

***LOS ANGELES COUNTY INTERDEPARTMENTAL
COUNCIL ON HOMELESSNESS***

***COUNTY ROADMAP
FOR ADDRESSING HOMELESSNESS***

Background

On January 31, 2012 the Los Angeles County Board of Supervisors adopted a motion authored by Supervisors Zev Yaroslavsky and Mark Ridley-Thomas with an amendment from Supervisor Knabe to create the Los Angeles County Interdepartmental Council on Homelessness (LACICH). The motion established the LACICH as follows:

1. Establish a Los Angeles County Interdepartmental Council on Homelessness to bring together the County stakeholder departments and agencies to coordinate the County's efforts to end homelessness in our communities.
2. The goal of the LACICH shall be, within existing resources, to develop and sustain an interdepartmental Los Angeles County plan that will seek to prevent and end homelessness by bringing the resources of the entire County family to bear upon this problem in a dynamic, coordinated and collaborative fashion, including the use of national and local best practices, and by ensuring accountability and results. The LACICH shall ensure its efforts are congruent with and complement existing County initiatives.
3. Establish the following structure for the LACICH:
 - a. The LACICH will be presided over by the Chairperson of the Los Angeles County Board of Supervisors and the Chief Executive Officer will serve as the Vice-Chairperson.
 - b. LACICH members are the directors of the following Los Angeles County Agencies and Departments: Chief Executive Office (CEO); Children and Family Services (DCFS); Community and Senior Services; Community Development Commission/Housing Authority; Health Services (DHS); Human Resources; Mental Health (DMH); Military and Veterans Affairs; Probation; Public Defender; Public Health (DPH); Public Social Services (DPSS); Sheriff; Courts and the Los Angeles Homeless Services Authority (LAHSA).
 - c. LACICH Advisory Agencies include the U.S. Interagency Council on Homelessness, U.S. Department of Housing and Urban Development, U.S. Social Security Administration, U.S. Department of Veterans Affairs, and the U.S. Department of Labor.
 - d. An evaluation of the Council should be performed after two years.

In addition, the CEO was directed to:

Develop an inventory of all outcomes, findings, and best practices that resulted from the Board's investment of \$100 million to prevent and end homelessness, such as Project 50, Access to Housing and Health, Institutions for Mental Disease Beds, Benefits Entitlement Services Team

(BEST), and the Skid Row Families project, an assessment of each and offer potential options for the LACICH to consider in enhancing and improving the County's approach moving forward.

According to the 2011 Greater Los Angeles Homeless Count Report by LAHSA, 51,340 individuals are homeless in Los Angeles County. The data collected for the Los Angeles Continuum of Care (LACoC), which includes all of Los Angeles County except the cities of Glendale, Pasadena, and Long Beach, showed that Los Angeles remains the homeless capital of the country. The LACoC has counted 45,422 homeless individuals among whom various subpopulations have been identified, including 15,489 (34%) persons with substance abuse problems; 14,830 (33%) persons with mental illness; 10,901 (24%) chronically homeless individuals; 9,903 (22%) persons with physical disabilities; 9,218 (20%) families; 8,131 (18%) veterans; 4,610 (10%) survivors of domestic violence; 3,959 (9%) homeless youth; and 1,104 (2%) persons with HIV/AIDS. Some of these individuals suffer from co-occurring disorders. The data affirms the urgent need to clearly understand each subpopulation's unique challenges and to strategically implement the best practice solutions matched to each subpopulation.

In 2006, the Board of Supervisors adopted a \$100 million Homeless Prevention Initiative (HPI) that allowed various County Departments to innovate, align and leverage resources in order to launch several successful homeless demonstration projects. The LACICH, as noted in the motion, seeks to "scale up" the lessons learned to systematically align and integrate existing resources within the County family of departments and to collaborate with our government and community partners on this issue.

Roadmap Development

Representatives from the member departments met eight times between April 17th and August 25th, 2012. Over 40 people participated in the workgroup process during this time period, sharing their expertise, understanding of their departments' existing programs, procedures, and protocols, as well as discussing effective interdepartmental collaborations, such as DMH's Integrated Mobile Health Teams (IMHTs) using Mental Health Services Act, Innovations funding, and DHS' supportive housing program. As part of the process, the workgroup developed and clarified common homelessness terminology; identified barriers and best practices, particularly around youth homelessness; identified core themes in their work; analyzed cases as part of the learning process; and shared current and future projects. This work led to the development of common goals and a system framework, the identification of key homeless subpopulations, and a series of recommendations. Together, these make up an interdepartmental County plan which is now referred to as the "Roadmap."

Systems Framework

The systems framework provides a structure for understanding the available

resources and services provided by the LACICH member departments to the subpopulations. It also helps us to conceptually understand how County departments under the leadership of LACICH play a central role in moving individuals or families from their point of entry into homelessness toward permanent supportive housing and helped to identify the desired outcomes for the Roadmap.

In order to effectively integrate services and identify points for coordination and collaboration, County departments inventoried their existing efforts with homeless populations. This was particularly important for the youth and family subpopulations, who are underrepresented in existing studies, and often have challenges accessing County services and resources. The LACICH workgroup created a catalogue that inventories County Homelessness Programs (See Appendix A). This allowed the workgroup to understand the breadth and depth of resources that exist within the County departments. This information was the cornerstone for identifying best practices, as well as areas for improvement and innovation.

Six key principles guide the Roadmap work of the LACICH:

1. All County Departments have a role to play in addressing homelessness.
2. Individuals and families cannot be formerly homeless until they have a permanent home with the appropriate level of supportive services.
3. Ongoing collaboration and coordination to enhance the integration of supportive services is critical.
4. Systemic changes should focus on reducing barriers and bureaucratic processes to expedite the acquisition of housing and supportive services.
5. Homeless outcomes need to be tracked in a coordinated manner to inform the development of targeted programs and policies that result in ending homelessness.
6. The ultimate goal after an individual or family is permanently housed with needed supportive services is reintegration into their respective communities.

The Roadmap seeks to achieve five main outcomes:

1. The development of more permanent supportive housing;
2. Improved data sharing;
3. The creation of integrated health and social service teams;
4. Enhanced funding integration; and
5. A legislative platform for homelessness.

Homeless Subpopulations

Building off the distinct subpopulations identified in the 2011 LAHSA Homeless Count, and in line with the United States Interagency Council on Homelessness (USICH) “Opening Doors” federal strategic plan, LACICH has focused its work

on four homeless subpopulations: youth; families; veterans; and the chronically homeless. Each subpopulation has access to different types of resources based on factors such as age, physical and mental health status, history of military service, and foster care status – in addition to a variety of other indicators that impact eligibility for assistance.

The goal of the LACICH is to develop a governing body and structure that will help to facilitate timely referrals and quick connections to appropriate permanent housing and supportive services given the needs of the individual or family. If obstacles stand in the way of timely referrals to service, the objective of the LACICH is to address those systemic barriers using the collective knowledge, expertise and creativity of the group to think “outside of the box” whenever possible to effectively serve the various subpopulations.

The Roadmap identifies the core objectives and strategies to effectively begin addressing the homeless subpopulations both individually and collectively by leveraging existing resources for the greatest possible number of homeless individuals and families. These recommendations were developed based on the workgroup’s identification of areas of need and existing shared practices and opportunities for collaboration. This Roadmap points to important synergies between and across departments, the importance of utilizing existing resources in innovative ways, and considering new strategies to achieve important positive outcomes for homeless individuals and families. In addition, federal and local best practices were given the utmost consideration and were incorporated in the development of this Roadmap.

During the LACICH workgroup meetings, participants shared and learned information on best practices and national/local models of care for the four subpopulations. The following themes and actions emerged for the four subpopulations:

Youth

- The USICH recommends determining a homeless youth’s risk level through an assessment of risk factors and protective factors. Risk factors are health and social issues that undermine youth stabilization such as substance abuse, unprotected sex, and/or emotional distress. Protective factors are health and social elements that improve youth stabilization such as connection to school, a positive adult role model, and/or employment, etc. The intervention provided to the youth should be based on the assessment of acuity level and should aim to reduce the risk factors and increase the protective factors, which will lead to improved outcomes in relation to stable housing, emotional well-being, education and employment.
- Particularly vulnerable youth, who have a high rate of homelessness and/or might be prioritized for immediate intervention, include those youth with a history of foster care or juvenile justice

involvement, lesbian/gay/bi-sexual/transgender and questioning youth and/or pregnant or parenting youth.

- Support and encourage efforts by Probation and DCFS to shift from transitional housing to permanent supportive housing models, such as “transition in place” in which transitional services are provided within a housing environment that has no pre-established move-out date for each youth.
- Stay informed of national/state youth homelessness policies/programs, such as the USICH youth homelessness framework and the California Homeless Youth Project’s efforts to develop a state action plan to end youth homelessness.
- Stay informed of departmental efforts that impact youth homelessness, such as Youth Self-Sufficiency, Katie A, and the Youth Cross-Over Motion to address dependency youth crossing over from child welfare to delinquency.
- Pursue resources and funding dedicated to youth homelessness, such as the County’s plan for the Transitional Housing Placement Plus Program (THP-Plus) realignment monies for youth housing, Federal Runaway Homeless Youth Act funds, and additional Family Unification Program vouchers.

Families

- Use lessons learned from the Homeless Prevention Rapid Re-housing Program (HPRP). HPRP was used for individuals and families who needed short term assistance to either remain housed or get re-housed quickly and efficiently.
- Match the appropriate level of intervention with the needs of the family. As an example, HPRP resources were used for families with fewer needs and the most intensive interventions such as permanent supportive housing was used for families with the most significant, complex health and social issues.
- Develop and pilot a regional infrastructure throughout Los Angeles County to prevent, re-house and/or provide supportive services for homeless families within their own communities. The Family Solution Centers (FSCs), a LAHSA, County, City and community-based collaborative, will begin to build this capacity at local levels and will evaluate at annual intervals the overall effectiveness of the pilot to expedite housing, in addition to whether better coordination and access to needed resources occurred.

Chronically Homeless

- Apply lessons learned from the cost analysis of Project 50 and continue to implement more permanent supportive housing through a Housing First approach as a County family. This cost analysis strongly indicated that up front investments in housing first by providing permanent supportive housing for the most vulnerable of our homeless residents saves significant public costs.
- Increase the alignment and leveraging of the supportive service components of permanent supportive housing including health, mental health, substance abuse treatment, and disability benefit establishment.
- Pursue federal funding opportunities presented by the Affordable Care Act in 2014, which seeks to expand access to a broad range of Medicaid-covered health care services to the most vulnerable populations, particularly the chronically homeless.
- Address the high propensity of co-occurring disorders among homeless individuals; develop strategies to increase access to substance abuse treatment services.

Veterans

- Use lessons learned from Project 60 to promote the partnering of the U.S. Department of Veterans Affairs, LACICH and community-based service providers, with a strong focus on community-based mental health treatment, including Veterans Affairs Assertive Community Treatment teams (ACT) to support the implementation of permanent supportive housing.
- Develop strategies to enhance the coordination of County and the U.S. Department of Veterans Affairs efforts to address homelessness, including accessing and obtaining veterans' benefits.
- Pursue additional resources for homeless veterans including Housing and Urban Development, Veterans Affairs Supportive Housing, Vouchers, funding for ACT, and other health, mental health and supportive services.

Homeless Prevention Initiative (HPI) Outcomes

An inventory of all HPI funded programs, outcomes, and best practices are currently being compiled and will be distributed to the LACICH in 2013. The following HPI projects, which have risen to the top of the list by demonstrating significant results based on analyses that considered cost, reduced use of emergency services, and access to benefits are listed below. These HPI programs helped to inform several of the LACICH recommendations discussed

in subsequent sections in this report.

- **Project 50** – Project 50 provided the most vulnerable homeless individuals in Skid Row with Permanent Supportive Housing through a Housing First approach. Over the two-year evaluation period, the project yielded total cost offsets of \$3.284 million, which is 108% of program costs and returned to the County more than the amount invested in the program, generating a surplus of \$4,774 per occupied unit over a two year period. This project supports recommendations 1, 4, and 11.
- **Access to Housing for Health (AHH)** - An evaluation of AHH determined that each housed client used an average of \$32,000 per year less in DHS services in the year following housing as compared to the year before housing. In addition, there was a 76% reduction in emergency room visits and an 85% reduction of inpatient days. This project supports recommendations 1, 4, and 11.
- **Benefits Entitlement Services Team (BEST)** - As of March 30, 2012, 1,400 individuals were enrolled in BEST. Approximately 80% were chronically homeless at the time of enrollment. A total of 872 Supplemental Security Income (SSI) applications were submitted, and decisions were received for 797 applications. Of these 797 applications, 692 were approved, for an approval rate of 87%, a marked increase over the 10-15% approval rate generally seen for this population (per Social Security Administration). This project supports recommendation 10.
- **Skid Row Families** – 300 families living in Skid Row were served by the Skid Row Families Project of which 241 were permanently housed. Approximately 80% of families served obtained permanent housing. This project supports recommendation 13.

Recommendations for Adoption

Permanent Supportive Housing Recommendations:

1. Recommend that DHS, DMH, DPH, and DPSS collaborate on an integrated care pilot program for homeless patients being discharged from County acute care facilities to provide short term residential placement with on-site supportive services and linkage to permanent supportive housing. The individuals served would be medically stable, but would have behavioral health challenges and other co-occurring physical health conditions and substance use disorders that impact health and housing stability. Explore using available and unfunded substance use disorder beds for the pilot.
2. Recommend that DPSS identify and partner with agencies who have been awarded grants to address family homelessness via First 5 LA's Supportive Housing for Homeless Families Fund, FSCs and through other local, state and national efforts that serve families.

3. Recommend that DPSS identify and partner with permanent supportive housing providers and/or efforts such as United Way's Home for Good or DMH's Mental Health Services Act Housing Program in which individuals qualify for DPSS homeless/housing programs and can utilize the program payments for move-in costs and/or rental subsidies.
4. Recommend that DHS, DMH, and DPH pursue opportunities under health care reform to establish comprehensive and coordinated systems of care linked to initiatives such as the Health Home Option that support the acquisition and maintenance of permanent supportive housing for individuals who are homeless and have chronic health and/or behavioral health conditions.
5. Recommend that innovative models of permanent housing with the appropriate supportive services needed to address the needs of Transition Age Youth (TAY) be explored, such as the TAY Transition in Place Demonstration Pilot.

Data Sharing Recommendations:

6. Recommend that the CEO and Chief Information Office (CIO) develop a guide listing departmental contacts for homeless resources and types of services provided and link information to the County's web portal.
7. Recommend that the CIO explore the feasibility and cost of developing a central repository of critical information/services for departments to immediately access. (i.e. housing options and vacancies).
8. Recommend that each health and human service department place a flag on data systems and case files identifying a person as homeless.
9. Recommend that CEO, CIO, and LAHSA explore strategies to align data systems to better track and coordinate appropriate interventions, and outcomes and to reduce duplication of entering data into different systems for homeless individuals and subpopulations.

Integrated Health and Social Service Team Recommendations:

10. Recommend efficient and expedient access to SSI benefits for eligible homeless individuals as demonstrated by the lessons learned from the BEST.
11. Recommend that DMH, DHS, DPH, DPSS, DCFS, and Probation departments explore the feasibility of reconfiguring or aligning existing staff into Multidisciplinary Integrated Teams (MITs), including one for the chronically homeless and possibly TAY.
12. Recommend that DMH, DHS, DPH, DPSS, DCFS, and Probation identify

staff to implement an executive-level interdepartmental leadership MIT to oversee the MITs.

13. Recommend leveraging and aligning efforts to support an expedited, family friendly, community-based regional infrastructure, such as the piloting of the FSCs, to ensure rapid re- housing and supportive services for homeless families within their own communities. DCFS, DPSS, DMH, and DPH should maintain a small team in the Skid Row area to divert families coming from other regions to the FSCs.

Funding Recommendations:

14. Recommend that HPI funding and/or savings be aligned with the LACICH.
15. Recommend that the LACICH leverage funding and other opportunities such as local, state, national, and philanthropic efforts to pilot collaborative, integrated and/or innovative ideas to address various aspects of homelessness. Potential projects could include a presumptive eligibility pilot targeting individuals diagnosed with schizophrenia which is under consideration between the Social Security Administration, DMH and DHS and/or a DMH Vivitrol pilot with the Sheriff that could target opioid-dependent inmates who are repeat offenders with multiple episodes of homelessness. This could include obtaining the expertise of a grant writer.

Legislative Recommendations:

16. Recommend adding the following legislative items to the County's State Legislative agenda:
 - a. Support measures that allocate additional or to redirect existing resources to create and rehabilitate housing for low and extremely low-income populations.
 - b. Support a sustainable funding source through MediCal for the supportive services that can be aligned with permanent housing.
 - c. Support measures to redesign the current structure of the Drug MediCal program to expand the scope of reimbursable services to include a comprehensive continuum of care consistent with nationally accepted principles of effective treatment of substance use disorders and to remove administrative barriers that undermine effective service delivery, such as facility-based program certification requirements and limited County control of the program certification process.
 - d. Support proposals to extend permanent housing subsidies beyond two years for young adults exiting foster care.
 - e. Continue to urge the state either by executive order or by legislation to adopt a statewide interagency council on homelessness.

Administrative Recommendations:

17. Recommend that each health and human services department head include a Management Appraisal and Performance Plan goal regarding homelessness.
18. Recommend that the LACICH workgroup meet quarterly to discuss homeless policy issues and address systemic barriers.
19. Recommend that DMH and DHS work collaboratively with CEO to develop specific housing and homeless job classifications to reflect work currently underway to develop and implement permanent supportive housing. These job classifications could be replicated by other health and human services departments in the future.

Actions Being Developed and/or Implemented to Support the Recommendations

Data Sharing:

- Recommendation 8 – DHS has a homeless indicator in their data system and DMH is planning to include a homeless indicator in their new Integrated Behavioral Health Information System that they will be implementing in 2014. With the addition of other departments identifying homeless clients in their data systems, we will have greater ability to track outcomes and better understand the population of homeless individuals receiving County services.
- Recommendation 9 – The CEO’s Research and Evaluation Team has implemented the County’s Enterprise Linkages Project (ELP), which provides an opportunity to evaluate and make better informed policy decisions based on demographic, service utilization and other data from multiple departments, including DHS, DMH, DPH, DPSS, CSS, and the Sheriff. An MOU is being developed between the CEO and LAHSA to ensure that ELP and LAHSA’s Homeless Management Information System will be able to share de-identified data. This may be the platform for implementing further enhancements to expand data sharing.

Integrated Health and Social Service Teams:

- Recommendation 10 - DHS is developing an interdepartmental effort to provide intensive and hands-on training for health and mental health clinics to teach how to quickly and efficiently document an individual’s eligibility for social security benefits and the steps needed to complete the application. The goal is that these clinics would integrate the lessons learned from BEST into their daily operations.

- Recommendation 11 – Using national and local best practices, such as ACT, the Project 50 Outreach and Engagement Team, and the LAC+USC Integrated Engagement Team, five community-based IMHTs have been initiated by DMH. These multidisciplinary teams engage severely mentally ill street and shelter-based homeless individuals and get them permanently housed with needed supportive services.
- Recommendation 13 – The anticipated start-date of the FSCs pilot is February 2013.

Administrative:

- Recommendation 17 – DMH has included a Management Appraisal and Performance Plan goal regarding homelessness.
- Recommendation 19 – In 2009, DMH drafted Housing Specialist I and II class specifications, but the timing to pursue these was not optimal. There is renewed interest and a greater relevance now based on LACICH, as well as DMH and DHS' housing efforts to discuss the feasibility of developing a specialized housing classification across health and human service departments with the CEO.

Summary

LACICH has provided an opportunity for the County family to bring together the department heads in the development of both a conceptual framework and a tangible plan for addressing homelessness among youth, families, chronically homeless individuals, and veterans. During the first year, under Supervisor Yaroslavsky's leadership, a workgroup of departmental representatives was created to discuss the successes and the challenges of serving the homeless subpopulations with the goal of expanding, enhancing and/or developing new strategies to better coordinate and integrate County efforts for serving these individuals and families.

The first year of the LACICH has been primarily devoted to a review of best practices, building a learning community to inform the planning efforts, and developing the LACICH Roadmap which will lay the foundation for future implementation of the recommendations. The second year, beginning December 4, 2012, when Supervisor Ridley-Thomas will become Chairman of the Board, planning efforts will shift to implementation of the Roadmap and sustaining the problem-solving and collaborative leadership that has been established through the LACICH.

Inventory of Benefits and Services that are Directly or Indirectly Provided to Homeless Families and Individuals

Program	Department	Service Category										Population				Program Description and Benefit/Service/Program Coordination	Location
		Education/ Training	Employment	Food	Health	Health Insurance	Housing (including subsidies)	Mental Health	Money/Cash Assistance	Substance Abuse	Transportation	Chronic	Families	Veterans	Youth		
Chafee Program Funds	Children and Family Services (DCFS)	✓	✓				✓	✓	✓						✓	DCFS receives an annual allocation of Chafee funds (currently at \$12.6 million) to support transition-age youth (ages 16-21) to become self-sufficient. The Independent Living Program housing provides 175 beds, administered by LAHSA and 48 beds administered by DMH. Rental subsidies for other housing options are also given to youth who need to secure housing. In addition, this program offers monetary and service support in the areas of education, employment, life skills and mental health, either directly or contract providers.	Countywide
Transitional Housing Programs – THP+ and THP	DCFS	✓		✓			✓		✓						✓	DCFS has an array of transitional housing programs for transition age youth 18-24. THP+ (18-24) has 84 allocated housing slots and is funded through Federal/State funding streams. THP (18-21) has 155 allocated housing slots and is primarily funded through HUD and LAHSA with matching DCFS Chafee funds.	Countywide
Youth on the Move	DCFS/ Metropolitan Transportation Authority										✓				✓	MTA, DCFS and Probation are collaborating on a 12-month project (July 2012 to June 2013) to provide up to 2,000 MTA subsidized Metrolink/bus Transit Access Pass (TAP) cards to current and former foster youth ages 18 -21.	Countywide
City of Industry (future funding may not be available)	Community Development Commission (CDC)						✓				✓	✓	✓	✓	✓	The City of Industry (COI) Program finances the development of affordable housing. COI are tax increment set-aside funds administered by HACoLA. COI funds help to build affordable housing for special needs populations. Since the program began, over \$193 million in COI has leveraged over \$1.6 billion from other funding sources to help create over 6,500 units of affordable housing throughout L.A. County. A significant amount of this housing is aimed at homeless, mentally ill and physically challenged populations.	Within a 15 mile radius of the City of Industry
Community Development Block Grant	CDC	✓	✓	✓	✓		✓	✓	✓		✓	✓	✓	✓	✓	CDBG provides communities with resources to address various community development needs. CDBG works to ensure affordable housing, provides services to the most vulnerable populations, and creates jobs through the expansion and retention of businesses. CDBG funds are allocated to local social service programs, many of which are local homeless programs.	Un-incorporated areas & participating cities in L.A. County
HOME	CDC						✓				✓	✓	✓	✓		The CDC receives an annual allocation of federal HOME dollars to help create or sustain affordable housing for low-income households. HOME funds a wide range of eligible activities that build, buy or rehabilitate affordable housing for both renters and homeowners. The CDC makes HOME funds available to developers of affordable and special-needs housing (including some homeless set-aside units) through an annual Notice of Funding Availability. In recent years, federal budget cuts have reduced the County of Los Angeles' HOME allocation, and future allocation amounts are hard to predict. The CDC currently administers approximately \$6.8 Million in federal HOME funds.	Un-incorporated areas & participating cities in L.A. County

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L.A. County Housing Resource Center	CDC						✓					✓	✓	✓	✓	Housing.lacounty.gov is a web-based database and housing locator tool that allows users to search for affordable and special income persons and families. This website allows landlords to list affordable rentals located in L.A. County at no cost, and includes a toll-free bi-lingual (English/Spanish) call center to assist users. Additional housing resources for seniors and veterans are posted, and the site has been used for special programs or resources when they are available. The website also has restricted access (password required) Agency User features to assist County departments and other agencies that need additional tools and resources to place homeless or special needs clients. The rental listings are updated weekly.	Countywide
Section 8	CDC						✓					✓	✓	✓	✓	The Section 8 Rental Voucher Program increases affordable housing choices for very low-income households who choose privately owned rental housing. The Public Housing Authority (PHA) generally pays the landlord the difference between 30% of household income and the PHA-determined payment standard (approx. 80-100% of the fair market rent). There are a limited number of vouchers that are set aside for homeless individuals/families allocated to local homeless programs and other County departments.	Un-incorporated areas & participating cities in L.A. County
Shelter Plus Care (S+C)	CDC						✓					✓	✓	✓	✓	The Shelter Plus Care Program (S+C) provides long-term housing and supportive services for homeless persons with disabilities, (primarily those with serious mental illness, chronic problems with alcohol and/or drugs, AIDS or related diseases) and their families who are living in places not intended for human habitation (e.g. streets) or emergency shelters.	L.A. County Un-incorporated areas and Countywide participating cities
Supportive Housing for Homeless Families Fund	First 5 LA/CDC	✓	✓		✓		✓	✓		✓			✓			First 5 LA approved a one-time allocation of funds that made approximately \$23,000,000 available for capital funds, rental assistance and supportive services for families with children that are ages 0-5 that are homeless or at-risk of homelessness. The funds were released as a Notice of Funding Opportunity (NOFA) by the CDC in October, 2012. Eligible applicants for capital funds include nonprofit and for-profit organizations, public agencies and joint ventures among those entities. Eligible applicants for administration of rental assistance and services were nonprofit organizations, public agencies or joint ventures of the two.	Countywide
Tax-exempt Bonds	CDC						✓									Since 1984, Housing Authority of the County of Los Angeles has issued more than \$650 million in mortgage revenue bonds for multi-family housing. The bonds are issued to developers to finance low and moderate-income housing for families. To ensure a public benefit, developers must set-aside at least 20 percent of the units in each project for rent to very low-income tenants (50% of median-income – adjusted for household size). Housing financed with tax-exempt bonds provides deep affordability benefitting special needs populations.	Countywide
Benefits Entitlement Services Team (B.E.S.T)	Health Services (DHS)											✓	✓	✓		The Benefits Entitlement Services Team (BEST) project is funded by HPI funds and provides health, mental health and case management services to assist eligible homeless individuals with applying for and obtaining Social Security Disability Insurance (SSDI)/Supplemental Security Income (SSI) benefits. The integrated BEST team coordinates the SSDI/SSI	Countywide

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																	application process and documentation of eligibility for disability by acquiring health/mental health records to support disability claim. In addition, the Social Security Administration and the Disability Determination Services Division have staff dedicated to the expeditious processing of BEST applications.	
General Relief - Record Retrieval Program	DHS - under DPSS MOU							✓				✓	✓	✓			DPSS GR Restructuring efforts have expanded the DHS Homeless SSI Outreach project to include DPSS-funded record retrieval services. A team of nurses provides DHS medical records and health care summaries to DPSS to facilitate appropriate healthcare documentation and expedite retrieval of records to support and/or strengthen disability applications for GR recipients.	Countywide
Healthy Way L.A.	DHS				✓							✓	✓	✓			Healthy Way LA (HWLA) provides the following services to low-income residents of L.A. County: primary care; access to in-house pharmacies; assigned “medical home”; preventive care and mental health services; access to specialists; care management services for chronic illnesses; urgent and emergency medical care coverage ; auto-enrollment for General Relief recipients; 24/7 nurse advice line and translation services.	Countywide
Housing for Health	DHS				✓	✓		✓	✓			✓	✓	✓			The Housing for Health program is funded with HPI funds and provides temporary and permanent housing, intensive case management services, health care, benefits advocacy and linkage to various other services to homeless individuals and some families. Through partnership with the County and City Housing Authorities, Housing for Health also provides Section 8 vouchers and public housing units.	Countywide
Inpatient, Outpatient, and Emergency Health Care Services	DHS				✓							✓	✓	✓	✓		DHS provides inpatient, emergency, and outpatient health care services through its network of four hospitals, two Multi-Service Ambulatory Care Centers, six Comprehensive Health Centers, ten Health Centers, and over 60 contracts with Community Partners to provide primary care and some specialty care and dental services. Many users of these facilities are homeless or at risk of homelessness. Hospital social workers and medical case workers assist homeless individuals with accessing temporary and permanent housing options and linking to homeless service providers and community-based resources.	Countywide
Recuperative Care Services	DHS				✓	✓						✓		✓			DHS contracts with JWCH Institute, Inc. to operate recuperative care beds for homeless individuals who have been discharged from DHS acute care facilities and are recovering from an acute illness or injury, and have conditions that would be exacerbated by living on the street or in a shelter.	Countywide
SSI Outreach	DHS							✓				✓	✓	✓			DHS has (2) RNs that serve as SSI Outreach Coordinators for DHS homeless patients. The nurses review and expedite retrieval of DHS medical records for the Social Security Administration, the State Disability Determination Services, The Benefits Entitlement Services Team, other County departments and government entities, and CBOs assisting homeless individuals with obtaining SSDI/SSI benefits.	Countywide

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CalWORKs/ GAIN/GROW/ DPSS Co- located	Department of Mental Health (DMH)		✓				✓	✓	✓		✓	✓			CalWORKs is a program for families with dependent children. Treatment is designed to remove mental health barriers to employment. The DMH Homeless CalWORKs Families Project (HCFP) is a collaborative between DCFS, HACLA, LAHSA and DMH designed to provide outreach, engagement, mental health treatment and housing to 300 individuals Countywide. DPSS co-located program provides referrals to treatment, clinical assessments, and referrals to GR clients, a significant percentage of which are homeless adults. GR recipients eligible to work are transitioned into the Greater Opportunities for Work (GROW) program and services are coordinated with DHS, DPSS, and DPH to provide mental health clinical assessments and referrals for mental health treatment.	Countywide	
Community- Based Mental Health	DMH	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	DMH offers a wide range of services to the homeless population including the following: <ul style="list-style-type: none"> • <u>Projects for Assistance in Transition from Homelessness</u> - PATH provides funding for outreach, case management, mental health services, linkage to primary healthcare services and housing to street homeless individuals with a serious mental illness. Some of the funding for this program is specifically for homeless Veteran services; • <u>Homeless Outreach and Mobile Engagement</u> - HOME program offers outreach, engagement, mental health screening, assessment, street counseling, case management, linkage to health/mental health and social services to mentally ill homeless individuals and their families; • <u>Full Service Partnership</u> - FSP programs serve clients of all ages (including homeless) with intensive needs and provide services that support recovery. • <u>Service Area Navigation Services</u> - Service Area Navigators work collaboratively with community providers to coordinate and link individuals to appropriate services and supports; • <u>Project 50</u> - Targets the most vulnerable homeless populations in various communities and provides intensive services to assist them with transitioning to Permanent Supportive Housing; • <u>Innovations Integrated Mobile Health Teams</u> - Field-based teams that provide integrated health, mental health and substance abuse services to the most vulnerable homeless individuals and families utilizing a housing first model to assist in obtaining and maintaining permanent housing; and • <u>Jail Transition and Linkage Services</u> - Coordinate and link incarcerated individuals diagnosed with mental illness to appropriate community-based mental health services and supports prior to their release from jail. The services include the Co-Occurring Disorders Court Program. 	Countywide	

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		Education/ Training	Employment	Food	Health	Health Insurance	Housing (including subsidies)	Mental Health	Money/Cash Assistance	Substance Abuse	Transportation	Chronic	Families	Veterans	Youth		
Housing Assistance Programs	DMH	✓					✓	✓	✓			✓	✓	✓	✓	<p>DMH offers a variety of housing programs that assist individuals and their families who are homeless or at risk of homelessness to secure emergency, temporary, and/or permanent housing. The programs include but are not limited to:</p> <ul style="list-style-type: none"> • <u>Countywide Housing Assistance Program</u> – Provides funding to assist mental health consumers without the financial resources to afford the costs associated with moving into permanent housing (i.e. household goods needed to start a home) and/or avoid eviction due to unexpected financial hardship. • <u>MHSA Directly Operated Housing Assistance Program</u> – Provides funding to assist Directly Operated FSP consumer’s permanent housing move-in costs, on-going rental assistance, purchase of household goods to start a home; and/or avoid an eviction due to an unexpected financial hardship. • <u>Shelter + Care/Homeless Section 8</u> - DMH contracts with the Housing Authorities of the City of L.A. and County of L.A. for rental subsidies for DMH clients. • <u>MHSA Housing Program</u> - Provides capital and operating funds for the development of new Permanent Supportive Housing Units across the County for homeless DMH clients and their families. • <u>Housing Trust Fund</u>- Provides funding for services to those living in Permanent Supportive Housing. • <u>Specialized Shelter Bed Program</u> – provides temporary shelter for individuals with a mental illness while they seek permanent housing. • <u>TAY Emergency Housing Vouchers</u> - provide temporary shelter for individuals with a mental illness or severe emotional disturbance during outreach and engagement. • <u>TAY Transitional Housing Programs</u> – In collaboration w/DCFS, the TAY Transitional Housing Program provides housing to emancipated mentally disabled adults exiting the foster care system and at risk of becoming homeless. 	Countywide
Adult Day Reporting Center AB109 – PSP(s)	Probation: Adult Field Services Bureau	✓	✓	✓	✓	✓	✓	✓	✓		✓		✓		<p>The Adult Field Services Bureau refers probationers to DPSS, the Social Security Administration, Employment Development Department, FBO(s), CBO(s), substance abuse programs, Adult Schools, Community Colleges, DMH, DPH, LAHSA, etc.; depending on their specific needs. The Adult Day Reporting Center connects probationers to various services onsite such as mental health, job placement agencies, and local educational/vocational programs within the 2nd Supervisorial District. AB109 Probation Supervised Persons are referred for services when assessed at the AB109 HUBs. Referrals for housing are made through Walden House and mental health needs are referred to onsite mental health staff for assistance. All other referrals (social security, educational or vocational needs, education and</p>	Adult Day -2 nd Supervisorial District	

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																	vocational programs, treatment/counseling, etc.) can also be made at this point.	
DPH programs	Public Health (DPH)	✓				✓							✓				<p>The role of the DPH Homeless Coordinator Unit is to work with DPH programs to coordinate DPH policies and activities that impact homeless individuals and families within L.A. County. The programs include but are not limited to:</p> <ul style="list-style-type: none"> • <u>Acute Communicable Disease Program (ACDC)</u>: Plans and inform implementation strategies on disease prevention. • <u>Community Health Services (CHS)</u>: CHS assigned a public health nurse to serve as the Community Health Services Homeless Outreach Coordinator to provide DPH Area Health Office staff with: (1) information on homeless resources within L.A. County; (2) education on homeless issues; and (3) data and information on projects that address the needs of the homeless within L.A. County. • <u>Children’s Medical Services (CMS)</u>: CMS authorizes payments to providers for children/youth, including those who are homeless, who qualify for reimbursement through California Children’s Services, a statewide program that coordinates and pays for medical care/therapy services for children under 21 with certain health care needs. • <u>Division of HIV and STD Programs (DHSP)</u>: Primarily through contractors, DHSP provides treatment services, including medical outpatient services, residential care services and case management services, to homeless HIV positive individuals and provides prevention services, including HIV counseling and testing services. • <u>Environmental Health (EH)</u>: EH provides routine and complaint-based investigations of vendor hotels/motels, permanent homeless shelters, temporary winter shelters, and emergency shelters. The scope of the inspections includes checking for compliance with L.A. County Code Title 11 for housing requirements and the California Retail Food Code for safety. • <u>Tuberculosis Control Program (TBCP)</u>: TBCP provides motel and restaurant vouchers, grocery/fast food gift cards, and bus tokens/passes to eligible homeless individuals with TB patients for the duration of their treatment. 	Countywide
Substance Abuse Prevention and Control	DPH	✓											✓	✓	✓	✓	<ul style="list-style-type: none"> • <u>Substance Abuse Prevention and Control (SAPC)</u>: SAPC provides substance abuse disorder treatment to approx. 70,000 individuals – 18% report homelessness. SAPC services include residential, outpatient, intensive outpatient, medication assisted treatment and referrals to community resources, i.e. housing. Additional services for this population include youth outreach and prevention, integrated services for CalWORKs family’s w/co-occurring disorders, engagement and treatment. 	Countywide

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CalFresh Program	Public Social Services (DPSS)			✓							✓	✓	✓	✓	The CalFresh Program (formerly Food Stamp Program) is a federal program that assists low-income individuals purchase food necessary for good health and nutrition. CalFresh benefits can be accessed using the Electronic Benefit Transfer Card (EBT).	Countywide	
CalFresh Restaurant Meals Program	DPSS			✓							✓	✓	✓	✓	The CalFresh Restaurant Meals Program allows homeless, disabled, and elderly CalFresh households to use their EBT Cards to purchase prepared/hot meals at participating restaurants authorized by USDA.	Countywide	
CalWORKs Program	DPSS	✓			✓			✓	✓	✓	✓			✓	<p>CalWORKs provides temporary financial assistance and employment focused services to families with minor children who have income and property below State maximum limits for their family size.</p> <p>The CalWORKs Program also provides specialized supportive services:</p> <ul style="list-style-type: none"> • Domestic Violence (DV) program provides services for CalWORKs participants who are victims of DV, with limitations/impairments to their ability to become self-sufficient through employment and/or participate in Welfare-to-Work (WtW) activities. • Mental Health program provides clinical assessments and mental health treatment to CalWORKs and HCFP participants with a mental health barrier that limits/impairs their ability to become self-sufficient through employment and/or participate in WtW activities. • Substance Abuse program provides clinical assessments and treatment services to CalWORKs WtW participants who have a substance abuse barrier that limits/impairs their ability to become self-sufficient through employment and/or participate in WtW activities. 	Countywide	
CalWORKs – Homeless Assistance	DPSS					✓		✓						✓	I. <u>Moving Assistance (MA) for CalWORKs families</u> - assistance to families experiencing a financial crisis, including homelessness or at risk of homelessness (already received eviction/or 3-day notice to pay or quit), to secure affordable, permanent housing.	Countywide	
							✓	✓						✓	<p>II. <u>Homeless Assistance Program (HA)</u> - HA Permanent Arrearages - pays up to 2 months in back due rent (CalWORKs family must have a verifiable financial hardship and monthly rent must not exceed 80% of Total Monthly Household Income).</p> <ol style="list-style-type: none"> Temporary Homeless Assistance - up to 16 consecutive days of homeless assistance to pay for a hotel/motel or paid shelter; Permanent Homeless Assistance - pays move-in costs (last month's rent, security deposit, utility turn-on fees); and HA Permanent Arrearages - pays up to 2 months in back due rent (CalWORKs family must have a verifiable financial hardship and monthly rent must not exceed 80% of Total Monthly Household Income). 	Countywide	

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							✓											III. <u>Emergency Assistance to Prevent Eviction Program (EAPE)</u> - provides up to \$2,000 in cash aid benefits to pay back due rent and/or utilities. EAPE is available once-in-a-lifetime (no exceptions) and may be used as needed. The CalWORKs family must have experienced a financial hardship and provide verification to qualify for the program.	Countywide
							✓											IV. <u>4-Month Rental Subsidy Assistance</u> - assists families receiving Permanent Homeless Assistance or Moving Assistance (i.e., CalWORKs families who have just found permanent housing and participating in the WtW program) to secure/retain permanent housing with a rental subsidy of up to \$300 per family (based on family size) for 4 months.	Countywide
							✓											V. <u>Housing Relocation Program (HRP)</u> - available to CalWORKs Welfare-to-Work participants who are in need of relocating due to employment and/or childcare. Travel time from current housing to employment/day care must exceed 1-hour one-way (participant must be employed 20 hours/per week or more or have a verifiable job offer 20 hours/per week or more). In addition, the prospective residence must be within 60% of the family's monthly income. The HRP pays up to \$1,500 for move-in costs and an additional \$405 for appliances (stove and/or refrigerator) if not available in the rental housing.	Countywide
CalWORKs- Homeless Services	DPSS						✓											I. <u>Homeless Case Management Program</u> - intensive case management services to CalWORKs homeless families, including crisis intervention, completion of a needs assessment, referrals to community resources (i.e. food pantries), employment placement, verification of DPSS benefits, development a housing plan in partnership with the family, provide rental listings, initiate referrals to Specialized Supportive Services (mental health, substance abuse treatment and services related to domestic violence), etc.	Countywide
							✓											II. DPSS contracts with LAHSA to provide emergency shelter to homeless CalWORKs WtW families. LAHSA sub-contracts with 7 agencies that provide up to 120 days of emergency shelter to eligible CalWORKs families. Outside agencies may refer homeless families to DPSS for eligibility determination for Homeless Assistance or any DPSS Housing Programs.	Countywide
							✓												III. DPSS CalWORKs district offices have designated Eligibility Workers (EWs) to connect families with CalWORKs and eligible homeless programs and services. The EWs are placed on an "on-call" basis to accept potential applications from access centers and shelters and will travel to the family, if necessary.

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							✓	✓	✓	✓	✓		✓			IV. HCFP is a collaborative effort between the DPSS, DMH, LAHSA, DPH, and the City and County Housing Authorities. The project is available for homeless CalWORKs Welfare-to-Work families in which a parent has a mental health issue. The main goal of the project is to move homeless families into emergency shelters, then into transitional housing and permanent housing while addressing barriers that prevent them from obtaining housing. Some of the services offered to all CalWORKs participants include: CalWORKs; employment and educational opportunities; transportation and child care; emergency shelter and transitional housing; mental health services, and permanent housing placement assistance.	Countywide
CalWORKs - Greater Avenues for Independence (GAIN) Program	DPSS	✓	✓					✓		✓	✓		✓			The GAIN Program is L.A. County's Welfare-to-Work (WtW) program. GAIN provides services to enable CalWORKs participants to achieve self-sufficiency through work. Program services include case management, paid and non-paid work experience, job search services, skills and clinical assessments, training and education, and assistance with work and school-related needs such as clothing, tools, child care and transportation. GAIN also provides services for mental health, domestic violence, substance abuse, and homelessness and works with other County Departments to address Family Preservation and reunification needs.	Countywide
General Relief	DPSS	✓	✓		✓		✓	✓	✓	✓	✓	✓	✓	✓	✓	GR assists needy adults who are ineligible for State or Federal assistance. An average GR case consists of one person (living alone), w/no income or resources. The maximum monthly GR grant for one person is \$221/\$374 for 2 persons. If eligible for GR, the following aid may be available while GR is pending: <ol style="list-style-type: none"> 1. Aid to prevent eviction; 2. Aid to prevent utility shut-off or to restore utilities; 3. Aid to 1st paycheck; 4. Meal and housing vouchers; 5. Transportation to seek jobs/keep medical appointments, etc. and 6. Expedited CalFresh benefits. 	Countywide
General Relief -Housing Programs	DPSS						✓						✓		✓	I. Emergency Housing vendor hotels and four downtown homeless shelters are available for homeless GR applicants who appear to be potentially eligible for GR benefits. This GR Program also invites hotel/motel vendors to become potential partners to participate in the Emergency Housing Program, a program that provides GR applicants the opportunity to stay in a homeless shelter or vendor hotel while their GR application is pending. There are approx. 60 partners within the County that provide housing opportunities for participants from all GR offices. Partners are paid a fee for providing emergency housing services.	Countywide

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							✓		✓				✓		✓	✓	II. The GR Housing Subsidy and Case Management Project are designed to assist individuals who have been homeless and are either employable and enrolled in the General Relief -Opportunities for Work (GROW) Program or are disabled and pursuing SSI benefits. The Project tests whether assisting the homeless GR population with a rent subsidy and coordinating access to other necessary supportive services reduces homelessness, increases employment, and/or increases receipt of Supplemental Security Income benefits. Project participants are eligible for a rental subsidy up to \$400 monthly and move-in assistance up to \$500 (once in a lifetime).	Countywide
General Relief -Opportunities for Work (GROW)	DPSS	✓	✓						✓		✓	✓	✓				GROW is for GR participants with the goal of transitioning into the labor market. GROW Program services include case management, early job search, job skills preparation class, educational/vocational training, etc. GROW also provides mental health and substance abuse services.	Countywide
Medi-Cal Program	DPSS				✓	✓						✓	✓		✓		The Medi-Cal Program provides health coverage for qualifying California residents with income and resources below established limits. Eligible Individuals: Persons 65 or older; persons who are under age 21; certain adults between 21 and 65 years of age if they have minor children living with them; persons who are blind or disabled; pregnant women; persons receiving nursing home care; and certain refugees, asylees, Cuban/Haitian immigrants. Documented and undocumented aliens may be eligible for Medi-Cal. Some persons may receive pregnancy related and emergency services only; others are eligible for full Medi-Cal benefits depending on their alien status.	Countywide
Community Transition Unit	Sheriff	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	Case managers and CBO's work with inmates in the L.A. County jail system to link them to benefits and resources at the pre-release stage. Upon their release, the CTU works with the CBOs to help coordinate the inmate's release from jail, linkage to services, and their transportation to their assigned community based service provider.	Services are in all County jail facilities.
Community Transition Unit - Just In Reach Program	Sheriff	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	The Just in Reach Program (JIR) is focused on the hardest to serve population of homeless repeat offenders (incarcerated three times within a three-year period with three episodes of homelessness in five years). JIR program provides intensive case management and links clients to various housing types including permanent affordable housing with comprehensive support services. JIR is a collaborative effort with participation from County and community based providers; supportive services are provided while clients are incarcerated and continue upon discharge. The program offers, but is not limited to: mental health and health services, substance abuse rehabilitation, mentoring services, employment and job training services, transportation services, and veteran's services.	County Jail Facilities and Countywide Upon Inmate Discharge