



Board of Supervisors Health and Mental Health Cluster Agenda Review Meeting

DATE: March 27, 2024

TIME: 11:30 a.m. – 1:30 p.m.

MEETING CHAIR: Angelica Ayala, 3rd Supervisorial District

CEO MEETING FACILITATOR: Atineh Sepanian

This meeting will be held in a hybrid format which allows the public to participate virtually, or in-person, as permitted under the Board of Supervisors' August 8, 2023, order, which suspended the application of Board Policy 3.055 until March 31, 2024.

To participate in the meeting in-person, the meeting location is:

Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012
Room 140

To participate in the meeting virtually, please call teleconference number:

1 (323) 776-6996 and enter the following: 403 234 317# or [Click here to join the meeting](#)

Members of the Public may address the Health and Mental Health Services Meeting on any agenda item. Two (2) minutes are allowed for each item.

THIS TELECONFERENCE WILL BE MUTED FOR ALL CALLERS. PLEASE DIAL *6 TO UNMUTE YOUR PHONE WHEN IT IS YOUR TIME TO SPEAK.

I. Call to order

II. **Presentation Item(s):**

- a. **DPH:** Authorization to Accept and Implement a Forthcoming Award and Future Awards and/or Amendments from the California Department of Social Services for Quality Counts California Workforce Pathways Grant Program (#07426)

III. **Discussion Item(s):**

- a. **DMH/DPH/DHS/JCOD:** Continuum of Care Bed Status Policy Presentation and Office of Diversion and Re-entry Update Part 2

IV. Items Continued from a Previous Meeting of the Board of Supervisors or from the Previous Agenda Review Meeting

- V. Items not on the posted agenda for matters requiring immediate action because of an emergency situation, or where the need to take immediate action came to the attention of the Department subsequent to the posting of the agenda.
- VI. Public Comment
- VII. Adjournment

BOARD LETTER/MEMO CLUSTER FACT SHEET

DRAFT

☒ Board Letter

☐ Board Memo

☐ Other

CLUSTER AGENDA REVIEW DATE	3/27/2024	
BOARD MEETING DATE	4/9/2024	
SUPERVISORIAL DISTRICT AFFECTED	<input checked="" type="checkbox"/> All <input type="checkbox"/> 1 st <input type="checkbox"/> 2 nd <input type="checkbox"/> 3 rd <input type="checkbox"/> 4 th <input type="checkbox"/> 5 th	
DEPARTMENT(S)	Public Health	
SUBJECT	Authorization to accept and implement a forthcoming award and future awards from the California Department of Social Services for the continued implementation of the Quality Counts California Workforce Pathways Grant Program.	
PROGRAM	Office for the Advancement of Early Care and Education (OAECE)	
AUTHORIZES DELEGATED AUTHORITY TO DEPT	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
SOLE SOURCE CONTRACT	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please explain why:	
DEADLINES/ TIME CONSTRAINTS	Funding will be effective 7/1/2024	
COST & FUNDING	Total cost: Pending	Funding source: California Department of Social Services (CDSS)
	TERMS (if applicable): July 1, 2024 - June 30, 2025	
	Explanation:	
PURPOSE OF REQUEST	Delegate authority to accept and implement a forthcoming award from CDSS to support the implementation of the QCC Workforce Pathways Grant Program.	
BACKGROUND (include internal/external issues that may exist including any related motions)	<p>Since fiscal year 2001-02, OAECE has administered the implementation of the Workforce Pathways Los Angeles (WPLA) Stipend Program. The WPLA Stipend Program seeks to expand the number of qualified childcare providers and increase the educational credentials of existing childcare professionals. These funds will be used to respond to the critical shortage of highly skilled early educators and providers.</p> <p>Beginning FY 2021-22, WPLA Stipend Program has been funded by a grant distributed by CDSS. OAECE staff recruits eligible early educators to participate in the WPLA Stipend Program, reviews applications to confirm eligibility, and verifies participant completion of qualifying unduplicated coursework, professional development training, childcare permits, and child development college degrees. OAECE staff also verifies the completion of early childcare educator workforce pathway advisement for an additional stipend. All stipend amounts are determined by the number of eligible participants and available funding for the FY.</p>	
EQUITY INDEX OR LENS WAS UTILIZED	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
SUPPORTS ONE OF THE NINE BOARD PRIORITIES	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Board Priority #8: Anti-Racism Board Priority #9: Poverty Alleviation	

DEPARTMENTAL CONTACTS	Name, Title, Phone # & Email: Joshua Bobrowsky, Public Health Director Government Affairs, (213) 288-7871 jbobrowsky@ph.lacounty.gov Meliza Hernandez, OAECE, (213) 639-6239 MHernandez@ph.lacounty.gov Craig Kirkwood, Deputy County Counsel, (213) 974-1751 CKirkwood@counsel.lacounty.gov
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DRAFT



BARBARA FERRER, Ph.D., M.P.H., M.Ed.
Director

MUNTU DAVIS, M.D., M.P.H.
County Health Officer

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BOARD OF SUPERVISORS

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Kathryn Barger
Fifth District

April 9, 2024

The Honorable Board of Supervisors
County of Los Angeles
383 Kenneth Hahn Hall of Administration
500 West Temple Street
Los Angeles, California 90012

Dear Supervisors:

**AUTHORIZATION TO ACCEPT AND IMPLEMENT A FORTHCOMING AWARD AND
FUTURE AWARDS AND/OR AMENDMENTS FROM THE CALIFORNIA
DEPARTMENT OF SOCIAL SERVICES FOR QUALITY COUNTS CALIFORNIA
WORKFORCE PATHWAYS GRANT PROGRAM
(ALL SUPERVISORIAL DISTRICTS) (3 VOTES)**

SUBJECT

Provide authorization to accept and implement a forthcoming award and future awards and/or amendments from the California Department of Social Services for the continued implementation of the Quality Counts California Workforce Pathways Grant Program.

IT IS RECOMMENDED THAT YOUR BOARD:

1. Delegate authority to the Director of the Department of Public Health (Public Health), or designee, to accept and implement a forthcoming award from the California Department of Social Services (CDSS) for the Quality Counts California (QCC) Workforce Pathways Grant at an amount to be determined by CDSS for the period of July 1, 2024, through June 30, 2025, subject to review and approval by County Counsel, review by the Chief Executive Office (CEO) Risk Management as needed, and notification to your Board and the CEO; with the understanding that said award

may include significant contractual provisions required by the grantor that depart from standard Board-approved language, including insurance and indemnification.

2. Delegate authority to the Director of Public Health, or designee, to accept and implement future awards and/or amendments that are consistent with the requirements of the CDSS award referenced in Recommendation 1 and/or extend the funding term at amounts to be determined by CDSS; and/or provide an increase or decrease in funding, subject to review and approval by County Counsel, and notification to your Board and the CEO.
3. Delegate authority to the Director of Public Health, or designee, to accept and implement future amendments that are consistent with the requirements of the CDSS award referenced above that reflect non-material and/or ministerial revisions to the award's terms and conditions and allow for the rollover of unspent funds and/or redirection of funds, subject to review and approval by County Counsel.

PURPOSE/JUSTIFICATION OF RECOMMENDED ACTIONS

Historically, your Board has accepted funds to support the ongoing implementation of the Workforce Pathways Los Angeles (WPLA) program. Public Health's Office for the Advancement of Early Care and Education (OAECE) staffs the WPLA and manages WPLA funding and public stipends. With acceptance of the forthcoming grant award, OAECE will implement the WPLA Stipend Program beginning fiscal year (FY) 2024-25 and continue through FY 2028-29.

Since FY 2001-02, OAECE has administered the implementation of the WPLA Stipend Program under a California Department of Education (CDE) contract. The WPLA Stipend Program seeks to expand the number of qualified childcare providers and increase the educational credentials of existing childcare professionals.

Beginning FY 2021-22, WPLA has been funded by CDSS through the QCC Workforce Pathways Grant. OAECE staff recruits eligible early educators to participate in the WPLA Stipend Program, reviews applications to confirm eligibility, and verifies participant completion of qualifying unduplicated coursework, professional development training, childcare permits, and child development college degrees. OAECE staff also verifies the completion of early childcare educator workforce pathway advisement for an additional stipend. All stipend amounts are determined by the number of eligible participants and available funding for the FY.

QCC Workforce Pathways funds will be used to respond to the critical shortage of highly skilled early educators and providers. The impact of COVID-19 has exacerbated this shortage, which impedes expanding early learning center programs while maintaining or improving quality.

Approval of Recommendation 1 will allow Public Health to accept and implement a forthcoming award from CDSS to continue supporting implementation of the QCC Workforce Pathways Grant.

Approval of Recommendation 2 will allow Public Health to accept and implement future awards and/or amendments that are consistent with the requirements of the CDSS award referenced above and/or extend the term award at amounts determined by CDSS, and/or provide an increase or decrease in funding. This authority is being requested to enhance Public Health's efforts to expeditiously maximize grant revenue, consistent with Board policy 4.070: Full Utilization of Grant Funds.

Approval of Recommendation 3 will allow Public Health to accept and implement future amendments that are consistent with the requirements of the CDSS awards referenced above that reflect non-material or ministerial revisions to the award's terms and conditions and will also allow Public Health to roll over unspent funds, and/or redirect funds.

IMPLEMENTATION OF STRATEGIC PLAN GOALS

The recommended actions support Strategy II.1.3 Coordinate Workforce Development of the County's Strategic Plan.

FISCAL IMPACT/FINANCING

Public Health will accept a forthcoming award from CDSS at an amount to be determined by CDSS for the period of July 1, 2024, through June 30, 2025. Funds will support expenditures associated with personnel and operational costs.

Funding is included in Public Health's FY 2024-25 Recommended Budget and will be included in future FYs, as necessary.

There is no net County cost associated with this action.

FACTS AND PROVISIONS/LEGAL REQUIREMENTS

Assembly Bill (AB) 212 (Chapter 57) was introduced to address low salaries and high turnover rates in CDE-contracted childcare and development programs. The bill was signed into law in 2000, and funding to implement the legislation was included in the FY 2000-01 State Budget. The County launched the Stipend Program in FY 2001-02.

In 2005, the County sponsored AB 1285 (Chapter 650). This granted a waiver to the Los Angeles Stipend Program in January 2006 to expand the pool of participants to include teachers in the non-CDE-contracted centers serving a majority of state subsidized children, and family childcare providers who participate in a CDE-contracted Family Child Care Home Education Network or serve a majority of state-subsidized children.

The Honorable Board of Supervisors

April 9, 2024

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The 2010 Budget Trailer Bill allows for the previously referenced expansion of the pool of applicants to continue throughout the life of the program. The CDSS forthcoming grant will support the continued operation of the Stipend Program.

Beginning July 1, 2021, many early care and education programs, including QCC Workforce Pathways, transitioned from CDE to CDSS.

IMPACT ON CURRENT SERVICES (OR PROJECTS)

Approval of the recommended actions will allow Public Health to accept forthcoming funds from CDSS to continue the WPLA Stipend program throughout the Los Angeles County.

Respectfully submitted,

Barbara Ferrer, Ph.D., M.P.H., M.Ed.
Director

BF:mel
BL#07426

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

Los Angeles County Bed Status Report Update

Wednesday, March 27, 2024

Presenters:

DMH – Jaclyn Baucum

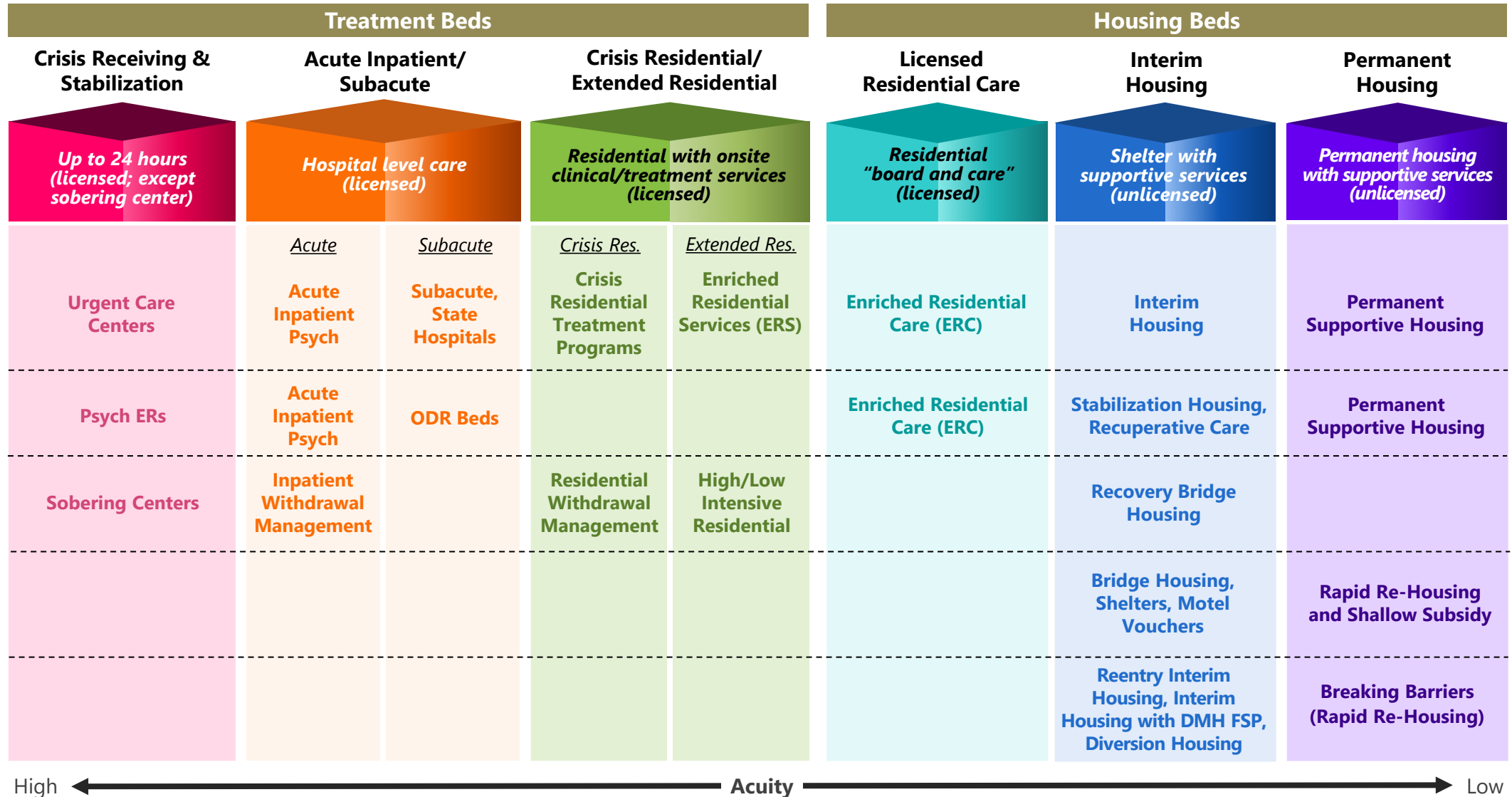
DPH - Gary Tsai, M.D.

DHS - Christina Ghaly, M.D.

CEO-HI - Elizabeth Ben-Ishai, Ph.D.

JCOD – Yvette Willock

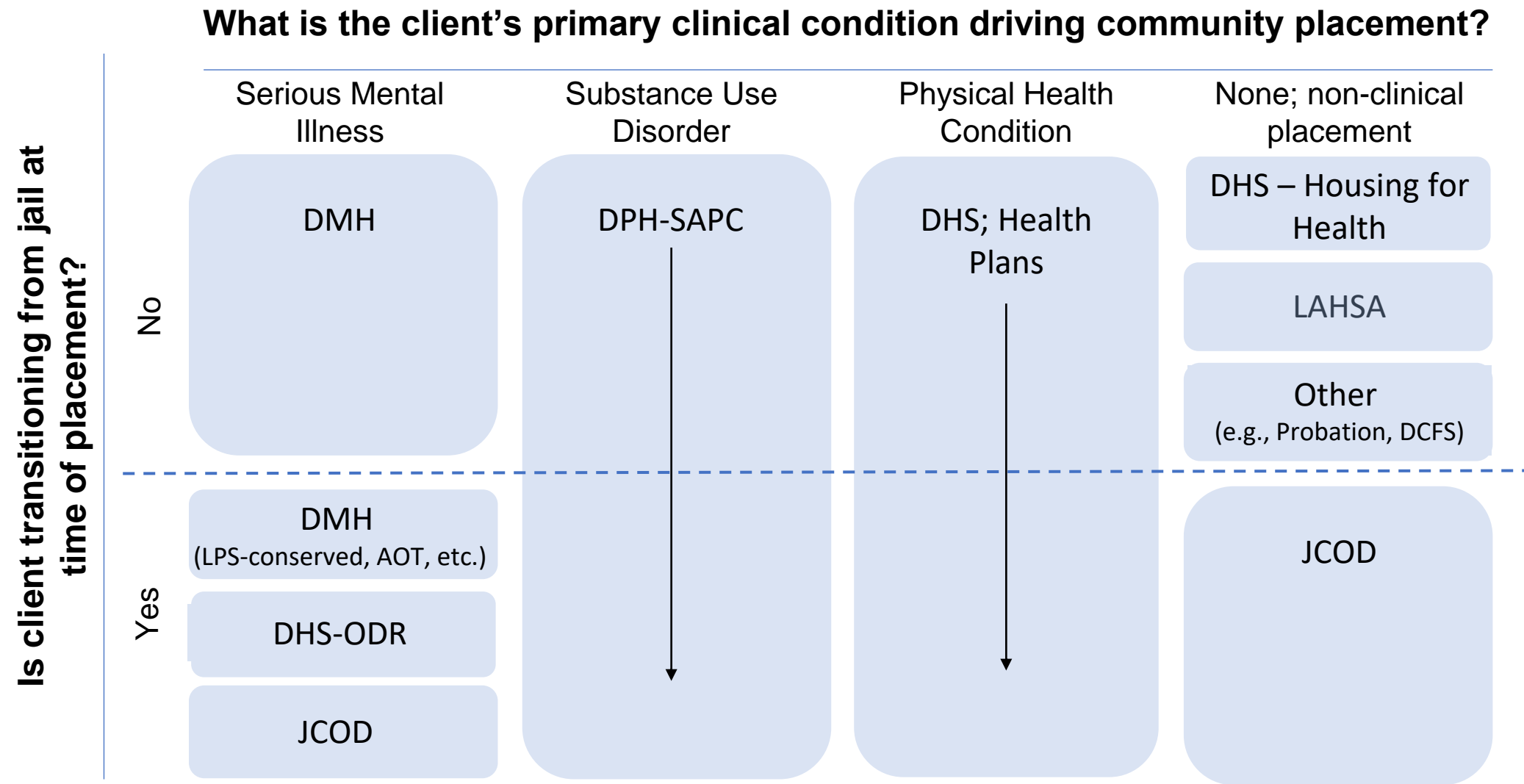
LA County Cross-Department “Continuum of Care” Overview



Other relevant departments with beds include: DPSS, DCFS, and Probation



Current Major County Departmental Activity in Building New Community Bed Placements



Mental Health

Accessed Treatment Beds/Slots

Housing Beds/Units

Crisis Receiving & Stabilization

Acute Inpatient/ Subacute

Crisis Residential/ Extended Residential

Licensed Residential Care

Interim Housing

Permanent Housing

Up to 24 hours
(licensed; except
sobering center)

Hospital level care (licensed)

Residential with onsite
clinical/treatment services (licensed)

Residential
"board and care"
(licensed)

Shelter w/
supp. services
(unlicensed)

Permanent housing
with supportive services
(unlicensed)

Urgent Care Centers

168
Total Chairs

Acute Inpatient Psych

2887
Total licensed
beds

Subacute, State Hospitals

1262
Average monthly
census

Crisis Residential Treatment

252
Total beds

Enriched Residential Services

440
Average monthly
census

Enriched Residential Care

1355
Est number of people
served based on
allocated funding

Interim Housing

810
Total beds

Permanent Supportive Housing

5545
Funded units available to
be occupied

**Existing/
Accessed Beds**
Aug-Dec 2023

**Beds/Units
Added**
Aug-Dec 2023

8 Chairs

118 Beds

25 Beds

64 Beds

12 Beds

550 Beds

133 Beds

334 Units

Jan-Feb 2024

0 Chairs

0 Beds

5 Beds

32 Beds

0 Beds

0 Beds

7 Beds

153 Units

Target Populations

- Psychiatric crisis clients
- Danger to self/others (DTS/DTO) or gravely disabled
- ALOS < 24 hrs
- Locked

- Psych crisis
- DTS/DTO
- ALOS 7-10 days
- Locked

- Can't manage in community
- Need 24hr nursing
- ALOS 18 mos

- In crisis but accepts voluntary treatment
- ALOS 30 days

- Can manage ADL but still needs support
- Open setting
- ALOS 12 mos

- SMI adults needing 24/7 care & supervision

- SMI clients including TAY, unhoused adults & their children

- SMI clients including TAY, adults, older adults, families & veterans

High

Acuity

Low

DMH Bed Continuum Expansion

STATE FUNDING SOURCE	AMOUNT	DMH PROJECT
Behavioral Health Community Infrastructure Program (BHCIP)	\$5,518,214	MLK Jacqueline Avant Children and Family Center Pediatric Crisis Stabilization Unit & Outpatient Mental Health Services
	\$20,000,000	LAGMC Mental Health Rehabilitation Center
	\$43,242,067	High Desert Crisis Residential Treatment Program & Crisis Stabilization Unit
Community Care Expansion (CCE)	\$135,000,000	CCE Expansion Los Angeles regional allocation for acquisition, construction, and rehabilitation projects to preserve and expand adult and senior care facilities that serve SSI/SSP and CAPI applicants and recipients including those who are experiencing or at risk of homelessness.
	\$97,600,000	CCE Preservation for capital projects and operating subsidy payments
Behavioral Health Bridge Housing (BHBH)	\$259,000,000*	BHBH Round 1 funding for shelter and interim housing, rental assistance and housing navigation.
	\$58,000,000*	BHBH Round 3 funding focuses on expansion of shelter and interim housing, housing navigation including clinical and supportive behavioral health care and increasing rental assistance funds. Auxiliary funding in assisted living settings is being added as new.
Total	\$618,360,281	

OTHER NETWORK CAPACITY EFFORTS

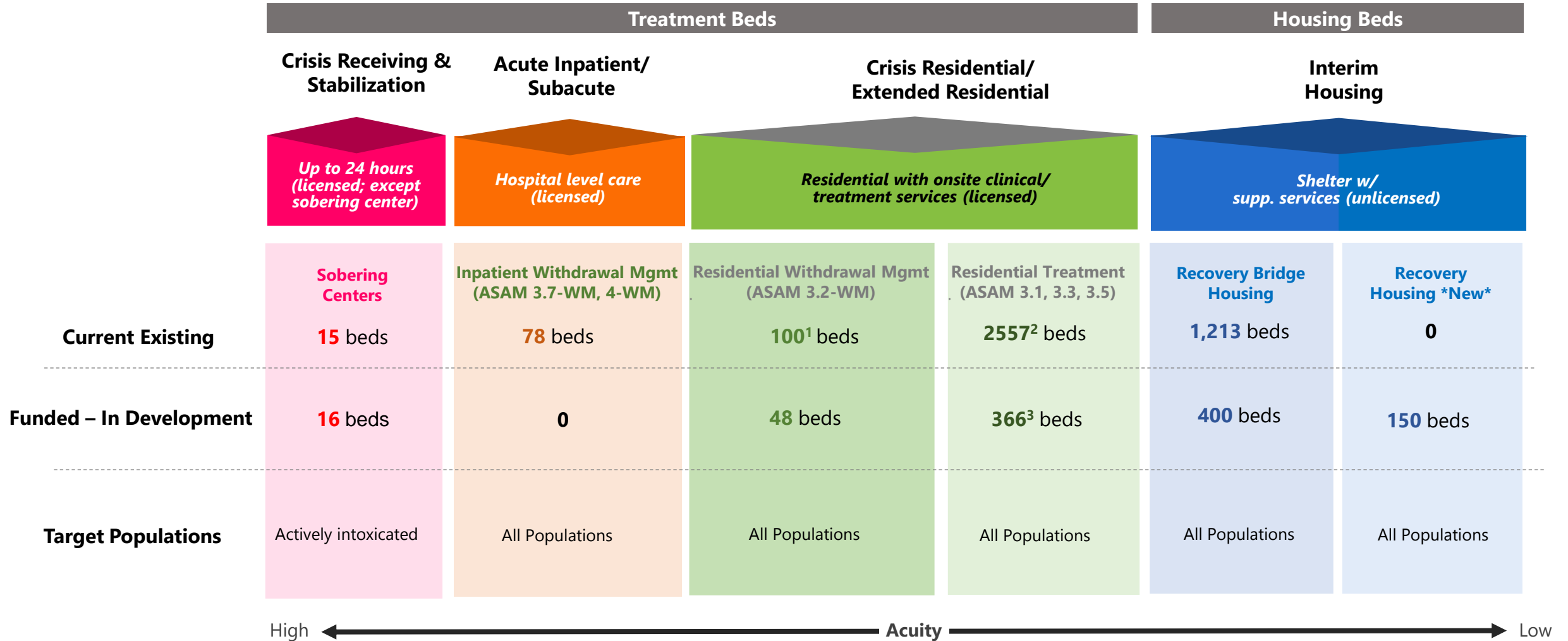
Expanding to new contract opportunities and expanding the footprint with existing contracted facilities.

**LA County proposal for BHBH program funding*

►► Barriers & Challenges

- 1 - Multiple and sometimes competing federal, state, and county priorities that demand the department's attention and resources
- 2 – Legislative and regulatory challenges (e.g., IMD, Prop 1, SB43, etc.)
- 3 - Increase in the volume and complexity of DMH clients
- 4 – Workforce shortages
- 5 – State funding limitations (e.g., one-time vs. ongoing, funding cliffs, BHCIP delay)

Public Health - SAPC



1 - Beds are estimated as the State does not distinguish between licensure for Residential WM (ASAM 3.2-WM) and Residential (ASAM 3.1, 3.3, 3.5) beds and SAPC's providers utilize these beds flexibly based on need. Historically utilization has been at 4% of residential beds that may be used for WM.

2 - Bed counts are updated to reflect all fully executed contract actions and the numbers change as beds are added, beds are removed (in addition to facility openings and closures).

3 - Beds include BHCIP recipients currently contracted with SAPC, although additional BHCIP related beds may be funded upon completion of BHCIP projects, DHCS DMC licensure or certification, and meeting SAPC contracting requirements

SAPC Treatment Service Expansion

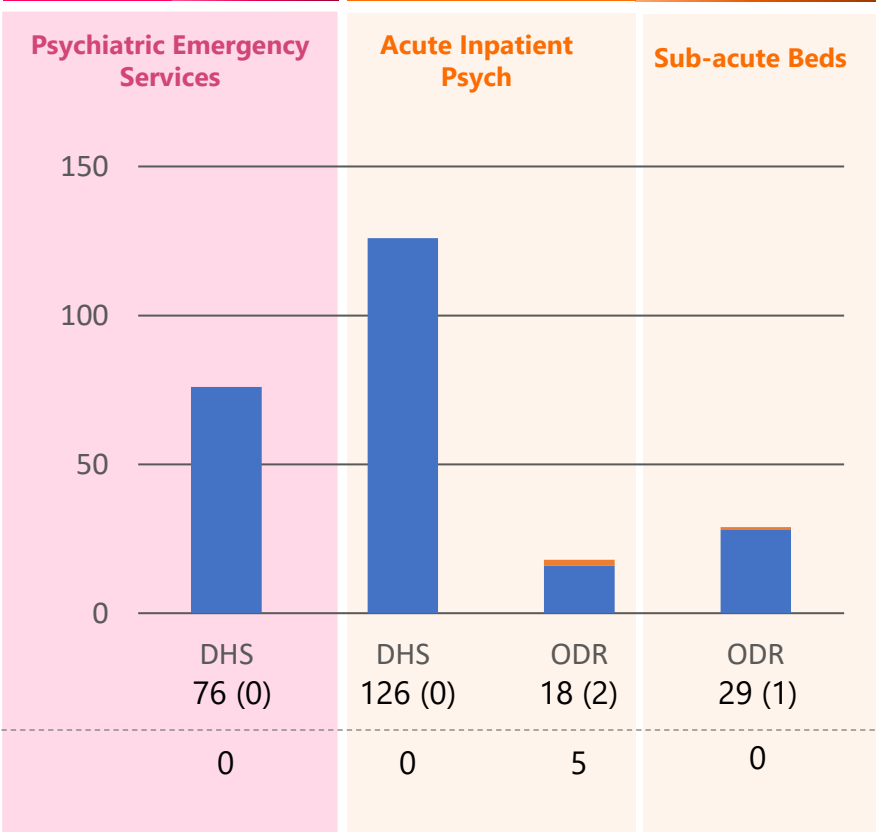
- **DHCS BHCIP – SUD Service Awards:** SAPC can contract with awardees for DMC treatment services upon completion of DHCS DMC licensure or certification; this is anticipated to result in over 500 new SUD treatment beds in FY 2024-2025 and beyond.
- **SAPC has an open contracting process and continues to contract for new beds and treatment sites to increase access to needed SUD services**
 - **Recovery Bridge Housing (RBH)** - Recovery-oriented interim housing for up to 180-days when participating in outpatient treatment
 - **400 total new beds** (300 RBH beds funded through DHCS BHBH, and 100 RBH beds funded through opioid settlement) - ~250 RBH beds anticipated to be online by the end of FY 2023-2024
 - **Recovery Housing (RH)** - ***NEW*** Recovery-oriented housing for up to 12-months for those in recovery but who may or may not be participating in treatment services
 - **150 total new beds** (100 RH beds funded through DHCS BHBH and 50 RH beds funded through opioid settlement) - ~100 RBH beds anticipated to be online by the end of FY 2023-2024

Challenges / Opportunities

- Various state and local priorities in the context of fixed attention and resources.
- Ensuring utilization of services matches need to the closest extent possible.
- Workforce shortages combined with increasing complexity of SUD clients.
- Siting (e.g., NIMBYism) and acquisition of new beds by contracted agencies.

Health Services Beds

Treatment Beds



Total (new 5/23-12/23)

Beds – Funded In Development by June 2025

Housing Beds



Acuity

High

Low

Notes: Bed counts include all ICMS slots regardless of rental subsidy source (Flexible Housing Subsidy Pool or federal rental subsidies). PSH numbers listed here exclude those beds managed and operated by Housing for Health but funded (and intake controlled) by DMH and JCOD.

ODR HOUSING EXPANSION

Funding Source	Number of Slots	Estimated Full Implementation Date
CFCI (round 2)	250	9/15/2023
AB 109/NCC	2200	6/30/2024
MHSA	500	12/31/2024
AB 109	500	12/31/2025
TBD (5/2/2023 Motion)	1000	Not Funded

Current ODR Housing Slots/Beds

Interim Housing Beds	883
PSH Beds/Units*	1222

* Includes Enriched Residential Care



ODR ACUTE/SUBACUTE EXPANSION

Funding Source	Acute Beds	Subacute Beds	Estimated Full Implementation Date
IST Solutions	43	150	June 2027
CFCI (P3/P4)	20	50	TBD

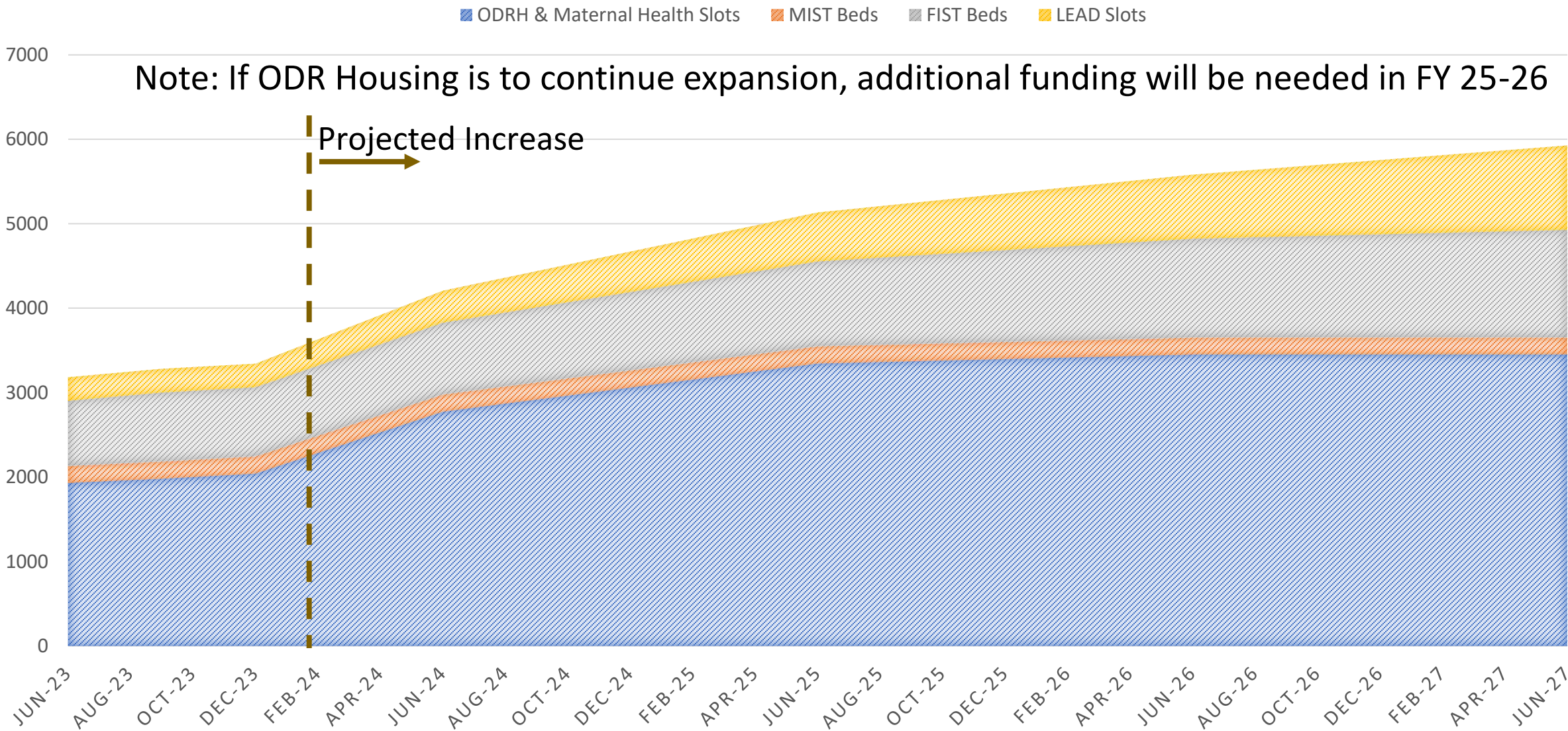
Current ODR Acute/Subacute Beds:

Acute Beds	18
Subacute Beds	29

Total Acute & Subacute beds at full implementation

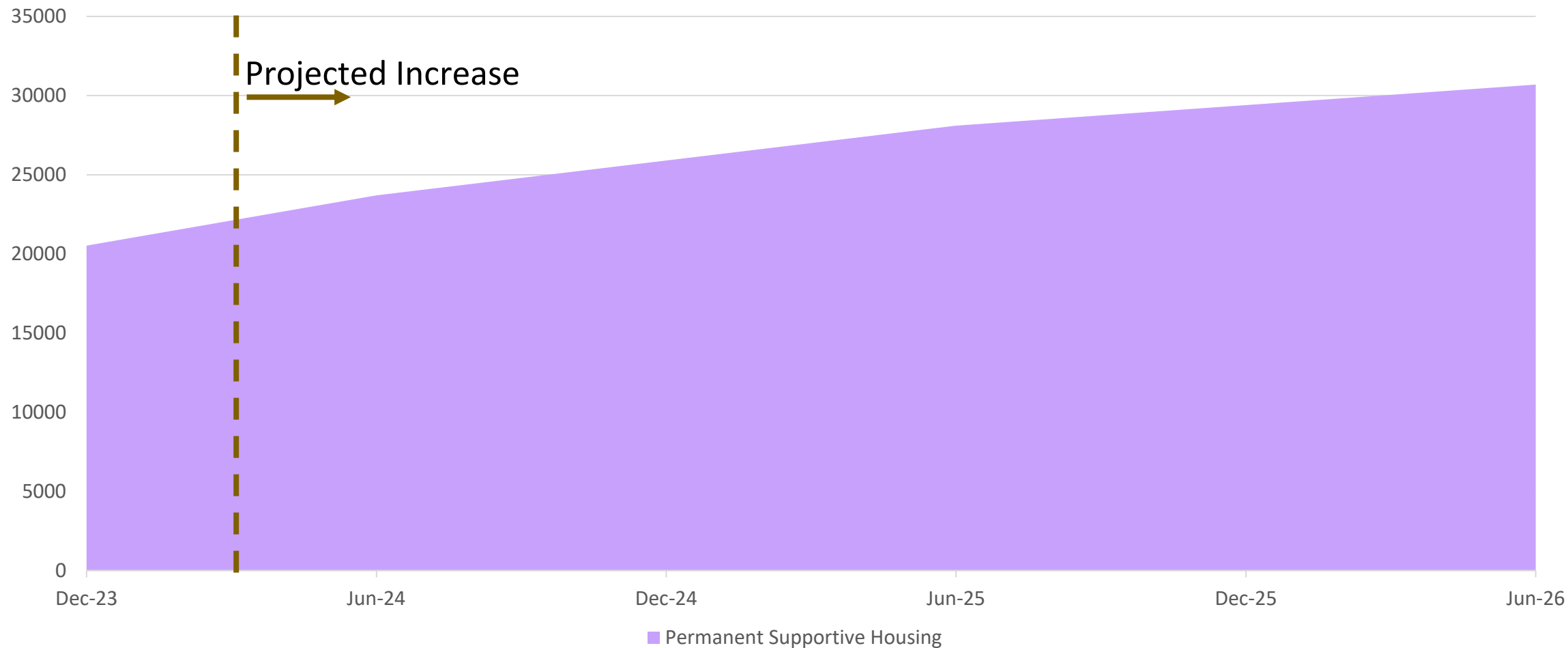
310

ODR PROGRAM GROWTH THROUGH FY 26-27

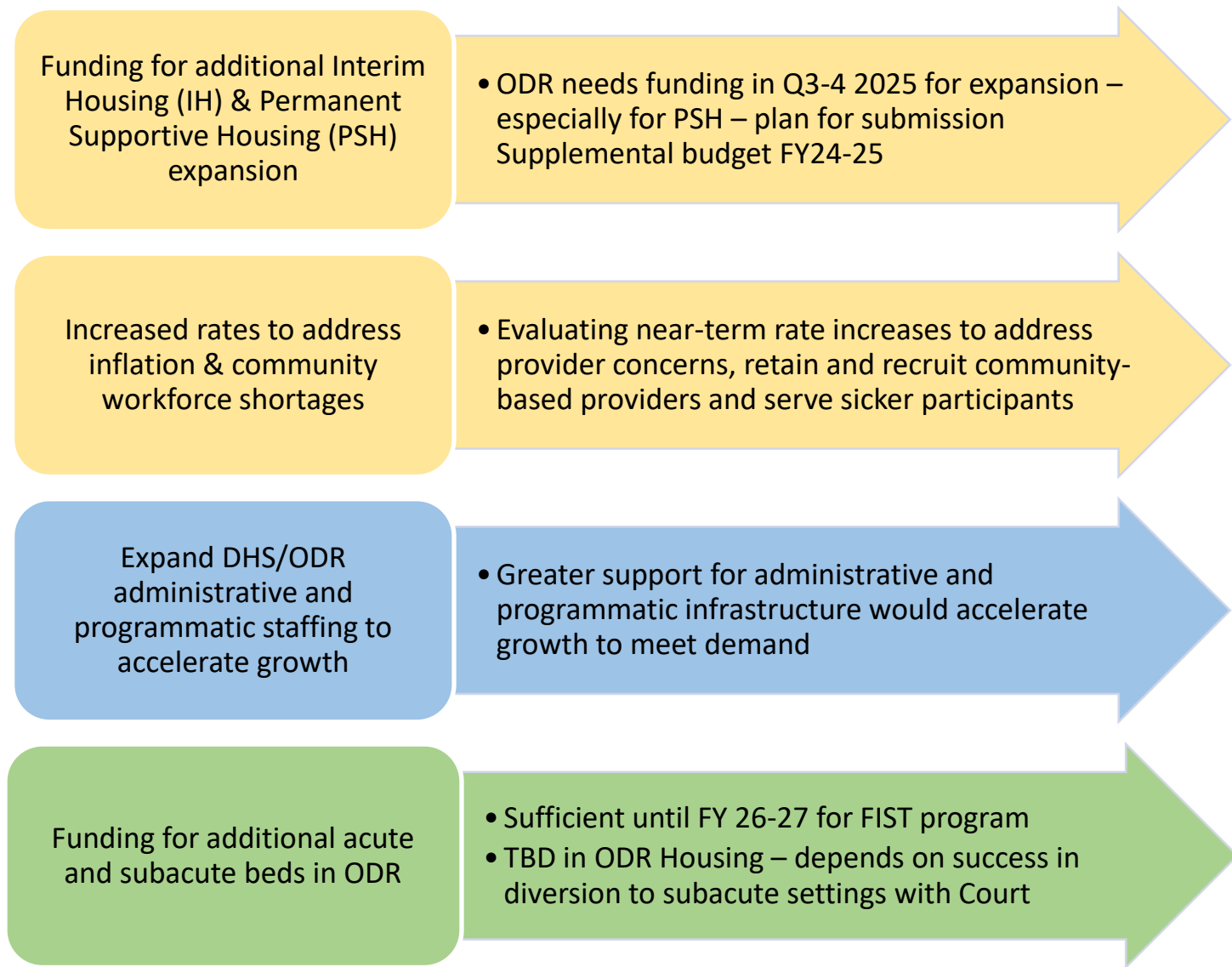


HFH Permanent Supportive Housing Expansion

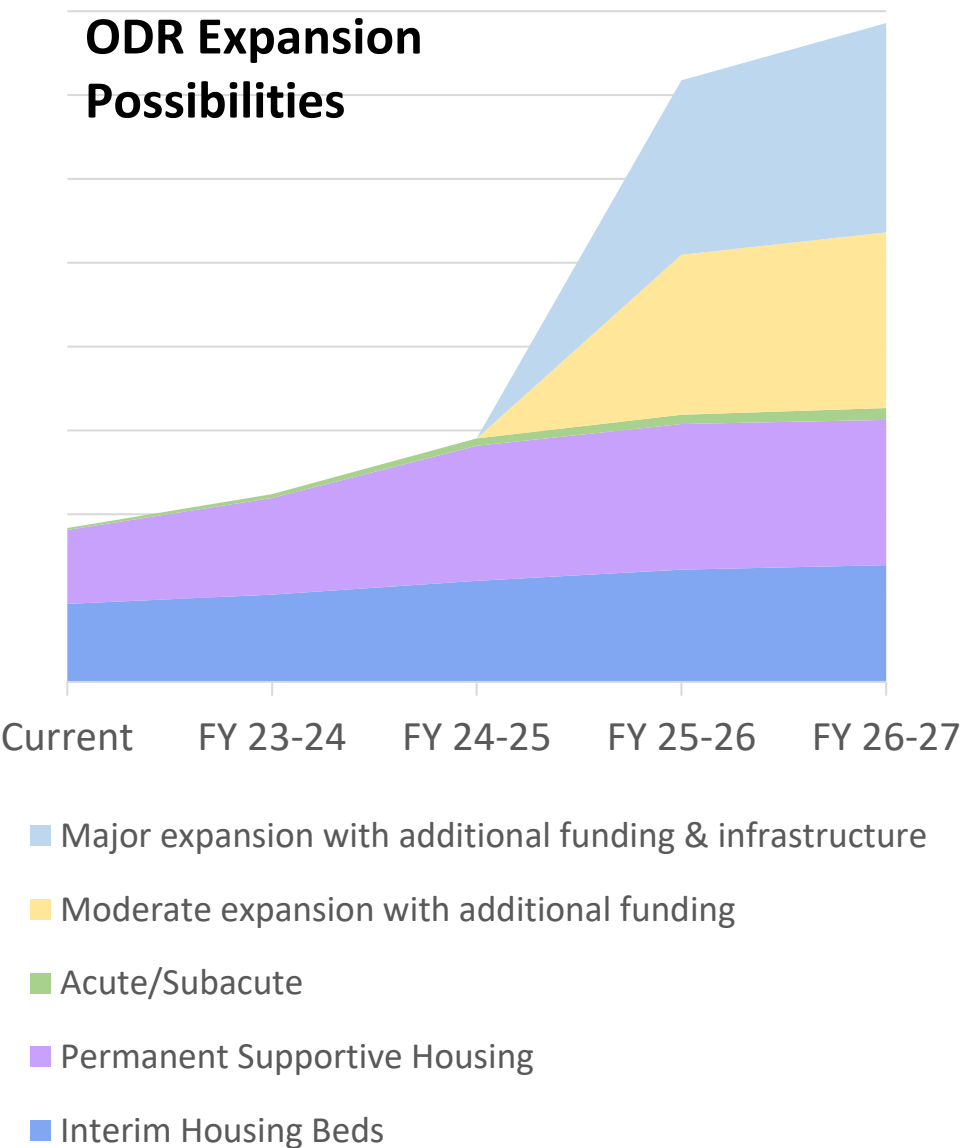
Based on Available Funding



Accelerating ramp up of ODR and HFH housing capacity would require additional investment



**Illustrative Graphic:
ODR Expansion
Possibilities**



DHS Beds Funded by Homeless Initiative

Homeless Initiative Bed Count "Overlay"



		Treatment Beds			Housing Beds		
		Crisis Receiving & Stabilization	Acute Inpatient/ Subacute		Licensed Residential Care	Interim Housing	Permanent Housing
		Up to 24 hours (licensed; except sobering center)	Hospital level care (licensed)		Residential "board and care" (licensed)	Shelter w/ supp. services (unlicensed)	Permanent housing with supportive services (unlicensed)
No. Beds	Current Existing	Psychiatric Emergency Services 76	Acute Inpatient Psych 126 DHS 16 OV/ODR	Sub-acute Beds 28 ODR	Enriched Residential Care 217 HFH 343 ODR	Stabilization Housing 1,335 HFH 1,772 ODR Recuperative Care 335 HFH 12 ODR	Permanent Supportive Housing* 1,044 (15,189) HFH 715 ODR
	Funded – In Development				0 HFH 0 ODR	109 HFH 566 ODR	0 (3,054) HFH 536 ODR
	Historical Rate per Bed per Day**	n/a (directly operated)	n/a (directly operated)	\$300-400	\$100-140	\$75-100 Stabilization \$150-200 Recuperative \$100-200 ODR	\$50-75
	Target Populations	• Individuals seeking (or on WIC involuntary hold for) an evaluation for acute psychiatric hospitalization	• Primarily FIST clients diverted from jail	• FIST clients diverted from jail	• Unhoused PEH with physical & behavioral health needs • Persons diverted from LA Co. Jail; Disability Applicants; Formerly Incarcerated	• Unhoused PEH with physical and behavioral health needs. • Persons diverted from LA Co. Jail • Persons diverted from LA Co. Jail	• Unhoused PEH with physical & behavioral health needs • Persons diverted from LA Co. Jail • Disability Applicants • Medi-Cal high utilizers • Formerly Incarcerated • PEH living with HIV/AIDS
		<div>High ← Acuity → Low</div>					

* First number outside parentheses (e.g., 1,044 and 0) are Homeless Initiative funded Flexible Housing Subsidy Pool rental subsidies; numbers inside parentheses represent total PSH, including those funded by federal subsidies (i.e., there are 15,189 PSH slots with either FHSP or Federal subsidies, and an additional 3,054 units in development funded with federal subsidies). All 15,189 current and 3,054 future units receive Homeless Initiative funded Intensive Case Management Services through DHS Housing for Health.

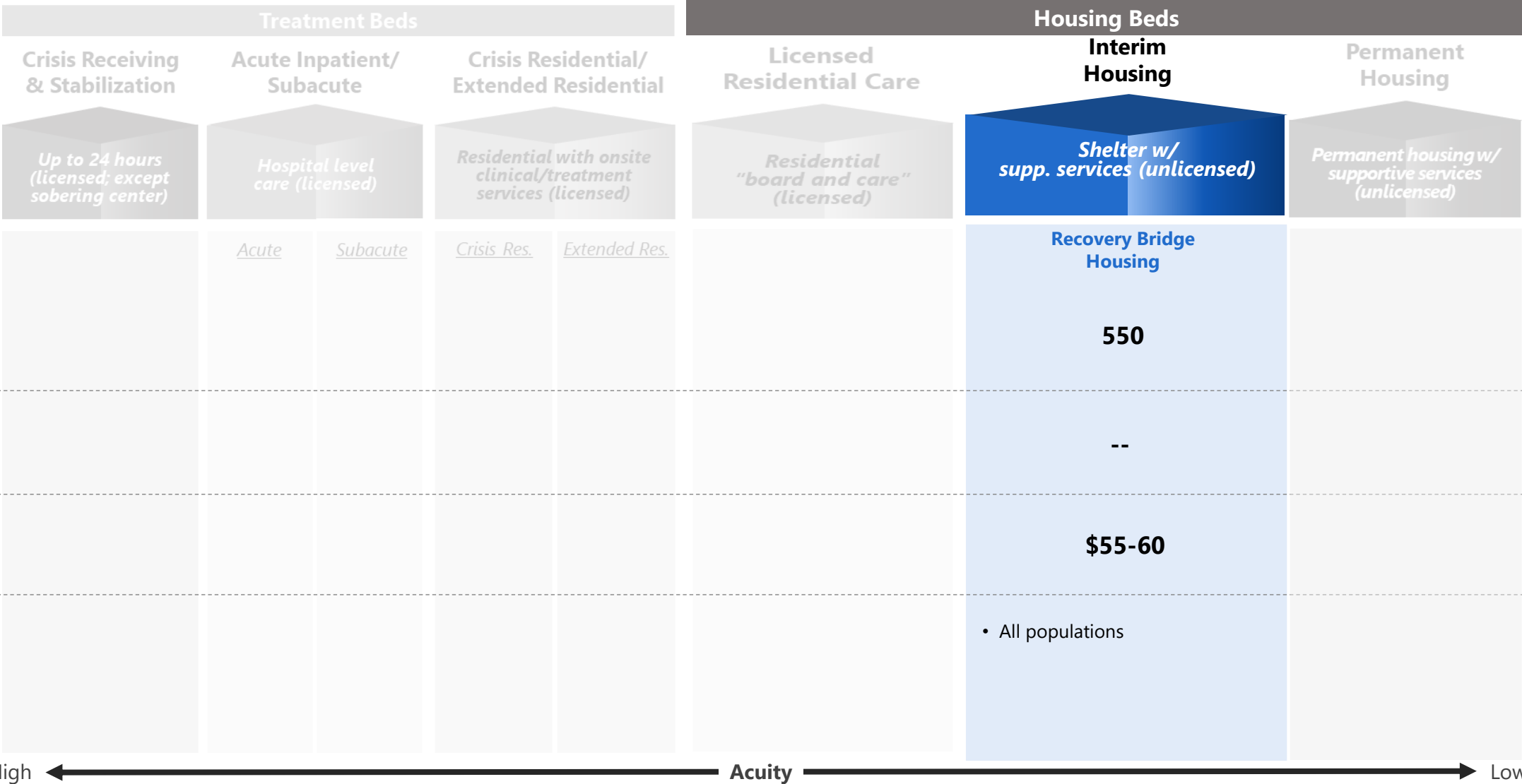
** Cost estimates exclude administrative and overhead costs.

DPH/SAPC Beds Funded by Homeless Initiative

Homeless Initiative Bed Count "Overlay"

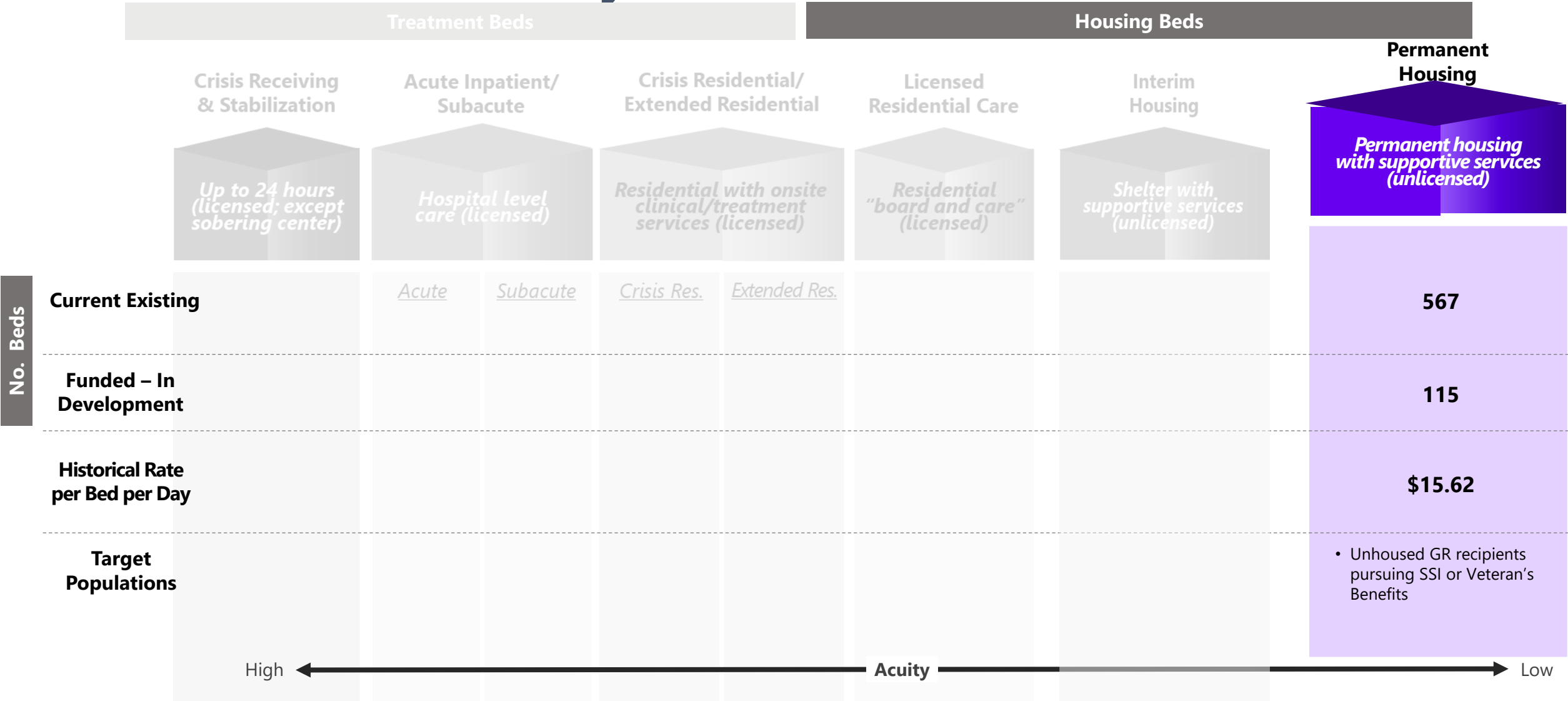


County of Los Angeles
Homeless Initiative

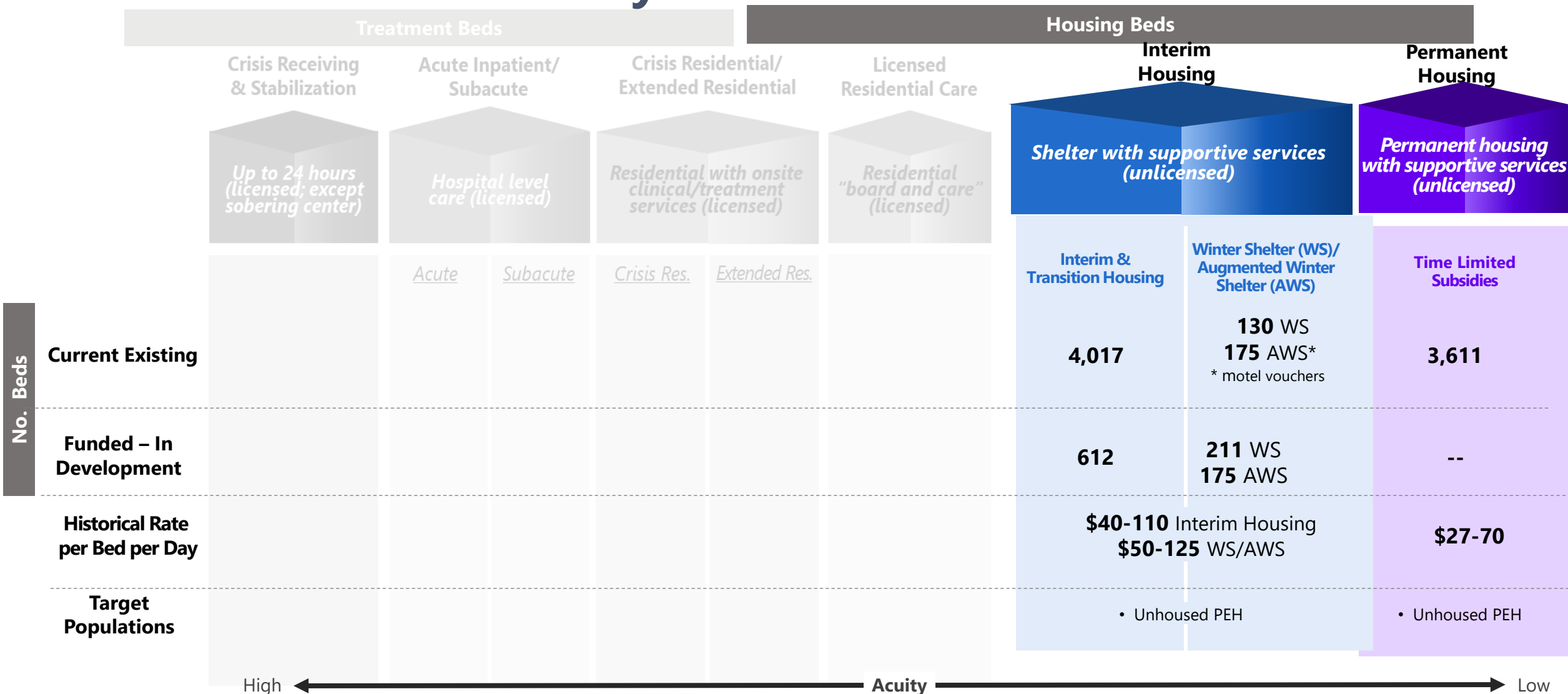


No. Beds

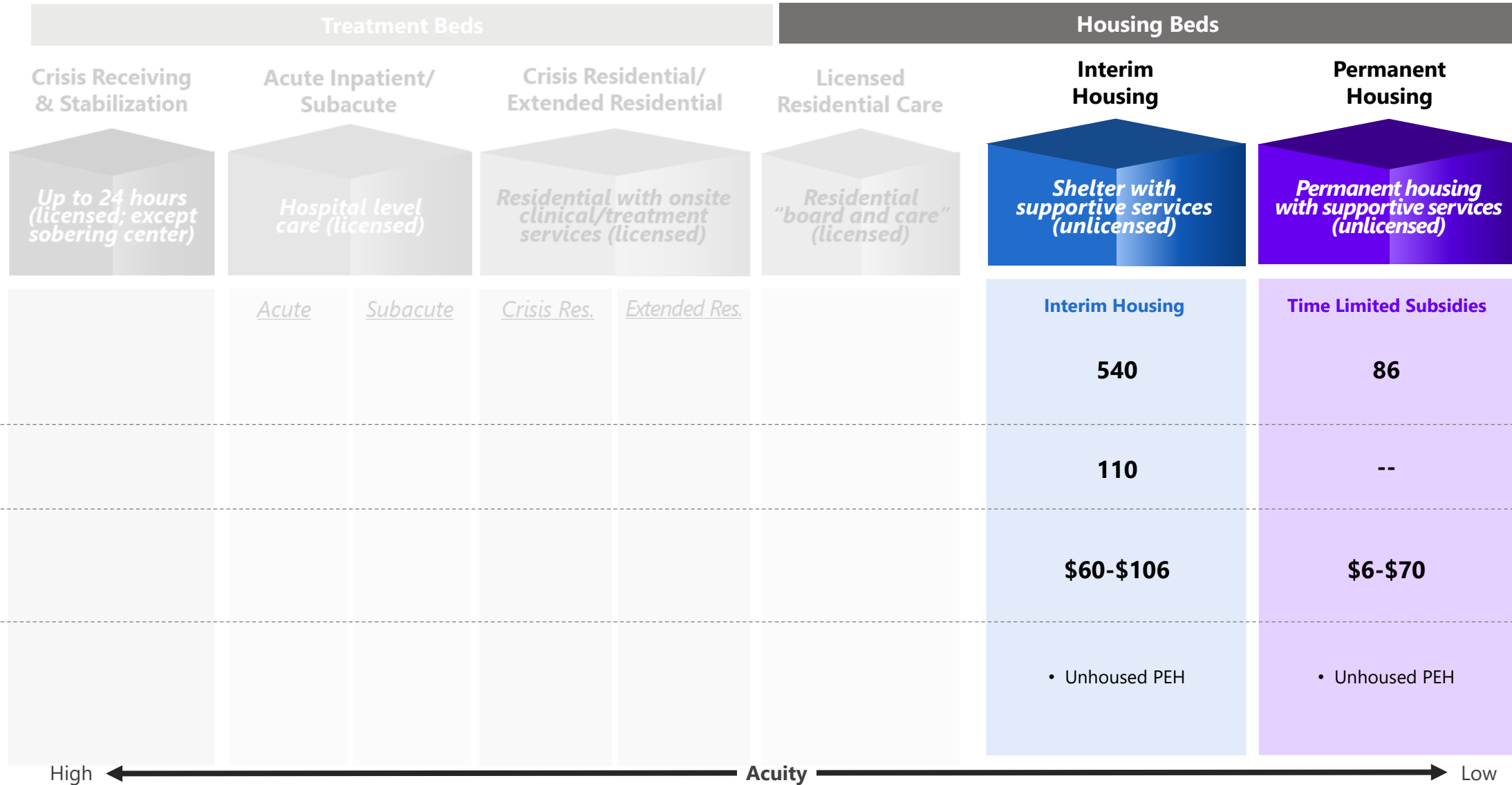
DPSS Beds Funded by Homeless Initiative



LAHSA Beds Funded by Homeless Initiative



Cities, Councils of Government, and Continuums of Care



Project Homekey



County of Los Angeles
Homeless
Initiative



Homekey
Bringing California Home

Treatment Beds					Housing Beds		
Crisis Receiving & Stabilization	Acute Inpatient/ Subacute		Crisis Residential/ Extended Residential		Licensed Residential Care	Interim Housing	Permanent Housing
Up to 24 hours (licensed; except sobering center)	Hospital level care (licensed)		Residential with onsite clinical/treatment services (licensed)		Residential "board and care" (licensed)	Shelter with supportive services (unlicensed)*	Permanent housing with supportive services (unlicensed)
	Acute	Subacute	Crisis Res.	Extended Res.		Interim Housing	Perm Supportive Housing
						764	157
						583 186 (HK3)*	1,351
						\$105-110	\$15-20
						• Unhoused PEH	• Unhoused PEH
High ← Acuity					→ Low		

*These figures account for individual beds rather than total units. HK3 IH sites are by units. There are 1,567 existing and in-development units.

Consolidated Homeless Initiative-Funded Beds

Current, In the Pipeline, and Costs/Funding



		Level of Care	Target Population	Current Existing	Funded - In Development	Historical Rate per Bed per Day ¹	Funding Sources ²
Housing Beds		Licensed Residential Care	Individuals who need permanent housing plus around-the-clock non-medical care/supervision	217	0	\$100-140	Measure H, HHAP, HHIP
		Interim Housing	Individuals who need immediate housing, with varying levels of supportive services onsite	7,846	1,374	\$30-200	Measure H, HHAP, ARPA, NCC, HPI-HSF, Homekey
		Permanent Housing	Individuals who need permanent housing	19,610	4,520	\$6-75	Measure H, HHAP, Homekey
	Total			27,673	5,890	\$6-200	

¹ This does not include all County-funded services provided to clients placed in these beds (e.g., outpatient services for clients in housing).
² This is a representative but not exhaustive list of funding sources utilized.
³ Current existing number of interim housing beds does not include winter shelter beds and augmented winter shelter beds.
See Appendix at end for explanation of funding acronyms

Challenges: Throughput

- Our system works best when we have a **five to one** permanent housing exits to interim housing bed ratio
- Our permanent housing inventory has not kept up with our interim housing capacity leading to a ratio of interim housing to permanent housing exits that is **closer to 1:1**

The LA region needs to increase the amount of permanent housing available for our unhoused neighbors.



County of Los Angeles
Homeless
Initiative



LOS ANGELES
HOMELESS
SERVICES
AUTHORITY

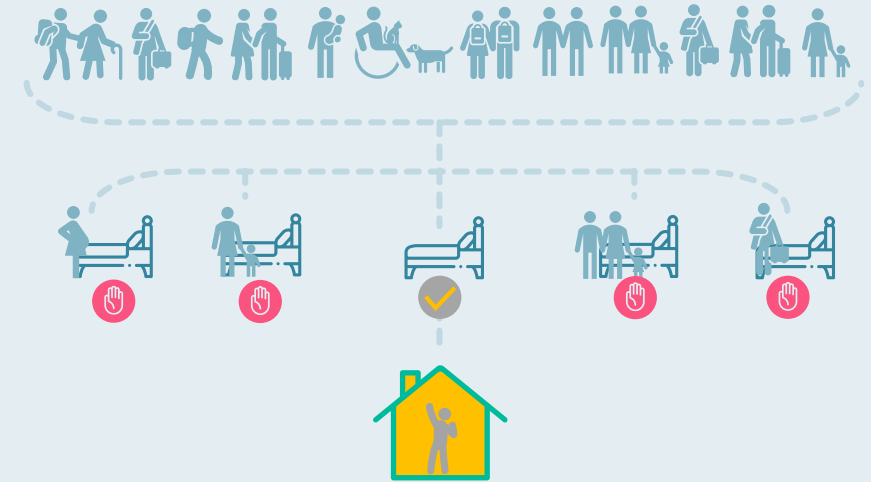


Interim Housing

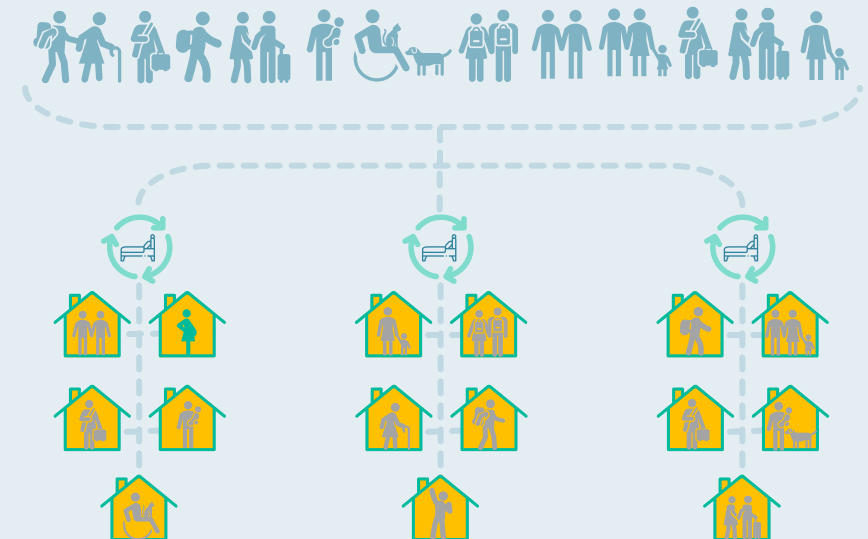


Permanent Housing

Unbalanced



Balanced



Challenge: Throughput

- The County currently has a **shortage of half a million affordable housing units** to meet today's need
- **Competitive private sector housing market** creates additional challenges for tenant-based voucher holders
- **Significant gap** between residents eligible for federal housing assistance and those who receive it
- **High cost and extended timeline** for new affordable housing and permanent supportive housing development
- **Staffing shortages** in the homeless services housing sector impacting:
 - Housing navigation
 - Housing locators
 - Case managers

Opportunity: Increasing and Expediting Permanent Housing

- **Unit Acquisition** – typically multi-year agreements with property owners to secure entire properties or blocks of units that can be rented to tenant-based voucher holders (administered by LAHSA and DHS). Since May 2023, the centralized Master Leasing program has launched and is bringing a new portfolio of units to support the efforts.
- **Landlord incentives** – financial incentives to encourage landlords to rent to tenant-based voucher holders including sign-on bonuses, security and utility deposits, damage mitigation, vacancy loss (administered by LACDA, LAHSA, DHS)

DESIRED OUTCOMES

- ✓ **Expedited access** to market rate buildings and units allowing the system to house more people faster
- ✓ **A reduction in traditional barriers** to accessing housing in the private rental market, including incarceration and eviction histories or challenges related to credit, employment, or income
- ✓ **Increased opportunities** for new developers and property owners to participate in solutions to end homelessness in the region.

Justice, Care and Opportunities

		Treatment Beds					Housing Beds		
		Crisis Receiving & Stabilization	Acute Inpatient/ Subacute		Crisis Residential/ Extended Residential		Licensed Residential Care	Interim Housing	Permanent Housing
		Up to 24 hours (licensed; except sobering center)	Hospital level care (licensed)		Residential with onsite clinical/treatment services (licensed)		Residential "board and care" (licensed)	Shelter w/ supp. services (unlicensed)	Permanent housing with supportive services (unlicensed)
			Acute	Subacute	Crisis Res.	Extended Res.		Reentry Interim Housing, Interim Housing with DMH FSP, Diversion Housing	Breaking Barriers (Rapid Re-Housing)
No. Beds	Current Existing							790	220
	Funded – In Development								
	Historical Rate per Bed per Day							\$60-152	~\$40/day subsidy
	Target Populations							Pretrial, Diversion, Alternative Sentencing, and Reentry individuals needing immediate housing	Reentry individuals needing employment support + subsidized permanent housing
		High ←					Acuity	→ Low	

Probation

		Treatment Beds				Housing Beds		
		Crisis Receiving & Stabilization	Acute Inpatient/ Subacute		Crisis Residential/ Extended Residential	Licensed Residential Care	Interim Housing	Permanent Housing
		Up to 24 hours (licensed; except sobering center)	Hospital level care (licensed)		Residential with onsite clinical/treatment services (licensed)	Residential "board and care" (licensed)	Shelter w/ supp. services (unlicensed)	Permanent housing w/ supportive services (unlicensed)
No. Beds	Current Existing		Acute	Subacute	Crisis Res. Extended Res.	Skilled Nursing Facility, Board and Care 9	Transitional Housing, Sober Living Programs, Recuperative Care 546	
	Funded – In Development							
	Historical Rate per Bed per Day					\$175-250	\$42-175	
	Target Populations					<ul style="list-style-type: none"> Adults on AB109 probation supervision in need of licensed residential care services 	<ul style="list-style-type: none"> Adults on AB109 probation supervision in need of interim housing with various levels of on-site supportive services 	
		High ←				Acuity → Low		

DCFS (Housing Beds for Adult Clients)

		Treatment Beds				Housing Beds		
		Crisis Receiving & Stabilization	Acute Inpatient/ Subacute		Crisis Residential/ Extended Residential	Licensed Residential Care	Interim Housing	Permanent Housing
		Up to 24 hours (licensed; except sobering center)	Hospital level care (licensed)		Residential with onsite clinical/treatment services (licensed)	Residential "board and care" (licensed)	Shelter w/ supp. services (unlicensed)	Permanent housing w/ supportive services (unlicensed)
			Acute	Subacute	Crisis Res.	Extended Res.	Independent Living and Transitional Housing Programs	
No. Beds	Current Existing						704	
	Funded – In Development							
	Historical Rate per Bed per Day						\$83-168	
	Target Populations						• Current and former foster or probation youth	
		High ← Acuity → Low						

Questions?



Appendix: Acronyms Used In This Presentation

Funding Acronyms

ACR	Alternative Crisis Response
ARPA	American Rescue Plan Act
CCE	Community Care Expansion
DHSP	Division of HIV and STD Programs
DMC	Drug Medi-Cal
DSH	Disproportionate Share Hospital payments
EPSD	Early Period Screening Detection
FFP	Federal Financial Participation
HDAP	Housing and Disability Advocacy Program
HHAP	Homeless Housing, Assistance and Prevention Grant
HHC	Housing and Homelessness Committee
HHIP	Housing and Homelessness Incentive Program
MC	Managed Care
MHSA	Mental Health Services Act
SABG	Substance Abuse Prevention and Treatment Block Grant
SAMHSA	Substance Abuse and Mental Health Services Administration
SGF	State General Fund

Other Acronyms

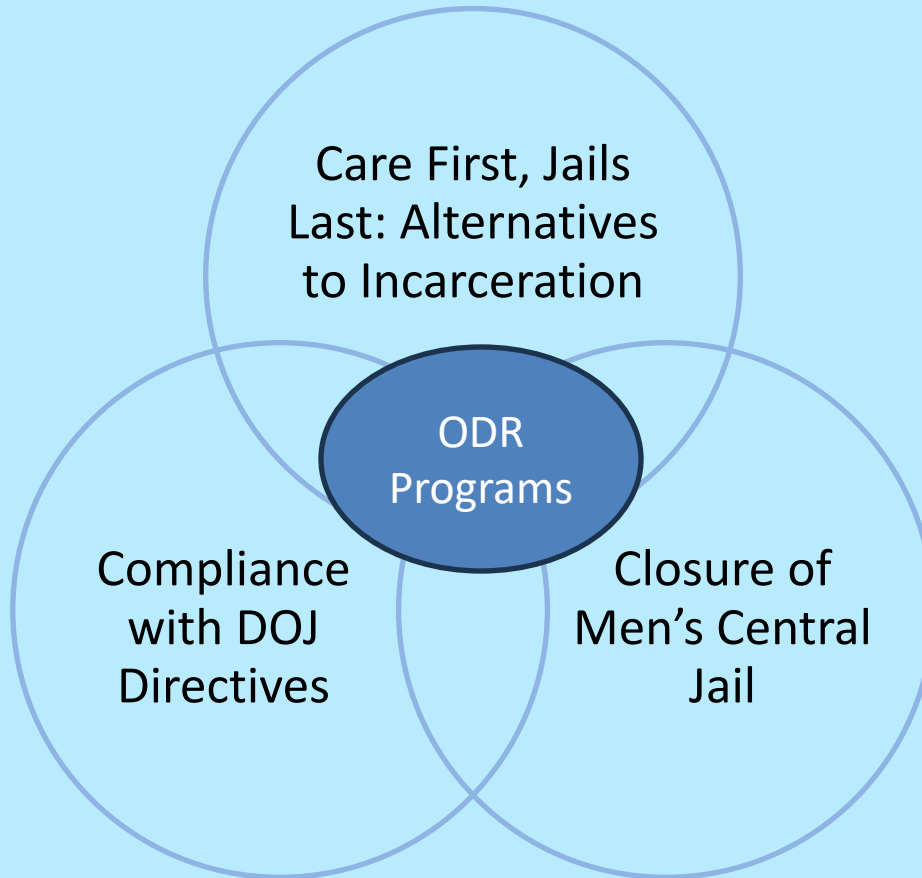
ALOS	Average Length of Stay
FFS	Fee For Service
DTO	Danger to Others
DTS	Danger to Self
PHF	Psychiatric Health Facility
SD	Short Doyle
SMI	Severely Mentally Ill
TAY	Transitional Age Youth

ODR Update for LA County Board of Supervisors

February 28, 2024

Clemens Hong MD MPH

SUPPORTS THE COUNTY'S JUSTICE RELATED GOALS



TANUOMALEU YOU



“I’ve been through hell”

“[ODR] really did care about me”

“They pulled me up. They held me until I was OK”

CURRENT ODR PROGRAMS

Develop and implement county-wide criminal justice diversion for persons with mental health and/or substance use disorders and provide reentry support services to vulnerable justice involved populations.



ODR
Housing



MIST



FIST



LEAD



Maternal
Health

OFFICE OF DIVERSION AND REENTRY DIVERSION FLOW CHART

Community Based Diversion

The community



Arrest

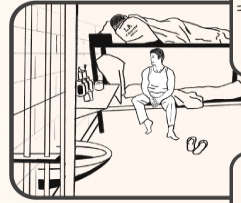


Law Enforcement
Assisted Diversion
"LEAD"

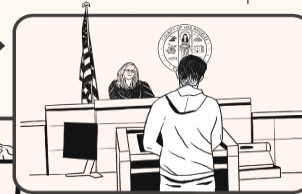


Jail Based Diversion

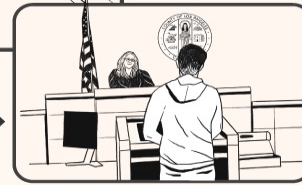
Jail



Criminal Court



Mental Health Court



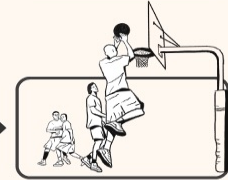
**Maternal
Health**



**ODR
Housing**



Misdemeanor
Incompetent
to Stand Trial
MIST Program



FIST Felony
Incompetent
to Stand Trial

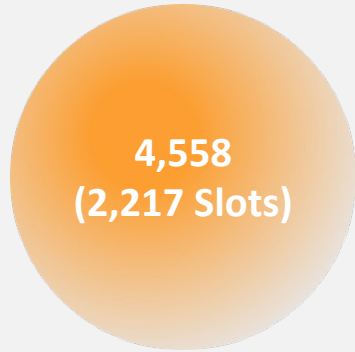
ODR BUDGET OVER FISCAL YEAR 2023-2024

	On-Going	One-Time	Grants	CFCI	Grand Total
Jail Based Diversion	\$ 175.60	\$ 2.25	\$ 128.70	\$ 55.21	\$ 361.76
Community Diversion	\$ 9.94	\$ 4.38	\$ 4.56	\$ 34.24	\$ 53.11
ODR Staffing	\$ 6.61	\$ -	\$ -		\$ 6.61
Skid Row Health Hub (Converted Sobering Center)	\$ 7.19	\$ 5.00	\$ -		\$ 12.19
Grand Total	\$ 199.34	\$ 11.63	\$ 133.26	\$ 89.45	\$ 433.68

Number Served (Current Capacity) by ODR Program – as of December 2023

Total
Released

10,610



ODR Housing & Diversion

Since August 2016

- Integrated Mental Health
- Interim Housing -> Permanent Supportive Housing
- 1,140 permanently housed



MIST-CBR & Diversion

Since October 2015

- Integrated Mental Health
- Interim Housing



FIST CBR, Off-Ramp & DSH Diversion

Since July 2018

- Integrated Mental Health
- Interim Housing
- 586 restored to competency while in jail

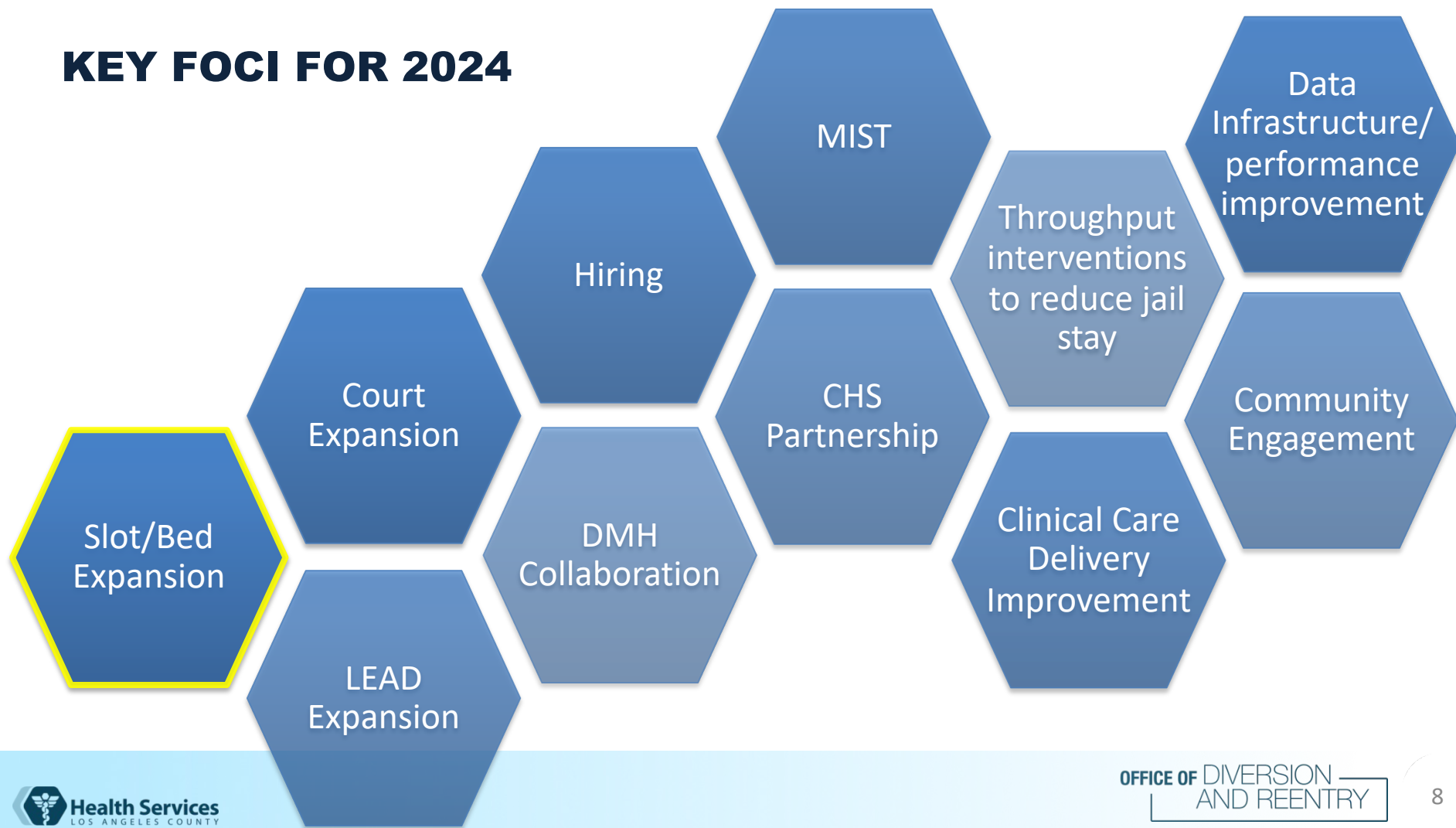


Maternal Health Diversion

Since March 2018

- Integrated Mental Health
- Interim Housing -> Permanent Supportive Housing

KEY FOCI FOR 2024



ODR HOUSING EXPANSION

Funding Source	Number of Slots	Estimated Full Implementation Date
CFCI (round 2)	250	9/15/2023
AB 109/NCC	2200	6/30/2024
MHSA	500	12/31/2024
AB 109	500	12/31/2025
TBD (5/2/2023 Motion)	1000	Not Funded

Current ODR Housing Slots/Beds

Interim Housing Beds	883
PSH Beds/Units*	1222

* Includes Enriched Residential Care



ODR ACUTE/SUBACUTE EXPANSION

Funding Source	Acute Beds	Subacute Beds	Estimated Full Implementation Date
IST Solutions	43	150	June 2027
CFCI (P3/P4)	20	50	TBD

Current ODR Acute/Subacute Beds:

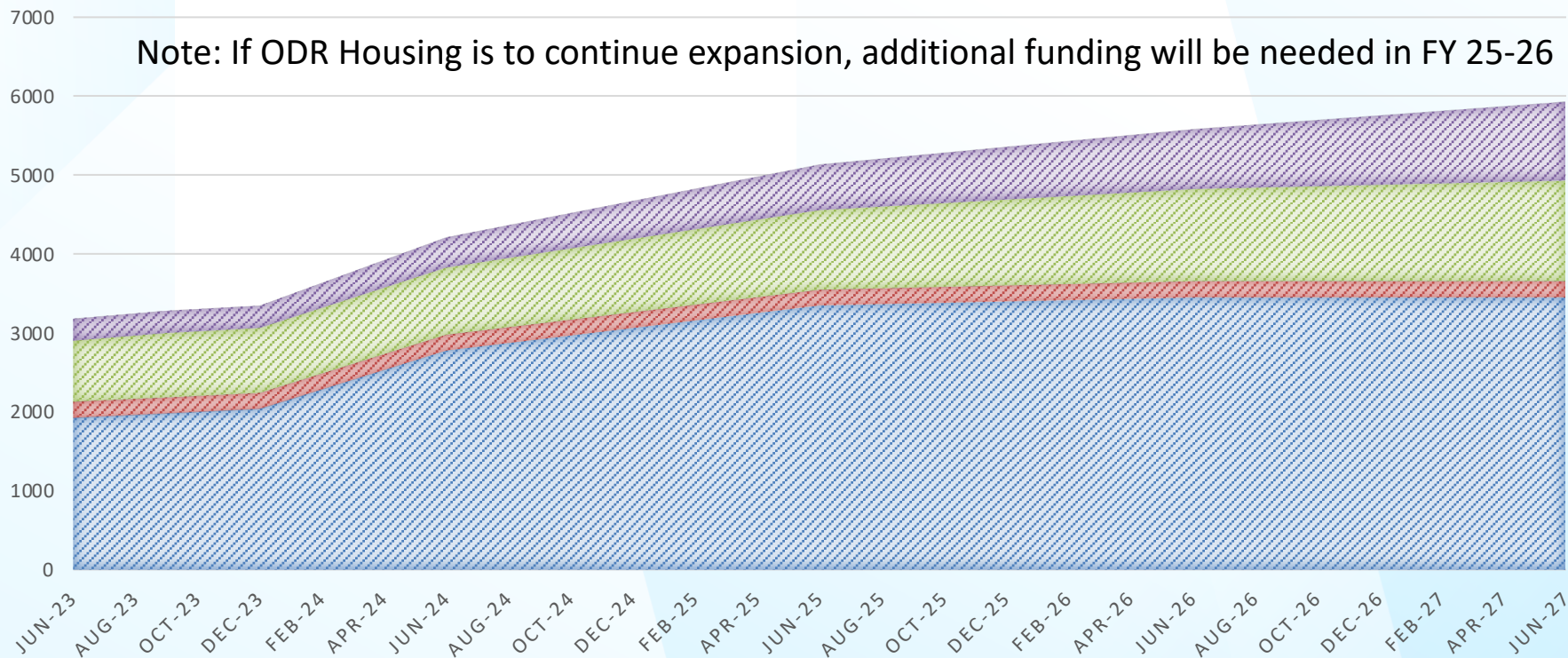
Acute Beds	18
Subacute Beds	29

Total Acute & Subacute
beds at full implementation

310

ODR PROGRAM GROWTH THROUGH FY 26-27

ODRH & Maternal Health Slots MIST Beds FIST Beds LEAD Slots



KEY FOCI FOR 2024

Slot/Bed
Expansion

Court
Expansion

LEAD
Expansion

DMH
Collaboration

Hiring

CHS
Partnership

MIST

Throughput
interventions
to reduce jail
stay

Clinical Care
Delivery
Improvement

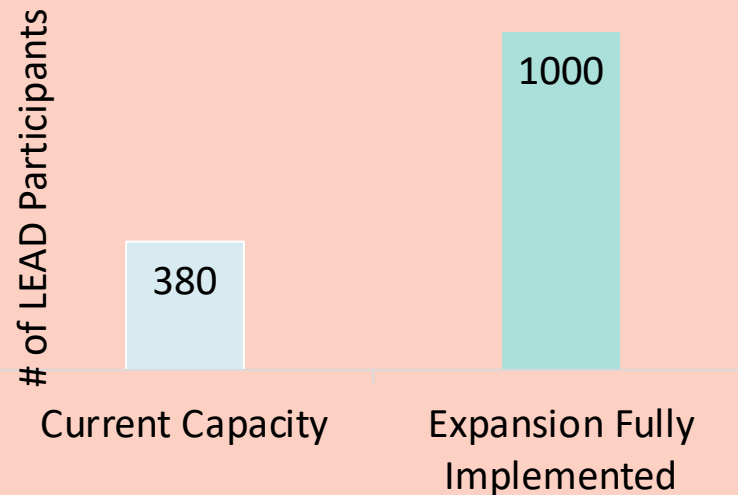
Data
Infrastructure/
performance
improvement

Community
Engagement

LEAD EXPANSION PLANS

Location	SD	LE Agency	JENI Need Category
South LA/ Long Beach (current)	2, 4	LASD, LBPD	Highest
Hollywood/ Rampart (current)	1	LAPD	Highest
East Los Angeles (current)	1	LASD	High
Lancaster/ Palmdale	5	LASD	Highest
Downtown: El Pueblo/ Skid Row/ Central Alameda	1	LAPD	Highest
Venice	3	LAPD	High
Industry/ El Monte/ La Puente	1	LASD	High
Lakewood	4	LASD	Moderate

LEAD Participant Service Capacity



Site Selection Considerations

1. JENI Need Index
2. Law Enforcement Arrest Data
3. Practice-based information
4. Service capacity in area

KEY FOCI FOR 2024



ODR IS WORKING TO EXPEDITE CLIENT IDENTIFICATION & PROGRAM ENROLLMENT



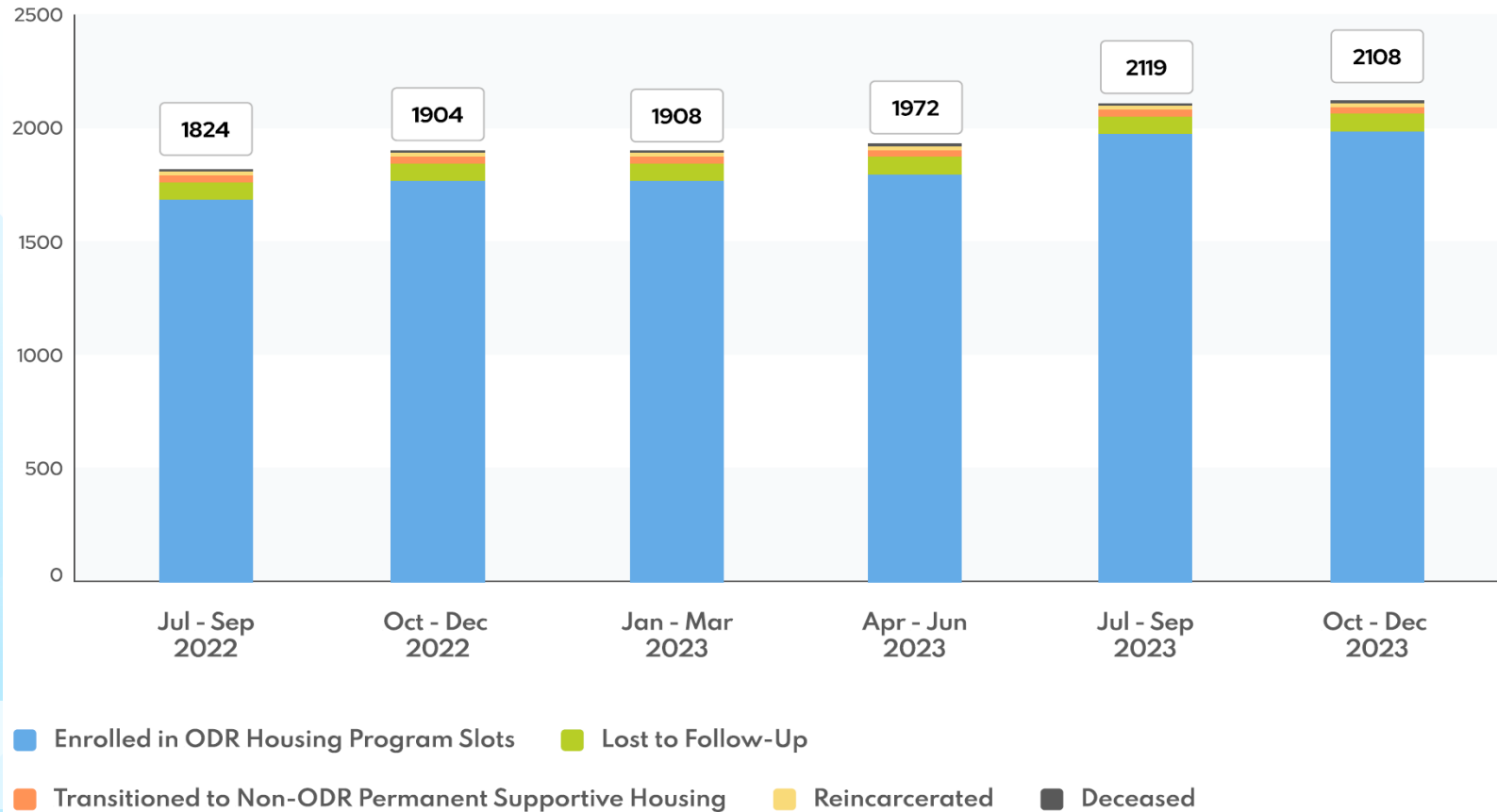
Process Outcome	Client Identified		Evaluated & Affidavit Submitted		Case Calendared & Hearing Held		Placed & Released from Jail	
Timeline	Variable		~1-3 wks*		~1-4 wks*		↓ from ~6wks → ~1-3 wks	
Current Challenges/ Bottlenecks	<ul style="list-style-type: none"> Reverse referral process of P3 clients slower than referral via portal P2 Expansion 		<ul style="list-style-type: none"> ODR clinical staff shortages for vetting 		<ul style="list-style-type: none"> Court capacity limitations – delayed expansion Issues with transport to courts -> continuations 		<ul style="list-style-type: none"> Lack of acute & subacute beds Acuity of clients in custody 	
Solutions	<ul style="list-style-type: none"> Work with justice partners & CHS to quickly identify eligible candidates make referrals 		<ul style="list-style-type: none"> Rapid hiring and Court team expansion Jails clinicians to improve quality & timeliness 		<ul style="list-style-type: none"> Expand capacity from 6 to 12 days/month countywide Work with LASD to ensure individuals arrive for court dates 		<ul style="list-style-type: none"> Expand acute & subacute beds Increase capacity for treatment in jail Work with justice partners to divert to subacute settings 	

* The FIST Program has a longer timeline to evaluation & shorter wait for court hearing compared to ODRH

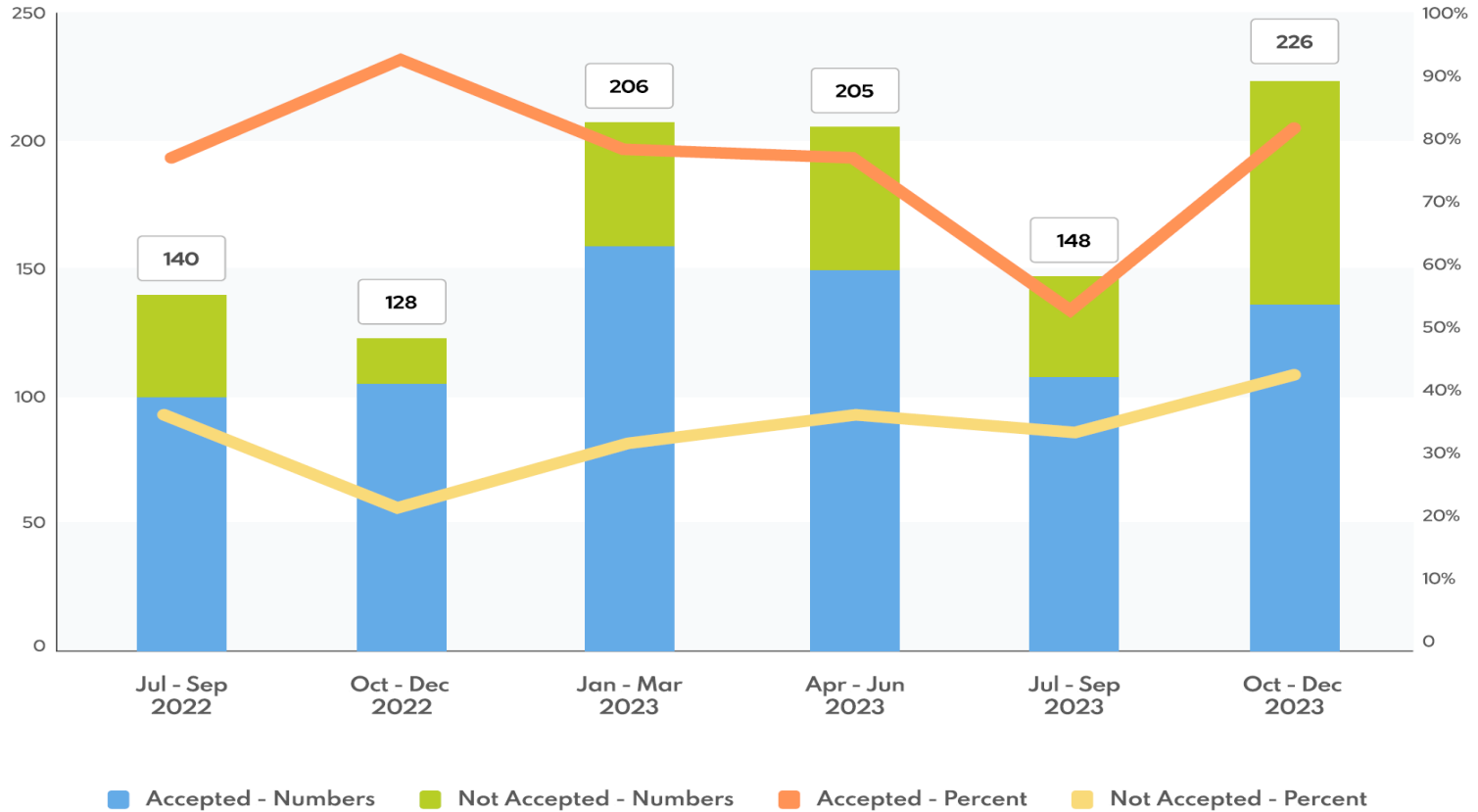
KEY FOCI FOR 2024



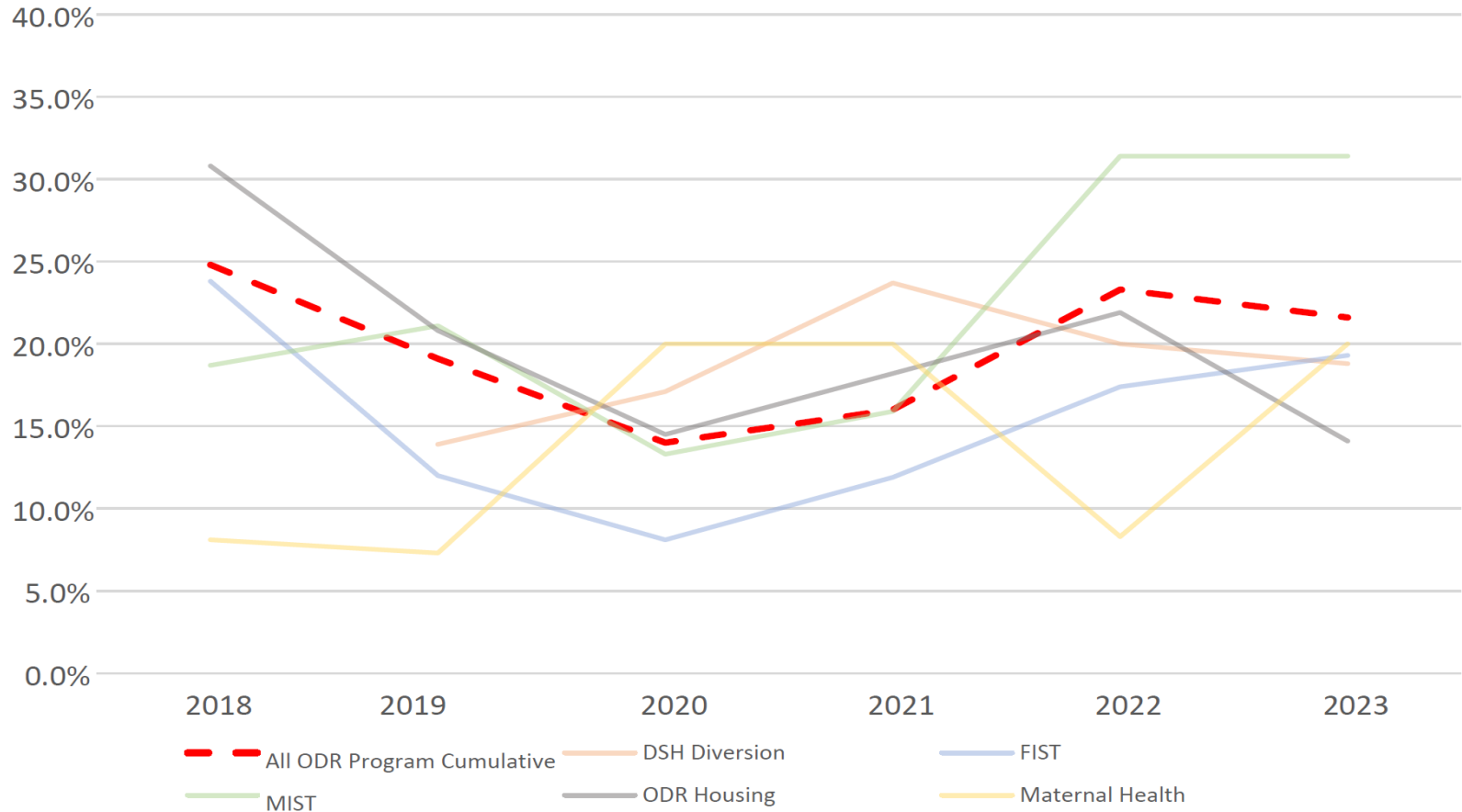
ODR Housing Program Outcomes*



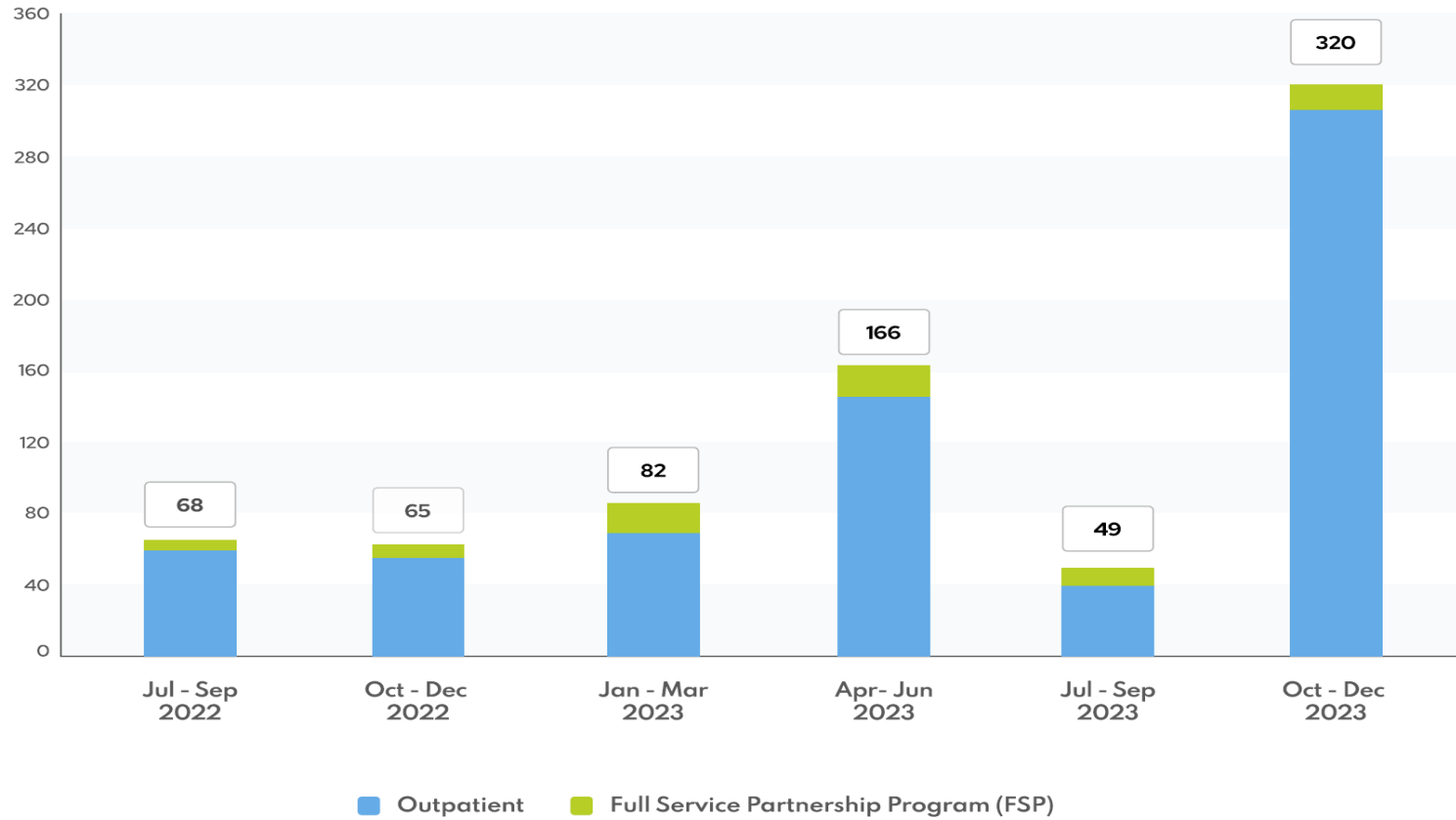
ODR Housing Program Referral Outcomes*



Rearrests within 6 months after ODR Enrollment by ODR Program*



Referrals to the Department of Mental Health Programs*



KEY FOCI FOR 2024

Slot/Bed
Expansion

Court
Expansion

LEAD
Expansion

DMH
Collaboration

Hiring

CHS
Partnership

MIST

Throughput
interventions
to reduce jail
stay

Clinical Care
Delivery
Improvement

Data
Infrastructure/
performance
improvement

Community
Engagement

IMMEDIATE NEXT STEPS BY PROGRAM

ODR Housing	<ul style="list-style-type: none"> Working with Courts, housing and case management/housing partners to increase referrals, speed jail releases, add slots/beds and expand program, and improve care Maximize P3 referrals and move to accept P2 referrals and expand acute and subacute bed capacity
MIST	<ul style="list-style-type: none"> Increasing early in-custody treatment to expedite stabilization and release, and minimize program “AWOLs”
FIST	<ul style="list-style-type: none"> Reduce time from commitment to release to 28 days or less Expand acute and subacute bed capacity
Maternal Health	<ul style="list-style-type: none"> Continue to divert expectant mothers from custody and offer Rapid Rehousing to less acute clients (those without SMI)
LEAD	<ul style="list-style-type: none"> Expand to Venice and Industry (LASD station) followed by Downtown LA and the Antelope Valley
Medicaid	<ul style="list-style-type: none"> Expand claiming for CalAIM Enhanced Care Management/Community Supports Evaluate and implement Specialty Mental Health Services billing for psychiatry services

QUESTIONS?

