



County of Los Angeles CHIEF EXECUTIVE OFFICE

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May 13, 2009

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

From: William T Fujioka
Chief Executive Officer

REPORT ON THE FEASIBILITY OF EXPANDING PROJECT 50 TO SERVE 500 VULNERABLE CHRONICALLY HOMELESS INDIVIDUALS

This is in response to Supervisor Yaroslavsky's February 17, 2009 motion directing the Chief Executive Officer (CEO) to assess the feasibility of expanding Project 50 to serve up to 500 vulnerable chronically homeless individuals throughout Los Angeles County by the end of the next fiscal year ending June 30, 2010. Project 50, has proven to be one of the most successful models to address vulnerable chronically homeless individuals funded by the Homeless Prevention Initiative (HPI). The HPI has resulted in a number of successful programs serving homeless individuals and families including: Access to Housing for Health; Recuperative Care Beds; Beyond Shelter; and the Gateway Cities, San Gabriel Valley, and Westside Cities Councils of Government homeless projects. While we recognize the need for a comprehensive plan for a continuum to serve the homeless, Project 50 represents a component of the plan.

Our findings indicate that it is feasible to expand Project 50 to serve 500 vulnerable chronically homeless. If your Board supports the implementation of Project 500, we would recommend the following six actions:

1. Establish *Street to Home* as a County strategy to assist the most vulnerable chronically homeless in the County.
2. Establish the use of the Common Ground's *Vulnerability Index* as the best methodology to identify and prioritize services to the most vulnerable chronically homeless individuals.

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3. Direct the CEO to provide information to non-profit housing providers that may be interested replicating the *Street to Home* model and have available housing assistance such as Shelter Plus Care, Section 8 or Good Samaritan vouchers.
4. Direct the Departments of Mental Health (DMH), Public Health (DPH), and Health Services (DHS) to explore funding opportunities to pilot, within existing resources, a multi-disciplinary mobile team to provide integrated and intensive health, mental health, and substance abuse treatment for 100 individuals living in scattered site housing.
5. Designate DMH as the lead agency in collaboration with DHS, DPH, and the Housing Alliance to design an interdepartmental administrative team to facilitate, coordinate and administer services for residents in permanent housing, such as the Integrated Supportive Services Team (ISST), to serve vulnerable chronically homeless individuals. The Housing Alliance should explore opportunities to leverage existing State, federal, and other funding resources and identify new funding opportunities to serve this population. The Housing Alliance should also work with cities to better align their housing projects with our existing services funding.
6. Direct the CEO to work with departments to identify feasible opportunities for the implementation of Project 500 using existing resources.

If your Board supports the expansion of Project 50 to 500, the County could expand and replicate the success of Project 50 and improve the lives of many more vulnerable chronically homeless individuals in areas throughout the County. At Project 50's Year One Update, Supervisor Yaroslavsky noted that thousands of homeless individuals remain on the streets Countywide. Building on the success of Project 50, Supervisor Yaroslavsky challenged the County to expand the design to include 500 vulnerable chronically homeless individuals Countywide based upon the available resources, current infrastructure, and the unique needs of each community.

Background and Success of Project 50

Project 50, which was created as a result of Supervisor Yaroslavsky and Supervisor Molina's November 20, 2007 motion, implemented a new system of care to support and improve the lives of vulnerable chronically homeless individuals living on Skid Row. The Project was a successful collaboration that included more than 24 government and non-profit agencies. Based on Common Ground's *Street to Home* strategy, the program targeted and identified the most vulnerable individuals on the streets and moved them into housing with intensive, integrated health, mental health, and substance abuse treatment services. Project 50 employed a recovery approach toward treatment that

empowers individuals to develop their own goals toward community integration, skills acquisition to become self-sufficient, and builds their capacity to increase current levels of functioning.

A year after its launch, Project 50 has successfully moved 50 of the most vulnerable chronically homeless individuals off of the streets of Skid Row with an impressive housing retention rate of 88 percent. Moreover, significant decreases in incarcerations, hospitalizations and emergency room (ER) visits indicate improved health and behavioral health outcomes. Connecting individuals to public benefits, Medi-Cal, Supplemental Security Income, and other public benefits in a timely manner also has increased access to services. Ninety-five percent of the individuals diagnosed with a mental illness are receiving treatment, and 61 percent of individuals with a reported history of substance abuse are participating in substance abuse treatment. In addition to improving the well-being of these 50 individuals, estimates show considerable cost avoidance as a result of fewer days spent in ERs, hospitals, and jails.

The Year One Progress Report indicated that 43 participants who remained in permanent housing had accumulated 754 days in jail, at an estimated cost of \$79,000, in the year prior to being housed. Since being housed, the 43 individuals had a combined total of 142 days in jail at a cost of \$15,000. Similar findings concerning hospital stays were noted. In the year prior to being placed in permanent housing \$677,000 was spent on hospital stays for this population versus \$185,000 since being housed. In addition to the cost avoidance, this innovative model has enhanced the lives of these individuals through the provision of recovery-based intensive and supportive services within community housing. It serves as an example that inspires efforts to change the lives of others across the entire Los Angeles County region. Project 50 has demonstrated that the chronically homeless are *not* service resistant.

Rationale for Project 500

With the expansion of Project 50, the County can build on these positive outcomes to promote recovery and wellness through the development and implementation of new programs that will ensure hundreds of the most vulnerable chronically homeless individuals are provided with housing and integrated supportive services that are based on their needs and goals. Partnerships with County, City, and non-profit agencies would allow Project 500 to leverage resources to better serve the homeless and will result in future cost-savings through reductions in incarcerations and utilization of expensive ER and hospital services. Planning for Project 500 would focus on Project 50's three-phased operational process: 1) registry creation using Common Ground's *Vulnerability Index*; 2) outreach and housing placement; and 3) housing retention. In addition, Project 500 would focus on serving individuals living in County regions with a high concentration of homelessness, such as Venice, the San Fernando Valley, and Hollywood. Key partners would include: Los Angeles Homeless Services Authority, Skid Row Housing Trust (SRHT), Veterans'

Administration, and a mobile health team consisting of community-based health, mental health, and substance abuse providers contracted by DMH in collaboration with DHS and DPH.

The expansion of Project 50 would increase the target population's access to available housing vouchers and supportive services by providing the following:

- **Increased access to Shelter Plus Care vouchers:** With tens of thousands of chronically homeless individuals throughout the County, there is a great need for more Shelter Plus Care vouchers attached to supportive services. Potential pilot opportunities are shown in the attachment. The SRHT is offering 100 units of housing with Shelter Plus Care vouchers for vulnerable chronically homeless individuals living in the Skid Row area (Second District). In addition, the County's DMH has committed 50 Shelter Plus Care vouchers through its Good Samaritan grant for individuals in Project 50 who have achieved a level of stability, no longer require the intensity of services of Project 50 and are prepared to integrate into communities outside Skid Row. The City of West Hollywood is interested in providing services for 40 individuals over two years, and by combining the Shelter Plus Care vouchers with the City's services, funding and resources would be leveraged to serve the vulnerable chronically homeless. Another ongoing challenge includes siting housing once vouchers have been secured, which must occur prior to use of vouchers.
- **Increased access to Section 8 vouchers:** There is also a shortage of Section 8 vouchers for those higher functioning individuals. In collaboration with San Fernando Valley Community Mental Health Center, housing through Housing Authority City of Los Angeles and Section 8 will be offered with integrated health, mental health and substance abuse services.
- **Intensive outreach and integrated supportive services:** Service integration has been critical to the success of the Project 50 team. The program has developed procedures and policies specifically to integrate staff from multiple departments and agencies. Dedicated and well trained staff are required to address the needs of this population. The Project 50 model would provide outreach and engagement services, case management, and housing services in the first phase of the program. Based on each individual's needs and goals, a specially trained multi-disciplinary, multi-agency team such as the Integrated Supportive Services Team (ISST) would provide ongoing intensive health, mental health, substance abuse treatment, and case management services to promote successful community integration.
- **Mobile Health Team:** A July 24, 2007 Board Motion by Supervisor Yaroslavsky and Supervisor Burke suggested that a mobile supportive services program may meet the needs of those in housing and would improve their stability and decrease their use of shelters, emergency rooms and psychiatric hospitalizations and medical detoxification

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programs. A Mobile Health Team Scattered Site Pilot could serve 100 homeless people Countywide. The Mobile Health Team would consist of medical personnel (Physician, Physician's Assistant, and Nurse Practitioner), a mental health clinician, a substance abuse counselor, and a case manager familiar with public benefits eligibility criteria and application processes. The team would travel in a van with supplies and equipment to various housing sites within the County.

Based on the existing Project 50 demonstration pilots and the potential for future projects identified in the attachment, it is clearly feasible to provide housing and supportive services to 500 of the County's vulnerable chronically homeless individuals. Piloting a variety of models and designs in different communities would provide a broad perspective of which pilots work best in certain regions. Moreover, Project 50's integrated service team model would enhance information sharing among departments and agencies to better serve this population, enhance the quality of care, and ensure better utilization of County and community resources.

The expansion of Project 50 would expand the availability of transitional and permanent supportive housing for 500 individuals identified as the most vulnerable chronically homeless in targeted regions Countywide. These individuals would receive regular supportive services that they need to remain stable in housing and avoid costly visits to ERs and hospitals.

By building upon the successes of Project 50 and increasing the individuals served to 500, the County would make a dramatic impact on the lives of vulnerable chronically homeless individuals, as well as the communities in which they reside.

If you have any questions, please contact me or your staff may contact Miguel A. Santana, Deputy Chief Executive Officer at (213) 974-4530, or via e-mail at msantana@ceo.lacounty.gov.

WTF:MS:KH
VKD:hn

Attachment

c: Executive Officer, Board of Supervisors
County Counsel
Director of Health Services
Director of Mental Health
Director of Public Health

**PROJECT 500
EXISTING PROGRAMS AND POTENTIAL PILOT OPPORTUNITIES**

PROJECT	PERSONS SERVED	RENTAL HOUSING ASSISTANCE	SUPPORTIVE SERVICE CONTRACTOR	TERM	STATUS
Project 50	50	HACLA Shelter Plus Care Project Based Vouchers	JWCH, Inc. Skid Row Housing Trust	2 Years	Implemented
Skid Row Housing Trust	100	HACLA Shelter Plus Care Project Based Vouchers	Skid Row Housing Trust	TBD	Pending
Santa Monica	130	Santa Monica Housing Authority Shelter Plus Care, Section 8 Vouchers and Other	OPCC Step Up on Second	2 Years	Implemented
San Fernando Valley	30	HACLA Section 8 Vouchers	San Fernando Valley Community MH Center	1 Year	Board approved 4/14/2009
Venice	40	HACLA Shelter Plus Care Section 8 Vouchers	St. Joseph's Center	2 Years	Board approved 4/14/2009
Hollywood	2	Full Service Partnerships	TBD	TBD	Pending
Veterans Administration	50	HUD VASH Vouchers	TBD	TBD	Pending
Department of Mental Health	50	Good Samaritan Shelter Plus Care Vouchers	TBD	TBD	Pending
West Hollywood	40	HACoLA TBD	TBD	TBD	Pending
Glendale	5	HUD Supportive Housing Program	PATH Achieve Glendale	TBD	Pending
Mobile Health Team Scattered Site Pilot	100	TBD	TBD	1 Year	Proposal
TOTAL	597				