



San Gabriel Valley Council of Governments

AGENDA AND NOTICE OF THE MEETING OF THE HOMELESSNESS COMMITTEE

Wednesday, September 2, 2020 -- 8:30 AM

Teleconference Meeting

Livestream Available at: www.sgvkog.org

Chair
Becky Shevlin
City of Monrovia

Vice-Chair
Margaret Clark
City of Rosemead

MEMBERS
Arcadia
Baldwin Park
Claremont
Duarte
Glendora
Irwindale
Monrovia
Pomona
Rosemead
LA County Supervisorial
District #1
West Covina

EX OFFICIO
W. Huang

Thank you for participating in today's meeting. The Homelessness Committee encourages public participation and invites you to share your views on agenda items.

MEETINGS: *Regular Meetings of the Homelessness Committee are held on the first Wednesday of each month at 8:30 AM at the West Covina Council Chambers Meeting Room (1444 W. Garvey Avenue S., West Covina, CA 91790).* The Meeting agenda packet is available at the San Gabriel Valley Council of Government's (SGVCOG) Office, 1000 South Fremont Avenue, Suite 10210, Alhambra, CA, and on the website, www.sgvkog.org. Copies are available via email upon request (sgv@sgvskog.org).

Documents distributed to a majority of the Committee after the posting will be available for review in the SGVCOG office and on the SGVCOG website. Your attendance at this public meeting may result in the recording of your voice.

CITIZEN PARTICIPATION: Your participation is welcomed and invited at all Committee meetings. Time is reserved at each regular meeting for those who wish to address the Board. SGVCOG requests that persons addressing the Committee refrain from making personal, slanderous, profane or disruptive remarks.

TO ADDRESS THE COMMITTEE: At a regular meeting, the public may comment on any matter within the jurisdiction of the Committee during the public comment period and may also comment on any agenda item at the time it is discussed. At a special meeting, the public may only comment on items that are on the agenda. Members of the public wishing to speak are asked to complete a comment card or simply rise to be recognized when the Chair asks for public comments to speak. We ask that members of the public state their name for the record and keep their remarks brief. If several persons wish to address the Committee on a single item, the Chair may impose a time limit on individual remarks at the beginning of discussion. **The Committee may not discuss or vote on items not on the agenda.**

AGENDA ITEMS: The Agenda contains the regular order of business of the Committee. Items on the Agenda have generally been reviewed and investigated by the staff in advance of the meeting so that the Committee can be fully informed about a matter before making its decision.

CONSENT CALENDAR: Items listed on the Consent Calendar are considered to be routine and will be acted upon by one motion. There will be no separate discussion on these items unless a Committee member or citizen so requests. In this event, the item will be removed from the Consent Calendar and considered after the Consent Calendar. If you would like an item on the Consent Calendar discussed, simply tell Staff or a member of the Committee.



In compliance with the Americans with Disabilities Act, if you need special assistance to participate in this meeting, please contact the SGVCOG office at (626) 457-1800. Notification 48 hours prior to the meeting will enable the SGVCOG to make reasonable arrangement to ensure accessibility to this meeting.



MEETING MODIFICATIONS DUE TO THE STATE AND LOCAL STATE OF EMERGENCY RESULTING FROM THE THREAT OF COVID-19: On March 17, 2020, Governor Gavin Newsom issued Executive Order N-29-20 authorizing a local legislative body to hold public meetings via teleconferencing and allows for members of the public to observe and address the meeting telephonically or electronically to promote social distancing due to the state and local State of Emergency resulting from the threat of the Novel Coronavirus (COVID-19).

To follow the new Order issued by the Governor and ensure the safety of Board Members and staff for the purpose of limiting the risk of COVID-19, in-person public participation at the Homelessness Committee meeting scheduled for September 2, 2020 at 8:30 a.m. will not be allowed. Members of the public may view the meeting live on the SGVCOG’s website. To access the meeting video, please see the link on the front page of the agenda.

Submission of Public Comments: For those wishing to make public comments on agenda and non-agenda items you may submit comments via email or by phone.

- Email: Please submit via email your public comment to Samantha Matthews at smatthews@sgvcog.org at least 1 hour prior to the scheduled meeting time. Please indicate in the Subject Line of the email “FOR PUBLIC COMMENT.” Emailed public comments will be part of the recorded meeting minutes but will not be read aloud. A copy of all public comments will be forwarded to the Committee.
- Phone: Please email your name and phone number to Samantha Matthews at smatthews@sgvcog.org at least 1 hour prior to the scheduled meeting time for the specific agenda item you wish to provide public comment on. Please indicate in the Subject Line of the email “FOR PUBLIC COMMENT.” You will be called on the phone number provided at the appropriate time, either during general public comment or specific agenda item. Wait to be called upon by staff, and then you may provide verbal comments for up to 3 minutes.

Any member of the public requiring a reasonable accommodation to participate in this meeting should contact Samantha Matthews at least 48 hours prior to the meeting at (626) 457-1800 or at smatthews@sgvcog.org.

PRELIMINARY BUSINESS

1. Call to Order
2. Roll Call
3. Public Comment (*If necessary, the Chair may place reasonable time limits on all comments*)
4. Changes to Agenda Order: Identify emergency items arising after agenda posting and requiring action prior to the next regular meeting (*It is anticipated that the Committee may take action on these matters*)

CONSENT CALENDAR (*It is anticipated the Committee may take action on the following matters*)

5. Homelessness Committee Meeting Minutes – 8/5/2020 – Page 1
Recommended Action: Approve.

PRESENTATIONS (*It is anticipated the Committee may take action on the following matters*)

6. Eugene, Oregon CAHOOTS (Crisis Assistance Helping Out on the Streets) Program – Ben Adam Climer, Consultant, CAHOOTS – Page 4
Recommended Action: For information only.
7. Housing for Health (HFH) Program – Elizabeth Boyce, Director of Access, Referral and Engagement, Housing for Health (HFH), Department of Health Services (DHS), LA County – Page 19
Recommended Action: For information only.

UPDATE ITEMS (*It is anticipated the Committee may take action on the following matters*)

8. Project Roomkey – Page 41
Recommended Action: For information only.
9. CEO Status Report on Funding Plan to Support LAHSA COVID-19 Recovery Plan – Page 53
Recommended Action: For information only.
10. Homeless Initiative Technology Innovation Challenge – Page 59
Recommended Action: For information only.
11. LA Alliance for Human Rights et al. v. City of Los Angeles et al. – Page 60
Recommended Action: For information only.

LIAISON REPORTS (*It is anticipated the Committee may take action on the following matters*)

12. San Gabriel Valley Regional Housing Trust – Page 61
13. San Gabriel Valley Consortium on Homelessness – Page 62
14. LA County Homeless Initiative – Page 63
15. United Way Everyone In – Page 63
16. Union Station Homeless Services – Page 64

CHAIR'S REPORT

17. Homelessness Committee Election

ADJOURN



SGVCOG Homelessness Committee Unapproved Minutes

Date: August 5, 2020

Time: 8:30 AM

Location: Zoom teleconference

PRELIMINARY BUSINESS

1. Call to Order
The meeting was called to order at 8:31 AM
2. Roll Call

Members Present

A. Verlato, Arcadia
Y. Ruizesparza, Baldwin Park
J. Leano, Claremont
K. Davis, Glendora
A. Hegdahl, Irwindale
B. Shevlin, Monrovia
W. Huang, Pasadena
D. Holley, Pomona
M. Clark, Rosemead
J. Lyons, SGV Consortium
F. Birones, LA County Dist. 1

Members Absent

Duarte
West Covina

SGVCOG Staff

M. Creter
C. Sims
S. Matthews

3. Public Comment:
S. Matthews read aloud a public comment submitted via email from the United Way Everyone In Campaign. Everyone In thanked Claremont for the vote on the Baseline Road project for unhoused seniors and thanked Monrovia for extending their eviction moratorium. Everyone In and the United Way encouraged the COG to work with cities to develop homeless plans that de-prioritize encampment sweeps and law enforcement and noted per CDC guidelines, encampment sweeps do pose a threat of spreading COVID-19. Finally, they noted that the Judicial Council of California may lift the Judicial Council Rules 1 and 2 that are preventing new unlawful detainers and foreclosures from being filed.
4. Changes to Agenda Order: No changes to agenda order.

CONSENT CALENDAR

5. Homelessness Meeting Minutes
There was a motion to approve consent calendar item 5 (M/S: J. Leano/A. Verlato)
[Motion Passed]

AYES:	Arcadia, Baldwin Park, Claremont, Glendora, Irwindale, Monrovia, Pomona, Rosemead, LA County Supervisorial District 1
NOES:	
ABSTAIN:	
ABSENT:	Duarte, West Covina

PRESENTATIONS

- 2020 Greater Los Angeles Point in Time (PIT) Homeless Count – San Gabriel Valley Council of Governments (Samantha Matthews)
 S. Matthews provided a presentation on the 2020 PIT Count, which showed 66,433 people in Los Angeles County experiencing homelessness, representing a 12.7% rise from last year’s point-in-time count of 58,936. The city of Los Angeles saw a 14.2% rise to 41,290. The San Gabriel Valley saw a 1% rise from 5,031 to 5,082 people experiencing homelessness. S. Matthews reviewed demographic data from SPA 3 and noted that due to changes in methodology, comparisons of those experiencing chronic homelessness and substance use disorder, as well as family and youth populations, are not accurate and we should consider 2020 as a new baseline. There was a robust discussion on LAHSA’s use of a multiplier to estimate those living in vehicles and how this has created inaccurate homeless counts in the San Gabriel Valley.

DISCUSSION ITEMS

- SGVCOG Regional Coordination Program
 S. Matthews reviewed two regional activities to be included in the COG’s Regional Coordination Program program, a Regional Homeless, Mental Health, and Crisis Response Study and a Regional Homeless Services Coordination Program. For the crisis response study, there was feedback on integrating TriCity Mental Health into the study and getting insight from Eugene, Oregon’s CAHOOTS program. There were clarifying questions on who would implement these programs. COG staff confirmed that the COG will undertake a procurement for both programs.

UPDATE ITEMS

- SGVCOG Homeless Programs
 S. Matthews provided an overview of SGVCOG member cities’ efforts on homeless plan implementation, prevention and diversion, and pilot programs. S. Matthews also provided an update on the COG’s efforts with following programs: Shared Regional Housing Navigation Services, Transition Age Youth (TAY) Workforce Development Pilot Program with LA County, Homeless Plan Development, and Landlord Outreach, Education, and Incentive Program
- Measure H FY 2020-21 Funding Recommendations
 S. Matthews provided an update on the FY20-21 Measure H funding recommendations. Due to the global pandemic and subsequent economic downturn, Measure H revenue is projected to decrease by \$70.8 million (17%) in Fiscal Year 2020-2021 so the County and its partners have sought to use primarily State HHAP funding and CARES Act ESG-CV funding to sustain essential services. There was a question on the current status of the recommendations and COG staff noted that the Board of Supervisors will consider the

recommendations on September 15, 2020. There was also a comment on how City ESG-CV funding is not confirmed and is subject to negotiations with Cities that receive their own ESG-CV.

10. Los Angeles Homeless Services Authority's COVID-19 Recovery Plan and Funding Plan S. Matthews provided an update on LAHSA's COVID-19 Funding Plan that was submitted to the Board on July 2. The Recovery Plan is expected to cost \$806 million over the next 3 fiscal years, of which \$609 million represents new costs. The Funding Plan outlines four key funding sources: \$80 million from Emergency Solutions Grant (Federal CARES Act), \$110 million from Coronavirus Relief Funds (Federal CARES Act), \$65 million from Measure H Rapid Rehousing funds, and \$52.6 million from Medicaid.

LIAISON REPORTS

11. The Chair reviewed the available liaison reports in the meeting agenda packet J. Leano announced that the San Gabriel Valley Regional Housing Trust (SGVRHT) meets after the Homelessness Committee and shared that the first resolution adopted was to establish a pipeline of project so if any Committee members have affordable housing in your Cities that you would like to be included in the project pipeline to let COG staff know. At its last meeting, the SGVRHT board approved a resolution to submit a local trust fund application to HCD for that would fund 3 developments with a match \$1.7 million. J. Lyons announced that the Consortium is looking to improve partnerships with regional organizations. There was a question on why the COG was not applying for the full \$5 million and whether the City of Pasadena could be involved. J. Leano clarified that you can only apply for funds that you can match and the RHT can only match \$1.7 million. C. Sims clarified that a City needs to be a COG member to be a RHT member.

CHAIR'S REPORT

The Chair emphasized the need to share information and work together and not duplicate efforts and announced the Committee is looking forward to learning more about the CAHOOTS program and seeing how Measure H revenues will affect the San Gabriel Valley.

ADJOURN

The meeting was adjourned at 9:47 AM

REPORT

DATE: September 2, 2020
TO: Homelessness Committee
FROM: Marisa Creter, Executive Director
RE: **EUGENE, OREGON CAHOOTS (CRISIS ASSISTANCE HELPING OUT ON THE STREETS) PROGRAM**

RECOMMENDED ACTION

For information only.

BACKGROUND

In 1989, the City of Eugene, Oregon sought to re-imagine public safety by partnering with White Bird Clinic, a community health and human services center, to launch CAHOOTS (Crisis Assistance Helping Out On The Streets) as a mobile crisis response initiative (MCIS). MCIS provides first response to people experiencing mental health, substance use, and homelessness related crises. The CAHOOTS program in particular responds to a diverse range of calls, including non-emergency medical care, counseling for people in crisis, welfare checks, and requests for transportation to social services, substance abuse treatment facilities, and medical care providers. More than 60% of the program's clients experience homelessness and 30% live with severe and persistent mental illness.

CAHOOTS teams are comprised of a medic, either a nurse, paramedic, or EMT, and a crisis worker experienced in behavioral health. All team members complete over 500 hours of training that emphasizes trauma-informed de-escalation and harm reduction techniques to resolve situations where a social service response is more appropriate than a police response.

CAHOOTS was designed not to replace policing, but rather to offer a service that responds to non-violent crises. CAHOOTS assists the Eugene Police Department (EPD) and the Springfield Police Department (SPD) by responding to crisis situations, other situations needing de-escalation, behavioral and mental health concerns, intoxication calls, and even death notices. The program is part of Eugene and Springfield's emergency response system and is dispatched by EPD and SPD. In 2019, CAHOOTS handled more than 24,000 calls, about 18% of all calls dispatched by 911.

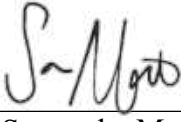
The CAHOOTS program's annual budget is approximately \$2.1 million, and the program receives funding from both Eugene and Springfield city governments, a coordinated care organization, and donors. The program saves the City of Eugene an estimated \$8.5 million on public safety spending and \$14 million in emergency medical system costs annually.

CAHOOTS first gained national attention in 2018 when a Wall Street Journal article entitled, "When Mental Health Experts, Not Police, Are the First Responders" highlighted the program as an innovative model for reducing violent civilian-police encounters. That article is included as Attachment C. In 2020, the program is again in the spotlight. Communities across the country are aiming to re-imagine public safety and are requesting training and guidance in order to replicate

REPORT

the CAHOOTS model. Currently, CAHOOTS is assisting the communities of Olympia, WA and Denver, CO with implementing crisis response programs.

CAHOOTS Consultant, Ben Adam Climer, will provide a presentation at this meeting.

Prepared by: 
Samantha Matthews
Management Analyst

Approved by: 
Marisa Creter
Executive Director

ATTACHMENTS

Attachment A – CAHOOTS Fact Sheet

Attachment B – Mobile Crisis Intervention Services Overview

Attachment C – Wall Street Journal Article

Crisis Assistance Helping Out On The Streets

White Bird Clinic
Eugene, Oregon

CONSULTING SERVICES



Mental Health First Response
and Mobile Crisis Intervention
since 1989

WHAT IS CAHOOTS?

31 years ago the City of Eugene, Oregon developed an innovative community-based public safety system to provide mental health first response for crises involving mental illness, homelessness, and addiction. White Bird Clinic launched CAHOOTS (Crisis Assistance Helping Out On The Streets) as a community policing initiative in 1989.

The CAHOOTS model has been in the spotlight recently as our nation struggles to re-imagine public safety. The program mobilizes two-person teams consisting of a medic (a nurse, paramedic, or EMT) and a crisis worker who has substantial training and experience in the mental health field. The CAHOOTS teams deal with a wide range of mental health related crises, including conflict resolution, welfare checks, substance abuse, suicide threats, and more, relying on trauma-informed de-escalation and harm reduction techniques. CAHOOTS staff are not law enforcement officers and do not carry weapons; their training and experience are the tools they use to ensure a non-violent resolution of crisis situations. They also handle non-emergent medical issues, avoiding costly ambulance transport and emergency room treatment.

A November 2016 study published in the American Journal of Preventative Medicine estimated that 20% to 50% of fatal encounters with law enforcement involved an individual with a mental illness. The CAHOOTS model demonstrates that these fatal encounters are not inevitable. Last year, out of a total of roughly 24,000 CAHOOTS calls, police backup was requested only 250 times.

The cost savings are considerable. The CAHOOTS program budget is about \$2.1 million annually, while the combined annual budgets for the Eugene and Springfield police departments are \$90 million. In 2019, the CAHOOTS teams answered 18% of the Eugene Police Department's overall call volume. The program saves the city of Eugene an estimated \$8.5 million in public safety spending annually.

CAHOOTS calls come to Eugene's 911 system or the police non-emergency number. Dispatchers are trained to recognize non-violent situations with a behavioral health component, and route those calls to CAHOOTS. A team will respond, assess the situation and provide immediate stabilization in case of urgent medical need or psychological crisis, assessment, information, referral, advocacy and, when warranted, transportation to the next step in treatment.

White Bird's CAHOOTS provides consulting and strategic guidance to communities across the nation that are seeking to replicate CAHOOTS' model.

MEDIA CONTACT: If you would like more information about CAHOOTS, please contact:

Loretta McNally
Public Information Officer, White Bird Clinic
Eugene, OR
cahoots.consulting@whitebirdclinic.org

QUICK FACTS ABOUT CAHOOTS:

31 YEARS OF CRISIS RESPONSE IN EUGENE AND SPRINGFIELD

- *In 1989, the City of Eugene diversified public safety spending by creating a human services partnership with White Bird Clinic's CAHOOTS program.*
- *CAHOOTS is part of Eugene and Springfield's emergency response system and is dispatched by EPD & SPD.*
- *CAHOOTS supports Eugene and Springfield Police Departments by responding to crisis situations, other situations needing de-escalation, behavioral and mental health concerns, intoxication calls, welfare checks, and even death notices.*
- *Last year CAHOOTS handled more than 24,000 calls, about 18% of the calls dispatched by 911. CAHOOTS teams called for police backup 250 times.*
- *CAHOOTS teams are comprised of a medic (either a nurse or EMT) and a crisis worker experienced in behavioral health.*
- *All team members complete over 500 hours of training that emphasizes de-escalation and crisis intervention to resolve situations where a social service response is more appropriate than a police response.*
- *CAHOOTS workers are not trained to be police and they do not have the same powers as police. CAHOOTS staff is unarmed.*
- *CAHOOTS receives funding from Eugene and Springfield city governments, a coordinated care organization, and donors.*
- *CAHOOTS has saved an estimated average of \$8.M on public safety and \$14M for ambulance/emergency room treatment annually.*

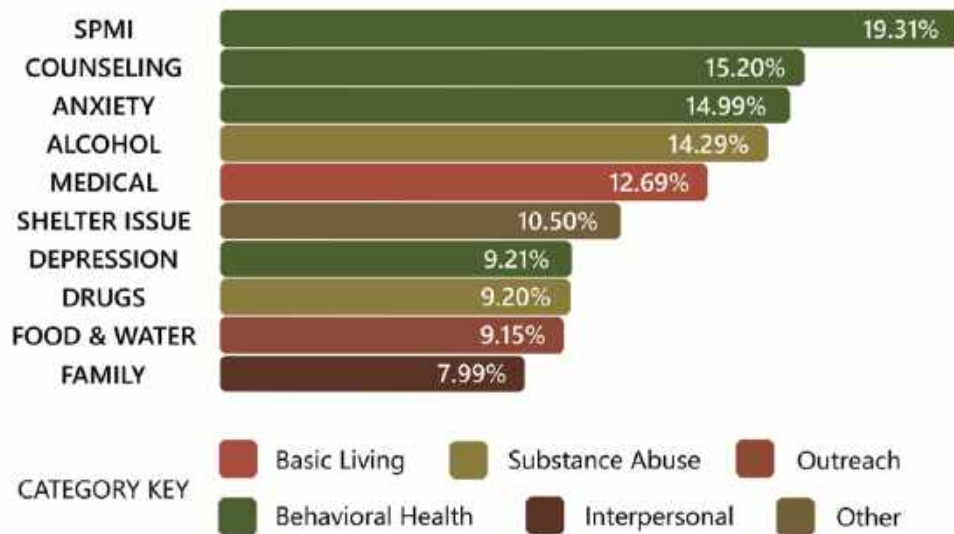


CAHOOTS RESPONSE DATA 2014–2019

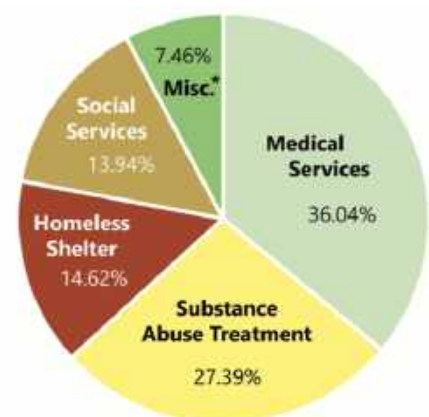
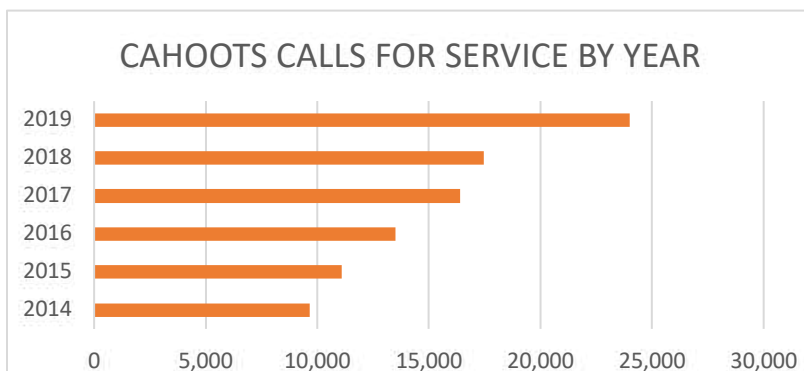
We respond to a diverse range of calls, including non-emergency medical care, counseling for people in crisis, welfare checks and requests for transportation to social services, substance abuse treatment facilities, and medical care providers. More than 60% of our clients are homeless, and 30% live with severe and persistent mental illness (SPMI).

In 2019, CAHOOTS responded to 24,000 calls for assistance, and of these only 150 calls required backup from the police department.

Predominant CAHOOTS Call Factors



Transportation Calls



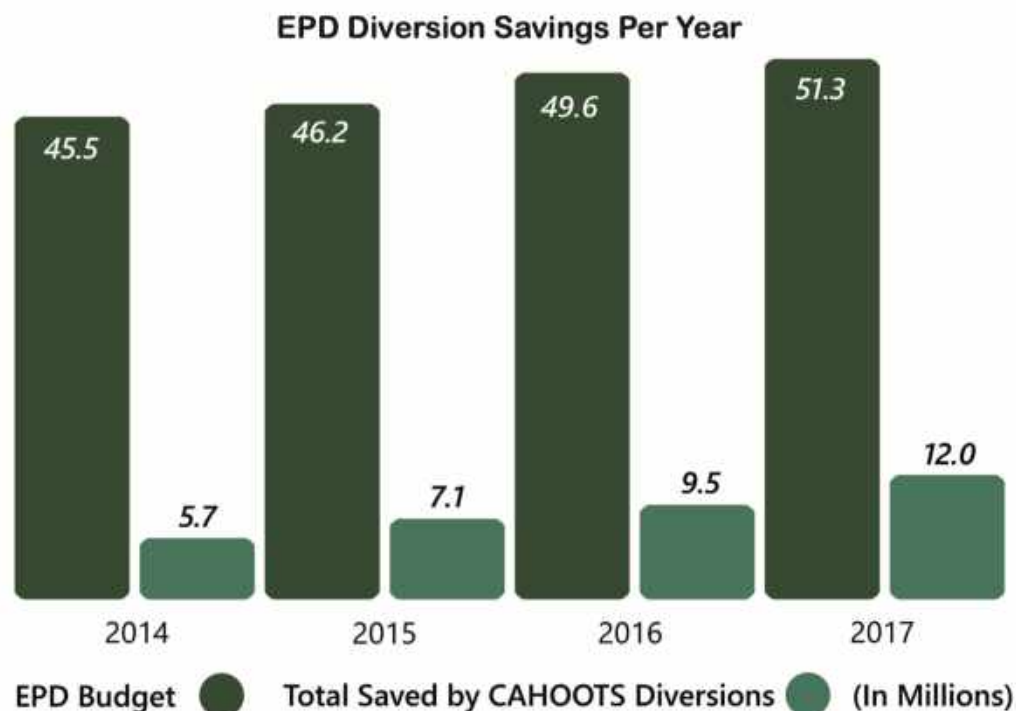
MOBILE CRISIS INTERVENTION

Saves Money for Police & Emergency Management Services

CAHOOTS was not designed to replace policing; CAHOOTS team members are not law enforcement officers and do not carry weapons. Instead, CAHOOTS offers a service that responds to non-violent crises so police don't have to. The most common types of calls diverted to CAHOOTS from the police are welfare checks (32.5% of all CAHOOTS calls), public assistance (66.3%), and transportation to services (34.8%). Some of these crisis responses involve more than one call type.

By diverting crisis calls that can be more appropriately handled by a CAHOOTS team, the CAHOOTS program takes a substantial load off of Eugene Police Department (EPD) and saves taxpayers an average of \$8.5 million every year.

CAHOOTS' efforts focus on a set of problem areas that otherwise would take up a lot of police time and attention. Police training also doesn't provide adequate preparation for dealing with mental health, homelessness and other front-line social interventions. The CAHOOTS model provides a comprehensive solution that allows the police department to focus on law enforcement issues while ensuring that appropriately trained responders are dispatched for each unique situation.



The EPD quotes \$800 per police response. Using the number of calls that would otherwise be handled by police, including suicide risk, homicide risk, self harm, intoxication, rage, welfare, and transport, CAHOOTS has saved the EPD an average of \$8.5 million each year from 2014-2017.*

 *www.eugene-or.gov/DocumentCenter/View/10635

CAHOOTS EMS SAVINGS

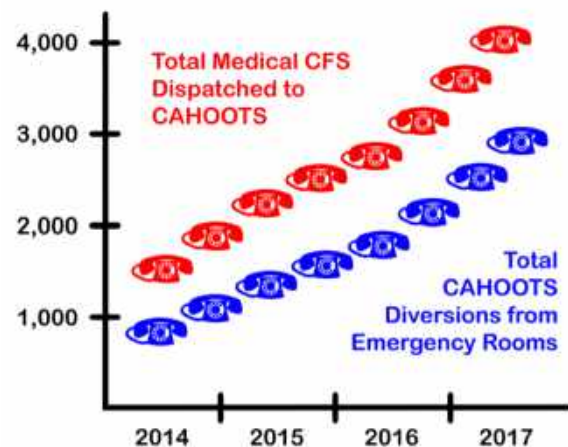
CAHOOTS is also able to attend to non-emergency medical calls that would have otherwise been responded to by Emergency Medical Services (EMS). CAHOOTS can respond to suicide or self-harm calls, calls for basic medical treatment such as wound cleaning, and provide assistance for clients who are presenting as disoriented or delusional with an alert and oriented level of less than 4, or who have other symptoms of psychosis. Treating these symptoms in the field prevents infections, which are common among homeless populations (as many have no way of keeping wounds clean). This in turn also keeps patients out of the emergency room in the long term.

In 2019,
The CAHOOTS
program saved roughly
\$14 Million
in emergency medical
systems costs,
including ambulance
transport and emergency room
services

EMERGENCY ROOM DIVERSION

CAHOOTS teams divert a large number of medical calls for service from Fire/EMS and/or the emergency room, transporting or treating according to need.

- Primary Assessment
- Wound Care
- Medication Management
- Substance Use Disorders
- Suicidal Ideation/Risk Assessment
- Failure to Thrive
- Isolation and Loneliness
- Lift Assists
- Chronic Utilizers/Frequent Flyers



REPLICATING THE CAHOOTS MODEL

Mobile Crisis Program Consultations & Guidance

White Bird Clinic's CAHOOTS mobile crisis response is being recognized as an important and innovative public/private partnership delivering crisis and community health first response effectively and at significant cost savings. Communities across the country are requesting training and strategic guidance in order to replicate the CAHOOTS model.

In November 2018, the Wall Street Journal published *When Mental Health Experts, Not Police, Are the First Responders*, an article that showcased CAHOOTS as an innovative model for reducing the risk of violent civilian/police encounters.

White Bird has been assisting other communities in the Pacific Northwest for years; publication of the WSJ article put CAHOOTS in the national spotlight for the first time.

CAHOOTS focuses exclusively on meeting the medical and mental health needs of the community, making it both more economical and more effective than traditional models involving agencies with a much larger scope of responsibility. The CAHOOTS model ensures that medical and behavioral health care are integrated from the onset of intervention and treatment, adding to the efficacy and economy of the model.

The CAHOOTS model cannot be replicated with a cookie-cutter approach; the program's efficacy is dependent on a community's existing human services network. There are three underlying factors that support our success in Eugene, Oregon:

- 1) A robust human services network.
- 2) Trust of the population we serve, based on our 50-year history in the community.
- 3) A community culture of care and compassion supporting this kind of response to struggling community members.

Currently, CAHOOTS is working closely with the communities of Olympia, WA and Denver, CO on implementing a mobile crisis response program.

In addition, we are poised to assist with the initial development of programs in:

- Western Lane County, OR
- Roseburg, OR
- Coos Bay, OR
- San Francisco, CA
- Albuquerque, NM
- Indianapolis, IN
- Hartford, CN
- New York, NY

CAHOOTS offers a variety of consulting services that can be tailored to address the specific needs of a community. Interested parties can travel to Eugene to observe CAHOOTS in the field, or CAHOOTS teams can travel to other locales to conduct field training with local patrol, fire/EMS, or dispatch personnel.

Other services include development of training materials and operating manuals for community mobile crisis response programs, policy development, training in classroom setting, advising on best practices and service delivery, assistance with hiring and interviewing, other technical advisory/assistance and ongoing program support.



ABOUT WHITE BIRD CLINIC

For more than fifty years, White Bird Clinic has helped individuals to gain control of their social, emotional and physical well-being through direct service, education and community. The clinic is a Federally Qualified Health Center committed to providing accessible, patient-centered human services. White Bird opened in 1969 as a grassroots free clinic organized by student activists and concerned practitioners, offering a crisis hotline and medical care for counter-culture youth in Eugene. Throughout fifty years of service, White Bird has continuously grown in response to community need.



White Bird's program model capitalizes on the wide variety of services offered, allowing it to provide comprehensive integrated care by treating the whole person. The clinic operates ten programs, including: a medical clinic, 24-hour crisis service, counseling, outpatient drug and alcohol treatment, a human services information and referral center, homeless case management, CAHOOTS mobile crisis intervention, dental clinic, OHP and benefits enrollment, and mental health outreach in schools. When low income, unhoused community members have an unmet need, White Bird adds or expands services in response. Recent accomplishments include opening a new crisis center that offers walk-in services and a 24/7 crisis hotline, expanding the main medical clinic's hours and adding a street medicine service, and building a new dental clinic that increases capacity by 70%. An in-home end of life counseling service was launched in addition to a care coordination team that supports patients with complex needs.

For more information about White Bird Clinic:

<https://whitebirdclinic.org/>

For links to articles and other media about the CAHOOTS program:

<https://whitebirdclinic.org/services/cahoots/cahoots-in-the-news/>

If you would like more information about CAHOOTS, please contact:

Loretta McNally

Public Information Officer, White Bird Clinic

Eugene, OR

cahoots.consulting@whitebirdclinic.org

Mobile Crisis Intervention Services Overview

What is it? Mobile Crisis Intervention Services (MCIS) provides a supportive-service first response to people experiencing mental health, substance use, and homelessness related crises.

What does it do? MCIS fills a gap in first response services. It alleviates the burden placed on police and fire/EMS to respond to individuals experiencing emotional distress, intoxication, or homelessness. It effectively provides police and fire/EMS more time to respond to crimes and life-threatening emergencies, respectively. MCIS is dispatched by 911 and/or non-emergency dispatchers in the same way as police and fire/EMS.

What does it respond to? The types of crises that might elicit an MCIS response include but are not limited to: unhoused citizens without shelter, people with suicidal ideation, disputes between family members, citizens who appear intoxicated, citizens who appear to be having severe mental health issues or emotional distress, elderly citizens who fallen out of contact with family, citizens presumed dead by neighbors, area searches for missing youth or dementia patients, unhoused citizens with untreated wounds, possible opiate overdoses, death notifications, found syringes, and many other circumstances that result in crises for people every day.

What kind of response is it? MCIS provides a wide range of services. MCIS should always include an experienced mental health crisis interventionist and an Emergency Medical Technician (EMT). Between these two workers, the range of responses include but are not limited to: crisis counseling, conflict mediation, medical assessments, naloxone administration, wound care, wellness checks on vulnerable populations and suicidal citizens, free transportation to *staffed* services (i.e. shelters, urgent cares, hospitals, etc.), referral to continuing care post-intervention, emergency medical interventions when necessary, grief counseling, and any other intervention consistent with the needs of the person(s) in crisis.

Why does my city need it? As the unhoused population has increased and awareness of the necessity for mental health care has grown, police and fire/EMS have been left to shoulder the burden of responding to citizens in crisis. While attempting to assist people in crisis the best way they know how, police and fire/EMS are inundated with mental health, substance abuse, and homelessness related crises. This heavy load causes burnout, negative outcomes, and delayed responses to life-threatening emergencies. MCIS provides a social service and therapeutic response to people experiencing these types of crises. It enables police to focus on immediate response to violent crimes, emergency threats, and investigation of violent crimes, and it enables fire/EMS to forego responses to medical calls that have mental health, substance abuse, or homelessness derived etiologies.

How much does it cost? MCIS appeals to fiscal conservatives because it saves money. Not only is it cheaper than police and fire/EMS, it prevents hospital visits and ambulance rides that frequently end up on the taxpayer's bill. It is a forward-thinking model that will show that your city is creating innovative ways to respond to 21st Century issues. It frees up funds that can be used for social investment in your city's infrastructure and services. For a successful example, see the following Wall Street Journal article on Eugene, Oregon's CAHOOTS program: <https://whitebirdclinic.org/when-mental-health-experts-not-police-are-the-first-responders/>

U.S.

When Mental-Health Experts, Not Police, Are the First Responders

Program in Eugene, Ore., is viewed as a model for reducing risk of violence

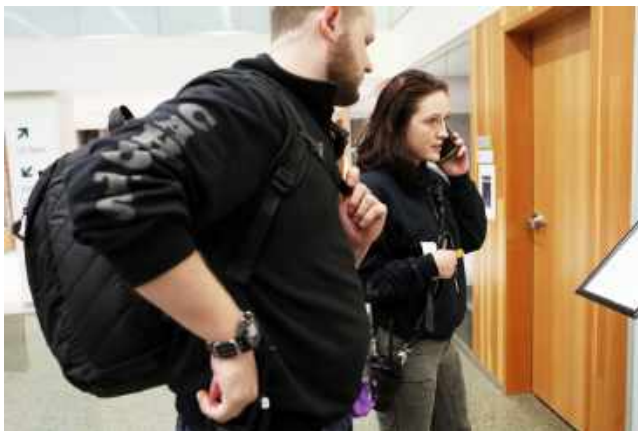
*By Zusha Elinson / Photographs by Thomas Patterson
for The Wall Street Journal*

Nov. 24, 2018 10:00 a.m. ET

EUGENE, Ore.—They are the kind of calls that roll into police departments with growing regularity: a man in mental crisis; a woman hanging out near a dumpster at an upscale apartment complex; a homeless woman in distress.

In most American cities, it is police officers who respond to such calls, an approach law-enforcement experts say increases the risk of a violent encounter because they aren't always adequately trained to deal with the mentally ill. At least one in every four people killed by police has a serious mental illness, according to the Treatment Advocacy Center, a nonprofit based in Arlington, Va.

But in Eugene, Oregon's third-largest city, when police receive such calls, they aren't usually the ones who respond. Here, the first responders are typically pairs of hoodie-wearing crisis workers and medics driving white vans stocked with medical supplies, blankets and water.



Ms. Barnhill Hubbard and Mr. Hawks respond to a call Nov. 15 at the University of Oregon in Eugene, as part of a program called Cahoots, which stands for Crisis Assistance Helping Out On The Street.

They work for a nonprofit program called Cahoots—which stands for Crisis Assistance Helping Out On The Street—and they spent a recent November night calming tense situations, offering medical aid, and pointing people

toward shelters. Launched by social activists in 1989, Cahoots handled 17% of the 96,115 calls for service made to Eugene police last year.

“When I’m talking to a more liberal group of people, I’ll make the argument it’s the compassionate thing to do, it’s the humane thing to do,” said Manning Walker, a 35-year-old Cahoots medic and crisis worker. “When I’m talking to a conservative group, I’ll make the argument that it’s the fiscally conservative thing to do because it’s cheaper for us to do this than for the police and firefighters.”

In 2017, police officers spent 21% of their time responding to or transporting people with mental illness, according to preliminary data from a survey of 355 U.S. law enforcement agencies by the Treatment Advocacy Center.

[READ MORE](#)

- More U.S. Veterans Are Off the Streets
- 911 Emergency: Call Centers Can't Find Workers
- Alexa Can Do Many Things But Won't Call 911
- Therapy for Pregnant Women With Anxiety Offers Alternative to Medication
- Banks Monitor Older Customers for Cognitive Decline

More police departments across the country are training their officers in techniques to deal with the

mentally ill. Los Angeles, Houston and Salt Lake City pair officers with mental-health workers with police officers to respond to certain calls. Still, the Center found that in 45% of the agencies polled the majority of officers haven’t received crisis-intervention training.

Last month, a 36-year-old man died after being repeatedly tased by San Mateo County Sheriff’s deputies responding to calls about a person walking in traffic. Chinedu Okobi, who struggled with mental-health issues, was unarmed. The sheriff’s office said he assaulted an officer, but his sister, a Facebook Inc. executive, said video of the incident shows he wasn’t a threat.

“They started shouting at him, they chased him and they tased him,” said Ebele Okobi, Facebook’s head of public policy for Africa. “None of that is how you interact with someone in crisis.”

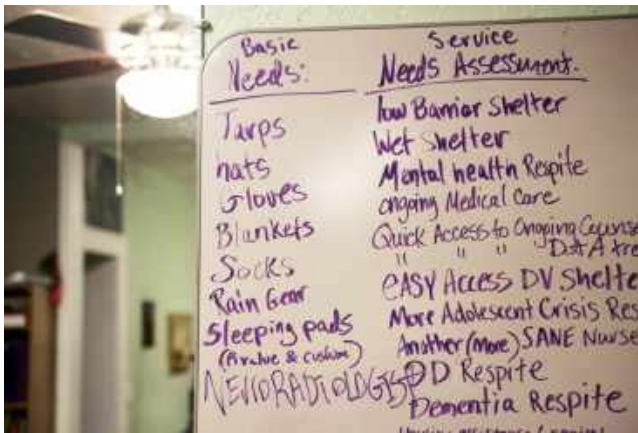
The district attorney is investigating the incident.

Public anger over police killings has pushed law-enforcement leaders in California to discuss how to replicate Eugene’s program in their state, said Brian Marvel, president of the Peace Officers Research Association of California, which represents more than 70,000 public-safety union members.

“If someone is having a mental issue then let’s send the pros who actually deal with this,” said Mr. Marvel.

In Olympia, Wash., police are setting up an \$800,000-a-year program inspired by Cahoots as the city grapples with a growing population of homeless people who suffer from mental illness, said Lt. Paul Lower.

The program in Eugene is unique because Cahoots is wired into the 911



An informal wish list in the Cahoots office in Eugene, listing the various needs for the homeless population, many of which suffer from mental-health issues. PHOTO: THOMAS PATTERSON FOR THE WALL STREET JOURNAL

system and responds to most calls without police. The name Cahoots was intended to be a humorous nod to the fact that they are working closely with police. Cahoots now has 39 employees and costs the city around \$800,000 a year plus its vehicles, a fraction of the police department's \$58 million annual budget. They are also paid to handle calls for a neighboring Springfield.



Manning Walker in a Cahoots van in Eugene, Ore. Cahoots employees dress in black sweatshirts and speak in calm tones with inviting body language. 'I've learned ways to make myself smaller,' the 6' 2" Mr. Walker says. PHOTO: THOMAS PATTERSON FOR THE WALL STREET JOURNAL

"It allows police officers to...deal with crime, but it also allows us to offer a different service that is really needed," said Lt. Ron Tinseth of the Eugene Police Department.

In contrast to police officers who typically seek to project authority at all times, Cahoots employees dress in black sweatshirts, listen to their police radios via earbuds, and speak in calm tones with inviting body language.

"I've learned ways to make myself smaller," said Mr. Walker, a bearded, 6' 2" former firefighter.

Gary Marshall, a 64-year-old who previously lived on the streets of Eugene, said the police approach was "name, serial number and up against the van." In contrast, when he was having one of his frequent panic attacks, Cahoots counselors would bring him inside and talk him down, he said.

When Mr. Walker and his partner Amy May, a crisis counselor, approached a man lying in the middle of the sidewalk on a busy street, they sat down on the cold cement at eye level and asked what he needed. He was thirsty and cold, so they gave him water and a tarp. They suggested places to sleep and the man moved along.

That same night, they arrived at the home of a teen who had been punching her mother. The air was thick with tension. They listened to the girl's story —adults were always trying to control her—as she stood above them on the porch steps. They talked with the mother. After an hour and a half, they brokered a peace treaty devised by the warring parties.

“We believe that people are the best experts in their own lives,” said Ms. May.



Ms. Barnhill Hubbard helps to clean up a camp for the homeless along the Willamette River and transport a woman in crisis to a shelter in Eugene.

Write to Zusha Elinson at zusha.elinson@wsj.com

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DATE: September 2, 2020
TO: Homelessness Committee
FROM: Marisa Creter, Executive Director
RE: **HOUSING FOR HEALTH (HFH) PROGRAM**

RECOMMENDED ACTION

For information only.

BACKGROUND

In 2013, Los Angeles County's Department of Health Services (DHS) launched the Housing for Health (HFH) program to address homelessness among patients of the DHS system. The program aims to couple long-term affordable housing with health and social services, providing both housing and services to highly vulnerable and medically complex individuals and families. HFH's goals include creating 10,000 units by providing rental subsidies and improving health outcomes of vulnerable populations. The program works with other Los Angeles County agencies such as the Departments of Public Health, Mental Health, Probation, Public Social Services and the Los Angeles Homeless Services Authority (LAHSA).

HFH provides housing and services through 8 core programs:


- Flexible Housing Subsidy Pool (FHSP)
- Permanent Supportive Housing (PSH)
- Housing and Jobs Collaborative (HJC)
- Interim Housing
- Sobering Center
- Clinical Services
- Street-based Engagement
- Countywide Benefits Entitlement Services Team (CBEST)

In response to recent initiatives including Measure H and the creation of the Office of Diversion and Reentry, HFH aims to provide an additional 3,000 permanent supportive housing placements over the next year and to take an increased role in diverting individuals from the criminal justice system into supportive housing and intensive services.

HFH is also engaged in COVID-19 response, offering a variety of services for COVID-19 management, including providing quarantine/isolation (QI) sites, testing for sheltered and unsheltered populations, telemedicine, and personal protective equipment (PPE) and food distribution. HFH also refers clients into Project Roomkey (PRK) and is partnered with PRK on discharge destinations.

REPORT

Elizabeth Boyce, Director of Access, Referral and Engagement at Housing for Health (HFH) will provide a presentation on HFH and the program's COVID-19 response at this meeting.

Prepared by: 
Samantha Matthews
Management Analyst

Approved by: 
Marisa Creter
Executive Director

ATTACHMENTS

Attachment A – Housing for Health (HFH) Presentation

HOUSING FOR HEALTH

*CARING FOR PEOPLE EXPERIENCING HOMELESSNESS,
ONE PERSON AT A TIME*

LOS ANGELES COUNTY DEPARTMENT OF HEALTH SERVICES
August 2020



Health Services
LOS ANGELES COUNTY

Los Angeles County Department of Health Services, Housing for Health

HOUSING FOR HEALTH GOALS

HOUSING

Create 20,000 units of housing



IMPROVE HEALTH

Improve health and wellbeing of vulnerable populations

POLICY

End homelessness



REDUCE EXPENSES

Reduce inappropriate use of expensive hospital services

Target Population:

Homeless individuals with physical and/or behavioral health conditions, high utilizers of public services, and other vulnerable populations.

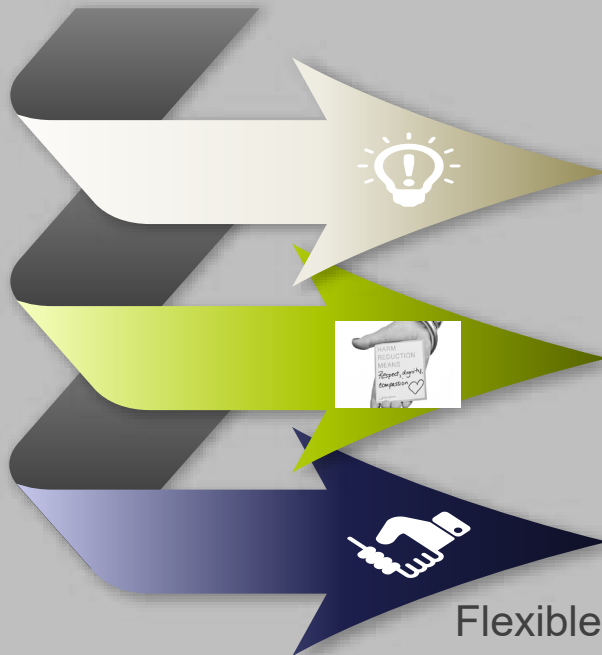
PARTNER ORGANIZATIONS

- **LA County:**
 - Office of Diversion and Reentry (ODR)
 - Department of Mental Health (DMH)
 - Department of Public Health (DPH)
 - Substance Abuse Prevention & Control (SAPC)
 - Department of Public and Social Services (DPSS)
 - LA County Development Authority (LACDA)
 - LA Homeless Services Authority (LAHSA)
 - Probation
 - Homeless Initiative
 - Sheriff's Department.
- **LA City**
 - Housing Authority of the City of LA (HACLA)
 - Housing and Community Investment Department (HCIDLA)
- **Philanthropy**
- **Housing developers**
- **Community based agencies**
- **Health providers and plans**



OUR APPROACH

We serve people who are experiencing homelessness with physical and/or behavioral health conditions, high utilizers of public services, and other vulnerable populations.



HOUSING FIRST

Connect people to permanent housing without preconditions or barriers to entry

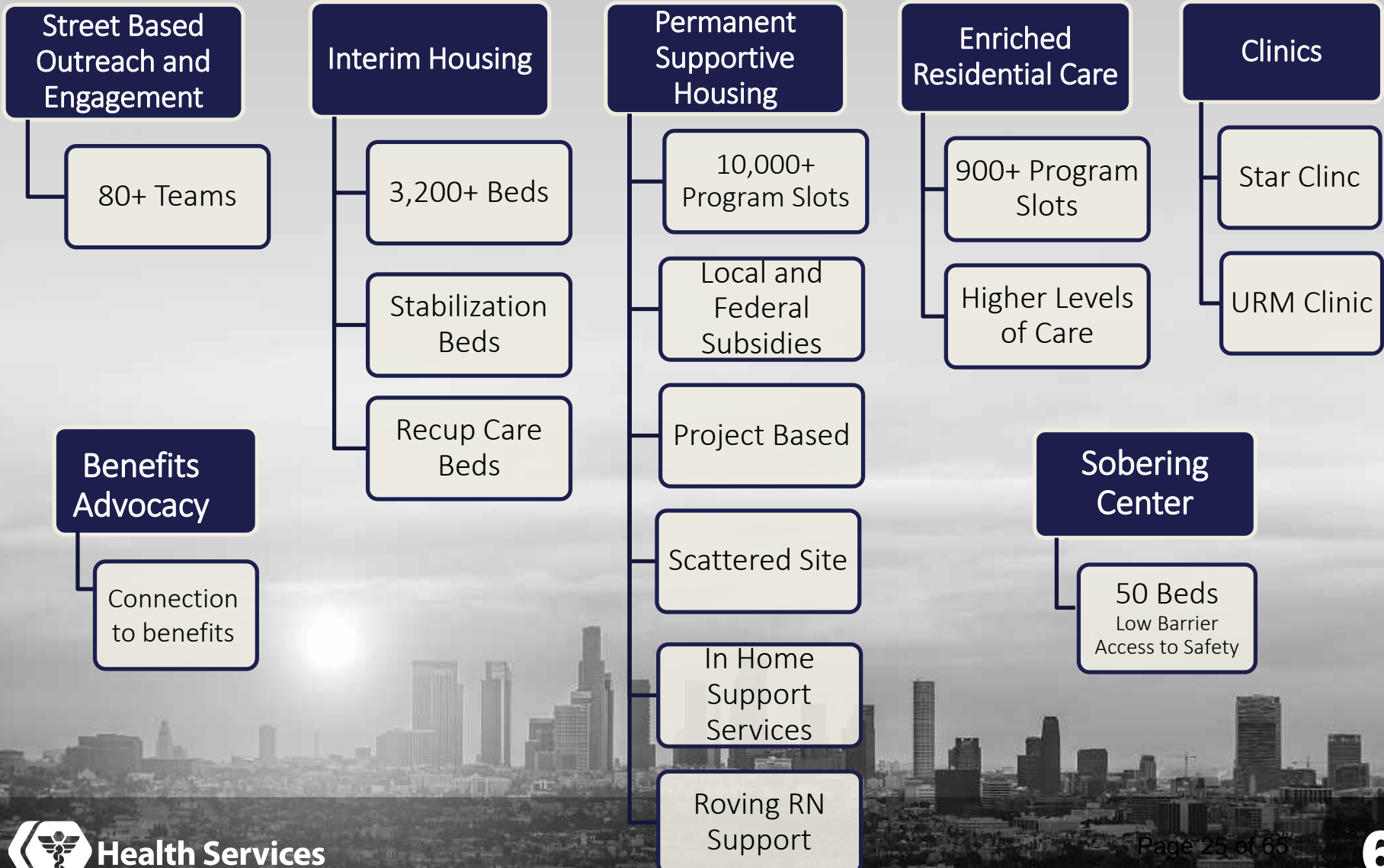
HARM REDUCTION

Respect, dignity and compassion

WHATEVER IT TAKES

Flexible approach to service delivery for people who are experiencing homelessness or have been homeless

CONTINUUM OF SERVICES



REFERRAL PATHWAYS

Dept. of Health
Services Hospitals
and Clinics

Coordinated Entry
System

Street Based
Engagement
Outreach Teams

Private Hospitals

Jails/Custody
Settings

Mental Health
Providers

Substance Use
Disorder Providers

Homeless Service
Providers

Whole Person
Care
+more!

HOUSING FOR HEALTH'S COVID-19 RESPONSE



Health Services
LOS ANGELES COUNTY

OVERVIEW OF EFFORTS

- Quarantine/Isolation (QI) sites
- Testing for sheltered and unsheltered population
- Telemedicine
- Technical Assistance (TA) and Webinars
- Trainings
- PPE distribution
- Food distribution

QUARANTINE/ISOLATION SITES

- 4 Isolation/Quarantine units or "medical shelters"- 397 beds.
- Operating since 3/12/20.
- Medical shelters take in people who are COVID positive OR have symptoms concerning for COVID OR have high risk exposure to COVID AND they can't isolation/quarantine in their home EITHER BECAUSE they don't have a home OR they cannot stay at home and keep other people in the home safe.
- 2 congregate sites (MLK and Exodus); 2 individual room sites (Pomona and Sherman Oaks).
- Staffed 24/7 by medical providers, nurses, MAs, EMTs, CNAs/RAs, LICSWs, peer counselors, case managers, program managers, administrative assistants.



QUARANTINE/ISOLATION SITES

- Served over 2400 individuals/families; 60% PEH.
- DPH call center s has processed over 5000 calls since the first IQ site opened in early March.
- Average length of stay 10 days or until person is deemed non-infectious and safe for discharge to the community.
- Most PEH are discharged to interim housing sites and have received case management services so that their clinical, housing and social services needs are addressed.

COVID TESTING SURVEILLANCE

- **Sheltered** - as of 8/24/20 - 19,852 tested/413 positive/2.1% rate
 - 9 COVID Response Teams (CRTs)
 - RN, EMT/LVN, Program Managers, Admin Assistants & MD leads
 - Visiting 275 shelters/interim housing site - Have visited 224 sites already
 - Review infection control measures and test symptomatic and a random sampling of residents and staff
 - Develop a COVID Prevention Plan (CPP)
 - Work with sites and funders to improve infection control measures and to decompress
 - Work with DPH on outbreaks and contact tracing
 - Planning for mass community flu vaccination campaign

COVID TESTING SURVEILLANCE

- **Unsheltered** - as of 8/24/20 - 7,530 tested/129 positive/1.7% rate
 - 15 COVID Response Teams (CRTs)
 - RN, EMT/LVN, Program Managers, Admin Assistants & MD leads
 - Have worked with 960 encampments throughout LA County
 - Conduct wellness checks and testing and review infection control measures
 - Work with DPH on outbreaks and contact tracing
 - Planning for mass community flu vaccination campaign



TELEMEDICINE

- **Conducting telemedicine and in-person visits at Star Clinic and Union Rescue Mission clinic**
- **Distributing 200 telehealth tablets to ERC facilities to improve social connection and health care access**
- **Providing telehealth training led by Health Leads to ICMS and ERC facility operators to improve telehealth access and engagement**
- **Led a telehealth occupational therapy program in collaboration with LAC-USC for residents in PSH and in 4 HFH funded facilities**

TECHNICAL ASSISTANCE (TA) AND WEBINARS Attachment A

- **Weekly COVID Webinars:**
 - LAHSA, DMH, and DHS outreach teams
 - Street medicine providers
 - Interim Housing facilities
 - ERC facilities
 - Intensive Case Managers for PSH
- **Selected Webinars for in-home supportive services providers, state community care licensing, and LAHSA Project Room Key providers on PPE, COVID transmission and prevention**

TECHNICAL ASSISTANCE AND TRAINING

- Collaboration with DPH, DMH, DHS, CCL, and VA to provide COVID TA to ~ 350 licensed facilities in LAC that care for low income seniors
 - Create a COVID prevention toolkit and website
 - Provide telephonic TA to licensed care facilities to build capacity for COVID testing, mitigation, and containment efforts
 - Host weekly webinars and focus groups to improve COVID TA/training to this underserved group

TRAININGS

- To support COVID response, new training opportunities are being planned
 - COVID Response Team (CRT) – knowledge transfer training
 - Facilitate transfer of knowledge from time limited CRTs to managing entities with Housing For Health, DMH, and LAHSA
 - DPH/HFH Cross Training – knowledge transfer training
 - Facilitate transfer of knowledge between HFH and DPH on street-based engagement for public health nurses
 - Telehealth Training – skill acquisition training
 - Build capacity to increase utilization of telehealth services among ICMS providers in ERC & PSH, and ERC operators

PPE DISTRIBUTION

As the county moved quickly into COVID response initiatives, one area of emerging and vital need was PPE procurement and distribution.

In order to streamline and coordinate efforts, HFH convened meetings with funding partners DMH, ODR, and LAHSA to ensure that service providers in congregate settings had the PPE they needed in order to ensure effective infection control measures were being taken. We also worked to provide ICMS workers, outreach team members and COVID testing team members with the PPE they needed.



HFH originally warehoused and distributed PPE provided by both national and state stockpiles. We also received philanthropic support to help purchase PPE on the open market when available.

PPE DISTRIBUTION

Acting as a warehouse and distribution site, from March through to June, HFH provided the following types of PPE to homeless service providers with direct contact with people experiencing homelessness:

- N95s
- face shields
- surgical and cloth masks
- gloves
- hand sanitizer

HFH continues to provide emergency PPE to sites with sudden outbreaks., COVID testing teams, and outreach workers.

FOOD DISTRIBUTION

We worked with volunteers in each service planning area to set up food distribution sites in all 8 service planning areas, and were able to distribute the following meals beginning April 30th:

- **118,543 meals have been distributed to individuals in permanent supportive housing**
- **4,204 pantry boxes (with one week's supply of food for a family of four) were distributed to families in permanent supportive housing**
- **344,556 individual meals were distributed via our multi-disciplinary outreach teams, to people on the streets and in encampments, who are experiencing homelessness.**

These meals were instrumental in assisting individuals and families with sheltering in place, thereby, doing their part to flatten the curve.

FOOD DISTRIBUTION



In April, we partnered with World Central Kitchen to provide fresh and healthy meals during a time when funding for food was not available for a coordinated response, grocery stores had food shortages, and there was uncertainty for people who needed to self-isolate or shelter in place.

REPORT

DATE: September 2, 2020
TO: Homelessness Committee
FROM: Marisa Creter, Executive Director
RE: **PROJECT ROOMKEY**


RECOMMENDED ACTION

For information only.

BACKGROUND

On August 14, the Los Angeles Times reported on claims that Project Roomkey discriminates against people with disabilities. In a letter sent to LAHSA in early August, the Los Angeles Aging Advocacy Coalition (LAAAC), an advocacy group for elderly and disabled residents, maintains that LAHSA is violating federal and state laws in its selection of people to move into Project Roomkey sites and exclusion of those who are unable to manage self-care because of physical disabilities. LAAAC first became concerned in June when LAHSA reported that only 18% of those in PRK were 65 or older, a population with higher rates of physical disabilities.

The letter cites a written policy of LAHSA's that requires PRK residents to be able to complete their ADLs (Activities of Daily Living) independently. LAAAC calls on LAHSA to end this policy, identify people who were denied housing because of the policy, and integrate personal care services that other counties have implemented in order to house people with disabilities.

Prepared by: 
Samantha Matthews
Management Analyst

Approved by: 
Marisa Creter
Executive Director

ATTACHMENTS

Attachment A – LAAAC Letter
Attachment B – LA Times Article



August 3, 2020

Heidi Marston, Executive Director
 Los Angeles Homeless Services Authority (LAHSA)
 811 Wilshire Blvd., 6th Fl.
 Los Angeles, CA 90017

Re: LAHSA's Policy of Denying Project Roomkey Services for Homeless Individuals with Disabilities, including Those who Need Help with ADLs (Activities of Daily Living)

Dear Ms. Marston;

The Los Angeles Aging Advocacy Coalition is a community-based coalition working to increase awareness of the needs and create solutions to the crisis of elder housing insecurity and rising homelessness among older adults. As you know, Project Roomkey (PRK) is administered by the Los Angeles Homeless Service Authority (LAHSA) and provides temporary housing services and shelter to those experiencing homelessness with the goal of transitioning people into permanent housing.

Homelessness always puts people's health at risk, but COVID-19 has made it significantly more dangerous to live on the street, especially for persons age 65+, who are at [significantly increased risk for serious health consequences and death due to COVID](#), and people with health-compromising disabilities. Therefore, LAHSA has prioritized housing under PRK for persons over the age of 65. Unfortunately, LAHSA's current implementation of PRK has resulted in a policy that denies housing services and shelter to homeless individuals with certain disabilities, including those who need help with Activities of Daily Living (ADLs). The result of this policy is a disproportionate denial of housing and housing services to the very older adults and people with disabilities who are most at risk of severe symptoms or death as a result of COVID-19.

Many older adults and people with disabilities experiencing homelessness have a need for assistance with some basic personal care or activities of daily living (ADLs) such as bathing, dressing and grooming. Several counties have paired personal care services with PRK in order to ensure that they do not leave their most disproportionately impacted elders on the street; it is unconscionable to deny older adults and people with disabilities pandemic-related shelter based on their need for personal care services.

Los Angeles County leadership has acknowledged that older adults experiencing homelessness are at substantially increased risk of COVID, and has adopted the [CDC](#) and its own public health guidelines to prioritize for PRK housing services [anyone age 65 and over](#). Given this prioritization, we would expect that the majority of the 15,000 PRK motel rooms would have been filled with seniors. Yet, LAHSA data indicates that as of June 3rd, only 932 homeless individuals age 65 or older had been approved for PRK, out of a total of 3,995 persons, or 18% of total housed.¹ and far less than the number of elders who should be housed under this age-based prioritization.

¹ Culhane, Dennis, et al., Piloting a Comprehensive Response to Ensure Post-COVID-19 Housing for Homeless Older Adults in Los Angeles County. June 23, 2020 Report back to the Los Angeles County Board of Supervisors, (Item No. 8, Agenda of April 14, 2020).

This is not by chance. LAHSA has instructed its service providers to deny access, and has a policy of denying access, to Project Roomkey motel rooms for many individuals with physical accessibility issues, disability-related needs and those needing help with personal care or ADLs. This policy disproportionately affects older adults, and also affects non-elder homeless persons with disabilities. Attached is a screen shot of the Intake and Assessment Form being used for PRK, which states:

PART 2: TIER 1 ADL ELIGIBILITY QUESTIONS

ALL PRK CLIENTS NEED TO BE ABLE TO COMPLETE THEIR ADLS (ACTIVITIES OF DAILY LIVING) INDEPENDENTLY. (it then allows an exception if the person has a companion or caregiver who can support their need for assistance with ADLs).

It goes on to instruct:

... CLIENTS WHO CANNOT ATTEND TO CERTAIN ACTIVITIES OF DAILY LIVING MAY NOT BE SUITABLE CANDIDATES FOR REFERRAL. BELOW ARE THREE CORE INDICATORS THAT A CLIENT IS POTENTIALLY INELIGIBLE FOR PRK.

It then names three things that the client must be able to do without assistance (1) urination and defecation control; (2) getting on and off the toilet; and (3) moving in and out of bed and chair. See, Attachment A.

We have heard from many service providers that they have been unable to obtain PRK approval for their clients who are older individuals with a range of disabilities, and who have been denied PRK or other emergency housing as a result of LAHSA's policy.

I. LAHSA's Policy and Practice of Denying Access to PRK for Homeless Individuals who Need Help with ADLs or have other Disabling Conditions Does Not Comply with State and Federal Civil Rights Laws

LAHSA has received hundreds of millions of dollars in state and federal COVID-19 emergency funds to carry out the public health guidelines to immediately house its most vulnerable homeless residents. As a condition of receiving these funds, LAHSA agrees to comply, and requires its contracted housing service providers to comply, with state and federal disability laws. LAHSA's denial of access to PRK for qualified homeless individuals with certain disabilities, and its refusal to modify its policies to accommodate persons with certain disabilities, is not in compliance with several state and federal civil rights laws, including:

- The Americans with Disabilities Act (ADA), which requires that LAHSA and its contractors not discriminate against homeless individuals on the basis of their disabilities, and afford reasonable accommodations or modifications of program policies so that persons with disabilities are not denied equal access to these homeless services and programs;²
- Section 504 of the Vocational Rehabilitation Act of 1973, which forbids organizations and employers that receive any federal financial assistance from excluding or denying individuals

² The Americans with Disabilities Act, 42 U.S. Code § 12101 *et seq.*

with disabilities an equal opportunity to receive program benefits and services;³

- The Robert T. Stafford Disaster Relief and Emergency Act (Stafford Act), under which FEMA along with its state and local partners must distribute relief and other assistance in an equitable and impartial manner, without discrimination on the basis of, among other things, disability or age.⁴ FEMA has issued special instructions on how to ensure the civil rights of all participants during the COVID-19 response, and specifically reference the applicability of these civil rights protections to persons residing in shelters or other emergency housing.⁵ The FEMA Office of Equal Opportunity receives and investigates complaints for violations of these rules in FEMA-funded programs;⁶
- The federal Fair Housing Act⁷ and the California Fair Employment and Housing Act⁸ which prohibits discrimination based on, among other things, age and disability. These state and federal fair housing laws make it unlawful to discriminate by making unavailable or denying access to a dwelling, which has been held to include temporary, emergency shelter;⁹
- California disability laws, including the Unruh Civil Rights Act, California Civil Code Sections 51 and 52, which protects against discrimination and guarantees equal and full access to public accommodations, and the California Disabled Persons Act (CDPA), Civ. Code §§ 54 *et seq.*, which requires that individuals with disabilities have the same right as the general public to the full and free use of public facilities and other public places.

³ 29 U.S.C § 701 *et seq.*; 45 CFR Part 84.

⁴ Section 308 of the Stafford Act, 42 U.S.C. § 5151. *See also* 44 C.F.R. § 206.11(c), requiring organizations or governments receiving assistance under the Stafford Act to provide a written assurance of their intent to comply with regulations relating to nondiscrimination.

⁵ See, FEMA Civil Rights Bulletin: Ensuring Civil Rights During the COVID-19 Response, available at: <https://www.fema.gov/media-library-data/1586893628400-f21a380f3db223e6075eeb3be67d50a6/EnsuringCivilRightsDuringtheCOVID19Response.pdf>. This FEMA Bulletin states that LAHSA should engage with various disability and aging non-governmental organizations in order to “meet the needs of individuals with disabilities and older adults during response and recovery.”

⁶FEMA Office of Equal Opportunity fact sheet available at: https://www.fema.gov/media-library-data/1466783771992-ed90ca888dbe1a2eade70bd46552029b/FACT_SHEET_IAPProgram2016.pdf.

⁷ Federal Fair Housing Act Amendments, 42 U.S.C. 3601-3619. HUD-DOJ has issued a joint statement re: reasonable accommodation requirements under the Fair Housing Act, available at:

https://www.justice.gov/sites/default/files/crt/legacy/2010/12/14/joint_statement_ra.pdf. The Act considers it to be unlawful disability discrimination “where the refusal to make reasonable accommodations in rules, policies, practices, or services when such accommodations may be necessary to afford a person with a disability the equal opportunity to use and enjoy a dwelling.” Courts have found that shelters, and motels providing transitional housing would be considered a “dwelling” covered under the Fair Housing Act.

⁸ Cal. Gov. Code §§ 12920, 12955-12955.8.

⁹ Several cases interpreting the Federal Fair Housing Act, [42 U.S.C.A. § 3602\(b\)](#) have held that it encompasses shelters. For example, a shelter for homeless families was a “dwelling” within meaning of the FHA, notwithstanding that the facility was not designed to be a place of permanent residence, given that they had nowhere else to “return to.” Civil Rights Act of 1968, § 802(b), as amended. Additionally, if the shelter receives federal funding, that is enough to invoke that portion of the FHA that prohibits discrimination in the “sale or rental” of a dwelling; the statute does not require that consideration be provided by the occupant. Civil Rights Act of 1968, § 804(b, c), as amended, [42 U.S.C.A. § 3604\(b\), \(c\)](#).

Despite its clear instruction to service providers to *exclude* from PRK almost all homeless individuals who need assistance with ADLs, LAHSA requires its contactors to certify that they are complying with the Americans with Disabilities Act and providing persons with disabilities any reasonable accommodations that will allow them to enjoy equal access to these federally financed services and benefits. The certification states:

AMERICANS WITH DISABILITIES (ADA) COMPLIANCE AND REASONABLE ACCOMMODATIONS

Each PRK-IH will ensure that it is accessible to and usable by persons with disabilities, as required by the Americans with Disabilities Act (ADA) of 1990. Each PRK-IH will ensure that program participants are made aware of the program's ADA policy as well as how to request a Reasonable Accommodation (e.g., participant is notified at the commencement of services, policy and/or contact information for the responsible party to receive/consider Reasonable Accommodation requests is posted in conspicuous location(s) in the common area and accessible to program participants, etc.)

<https://www.lahsa.org/documents?id=4464-project-roomkey-interim-housing-program-policies-and-procedures.pdf>, at p. 14.

The California Department of Social Services, Adult Programs Division, has confirmed that there is no requirement that hotels/motels be certified or licensed to provide IHSS. Thus, there is no barrier to LAHSA allowing for personal care services to be provided in a motel or "unlicensed" setting. While it is true that an unlicensed setting that provides 24-hour care and supervision equivalent to a licensed board-and-care facility might require a license, it is incorrect to say that any setting that serves people with personal care needs must be licensed. By that argument, an individual getting personal care services at home would have to "certify" their own home. And, no one is suggesting that PRK provide 24-hour care and supervision.

Any argument that PRK sites are akin to homeless shelters and therefore can't provide personal care services is likewise unacceptable. Homeless shelters currently serve recipients of Medi-Cal-funded In-Home Supportive Services (IHSS) - personal care services for people who require assistance with activities of daily living. See, for example, the May 2018 L.A. County DPSS policy titled "Expedited Application Processing" that enables expedited IHSS referrals for people in interim housing, prior to transitioning to permanent housing, and allows IHSS to begin while the person is still in the shelter setting.¹⁰ This expedited process should likewise apply to PRK sites, and the partnership LAHSA has forged with the IHSS public authority to furnish IHSS workers in one PRK hotel is a model to replicate.

THERE IS AN URGENT NEED TO PROVIDE THE REQUESTED RELIEF

We understand that due to our inability to meet in person, we have consolidated the information and the request for a meeting into one letter. We ask that you schedule a meeting **within the next ten (10) days** (any day except 8/11 or 8/12), bringing to the meeting those individuals with the knowledge and authority to discuss how LAHSA will quickly move forward on:

¹⁰ "If the applicant needs IHSS at the interim housing location; has provided all required documentation, including the SOC 873; and has active Medi-Cal, then the SW will authorize IHSS effective the date of application." Los Angeles County DPSS, "Expedited IHSS Application Process for Individuals Transitioning from Interim to Permanent Housing," January 2020.

- (1) Revoking the discriminatory and unlawful policy that denies PRK housing due to a disability, physical access issue or need for assistance with ADLs;
- (2) Clarifying that the positive, equity-focused PRK Prioritization Provider Notice updated on June 25, 2020 does not remove the prioritization of persons aged 65+, but is embedded in it;
- (3) Issuing written instructions and just in time training advising all service providers and contracted motels of the new policy that mandates providing for reasonable modifications of premises, or accommodations in the form of allowing IHSS or other personal services to be provided in PRK rooms;
- (4) Identifying the number and the specific individuals who were denied PRK housing as a result of the former policy, and offering them housing;
- (5) Reporting to the Board of Supervisors on steps 1-3 no later than August 30, 2020;
- (6) Building upon and adapting other counties' solutions to serving those homeless individuals with special needs to incorporate into LA's homeless programs integrated IHSS or other personal care services.

The city, the county and LAHSA have stepped up to face the challenges created by the pandemic, finding extraordinary ways to rapidly get people housed. We believe we can do no less, and must eliminate barriers, for those homeless individuals who need personal care or other assistance. We understand that PRK is wrapping up, and we expect that we will solve this problem as we transition to Project Homekey. We look forward to your prompt response, and to partnering with you to create humane, effective solutions that speak to the specific needs of this disproportionately impacted older population with disabilities.

Sincerely,

Rigo J. Saborio, MSG
President & CEO, St. Barnabas Senior Services
Chair, Los Angeles Aging Advocacy Coalition

Brandi J. Orton, MSG
Director, Government Relations & Advocacy, St. Barnabas Senior Services
Managing Director, Los Angeles Aging Advocacy Coalition

Patti Prunhuber
Senior Attorney, Housing
Justice in Aging

June Kailes
Disability Policy Consultant

Christina Miller
Executive Director
California Foundation for Independent Living Centers

Cc: Sarah Dusseault, LAHSA Board Chair: Sarah.dusseault@gmail.com
Amy Perkins, LAHSA, aperkins@LAHSA.org

Meredith Berkson, Director of Policy & Systems mberkson@lahsa.org

Karla Chalif, Chief Operating Officer kchalif@lahsa.org

LA County Board of Supervisors:

Judith Vasquez, District 1: jvasquez@bos.lacounty.org

Antonio Chapa, District 1: achapa@bos.lacounty.gov

Karly Katona, District 2, Associate Chief Deputy KKatona@bos.lacounty.gov

Dhakshike Wickrema, District 2, Sr. Deputy for Mental Health & Homeless Advocacy
DWickrema@bos.lacounty.gov

Molly Rysman Housing and Homelessness Deputy mrysmann@bos.lacounty.gov

Stephanie Cohen, Interim Senior Health Services & Mental Health Deputy
scohen@bos.lacounty.gov

Kyla Coates, Justice & Mental Health Deputy kcoates@bos.lacounty.gov

Ivan Sulic, Homeless Services Deputy isulic@bos.lacounty.gov

Dana Vanderford, Homeless Services Deputy dvanderford@bos.lacounty.gov

Phil Ansell, Director of LA Homeless Initiative: pansell@ceo.lacounty.gov

Laura Trejo, General Manager, City of LA Dept. of Aging: laura.trejo@lacity.org

Veronica Sigala: vsigala@wdacs.lacounty.gov

Ana Guerrero, Chief of Staff, ana.guerrero@lacity.org

Meg Barclay: meg.barclay@lacity.org

Christina Miller: Christina.Miller@lacity.org

LA City Councilmembers:

councilmember.cedillo@lacity.org

councilmember.Krekorian@lacity.org

councilmember.blumenfeld@lacity.org

david.ryu@lacity.org

paul.koretz@lacity.org

councilmember.martinez@lacity.org

Councilmember.Rodriguez@lacity.org

councilmember.harris-dawson@lacity.org

councilmember.price@lacity.org

councilmember.wesson@lacity.org

councilmember.bonin@lacity.org

councilmember.englander@lacity.org

councilmember.ofarrell@lacity.org

councilmember.buscaino@lacity.org

Lily Sofiani, Office of Senator Holly Mitchell: lily.sofiani@sen.ca.gov

Christina Teixeira, Office of Civil Rights, Cal. Dept. of Social Services: crb@dss.ca.gov

Heidi Behforouz hbehforouz@dhs.lacounty.gov

Cheri Todoroff: ctodoroff@dhs.lacounty.gov

Encl. (1)

ADVERTISEMENT

HOUSING & HOMELESSNESS

Advocates say homeless hotel program discriminates against disabled people



David William, 63, returns to his room at a Project Roomkey hotel in Los Angeles. (Genaro Molina / Los Angeles Times)

By DOUG SMITH, BENJAMIN ORESKES

AUG. 14, 2020 | 6:33 PM



to protect them from the coronavirus discriminates against some of the most needy and vulnerable living on the streets, a group of advocates for elderly and disabled residents has charged.

In a scathing letter sent this month to the Los Angeles Homeless Services Authority and copied to dozens of city and county officials, the advocates alleged that in selecting which people to move into hotel rooms through Project Roomkey, the agency has deliberately excluded those who cannot handle on their own basic activities, such as going to the toilet or getting out of bed.

Citing a written LAHSA policy obtained from staffers at the agency, members of the Los Angeles Aging Advocacy Coalition and others who signed the letter said LAHSA is violating a host of federal and state laws, including the Americans with Disabilities Act and the federal Fair Housing Act. Before the pandemic, the group had long argued that the city's homeless care system is not equipped to assist people who are unable to manage basic self-care because of physical disabilities such as an amputated leg.



Guest services associate Mia Rogers, 23, gives guest Larita Garner, 61, her lunch at a Project Roomkey hotel. (Genaro Molina/Los Angeles Times)

ADVERTISING

“The result of this policy is a disproportionate denial of housing and housing services to the very older adults and people with disabilities who are most at risk of severe symptoms or death as a result of COVID-19,” they said. “We have heard from many service providers that they have been unable to obtain [Project Roomkey] approval for their clients who are older individuals with a range of disabilities.”

Part of a statewide program initiated by Gov. Gavin Newsom, Los Angeles County’s Project Roomkey has leased more than [4,000 hotel and motel rooms for elderly or medically](#) vulnerable homeless people. The rooms were enough for only [about a quarter](#) of the 15,000 people LAHSA identified as being eligible for the program under guidelines put out by the Centers for Disease Control and Prevention.

LA Aging Advocacy Coalition Letter to LAHSA from 8/3/20

Aug. 14, 2020

The letter sent to LAHSA, which The Times [obtained from someone who received it](#), calls on the agency to immediately end its policy, identify people who were denied housing and adopt practices that have been used in other counties to provide the services needed to support disabled people in the hotel rooms.



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Brandi J. Orton, managing director of the Aging Advocacy Coalition, said the group has a meeting scheduled with LAHSA on Tuesday to attempt to work out a solution.

LAHSA Executive Director Heidi Marston declined to answer specific questions until after the meeting.

“LAHSA is committed to providing needed services to the many people experiencing homelessness in Los Angeles County, a population with complex needs, in an environment of limited resources,” Marston said in a statement. “We look forward to discussions with the coalition that may allow us to increase our reach and better meet the needs of this vulnerable population.”

While alleging serious violations, the letter does not explicitly threaten legal action.

serious problem that we need to resolve in a quick and thorough manner, with everybody coming to the table.”

Orton said coalition members who monitor homeless programs grew alarmed when LAHSA reported in June that only about 18% of those in Project Roomkey rooms were 65 or older.

“That was shocking to us,” she said. “We know there are upwards of 6,000 older adults on the streets.”

Older adults have higher rates of physical disabilities that make it hard for them to manage their daily activities, she said. Orton and Prunhuber said LAHSA’s practices need to change so that those with physical disabilities, as distinguished from those with medical needs, can be accommodated.

Orton said she hopes the upcoming talks will address broader concerns her organization has had for years over the lack of services to address homeless older adults.



Guest services associate Dwona Beroit, left, talks with Project Roomkey guest Fire Wilson, 66, at a Project Roomkey hotel. (Genaro Molina/Los Angeles Times)

“The homeless services delivery system has struggled for many years with the issue of personal care,” she said. “The aging sector and homeless services sector have not had any historical relationship. People in the aging sector don’t know how to access homeless services. People in homeless services don’t know how to access services in the older-adults system.

Other counties have integrated personal care services into Project Roomkey, Prunhuber said. She pointed to San Francisco, where hotels in Project Roomkey are staffed with trained personal care workers.



HOUSING & HOMELESSNESS

They made a home under L.A.'s freeways. But soon they could be forced to move

July 26, 2020

In Los Angeles County, Project Roomkey beds are close to 90% occupied. LAHSA has proposed an \$800-million plan to [provide housing over the next three years for the](#) several thousand people who are eligible for the program but have not received a room.

Besides Orton and Prunhuber, the letter was signed by Rigo J. Saborio, president and chief executive of St. Barnabas Senior Services; Christina Mills, executive director of the California Foundation for Independent Living Centers; and disability policy consultant June Kailes.

Kailes, who consults for nonprofits, businesses and government agencies, said it is critical for LAHSA to not only scrap the policy but also to train its staff on how to manage people with disabilities.

“The issue is kind of implicit bias,” Kailes said. “People just automatically assume things. They assume if someone needs a little help in the morning getting dressed, they must have medical problems and need medical assistance.”

HOUSING & HOMELESSNESS

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Doug Smith



DATE: September 2, 2020
TO: Homelessness Committee
FROM: Marisa Creter, Executive Director
RE: **CEO STATUS REPORT ON FUNDING PLAN TO SUPPORT LAHSA COVID-19 RECOVERY PLAN**

RECOMMENDED ACTION

For information only.

BACKGROUND

On August 6, the Chief Executive Office (CEO) submitted a status report to the Board of Supervisors on the Funding Plan to support the COVID-19 Recovery Plan related to people experiencing homelessness. The status report is included as Attachment A.

The July 2, 2020 Funding Plan had proposed allocations from the following four County-administered funding sources totaling \$308.6 million: 1) Coronavirus Relief Funds (CRF); 2) Emergency Solutions Grant (ESG-CV); 3) Measure H; and 4) Medicaid (federal reimbursement).

The Funding Plan also indicated that the CEO would collaborate with LAHSA and the City of Los Angeles on how to strategically utilize these funding sources. The August 6, 2020 status report provides the following updates on the strategic planning and utilization of these funding sources.

CORONAVIRUS RELIEF FUNDS (CRF)

On August 4, the Board approved the \$111 million identified in the Funding Plan and authorized the CEO to execute an agreement with LAHSA for up to \$50 million of this \$111 million to fund housing and related costs for Project Roomkey (PRK) residents and individuals who are eligible for PRK.

EMERGENCY SOLUTIONS GRANT – CORONAVIRUS (ESG-CV)

On July 20, the CEO submitted a report to the Board on the uses of County ESG-CV funding, including an estimated \$86.1 million for the Recovery Plan. The Funding Plan had identified \$80 million from this funding source. LAHSA and the Los Angeles County Development Authority (LACDA), the agency that administers ESG funding on behalf of the County, are currently developing an agreement for the use of this funding.

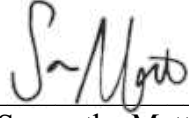
MEASURE H

The Funding Plan identified \$15 million in FY 2020-21, \$25 million in FY 2021-22, and \$25 million in FY 2022-23 Measure H funding. These amounts are considered conservative enough to withstand the expected drop in Measure H revenue.

MEDICAID

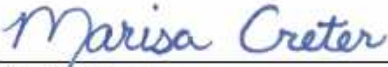
The Funding Plan identified \$52.6 million in federal Medicaid funding, but the amount eligible for reimbursement is contingent upon State and federal approval. The CEO is currently developing a plan to pursue federal Medicaid reimbursement.

Prepared by:



Samantha Matthews
Management Analyst

Approved by:



Marisa Creter
Executive Director

ATTACHMENTS

Attachment A – Status Report



County of Los Angeles CHIEF EXECUTIVE OFFICE

Kenneth Hahn Hall of Administration
500 West Temple Street, Room 713, Los Angeles, California 90012
(213) 974-1101
<http://ceo.lacounty.gov>

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Fifth District

August 6, 2020

To: Supervisor Kathryn Barger, Chair
Supervisor Hilda L. Solis
Supervisor Mark Ridley-Thomas
Supervisor Sheila Kuehl
Supervisor Janice Hahn

From: Sachi A. Hamai
Chief Executive Officer

STATUS REPORT ON THE FUNDING PLAN TO SUPPORT THE COVID-19 RECOVERY PLAN RELATED TO PEOPLE EXPERIENCING HOMELESSNESS (ITEM NO. 4, AGENDA OF MAY 12, 2020)

On May 12, 2020, the Board of Supervisors directed the: 1) Los Angeles Homeless Services Authority (LAHSA) to develop a Recovery Plan related to people experiencing homelessness (PEH), and 2) Chief Executive Office (CEO) to develop and submit a Funding Plan to support LAHSA's Recovery Plan. On June 23, 2020, LAHSA submitted the Recovery Plan and on July 2, 2020, the CEO submitted the Funding Plan. This memorandum provides a status update to the CEO's Funding Plan.

FUNDING PLAN BACKGROUND

In the July 2, 2020, Funding Plan, the CEO proposed allocations from each of the following four County-administered funding sources: 1) Coronavirus Relief Funds (Federal CARES Act); 2) Emergency Solutions Grant (Federal CARES Act); 3) Measure H; and 4) Medicaid (federal reimbursement). The combined total across these four County-administered funding sources is \$308.6 million.

The CEO also indicated it would collaborate with LAHSA and the City of Los Angeles to: 1) determine the funding administered by LAHSA and the City which will be available, in conjunction with funding from the County, for five homeless sub-populations identified in the Recovery Plan; 2) identify the most appropriate and strategic ways to deploy the various available funding streams, including specific services by population, timeline, and geography; and 3) develop and implement state and federal advocacy strategies to secure the Medicaid funding identified in the funding plan and seek additional state and federal funding to fill any gaps in funding that may exist once all locally-available funding for the plan has been identified.

Each Supervisor
August 6, 2020
Page 2

This memorandum describes progress to date in the planning and utilization of the four County-funding sources.

Coronavirus Relief Fund (CRF)

The July 2, 2020 Funding Plan identified \$111 million in County CRF to support implementation of the COVID-19 Recovery Plan. On August 4, 2020, the Board approved this \$111 million and authorized the CEO to execute an agreement with LAHSA for up to \$50 million of this \$111 million to fund housing and related costs for Project Roomkey residents and other individuals experiencing homelessness who are eligible for Project Roomkey.

Emergency Solutions Grant – Coronavirus (ESG-CV)

In the July 2, 2020 Funding Plan, the CEO identified \$80 million in ESG-CV funding to support implementation of the COVID-19 Recovery Plan. On July 20, 2020, the CEO submitted a report to the Board regarding the overall uses of the County's ESG-CV funding, including an estimated \$86.1 million for the Recovery Plan. LACDA administers ESG funding on behalf of the County and on April 14, 2020, the Board gave LACDA the authority to enter into agreements and to expend ESG-CV funding allocated to the County. LACDA and LAHSA are currently developing an agreement for the use of County ESG-CV funding.

Since ESG-CV funds can be expended through mid-2022 and there is urgency to expend CRF before the federal deadline of December 30, 2020, CEO is working closely with LACDA and LAHSA to ensure that CRF is used for all eligible costs in order to maximize the availability of ESG-CV after December 2020.

Measure H Funding

In the July 2, 2020 Funding Plan, the CEO identified a modest portion of the Measure H Rapid Re-Housing allocation (Strategy B3) during each of the next three fiscal years to serve PEH in the Recovery Plan target population as follows: \$15 million in FY 2020-21; \$25 million in FY 2021-22; and \$25 million in FY 2022-23. These amounts from Measure H during each of the next three fiscal years are only 18 – 30 percent of the \$81.15 million recommended for Strategy B3 in FY 2020-21. Therefore, this amount is conservative enough to accommodate any reductions in Measure H revenue in the out years.

Medicaid Funding

The CEO is currently developing a plan to pursue federal Medicaid reimbursement for the Demonstration Pilot described in the June 23, 2020, CEO report, *What It Will Cost to Ensure Housing for Vulnerable Older Adults: Year One Estimates for Los Angeles County's Older Adult Housing Pilot*. The pilot would house an estimated 4,800 PEH age 65+. The July 2, 2020 Funding Plan identified an estimated \$52.6 million in federal Medicaid reimbursement during 2021, but the total amount eligible for reimbursement is dependent

Each Supervisor
August 6, 2020
Page 3

on future State and federal approvals.

The City of Los Angeles has not yet determined what funding, if any, to allocate for implementation of the Recovery Plan.

If you have any questions, please contact Phil Ansell, Homeless Initiative Director, at 213-974-1752 or by email at pansell@ceo.lacounty.gov.

SAH:FAD:PA
TAM:JR:BT:tv

c: Executive Office, Board of Supervisors
County Counsel
Health Services
Mental Health
Public Health
Los Angeles Homeless Services Authority

DATE: September 2, 2020
TO: Homelessness Committee
FROM: Marisa Creter, Executive Director
RE: **HOMELESS INITIATIVE TECHNOLOGY INNOVATION CHALLENGE**

RECOMMENDED ACTION

For information only.

BACKGROUND

The Technology Innovation Challenge, coordinated by the LA County Homeless Initiative, was created to invest in technology to modernize homeless services and create positive outcomes for people experiencing homelessness. In 2019, Request for Information (RFI) responses and input from County leadership and service providers established four key solution areas: Centralized Customer Portal, Customer-Driven Mobile Digital Services, Geo Mapping Hub & Resources, and Operational Reporting of Performance Outcomes. The competition launched in November 2019 with applications due in February 2020 and finalists selected in May 2020.

On July 30, LA County announced the Technology Innovation Challenge winners. The winners will split \$1.375 million in funding, with each firm receiving \$200,000 to \$500,000, to create innovative solutions to improve homeless services in the four solution areas. The winning programs for each solution area are included below.

CENTRALIZED CUSTOMER PORTAL WINNER: ONE DEGREE

One Degree and Alluma, two “tech-for-good” nonprofits, are partnered to implement One-LA-Connection (OLAC), a web-based and mobile hub for LA County residents experiencing homelessness to connect to benefits in a more streamlined way. The program aims to overcome the decentralized forms and processes that create barriers to accessing services by allowing residents to quickly and digitally be screened for and enroll in benefits. Since 2018, Alluma’s benefit eligibility screening tool has been integrated into One Degree’s resource platform to create a more efficient path to benefit enrollment.

CUSTOMER-DRIVEN MOBILE DIGITAL SERVICES WINNER: AKIDO LABS

Akido Labs, a health information technology company, and Homeless Outreach Program Integrated Care System (HOPICS), a South LA social service organization with an emphasis on behavioral health, are partnered to implement Connect. Connect is a technology platform that aims to provide easier access to homeless services data. Connect gives clients access to information on services, enables case workers to be informed on all encounters their clients have with other County personnel, and allows service providers to determine interventions based on data. In Santa Monica, Connect has improved outreach response times and has reduced arrests. In partnership

with HOPICS, the program will now expand to South LA.

GEOMAPPING HUB & RESOURCES WINNER: HUEMEN DESIGN

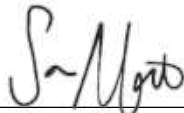
Huemen Design, a design agency, will implement LA HelpLink. The program will install solar-powered digital hubs where individuals experiencing homelessness can create a profile and input their needs. Information is processed immediately and alerts staff of a client's needs allowing staff to select a nearby shelter and assign a caseworker, who can work with the client via real-time chat. The system also allows the caseworker to track progress over time.

OPERATIONAL REPORTING OF PERFORMANCE OUTCOMES WINNER: HUEMEN DESIGN

Huemen Design's LA HelpLink was also the winning entry in the Operational Reporting of Performance Outcomes category. LA HelpLink will provide real-time data on staff and service availability, inventory, and eligibility. The system will be scalable as more data becomes available and will improve outcomes reporting by allowing the County to assess the effectiveness of placements and programs.

NEXT STEPS

The winning projects will now be customized to meet current homeless service needs and are expected to be implemented in January 2021.

Prepared by: 
Samantha Matthews
Management Analyst

Approved by: 
Marisa Creter
Executive Director

REPORT

DATE: September 2, 2020
TO: Homelessness Committee
FROM: Marisa Creter, Executive Director
RE: **LA ALLIANCE FOR HUMAN RIGHTS ET AL. V. CITY OF LOS ANGELES ET AL.**

RECOMMENDED ACTION

For information only.

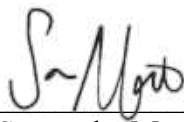
BACKGROUND

LA Alliance for Human Rights, et al. v. City of Los Angeles, et al. was filed in March by a group of business owners and residents called the LA Alliance for Human Rights in which the Alliance claims the city and county of Los Angeles have failed to protect and provide shelter for people experiencing homelessness. An agreement must be reached by the City and County to find alternate shelter for nearly 7,000 people living near freeways and under freeway overpasses.

On August 7, U.S. District Judge David O. Carter convened a hearing in the Los Angeles City Council chambers. Having identified encampments in June and July, City Council members provided updates on their Districts' plans to move anyone living near a freeway into housing. While some Council members demonstrated progress, notably in North Hollywood where tiny homes known as "pallet shelters" with 264 beds are to be constructed in two parks, other Council members, like those who represent West Los Angeles and the northwest San Fernando Valley, were unable to identify projects.

In addition to constructing new shelters, the City aims to increase the amount of available rental assistance by \$100 million in federal funding that would create 3,000 placements over the next 18 months. The City also plans to apply for up to \$250 million in State funding that can be used to purchase vacant buildings and hotels that would house people experiencing homelessness.

City and County officials did not reach an agreement during the August 7 hearing, however based on a deal made in June, the County is expected to make a \$17.6 million payment to the City on September 1 to fund the initial shelter services.

Prepared by: 
Samantha Matthews
Management Analyst

Approved by: 
Marisa Creter
Executive Director

REPORT

DATE: September 2, 2020
TO: SGVCOG Homeless Committee
FROM: Marisa Creter, Executive Director
RE: **REGIONAL HOUSING TRUST UPDATE**

RECOMMENDED ACTION

For information only.

BACKGROUND

The San Gabriel Valley Regional Housing Trust (SGVRHT) was created on February 19, 2020 by a Joint Exercise of Powers Agreement which included a 6 month opt-in period to join SGVRHT without a joining fee. A letter was sent out in earlier this month to remind cities of the impending deadline to join without a joining fee, and three additional cities joined as a result: La Cañada Flintridge, Montebello, and San Gabriel. The SGVRHT now boasts 20 member cities of the possible 30. The list of member cities is as follows: Baldwin Park, Claremont, Covina, Diamond Bar, Duarte, El Monte, Glendora, Irwindale, La Cañada Flintridge, La Verne, Monrovia, Montebello, Pomona, San Gabriel, South El Monte, South Pasadena, and West Covina.

The SGVRHT hosted an Outreach and Marketing training for the Board of Directors on August 26, 2020 via zoom webinar. The training provided the Board of Directors with resources to promote awareness of the SGVRHT including a fact sheet, flyer, project pipeline, and PowerPoint. During the meeting, Board members identified companies and organizations they would reach out to about partnering with SGVRHT and potential funding opportunities. The SGVRHT is able to receive and leverage public and private sources to fund the planning and construction of homeless housing and extremely low, very low, and low-income housing projects. Staff is also applying to conferences to provide presentations and increase awareness of SGVRHT. The staff and Board of Directors efforts are part of a larger Outreach and Marketing strategy to ensure the long-term success of the SGVRHT. The next Board of Directors meeting is November 4, 2020.

Prepared by: 
Brielle Acevedo
Principal Management Analyst

Approved by: 
Marisa Creter
Executive Director

DATE: September 2, 2020
TO: Homelessness Committee
FROM: Marisa Creter, Executive Director
RE: **LIAISON REPORTS**

RECOMMENDED ACTION

For information only.

BACKGROUND

The Homelessness Committee liaisons have provided the following updates:

San Gabriel Valley Consortium on Homelessness

The SGV Consortium continues to educate communities about homelessness and solutions, collaborate all community agencies together and advocate to create the collective will to implement more housing and services. In the midst of COVID, we remain determined to not only keep the momentum moving forward to prevent and end homelessness, but to support the cities in the implementation of their homeless plans to achieve maximum success, through regional and local collaboration. Allow me to highlight a few items that we have been working on:

- **Consortium Monthly Meeting:** Our August virtual meeting had 75 attendees for a presentation by LAHSA on the 2020 Homeless Count. It was encouraging to see the increased number of shelter beds, and the low 1% increase in the SGV. LAHSA staff also demonstrated how to access the Dashboard, as a tool for each city or region to track their own numbers. We also had a presentation by Unite Us, a new technology platform, sponsored by Kaiser Permanente and Blue Shield, for resources and case management sharing across hospitals and service providers. Our September meeting will be looking at new eviction protection laws to prevent evictions and homelessness. Join us for our meetings on the 2nd Wednesday of every month at 9am, September 9th.
- **Networking & Advocacy:** Throughout this past month, the Consortium has continued to advocate through support letter writing, networking meetings and commenting at city council meetings in regards to homeless services and affordable housing development. Such city comment locations include Baldwin Park, Claremont, Alhambra and Monterrey Park. Network meetings for better collaboration, collective impact and systems include with SD 1 & 5 homeless deputies and staff, LAHSA, Homeless Initiative, Kaiser Permanente and the COG staff. The Consortium also secured a large donation of sanitizers to be distributed to homeless service agencies. We also are participating in Maryvale's strategic planning process to convert their program and property to include homeless TAY and permanent supportive housing. Overall, it is encouraging to see bridge housing possibilities coming online, as well as 125 units of affordable, supportive housing

development in the pipeline across the SGV. We have more work to do, but it is a good starting place as a foundation for the years to come.

- **Strategic Planning:** The Consortium is taking the needed steps to evaluate our past couple of years, in order to strategically plan for a more collaborative and effective regional homeless system of implementation. We will continue to provide needed resource information, agency and community collaboration, community organizing and residential advocacy. However, we are looking to increase our capacity building for smaller organization, increased work with city & cluster homeless plan implementation, and expand the use of our working group action plans (health, schools, faith, affordable housing, safe parking, etc.). Our end result is to develop a collaborative system of local, community-based responses to homelessness, that is locally and regionally led, and sustainable after the Measure H funds are no longer available.

LA County Homeless Initiative

- **Project Homekey (PHK):** Building on the success of Project Roomkey (the effort to secure hotel rooms for vulnerable people experiencing homelessness (PEH) during the pandemic), the state has made available \$550M for local jurisdictions to acquire hotels and other buildings to use as interim or permanent housing for PEH. The County submitted applications for multiple properties throughout the County, including some in the San Gabriel Valley. Cities in the SGV where proposed properties are located have been briefed by Board Offices. In the coming weeks, the County will learn which projects will be funded and will continue pursuing purchase of these properties. Once purchased, the properties will initially be operated as interim housing sites and will then be renovated to accommodate use as permanent supportive housing (PSH). Properties must be purchased by December 31st and occupied within 90 days of purchase. The County is hopeful that this opportunity will open up more permanent housing options for the SGV's homeless population.
- **Project Roomkey (PRK):** Several PRK sites in the SGV will be closing over the next two months. LAHSA and service providers are working closely with participants to place them in permanent or temporary housing upon exit and to ensure they are connect to needed services.
- **Measure H Funding Recommendation Process:** At their August 20th meeting, Homeless Policy Board Deputies reviewed a draft Board Letter containing revised Measure H funding recommendations. The recommendations are now being further revised and will be presented to the Board of Supervisors for its consideration on September 15th. Information on the Funding Recommendation process can be found at <https://homeless.lacounty.gov/funding/>.

United Way Everyone In Campaign

United Way/Everyone In thanks all the SGV cities like Monrovia and Diamond Bar that do public outreach to involve the local community regarding their cities' housing element. Local citizens are worried about housing for their neighbors and are eager to weigh in for their cities' long-term visions and plans for housing.

We also want to thank cities and organizations for spreading the word about LA County's rental assistance program. Cities are a key gateway for people to engage with local government, and we are grateful to those who pushed out this information.

As we move into September with still no legislative solution for the anticipated impending evictions with the lifting of Judicial Council Rule 1 on September 1, we fear an inflow into homelessness. [UCLA's Gary Blasi report entitled UD Day: Evictions and Homelessness in Los Angeles](#) explains, the numbers of renters and their families in Los Angeles County who will be evicted over the coming months and how many of those will become homeless. With so many children already struggling to learn from home, housing precarity will have profound impacts on long-term learning. Like the LAHSA strategy released, stemming the inflow into homelessness means eviction prevention. We urge cities, CBOs, to consider these needs from tenants and to partner with local orgs to provide tenant education and support. Please feel free to contact allison@everyoneinla.org with questions, etc.

Alhambra Planning Commission is voting this week to approve 15% affordable set aside, with a vote going to City Council in a couple of weeks.

Union Station Homeless Services

1. CES Updates

- a. CES Regional Matcher, Data Specialist, Coordinator & Directors are continuing to be heavily involved in demobilization efforts for all SPA 3 PRK sites
- b. CES Housing Navigators are prioritizing referrals who are high acuity and tier 1 eligible
- c. We will have 2 additional Housing Navigators on the Western region team starting the week of 8/31/20
- d. Program Managers are going to discuss how to better collaborate with city-specific Housing Navigators

2. SPA 3 Project Room Key Updates

- a. Recovery Rehousing Programs are now being implemented to offer 3 exit pathways to PRK residents. Pathways being: Problem solving, Rapid-Rehousing, and Bridge to PSH housing.
- b. Other exit pathways include: PRK to PRK transfers, existing matches to housing resources, Project Homekey, higher level of care options, shared housing, etc.
- c. Union Station is the Recovery Rehousing provider for 3 sites so far: Garvey PRK, Lincoln PRK, and Rosemead PRK.

3. Safe Haven Bridge Housing Pilot (envisioning “other” creative bridge housing models)

A new pilot project with All Saints Church and Union Station, the project aims to identify 12 individuals, currently unhoused and not necessarily eligible for PRK, who would sleep

on church grounds during the night and receive a coordinated level of Case Management to assist them in moving toward a housing solution. Currently in phase 2 of a four phase roll out. Provisional goals are to:

- a. Provide a safe and healthy environment where people without housing may sleep while they work actively and proactively with local homeless services providers on a path toward permanent housing.
- b. Break down the class barriers of “us and them” that exist between people experiencing homelessness and segments of the faith community.
- c. Offer a level of coordination and collaboration of services to link individuals to systems, resources and ultimately permanent housing.
- d. Create and hone a model that can be replicated with other churches and faith communities.

USHS is happy to present this model at any future SGVCOG meetings.