Committee on Best Practices for Standardization of Care

JUNE 27, 2025

EXECUTIVE COMMITTEE FOR REGIONAL HOMELESS ALIGNMENT

MEASURE A REQUIREMENTS

Measure A requires the Executive Committee for Regional Homeless Alignment, with input from the Leadership Table, to *"develop best practices for standardization of care, including but not limited to connections to behavioral and mental health, medical care, and other services. These best practices should include guidance and key performance indicators for contractors and Funding Recipients."* (Section 3.C)

ECRHA REPORT BACK REQUIREMENTS

By June 27, 2025 - Report back to ECRHA on:

- Progress to establish **practice standards and performance indicators** that will ensure that funded strategies contribute to Measure A's regional goals, including equity goals.
- The standards recommended by the Committee should be added to service contracts that are funded through Measure A, to ensure regional alignment on practice standards and **data collection and reporting to monitor progress.**

By July 25, 2025 - Report back to ECRHA on:

- Possible **enhancements to the regional plan** that deepen data collection and operational coordination, and further elevate opportunities for alignment between jurisdictional partners.
- A recommended **standing process** to identify and recommend areas for jurisdictions to better align policy and program design, collaborate to remove roadblocks and scale effective programs, identify opportunities for system and cost efficiencies, and drive investment toward greatest impact.

COMMITTEE MEMBERS

Chair

- Nithya Raman, *City Councilmember*, Los Angeles City Council, CD 4

Vice Chair

- Celina Alvarez, *Executive Director,* Housing Works

Committee Members

- Dr. Etsemaye Agonafer, *Deputy Mayor of Homelessness & Community Health,* City of Los Angeles
- Dr. Va Lecia Adams-Kellum, *CEO*, Los Angeles Homeless Services Authority (LAHSA)
- Kathryn Barger, *LA County Supervisor,* LA County Board of Supervisors, SD 5
- Lourdes Castro Ramirez, *President & CEO*, Housing Authority of the City of Los Angeles (HACLA)
- Dr. Jackie Contreras, *Director*, LA County Department of Social Services (DPSS)
- La'Toya Cooper, *Lived Experience Representative*, LA Emissary & Homeless Youth Forum of Los Angeles
- Marisa Creter, *Executive Director*, San Gabriel Valley Council of Governments
- Sarah Dusseault, *Lead Strategist*, LA4LA
- Dr. Barbara Ferrer, *Director*, LA County Department of Public Health (DPH)
- Dr. Christina Ghaly, *Director*, LA County Department of Health Services (DHS)
- Darren L. Hendon, *Director of Programs*, Veteran Social Services, Inc.
- Tiena Johnson Hall, *General Manager*, Los Angeles Housing Department (LAHD)
- Alexis Obinna, *Lived Experience Representative*, Homeless Youth Forum of Los Angeles
- Amara Ononiwu, *Co-Chair*, Faith Collaborative to End Homelessness
- Jose Osuna, *Director of External Affairs*, Brilliant Corners
- Miguel A. Santana, *President & CEO,* California Community Foundation
- Cheri Todoroff, *Executive Director,* LA County Homeless Initiative
- Dr. Lisa H. Wong, *Director*, LA County Department of Mental Health (DMH)
- Health Care in Action or USC Medical Center Representatives

COMMITTEE TIMELINE

April 10, 2025	Initial meeting
May 1, 2025	Discuss shared performance targets for **interim housing**
May 15, 2025	Discuss shared performance targets for **permanent supportive housing**
May 29, 2025	Adopt draft shared performance targets for **permanent supportive housing**
June 12, 2025	Adopt draft shared performance targets for **interim housing** and discuss shared performance targets for **outreach**
June 26, 2025	Adopt draft shared performance targets for **outreach and encampment resolution**
Committee leadership reports to ECRHA by June 27, 2025 on progress to establish quality standards	
July 10, 2025	Align on recommended **enhancements to the regional plan** and a **recommended standing process** to drive investments to greatest impact
Committee leadership reports to ECHRA by July 25, 2025 on possible enhancements to the regional plan and a standing process to support regional coordination	
August 14, 2025	Discuss and adopt draft shared performance targets for **time-limited subsidies**
August 21, 2025	Align on and adopt **data gathering approach** for interim housing, permanent supportive housing, outreach and encampment resolution, time-limited subsidies
September 18, 2025	Transition to monthly meetings; third Thursday of every month from 12:00 – 1:30pm

Note: Cadence of meeting topics subject to change

STANDARDS OF CARE PROCESS

Phase 1: Establish Draft Shared Performance Measures
April – September 2025

Review existing Scopes of Required Services and best practice standards

Engage providers, departmental operational leads, local jurisdictions, subject experts, and people with lived experience to inform performance targets

Consider draft shared performance measures for implementation research

Phase 2: Implementation + Feasibility Research + Refinements
June 2025 – TBD

Finalize data gathering, analysis, and reporting plan (with Data Sub-Committee and Equity Sub-Committee)

Refine and finalize measures through an analysis of needed workforce support, funding alignment, system capacity, and operational considerations

Develop qualitative measures

Develop a plan to integrate performance targets into provider contracts

Phase 3: Implementation + Ongoing Performance Monitoring + Learning + Refinement
TBD

Incorporate performance targets into provider contracts, as appropriate, and implement strategies to support regionally consistent service delivery, as needed

Determine longer term coordination and development needs for standards of care

Begin regular public reporting for all performance targets (reporting for existing measures to begin first)

Regularly review performance data and qualitative measures to inform regional performance management, learning, and refinement

COMMITTEE-ADOPTED DEFINITION OF REGIONAL "STANDARDS OF CARE"

Standards of care support system accountability by specifying and measuring how funded strategies and programs contribute to regional goals.

	Funded strategies and programs	Standards of care	Regional goals
Definitions	*LA County, LA City, and other jurisdictions' homelessness spending, including but not limited to Measure A-funded programs*	*Specific, measurable performance targets for each strategy and program; informed by evidence-based best practices*	*ECHRA-endorsed and Board of Supervisors-approved five-year numeric metrics for regional progress*

COMMITTEE-ADOPTED DEFINITION OF REGIONAL "STANDARDS OF CARE"

Eight elements of an effective standard of care:

1. **Shared, measurable performance targets**
   Quantitative targets should contribute to meaningful progress toward approved regional goals; targets should reflect best practices and the quality of care we believe should be delivered in all programs; targets should also acknowledge the need for flexible approaches to support client's needs and success

2. **Regional approach to qualitative measures of the quality of care and quality of participant's lives**

3. **Regionally consistent approach to service delivery, appropriate for the population being served**

4. **Regionally consistent approach to gathering data to track progress**

5. **Regionally consistent approach to performance management**
   Consistent contractual requirements to create consistent expectations for providers

6. **Regular public reporting to support accountability**
   Public reporting should be paired with cross-jurisdictional collaboration and operational problem solving to improve performance

7. **Support for providers and our workforce**
   Regional collaboration to support achieving the standard of care

8. **Regional commitment to learning and refining**
   Regional collaboration to review what is working and align resources to impact

COMMITTEE-ADOPTED DEFINITION OF REGIONAL "STANDARDS OF CARE"

Measurable performance targets should help our region assess quality of care and quality of outcomes for people experiencing homelessness.

1. **Shared, measurable performance targets**

   Targets should contribute to meaningful progress toward approved regional goals; targets should reflect best practices and the quality of care we believe all programs should deliver

- **Our investments are fully leveraged to provide care**
- **Our system provides quality assistance in preparing for permanent housing outcomes**
- **Our system provides needed health services, behavioral health services, and services to address financial and social needs**
- **People served experience strong permanent housing outcomes**

GROUNDING STANDARDS IN EXISTING SCOPES OF REQUIRED SERVICES AND BEST PRACTICES

To inform standard development, we reviewed and built from existing scopes of required services, guidance documents, reports, and best practice standards.

8 PERMANENT SUPPORTIVE HOUSING DOCUMENTS

- LAHSA (1)
- DMH (1)
- DHS (3)
- HACLA (1)
- SAMHSA (1)
- Corporation for Supportive Housing (1)

26 INTERIM HOUSING DOCUMENTS

- LAHSA (17)
- DPH (4)
- DMH (2)
- DHS (3)

18 OUTREACH DOCUMENTS

- LAHSA (7)
- LA County CEO-HI (6)
- DHS (2)
- DMH (2)
- City of Los Angeles (1)

ENGAGEMENT TO INFORM INTERIM HOUSING & PERMANENT SUPPORTIVE HOUSING STANDARDS

ENGAGED

17 Local Jurisdiction Representatives

- Allison Wolinsky, LCSW, *Mental Health Program Manager*, City of Long Beach
- Ana Cuevas-Flores, *Strategic Initiatives: Homelessness and Behavioral Health*, Westside Cities COG
- Arlene Salazar, *Director of Police Services,* Santa Fe Springs
- Brielle Acevedo, *Regional Housing Trust Manager,* San Gabriel Valley COG
- Caitlin Sims, *Manager of Local Programs,* San Gabriel Valley COG
- Christine Malta, *Manager – CORE*, Lancaster Police Department
- Dulce Medina, *Homeless Services Program Manager*, City of Hawthorne
- Gilbert Saldate, *Director of Regional Homelessness Programs*, Gateway Cities COG
- Hector de la Torre, *Executive Director*, Gateway Cities COG
- Jennifer O'Reilly-Jones, *Program Coordinator*, City of Pasadena
- Jim Wong, *Director of Housing,* City of Pasadena
- Marisa Creter, *Executive Director,* San Gabriel Valley COG
- Nicole Liner-Jigamian, *Fiscal Administrator - Human Services Division,* City of Santa Monica
- Paul Duncan, *Homeless Services Bureau Manager,* City of Long Beach
- Riley O-Brien, *Strategic Initiatives: Transportation and Housing,* Westside Cities COG
- Roberto Chavez, *HUD Programs Manager*, City of Inglewood
- Ronson Chu, *Senior Project Manager*, South Bay Cities COG

Equity Sub-Committee

- Alexandria Braboy, *Sr. Coordinator, Community Opportunity*, LAHSA
- Bevin Kuhn, *Deputy Chief Analytics Officer*, LAHSA
- Saba Mwine-Chang, *Deputy Chief Community Opportunity Officer*, LAHSA
- Tolu M. Wuraola, JD, PhD, *Principal Analyst*, ARDI

ENGAGEMENT TO INFORM INTERIM HOUSING STANDARDS

ENGAGED

Six providers

- Kimberly Roberts, *Chief Programs Officer,* LA Family Housing
- Monica Quezada, *Senior Director of IH Programs LA*, PATH
- Brooke Slusser, *Chief Program Officer*, The People Concern
- Laurie Craft, *Chief Programs Officer*, St. Joseph's Center
- Maia Eaglin, *Assistant VP of Programs,* St. Joseph's Center
- Robert Morrison, *Deputy Executive Director*, Housing Works
- *Conducted outreach to an additional 3 providers (HOPICS, Union Rescue Mission, Hope the Mission)*

Operational leads

- Kelsey Madigan, *Director of IH*, LAHSA
- Brittnee Hill, *Program Implementation Manager,* DHS
- Sandy Song, *Adult Services Manager, Treatment Systems of Care Division*, DMH
- Interim Housing Funders Working Group

ESC Measure A Data Subcommittee

- Andy Perry, *Policy Analyst and Lead Analytics Engineer*, LA County - CIO
- Dean Obermark, *Data Scientist*, LA County - CIO
- Max Stevens, *Deputy Chief Analytics Officer*, LA County - CIO
- Janey Rountree, *Executive Director*, CA Policy Lab, UCLA
- Zoe Klingman, *Data Analyst*, CA Policy Lab, UCLA

ENGAGEMENT TO INFORM PERMANENT SUPPORTIVE HOUSING STANDARDS

ENGAGED

14 providers

- Robert Morrison, *Deputy Executive Director*, Housing Works
- Kimberly Roberts, *Chief Programs Officer,* LA Family Housing
- Julie DeRose, *Chief Program Officer*, The People Concern
- Carolina Cortazar, *Senior Director of Housing and Support Services*, CRCD
- Tahia Hayslet, *CEO*, Harbor Interfaith
- Shari Weaver, *Consultant,* Habor Interfaith
- Aaron Fisher, *Program Direc*tor, Heritage Clinic
- Beth Southron, *Executive Director*, Lifesteps
- Liz Roberts-Klaine, *Assistant Dire*ctor, MHA
- Henry Pun, *Program Manager*, MHA
- Edana Magee, *HSSP Program Director*, SCHARP
- Shawn Morrissey, *VP of Advocacy and Community*, Union Station Homeless Services
- Leslie Giron, *Senior Housing Director*, St. Joseph Center
- Lauren Uribe, *Senior Director HSSP*, The People Concern

People with lived experience

- Alexis Obinna
- La'Toya Cooper

ESC Measure A Data Subcommittee

- Peter Loo, *Chief Information Officer*, LA County – CIO
- Chris Pailma, *Chief Data Officer*, LA County CEO
- Max Stevens, *Deputy Chief Analytics Officer*, LA County - CIO
- Andy Perry, *Policy Analyst and Lead Analytics Engineer*, LA County - CIO
- Dean Obermark, *Data Scientist*, LA County – CIO
- Bevin Kuhn, *Deputy Chief Analytics Officer*, LAHSA
- Jasper Cooper, *Director*, DHS
- Janey Rountree, *Executive Director*, CA Policy Lab, UCLA
- Zoe Klingmann, *Data Analyst*, CA Policy Lab, UCLA

Designated operational leads

- Libby Boyce, LA County CEO - HI
- Brittnee Hill, *Program Implementation Manager,* DHS
- Leepi Shimkhada, *Deputy Director*, DHS
- AuBre Martinez*, Director of Permanent Supportive Housing*, DHS HFH
- Aubree Lovelace, *Program Manager*, DMH
- Maria Funk, *Deputy Director*, DMH-HSSP
- Greg Spiegel, *Sr. Analyst,* LAHD
- Carlos Van Natter, *Director of Section 8*, HACLA

ENGAGEMENT TO INFORM OUTREACH STANDARDS

ENGAGED

40 Multidisciplinary Team (MDT) Representatives

- PATH
- HOPICS
- The Center in Hollywood
- St. Joseph Center
- The People Concern
- DHS Mobile Clinic
- Helpline Youth Counseling (HYC)
- Hope the Mission
- LA Family Housing
- Union Station Homeless Services
- Christ-Centered Ministries
- Homeless Health Care Los Angeles (HHCLA)
- DHS
- Exodus Recovery
- Mental Health America of Los Angeles

Four Homeless Engagement Team (HET) Representatives

- Ryan Worrall, *Manager, Access & Engagement*, LAHSA
- Jayde Collins, *Manager, Unsheltered Strategies*, LAHSA
- Carmecia Carson-Glover, *Director, Access & Engagement Department*, LAHSA
- Ghaailb Green, *Housing Navigator*, LAHSA

Four Outreach Coordination Leads

- Kyran Green, *SPA 2 Outreach Coordinator*, LA Family Housing
- Jayde Collins, *Manager, Unsheltered Strategies*, LAHSA
- Colleen Murphy, *Principal, Homeless Solutions*, Lesar Development Consultants
- Libby Boyce, LA County CEO-HI

Four Operational Leads

- La Tina Jackson, LCSW, *Deputy Director Countywide Engagement Division*, DMH
- Maria Funk, Ph.D., *Deputy Director Housing and Job Development Division,* DMH
- Victor Hinderliter, *Director of Street Based Engagement and Mobile Clinics,* DHS
- Brittnee Hill, *Program Implementation Manager,* DHS

Two People with Lived Expertise

- La'Toya Cooper, LA Emissary, Homeless Youth Forum of Los Angeles
- Alexis Obinna, Homeless Youth Forum

PERMANENT SUPPORTIVE HOUSING

PERMANENT SUPPORTIVE HOUSING STANDARDS

Proposed Regional Performance Measures

Utilization: Are our investments fully leveraged to provide care?
Newly opened project-based permanent supportive housing is **90% occupied within 90 days** of the site receiving a master HAP contract (Actors: ICMS, LAHSA/CES, VA, Housing Department, Developer/Owners, Housing Authorities) ***Existing Measure (LAHSA), Data gathered differently across entities***
Across the entire portfolio of permanent supportive housing in the county, maintain **90% occupancy** *In development: measure for SROs and VA units* ***Existing Measure (LAHSA), Data gathered differently across entities***
Across the entire portfolio of permanent supportive housing in the county, **eligible vacated units are filled within 90 days** of the exit being reflected in HMIS (Actors: ICMS, LAHSA/CES, VA, Housing Department, Private Landlords/ Developer/Owners, Housing Authorities) ***Existing Measure (LAHSA), Data gathered differently across entities***
All matching processes **prioritize people whose current living situation is in the Service Planning Area (SPA)** near the permanent supportive housing site (aligned with CES policy per HUD requirement) *(In development: aligning policy with a more actionable, smaller unit of geographic prioritization)* ***Existing Measure (LAHSA), Data gathered differently across entities***
Equity measure: Percentage of new permanent supportive housing residents, disaggregated by race, ethnicity and gender. ***New Measure, aligns with existing BOS-approved Measure A metrics language***
Equity measure: Percentage of new permanent supportive housing residents by prior living location (e.g., IH, unsheltered) ***New Measure, aligns with existing BOS-approved Measure A metrics language, data gathered differently across entities***
Quality of Services: Are residents getting care needed to remain housed and improve their quality of life?
Percentage of tenants living in permanent supportive housing are actively engaged in regular, voluntary conversations with their case managers ***New Measure***
Percentage of tenants living in project-based permanent supportive housing have access to onsite community building and enrichment activities beyond case management ***New Measure***
Percentage of tenants living in permanent supportive housing have regular assessments that accurately reflect needs and track whether needs are being met (Actor: ICMS) ***New Measure***
Percentage of tenants in permanent supportive housing receive support and advocacy to complete their annual recertification and remain eligible for their rent subsidy (Actor: ICMS) ***New Measure***
Percentage of tenants have access to a housing retention process to resolve issues and prevent loss of housing (Actors: Property Management and service providers) ***New Measure***
Percentage of tenants have access to annual surveys or listening sessions that ask about quality of services they receive and quality of their lives (separate surveys for Property Management & service providers) *Qualitative measure in development:* Service providers and property managers take meaningful action to resolve issues raised by tenants ***New Measure***

Standards Subject to Finalization; Numeric performance targets will be established once baseline data is reported

PERMANENT SUPPORTIVE HOUSING STANDARDS

Proposed Regional Performance Measures

Quality of Services: Needed Health, Behavioral Health, and Social Services
Percentage of eligible permanent housing participants are connected or re-connected to a primary care physician ***New Measure, Entities to report on number of referrals and service recipients***
Percentage of eligible permanent housing participants are enrolled in MediCal ***New Measure, Entities to report on number of referrals and service recipients***
Percentage of eligible, referred participants who obtain or increase income since enrollment in permanent supportive housing (e.g., SDI, SSI, SSDI, general relief, CalWorks) ***New Measure, Entities to report on number of referrals and service recipients***
Percentage of eligible permanent housing participants who identified a need for workforce development are connected to the appropriate program ***New Measure, Entities to report on number of referrals and service recipients***
Percentage of referred, eligible participants are receiving substance use treatment (inclusive of services provided by entities other than the County, so will need data planning work to determine a target*)* ***New Measure, Entities to report on number of referrals and service recipients***
Percentage of referred, eligible participants are receiving mental health care (inclusive of services provided by entities other than the County, so will need data planning work to determine a target) ***New Measure, Entities to report on number of referrals and service recipients***
Quality of Outcomes: Are participants experiencing positive housing outcomes?
90% of tenants retain permanent housing* for at least one year, following moving into permanent supportive housing ***Existing Measure (DHS)***
80% of tenants retain permanent housing* for at least two years, following moving into permanent supportive housing ***Existing Measure (DHS)***
Percentage of tenants living in permanent supportive housing have regular assessments that accurately reflect needs and track whether needs are being met (Actor: ICMS) ***Existing Measure (DHS)***

**Defined as retaining permanent supportive housing or exiting to another permanent housing destination*

Standards Subject to Finalization; Numeric performance targets will be established once baseline data is reported

INTERIM HOUSING

INTERIM HOUSING STANDARDS

Proposed Regional Performance Measures

Interim Housing: Are our investments fully leveraged to provide care?
Interim housing maintains **95% occupancy** ***Existing Measure (LAHSA; City of LA), Data Collected (LAHSA, Housing for Health, DMH)***
Equity measure: Percentage of interim housing participants, disaggregated by race, ethnicity and gender ***New Measure, Existing BOS-approved Measure A metrics language***
Number of days, on average, that participants are staying in interim housing ***New Measure***
Interim Housing: Are participants receiving quality assistance to prepare for permanent housing outcomes?
95% of enrolled participants have completed a housing plan within 120 days of enrollment, with a goal of decreasing this period over time ***New Measure, Data Collected (LAHSA)***
75% of eligible enrolled participants have their Social Security card or receipt of order & Social Security Number uploaded into HMIS within 45 days of enrollment ***Existing Measure (LAHSA), Data Collected on Document Status (HMIS)***
85% of eligible enrolled participants have their ID, or receipt of order uploaded within 45 days of enrollment ***Existing Measure (LAHSA), Data Collected on Document Status (HMIS)***
Interim Housing: Aggregate measures of whether our system is providing needed health, behavioral health, and social services
Percentage of referred, consenting, eligible participants are receiving care from a primary care physician ***New Measure, Entities to report on number of referrals and service recipients***
Percentage of eligible and consenting participants enrolled in MediCal ***New Measure, Entities to report on number of referrals and service recipients***
Percentage of referred and consenting participants assessed for Interim Housing Outreach Program (IHOP; onsite health, mental health, and substance use services) eligibility ***New Measure, Entities to report on number of referrals and service recipients***
75% of IHOP-enrolled participants receive a baseline IHOP assessment within 30 days of referral ***New Measure***
90% of IHOP-enrolled participants receive appropriate services (medical, occupational therapy and/or behavioral health) within 60 days of enrollment ***New Measure***
Percentage of referred, consenting, eligible participants are receiving substance use treatment other than IHOP (inclusive of services provided by entities other than the County) ***New Measure, Entities to report on number of referrals and service recipients***
Percentage of referred, consenting, eligible participants are receiving mental health care other than IHOP (inclusive of services provided by entities other than the County) ***New Measure, Entities to report on number of referrals and service recipients***

Standards Subject to Finalization; Numeric performance targets will be established once baseline data is reported

INTERIM HOUSING STANDARDS

Proposed Regional Performance Measures

Interim Housing: Aggregate measures of whether our system is providing needed health, behavioral health, and social services
Percentage of eligible, consenting participants referred from low-acuity interim housing beds are placed in high-acuity beds ***New Measure, Entities to report on number of referrals and service recipients***
Percentage of eligible, consenting, referred participants who obtain or increase income since enrolling in interim housing (e.g., SDI, SSI, SSDI, general relief, CalWorks) ***New Measure, Entities to report on number of referrals and service recipients***
Percentage of eligible participants who identified a need for workforce development are connected to the appropriate program ***New Measure, Entities to report on number of referrals and service recipients***
Percentage of interim housing residents by permanent housing referral status (e.g., are clients in the queue, matched, or housed through the time-limited subsidy, permanent supportive housing, or other appropriate permanent housing destination) ***New Measure, Entities to report on number of referrals and service recipients***
Interim Housing: Are participants experiencing positive housing outcomes?
25% of participants exit to permanent housing destinations (with a breakdown of housing destinations, such as but not limited to, licensed residential care facilities, permanent supportive housing, time-limited subsidy) ***Existing Measure (LAHSA), Data Collected (HMIS)***
Increase in percentage of participants exiting to permanent housing destinations over time ***Existing Measure (LAHSA), Data Collected (HMIS)***
No more than 30% of people are released to unknown, unsheltered, or locations "not acceptable for human habitation" (excluding transfers) ***Existing Measure (LAHSA), Data Collected (HMIS)***
Decline in percentage of participants released to unknown locations over time ***Existing Measure (LAHSA), Data Collected (HMIS)***
Equity measure: Percentage of interim housing exits, disaggregated by disaggregated by race, ethnicity and gender (with a breakdown of exit destinations) ***New Measure, Existing BOS-approved Measure A metrics language***

Standards Subject to Finalization; Numeric performance targets will be established once baseline data is reported

OUTREACH

FIVE CATEGORIES OF OUTREACH & ENCAMPMENT RESOLUTION PROGRAMS

Category	Goal	Specific team type examples
1. Outreach not connected to a specific housing resource*	To connect people to all appropriate resources, including but not limited to life sustaining supports, connections to interim housing to document readiness support, case management, enrollments in health services and transportation to housing related appointments	LAHSA Homeless Engagement Teams (HET) DHS-HFH Multi-Disciplinary Teams (MDTs)
2. Specialized outreach that includes medical or specialized psychiatric treatment or care and is not connected to a specific housing resource	Accessed via referrals To deliver clinical care and services to a subpopulation of people experiencing unsheltered homelessness with serious mental illness who are gravely disabled (HOME teams) OR To deliver clinical care and services to people experiencing unsheltered homelessness	DMH Homeless Outreach and Mobile Engagement (HOME) Various Street Medicine Teams
3. Outreach connected to a specific housing resource	To help a specific group of people move into a specific housing resource (often encampment resolution)	City of LA Inside Safe Outreach Teams County Pathway Home
4. Encampment sanitation support	To provide sanitation services in encampments, and To engage individuals experiencing homelessness in encampments, and connect them with resources, referrals, and interim housing placements before a sanitation focused operation	City of LA CARE/CARE+ County HOST teams (Homeless Outreach Service Teams)
5. Unarmed crisis response**	Alternative, unarmed crisis response to 911 calls regarding people experiencing homelessness	City of LA CIRCLE

**The June 12, 2025 presentation will focus on: Standards for the first category and for overall system coordination. The June 26, 2025 presentation will focus on standards for categories two, three, and four.*
***We recommend focusing on the first four categories and setting performance targets for unarmed crisis response at a different time, given its distinct goals.*

OUTREACH STANDARDS

Proposed Regional Performance Measures

Outreach teams not connected to a specific housing resource*: Are teams effectively engaging people in need?
Number of unduplicated individuals with whom teams initiate contact ***Existing Measure, Data Collected (HMIS)***
70% of all unduplicated, contacted individuals are engaged or re-engaged (meaning enrolled in an outreach program and accepting services) ***Existing Measure, Data Collected (HMIS)***
Equity measure: Percentage of all unduplicated engaged individuals who are successfully engaged or re-engaged by an outreach team, by race, ethnicity, and gender ***New Measure, Data Collected (HMIS)***
Measure in development: frequency of a team's engagement with enrolled individuals
Outreach teams not connected to a specific housing resource*: Are teams providing people with needed case management, health, behavioral health, and social services?
75% of all engaged individuals referred to and eligible for a non-housing service in HMIS are successfully enrolled in that service ***Existing Measure, Data Collected (HMIS)***
Equity measure: Percentage of all engaged individuals referred to and eligible for a non-housing service in HMIS are successfully enrolled in that service, by race, ethnicity, and gender ***New Measure, Data Collected (HMIS)***
Percentage of all engaged, unduplicated individuals who receive life sustaining support (i.e., food, water, hygiene, clothing, etc.) ***New Measure, Data Collected (HMIS)***
Percentage of all engaged, unduplicated individuals who receive and upload state ID in HMIS ***New Measure, Data Collected (HMIS)***
Percentage of all engaged, eligible, unduplicated individuals who receive and upload a social security card in HMIS ***New Measure, Data Collected (HMIS)***
Percentage of all referred, eligible, unduplicated individuals who are enrolled in a specialized mental health or substance use treatment outreach team ***New Measure, Multiple data sources***
Percentage of all referred, eligible, unduplicated individuals who receive substance use treatment ***New Measure, Multiple data sources***
Percentage of all referred, eligible, unduplicated individuals who receive mental health care ***New Measure, Multiple data sources***
Percentage of referred, eligible, unduplicated individuals who obtain or increase income since enrollment in outreach services (e.g., SSI, SSDI, CAPI) ***New Measure, Multiple data sources***

Standards Subject to Finalization; Numeric performance targets will be established once baseline data is reported

OUTREACH STANDARDS

Proposed Regional Performance Measures

Outreach teams not connected to a specific housing resource*: Are teams helping people access housing?
Percentage of all engaged unduplicated individuals who have their CES assessment completed and score indicated in HMIS ***New Measure, Data Collected (HMIS)***
15% of unduplicated individuals engaged successfully attain an interim housing resource (inclusive of crisis and/or bridge housing) (MDTs) ***Existing Measure, Higher Target; Data Collected (HMIS)***
10% of unduplicated individuals engaged successfully attain an interim housing resource (inclusive of crisis and/or bridge housing) (Public Spaces and Generalized Outreach teams) ***Existing Measure, Data Collected (HMIS)***
5% of unduplicated individuals engaged are permanently housed ***Existing Measure, Data Collected (HMIS)***
Equity measure: Percentage of all unduplicated engaged individuals who attain an interim housing placement and percentage who are permanently housed, by race, ethnicity, and gender ***New Measure, Data Collected (HMIS)***
All Outreach Teams: Measures of Coordination and Prioritization

Geographic prioritization based on need
Regularly updated heat map showing:
• Most recent point-in-time count of geographic distribution of unsheltered homelessness *(Data source: PIT count)*
• Encampment Data: Locations with five or more people experiencing unsheltered homelessness *(Data source: HMIS)*
• Frequency of contact from an outreach team:
  ○ In response to a request for service (LA-HOP and Emergency Centralized Response Center (ECRC))
  ○ In response to a major event (e.g., disease outbreak, natural disaster)
  ○ Proactive engagement, to serve people known and enrolled in outreach services in the SPA
New Measure, Data Collected (HMIS)

Urgent, appropriate response to high acuity needs After an assessment team is dispatched in response to an LA-HOP or ECRC request for service, specialized care / MDTs are assigned with 48 hours of a referral ***New Measure, Data Collected (HMIS)***

Standards Subject to Finalization; Numeric performance targets will be established once baseline data is reported

NEXT STEPS

STANDARDS OF CARE PROCESS

Phase 1: Establish Draft Shared Performance Measures
April – September 2025

Review existing Scopes of Required Services and best practice standards

Engage providers, departmental operational leads, local jurisdictions, subject experts, and people with lived experience to inform performance targets

Consider draft shared performance measures for implementation research

Phase 2: Implementation + Feasibility Research + Refinements
June 2025 – TBD

Finalize data gathering, analysis, and reporting plan (with Data Sub-Committee and Equity Sub-Committee)

Refine and finalize measures through an analysis of needed workforce support, funding alignment, system capacity, and operational considerations

Develop qualitative measures

Develop a plan to integrate performance targets into provider contracts

Phase 3: Implementation + Ongoing Performance Monitoring + Learning + Refinement
TBD

Incorporate performance targets into provider contracts, as appropriate, and implement strategies to support regionally consistent service delivery, as needed

Determine longer term coordination and development needs for standards of care

Begin regular public reporting for all performance targets (reporting for existing measures to begin first)

Regularly review performance data and qualitative measures to inform regional performance management, learning, and refinement

IMPLEMENTATION & FEASIBILITY RESEARCH

Phase 2 of this process is focused on implementation and feasibility research and further refinements, which includes:

- Data Feasibility
- Development of Qualitative Measures
- Contract Specificity
- Funding Alignment
- Service Provider Technical Assistance & Workforce Support Needs
- Future Comprehensive Service Minimum Practice Standards
- Potential Timeline and Phasing of the Committee's Work Plan

NEXT STEPS

- Implementation and feasibility research
- July 25, 2025 ECRHA Report
  - Potential Enhancements to the Regional Plan
  - Standing Process for the Standardization of Care
- Additional Standardization of Care topics
- LA County Board of Supervisors report

DISCUSSION

- What is ECRHA's perspective on the standards of care framework and the process to date?
- Are there any missing topics for standards of care the Committee should take on for development?
- What feedback does ECRHA have on the proposed phased approach to standards development and implementation, and the various outlined implementation considerations?