groups focused on helping consumers to maintain housing (e.g. budgeting, communication with property owners, being a good neighbor, employment etc.) as part of the service array in DMH clinics and contract agencies.	DMH Partner	3, 4, 5, 14
4. Develop a <u>countywide eviction prevention program</u> that has a central phone number for support, provides training for law enforcement and landlords and property managers on working with mental health issues and available resources, helps individuals access eviction prevention funds available through county programs, and provides life skills trainings in the community.	Partner	13
5. Develop a <u>housing resources landing page</u> on the DMH website that lists information on how to access all available resources for eviction prevention, housing support, and/or services related to housing retention.	DMH	1, 2, 7
6. Develop and implement a comprehensive <u>communication strategy</u> that informs clients about housing resources. This communication strategy would include Community Health Workers (e.g., *Promotoras* and Peer Specialists) in delivering this information.	DMH	19

B. RECOMMENDATIONS: *POLICY, PRACTICE, OR ADVOCACY*

Description	CPT Recs
1. Integrate mental health needs/practices into the current eviction practices/protocols.	4
2. Use tools like the CEO Equity tool to identify specific geographic areas of need within each Service Area and to target specific underserved populations when implementing and/or expanding programs.	9
3. Address the high cost of living.	6
4. Improve law enforcement response to avoid losing housing.	11
5. Provide restorative housing.	10
6. Increase homeownership opportunities.	18

CPT RECOMMENDATIONS (through 10/27)

1. Increase of eviction prevention support
2. Strengthen the focus on Homelessness Prevention Services: How do you identify specific actions?
3. Increase services and supports to prevent housing evictions
   a. Eviction prevention trainings
   b. Eviction prevention supports
   c. Expungement of eviction history
4. Integrate mental health needs/practices into the current eviction practices/protocols.
5. Programs focused on teaching the unhoused to go from tent to tenants and maintain their residency through life skills and be assigned a peer support specialist
6. High cost of living.
7. Increase information and education to prevent houselessness.
   a. Messaging and education that funding is available and for whom
   b. Clear application and eligibility criteria
   c. Affordable housing access for families and individuals
8. Provide inclusive, non-stigmatizing supports:
   a. Provide support that is inspirational, helpful, makes individuals feel they belong (i.e., that they are not categorized as a 'different' person).
9. Provide culturally safe congregate housing and board and care homes:
   a. Use an equity approach to target specific populations that have been historically impacted by oppression (racism, homophobia, etc.), such as Black, Latino, Native American, LGBTQ, disabled and other communities, especially in congregate settings and board-and-care homes. These places are not culturally safe, which causes Communities of Color to go back into the streets.
10. Provide restorative housing to prevent houselessness and additional negative outcomes.
    a. Provide restorative housing to prevent individuals from falling into homelessness, incarceration, and poverty.
11. Improve law enforcement intervention to avoid losing housing:

    a. The interaction with DMH and law enforcement can cause someone to lose their housing: e.g., a 5150 check can lead neighbors to be afraid of the person.

12. Provide robust specialty mental health services and wraparound supports in permanent supportive housing so that clients maintain their housing:
    a. A lot of times we're dealing with people losing their housing because of the things they're exhibiting because of their mental health issues. Having additional teams, not just PH squared, but also thinking about what other additional specialty mental health services can be ramped up specifically for people living in permanent supportive housing and interim housing settings so that they wouldn't lose that housing to begin with. We work so hard to get them in housing in the first place. Let's make sure to provide wrap around services and really robust mental health services for people who would otherwise not be able to stay housed. In other words, expand our capacity to intervene in permanent supportive housing broadly for individuals that may be experiencing some kind of mental health need that's getting in the way of them maintaining housing and to really be able to wrap around services.
    b. We are placing folks in permanent supportive housing, but they are being evicted probably about a similar rate to what we're placing them with FSP teams or PH Squared and ICMS. We're seeing that permanent supportive housing isn't supportive enough for the most acute people and the board and care is not quite serving those folks either. We are seeing a huge gap for the folks that need a little bit higher support around the mental health services, both psychiatry and also advocacy with property management.

13. Establish an eviction-protection entity:
    a. Establish an entity that when people are about to be evicted that they could come in and do some type of protection. It is frustrating to see how our Latino communities or People of Color are still losing their apartments, their homes and wind up homeless.

14. Provide support to and build capacity of property management.
    a. What we're finding is that property management is in no way prepared to be serving a population that's as acute and the amount of property damage and the amount of violations that we're seeing they are really falling out of housing just as fast as we can put them in there.

15. Make funds available to prevent evictions.
    a. As somebody who previously worked for it with the contract agency, I know that we often learned from housing rights groups and used legal aid groups to assist clients when they are having trouble with evictions. Funds were available through rapid rehousing, which they had to be evicted first before they could use that. Has that changed?
    b. Are there resources to pay for back rent if somebody has not paid.
    c. Increase awareness of these resources.

16. Encourage self-sufficiency:
    a. What is the approach to self-sufficiency and being responsible for paying their rent? Isn't this part of permanent supportive housing? We're talking about subsidies that are also included, which means that it's a portion of an individual's current income. It's really important that we are positioned to be become responsible and understand the responsibility of paying our rent.

    b. Strategies to get people to self-sufficiency, even if people are on subsidies and the goal needs to be self-sufficiency in people paying rent wherever possible and happening immediately, and to that point when people are paying rent and they're not on a subsidy and they have a crisis where they're going to miss a rent payment, having flexibility so that individuals and providers and housing owners and operators are able to maintain that person's housing are critical so that the rent gets paid when there's a crisis, even if that person's not paying through a subsidy, we've got to have an ability to keep people housed.

    c. Link to self-help programs. What self-help programs are available to assist, one to learn or just be supported?

17. Strengthen coordination among providers to prevent evictions.

    a. How do we work with someone who is at risk of becoming homeless? I was working with someone who is at high risk of becoming homeless, calling everywhere I could find. They said, 'Oh well, she's not homeless yet. You know, once she lands on the sidewalk, we'll be able to do something.'

    b. People being tossed from one provider to another provider. FSP is supposed to be providing you housing, but they're not doing that. FSP wasn't able to engage with them properly. They were referred to AOT, but AOT said, Oh well, we can't provide that because they're in an FSP, but they aren't getting FSP. Quit playing hot potato with people.

    c. I live with neighbors that are severely mentally ill, are incapable of living on their own. She keeps being in her apartment, leaving the water on because she's not mentally there and it's coming into my apartment. Can there be some kind of assisted living or monitored care because some individuals are clearly not capable of sustaining on their own.

18. Increase homeownership opportunities.

19. Develop and implement a comprehensive underline communication strategy that informs clients about housing resources. This communication strategy would include Community Health Workers (e.g., *Promotoras* and Peer Specialists) in delivering this information.

HSHR CATEGORY 2: STREET OUTREACH

GOAL: *Strengthen street outreach.*

A. RECOMMENDATIONS: *PROGRAM, SERVICE, OR INTERVENTION (PSI)*

1. <u>EXISTS ALREADY</u>: Expand or Improve Existing PSI

Existing PSI	Description	Expand or Improve	CPT Recs
SKID ROW Concierge Program	1. This program provides street-based engagement and support to connect to mental health treatment and housing for individuals experiencing unsheltered homelessness in the skid row area.	Expand	1, 14
HOME	2. Expand HOME to increase street outreach to individuals with serious and persistent mental illness (SPMI) and to fill the need of new programming (e.g., Interim Housing Outreach Program)	Expand	1, 4
PMRT	3. PMRT (Psychiatric Mobile Response Team) provides field-based crisis services. Expand PMRT to include contracted Field Intervention Teams.	Expand	15
Community Health Promoters (CHWs)	4. Utilize CHWs to increase awareness about mental health issues and to disseminate resources to reduce mental stigma and improve working relationships within the community in order to deliver mental health services. Expand this program to include work in public spaces including libraries.	Expand	2, 9

2. <u>DOES NOT EXIST</u>: Add New PSI

New PSI	DMH or Partner	CPT Recs
1. Develop and implement trainings and resource materials focused on <u>finding resources in the community</u> (e.g., sobering centers, *SafeParkingLA*, mobile showers, housing resources).	Partner	3,7,9
2. Develop and implement trainings and materials for improving <u>coordination of care among service teams</u> and passing out the available resources in the various levels of care.	DMH	6, 10

3. Develop <u>PMRT Team</u> dedicated to the <u>skid row area</u> to improve mental health crisis response time.	DMH	16
4. Develop and implement programs that assign mental health treatment and peer services staff to local libraries to treat and support library patrons experiencing homelessness.	DMH	8
5. Incorporate mobile showers as part of the services provided by DMH Street Outreach.	DMH	3
6. Develop public education about Senate Bill 43 which modernizes the definition of grave disability and probable cause for conservatorship. The bill broadens eligibility to people who are unable to provide for their personal safety or necessary medical care. In addition, Senate Bill 43 encompasses people with a severe substance use disorder, such as chronic alcoholism. Incorporate the new definition in HOME services in Los Angeles County if permissible.	DMH	1

B. RECOMMENDATIONS: *POLICY, PRACTICE, OR ADVOCACY*

Description	CPT Recs
1. Tap into some of the models in West Hollywood, homeless outreach teams, collaboratives with different organizations including The People Concern/Step Up on Second/Tarzana Treatment Center/etc.	5
2. Involve community leaders and CBOs with funding to outreach and relate to these sites.	7
3. Identify existing community services and advocate for more services, such as safe parking and mobile showers.	3,10
4. Help individuals with substance use disorders to accept housing in real time.	12
5. Provide better support for peer specialists who support street outreach work.	13
6. Provide better assistance to individuals to find adequate housing.	14

CPT RECOMMENDATIONS (through 10/27)

1. Strengthen mental health outreach work.
   - Increase mental health street teams and resources.
   - Amplify the HOME criteria of Gravely Disabled because it excludes too many PEH encountered by the Outreach Team.
2. Expand *promotoras* program to provide mental health street teams and housing resources.
3. Mobile showers
4. Increase response/funding for mental health in communities exacerbated by COVID-19.

5. Tap into some of the models in West Hollywood, homeless outreach teams, collaboratives with different organizations including The People Concern/Step Up on Second/Tarzana Treatment Center/etc.
6. Provide a list of organizations with housing resources in order to connect with community leaders, particularly faith community leaders.
7. Involve the community leaders and CBOs with funding to outreach and relate to these sites.
8. Providing services and partnering with libraries, more central locations
9. Strengthen ability of DMH to publicly show what is available for housing in the various levels of care.
10. Safe parking overnight for folks living in cars.
11. Improve PMRT response time in Skid Row.
    a. At least in the community of Skid Row, our team and a lot of teams are struggling to respond to the number of psychiatric crises on the streets. PMRT takes about 7 hours to arrive and so we're doing holds internally as much as we can. I would definitely recommend if there's any possibility in the future to have some more psychiatric emergency response, like a PMRT be more available to this community.
12. Help individuals with substance use disorders to accept housing in real time.
    a. How do we work with individuals with a substance use disorder that are willing to accept housing, that there is a place in which you can place us in immediately.
13. Provide better support for peer specialists who support street outreach work.
    a. Working with peer specialists: it's critically important that when we're utilizing people with lived experience that we are remaining open to whatever their needs are. For instance, we talk a lot about trauma, but trauma can be transferred once again based on an experience that they may have or endure as a result of supporting or helping someone else.
    b. Peer specialists who are trained in specific outreach approaches with people experiencing homelessness are part of DMH outreach, and that the outreach teams themselves understand the role of peers so that the team can work effectively together and category one.
14. Provide better assistance to individuals to find adequate housing.
    a. We've been able to secure you a match and a voucher and now you need to go out and find housing on your own because that's not my job. That's not helpful because so many of our people that are unhoused need a helping hand. They need someone to assist them to be able to find adequate housing, even if they have been given a voucher and so that the continuum of care is very important as well.
15. Expand PMRT Teams.
16. Develop <u>PMRT Team</u> dedicated to the <u>skid row area</u> to improve mental health crisis response time.

HSHR CATEGORY 3: SERVICE QUALITY

GOAL: *Improve service quality.*

A. RECOMMENDATIONS: *PROGRAM, SERVICE, OR INTERVENTION (PSI)*

1. <u>EXISTS ALREADY</u>: Expand or Improve Existing PSI

Existing PSI	Description	Expand or Improve	CPT Recs
Housing Data Collection Infrastructure	1. Improve infrastructure to support better data collection of homelessness and housing data that can be used to improve programs via Housing and Homelessness Incentive Program (HHIP).	Improve	20
Mental Health Support	2. Provide mental health support in shared housing and traditional housing.	Expand	5
Peer Services	3. Use Peer Services for social supports and navigating benefits and paperwork available in Peer Run Centers, MHSA Outpatient, and FSP programs.	Expand	1, 8,15
Peer Run Respite Care Homes	4. Provide Peer Run respite care to support individuals in crisis to prevent homelessness.	Expand	5

2. <u>DOES NOT EXIST</u>: Add New PSI

New PSI	DMH or Partner	CPT Recs
1. Develop a one-stop online site that centralizes information about housing resources.	DMH & Partner	19
2. Develop or integrate into an existing program training and support for landlords and housing developers on working with and the needs of individuals with mental illness (e.g., implicit bias training).	Partner	10
3. Implement or partner with services providing supports to adult children with SMI to improve access to support groups such as NAMI, and respite care options.	Partner	18

B. RECOMMENDATIONS: *POLICY, PRACTICE, OR ADVOCACY*

Description	CPT Recs
1. Integrate a housing navigator focused on supporting the Fire Department and EMS to avoid unnecessary emergency room visits for clients who qualify for housing supports.	1
2. Promote awareness and access to benefits establishment services available throughout LA County	5
3. Establish an oversight committee which is community-based and peer-led to assure and improve accountability for contract providers	6,7
4. Remove barriers such as verifications of identity (in forms of ID's and/or certificates) for homeless individuals seeking housing services/supports.	12
5. Improve timely access to temporary and permanent housing, and reduce bureaucratic barriers	3 ,5,12
6. Improve safety in housing units and ensure housing developers include 24-hour security when underwriting projects.	9,14
7. Enhance staffing/services in existing congregate interim housing sites.	21

CPT RECOMMENDATIONS (through 10/27)

1. Increase use of peer specialists to help individuals in all forms of housing.
2. Integrate a housing navigator focused on supporting fire department and EMS to avoid unnecessary emergency room visits for clients who qualify for housing supports.
3. Reduce timeframe in receiving adequate, permanent, and temporary housing,
4. Increase capacity at shelters and interim housing to provide culturally and linguistically appropriate services for undocumented clients to prevent exacerbated mental health issues from communication challenges.
5. Provide shared housing/traditional housing – some people do not have the mental health support they need.
   - Either do not have medical – ex: Augustus Hawkins – not able to service them – cannot pay
   - Transitional housing should have mental health support
   - Paperwork for SSI is too extensive – need support for people to fill out paperwork
   - Help people with mental supports before they are …
   - Access housing and benefits
   - Challenge with the protocol of calling someone three times and then move on after the 3rd call – then mailing out large docs that many may not read – better way to communicate.
   - Use a peer to do house calls or visits to help with paperwork – do not rely solely on a phone call or letter
   - Lack of ability for clients to access housing and benefits together.

6. Hold contract providers accountable for the services they were hired to provide.
7. Need an oversight committee (community-based and peer led) to ensure providers are doing what they have been contracted to do.
8. Use peer specialists to avoid repeating behaviors.
9. Housing developers for permanent supportive housing projects should include 24-hour onsite security within the loan documents when underwriting the projects. Funding should be provided for security for onsite supportive housing.
10. Increase capacity to engage with landlords who may have tenants with mental health issues to provide information/services: preventing houselessness, finding other housing, provide financial support and case management.
11. Improve Permanent Supportive Housing Services
   - Improve how case managers interact with tenants
   - Improve treatment in housing
   - Improve safety/sense of safety
   - Improve accountability with regards to receiving needed services
   - Intensive Case Management Services [DHS]
12. Remove barriers such as verifications of identity (in forms of ID's and/or certificates) for homeless seeking housing services/supports.
13. Improve wraparound supports: Strengthen case management and wraparound supports
14. Improve safety in housing units (e.g., domestic violence, drug dealing, gangs, etc.)
15. Improve how people connect people to organic social supports to prevent isolation.
16. Improve the data system/platform so that there is better communication between PEH providers and DMH.
17. Needs to be an approach to address the implicit bias that the community faces in acquiring residency.
18. Implement or partner with services providing supports to adult children with SMI to improve access to support groups such as NAMI, and respite care options.
19. Develop a one-stop online site that centralizes information about housing resources.
20. Improve infrastructure to support better data collection of homelessness and housing data that can be used to improve programs via Housing and Homelessness Incentive Program (HHIP).
21. Enhance staffing/services in existing congregate interim housing sites.

HSHR CATEGORY 4: TYPES OF HOUSING OPTIONS

GOAL: *Increase types of housing options.*

A. RECOMMENDATIONS: *PROGRAM, SERVICE, OR INTERVENTION (PSI)*

1. <u>EXISTS ALREADY</u>: Expand or Improve Existing PSI

Existing PSI	Description	Expand or Improve	CPT Recs
Interim Housing Beds	1. Create new interim housing beds, enhance staffing/services in existing non-congregate interim housing sites, and provide CARE Court clients with rental assistance resources by accepting Behavioral Health Bridge Housing (BHBH) funding from the State. Expand interim housing in high need areas such as Skid Row.	Expand	8
Interim Housing Families	2. Increase interim housing resources for families.	Expand	1, 3, 8
Enriched Residential Care (ERC) & Board and Cares (B&Cs)	3. Increase access for Persons Experiencing Homelessness (PEH) to ERC and licensed residential care facilities by accepting funds in Community Care Expansion (CCE) State subsidies to ERC and provide funds for all licensed residential are facilities.	Expand	4, 8, 10
Hollywood 2.0 - Interim Housing, ERC, & PSH	4. Continue current pilot of community-inclusive programming to support, treat, and house individuals in the Hollywood area.	Expand	3, 6
Dedicated Hotel/Motel Beds - HOME	5. Expand dedicated hotel/motel beds for Homeless Outreach Mobile Engagement (HOME), which provides street outreach for individuals who may need extensive engagement and support. This includes reentry programs for women and men.	Expand	6
Shared Housing	6. Provide shared housing located in the community.	Expand	7, 8
Permanent Supportive Housing	7. Expand Permanent Supportive Housing (PSH) across LA County	Expand	5, 8
Peer Respite Home	8. Provide peer run homes in the community to support individuals in crisis to bolster their ability to stay housed.	Expand	3,8

2. <u>DOES NOT EXIST</u>: Add New PSI

New PSI	DMH or Partner	CPT Recs
1.		

B. RECOMMENDATIONS: *POLICY, PRACTICE, OR ADVOCACY*

Description	CPT Recs
1. Contain costs per bed at less than $100K.	9
2. Eliminate site control to expand types of housing.	11
3. Implement independent living centers and supports to increase the ability to live independently.	3

CPT RECOMMENDATIONS (through 10/27)

1. Increase shelter and housing options for <u>families</u>.
2. Implement living centers and supports to increase the ability to live independently.
3. Increase/Improve Interim Housing
   - When an individual in need of shelter (e.g. individual transitioning from incarceration after our Emergency Shelters "admission period has closed") cannot access our Emergency Shelters, are there other resources available to meet the need immediately?
   - Explore how MHSA funds can be used to support access to other types of shelter (existing or to be developed).
   - Increase access to crisis housing for folks who are both symptomatic with SMI and are unhoused or can no longer remain with family.
   - For those in Interim Housing, create an option for provision of temporary care while waiting for an appointment/connection to DMH. For example, co-located DMH staff fill this gap in Interim Housing.
4. Expand and include all licensed B&Cs who accept people with SMI on public benefits in ERC program or provide financial support to facilities
5. Increase Permanent Supportive Housing units
   - Contain and/or reduce ICMS costs
   - Reduce stress on property management
   - Increase capital investment
6. Need for permanent housing rather than temporary shelter – people being picked up from encampment sweep and placed in temp shelter/services – ex: of someone living outdoors and being placed indoors – permanent housing (scattered units), not temporary. Temporary housing is asked to leave at 8am and come back at 4pm to get bed – will make it difficult to take medication (some meds may cause sleepiness). Housing specific to the LGBTQ community – raped and proposition for sex – challenges with housing –

- More permanent supportive housing: play closer attention to services being offered in temp shelters (encampment to temp – attentive to mental health conditions of individuals); supporting individuals being impacted by domestic violence (specific to individuals from LGBTQ community)
- Temp shelters – people w/mental health conditions should not be forced to leave (challenges with taking medication and medication that may cause sleepiness)
- Lack of sufficient permanent housing for clients being picked up/impacted by encampment sweeps and placed in temporary shelters/services, instead of temporary shelter.

7. Increase shared recovery housing
8. Increase continuum of beds
   - Different kinds of housing
9. Contain costs per bed at less than $100K
10. Increase DMH ERC slots for PEH providers.
11. Eliminate site control to expand types of housing
12. Remove structural barriers and revamp process to attain housing to house more clients.
13. Distribute housing resources evenly across the county's geographical area.
14. Increase inter-department collaboration to leverage housing resources unknown to DMH.
15. Increase collaboration with the mayor's office and other county departments (i.e., housing).
16. Need to increase the number of affordable units within new developments higher than the 10%
17. Provide family shelter/housing.
18. Increase housing options.
19. Increase housing and community partnerships.
20. Increase homeownership opportunities through outreach and engagement
21. Lack of education opportunities for home ownership.

HSHR CATEGORY 5: SPECIFIC POPULATIONS

GOAL: Provide targeted support to specific underserved populations.

A. RECOMMENDATIONS: *PROGRAM, SERVICE, OR INTERVENTION (PSI)*

1. <u>EXISTS ALREADY</u>: Expand or Improve Existing PSI

Existing PSI	Description	Expand or Improve	CPT Recs
Transition Age Youth (TAY)	1. Expand TAY housing options including shelters, interim housing, and PEH, focus on youth transitioning from child welfare and probation systems	Expand	1, 9, 19, 20
Justice Involved - Office of Diversion and Reentry	2. Support the Office of Diversion and Reentry (ODR) to fund Intensive Case Management Services (ICMS), Interim Housing, Enriched Residential Care (ERC) and Permanent Supportive Housing for individuals who are homeless, have a Serious Mental Illness and are incarcerated at LA County Jail.	Expand	3, 4, 22
Justice Involved - Care First Community Investment	3. Expand the Care First Community Investment (CFCI) model of interim housing for those with justice involvement to other sites.	Expand	4, 22
Justice Involved - Women's Community Re-entry	4. Expand hotel/motel beds that will serve as interim housing for Women's Community Re-Entry Program clients.	Expand	4,22
Justice Involved – Interim Housing Beds	5. Continue the operation of Interim Housing beds for those with justice involvement funded with CFCI dollars when the funding source terminates on June 30, 2024.	Expand	4, 22
Housing Settings + Extended Hours: LGBTQIA & Transgender	5. Expand or create housing settings specific to Transgender communities and provide extended hours to meet needs.	Expand	1, 6, 7, 11
Support Services: BAH + UsCC:	6. Ensure funding for support services i.e. utilities for the Black and African Heritage (BAH) and other underserved communities	Expand	10

Culturally + Linguistically Appropriate Services – Interim Housing	6. At interim housing sites, increase staff capacity to provide culturally and linguistically appropriate services for undocumented clients and mental health support. IHOP will be implemented in 2024.	Improve	4

2. <u>DOES NOT EXIST</u>: Add New PSI

New PSI	DMH or Partner	CPT Recs
1. <u>Justice-Involved and/or Undocumented Clients</u>: Support the Legacy Flexible Housing Subsidy Pool (FHSP) Program that provides ongoing rental assistance to clients who are homeless and do not qualify for federal housing subsidies due to their documentation status or type of felony offense (e.g., Registered Sex Offenders).	Partner	3, 22
2. <u>Justice-involved Clients</u>: Establish dedicated interim housing beds for formerly incarcerated clients served through the Men's Community Reentry Program.	DMH	4, 22
3. <u>Veterans</u>: Implement awareness campaign to improve access to housing resources for veterans.	Partner	5
4. <u>TAY, LGBTQ, Transgender, Domestic Violence, and Older Adults</u>: Develop or expand existing housing <u>resource guides</u> to identify housing available to specific populations.	Partner	1, 6, 7
5. <u>LGBTQIA</u>: Invest in housing specific to LGBTQ community.	Partner	6, 11
6. <u>Low-Income People Not Meeting the Definition of Homeless</u>: Increase MHSA funds for the Flexible Housing Subsidy Pool which can be used for rent subsidies in a variety of housing types, such as licensed care facilities, for individuals who do not meet the definition of homeless but do not have the income to move to other forms of housing. This Flexible Housing Subsidy Pool can help create more flow for special populations across different housing types.	DMH	6

B. RECOMMENDATIONS: *POLICY, PRACTICE, OR ADVOCACY*

Description	CPT Recs
1. Strengthen communication between DMH's Enhanced Emergency Shelter Program staff and other providers of TAY Interim and Transitional Housing and improve connection to mental health and housing services for the youth in these settings.	2
2. Establish funding for African American (AA) population to own/lead interventions related to their communities outside of faith-based groups.	14
3. Strengthen coordination with DCFS and Probation.	1
4. Increase access for both documented and undocumented clients.	15

CPT RECOMMENDATIONS (through 10/27)

1. Improve how DMH addresses TAY housing needs
   - Strengthen coordination with DCFS and Probation
2. Strengthen communication between DMH's Enhanced Emergency Shelter Program staff and other providers of TAY Interim and Transitional Housing and improve connection to mental health and housing services for the youth in these settings
3. Increase access to PSH for justice involved populations.
4. Increase support for SMI/justice involved accessing housing and mental care services.
5. Improve how veterans find out about and access housing supports.
6. Relocation/wraparound services, HOUSING FIRST model, extremely limited housing options for TGX, shelters struggle with housing TGX community as most shelters are binary focused
7. Some housing for TGX youth and elders, but very little for adult age
8. Increase funding for populations most impacted.
9. Provide transitional housing for TAY youth leaving the child welfare and probation systems
10. Ensure funding for support services i.e. utilities for the BAH communities
11. Providers go out specific hours/days to provide wraparound services for unhoused LGBTQIA2-S folks, how do we provide care Countywide
12. Increase housing options for survivors of IPV and/or DV to prevent homelessness.
13. Make the BAH community aware of continuous funding for ongoing residency
14. Establish funding for African American (AA) population to own/lead interventions related to their communities outside of faith-based groups.
15. Increase access to housing services for both documented and undocumented clients to prevent becoming homeless.
16. Parents that are housing children at home – challenge with not having access to diagnosis – being terrorized at home – children have their home as their address and cannot be placed somewhere else – parents do not know if children (may be adult children) are taking medication – may be refusing to take medication – parents are being terrorized at home and do not know what to do
    - Lack of resources and information for parents regarding their adult children(s) diagnosis, medication, or placing them somewhere else. (Category 4, Respite)

17. Helpful to hear the status of implementing … - what is the plan to address people being inappropriately housed – specifically with the LGBTQ
    o Fair employment and housing act (FEHA)
    o Lack of appropriate/adequate housing for people, specifically clients in the LGBTQ community.
18. Prevalence of racial homelessness: highlight certain issues or concerns and inform the homeless workgroup that they could focus on.
19. Lack of TAY Housing—TAY launch
20. Provide housing alternatives for youth with special needs (beyond group homes).
21. Increase support for parents of adult children to access treatment and housing for them.
22. Increase diversion/housing services for justice involved